

**AT THE HEART  
OF THE MATTER,  
NZ DRUG  
FOUNDATION.**

Te Tūāpapa Tāru kino o Aotearoa

AT THE HEART  
OF THE  
MATTER

# State of the Nation 2020

A stocktake of how New Zealand is dealing  
with the issue of drugs

December 2020



---

**The Drug Foundation** has been at the forefront of major alcohol and other drug debates for over 30 years. We take the lead in Aotearoa New Zealand promoting healthy approaches to alcohol and other drugs.

---

**Public education, information and outreach**

We create resources and lead projects in schools and workplaces to reduce alcohol and drug harm.

---

**Creating solutions with communities**

We work with communities, especially tangata whenua, to find effective solutions to drug issues.

---

**Policy development**

We advocate for evidence-based policies and effective treatment services that will build a healthy society with the least possible harm from drug use.



# Tēnā koe

The New Zealand Drug Foundation's vision is for an **Aotearoa free from drug harm.**

We were thrilled to see Health Minister Andrew Little's new legislation last week, providing legal certainty for drug checking. The new law will reduce the number of people needing medical attention and potentially save lives, and is a great step towards treating drug use as a health issue.

It's crucial though that the Government continues to update policy and invest in treatment over the next few years. This is especially the case given recently released data showing almost a third of New Zealanders have a moderate to high risk of experiencing health and other problems from their substance use - mostly from alcohol and tobacco.

Rates of harmful alcohol use remain of concern in New Zealand, and cannabis use is rising - but tobacco use is going down. Methamphetamine use remained relatively steady across the population as a whole last year, though huge increases in border seizures in 2019 were cause for concern. It's also noteworthy that waste-water testing showed a substantial increase in the quantity of MDMA consumed in New Zealand during 2019.

Covid-19 has of course had a huge impact on every aspect of our lives, and this includes the way New Zealanders use drugs. The long-term impacts of Covid-19 on alcohol and drug use are still unclear but may be significant: the psychosocial impacts of major crises can be broad and long-term. Treatment providers have been reporting difficulties meeting an increased demand for their services, as already-vulnerable people deal with the challenges and uncertainty that a global pandemic has brought us.

The silver lining is that Level 4 lockdown resulted in increased accessibility to treatment for some. Services had to quickly find ways to make sessions available online or over the phone, providing a flexibility that we hope can continue for those who can't easily access in-person services. The burden of drug harm continues to fall



most heavily to Māori as the group most likely to experience problems from their current substance use. Māori are also significantly more likely to drink hazardously than non-Māori. Recently-released analysis shows that while Pasifika are less likely to drink alcohol than other groups, those who do drink are more likely to do so in ways that could damage their physical or mental health.

In the criminal justice space, illicit drug convictions do not appear to be slowing to the extent we had all hoped when changes were made to the Misuse of Drugs Act last year. While the total number of court actions for possession offences went down slightly in the 10 months since the law change, the total number of proceedings actually increased due to an increase in warnings issued.

The proportion of Māori receiving court actions for low-level drug offences continues to be significantly higher than for non-Māori - an injustice that cannot be adequately dealt with under the current legislation. We'll continue to follow the evidence, pushing for a complete overhaul of our outdated drug laws to treat drug use as a health and social issue.

48.4% of New Zealanders voted in favour of cannabis legalisation at the referendum this year. While that means we won't be seeing cannabis on sale in shops any time soon, the debate showed a clear public desire for legal change in some form. It's no coincidence that youth and Māori, who suffer the greatest harm, voted yes. We cannot ignore these voices.

Ngā mihi

**Kali Mercier**, Policy & Advocacy Manager

# New Zealand has high rates of alcohol and other drug use.

## Most people in New Zealand drink alcohol, and cannabis use is slowly climbing

### NEW ZEALAND ADULTS (2019/20)

82%

drank alcohol - 21% dangerously in the past year. Rates have remained the same for the past five years.

↑15%

Used cannabis in the past year, up from 10% five years ago.

↓13%

Smoking rates continue to drop. 13% were current smokers, down from 17% five years ago.

1%

consumed amphetamines (incl methamphetamine) in the past year. Rates have increased slightly from 0.7% five years ago.

Source: New Zealand Health Survey 2014/15 and 2019/20 \*

## Some people experience harms from their drug use

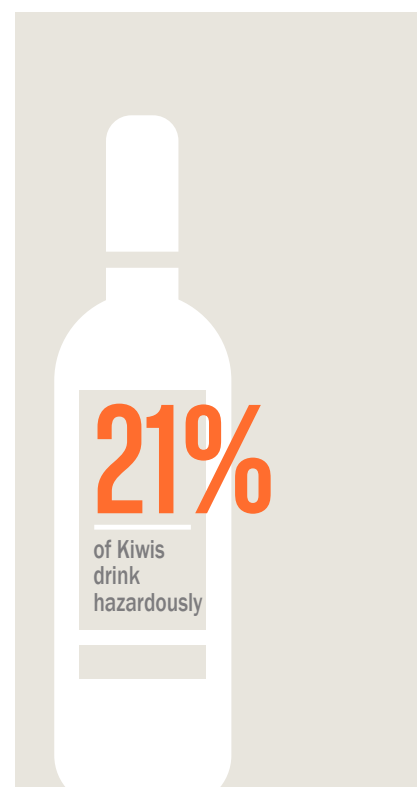
When all substances are considered (including alcohol and tobacco) almost a third of people have a moderate to high risk\*\* of experiencing health and other problems from their current pattern of substance use.<sup>1</sup>

Men, Māori, and people living in socio-economic deprivation are most likely to have a moderate to high risk of experiencing problems from their current substance use.<sup>1</sup>

In a survey commissioned by Family Drug Support Aotearoa New Zealand, released in February 2020, over 41% of adult New Zealanders said they were impacted by the alcohol use of a family member or close friend in the last year. Over 29% said they were impacted by the illicit drug use of a family member or close friend.<sup>2</sup>

\* Note these data are from before the Covid-19 outbreak.

\*\* The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) measures the risk of experiencing problems because of current pattern of substance use. Respondents are asked about frequency of substance use in the last three months and whether they have experienced problems (health, social, legal, and with their relationships) with any substances they have used.



Source: New Zealand Health Survey

1.2m ADULTS

are at risk of problematic substance use, mostly from tobacco and alcohol.

Source: 2016/17 New Zealand Health Survey

## Māori are disproportionately affected by drugs

Māori are 2.8 times more likely to use tobacco and 2.2 times more likely to use cannabis than non-Māori. The disparity is greater in women for both substances.<sup>3</sup>

Māori and non-Māori have similar drinking rates, but Māori are 1.8 times more likely than non-Māori to drink hazardously\*, in a way that may cause harm.<sup>3</sup>

Drug prohibition particularly hurts Māori, who made up 49% of those convicted with a low-level drug offence in 2019<sup>4</sup>, and 46% of those convicted of a cannabis offence.<sup>26</sup>

## Pasifika adults have low drinking rates, but those who drink, do so hazardously

Pasifika adults report low rates of alcohol consumption. Recently-released analysis shows Pasifika are 2.4 times more likely to be non-drinkers compared to people who are not Pasifika or Māori.<sup>5</sup>

Pasifika adults who do drink are 1.7 times more likely to drink hazardously than adults who are not Pasifika or Māori. New Zealand born Pasifika are more likely to drink hazardously than those born overseas.<sup>5</sup>

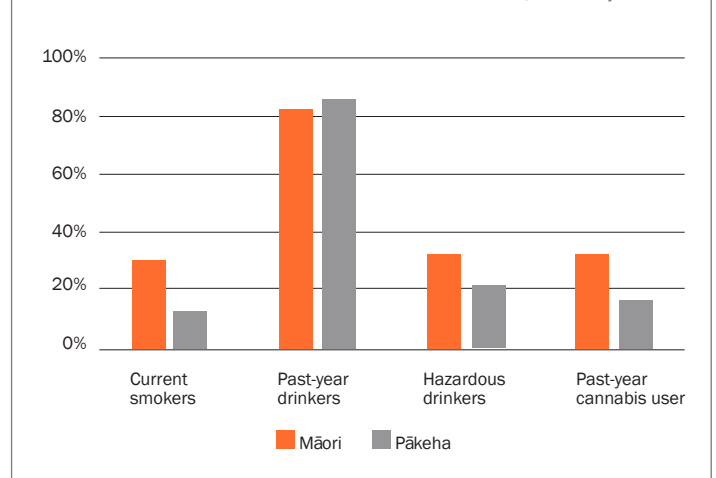
## New Zealand-born young Pasifika are more likely to drink and use cannabis

Recently-released analysis shows young Pasifika were less likely to drink in the past month, but almost 2 times as likely to have used cannabis in the past month, than young non-Māori/non-Pasifika.<sup>6</sup>

New Zealand-born young Pasifika were 1.7 times more likely to engage in past-month drinking, and 3 times more likely to have used cannabis in the past month, compared to those born overseas.<sup>7</sup>

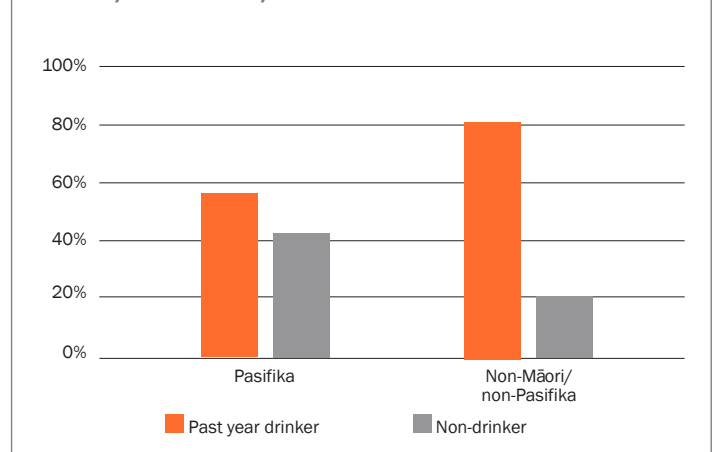
This suggests that culture is a substantial protective factor for Pasifika.

## Substance use for Maori and Pakeha, 2019/20



Source: 2019/20 New Zealand Health Survey

## Drinking behaviour for Pasifika, 2013/14 - 2015/16



Source: 2013/14-2015/16 pooled New Zealand Health Survey



Increased likelihood of using cannabis in the past month for young Pasifika born in New Zealand, compared with overseas-born.

Source: 2014-2018 pooled Youth Insights Survey

\* Hazardous drinking is measured using the 10-question Alcohol Use Disorders Identification Test. This covers alcohol consumption, dependence and adverse consequences. People are considered to drink hazardously if they have a score of 8 or more. This score represents a regular pattern of drinking that has a high risk of future damage to physical or mental health.

## Drug use in young people

The Youth 2000 series shows cigarette smoking and binge drinking in secondary school students has been going down since 2001.<sup>7</sup>

Just under one quarter (23%) of secondary school students have ever used cannabis. Weekly cannabis use has stayed relatively steady for secondary students since 2012 with 4 percent reporting using weekly or more. Rangatahi Māori are more likely to use cannabis, with 8.5% using cannabis weekly or more, compared to 3.3% of Pākehā.<sup>8</sup>

The ASH Year 10 Snapshot indicates use of vaping products at least monthly has increased since 2015 in Year 10 students. Three percent reported vaping daily in 2019.<sup>8</sup>

According to the 2018 Youth Insights Survey a third of Year 10 students (aged 14-15 years) have used at least one substance in the past month, most commonly alcohol (30%). One in ten have used two or more substances in the past month.<sup>9</sup>

Adolescents with low to moderate self-esteem were nearly four times more likely to use two or more substances than those with high self-esteem. Māori were almost 3 times more likely to use two or more substances in the past month than non-Māori.<sup>9</sup>

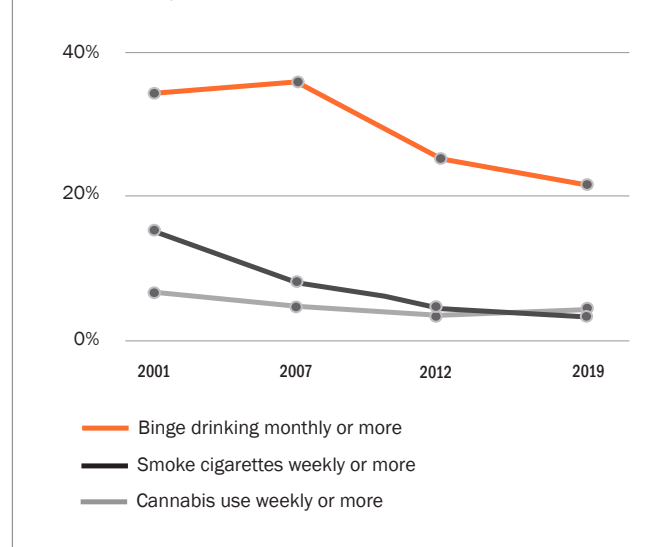
## A second wave of the synthetic cannabinoid crisis may emerge

More than 70 deaths have been connected to synthetic cannabinoids since mid-2017.<sup>10</sup>

While we seem to be over the peak of the synthetics crisis, there is some concern a second wave may emerge. We have anecdotal reports from the treatment sector that since Covid-19, there have been clusters of people presenting in need of medical attention from synthetic use.

The synthetic cannabinoid AMB-FUBINACA, which was responsible for a majority of the

## Substance use in secondary school students, 2001-2019



Source: Youth 2000 series



Synthetic cannabinoid related incidents reported by St John between May 2019 and April 2020

Source: St John New Zealand

fatalities tied to synthetics, has recently been found across a number of regions.<sup>11</sup>

St John Ambulance reported 722 incidents involving synthetic cannabinoids in the areas they operate between May 2019 and April 2020. These incidents mostly occurred in the Canterbury region.<sup>12</sup>

There have also been some concerning new synthetic cannabinoids found in the Taranaki region and Palmerston North recently.<sup>13</sup> This is definitely one to keep an eye on.

## Methamphetamine is still a major concern for communities

Across the population, use of methamphetamine remains low – 1% of the population reported consuming amphetamines (including methamphetamine) in the 2019/20 year.<sup>3</sup>

But some communities use more methamphetamine than others. Methamphetamine is the most commonly detected illicit drug nationwide at wastewater testing sites,\* with detection levels per person highest in Northland, Eastern and Bay of Plenty police districts.<sup>14</sup>

Seizures of methamphetamine by Police and customs also increased to 1796 kg in 2019 compared with 300 kg in 2018.<sup>15</sup> It is too early to make any conclusions around what this spike in seizures may indicate in terms of use rates.

A snapshot survey in 19 Emergency Departments taken on one night in December 2019 found 1.9% of presentations to ED that night were methamphetamine-related – up from 0.7% in 2018.<sup>36</sup> In itself this survey is not enough to indicate an increase in methamphetamine-related harm during 2019, but we should keep an eye on this space.

## MDMA seizures are on the rise

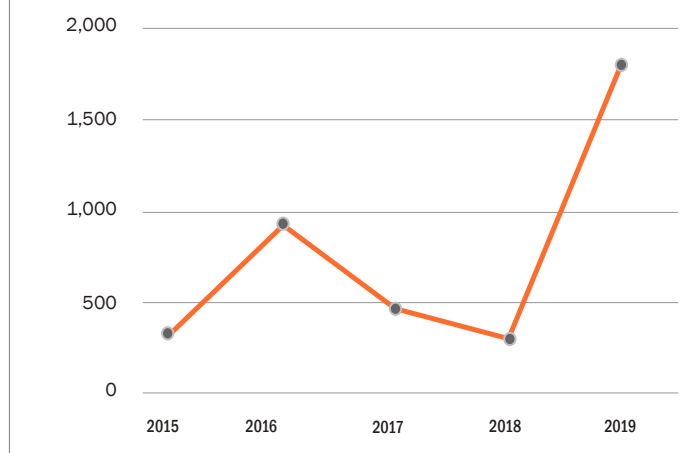
Between 2018 and 2019, there was a huge increase in MDMA (ecstasy) seized by Police and Customs, from 350,000 tablets in 2018, to 2.4 million tablets in 2019.<sup>15</sup>

There has been an increase in the amount of MDMA detected in wastewater testing since February 2019. Between November 2019 and January 2020, MDMA was the second most commonly detected drug in wastewater testing, with an estimated 8.7kg consumed on average per week at sites tested (up from 4kg in Nov 2018 to Jan 2019).<sup>14</sup>

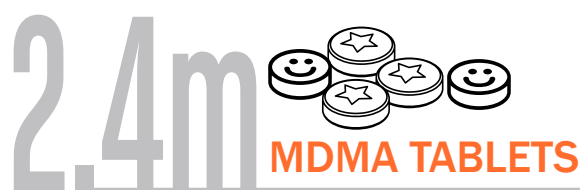
Increased supply from overseas appears to have led to greater availability for a wider range of people, at more affordable prices, than has previously been the case. In addition, pressed pills reaching the market have increased in dose and purity over the past two years, so that more MDMA is likely to be used at each sitting.

\* This excludes cannabis, the most used illicit drug in New Zealand. Police wastewater research tests for methamphetamine, cocaine, MDMA, heroin, and fentanyl only.

## Methamphetamine (kg) seized by Police and Customs



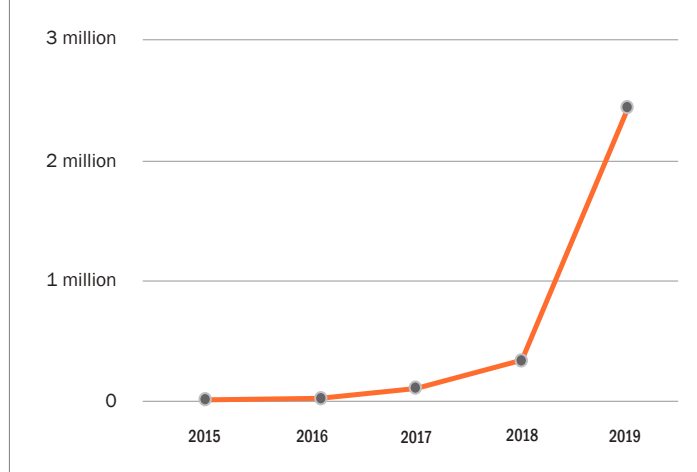
Source: New Zealand Police



were seized by Police and Customs between 2018 and 2019

Source: 2016/17 New Zealand Health Survey

## MDMA pills seized by Police and Customs



Source: New Zealand Police

## GBL seizures are on the rise

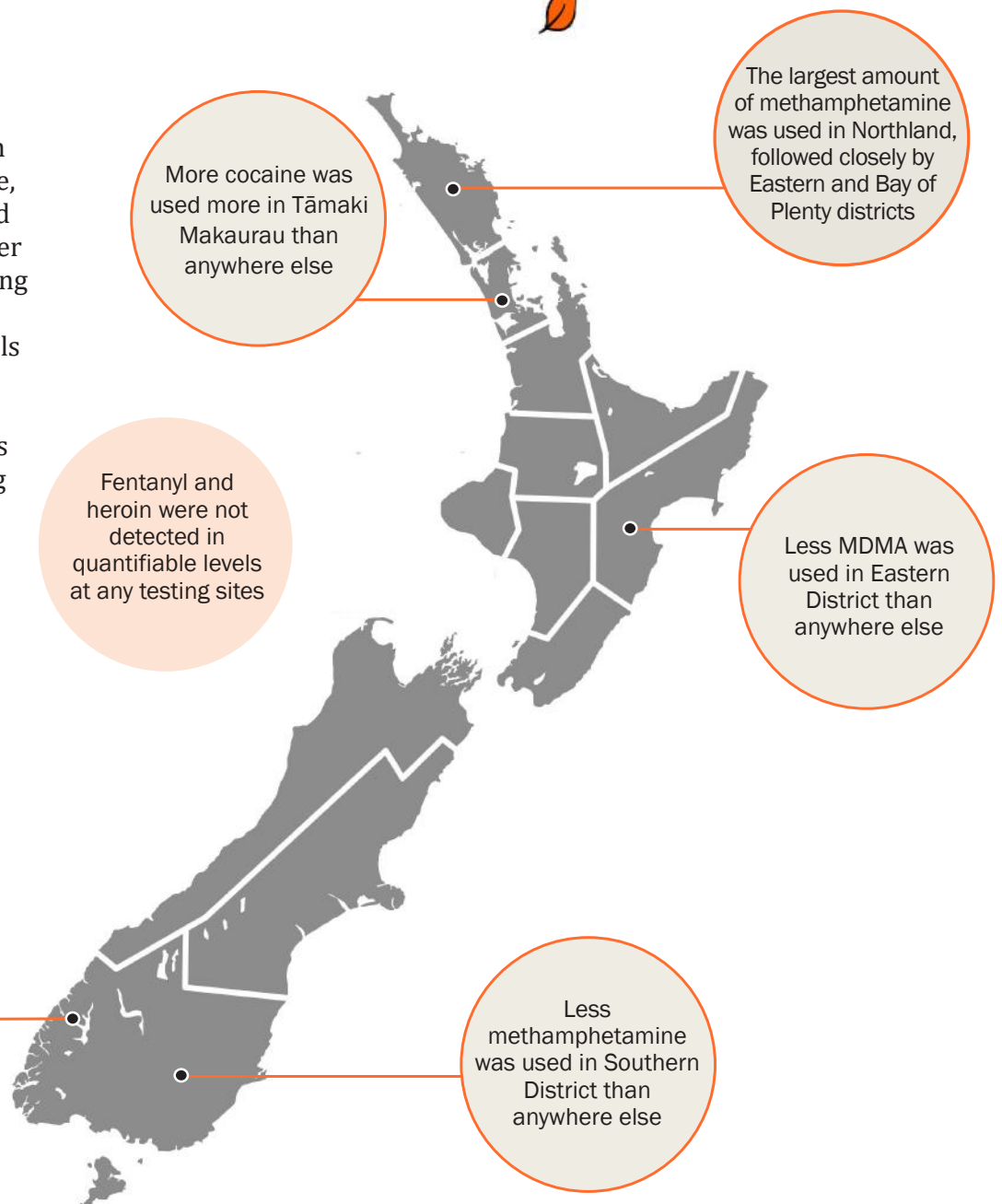
Gamma-Butyrolactone (GBL) is a more potent version of Gamma hydroxybutyrate (GHB), requiring only a third or half of the amount to have the same effect. GBL slows down the body, and it is easy to overdose on, especially when people think they're using GHB.

There has been an increase in the amount of GBL seized by Police and customs, from 479 litres seized between January to October this year, up from 330 litres in 2019.<sup>37</sup>



## Drug use differs across the country

Police wastewater research tests for methamphetamine, cocaine, MDMA, heroin, and fentanyl.<sup>14</sup> While wastewater testing is good for comparing different regions, it doesn't give clear insights into levels of harmful drug use in a region. It's not possible to establish from these results how many people are using substances, and in what quantity per person – nor whether they are suffering harm from that use.



SOURCE: NOVEMBER 2019 - JANUARY 2020 NZ POLICE WASTEWATER DATA



# Covid-19 has impacted drug use and availability in 2020

## Covid-19 lockdown led to changes in drug use

Covid-19 has had a huge impact on every aspect of our lives, including drug use. This was particularly significant during Alert level 4 restrictions,\* more commonly referred to as lockdown.

While around 20% of people who drink reported drinking more during lockdown, around 30% reported drinking less – particularly Māori, Pasifika, and young people.<sup>16</sup> Drinking habits had returned to normal by the time we reached Alert Level 1 (June).<sup>17</sup>

In surveys of people who use drugs, many reported an increase in alcohol and cannabis use during lockdown. Feeling anxious or bored were the most common reasons for this increase.<sup>18, 19</sup> Easy access may have played a part also: alcohol was available through online delivery, and lockdown overlapped with the cannabis harvest season.

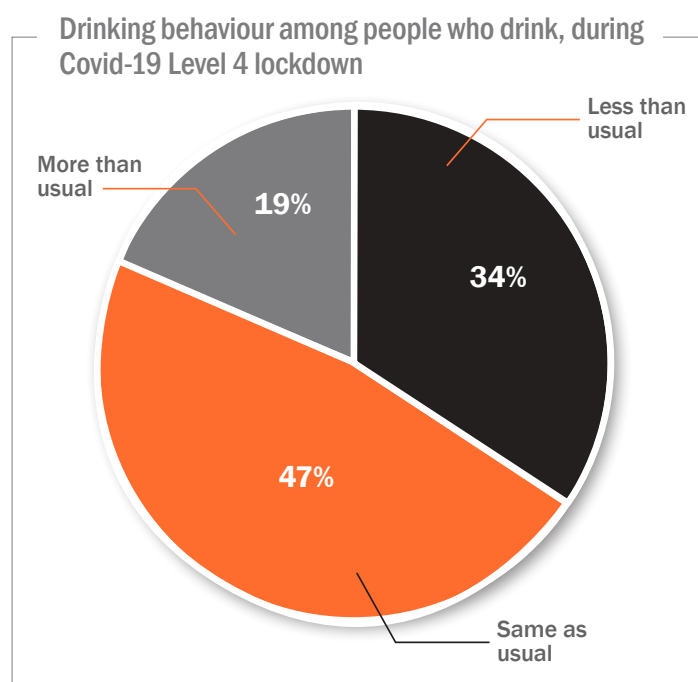
On the other hand, MDMA and cocaine use appears to have decreased over lockdown.<sup>18</sup> This was likely due to disrupted international supply chains.

## Covid has resulted in new responses to treatment

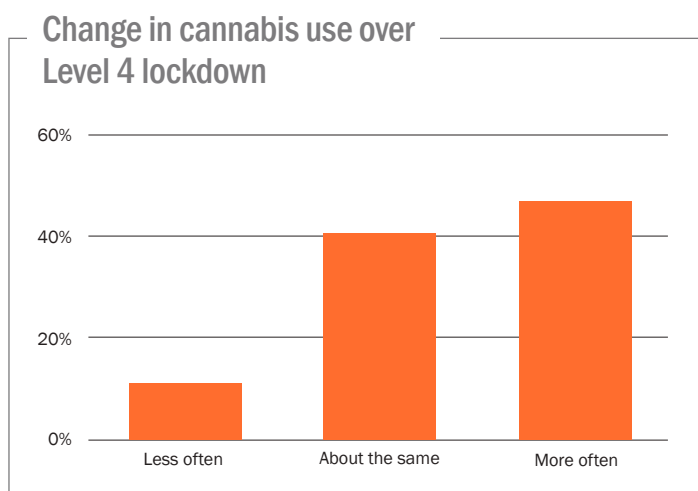
During lockdown, Alcohol and Other Drug (AoD) services had to move to online and telephone-based treatment.<sup>19,21</sup> This led to easier access to services for many clients, and improved engagement and flexibility.<sup>21</sup>

For some clients though, a lack of technology became a barrier to accessing treatment.<sup>19,21</sup> Other barriers included an increased need to focus on basic needs (food and shelter) before any addiction issues.<sup>21</sup>

Given the changes in the drug market over lockdown we may see demand for treatment increase over the medium to long term.<sup>20</sup>



Source: Health Promotion Agency



Source: Global Drug Survey (NZ)

\* Alert level 4 restrictions occurred between March 25 and April 27, with a further 2 weeks of Alert Level 3, ending May 13 2020.

## Covid-19 led to a reduced supply of illicit drugs

There was a large decrease in illicit drug seizures by Customs in April and May. There was a 65% decrease in methamphetamine seizures, a 98% reduction in cocaine seizures, and a 58% decrease in MDMA seizures.<sup>20</sup>

The price of methamphetamine increased across the country during lockdown, with the largest increases in the South Island. Methamphetamine purity and availability also decreased over this time.<sup>20</sup>

65% of drug users surveyed in the Global Drug Survey reported decreased availability of illicit drugs, but only 26% reported an increase change in price. Over 80% reported no change purity or range.<sup>18</sup>

## The long-term impacts of Covid-19 are unclear but may be significant

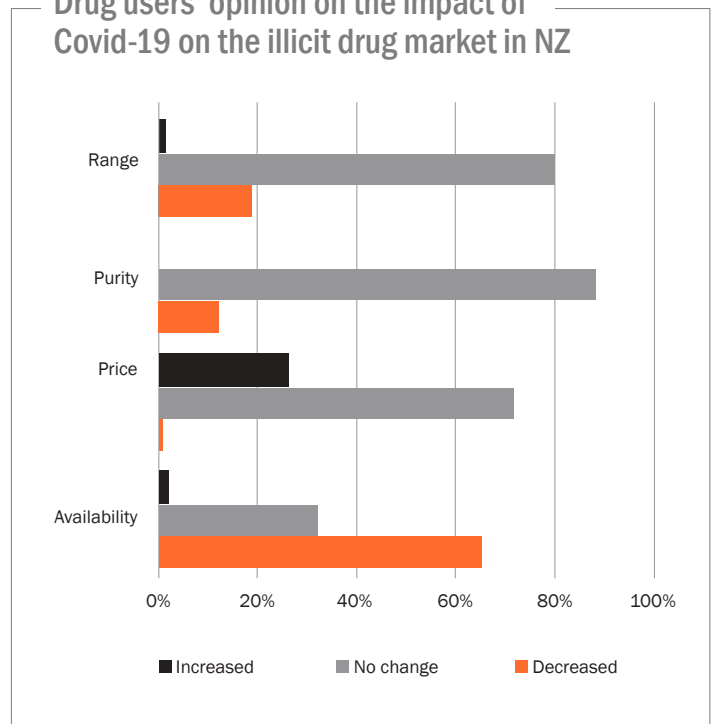
It is not yet clear what the long-term impact of Covid-19 will be on the consumption and supply of illicit drugs. The psychosocial impacts of major crises can be broad and long-term, impacting communities and individuals economically, socially, physically and psychologically.<sup>34</sup>

Public health measures implemented since Covid-19 began - such as lockdown and social distancing - along with economic stressors, housing insecurity and uncertainty about the future, have put some individuals at increased risk of mental health issues and relapse into substance use disorders.

A small sample survey of AoD services and drug users, carried out by the Drug Foundation in August, has picked up an increased demand for services during 2020, suggesting Covid-19 might be having a significant and ongoing impact. Service providers highlighted the integral relationship that mental health has on substance use and vice versa.<sup>19</sup>

Some service providers in the Drug Foundation survey also noted that women have been disproportionately impacted by Covid-19 redundancies which may lead them to experience more drug-related harm. Young people were also highlighted as group that have been particularly impacted this year.<sup>s</sup>

## Drug users' opinion on the impact of Covid-19 on the illicit drug market in NZ



Source: Global Drug Survey (NZ)

**300% INCREASE**

“We have had a 300% increase in referrals in the last quarter for mental health - lots of uncertainty for our young people.”

“Whaiora who were already reducing their use of AOD or were actively implementing and maintaining AOD abstinence lapsed or relapsed due to additional stressors directly linked with Covid-19.”

-Drug Foundation Pulse Survey respondents

# More funding for treatment, but there are still gaps in service provision

## Alcohol is the substance New Zealanders most commonly seek support for

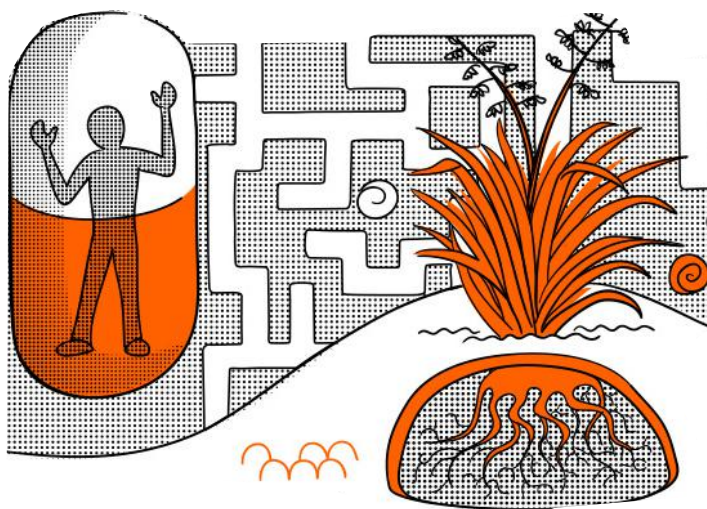
In community-based outpatient services in 2019, 50% of people were seeking help mainly for alcohol use.<sup>22</sup>

This was three times the proportion looking for help mostly for amphetamine (including methamphetamine) use and almost five times more than the proportion seeking help for cannabis use.<sup>22</sup>

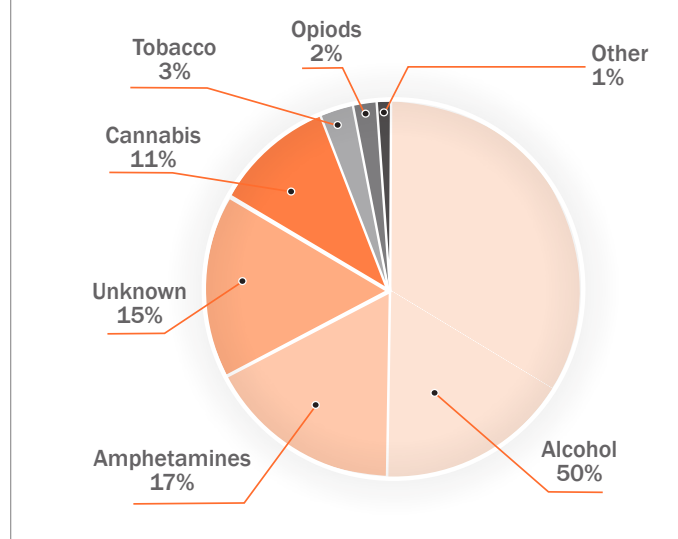
## There has been a greater demand for treatment over the past five years

The number of people accessing alcohol and other drug (AoD) treatment grew 10% between 2014 and 2017. This number has been stable in the past two years, with 50,130 receiving treatment in 2019. Of those receiving treatment, 37% were Māori.<sup>22</sup>

Despite this steady demand, the DHB-based workforce decreased by 17 full time equivalent roles between 2018/19 and 2019/20.<sup>22</sup>

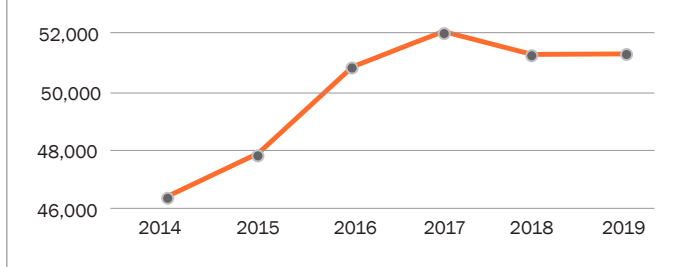


Main substance people were seeking community-based treatment for in 2019



Source: Ministry of Health

Number of people getting alcohol and other drug treatment



Source: Ministry of Health

## It is unclear how long it takes for interventions to begin

Because of the way statistics are gathered, we do not have a clear picture of how long waiting lists really are.

Almost 50% receive their first interaction with a service within 48 hours or less of making contact. Around a third receive their first interaction between 48 hours and 3 weeks.<sup>22</sup>

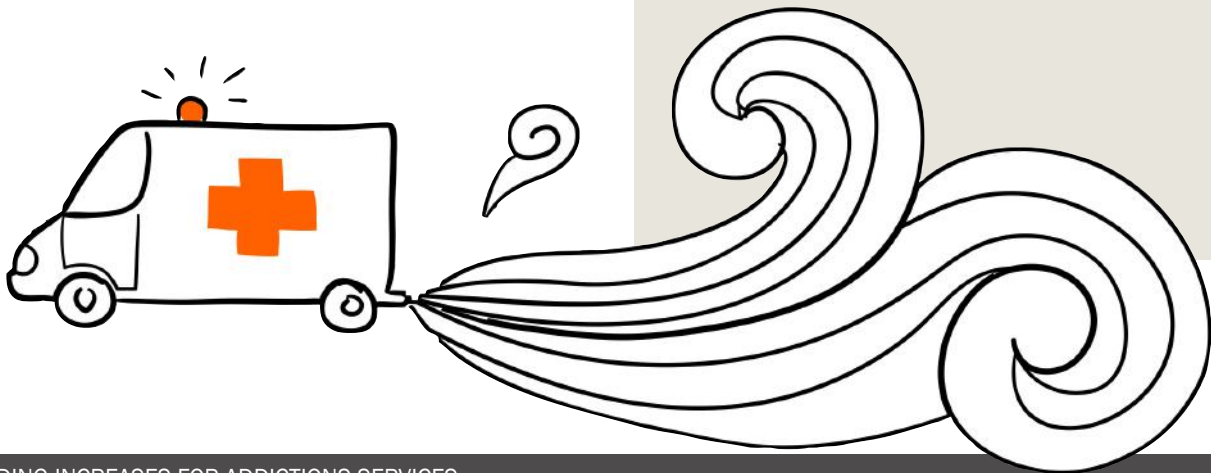
However, it can take longer than that for an intervention to begin. Anecdotal reports suggest there continue to be large waitlists across the country, particularly for residential beds, and that this has been further exacerbated by the effects of Covid-19.<sup>35</sup> This is something to keep an eye on.



“There has been no relative increase in staff, no relative increase in community-based services.

We haven’t been able to impact our wait list, particularly for young people wanting access to addiction specific counselling or support.”<sup>35</sup>

LYNETTE HUTSON,  
National Director of Addictions, Supported  
Housing and Prisoner Reintegration,  
The Salvation Army



## → FUNDING INCREASES FOR ADDICTIONS SERVICES

The significant funding increase allocated in 2019’s Budget has ensured many of the existing services which were in danger of collapse are now more sustainable. The funding increase also made it possible to scale up new approaches to treatment that had been piloted within some well-established services and primary care providers. This includes more beds in addiction treatment facilities, managed withdrawal services, and peer support.

Despite these welcome investments, there are still large holes in treatment provision across the country. We’d particularly like to see new funding going into innovative new community programmes and services targeting people using drugs or alcohol in risky ways who would not normally identify themselves as needing assistance.

# Drugs and the criminal justice system

## Are illicit drug offences starting to slow?

There was a significant decrease in charges and convictions for drug offences from 2010/11 to 2013/14, which has subsequently levelled off.<sup>23</sup>

Almost 6000 people are still charged and 4500 are convicted of drug offences every year.<sup>23</sup>

The majority (68%) of these convictions are for what we would define as low-level charges. This includes charges for personal use, possession, and use or possession of a drug utensil.

In 2019/20, 3067 people in total were convicted of low-level drug offences.<sup>23</sup> For 1126 people, the drug conviction was their most serious offence.<sup>4</sup> Of these:

- People under 30 years made up nearly half (44%)
- 71% were men
- Māori made up 39%.

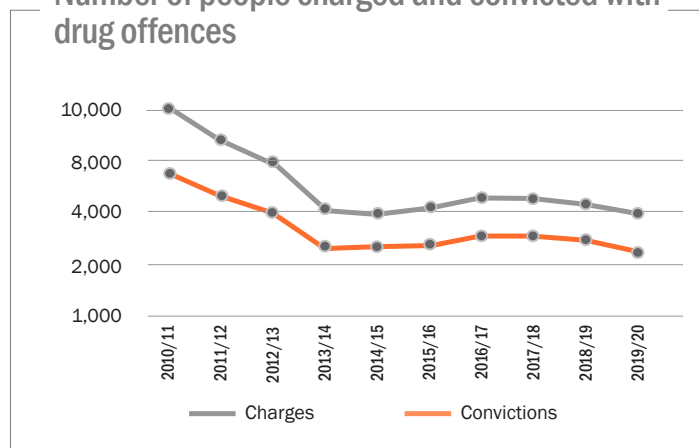
## Methamphetamine convictions have crept above cannabis convictions

Methamphetamine convictions have steadily increased since 2013/14 while cannabis convictions have decreased.<sup>25,26</sup>

In 2019/20, the number of people charged with methamphetamine offences overtook cannabis for the first time.<sup>25,26</sup>

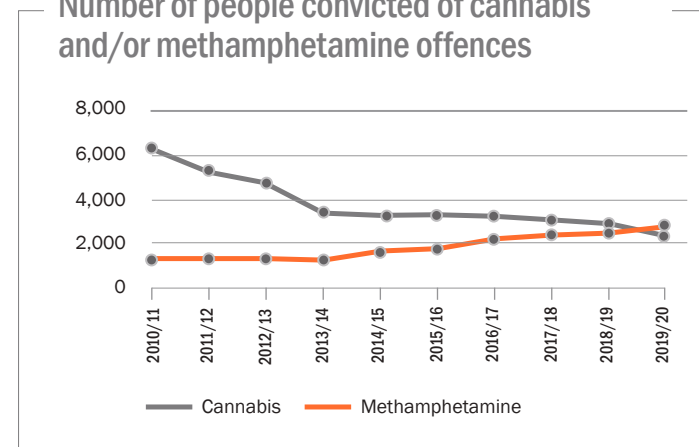
In 2019/20, 2722 people were charged with a methamphetamine offence as their most serious drug offence, and 2482 were charged with a cannabis offence.<sup>25,16</sup>

Number of people charged and convicted with drug offences

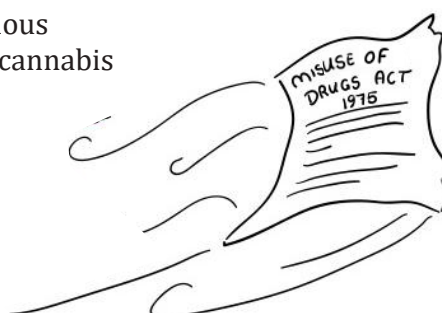


Source: Ministry of Justice

Number of people convicted of cannabis and/or methamphetamine offences



Source: Ministry of Justice



## Recent changes to the Misuse of Drugs Act have not stopped drug charges as we had hoped

In August 2019 New Zealand drug laws were updated, solidifying into law the Police's existing discretion to only prosecute for possession or use of drugs if it is 'required in the public interest'.

Police must now determine whether a health-centred or therapeutic approach would be more beneficial to the public interest than a prosecution.

If the law change was working as intended, we would expect to see court actions decrease, and non-court actions, including warnings, increase. The number of proceedings brought overall should also fall or remain the same.

Early indications show that court actions for low-level offences went down slightly in the 10 months since the law change compared to the same ten-month period in the previous year, from 1247 in 2018/19, to 1096 the following year.<sup>24</sup> While this is positive, it does not reflect the level of reduction that was anticipated by the law change.<sup>24</sup>

It is concerning that the total number of proceedings brought for low-level drug offences appears to be going up (sometimes called 'net-widening'). In other words, we're seeing more proceedings in total, even though fewer of those result in a court action.

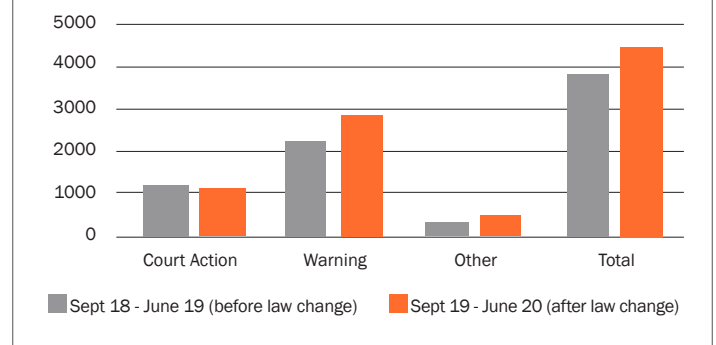
As well as this, between August 2019 and July 2020, only 10.7% of total proceedings resulted in a health referral,<sup>24</sup> far less than hoped.

It's too early to calculate the full impact of the law change. Arrests fluctuate significantly according to the time of year, and Covid lockdowns had a big impact on policing during part of that ten-month period.

For example, the overall increase in the number of proceedings for low-level drug offences from March appears to be driven by an increase in warnings over Covid-19 lockdown.<sup>24</sup>

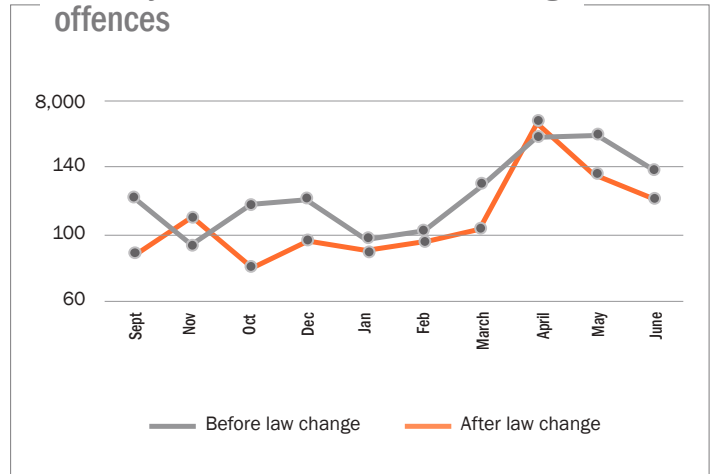
However, we can say that the impact has been significantly less than expected or hoped.

## Proceedings against offenders for low-level drug offences



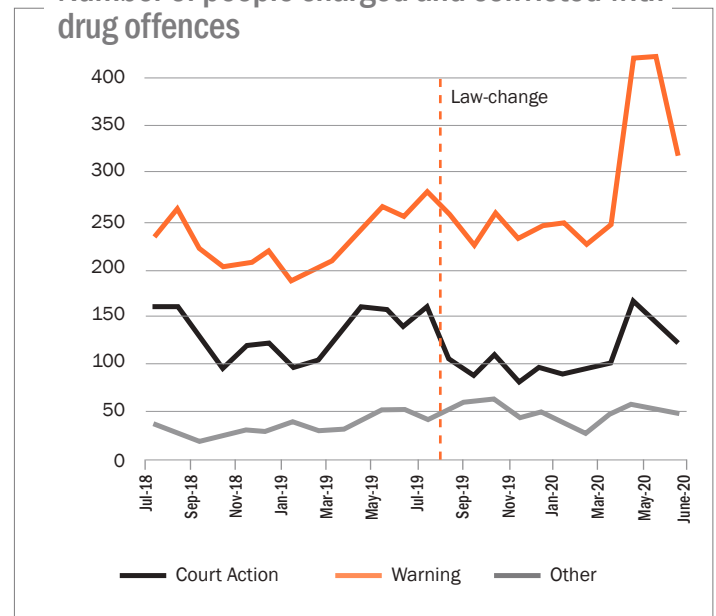
Source: National Drug Intelligence Bureau

## Monthly court action for low-level drug offences



Source: National Drug Intelligence Bureau

## Number of people charged and convicted with drug offences



Source: National Drug Intelligence Bureau

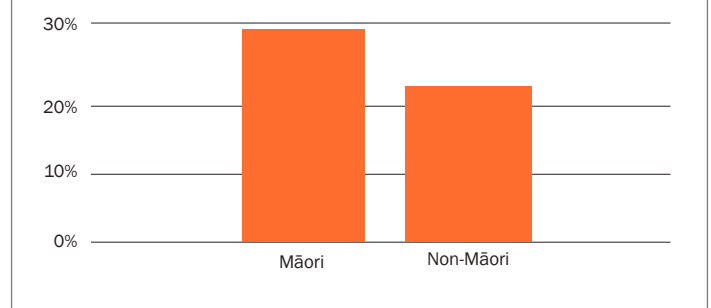
## Māori are still being discriminated against

The total number of court actions brought for low level drug offences against went down in the 10 months since law change compared to the same 10-month period in the previous year, and this is true for both Pakeha and Māori.

The proportion of Māori receiving court action for low-level drug offences remains significantly higher than it is for non-Māori.<sup>24</sup>

Of particular concern is the increase in total number of proceedings for Māori - from 1350 Sept-June before the law change, to 1537 for the same period after.<sup>24</sup>

Percentage of proceedings for low-level drug offences resulting in court action following law change



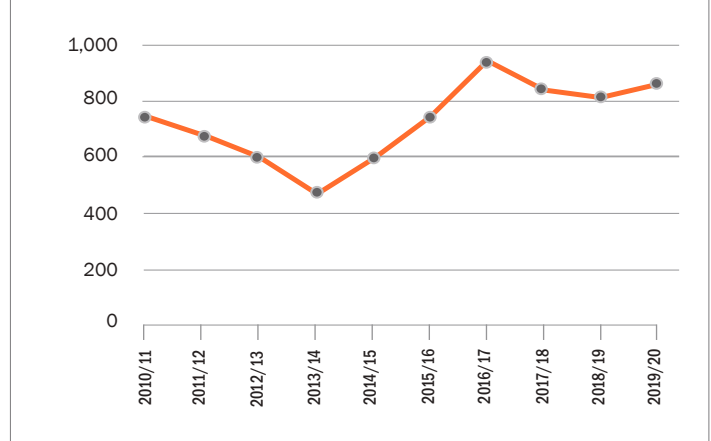
Source: National Drug Intelligence Bureau

## Prison sentences for low-level drug offences have increased over the past 10 years

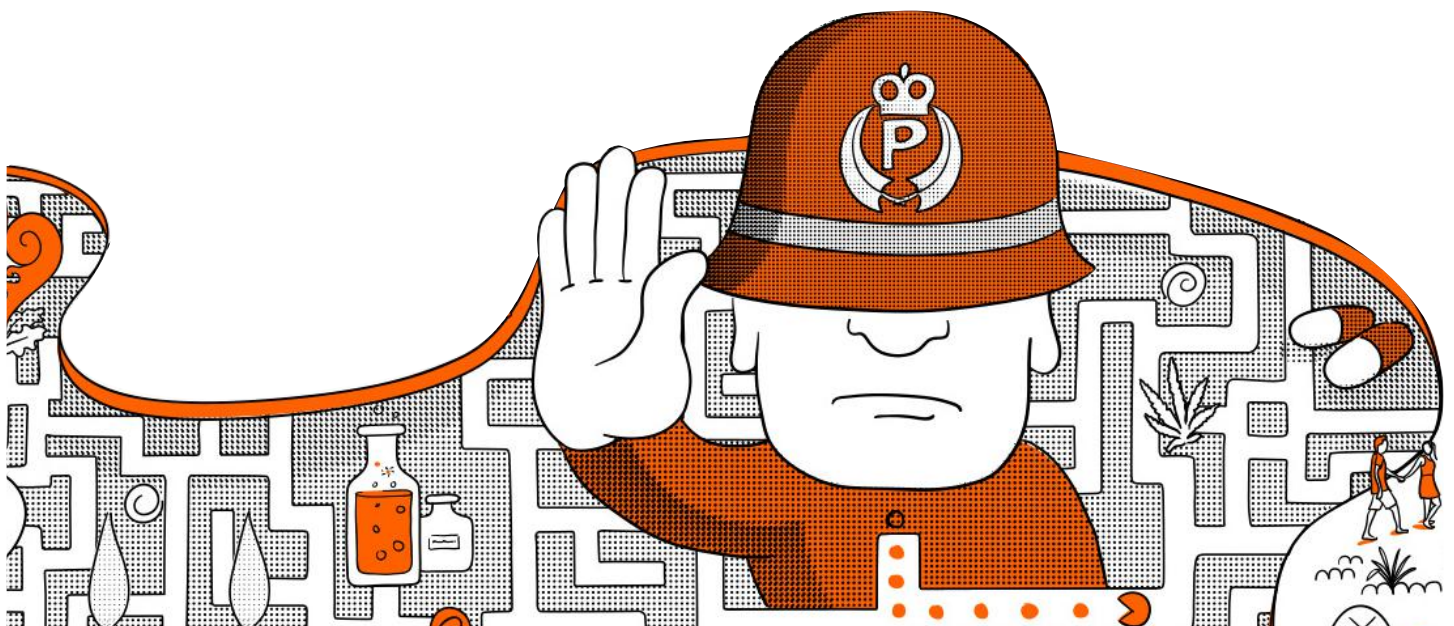
In 2019/20, 853 people were convicted and sentenced to prison for low-level drug offences. Following a decrease, the overall number of people sent to prison has been increasing since 2013/14.<sup>23</sup>

The number sentenced for low-level offences alone, with no other drug or non-drug related convictions, has decreased over the past 10 years from 52 to 26 people.<sup>23</sup>

Number of people sentenced to imprisonment for low-level drug offences



Source: Ministry of Justice



# People are still being arrested and convicted for cannabis

In the last 10 years, 39,273 people were convicted of a cannabis offence, and 6094 were sent to prison.<sup>26</sup>

In 2019/20, 3353 people were charged with a cannabis offence and 2482 were convicted.<sup>26</sup>

Cannabis convictions have decreased over time, but this decrease has slowed in the past 5 years.

Of all people convicted of a cannabis offence in 2019:

- People aged 20-39 made up 68%
- 84% were male
- Māori made up 46%.<sup>26</sup>

In 2019/20, 591 people were convicted with a cannabis-related offence alone (that is, they had no other drug or non-drug related convictions).<sup>26</sup>

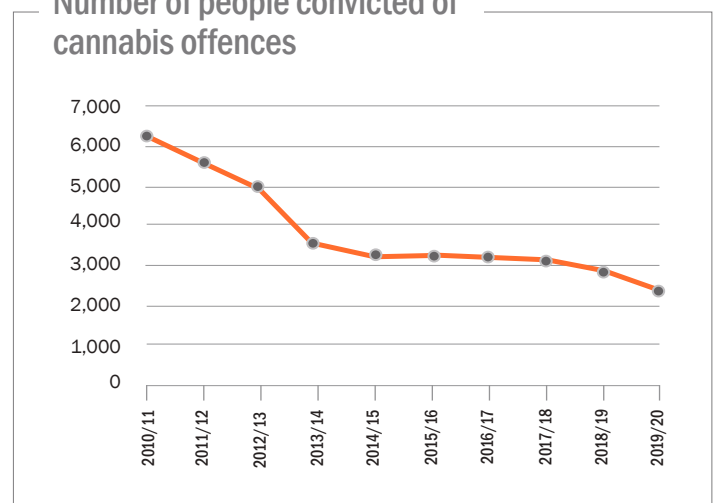
## Low-level offences make up over 60% of all cannabis offences

In 2019/20 1776 people were convicted with a low-level cannabis offence. Of those, 230 had a low-level cannabis conviction alone and no other convictions.<sup>26</sup>

## People are still going to prison because of cannabis

In 2019/20, 473 people were sent to prison with cannabis-related convictions, 325 for low-level offences such as cannabis possession or use. Of those imprisoned, 16 had committed cannabis offences alone.<sup>26</sup>

Number of people convicted of cannabis offences



Source: Ministry of Justice

In the past decade

**39,273** PEOPLE

were convicted of a cannabis offence

Source: Ministry of Justice

## → CANNABIS REFERENDUM RESULT

48.4% of New Zealanders voted in favour of cannabis legalisation, and 50.7% against. Although most New Zealanders did not vote for the proposed model of legalisation, the debate has shown a clear public desire for legal change in some form.

This could include an end to criminal penalties for those who use cannabis and other drugs, and for those who grow small quantities of cannabis at home for personal use.



# Those in prison disproportionately suffer mental health and substance use disorders

## Most people in prison have experienced some form of mental health or substance use disorder

62% of those in prison experienced a substance use disorder in the past year, three times higher than the general population. 91% have experienced a disorder at some point during their lifetime, compared with 40% of the general population.<sup>27</sup>

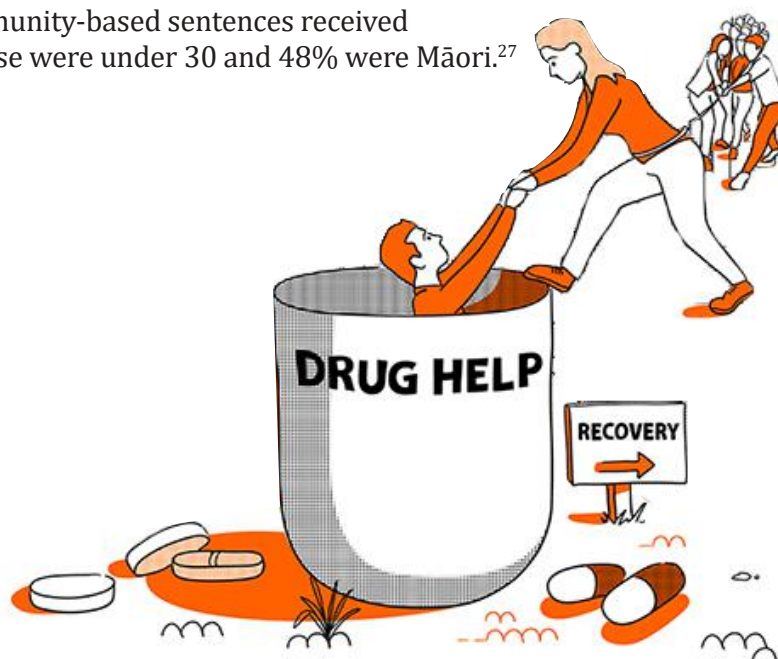
The first time many people get help is in prison. In 2019, 1824 people received addiction treatment in prison: 38% of those were under 30 and 48% were Māori.<sup>27</sup>

A further 6207 people on community-based sentences received treatment. Forty percent of those were under 30 and 48% were Māori.<sup>27</sup>

1824 PEOPLE

received addictions treatment in prison in 2019

Source: Department of Corrections



## → FUNDING FOR ADDICTION SERVICES IN PRISONS

\$128.3 million over four years has been invested through Budget 2019 for Mental Health and Alcohol and Other Drug Intervention (AOD) services for people in prison and on community-based sentences. This funding will support up to 2310 additional offenders with mild to moderate mental health needs per year.

In addition to drug treatment programs, we'd like to see an emphasis on drug harm reduction, including prison-based needle exchanges and opioid substitution treatment, and better support as people return to life outside of prison.

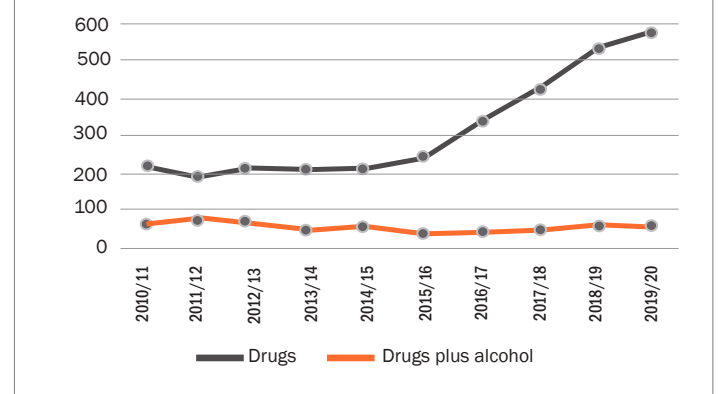
# Alcohol and other drug use is a big problem on our roads

## Drug driving charges are still increasing

The number of people charged with driving under the influence of drugs has been increasing since 2014,<sup>4</sup> when it became easier for Police to submit blood samples. This has corresponded to an increase in prosecutions.

Five hundred and eighty people were charged with driving under the influence of drugs in 2019/20. During this same period, over 14,600 people were charged with drunk driving.<sup>4</sup>

Number of people charged with driving under the influence of drugs



Source: Ministry of Justice

## Alcohol, cannabis, and methamphetamine are the substances mostly found in impaired driving cases

In 2019, there were 173 deaths from crashes where a driver was found to have used alcohol and/or other drugs. Of these 100 involved drugs.<sup>28</sup> In blood samples taken after a failed Compulsory Impairment Test, 490 were found to contain a qualifying drug (excluding alcohol).<sup>15</sup> Of all drugs detected:

- Class A drugs were found in 58% of samples
- Cannabis was detected in 69% of samples.<sup>15</sup>

1764 samples taken after a failed impairment test were tested specifically for the presence of alcohol. Of these, 97% contained more than the allowed limit of 50mg of alcohol.<sup>15</sup>

With alcohol it is possible to judge if someone was impaired based on their blood alcohol reading, indicating whether they were likely to have cause an accident or not. Other substances can be detected in the blood long after they have stopped causing impairment. Detecting a substance in a blood sample doesn't tell use whether a person was impaired, nor whether that substance use is likely to have caused an accident.

97% OF IMPAIRED DRIVERS

were found to have been over the allowed alcohol limit

Source: NZ Police

# More people need access to health-based approaches

## We have few health approaches for people who use drugs, who are not experiencing extreme harms or addictions

These services help people avoid preventable drug-related harms, such as infection and death. They can work for people who use drugs at a one-off event, through to people who use drugs regularly.

The only nationally funded harm reduction programmes are needle exchange and opioid substitution therapy.

Critical harm reduction services, such as drug consumption rooms, don't yet exist in New Zealand. Other services, such as drug checking at festivals, are run by volunteers. We need real investment over a full range of services if we are serious about reducing harm.

## Festival drug checking prevents drug harm

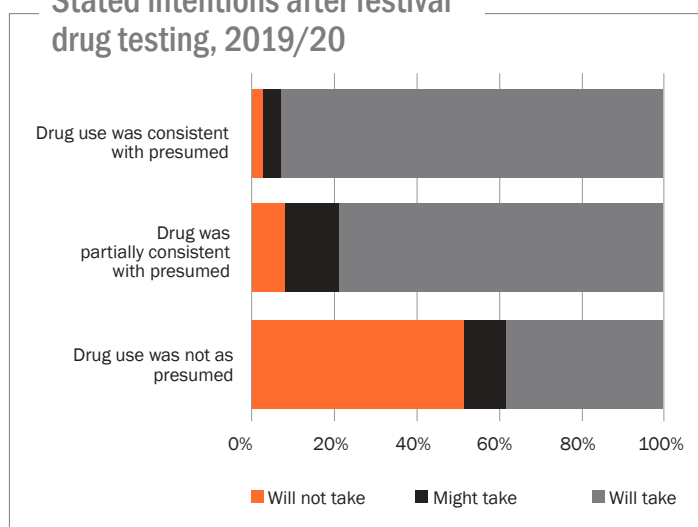
Drug checking is offered as a harm reduction service at some festivals. The service involves checking what is in a substance, as well as having a conversation with a person about their drug use to help them reflect on their use and to be safer.

Festival drug checking has grown in the 6 years it has been running. In 2019/20, drug checking took place at 22 festivals, and was available for students at some universities.

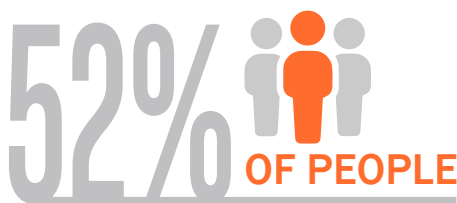
Drug checking can reduce some of the risks of drug use: 52% of people who tested their drugs at festivals over the past year decided not to take a drug when it wasn't what they thought it was.<sup>29</sup>

The Drug Foundation and KnowYourStuffNZ run a monthly static drug checking clinic in Wellington so people can access this service outside of festivals.

Stated intentions after festival drug testing, 2019/20



Source: KnowYourStuffNZ



decided not to take a drug when it wasn't what they expected

Source: KnowYourStuffNZ

A trial of the same service began in Auckland in November 2020.

Until now, drug checking has been in a legal grey area. On December 1st, the Government announced emergency temporary legislation to legalise drug checking for the 20/21 festival season. The next step will be to upscale the service so that anyone who needs to can access a drug checking service across the country.

## Opioid substitution therapy is increasing

The number of people receiving opioid substitution therapy is steadily increasing, from 5230 in 2014, to 5548 in 2019. Over 600 new clients are assessed each year.<sup>22</sup>

New Zealand has improved at getting new clients into opioid substitution therapy. In 2019, 76% of new patients started receiving opioid substitution therapy treatment within 4 weeks compared with 65% in 2014.<sup>22</sup>



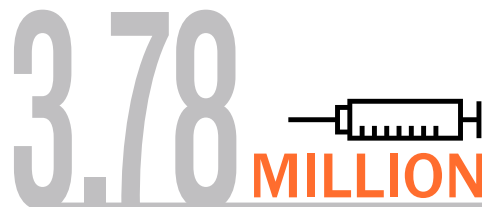
received opioid substitution therapy in 2019

Source: Ministry of Health

## The Needle Exchange Programme successfully prevents HIV in injecting drug users

Needle exchanges were established in NZ in the late 1980s in response to HIV/AIDS. New Zealand now has 20 dedicated needle exchanges, 1 mobile exchange, and distributes through 197 pharmacies and alternative outlets.<sup>22</sup>

In 2019 the needle exchange programme distributed 3.78 million packs of sterile injecting equipment. Only one case of HIV was contracted from injecting drugs in New Zealand in 2019.<sup>30</sup>



needles distributed in 2019

Source: Ministry of Health



### → ACUTE DRUG HARM DISCRETIONARY FUND

'Acute drug harm' refers to a sudden increase in intense harms associated with drug use. This includes New Zealand's ongoing problems with synthetic cannabinoids and mass hospitalisations from toxic synthetic cathinones at festivals.

The Drug Foundation has partnered with key agencies to build a community of practice to address these harms when they arise. The group supports innovative responses to acute drug harm, builds best practice, and shares knowledge about the latest drug trends.

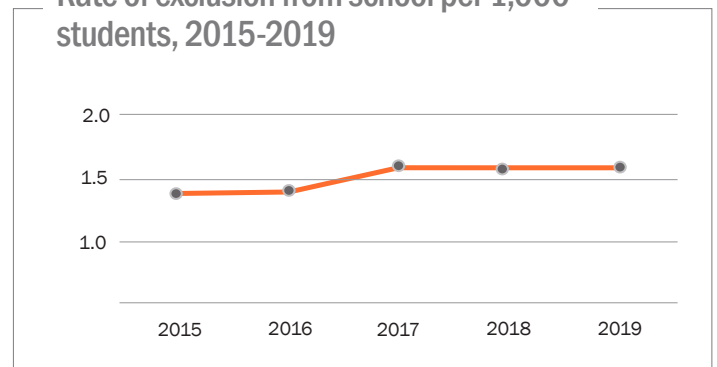
# Schools and health services need to **work together** to keep young people learning

## Too many young people are excluded from school

After a small increase between 2016 and 2017, the rate of exclusions (removing those under 16 from school) has plateaued. Exclusion rates are too high: 1,069 students were excluded from school in 2019.<sup>31</sup>

There are stark regional variations: Wellington and Tasman regions have the lowest exclusion rates at 0.8 exclusions per 1,000; Manawatu-Wanganui region has the highest at 2.7 exclusions per 1,000 students.<sup>31</sup>

Rate of exclusion from school per 1,000 students, 2015-2019



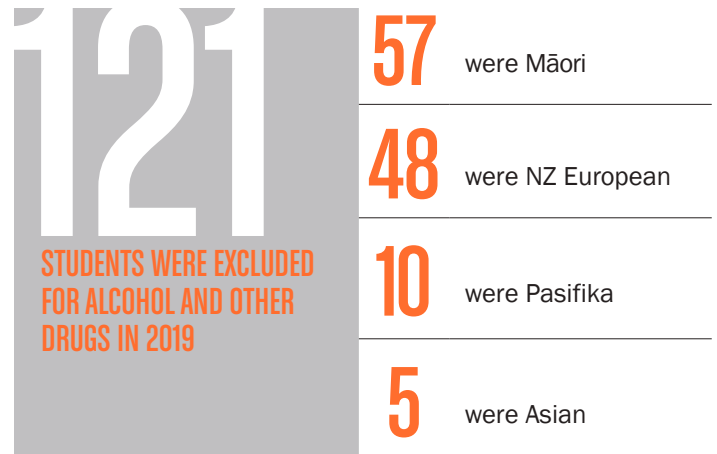
Source: Ministry of Education

## Alcohol and drugs continue to be a reason many students are excluded from school

Drugs are the third most common reason for excluding a young person from school after continual disobedience and physical assault on other students.<sup>31</sup>

Encouragingly, there has been a large decrease in the number of Māori students excluded for alcohol and drugs, from 152 in 2010, to 57 in 2019.<sup>32</sup>

School is a key protective factor for reducing alcohol and drug harm and improving overall life outcomes. We need to keep young people in school for as long as possible – including those struggling with their drug or alcohol use.



Source: Ministry of Education

## → THERE IS A BETTER WAY...

### Tūturu prepares students for a world where alcohol and drugs exist

Tūturu helps different sectors work together to create a learning and support ecosystem that improves the wellbeing of students and develops their critical thinking. An independent evaluation of the project, piloted with 12 schools and 5 health providers, found Tūturu helped change the culture around managing student behaviour from punitive to pastoral.<sup>33</sup>

# References

1. Ministry of Health (2020). Mental Health Data Explorer 2016/17: New Zealand Health Survey [Data File]. Retrieved 7 October 2020 from <https://minhealthnz.shinyapps.io/nz-health-survey-2016-17-mental-health-explorer/>.
2. Family Drug Support Aotearoa New Zealand (2020). Research New Zealand Omnibus Survey for Family Drug Support Aotearoa New Zealand. Christchurch. Family Drug Support Aotearoa New Zealand.
3. Ministry of Health (2019). Annual Data Explorer 2019/20: New Zealand Health Survey [Data File]. Retrieved 23 November 2020 from <https://minhealthnz.shinyapps.io/nz-health-survey-2019-20-annual-data-explorer/>.
4. Ministry of Justice (2020). Drug-related criminal justice data [Data File]. Obtained 21 September 2020 from the Ministry of Justice Analytics & Insights team.
5. Ataera-Minster, J, Guiney, H and Cook, S. (2020). Taea Malama: Alcohol use in Pacific peoples. Results from the New Zealand Health Survey & Attitudes and Behaviour towards Alcohol Survey. Health Promotion Agency/Te Hiringa Hauora, Wellington
6. Tamapeau, Mokalagi and Kingstone, Sydney (2020). Tau Amanaki Onoono Ki Mua: Pacific peoples' youth substance use analyses from the pooled Youth Insights Survey (2014-2018). Health Promotion Agency/Te Hiringa Hauora, Wellington.
7. Fleming, T, et al. (2020). Youth19 Rangatahi Smart Survey, Initial Findings: Substance Use. Youth19 Research Group, Auckland.
8. Action for Smokefree 2025 (2020). 2019 ASH Year 10 Snapshot: Vaping and E-cigarettes. Action for Smokefree 2025, Auckland.
9. Gurram, N and Brown, L (2020). Substance use behaviour among 14 and 15-year-olds: Results from a nationally representative survey. Health Promotion Agency/Te Hiringa Hauora, Wellington.
10. Radio New Zealand (2019). Synthetic cannabis: More than 70 deaths in two years blamed on the drug. Retrieved September 10 2019 from <https://www.rnz.co.nz/news/national/398453/synthetic-cannabis-more-than-70-deaths-in-two-years-blamed-on-the-drug>.
11. Drug Information and Alert New Zealand (2020). AMB-FUBINACA detected. Retrieved November 9 2020 from <https://www.highalert.org.nz/alerts-and-notifications/amb-fubinaca-detected/>.
12. St John New Zealand (2020). Synthetic cannabinoid data. St John New Zealand, Auckland.
13. Drug Information and Alert New Zealand (2020). Notification: Serious incidents linked to synthetic cannabinoids in Taranaki. Drug Information and Alert New Zealand, Wellington.
14. New Zealand Police (2020). National Wastewater Testing Programme - Quarter 1 2020. Retrieved 13 October 2020 from <https://www.police.govt.nz/about-us/publication/national-wastewater-testing-programme-quarter-1-2020>.
15. New Zealand Police (2020). Drug-related proceedings, 2010-2019 [data file]. Obtained 10 July 2020 under the Official Information Act 1982.
16. Health Promotion Agency/Te Hiringa Hauora (2020). The impact of lockdown on health risk behaviours. Health Promotion Agency/Te Hiringa Hauora, Wellington.
17. Health Promotion Agency/Te Hiringa Hauora (2020). Post-lockdown survey - the impact on health risk behaviours. Health Promotion Agency/Te Hiringa Hauora, Wellington.
18. Winstock, A R, et al. (2020) Global Drug Survey Covid-19 Special Edition Report: New Zealand Key Findings. Global Drug Survey, London.
19. NZ Drug Foundation (2020). Pulse survey during Alert Level Four of addiction services and people who use drugs in New Zealand. NZ Drug Foundation, Wellington.
20. Drug Information and Alert New Zealand (2020). The effects of Covid-19 on New Zealand's illicit drug landscape. Drug Information and Alert New Zealand, Wellington.
21. Te Pou (2020). Addiction services during Covid-19: Results of brief online survey of experiences during lockdown levels 3 and 4. Te Pou, Wellington.
22. Ministry of Health (2020). Alcohol and drug treatment data [data file]. Obtained 30 July 2020 under the Official Information Act 1982.

# References

23. Ministry of Justice (2020). Drug Offences [data file]. Retrieved October 13 2020 from <https://www.justice.govt.nz/justice-sector-policy/research-data/justice-statistics/data-tables/>.
24. National Drug Intelligence Bureau (2020). Health referrals and drug use/possession charges [data file]. Obtained 10 August 2020 by Derek Cheng under the Official Information Act 1982.
25. Ministry of Justice (2020). Methamphetamine offences [data file]. Retrieved October 13 2020 from <https://www.justice.govt.nz/justice-sector-policy/research-data/justice-statistics/data-tables/>.
26. Ministry of Justice (2020). Cannabis Offences [data file]. Retrieved October 13 2020 from <https://www.justice.govt.nz/justice-sector-policy/research-data/justice-statistics/data-tables/>.
27. Department of Corrections (2020). Alcohol and other drug treatment programmes [data file]. Obtained 4 August 2020 under the Official Information Act 1982.
28. Waka Kotahi NZ Transport Agency (2020). Road deaths involving alcohol or drugs [data file]. Obtained 30 June 2020 under the Official Information Act 1982.
29. KnowYourStuffNZ (2020). 2019 – 2020 Testing report. Retrieved October 19 2020 from <https://knowyourstuff.nz/our-results-2/testing-results/testing-reports/2019-2020-testing-report/>
30. AIDS Epidemiology Group (2020). AIDS - New Zealand. AIDS Epidemiology Group, University of Otago, Dunedin.
31. Ministry of Education (2020). Stand-downs, suspensions, exclusions and expulsions from school [data file]. Retrieved 19 October 2020 from <https://www.educationcounts.govt.nz/indicators/main/student-engagement-participation/Stand-downs-suspensions-exclusions-expulsions#view3>.
32. Ministry of Education (2020). Stand-downs, suspensions, exclusions and expulsions from school [data file]. Obtained 16 August 2020 from the Ministry of Education information requests team.
33. New Zealand Council for Educational Research (2020). Tūturu “has changed the focus from punitive to pastoral”: Learnings and outcomes from the second year of Tūturu. New Zealand Council for Educational Research, Wellington.
34. Morgan J., Begg, A., Beaven, S., Schluter, P., Jamieson, K., Johal, S., Johnston, D. & Sparrow, M. (2015). Monitoring wellbeing during recovery from the 2010-2011 Canterbury earthquakes; the CERA Wellbeing Survey. *International Journal of Disaster Risk Reduction*, 14, 96-103.
35. NZ Drug Foundation (2020). ‘Constant pressure’: Addiction treatment experts and providers call for law reform, funding and focus on workforce development. Retrieved 4 Dec 2020 from [www.drugfoundation.org.nz/matters-of-substance/constant-pressure/](http://www.drugfoundation.org.nz/matters-of-substance/constant-pressure/).
36. Australasian College for Emergency Medicine (2020). Alcohol and Methamphetamine Harm in Emergency Departments: Findings from the 2019 Snapshot Survey. Australasian College for Emergency Medicine, Melbourne.
37. Radio New Zealand (2020). Police warn of dangers of drug GBL as volume seized in New Zealand increases. Retrieved 7 December 2020 from <https://www.newshub.co.nz/home/new-zealand/2020/12/police-warn-of-dangers-of-drug-gbl-as-volume-seized-in-new-zealand-increases.html>

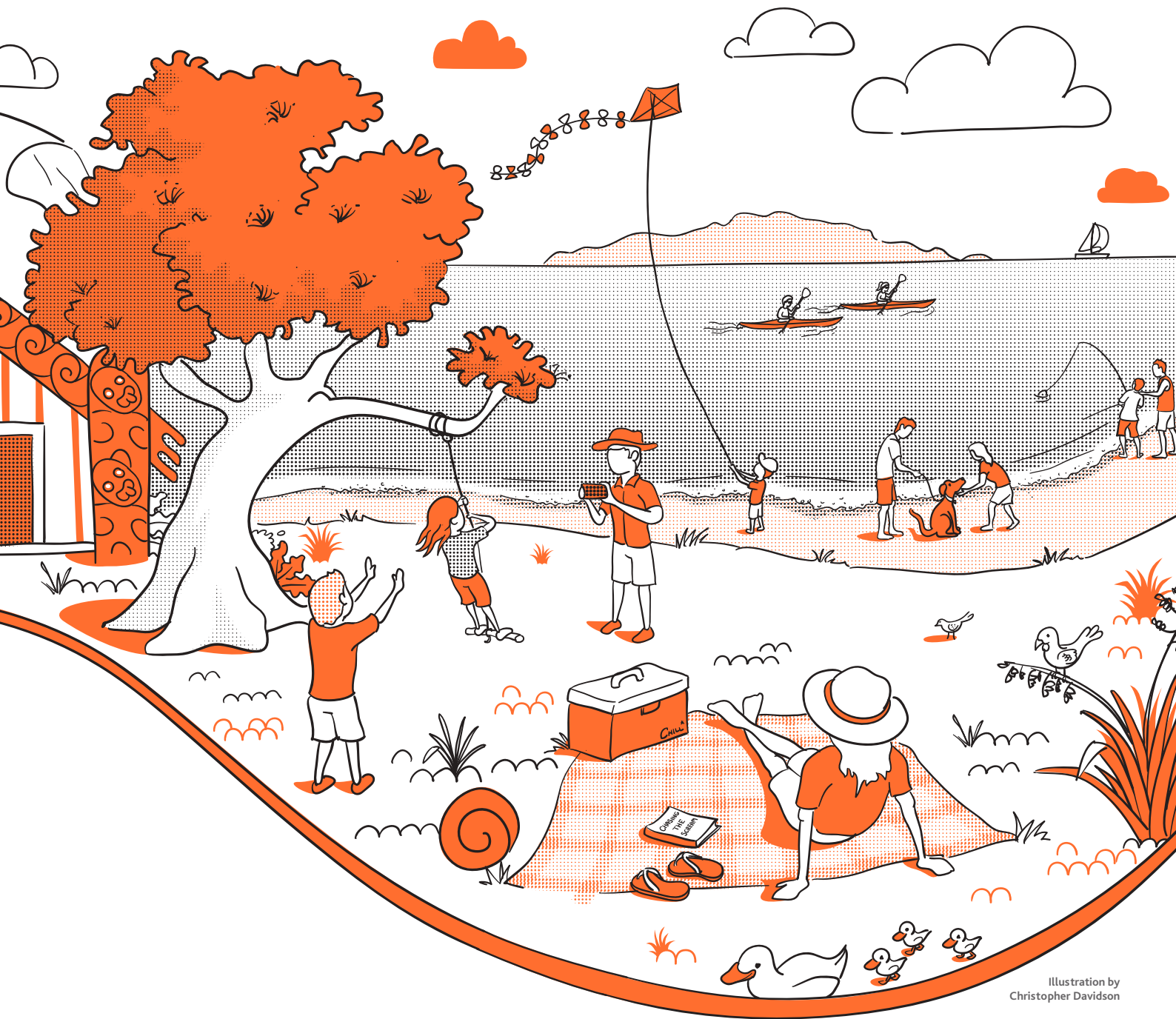


Illustration by Christopher Davidson

E mahi ana ki te whakamimiti  
a Aotearoa i ngā mamae ā  
whakapōauau

Working for an  
Aotearoa New Zealand  
free from drug harm

**AT THE HEART  
OF THE MATTER,  
NZ DRUG  
FOUNDATION.**

Te Tūāpapa Tarukino o Aotearoa

The NZ Drug Foundation works to reduce drug-related harm in Aotearoa New Zealand. Formed in 1989, the Drug Foundation has always been about basing policy and law on evidence and an acceptance of public health values. Over the past 30 years, we have contributed to significant change in how New Zealand responds to alcohol, tobacco and other drug use. Our work covers policy, public education, information delivery and community engagement.

Getting people around the table to find effective solutions to drug issues is at the heart of our work. Ensuring that the interests of tangata whenua are reflected in both policy and practical services is a key part of our work, as is maintaining close links with people working in treatment agencies, harm-reduction services and education programmes.

Website:

<http://drugfoundation.org.nz>

Services we run or support

**DRUG  
HELP  
.ORG.NZ**

Living  
Sober

KnowYourStuffNZ