AT THE HEART OF THE MATTER, NZ DRUG FOUNDATION.
Te Tūāpapa Tarukino o Aotearoa

OCTOBER 2014 NZ DRUG FOUNDATION POLICY BRIEFING

Briefing to the Incoming Parliament

www.drugfoundation.org.nz

“If you want to go fast
go alone, if you want to
go far, go together.”

Kia ora

This briefing is designed to help you get your head around New Zealand's 'drug problem' and highlight opportunities to make real reductions in drug related harm. New Zealand has some of the highest rates of drug use in the world and, right across the social spectrum, drugs are costing us all dearly. There is no doubt that this is a priority for the public. It also must be a priority for any government wanting to improve outcomes for young people and reduce rates of crime and reoffending, as well as costs to the taxpayer.

THE GOOD news is that we know what works and where we get the best value for money: Prevention; Early intervention; Harm reduction; Treatment; Supply Control. We don't always get this balance right but when we do we have seen remarkable successes in reducing drug related harm. This includes significantly reducing the use of some of the most harmful drugs and restricting rates of harmful diseases. Building on these wins would be good for everyone.

In the 25 years the Drug Foundation has been working in this space, we've noticed that one of the key factors in any successful strategy is collaboration. When all parties are on the same page and working towards the same goals we actually see meaningful outcomes. For the best results government, non-government agencies and the community need to all be working together towards shared objectives.

It's a really good time for us to figure out what those are. There is a growing global conversation about how to approach 'the drug problem', with many other countries exploring and implementing new approaches. Some of these are already paying off and highlight opportunities for us to improve lives and outcomes here. It is in New Zealand's interest to innovate. As has been made apparent by our recent experience with new psychoactive substances, the world of drugs is changing rapidly. Our old systems aren't designed for the reality that we live in now. Our Misuse of Drugs Act is 40 years old. It is disconnected from both evidence and experience. We need to get with the times.

The Drug Foundation has identified five key priority areas to reduce drug related harm. We didn't come up with them on our own. The recommendations in this report are based on the best local and international evidence and reflect the combined wisdom of those involved in developing the Wellington Declaration.

CONTENTS

Keep young New Zealanders engaged in education

“A problem pupil removed, excluded, suspended even, and then on the way out, is a problem solved maybe for the school, but it’s not a problem solved for New Zealand or the local community, it’s merely a problem relocated.”

JUDGE ANDREW BECROFT,
PRINCIPAL YOUTH COURT JUDGE[1]

SIGNIFICANT NEUROLOGICAL development takes place during adolescence and early adulthood. While the part of the brain that seeks pleasure and reward tends to develop early on, the part that helps people make good decisions doesn’t tend to fully develop until a person is in their mid-20s.[2]

Unsurprisingly, drug use tends to initiate and peak during this same period. Adding drugs to a brain that is still under development and not great at decision-making is often a recipe for disaster. Young people are more prone to using drugs in ways that put them at risk, including overindulgence, polydrug use[3] and making bad decisions while intoxicated. For most young people any harm that occurs is fleeting, but for some the repercussions are permanent. Both a young person’s pre-existing risk and resilience factors and the way that society responds to this behaviour can reduce or increase these risks.[4]

A young person’s engagement in education and connection to their school are some of the most important protective factors in their lives. Schools provide a safe and supportive environment and expose young people to pro-social networks, rewarding activities and positive adult role models. Keeping young people engaged in education helps to protect them against early onset and frequent drug use. This is particularly important for those already experiencing adversity. Those who are the most likely to be caught using drugs at school are likely to be those in need of the most support.

Although schools in New Zealand are slowly shifting away from using punitive approaches to address behavioural issues, drug use remains one of the leading reasons for a student to be kicked out. In 2013 ‘Drugs (including Substance Abuse)’ was the main reason for a student’s expulsion and the second most common reason for a student’s exclusion.[5] Given that drugs are both an indicator of and a risk factor for other issues, kicking young people out of school for drugs is counterproductive. Not only does this just relocate the problem, it often makes it worse.

Rather than being punitive, the evidence suggests schools need to take a more holistic approach – partnering with families and the community to build the resilience and protective factors of young people and provide wrap around support for students who need it.

KEY STATS

IN 2013:

SECONDARY SCHOOL STUDENTS	ALTERNATIVE EDUCATION STUDENTS
CURRENT USERS:	**CURRENT USERS:**
45% ALCOHOL	83% ALCOHOL
13% CANNABIS	70% CANNABIS
WEEKLY + USERS:	**WEEKLY + USERS:**
8% ALCOHOL	59% ALCOHOL
3% CANNABIS[6]	55% CANNABIS[7]

IN 2013 DRUGS (INCLUDING SUBSTANCE ABUSE) WAS THE REASON FOR:

34.3% OF EXPULSIONS

13.3% OF EXCLUSIONS[8]

"WHEN SOMEBODY GETS EXCLUDED FROM SCHOOL OR EXPELLED, THEY HAVE LESS STRUCTURED ACTIVITY SO THEY ARE NOT 8:30AM TO 3:15PM, AT SCHOOL [AND OCCUPIED]. OFTEN THEIR SITUATION WORSENS AND OTHER YOUNG PEOPLE START GETTING PULLED INTO THAT LIFESTYLE TOO."

BEN BIRKS-ANG, NATIONAL YOUTH SERVICES ADVISER, ODYSSEY HOUSE[9]

RECOMMENDATIONS

- Support schools to develop consistent, evidence based and best practice policies around alcohol and drug use among students. These should treat substance use as a health and wellbeing issue and should be reinforced by an integrated and consistent approach to behaviour management which prioritises student wellbeing while encouraging accountability. Policies should include provisions for students to be supported for their alcohol and other drug issues rather than suspended, excluded or expelled.

- Enable schools and other education providers to have good relationships with and access the support of youth specialist services for their students. This includes funding DHBs to provide specialist youth services.

- Introduce effective alcohol and drug education programmes into the national curriculum. This should draw on the evidence around best practice and the findings of the Ministry of Education's review of what government currently funds. Ensure that staff are properly trained to be able to deliver this material and that ongoing monitoring and evaluation occurs.

- Ensure that all drug related health promotion, prevention and treatment approaches are developmentally appropriate and take youth development principles into account.

- Provide ongoing training opportunities for teachers, support staff, Boards of Trustees and principals on drugs, substance abuse and related issues. Schools should be actively encouraged to share learnings and best practice.

- Support schools to engage in constructive, evidence-based conversations with their communities around alcohol, drugs and student substance use, to ensure that the education and support processes at the school are understood and endorsed.

"We've learned from experience here and overseas that restorative approaches are more effective than punitive responses when it comes to reducing challenging behavior, such as drug-related incidents, and getting kids working successfully again in the classroom."

HEKIA PARATA, MINISTER OF EDUCATION[10]

1 http://www.radionz.co.nz/news/national/110692/keep-children-at-school-to-cut-crime-judge

2 Office of the Prime Minister's Science Advisory Committee (2011). Improving the Transition. Reducing Social and Psychological Morbidity During Adolescence. A report from the Prime Minister's Chief Science Advisor. Office of the Prime Minister's Science Advisory Committee: Auckland pg. 6

3 Ministry of Health (2010a). The 2007/08 New Zealand Alcohol and Drug Use Survey: Online data tables.

4 For a good summary, see Canadian Centre on Substance Abuse (2014). Childhood and Adolescent Pathways to Substance Use Disorders. CCSA: Ottawa

5 Education Counts. Stand-downs, suspension, exclusions and expulsions from school. Online data tables accessed 26/09/2014

6 Clark, T. C., Fleming, T., Bullen, P., Denny, S., Crengle, S., Dyson, B., Fortune, S., Lucassen, M., Peiris-John, R., Robinson, E., Rossen, F., Sheridan, J., Teevale, T., Utter, J. (2013). Youth'12 Overview: The health and wellbeing of New Zealand secondary school students in 2012. The University of Auckland: Auckland pg. 23

7 Clark T.C., Smith, J.M., Raphael, D., Jackson, C., Fleming, T., Denny, S., Ameratunga, S., & Robinson, E. (2010). Youth'09: The health and wellbeing of young people in Alternative Education. A report on the needs of Alternative Education students in Auckland and Northland. The University of Auckland: Auckland pp 29 - 30

8 Education Counts. Stand-downs, suspension, exclusions and expulsions from school. Online data tables accessed 26/09/2014

9 Welham K (2014). Will they ever learn? Matters of Substance 25(2): 6-15. New Zealand Drug Foundation: Wellington pg. 15

10 Welham K (2014). Pg. 14

Support individuals, families and communities to successfully manage risks to their health and well-being

"I have an addiction and I have hidden it for years, your site has really helped me decide to make this change. I do feel ashamed and like there is no one to talk to because of the stigma around meth but know I know what to do if I am to succeed and that I'm not alone. THANK YOU :-)."

ANONYMOUS METHHELP USER

IN PERIODS of economic austerity it is important to make smart investments. When it comes to reducing drug related harm that means stopping problems before they start – or at least before they turn into much bigger problems. It also means building capacity among those who are best placed to take action – the people on the front lines.

There are simple and cost effective ways to do this. The government has already made moves to support parents and communities, including changes to the Sale and Supply of Alcohol Act. While there are still some teething problems around community input into Local Alcohol Policies, it is a step in the right direction. However more needs to happen around encouraging constructive conversations about drugs, de-normalising alcohol use and destigmatising those who need social support to recover from substance dependency. Such approaches are likely have increased success when they are complimented by government initiatives such as social marketing campaigns and stricter regulation.

There is also much more that can be done to support people who use drugs to help themselves. This includes the provision of self-help tools and brief interventions for those who think they may be developing a problem and need some support to change things early on and avoid more serious issues. There is evidence that online tools can be just as effective as specialist, face-to-face support.

People who use drugs can also be successfully supported to manage risk through the provision of harm reduction tools and services. New Zealand's Needle Exchange is a great example. Since 1987 this peer-led programme has been distributing new, sterile injecting equipment and collecting used items for safe disposal. They also provide people with advice and can connect them with other services, including treatment. This is particularly important for a population which tends to be wary of mainstream services and often avoids contact with health services until issues are serious. Their willingness to engage with the Needle Exchange has helped to keep New Zealand's HIV rate at one of the lowest levels in the world. However this service requires greater resourcing in order to further reduce rates of Hepatitis C. New Zealand should be enhancing the capacity of such a successful and cost effective programme as well as investing in harm reduction for other drugs.

KEY STATS

1 IN 2 PEOPLE DO NOT KNOW OR WERE UNSURE HOW THEY OR OTHERS IN THEIR AREA COULD GET HELP FOR A DRUG PROBLEM[11]

EVERY DOLLAR SPENT ON THE NEEDLE EXCHANGE PROGRAMME
SAVES OVER $20
IN LIFETIME TREATMENT COSTS.[12]

1 IN 2 PEOPLE WHO INJECT DRUGS ARE INFECTED WITH HEPATITIS C. PRIOR TO THE INTRODUCTION OF THE 1 FOR 1 NEEDLE EXCHANGE THE RATE WAS 3 IN 4[13]

0.2% HIV RATE AMONG PEOPLE WHO INJECT DRUGS[14]

SOURCES OF ALCOHOL FOR SECONDARY STUDENTS (2013):


60% PARENTS


30% FRIENDS


44% HAD SOMEONE BUY IT FOR THEM


11% BOUGHT IT THEMSELVES[15]


ONE IN 4 WHO BOUGHT IT THEMSELVES WERE NOT ASKED FOR PROOF OF AGE[16]

"WE HAVE A DELIBERATE STRATEGY TO IMPROVE ACADEMIC PERFORMANCE AND WE ARE REALLY PROUD OF WHAT WE HAVE ACHIEVED. A BIG PART OF THAT HAS BEEN TEACHING OUR PUPILS THEY HAVE A ROLE AS LEADERS IN THE COMMUNITY AND THAT THEY NEED TO KEEP THEMSELVES SAFE IN TERMS OF DRUGS AND ALCOHOL. SETTING UP A LIQUOR STORE RIGHT OUTSIDE OUR FRONT GATE UNDERMINES THAT."

PETER PARUSSINI, SOUTHERN CROSS CAMPUS CHAIR[17]

RECOMMENDATIONS

- Commit to working with those most affected by drugs, drug policy and related issues in developing solutions to New Zealand's 'drug problem'. This has to include people who use drugs, their families and those from more marginalized communities.
- Run a destigmatisation campaign (along the lines of the successful Like Minds Like Mine campaign for mental health) to help reduce discrimination against those who are or have been dependent on drugs, educate people about how to best engage in constructive conversations about drugs and encourage help-seeking and support.
- Invest in self-help resources and brief interventions for people with substance use issues and their families.
- Target resources towards supporting those in recovery to gain and maintain employment. This includes working with business to promote the hiring of people who have had drug problems (particularly those undergoing opioid substitution therapy) and supporting them into work when they are ready for it.
- Resource communities to engage effectively in Local Alcohol Policy deliberations. While the Sale and Supply of Alcohol Act 2012 has entrenched communities' rights to have a say around local alcohol policies, in reality there are still barriers to be overcome for communities to have meaningful impact.
- Scale up existing harm reduction services – particularly those provided by the Needle Exchange – to enable them to extend their service scope and coverage. This must include funding the expansion of embedded Hep C clinics, mobile service delivery and including a greater range of products in the one for one programme.

"Liver clinic extrapolations show 50,000 New Zealanders have been exposed to the hep C virus – the large majority via injecting drug use. Research indicates that people who inject drugs are very 'health services intensive'. We cannot afford to do nothing and hope the problem will go away."

CHARLES HENDERSON, NATIONAL MANAGER, NEW ZEALAND NEEDLE EXCHANGE PROGRAMME[18]

11 Ministry of Health (2009) Research into knowledge and attitudes to illegal drugs. Wellington: UMR Research pg 8.

12 Health Outcomes International, The National Centre for HIV Epidemiology and Clinical Research, and Drummond, M (2002). Return on investment in Needle and Syringe Programmes in Australia. Commonwealth of Australia.

13 Henderson C, Brunton C and Lauzon C. (2011)

14 Henderson C, Brunton C and Lauzon C. (2011) Final Report of the National Needle Exchange Blood-borne Virus Seroprevalence Survey [BBVNEX2009] to the NZ Ministry of Health (unpublished)

15 Clark T C, Fleming, T, Bullen, P et al. (2013).

16 Adolescent Health Research Group (2013) Youth '12 Prevalence Tables. University of Auckland, Auckland pg 108.

17 Quoted in Zorn R (2014). Doing LAPs. Matters of Substance 25(3).New Zealand Drug Foundation: Wellington pg. 21

18 Henderson C (2009). The vanguard of harm reduction: the future of New Zealand's needle exchange. Matters of Substance online edition. http://www.drugfoundation.org.nz/needle-exchange-comes-of-age/vanguard-of-harm-reduction. Accessed 26/09/2014

Refresh New Zealand's outdated drug policy and give health interventions greater priority

"[M]y experience as a career police officer has convinced me…that the current prohibitionist based drug policy has failed miserably and must be reconsidered… Whilst controlling and reducing drug related criminal trafficking and related offences must remain an important part of any strategy, it should be complementary to the primary aim of providing health and social care and support for drug addicts and users."

MICK PALMER, FORMER COMMISSIONER OF THE AUSTRALIAN FEDERAL POLICE[19]

OUR 'CURRENT' National Drug Policy expired in 2012 and the Misuse of Drugs Act is nearly 40 years old. The latter is so old now that the parts of it that were based on evidence are not any more. It is well overdue for an overhaul.

While both the Misuse of Drugs Act and the National Drug Policy have required significant investment, we don't actually know what we've been getting in return. New Zealand does not have the data required to evaluate the effectiveness of complex, cross governmental and community-based approaches. One of the key strategies for the new National Drug Policy has to be around improving New Zealand's evidence base.

One thing we do know is that demand for illicit drugs remains high despite their illegality. In fact, cracking down on the supply of one drug has often just led to the creation or discovery of alternatives. Criminalising drugs like cannabis, speed and LSD has given rise to potentially more harmful synthetic alternatives. These are specifically designed to circumvent the law and provide policy makers and enforcement with moving targets. This situation is only likely to get worse.

The criminalisation of drug use has also contributed to harm in its own right. For starters, it disproportionately penalises Māori and further entrenches social disparities. Fear of prosecution and/or persecution makes people less likely to seek help when they or others have problems with drugs. Those who do seek help and manage to successfully leave their drug use behind them find it much harder to do the same with their criminal record. As such, they often face significant barriers to employment – one of the key supportive factors in successful recovery.

While there is a role for the criminal justice system to play in reducing drug related harm it cannot do it alone. Our current approach expects too much from this sector and in doing so, diverts its resources and attention away from those issues it is best designed to address. In regards to drugs that is still a really long to do list including preventing the importation, manufacture and supply of illicit drugs and responding to drug related crime. The use and abuse of drugs by individuals however are essentially health issues. If we truly want to make an impact on these issues then they need to be treated as such.

KEY STATS

OF THOSE CONVICTED OF POSSESSION OR USE OF CANNABIS,

95%

EITHER MAINTAINED OR INCREASED THEIR LEVELS OF USE.[20]

MĀORI ARE

OVER 3X

MORE LIKELY TO BE ARRESTED AND CONVICTED FOR CANNABIS USE.[21]

BETWEEN 2007 AND 2011,

12,895 PEOPLE

UNDER THE AGE OF 25 WERE CONVICTED OF POSSESSION OR USE OF AN ILLEGAL DRUG OR UTENSIL.

THAT'S AROUND

2,500 YOUNG PEOPLE PER YEAR[22]

BETWEEN 2007 AND 2011 THERE WERE

3,387 PRISON SENTENCES

HANDED OUT FOR RELATIVELY MINOR DRUG OFFENCES. THE AVERAGE SENTENCE WAS 64 DAYS IN PRISON AT AN AVERAGE IMPRISONMENT ONLY COST OF AROUND

$18,000 PER PERSON[23]

"WHILE THE MISUSE OF DRUGS ACT ITSELF IS NOT RACIALLY DISCRIMINATORY, THE WAY IT IS APPLIED AND ENFORCED CLEARLY IS. MĀORI ARE MORE LIKELY TO BE STOPPED, SEARCHED, ARRESTED AND CONVICTED AND ARE MUCH LESS LIKELY TO BENEFIT FROM POLICE DISCRETION."

KHYLEE QUINCE, ASSOCIATE DEAN (MĀORI), FACULTY OF LAW, AUCKLAND UNIVERSITY[24]

RECOMMENDATIONS

- Rebalance the three pillars during the development of the new National Drug Policy to place a greater focus on and provide more resourcing for prevention, treatment, early intervention, harm reduction and supporting recovery.
- Introduce a mandatory cautioning scheme for personal possession and use of illicit drugs and utensils as recommended by the Law Commission.
- Make information collection and sharing a core component of the new National Drug Policy. Use this information to guide decision making, monitor progress and evaluate the ability of policies and programmes to effectively deliver outcomes.
- Authorise the Expert Advisory Committee on Drugs to commence a systematic, evidence-based review of the current classification of all drugs sitting under the Misuse of Drugs Act 1975.

"Ongoing prohibition has had many implications in our society. Fear of prosecution means that illicit drug users are forced to act covertly; often resorting to unsafe methods in their attempts to remain hidden."

CHARLES HENDERSON, GENERAL MANAGER, NEW ZEALAND NEEDLE EXCHANGE PROGRAMME[25]

19 Douglas B, Wodak A and McDonald D (2012). Alternatives to Prohibition. Report of the second Australia21 Roundtable on Illicit Drugs. Australia21: Weston, ACT pg. 14

20 Fergusson DM, Swain-Campbell NR and Horwood LJ (2003).

21 Fergusson DM, Swain-Campbell NR and Horwood LJ (2003). Arrests and convictions for cannabis related offences in a New Zealand birth cohort. Drug and Alcohol Dependence 70: 53-63

22 Ministry of Justice (2012) Response to Official Information Act Request. Ref: 40087. Received 13 June 2012

23 Ministry of Justice (2012) Response to Official Information Act Request. Ref: 40087. Received 13 June 2012

24 Welham K (2014). It's not about the drugs. Matters of Substance 25(1): 22-25. New Zealand Drug Foundation: Wellington pg. 25

25 Henderson C (2009).

What you need to know about drugs in New Zealand

INITIATION AGE

New Zealanders tend to first try drugs when they are young.

"The use of illicit drugs by young people has reached a point where drug use at some point in the life span is part of normal experience."[26]

AVERAGE INITIATION AGES:

- 13 TOBACCO[27]
- 15 ALCOHOL[28]
- 15-17 CANNABIS[29]
- 20 AMPHETAMINES[30]

ADULT DRUG USE

Half of New Zealand adults (16-64) engage in drug use at least weekly.

1 IN 6 SMOKE EVERY DAY[31]

1 IN 2 DRINK ALCOHOL AT LEAST ONCE A WEEK

1 IN 13 SMOKE CANNABIS AT LEAST ONCE A MONTH[32]

DRUG HARM

While it's generally better for people not to use drugs, most are not harmed much, if at all, by doing so.

DRUG USE:

4 IN 5 PEOPLE WHO HAD USED AN ILLICIT DRUG IN THE PAST YEAR REPORTED NO HARMFUL EFFECTS.[33]

ALCOHOL USE:

7 IN 8 PEOPLE WHO HAD USED ALCOHOL IN THE PAST YEAR REPORTED NO HARMFUL EFFECTS[34]

26 Joseph M. Boden, David M. Fergusson, L. John Horwood. Illicit drug use and dependence in a New Zealand birth cohort. Australian and New Zealand Journal of Psychiatry 2006; 40:156–163 pg. 161

27 Ministry of Health (2009) Tobacco trends 2008: a brief update of tobacco use in New Zealand. Ministry of Health: Wellington.

28 Ministry of Health (2010a) The 2007/08 New Zealand Alcohol and Drug Use Survey. Online Data Tables. Ministry of Health: Wellington

29 Ministry of Health (2010b) The 2007/08 New Zealand Alcohol and Drug Use Survey. Ministry of Health: Wellington

30 Ministry of Health (2010b)

31 Ministry of Health (2012)

32 Ministry of Health (2010a)

33 'Harmful effects' included those relating to injury, friendships and social life, home life, finances, work, study or employment opportunities, learning difficulties, legal problems and days off from school or work.

34 Ministry of Health (2010a)

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36 Mental Health Commission (2011) National Indicators 2011. Measuring mental health and addiction in New Zealand. Mental Health Commission: Wellington pg. viii

37 Office of the Chief Coroner of New Zealand (2012). Case Study from Recommendations Recap. A summary of coronial recommendations and comments made between 1 January – 31 March 2012. Volatile Substance Abuse – Butane-based Substances. Ministry of Justice: Wellington pg 1.

38 National Committee for Addiction Treatment (2011). Addiction is a Family Issue. NCAT: Wellington

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41 National Committee for Addiction Treatment and Platform (2013). A Profile of Alcohol and Other Drug Treatment Services in Aotearoa New Zealand. http://www.platform.org.nz/uploads/images/A1%20AOD%20Infographic_7%20Nov.pdf Accessed 30/09/2014

KEY STATS

New Zealand has high rates of drug use.

ALCOHOL USE:

95%

OF NEW ZEALANDERS HAVE DRUNK ALCOHOL

DRUG USE:

49%

OF NEW ZEALANDERS HAVE USED AN ILLICIT DRUG[35]

"There is a significant unmet need for help with substance use."

AROUND 50,000 PEOPLE WANTED HELP TO REDUCE THEIR ALCOHOL OR DRUG USE IN THE PREVIOUS 12 MONTHS BUT DIDN'T RECEIVE IT.

PACIFIC PEOPLE, MĀORI AND PEOPLE FROM THE MOST DEPRIVED NEIGHBOURHOODS WERE SIGNIFICANTLY MORE LIKELY THAN OTHER GROUPS TO WANT HELP BUT NOT RECEIVE IT.[36]

DRUG HARM (CONT.)

However drug use can definitely be harmful. The risks of drug use include illness, injury, addiction and even death. These risks are not restricted to illegal, or even controlled, drugs.

BETWEEN 2000 AND 2012 THERE WERE:

63 DEATHS

RELATING TO THE RECREATIONAL INHALATION OF BUTANE BASED SUBSTANCES.

87%

WERE UNDER 24

THE YOUNGEST WAS **12**[37]

IMPACT

Harm is not always limited to the person taking the drug.

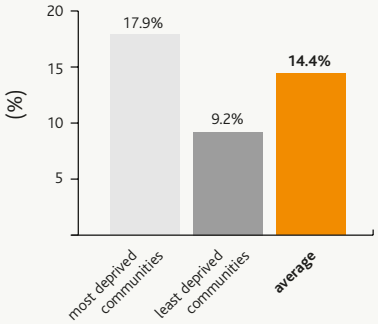
FOR EACH PERSON WHO DEVELOPS A PROBLEM WITH ALCOHOL AND OTHER DRUGS, AN AVERAGE OF THREE OTHERS ARE DIRECTLY AFFECTED.[38]

BACKGROUND

Harm tends to concentrate in populations already experiencing other problems.

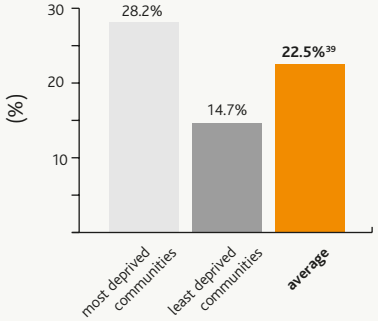
ALCOHOL USE:

PERCENTAGE OF PEOPLE WHO HAVE EXPERIENCED HARM FROM THEIR OWN ALCOHOL USE BY COMMUNITY:



DRUG USE:

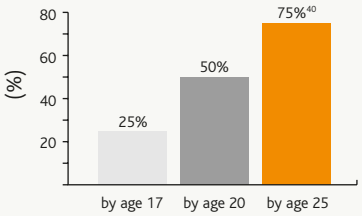
PERCENTAGE OF PEOPLE WHO HAVE EXPERIENCED HARM FROM THEIR OWN DRUG USE BY COMMUNITY:



SUBSTANCE USE DISORDERS

Drug use is particularly likely to be harmful for young people. The earlier people start using drugs, the more likely it is that they'll develop a problem with them.

AGE OF ONSET FOR THOSE WHO DEVELOP A SUBSTANCE USE DISORDER:



SEEKING TREATMENT

Most people who need help will take a long time to make contact with treatment services.

DRUG USE:

OTHER DRUG ABUSE:

3 YEARS

OTHER DRUG DEPENDENCE:

8 YEARS

ALCOHOL USE:

ALCOHOL DEPENDENCE:

7 YEARS

ALCOHOL ABUSE:

16 YEARS[41]

Develop effective responses for new and emerging challenges

“The reason so many new drugs are appearing is precisely because we keep banning them. That approach worked in the 1960s and 1970s, but in the internet era, it is impossible to control this market. More law equals more drugs.”

THERE HAVE been a series of drug related events that have highlighted the need for New Zealand to improve its ability to adapt to changes in the drug landscape in order to reduce drug related harm – particularly to young people.

The first is volatile substance abuse – ‘huffing’ household products to get high. The people that do this tend to be young, male Māori and marginalised,[42] and they often damage themselves in the process. Despite deaths, media attention and recommendations from experts, there is no coordinated action taking place. This needs to change.

The second is the emergence of new psychoactive substances. For over a decade New Zealand has been struggling to respond to an increasing array of substances we don’t know much about. Beginning with BZP and moving into the synthetic cannabinoids we have come to know and loathe, these chemicals are designed to replicate the effects of illegal drugs while staying one step ahead of the law.

The Psychoactive Substances Act is a pragmatic approach to a problem that is vexing policy makers everywhere. By allowing for the possibility of certain products to be legally sold (to adults) if they can prove they are ‘low risk’ it takes the burden of proof and the (huge) cost of testing off government and places it onto the industry. It closes the loopholes which allowed these drugs to be sold without restriction and incentivises the design of drugs that are safer.

However the Act suffered from poor implementation and it’s no wonder Parliament got cold feet. Unfortunately in amending the Act to address the issue of animal testing, its essential feature – the premarket safety testing regime – has been compromised. Although technically anything psychoactive is now classed as an ‘unapproved product’, the burden of proof and associated costs falls to government. Once again, government is only likely to be alerted to the existence and/or spread of these substances because they are already causing harm.

Aside from re-empowering the Psychoactive Substances Act we should be focussing on sharing information about these substances with the people that need it. That includes first responders, health professionals, community agencies and people who use drugs. There are excellent examples from overseas where all of these groups are sharing their own networks and knowledge to expand the collective wisdom of all parties. There are benefits to all concerned from doing so and New Zealand should be following suit.

KEY STATS

UP TO 50%

OF VOLATILE SUBSTANCE RELATED DEATHS ARE ON THE FIRST USE.[43]

IN 2013 THE EUROPEAN MONITORING CENTRE FOR DRUGS AND DRUG ADDICTION WERE ENCOUNTERING AN AVERAGE OF

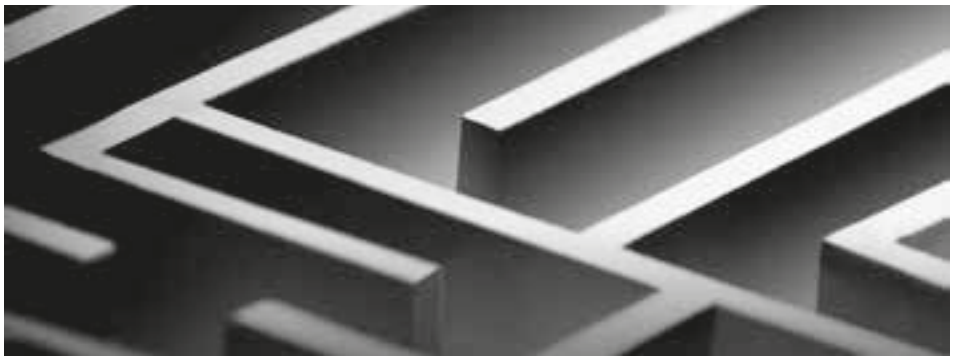
1.5 NEW PSYCHOACTIVE SUBSTANCES A WEEK.[44]

UNDER THE PSYCHOACTIVE SUBSTANCES ACT THE NUMBER OF PRODUCTS ON THE MARKET DROPPED FROM AROUND

200 TO -300 > 35

AND REDUCED THE NUMBER OF RETAILERS FROM AROUND

3,000 TO -4,000 > 149[45]



"ONE OF THE CHALLENGES WITH VOLATILE SOLVENTS IS THAT TO SOME EXTENT IT'S EVERYONE'S BUSINESS, THEREFORE IT BECOMES NOBODY'S BUSINESS. SO WE NEED TO BE FOSTERING SOME COALITIONS WITH LEAD AGENCIES"

DR. NICK BAKER, COMMUNITY PAEDIATRICIAN AND CHAIR OF CHILD AND YOUTH MORTALITY REVIEW COMMITTEE[46]

RECOMMENDATIONS

- Develop an early warning system which tests the substances available on the street and disseminates that and associated information to those who need it, including the Police, paramedics, Accident and Emergency staff, health professionals, mental health workers, community based health promoters and people who use drugs. This system should enable all stakeholders to have input into and access the information collected.

- Invest in the development of volatile substance focussed resources containing information on products, methods, warning signs and risk factors around abuse for parents, teachers and community agencies. This includes occupation specific education resources and tools for staff in frontline agencies such as police, health services and retailers. These resources must be carefully designed and tested to ensure they do not lead to unintended consequences.

- Invest in training systems and programmes to increase young people's ability to recognise and respond to severe intoxication, including calling for help and providing first aid.

- Implement the full regime of regulations under the Psychoactive Substance Act to ensure it serves its purpose of protecting the health of, and minimising harm to, individuals who use psychoactive substances.

"When you look at the National Poisons Centre statistics (on volatile substances), it's just the tip of the iceberg - and it's a big iceberg."

JUDGE NEIL MACLEAN, CHIEF CORONER OF NEW ZEALAND[47]

42 Baker N (2013). Death of Young People – Unintentional Poisoning 2002-08. Presentation. Slide 13. http://www.hqsc.govt.nz/assets/CYMRC/Resources/Poisoning-deaths-August-2013.pdf Accessed 30/09/2014

43 Baker N (2013). Death of Young People – Unintentional Poisoning 2002-08. Presentation. Slide 13. http://www.hqsc.govt.nz/assets/CYMRC/Resources/Poisoning-deaths-August-2013.pdf Accessed 30/09/2014

44 EMCDDA (2014). European Drug Report 2014: Trends and developments. EMCDDA: Lisbon pg. 28

45 Ministry of Health (2014). Regulatory Impact Statement. Amendment to the Psychoactive Substances Act 2013.

46 http://volatilesubstances.org.nz/lets-get-talking/ Accessed 30/09/2014

47 http://volatilesubstances.org.nz/lets-get-talking/ Accessed 30/09/2014

Be an active and engaged participant in global drug policy deliberations

“This [Commission on Narcotic Drugs] will be followed, in 2016, by the UN General Assembly Special Session on the issue. I urge Member States to use these opportunities to conduct a wide-ranging and open debate that considers all options.”

BAN KI MOON, GENERAL SECRETARY OF THE UNITED NATIONS, 2013[48]

DRUGS ARE an issue of global concern. While many of New Zealand's substances are home grown, others are imported from around the world and end up on our doorstep by way of a host of other countries. What happens internationally has an impact on us, both in terms of the drugs we are faced with locally and our ability to tailor approaches to our own needs, values, culture and context. What we decide to do in our own country also has implications internationally. The world has been watching us closely in regards to psychoactive substances, with many regarding our Psychoactive Substances Act as a potential model for their own countries.

New Zealand is a signatory to a suite of international treaties which aim to eliminate the non-scientific and non-medical production, use and supply of narcotic and psychotropic drugs. This treaty based system was designed to reduce the problems caused by illicit drug use through a reliance on prohibition-oriented supply-side measures. In other words, banning drugs was seen as the best way to reduce drug related harm.

Fast forward a few decades and there's some dissention among member states that this remains the best approach. On the one hand, some of the countries most committed to prohibitive approaches are actively causing harm through their zealous application of these tenets. In countries such as Iran and Malaysia, the death penalty is mandatory for certain drug related offences. In China, the UN International Day Against Drug Abuse and Illicit Trafficking is often used as an opportunity to stage public executions.[49]

On the other hand, a growing number of countries have been experimenting with approaches aimed at reducing drug related harm while pushing the boundaries of what can be done within the boundaries of the UN treaties. This includes the decriminalisation of all drugs and the use of health focussed dissuasion committees in Portugal and the provision of medically supervised drug consumption rooms in countries such as Australia, Canada and Spain.

As discontent with the international regime has become more vocal, there are opportunities for the global community to come together and develop a shared strategy for the future. This includes the Commission on Narcotic Drugs meeting in 2015 and the UN General Assembly Special Session in 2016. New Zealand needs to be an active participant in these forums.

RECOMMENDATIONS

- Commit to continued engagement in international deliberations around drugs and related issues, including CND 2015 and 2016 and UNGASS 2016. While New Zealand is moderately involved at present, it needs to be better prepared before these meetings and engage in more follow up work, including collaboration with civil society, after these events.
- Support civil society involvement in global discussions including appointing NGO representatives to the New Zealand delegation and funding civil society activity through the Vienna NGO Committee on Narcotic Drugs.
- Convene a pre-UNGASS 2016 forum for government and civil society for the Asia Pacific region.
- Resource the New Zealand embassies in Vienna and New York to support this work.

48 United Nations (2013). Press Release: Secretary General, at special event for day against drug abuse, urges multidimensional approach, saying punishment, stigma solve nothing. http://www.un.org/News/Press/docs/2013/sgsm15136.doc.htm Accessed 06/10/2014

49 Harm Reduction International (2011). The Death Penalty for Drug Offences Overview 2011. Shared Responsibility and Shared Consequences. HRI: London pg. 25

50 Global Commission on Drug Policy (2014). Taking Control: Pathways to drug policies that work.

51 Harm Reduction International (2011). The Death Penalty for Drug Offences Overview 2011. Shared Responsibility and Shared Consequences. HRI: London pg. 25

52 Rosmarin A and Eastwood N (2012). A Quiet Revolution: Drug Decriminalisation Policies in Practice Across the Globe. Release: London

53 Harm Reduction International (2012). The Death Penalty for Drug Offences: Global Overview 2012. Tipping the Scales for Abolition. HRI: London

"WE ARE DRIVEN BY A SENSE OF URGENCY. THERE IS A WIDESPREAD ACKNOWLEDGMENT THAT THE CURRENT SYSTEM IS NOT WORKING, BUT ALSO RECOGNITION THAT CHANGE IS BOTH NECESSARY AND ACHIEVABLE. WE ARE CONVINCED THAT THE 2016 UNITED NATIONS GENERAL ASSEMBLY SPECIAL SESSION (UNGASS) IS AN HISTORIC OPPORTUNITY TO DISCUSS THE SHORTCOMINGS OF THE DRUG CONTROL REGIME, IDENTIFY WORKABLE ALTERNATIVES AND ALIGN THE DEBATE WITH ONGOING DEBATES ON THE POST-2015 DEVELOPMENT AGENDA AND HUMAN RIGHTS."

FERNANDO HENRIQUE CARDOSO, FORMER PRESIDENT OF BRAZIL (1994-2002)[50]

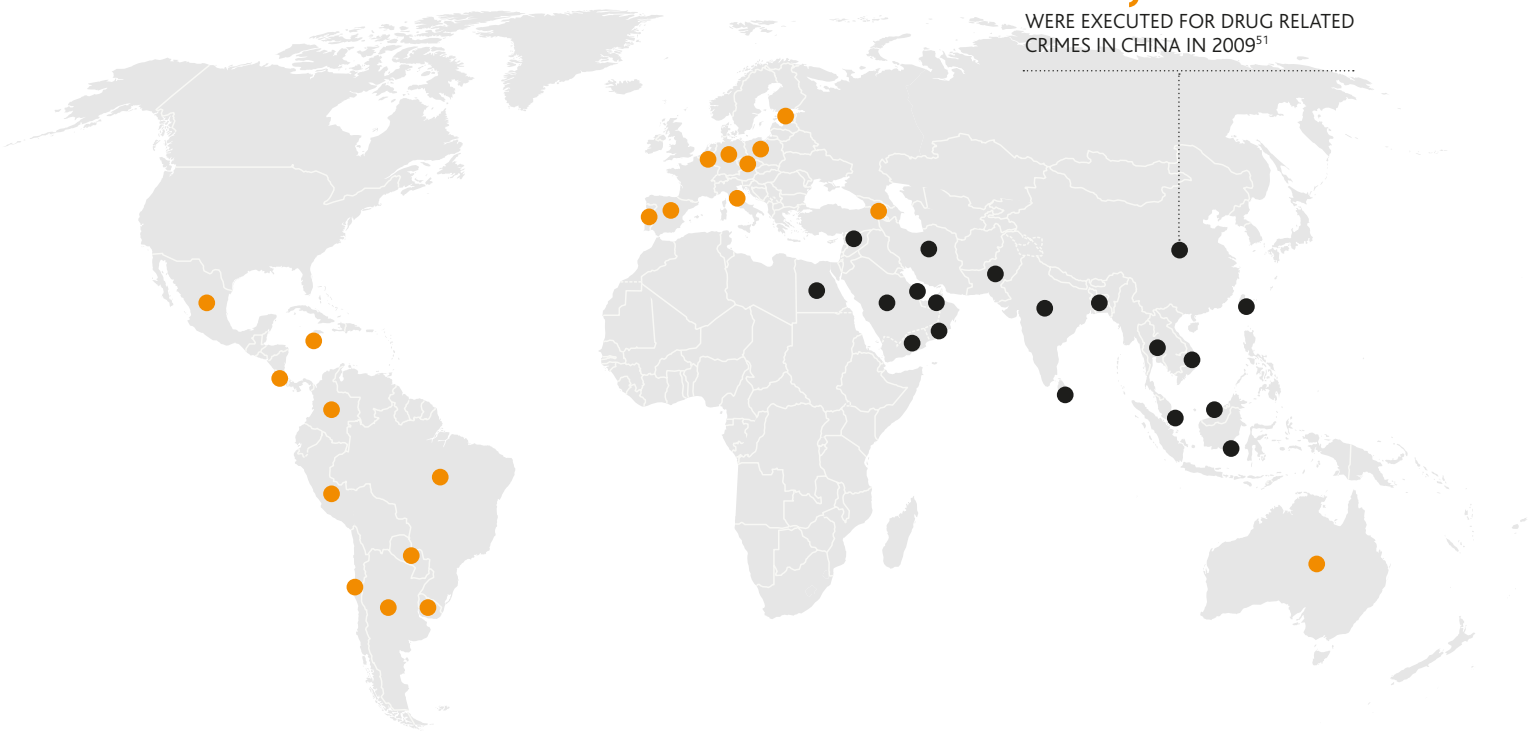
PERSONAL POSSESSION LEGISLATION BY COUNTRY:

● DECRIMINALISATION ● DEATH PENALTY

AN ESTIMATED

† **5,000** PEOPLE

WERE EXECUTED FOR DRUG RELATED CRIMES IN CHINA IN 2009[51]



KEY

COUNTRIES WHO HAVE DECRIMINALISED THE PERSONAL POSSESSION OF DRUGS:[52]

- AUSTRALIA (SA, WA, NT AND ACT) — CANNABIS
- MEXICO — ALL DRUGS
- COLUMBIA — ALL DRUGS
- CZECH REPUBLIC — ALL DRUGS
- ITALY — ALL DRUGS
- GERMANY — ALL DRUGS
- PORTUGAL — ALL DRUGS
- POLAND — ALL DRUGS
- PERU — CANNABIS, COCAINE, HEROIN
- ARGENTINA — ALL DRUGS
- PARAGUAY — CANNABIS, COCAINE, HEROIN
- COSTA RICA — ALL DRUGS
- SPAIN — ALL DRUGS
- JAMAICA — CANNABIS
- URUGUAY — ALL DRUGS
- BELGIUM — CANNABIS
- ARMENIA — ALL DRUGS
- BRAZIL — ALL DRUGS
- CHILE — ALL DRUGS
- ESTONIA — ALL DRUGS

COUNTRIES WHO STILL HAVE THE DEATH PENALTY FOR DRUG-RELATED OFFENCES:[53]

- CHINA
- IRAN
- SAUDI ARABIA
- VIETNAM
- MALAYSIA
- SINGAPORE
- INDONESIA
- KUWAIT
- THAILAND
- PAKISTAN
- EGYPT
- YEMEN
- SYRIA
- TAIWAN
- OMAN
- UNITED ARAB EMIRATES
- QATAR
- INDIA
- BANGLADESH
- SRI LANKA

About the Drug Foundation

"We have been around for 25 years now. In that time we have worked with MPs and governments of all flavours."

FOUNDED IN 1989, the New Zealand Drug Foundation is a charitable trust focused on reducing drug related harm in New Zealand. The Foundation aims to be the catalyst for people, their communities, services providers and policy makers to take action around drugs that reduces risk and improves outcomes. Our work is supported by a broad range of agencies as well as the community, and our membership includes schools, practitioners, other organisations and individuals.

We are primarily funded by the Ministry of Health to provide evidence based information and advice to whoever needs it. On a daily basis we get requests from all sorts of people, including parents, politicians and the Police. These range from people wanting information about policy and best practice to what the law says and where to find help. Sometimes it's simply "what the hell is this drug?" Our job is to stick to the facts, regardless of the issue in question.

Part of our mission is to support people to manage their own health and wellbeing. We offer them a growing suite of resources to do so. This includes New Zealand's first text-based drug information service Get the MSG! and the DrugHelp website. The latter is an interactive, online, self-help resource for people with drug problems, and their families. It is funded through the Prime Minister's Methamphetamine Action Plan. We've also recently launched the PotHelp website to support people wanting to reduce their use of New Zealand's most commonly used illicit drug.

We have been around for 25 years now. In that time we have worked with MPs and governments of all flavours. We believe in taking a collaborative approach and see our role in this as providing evidence based tools and advice to whoever wants it and engaging with as many people as possible. We convene local forums to promote knowledge exchange and cooperation as well as the National Committee on Addiction Treatment (NCAT). We are active participants in international and local projects and are committed to connecting New Zealand with global expertise and experience. We are members of the International Drug Policy Consortium, Harm Reduction International, the Vienna NGO Committee on Drug Abuse, and the Asia Pacific Alcohol Policy Alliance. We have also been New Zealand's only consistent civil society representative at the UN level over the past seven years.

RECENT SUCCESSES

- We developed an online and hard-copy resource to educate people on the risks of volatile substance abuse and take action to reduce harm. This included tools to assist retailers of volatile products to reduce the supply of dangerous products. These have already been utilised by the Warehouse, Placemakers and Mitre 10 and have informed the Christchurch City Council's Safer Cities Initiative and the work of the Police and CyFS Youth Justice.

- The Through the Maze: Cannabis and Health International Drug Policy Symposium brought together some of the best minds about cannabis and health from around the world, harnessing their expertise in light of the growing body of evidence around the health and social harm cannabis causes. 175 people from around the world attended, including young people, clinicians, community and government representatives, people who use drugs, researchers and media.

- Last August we brought a wide range of community stakeholders together to come up with an evidence-based vision for New Zealand's new National Drug Policy. Over two days, around 100 participants developed a shared strategy for reducing drug related harm in New Zealand. They also committed to working with government, and each other, to achieve this vision. The Wellington Declaration has helped inform the Ministry of Health's preliminary work on the NDP and continues to inform the work of the Foundation and other participants.

"WE SUPPORT THE DEVELOPMENT OF EFFECTIVE POLICY AND LEGISLATION BY PROVIDING ADVICE AND EVIDENCE DIRECTLY TO POLITICIANS AND DECISION MAKERS, AND ACTING AS A CRITICAL FRIEND TO GOVERNMENT."

NZ DRUG FOUNDATION

WE'RE HERE TO HELP

We support alcohol and drug workers and New Zealand communities.

We provide a range of public and member services, including txt and web information, training workshops, health promotion, self-help tools and drug education resources.

WE ARE A STRONG PUBLIC VOICE FOR GOOD DRUG POLICY

We are a strong public voice for good drug policy.

We support the development of effective policy and legislation by providing advice and evidence directly to politicians and decision makers, and acting as a critical friend to government.

We maintain a high media profile to communicate directly to the public about important drug issues. Our media comments are honest and factual, and seek to inform the public.

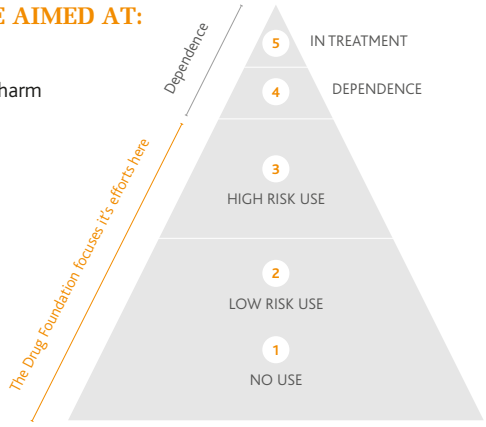
We hold regular events and convene nationwide forums on issues such as alcohol, the health effects of cannabis, drug impaired driving and national drug policy.

WE HAVE STRONG INTERNATIONAL NETWORKS

We keep ourselves up-to-date with international drug policy issues and bring international experts to New Zealand on a regular basis.

WHO OUR SERVICES ARE AIMED AT:

1. **NO USE**
   FOCUS = prevent uptake and harm
2. **LOW RISK USE**
   FOCUS = harm reduction and prevent progression to regular or riskier use
3. **HIGH RISK USE**
   FOCUS = harm reduction and prevent progression to dependence



BOARD OF THE NEW ZEALAND DRUG FOUNDATION

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ABOUT THIS BRIEFING

This briefing has been developed by the New Zealand Drug Foundation and is influenced by our guiding principles, including a commitment to evidence based policy and practice.

CONTACT

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Mobile: **021 499 292**
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Drug Foundation in action

CAMPAIGNS & EVENTS

2013 INTERNATIONAL DRUG POLICY SYMPOSIUM. THROUGH THE MAZE: CANNABIS AND HEALTH, AUCKLAND

Twenty years on from the first cannabis and health conference in 1993 the Drug Foundation hosted an international cannabis and health symposium bringing together some to the best minds about cannabis and health from around the world. Other events the Drug Foundation have organised include "Through the Maze: Healthy Drug Law International Symposium" in 2009 and, upcoming 2nd International Drug Driving Symposium.

GET THE MSG

Instant text messages with credible and factual information about drugs have been delivered to over a 100,000 people over the past five years. With initial support from Vodafone, the service delivers drug information in a discreet way, anywhere, anytime, free.

Text a "drug name" to 3784.

VOLATILE SUBSTANCE ABUSE (VSA)

Two distinct audiences can access reliable information on how to take action to reduce drug harms: retailers, and people working in communities. There are websites with practical information, and a hard-copy resource.

Find out more at **volatilesubstances.org.nz**

STEER CLEAR

Positive changes in attitudes towards cannabis and driving are already being seen as a result of the SteerClear campaign. The campaign to encourage young people to find safe alternatives to driving after using cannabis kicked off in 2012.

11,000 YOUNG PEOPLE ENGAGED

78,000 VIDEOS VIEWED

OVER **500,000** REACHED VIA SOCIAL MEDIA

THE VAN SIMULATOR **DOPE AS DRIVE** HAS VISITED ROAD SAFETY EXPOS AND FESTIVALS IN FOUR NORTH ISLAND CENTRES.

Find out more at **steerclear.org.nz**

OUR PUBLICATION

MATTERS OF SUBSTANCE

Matters of Substance is the Drug Foundation's quarterly print magazine, available to subscribers and our members. To get your copy please visit our website, and for back issues please contact us.

ONLINE RESOURCES

LIVING SOBER

In just two months over 1,000 people have joined Living Sober, a new online recovery website. In the online community moderated by Lotta Dann, author of "Mrs D Goes Without", people support one another to examine their drinking habits. The Drug Foundation is supporting the website alongside the Health Promotion Agency and Matua Raki.

1,000+ PEOPLE
JOIN LIVING SOBER

Find out more at **livingsober.org.nz**

FEBFAST

Encouraging people to enjoy themselves without drinking alcohol is a key goal of the FebFast fundraising initiative. FebFasters, who give up drinking for the month, have raised over $300,000 in the last four years. This helps to fund the work done by youth services and the Drug Foundation's reducing harm from alcohol use.

RAISED OVER
$300,000

Find out more at **febfast.org.nz**

DRUGHELP, METHHELP, POTHELP

When someone is ready to reduce or quit using drugs, they can hear directly from others who have changed their lives. The DrugHelp, MethHelp and PotHelp websites offer hope and motivation to change, along with useful tools.

161,000 PEOPLE
HAVE VISITED THE WEBSITES SINCE AUGUST 2010

METHHELP GUIDE FOR CHANGE:
16,900 BOOKLETS DISTRIBUTED

Find out more at
drughelp.org.nz | methhelp.org.nz | pothelp.org.nz

“Our mission is to be the catalyst for people, their communities, service providers and policy makers to take action that prevents drug harm.”