



# Tēnā koe

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

This is the second edition of our annual report on how New Zealand is dealing with alcohol and other drugs. While we are doing well in some areas, in others there is significant room for improvement.

More than 70 deaths have been linked with synthetic cannabinoids since mid-2017. The death rate has dropped in recent months, but there is no room for complacency. Synthetic cannabinoids continue to cause significant harm across the country, and dangerous new substances still regularly enter the market.

Alcohol is still the most harmful drug in New Zealand. Twenty percent of New Zealanders drink hazardously, and it's the substance most people seek help for. Alarmingly, alcohol is more affordable now than in the 1980s. The Government must prioritise minimum prices, and phase out alcohol advertising and sponsorship.

Methamphetamine use is an ongoing issue: August 2019 saw the biggest methamphetamine seizure on record. While overall use remains low, across the total population methamphetamine causes huge amounts of harm in some communities.

Māori continue to suffer disproportionately from the harms caused by alcohol and other drugs, bearing the brunt of our criminal justice approach to drug use, with high rates of arrest and conviction.

**However, there is a lot to be hopeful about.**

A new amendment to the Misuse of Drugs Act, passed in August, means Police may only prosecute for possession and use of drugs if it is 'required in the public interest'. They must determine whether a health-centred or therapeutic approach would be more beneficial to the public interest than a prosecution. How this will affect prosecution rates remains to be seen, but we're hopeful low-level drug offences will decrease, or be eliminated altogether.

We'd like to see a massive overhaul of our outdated drug laws. Next year's cannabis referendum is a great opportunity: people are still being arrested and convicted for cannabis. In the past decade 45,665 people were convicted of a cannabis offence, and 6,583 of those were sent to prison. We look forward to moving towards health-focused legal regulation.

Ngā mihi

**Kali Mercier**, Policy & Advocacy Manager



The Drug Foundation is a charitable trust. We have been at the forefront of major alcohol and other drug debates for 30 years, promoting healthy approaches to alcohol and other drugs for all New Zealanders.

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

## The synthetic cannabinoids crisis seems to be slowing, for now.

More than 70 deaths have been connected to synthetic cannabinoids since mid-2017<sup>1</sup>.

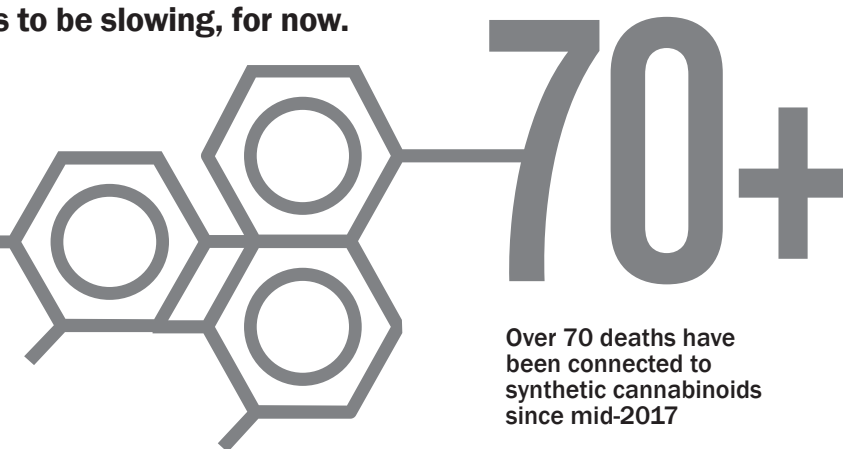
The rate of deaths has decreased in recent months, but the acute health harms caused by use of synthetic cannabinoids are still cause for great concern.

St John Ambulance reported 122 incidents involving synthetic cannabinoids in the areas they operate in July and August this year, down from 263 incidents for the same period last year<sup>2</sup>.

It's too soon to pinpoint exactly what has caused the death rate to slow. Contributing factors are likely to be that the type of synthetic substances available are less toxic than previously, combined with an overall decline in supply and demand – Police and border seizures of synthetic substances have been steadily decreasing. Seizures of the highly toxic synthetic cannabinoid AMB-Fubinaca decreased to 0.1kg in 2018, down from a peak of 7.5kg in 2017. Overall seizures of synthetic cannabinoids decreased from 208kg in 2016 to 44kg in 2018<sup>3</sup>.

## We can't afford to be complacent

New synthetic substances appear on the market frequently. Further crises are likely unless significant effort is put into addressing the complex social and economic issues underlying their use.



Over 70 deaths have been connected to synthetic cannabinoids since mid-2017

Source: Chief Coroner

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

### NEW ZEALAND ADULTS (2017/18)

**20%** drank alcohol hazardously in the past year. Rates have remained the same for the past five years

**↑12%** used cannabis in the past year, up from 9% five years ago.

**↓15%** were current tobacco smokers, down from 18% five years ago.

**0.7%** consumed amphetamines (incl methamphetamine) in the past year. Rates have remained the same over the past five years.

Source: New Zealand Health Survey 2017/18 and 2012/13

## Māori are disproportionately affected by drug harm

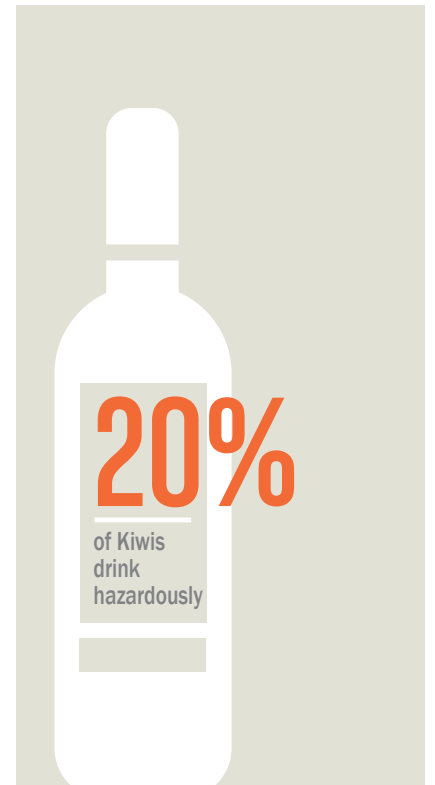
Māori are more likely to have used cannabis and amphetamines in the past year and to have drunk hazardously than non-Māori<sup>4</sup>.

Recent analysis of New Zealand Health Survey data from 2012 to 2016 has found a higher level of education is associated with lower rates of hazardous drinking in Māori<sup>5</sup>.

For Māori living in deprived areas, speaking te reo is correlated with a lower likelihood of drinking hazardously.

Drug prohibition particularly hurts Māori, who made up 44% of those convicted of a low-level drug charge in 2018, and 41% of those convicted of a cannabis offence<sup>6</sup>.

Legalising cannabis would reduce Māori convictions by as many as 1,279 per year.



Source: New Zealand Health Survey

Legal regulation should reduce Māori convictions by up to

**1,279**  **PER YEAR**

Source: Ministry of Justice

## Methamphetamine is still a major concern for our communities

Across the population, use of methamphetamine remains low – 0.7% of the population reported consuming amphetamines (including methamphetamine) in the 2017/18 year.<sup>4</sup>

However, some communities continue to suffer huge harm and disruption from methamphetamine use. Police wastewater testing shows around 15kg of the substance is consumed per week across New Zealand, with use in Northland four times higher than in Southern district, per capita<sup>7</sup>.

More than 1.5 tonnes of methamphetamine have been seized by Police and Customs this year, making it the largest year on record<sup>8</sup>.

The harms from methamphetamine use can be wide ranging: in 2017, 61% of Grandparents Raising Grandchildren members reported they had taken over parenting their grandkids due to methamphetamine use by their children<sup>9</sup>.

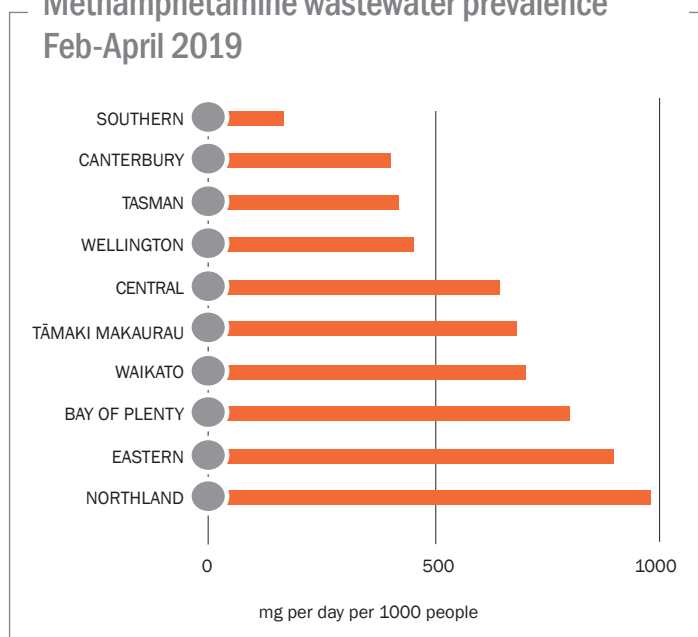
## Around 334,000 adults smoke cannabis regularly

In 2018, 8.5% of people over 15 had smoked cannabis in the past month. While past-year cannabis use has been rising, the number of people smoking cannabis in the past month hasn't changed since 2014<sup>10</sup>.

The one exception is for people over 65 years, for whom past month use increased from 0.2% in 2014 to 3% in 2018.

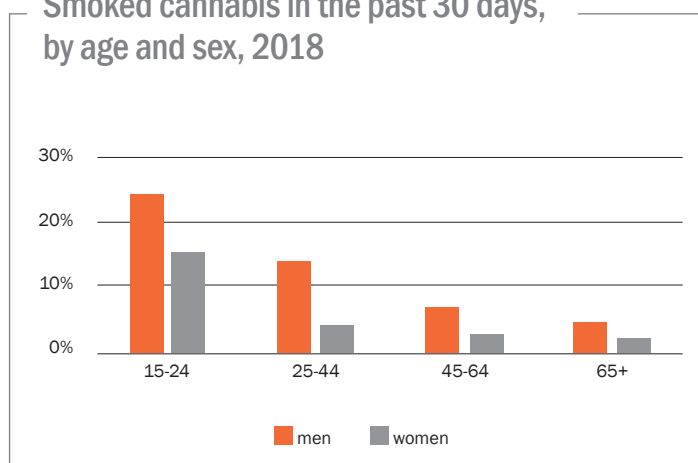
Young men are the biggest consumers of cannabis, with a quarter having smoked cannabis in the past 30 days.

## Methamphetamine wastewater prevalence Feb-April 2019



Source: NZ Police

## Smoked cannabis in the past 30 days, by age and sex, 2018

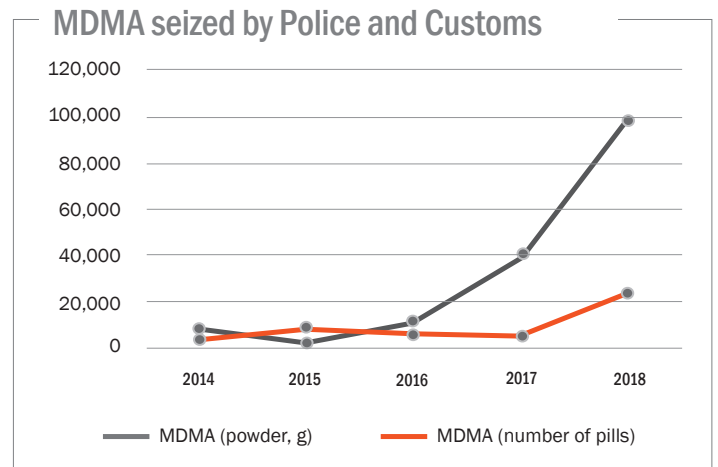


Source: 2018 Health and Lifestyle Survey

## MDMA (ecstasy) use is on the rise

Between 2016 and 2018 there was an increase in MDMA seized by Police and Customs<sup>3</sup>. Between February and April 2019 MDMA was the second most commonly detected drug in wastewater testing, with an estimated 5.7kg consumed on average per week<sup>7</sup>.

Increased supply from overseas has 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 year or two, so that more MDMA is likely to be used at each sitting. Anecdotally, heavy or frequent MDMA use is becoming a health issue in some communities – this will be one to watch.

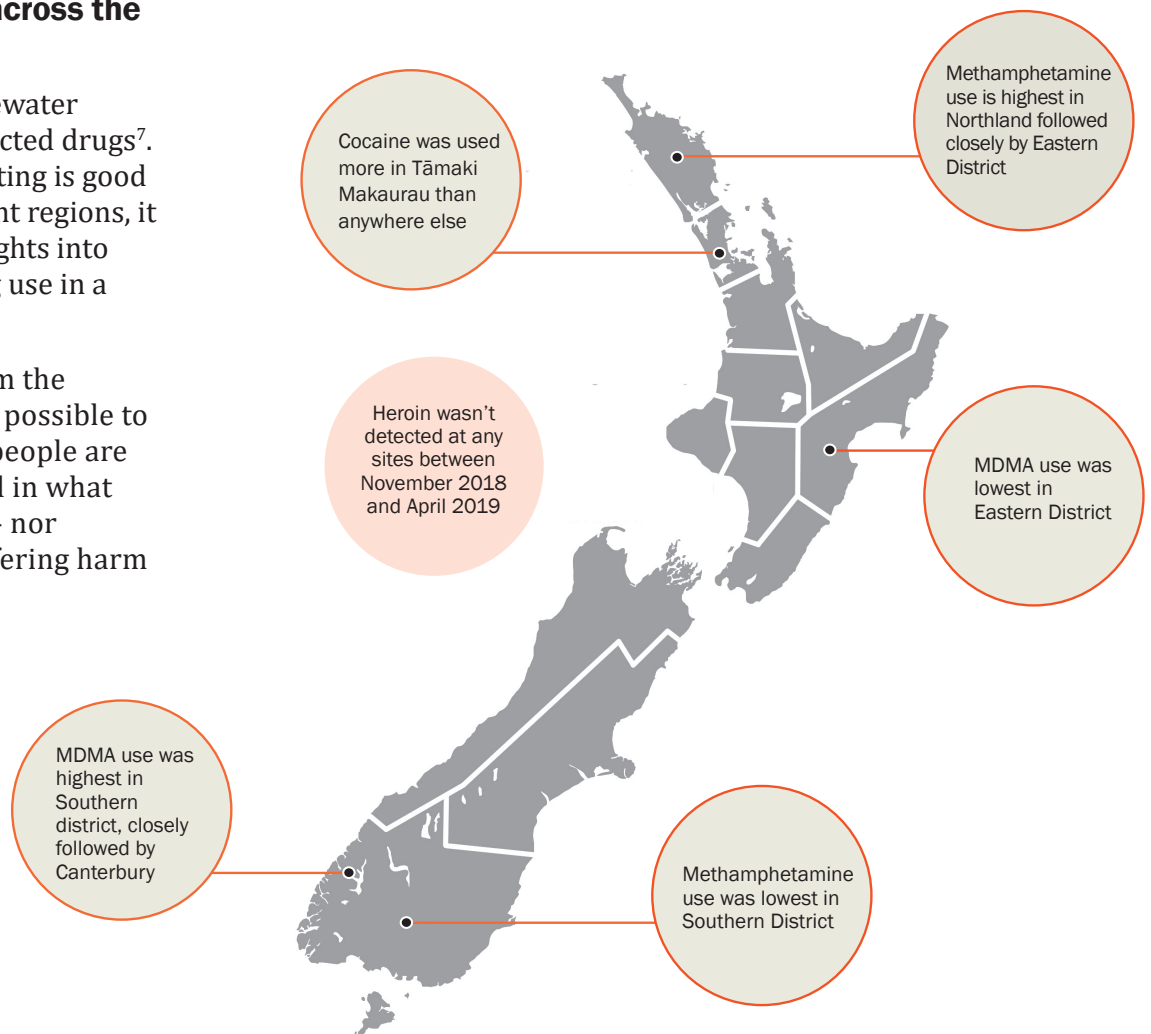


Source: NZ Police and Customs

## Drug trends differ across the country

Police carry out wastewater research tests for selected drugs<sup>7</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.

Results are taken from the population so it's not possible to establish how many people are using substances, and in what quantity per person – nor whether they are suffering harm from that use.



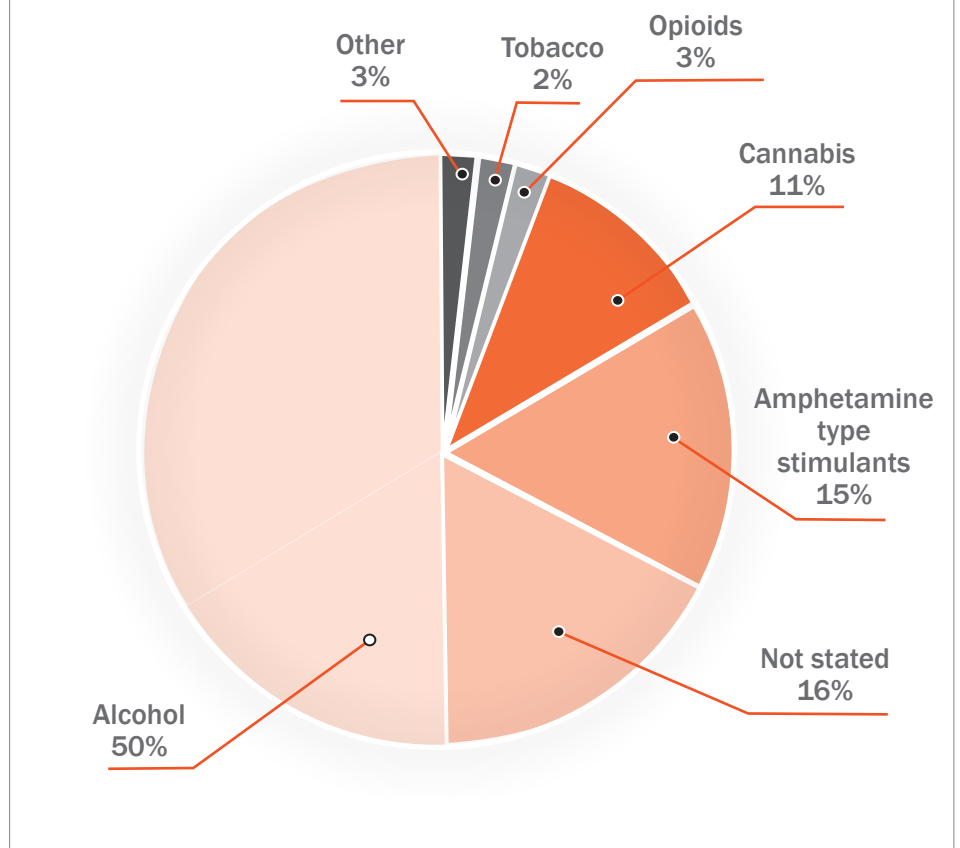
Source: February-April 2019 NZ Police wastewater data

## Alcohol is by far the main substance of concern in the treatment sector

For instance, 50% of people in community-based out-patient services during 2018 were seeking help mainly for their alcohol use<sup>11</sup>.

This was over 3 times the proportion looking for help mostly for their amphetamine (including methamphetamine) use.

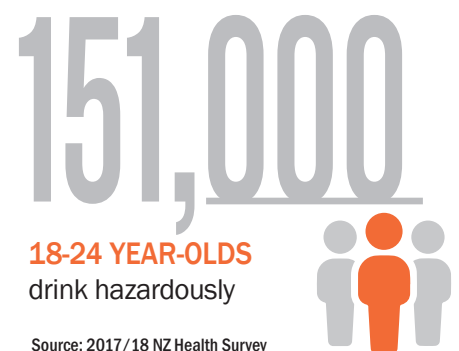
Main substance of concern for patients seeking community based treatment, 2018



Source: Ministry of Health

## Young people aged 18 to 24 have the highest rates of hazardous drinking

In 2017/18, over thirty percent of people aged 18 to 24 years drank hazardously\*, compared with 20% of the general population. This is a huge concern, especially for Māori. Over half (61%) of Māori men, and 45% of Māori women in this age group drink hazardously<sup>4</sup>.



Source: 2017/18 NZ Health 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.



## Alcohol is more affordable than in the 1980s

Incomes have been increasing faster than the price of alcohol. In 2017, beer and spirits were 10% more affordable than in 2012 for the average worker. Wine was 50% more affordable than in 1989<sup>12</sup>.

Cask wine is the most affordable type of alcohol. In 2017, it took only 2 minutes for someone earning the median income to earn enough for an averagely priced standard drink of cask wine.



2min

Time it takes the average person to earn enough to buy one standard drink of cask wine

Source: Health Promotion Agency

## Employee drinking costs NZ \$1.65 billion a year

Drinking causes people to take time off work and be less productive when they are at work. People who are under 25, male and have a stressful job are the most likely to have their work affected by their drinking<sup>13</sup>.



\$1,098

ESTIMATED AVERAGE COST PER YEAR

of lost productivity per employee because of alcohol



Source: Sullivan et al., 2019



→ THE GOVERNMENT MUST PRIORITISE REDUCING THE HARM CAUSED BY ALCOHOL

- We are calling for a full review of the way we regulate alcohol in New Zealand. We would like to see minimum pricing introduced and alcohol advertising and sponsorship phased out.



# Drugs and the criminal justice system

## Are illicit drug charges and convictions starting to slow?

2015-2017 saw increasing convictions for drug offences, but this levelled off in 2018<sup>6</sup>.

Even so, over 6,000 people are charged and 5,000 are convicted of drug offences every year.

The majority (63%) 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 2018, 3,818 people in total were convicted of low-level drug offences. Of these:

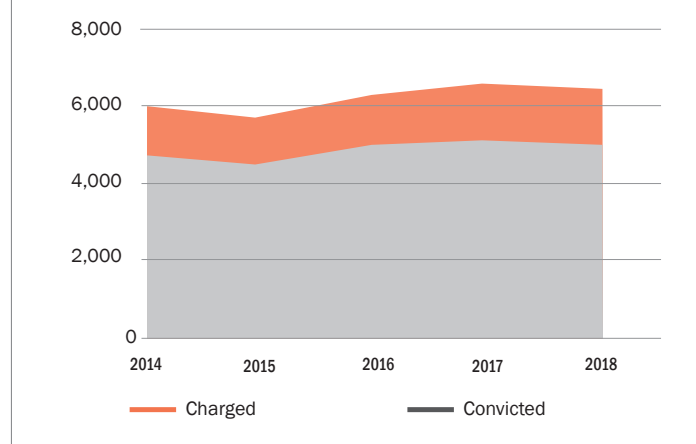
- People under 30 years made up nearly half (45%)
- 79% were men
- Māori made up 44%

## Low-level methamphetamine convictions have crept above cannabis convictions

Low-level methamphetamine convictions have steadily increased since 2014 while cannabis convictions have remained stable<sup>6</sup>.

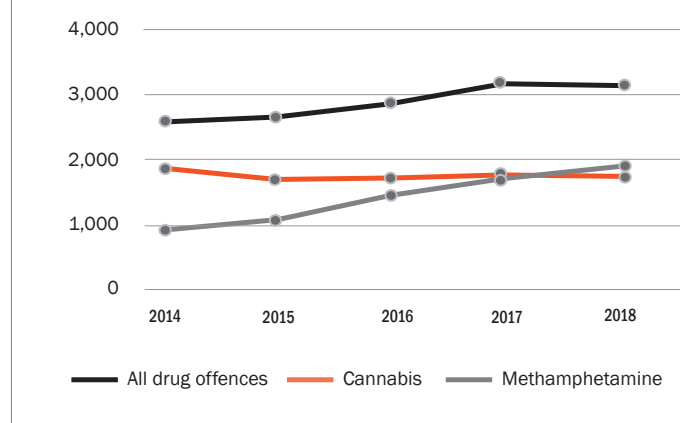
In 2018, the number of people convicted of low-level methamphetamine offences overtook cannabis for the first time. 1,949 people were convicted of low-level methamphetamine offences as their most serious offence, and 1,791 were convicted of low-level cannabis offences.

Number of people charged and convicted of drug offences



Source: Ministry of Justice

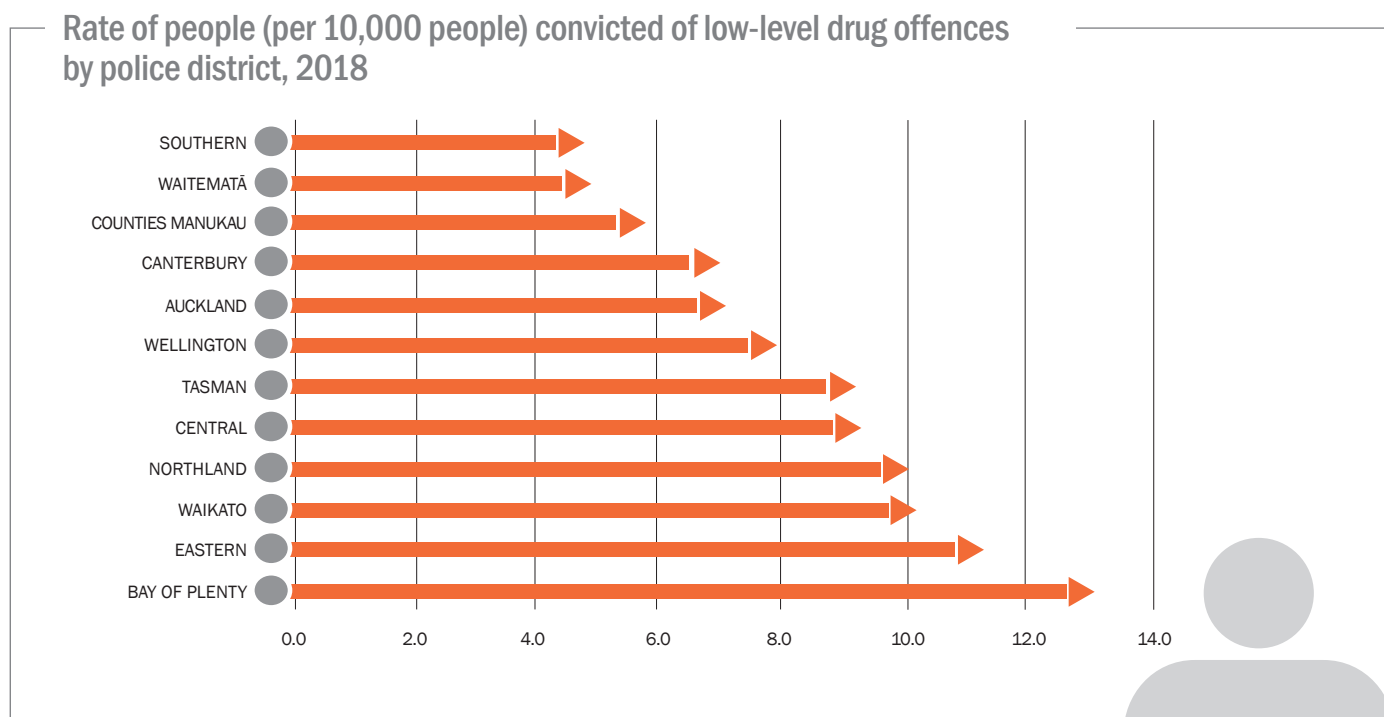
Number of people convicted of low-level drug offences as their most serious offence



Source: Ministry of Justice

## Conviction rates for low-level drug offences are inconsistent between regions

Bay of Plenty has a very high rate with 13.1 people per 10,000, while Southern, Waitematā and Counties Manukau districts have less than half this rate<sup>6</sup>.



Source: Ministry of Justice



### → LOW-LEVEL DRUG CONVICTIONS SHOULD DECLINE WITH THE RECENT CHANGES TO THE MISUSE OF DRUGS ACT

- In August 2019 there were significant updates to New Zealand's drug laws. Police may now only prosecute a person for possession and use of drugs if this is 'required in the public interest'. They must determine whether a health-centred or therapeutic approach would be more beneficial to the public interest than a prosecution. This should mean that more people will get the support they need, rather than a conviction for drug use.
- This is the biggest step towards healthy drug laws in decades, and we will be monitoring the effect on prosecution rates closely.


# People are still being arrested and convicted for cannabis

In the last 10 years, 45,665 people have been convicted of a cannabis offence, and 6,583 of those were sent to prison<sup>6</sup>.

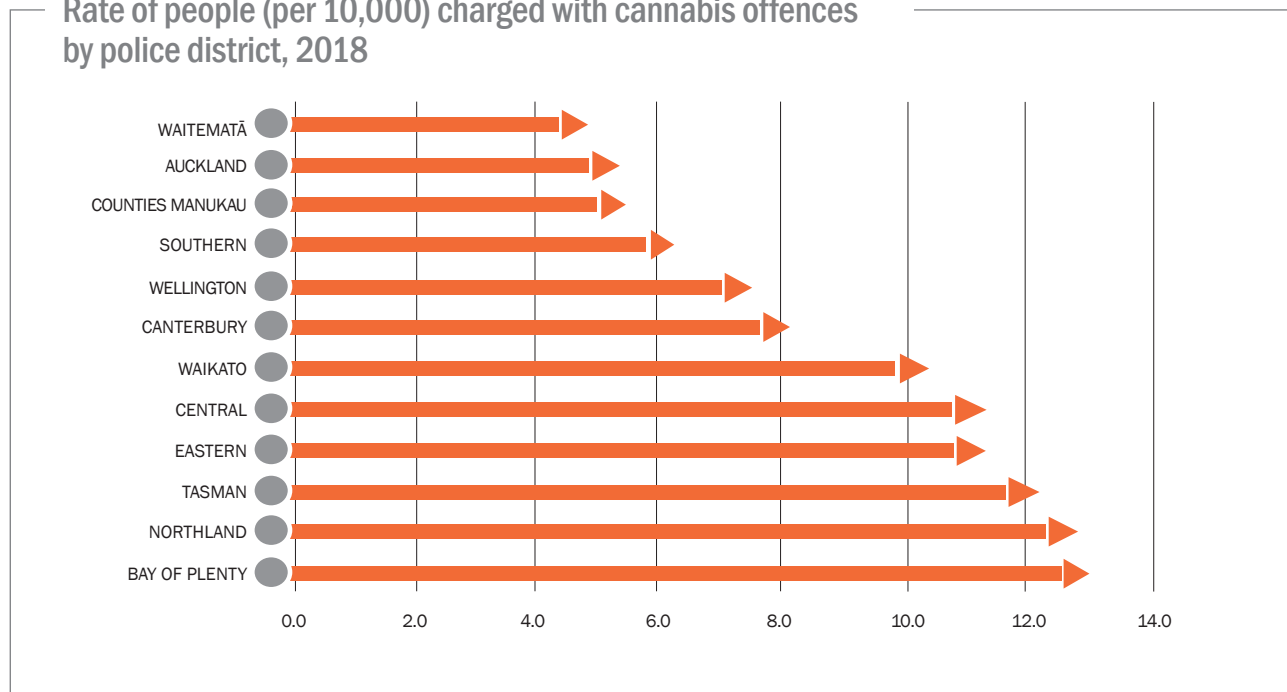
## In 2018, 3,969 people were charged with a cannabis offence

There are stark regional differences. In 2018, Bay of Plenty and Northland Police had the highest charge rates for cannabis offences, while Police in the Auckland region (Waitematā, Auckland and Counties Manukau) had the lowest.

In the past decade  
**45,665** PEOPLE  
were convicted of a cannabis offence  
Source: Ministry of Justice



Rate of people (per 10,000) charged with cannabis offences by police district, 2018



Source: Ministry of Justice

## Of those charged of a cannabis offence in 2018, 3,099 were convicted.

Cannabis convictions have remained steady in the past 5 years. Of all people convicted of a cannabis offence:

- People aged 20-39 made up 65%
- 82% were male
- Māori made up 41%

In 2018 1,046 people were convicted with a cannabis-related offence alone (that is, they had no other drug or non-drug related convictions)<sup>6</sup>.

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

In 2018, 2,710 people were charged with a low-level cannabis offence, and 2,111 were convicted. Of those convicted, 540 people had a low-level cannabis conviction alone and no other convictions<sup>6</sup>.

## People are still going to prison because of cannabis

In 2018, 306 people\* were sent to prison for cannabis offences. Of these, 8 had committed cannabis offences alone\*.

In 2017/18, 201 people whose most serious offence was to do with cannabis were held in prison on remand. During this period, these individuals served a total of 10,804 days in prison (around 54 days per person)<sup>14</sup>.

\*Individuals may be counted more than once if convicted twice or more in 2018.

In 2018 there were

**540**  **PEOPLE**

convicted for a low-level cannabis offence only (no other convictions)

Source: Ministry of Justice (2018)

IN 2017/18 IT COST NZ

**\$9.9m** 

to imprison people whose most serious charge related to cannabis (including people on remand)

Source: Department of Corrections

## → CANNABIS REFERENDUM

- The 2020 General election will include a referendum on whether cannabis should be regulated for adult use. A Cabinet paper released in May 2019 sets out a framework for the regulations, including a minimum purchase age of 20 years and advertising restrictions.
- In September, the Drug Foundation published *Taking Control of Cannabis*, which provides an overview of the proposals, and discusses key areas we recommend be included in the bill. Find it on [nzdrug.org/taking-control-of-cannabis](http://nzdrug.org/taking-control-of-cannabis)

# Whether or not you're diverted from court may depend on where you live

## More people are being diverted away from court

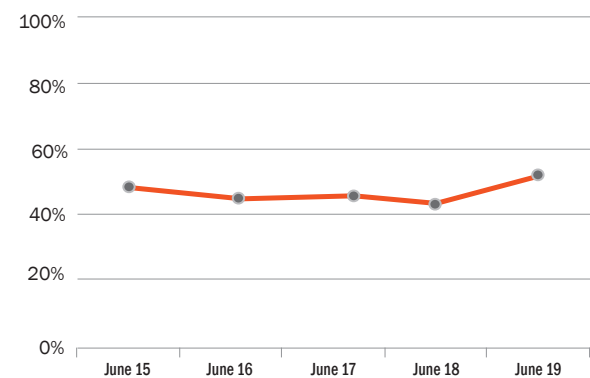
It's encouraging to see an increase in the percentage of people with illicit drugs charges diverted into non-court action, from 43% in 2017/18 to 51% in 2018/19 <sup>15</sup>.

Non-court actions can include therapy, warnings, iwi-community panels and youth aid referrals. Not only do they help people avoid a conviction, they can also help address the underlying cause of offending.

## Some Police districts divert more people than others for drug crime

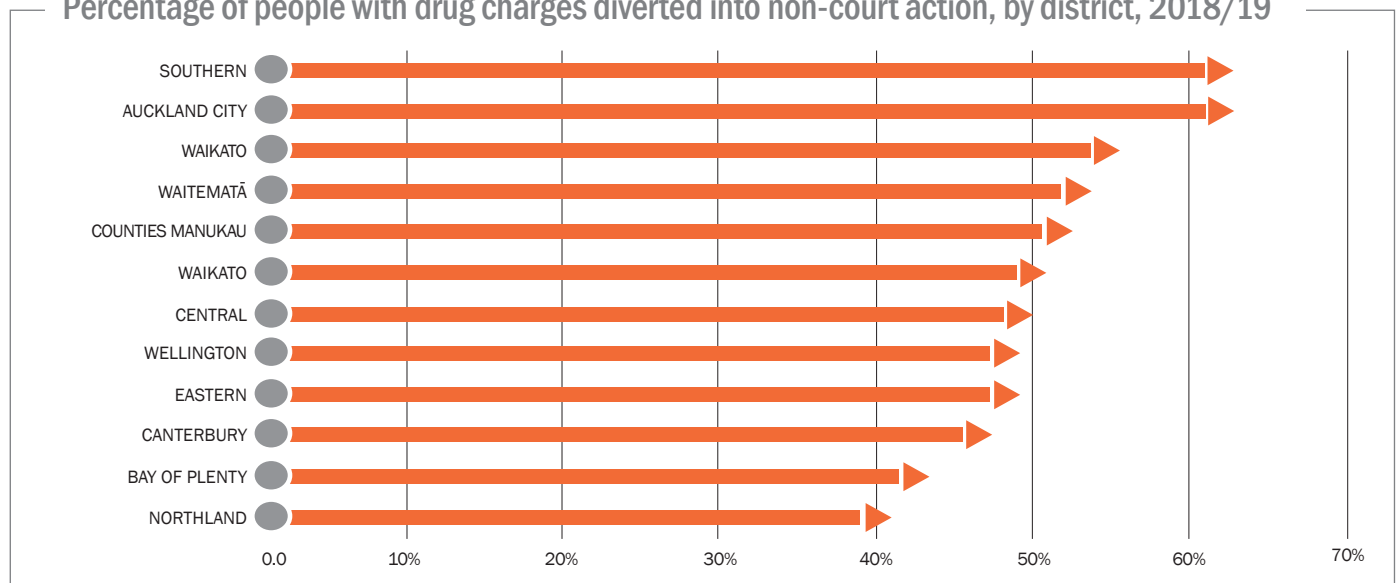
There is a huge difference in diversions into non-court action for illicit drug crimes across Police districts. Southern and Auckland City Police districts are doing well, diverting over 60% of those with drug charges. Positively, all Police Districts have seen an increase in the percentage of illicit drug offences receiving non-court action compared with last year <sup>15</sup>.

Percentage of people with drugs charges diverted into non-court action



Source: NZ Police

Percentage of people with drug charges diverted into non-court action, by district, 2018/19



Source: NZ Police

# 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 disorder in the past year, three times higher than the general population. 90% have experienced a disorder at some point during their lifetime, compared with 40% of the general population <sup>16</sup>.

The first time many people get help is in prison. In 2018, 2,450 prisoners received addiction treatment - 70% of those were under 30.

## **Women in prison are particularly affected by mental health issues:**

- Two-thirds have suffered family violence, rape and/or sexual assault during their lifetime
- More than 50% have post-traumatic stress disorder
- Three-quarters have mental health issues.



experienced some form of mental health disorder in the past year

Source: Department of Corrections

## → MORE MONEY FOR MENTAL HEALTH AND ADDICTIONS TREATMENT IN PRISONS

The Government recently announced \$128.3 million of new funding (over four years) for mental health and addictions services for prisoners and community-based offenders.

### **This funding will go towards:**

- expanding social work and trauma counselling services for up to 800 prisoners each year,
- mental health services for up to 275 whānau of offenders,
- supported living for 30 offenders who have intensive mental health needs and are transitioning into the community, and
- strengthening and expanding core addiction treatment programmes delivered in prisons.

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

## Drug driving charges have been increasing

The number of people charged with driving under the influence of drugs has been increasing since 2009, when the laws were updated to clarify that it is an offence to drive under the influence of drugs. In 2014 it became easier for Police to submit blood samples, corresponding to a further increase in prosecutions.

Four hundred and ninety-two people were charged with driving under the influence of drugs in 2018. However, in that same year nearly 17,000 were charged with drunk driving<sup>6</sup>.

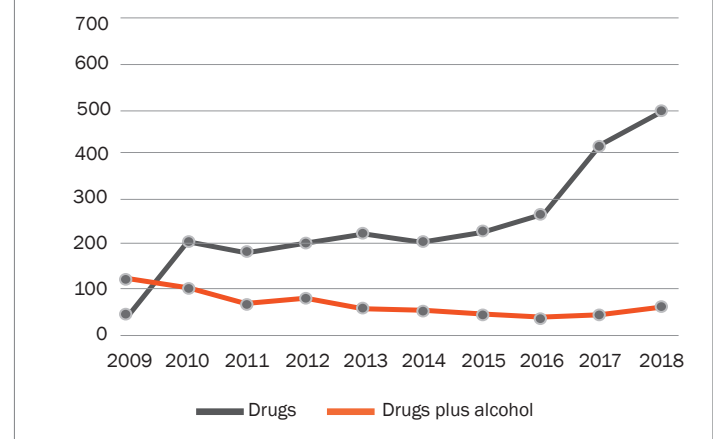
## Alcohol, cannabis and methamphetamine are the substances mostly found in impaired driving cases

In blood samples of drivers involved in fatal accidents\* from Jan 2014 to May 2018:

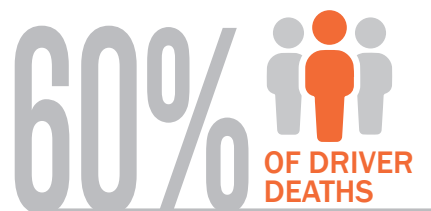
- Alcohol was detected in 29% of samples. Of these, 21% were over the legal limit of 50 mg of alcohol per 100 ml of blood.
- Cannabis was detected in 27%.
- Methamphetamine was detected in 10%.
- Other drugs were detected in 15% of samples. These mostly included prescription drugs, such as codeine, Zopiclone and Tramadol<sup>17</sup>.

Detection of substances in blood samples doesn't mean the person was impaired, or that the substance was the cause of the accident.

Number of people charged with driving under the influence of drugs



Source: Ministry of Justice



between January 2014 and May 2018 involved alcohol or other drugs

Source: Institute of Environmental Sciences and Research

\* Of the 1,000 drivers involved in fatal accidents during this time period, only 845 were tested. Ninety percent of these had a full drug screen. Many of the drivers who tested positive for alcohol, cannabis and methamphetamine may have used a combination of these and/or other drugs.



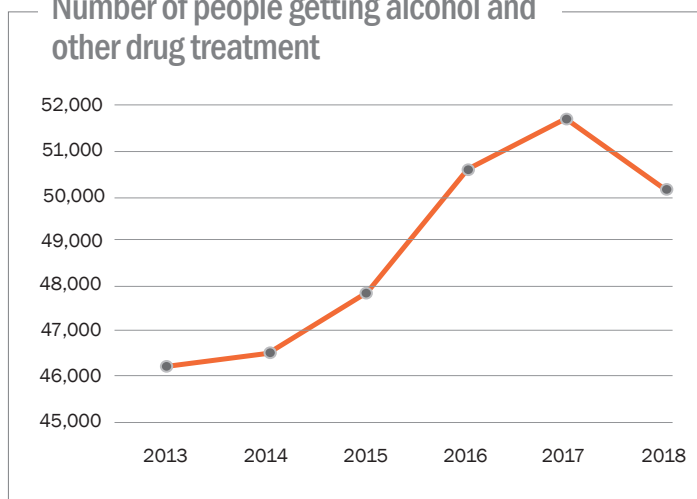
# Funding for treatment has **not kept up** with demand

## 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 8% between 2014 and 2018<sup>11</sup>. Even with this overall increase in demand, the adult DHB treatment workforce did not expand over this period, decreasing by 12 full time equivalent (FTE) roles<sup>18</sup>. The child and youth treatment sector has increased by 108 FTEs over this period<sup>19</sup>.

After steadily increasing from 2013, the number of people receiving treatment fell slightly last year – from 51,700 in 2017 to 50,130 in 2018.<sup>11</sup>

Number of people getting alcohol and other drug treatment



Source: Ministry of Health

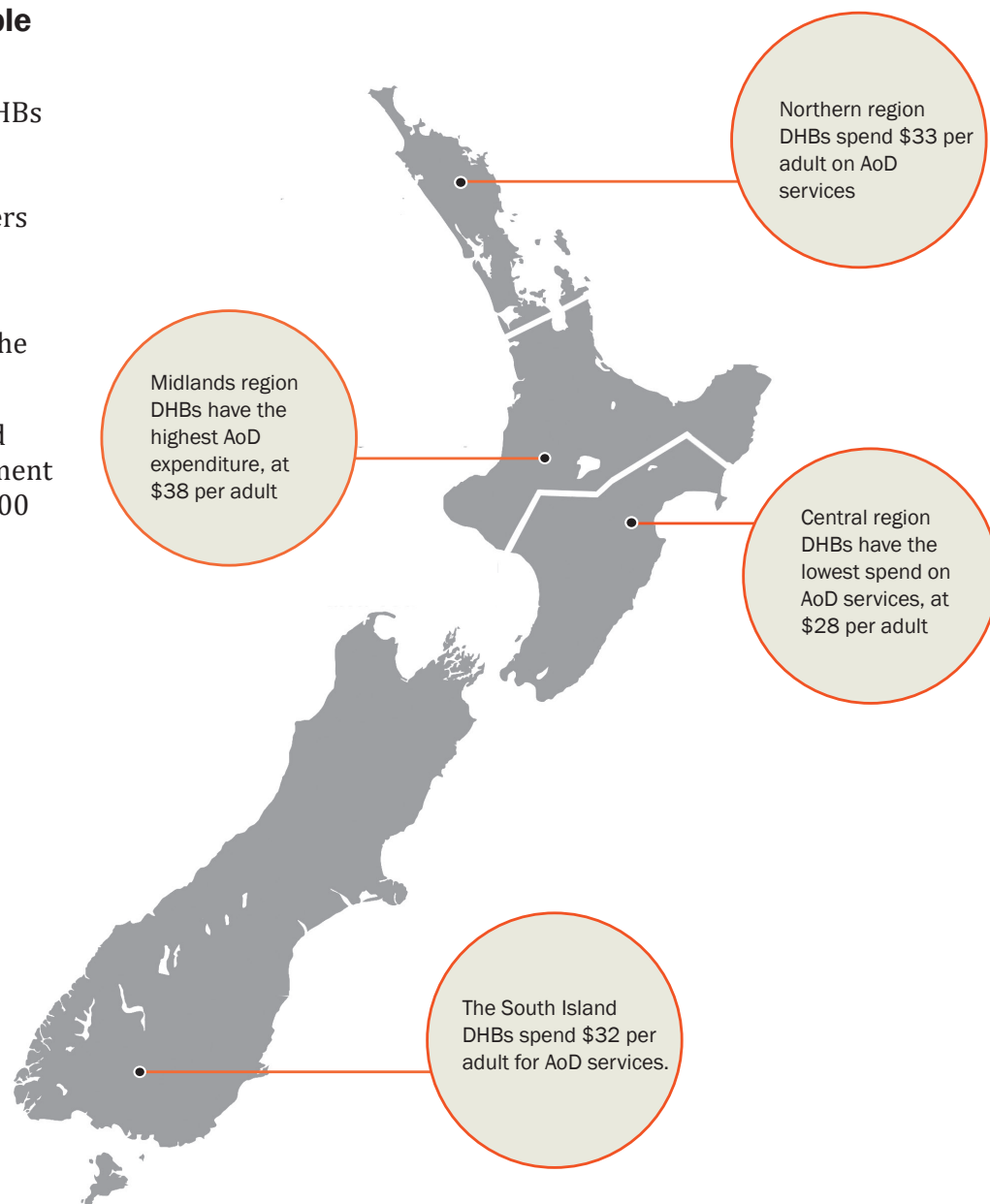


## Treatment funding is variable across regions

In 2017, the Midland region DHBs had the highest treatment expenditure, and the highest prevalence of treatment workers by population (45.8 FTE) per 100,000 adults<sup>18</sup>.

The Central region DHBs had the lowest treatment spend.

The Northern region DHBs had the lowest prevalence of treatment workers (30.9 FTEs per 100,000 adults).



Source: Te Pou o te Whakaaro Nui

## → FUNDING INCREASES IN THE WELLBEING BUDGET

- The 2019 Wellbeing Budget allocated extra funding for alcohol and other drug treatment, which is likely to ease the pressure on the AoD sector. This includes \$14 million over four years for primary care support for people with alcohol and other drug issues, covering an extra 5,000 people a year. The budget also includes \$200 million in new funding for new and existing mental health and addiction facilities.

# Harm reduction services are expanding

## Harm reduction acknowledges that abstinence is not a realistic goal for everyone.

Harm reduction services work with people who use drugs to avoid preventable drug-related harms, such as infection and death.

## Festival drug checking successfully prevents drug harm

Festival drug checking has grown in the 5 years it has been running. In 2018/19, drug checking took place at 13 festivals and was available for the first time through Otago University Students' Association.

Drug checking successfully reduces harms from drugs: Over 60% 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>20</sup>.

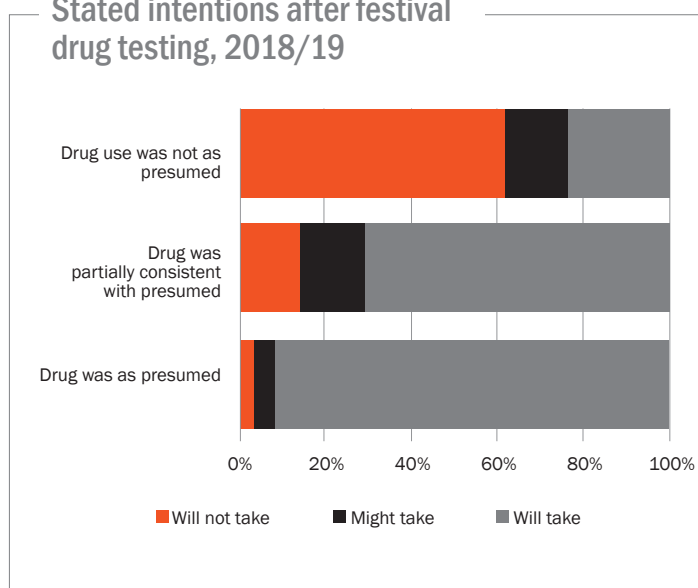
A 6-month drop-in pilot is being trialled in Wellington to see if people will use this service outside of festival settings.

## Opioid substitution therapy is increasing

The number of people receiving opioid substitution therapy is steadily increasing, from 5,158 in 2013, to 5,573 in 2018<sup>11</sup>.

New Zealand has improved at getting new clients into opioid substitution therapy within 4 weeks. In 2019, 75% of new patients started receiving opioid substitution therapy treatment within 4 weeks compared with 50% in 2013.

Stated intentions after festival drug testing, 2018/19



Source: KnowYourStuffNZ

5,573 PEOPLE received opioid substitution therapy in 2018

Source: Ministry of Health

# Many vulnerable students are still pushed out of education

## Too many young people are excluded from school

After an increase last year, exclusions (removing those under 16 from school) are dropping again. While this decrease is encouraging, exclusion rates are still too high: 1,016 students were excluded from school in 2018<sup>21</sup>.

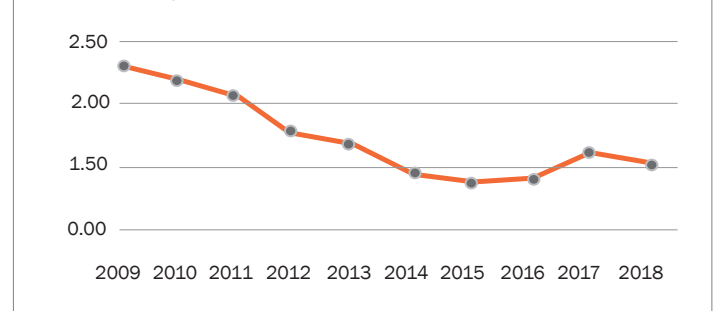
## Alcohol and other drugs continue to be a reason many students are excluded from school

Drugs are the third most common reason for excluding a young person from school after disobedience and physical assault on another student.

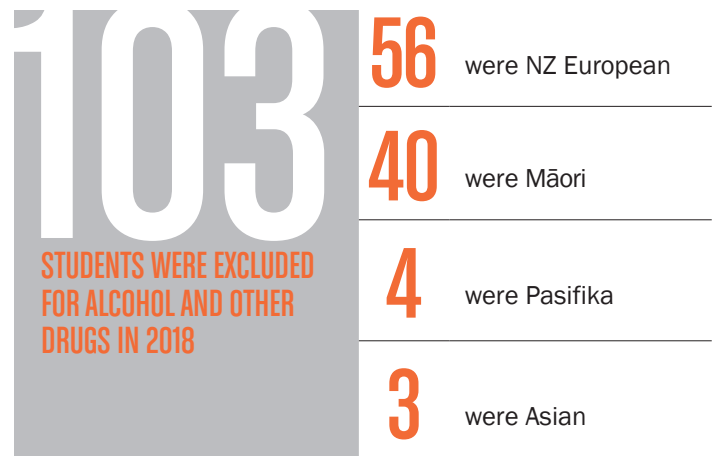
Encouragingly, there has been a large decrease in the number of Māori students excluded for alcohol and other drugs, from 152 in 2010, to 40 in 2018<sup>21</sup>. In 2018, drug and alcohol exclusions for Māori dropped below those of NZ European students for the first time.

School is a key protective factor for reducing alcohol and other 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 use of alcohol or other drugs.

Rate of exclusion from school per 1,000 students, 2009-2017



Source: Ministry of Education



Source: Ministry of Education

## THERE IS A BETTER WAY...

→ TŪTURU PREPARES STUDENTS FOR A WORLD WHERE ALCOHOL AND OTHER DRUGS EXIST

- Tūturu helps implement school-wide changes to improve student wellbeing, develop their critical thinking, and reduce alcohol and other drug-related harm. We are leading this independently evaluated work, co-designing solutions with 11 schools, 5 alcohol and other drug services, and a network of health and education experts. See [tuturu.org.nz](http://tuturu.org.nz) for more detail.

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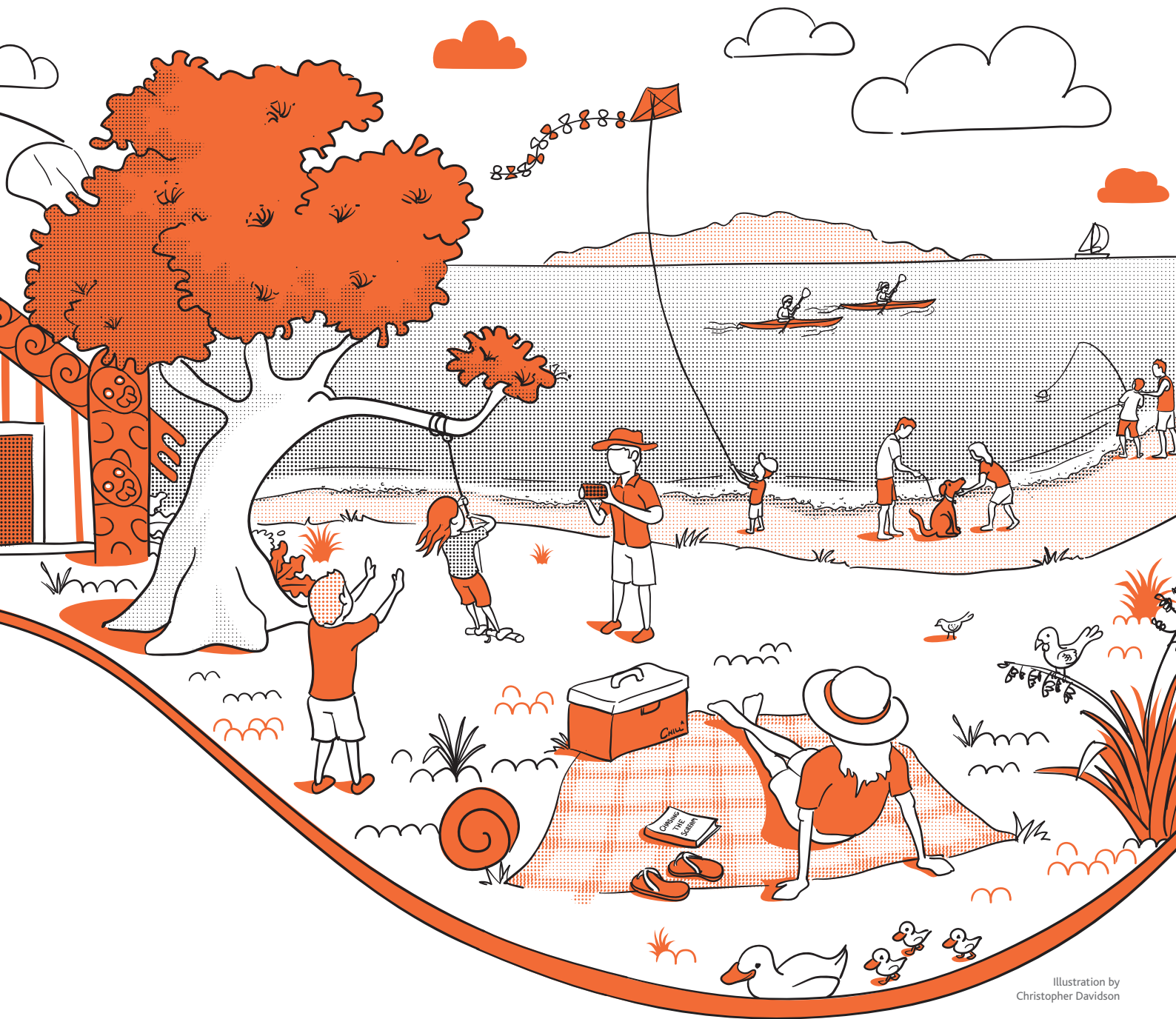


Illustration by Christopher Davidson

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

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HELP  
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Living  
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Not Handcuffs**