

AT THE HEART  
OF THE MATTER,  
NZ DRUG  
FOUNDATION.

Te Tūāpapa Tarukino o Aotearoa

# Briefing to the Incoming Parliament

NZ Drug Foundation Policy Briefing

2020 - 2023



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

Te Tūāpapa Tarukino o Aotearoa



**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.**

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## Creating solutions with communities

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

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## Public education, information and outreach

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

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## 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.**

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

Like you, we are concerned about the harms drugs cause in New Zealand.

There is some cause to celebrate recent progress: there has been investment in new treatment approaches, with new funding and renewed energy in this sector. Moves to legalise drug checking will save lives, as will the new High Alert early warning system. All of this has been met with wide public support, as we continue to see a mood for change in how we address drug harm in Aotearoa.

However, our dated legislation, the Misuse of Drugs Act (1975), ongoing gaps in treatment availability, and under-investment in prevention, public education and early intervention is creating a vicious cycle for people who use illicit drugs.

This year, treatment providers have been reporting difficulties meeting an increased demand for their services due to the effects of Covid-19, which has amplified an existing shortage. One reported a 300% increase in referrals since the nationwide lockdown. When someone seeks treatment but can't access it, a window of opportunity is lost to help that person.

People continue to be convicted for minor drug offences. In 2019/20, 3067 people in total were convicted of low-level drug offences, and for 1126 people, the drug conviction was their most serious offence. Of those convicted, almost half were under 30 years, 71% were men and Māori made up 39%.

Alcohol continues to be our most harmful drug. Meanwhile, we are seeing a second wave of harm from highly toxic synthetic psychoactive substances. Communities continue to be deeply concerned about the effects of methamphetamine. MDMA and cannabis use has risen, while tobacco use has declined.

There are solutions. There are some relatively easy wins that could make a big difference, as well as some deeper reform needed to shift our framework to a health-based approach, which has been proven to reduce harmful use and use among young people. We need to overhaul the Misuse of Drugs Act – making tweaks will not work, as last year's amendment to encourage police discretion to reduce convictions for minor drug offences has shown.

We now have flagship reports that all set out excellent options for Government moving forward: the Health and Disability System Review (Simpson report); He Ara Oranga, the Report of the Government Inquiry into Mental Health and Addiction; and Whakamaua, the Māori Health Action Plan. All these reports recommend providing support earlier, providing a full range of services to meet different needs and cultural approaches, reducing inequities, and improving outcomes for young people and Māori.

This briefing sets out our recommendations for putting those reviews into action. We look forward to working with you to reduce drug harm over the next three years and beyond!



**Sarah Helm**  
Executive Director



# High-level recommendations

## PRIORITY

### 1. Reform our laws to treat drug use as a health issue | PAGE. 08

- Replace the Misuse of Drugs Act with a new law that treats drug use and possession as a health issue to reduce drug harm among those that need it, and shift funding to back this up.
- Remove criminal penalties for growing, using and sharing small quantities of cannabis. A large majority of New Zealanders support decriminalisation.
- Improve our medicinal cannabis system so products can be made available, and are affordable. Provide a statutory defence from prosecution for those who grow plants for their own medical use.
- Review the Sale and Supply of Alcohol Act to reduce the huge harm caused by alcohol.

## PRIORITY

### 2. Reduce inequities for Māori | PAGE. 14

- Fund a full range of primary mental health and addiction services led by Māori, for Māori.
- Strengthen alcohol regulations and replace criminal sanctions for the use of drugs with a full range of treatment and detox services – removing discretion from Police.

## PRIORITY

### 3. Strengthen education and keep young people in school | PAGE. 16

- Strengthen the way the health learning area of the New Zealand curriculum is implemented, to equip young people with skills to think critically and make good choices about drug and alcohol use.
- Remove the ability of schools to exclude students under the age of sixteen, and implement the recommendations of the Tomorrow's Schools review.

**PRIORITY**

# 4

## Invest more effectively in education, prevention, harm reduction, and treatment | PAGE. 18

- Ensure a stepped increase in treatment sector funding to meet demand, including specific funding to respond to ongoing challenges from Covid-19.
- Fund the development of health approaches across the whole spectrum of use, not just for people experiencing long-term harms from addiction.
- Fund behaviour change messaging to reach all users, and implement a full range of alcohol moderation activities (for example as previously run by the Alcohol Advisory Council).

**PRIORITY**

# 5

## Develop innovative solutions to reduce drug harm in communities | PAGE. 22

- Respond to methamphetamine harm in communities by investing in community responses, reforming punitive drug laws, and funding research.
- Build safer working environments by requiring all workplaces to have impairment policies and enact regulations on how drug testing should (and shouldn't) be used in the workplace.
- Keep people safely housed by investing in Housing First programmes and funding initiatives to reduce drug harm in temporary housing.
- Make our roads safer by directing more resources to roadside testing for alcohol impairment and rethinking the Land Transport (Drug Driving) Amendment Bill.
- Respond to ongoing harm from synthetic cannabinoids by funding the Acute Drug Harm Community of Practice and reforming drug laws.
- Ensure vulnerable people are not unfairly evicted from residential tenancies for using methamphetamine.
- Invest in drug checking to make sure anyone who needs to can access the service.
- Establish a comprehensive package of drug indicators with a dedicated survey for drug and alcohol use.

# But first – what you need to know about drugs in New Zealand

## WE HAVE HIGH RATES OF DRUG USE

The drugs that cause most harm in New Zealand are alcohol and tobacco. Over 800,000 New Zealand adults drink hazardously.<sup>1</sup>

### NEW ZEALAND ADULTS

**82%** drank alcohol in the past year.<sup>1</sup>

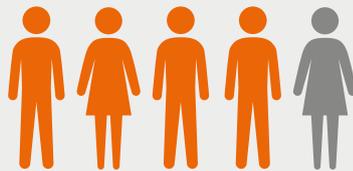
**13%** of New Zealand adults currently smoke tobacco.<sup>1</sup>

**17%** used illicit drugs in the past year.<sup>2</sup>

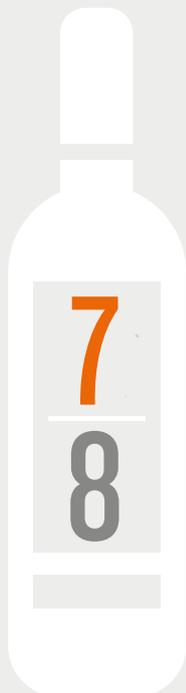
**15%** used cannabis in the past year.<sup>1</sup>

## MOST DRUG USE IS NOT HARMFUL

While it's safest not to use alcohol and other drugs, most people are not harmed much, or at all, by their use.



4 out of 5 New Zealand adults who used an illicit drug in the past year reported no harmful effects.<sup>2</sup>



7 out of 8 New Zealand adults who used alcohol in the past year reported no harmful effects.<sup>2</sup>

## DRUGS CAN CAUSE SERIOUS HARM TO SOME

For a small group of users, drug use – whether legal or illegal – can cause significant harm. Harms include illness, injury, addiction and even death, with the effects borne by whole communities.

- Almost 1 in 3 New Zealand adults have a moderate to high risk of experiencing health and other problems from their current pattern of substance use – mostly tobacco (20% of adults) and alcohol (15% of adults).<sup>3</sup>
- About 5,000 people die each year from smoking and second-hand smoke.<sup>4</sup>
- Some communities continue to suffer huge harm from methamphetamine use, which can cause hallucinations, erratic behaviour and psychosis for some who use heavily or frequently.<sup>5</sup>
- 1 out of 5 New Zealand adults drink in a way that risks physical or mental harm.<sup>1</sup>

**70+**

More than 70 deaths have been connected to synthetic cannabinoids since mid-2017,<sup>6</sup> and many more New Zealanders have experienced serious long-lasting health effects.

**THE MOST DISADVANTAGED ARE OFTEN THE WORST AFFECTED**

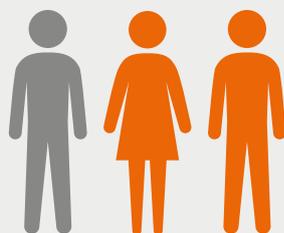
- Māori, Pacific people and people living in areas of socio-economic deprivation are more likely to experience harm from their own alcohol or drug use,<sup>7</sup> and are most likely to want help with their drug use but not receive it.<sup>7</sup>

87%

of people in prison have experienced an alcohol or other drug problem in their lifetime.<sup>8</sup>

**THERE IS NOT ENOUGH HELP AVAILABLE**

- Around 50,000 New Zealanders receive support to reduce their alcohol or drug use each year,<sup>9</sup> but estimates suggest that only about a third of those who could benefit from treatment are accessing it.<sup>10</sup>
- Services are overextended and underfunded. People often have to wait until their problems have become severe before they can access help.
- When people seek help but cannot access it, we miss our window of opportunity to support them.



Only third of those who could benefit from treatment are accessing it.<sup>10</sup>

50,000

Around 50,000 people want help to reduce their alcohol or drug use each year.

CONTINUED

# What you need to know about drugs in New Zealand

## COVID-19 HAS IMPACTED BOTH DRUG USE AND TREATMENT SERVICES

During the countrywide lockdown, addiction services reported some increase in drug use, commonly alcohol and cannabis, compounding an existing shortage of treatment places. Some decreases were also reported, with some clients using the time to cut down or stop using drugs altogether.<sup>11</sup>

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 reported 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.

Increased demand for alcohol and drug services is likely to continue for some years.<sup>12</sup> We can prevent future negative health outcomes by strengthening the alcohol and other drug sector now.

## ILLICIT DRUGS CURRENTLY OF CONCERN

Methamphetamine use remains relatively low across the population as a whole, with 1% of the population using it in the past year.<sup>1</sup> However, the harms caused by its sale and use are particularly severe in some communities.

Synthetic cannabinoids remain a big focus of concern, with new and dangerous analogues regularly discovered by Customs and Police.

Seizures by Police and Customs show a substantial increase in the quantity of MDMA (ecstasy) seized in New Zealand in 2019.<sup>13</sup> While

MDMA is a Class B drug, harms to the user are relatively low compared to other substances.

Recent reports indicate an increase in the amount of gamma-butyrolactone (GBL) seized by Police and Customs in 2020.<sup>14</sup> This is a central nervous system depressant that carries significant risks because the threshold to overdose can be a matter of millilitres.

## NOT ALL DRUGS ARE CREATED EQUAL

In a study by the Independent Scientific Committee on Drugs,<sup>15</sup> which ranked 20 drugs across 16 measures of harm, heroin, crack cocaine and crystal methamphetamine were deemed worst for individuals using them. Alcohol, heroin and crack cocaine ranked the worst in terms of impact on society, with alcohol ranked worst overall. Ecstasy and LSD were ranked among the least damaging.

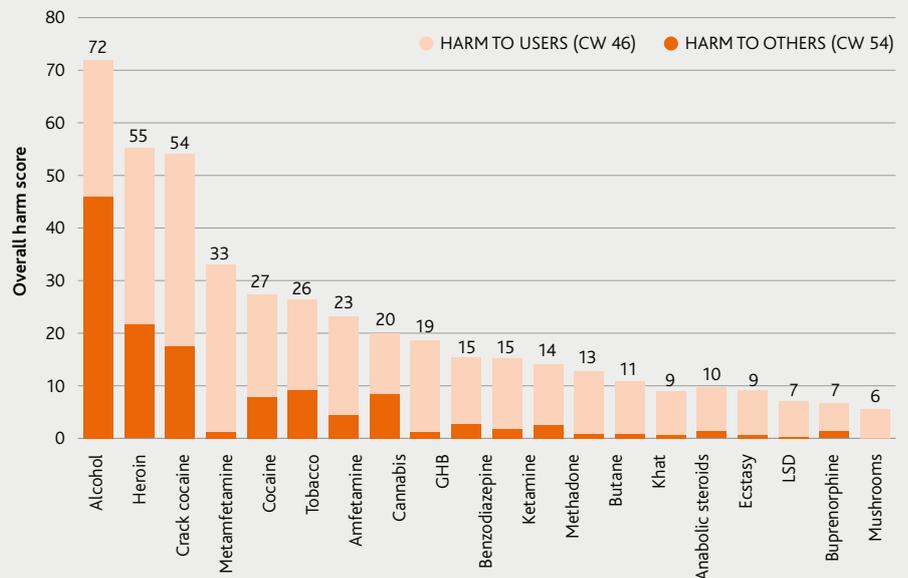
## WHY DO PEOPLE TAKE DRUGS?

People use alcohol and other drugs for many reasons, including pleasure and recreation, spiritual discovery, performance enhancement, experimentation, peer pressure or to self-medicate physical problems, emotional pain or trauma.<sup>16</sup>

## WHY DO SOME PEOPLE STRUGGLE WITH DRUGS AND ALCOHOL?

The likelihood of harmful use patterns developing depends on a range of social, cultural and genetic factors. Although chemical addiction can play a part, more significant factors contributing to substance use disorders are trauma and abuse, mental health problems, stress, poverty, and housing insecurity.

Harm caused by drugs



Drugs ordered by their overall harm scores.<sup>15</sup>

## WHY DO WE NEED TO FOCUS ON DRUGS?

Harm from drugs affect every level of society.

Improving the way we respond to drug and alcohol issues will help fix many of the big issues facing New Zealand today.

### PRISONS

11,561

11,561 people have gone to prison in the past 10 years for drug offences.<sup>17</sup>

### FAMILY VIOLENCE

Alcohol is clearly linked with child maltreatment and inter-partner violence.<sup>18</sup>

### POVERTY

10%

10% (of those who have ever used drugs) reported drug use had affected their financial position.<sup>2</sup>

### MĀORI INEQUITY

47%

Māori make up about 47% of those in prison for drug offences.<sup>19</sup>

\$1.8b

### SOCIETAL COST

Drug use costs New Zealand \$1.8 billion each year in health, social and economic harms.<sup>21</sup> If you include alcohol as well, this figure leaps to \$6.5 billion.<sup>22</sup>

1/2

### MENTAL HEALTH

More than half the people using mental health services are likely to have substance use problems as well.<sup>20</sup> Among adults with problematic substance use, 27% experience some form of anxiety and 30% experience some form of depression.<sup>3</sup>

11%

### JOBS AND EDUCATION

11% (of those who have ever used drugs) reported harmful effects on opportunities for work/study/employment.<sup>2</sup>

### HOMELESSNESS

Substance misuse can increase the chance of becoming and remaining homeless.<sup>23</sup>

**PRIORITY 1:**

# Reform our laws to treat drug use as a health issue

**We all want a happier, healthier, more equal New Zealand.**

Unfortunately, New Zealand's current drug law stands in the way.

The Misuse of Drugs Act 1975 (MoDA) criminalises those who struggle with their drug use rather than supporting them. Every year, thousands more New Zealanders are left with a conviction that impacts on mental health, livelihoods, relationships, travel, housing and education.

The assumption made in our 45-year-old legislation is that legal sanctions will be a deterrent to use. And yet, our drug use rates remain high.

**“Most research has pointed towards imprisonment having a weak but variable general deterrent effect, but deterrence may be even less effective for people whose offending is related to drug use.”<sup>24</sup>**

Legal penalties compound harms for the people who are most impacted by drug harm. Prohibition discriminates against Māori and Pasifika, who together account for more than half of all cannabis convictions in Aotearoa.<sup>25</sup> Convictions also fall disproportionately to young people.

For some, particularly Māori, a criminal record (and even a prison sentence) can be the result of a prosecution for a relatively minor offence, such as possession of a drug utensil.

## **THE SOLUTION IS TO TREAT DRUG USE AS A HEALTH AND SOCIAL ISSUE**

The vast majority of people who use drugs do so without causing harm to themselves or others. Prosecuting them can have a far-reaching negative impact on their lives but has limited or no effect on their drug use. The minority who do struggle with their drug use need support, compassion and access to treatment.

We can learn from international examples such as Portugal, which implemented a health approach to drug use in 2001. It decriminalised the use of all drugs and invested heavily in prevention, treatment and harm reduction. Despite fears at the time, harmful drug use in Portugal has fallen, and drug harms, including overdose deaths, have reduced dramatically.<sup>26</sup>

The Misuse of Drugs Act needs to be replaced with a modern, fit-for-purpose drug law that treats drug use and possession as a health and social issue. Commercial supply and trafficking of drugs would remain illegal.



**1** Minimise the harms caused by drug use, particularly for young people

**2** Respect human rights

**3** Safer communities with less drug-related crime

**4** Promote equity for Māori

**5** Be cost-effective and evidence-based

## Whakawātea te Huarahi

A model drug law  
to 2020 and beyond



Check out our model drug law  
Whakawātea te Huarahi for full  
details on our law reform proposal:  
[nzdrug.org/2017-pathway](http://nzdrug.org/2017-pathway)

### 'TWEAKING' THE MISUSE OF DRUGS ACT HASN'T WORKED

A new amendment to MoDA, passed in August 2019, 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.

The amendment was introduced as a stop-gap 'fix' of MoDA in response to the synthetics crisis, and it sent a clear signal that the Government intends to treat drug use as a health and social issue.

Though it is too early to fully assess the impact of the law change, in the 10 months following the amendment, the number of people facing court action for drug possession decreased only slightly. Meanwhile, the total number of proceedings (including warnings) brought against people for low-level drug offences went up.<sup>27</sup>

It's clear this minor fix of MoDA is not sufficient. We need a complete overhaul of our outdated drug laws to bring them into line with international best practice and ensure no one is ever prosecuted for drug use or possession.

Overhauling the Misuse of Drugs Act would put into effect recommendations from the Mental Health and Addiction Inquiry,<sup>28</sup> the Safe and Effective Justice Advisory Group,<sup>29</sup> the conclusions of the Law Commission's 2011 legislative review,<sup>30</sup> and the current National Drug Policy.<sup>31</sup> It would also be the most effective way to support the wellbeing of all our communities.

### A NEW LAW WOULD ADDRESS MANY INJUSTICES AND INCONSISTENCIES

In replacing the MoDA 1975 we could achieve these things:

- **Remove discrimination against Māori**

Our current law leaves discretion in the hands of Police as to whether to prosecute for drug possession, resulting in worse outcomes for Māori. Removing criminal penalties for drug use entirely would lead to better outcomes.

- **Reassess levels at which possession of drugs is presumed to be for the purposes of supply**

Levels at which a person found with a drug is presumed to be in possession for the purposes of supply are currently set low in MoDA. Supply charges carry a greater penalty than possession alone. This means that people who are addicted to a substance or use heavily for other reasons can receive a conviction for supply, resulting in long periods of imprisonment.

- **Ensure that programmes intended to reduce drug harm can be legally undertaken**

An example would be drug consumption spaces such as those available in Australia and Canada, which help to reduce overdose and death.

PRIORITY 1: CONTINUED

# Reform our laws to treat drug use as a health issue

- **Reclassify scheduled drugs to ensure consistency and fairness**

Drugs are supposed to be scheduled in accordance with the level of danger they pose to the person using them, but the classification system no longer accords with what we know about the harms caused by different drugs – including alcohol and tobacco.

- **Review the penalty regime for drug offences to reflect that many of those who deal, do so to support their own use**

Excessively long sentences - up to life in prison for supply of methamphetamine - do nothing to deter offending, and are not proportional to sentences handed down for other crimes. Therapeutic pathways for those who need them should be included in any penalty regime.

- **Remove criminal penalties for use or possession of a drug utensil**

The Ministry of Health was poised to do this several years ago, with broad political support, but was delayed.

- **Create consistency between the Psychoactive Substances Act and the Misuse of Drugs Act**

We currently have two parallel regimes, neither of which achieve what they set out to do. One single Act could regulate low-harm substances for sale while continuing to provide sanctions for trafficking more harmful drugs.

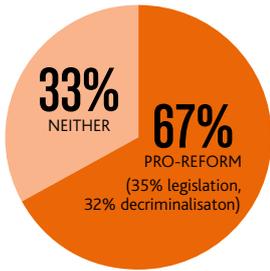
→ **WE RECOMMEND:**

Replace the Misuse of Drugs Act with a new law that treats drug use and possession as a health issue to ensure that:

- discretion is no longer exercised to Māori disadvantage, because no one ever receives a criminal conviction for use of drugs
- those who need treatment are able to access it
- programmes to reduce drug harm can be legally undertaken
- drugs are classified consistently according to their risk to the user, with penalties that are proportional to other offences.



**New Zealanders' support for cannabis law reform**



Source: NZ Drug Foundation, 2018<sup>32</sup>



**WHAT'S NEXT FOR CANNABIS?**

**→ WE RECOMMEND:**

- Remove criminal penalties for growing, using and sharing small quantities of cannabis. A large majority of New Zealanders support decriminalisation.

At the recent referendum, New Zealanders narrowly voted against passing into law a very specific piece of legislation that would have allowed cannabis to be sold in licensed stores. The Bill would have enhanced public health and social justice outcomes, so this was disappointing.

Support for cannabis law reform has grown by 20% in the past three years alone<sup>33</sup> and will continue to increase. The vast majority of New Zealanders support either legalisation or decriminalisation of cannabis, giving a clear mandate for law reform.

The problems of prohibition have not gone away, and Government needs to find a response. In the Australian Capital Territory, a recent law change means that using cannabis or growing a small amount incurs no criminal penalties. A similar model could work here as a first step.

**MEDICINAL CANNABIS PATIENTS NEED URGENT ACCESS TO PRODUCTS**

**→ WE RECOMMEND:**

- Align our product standards more closely with our lead export and import destinations to bring more products to market quickly.
- Remove equity barriers created by high prices by subsidising products.
- Provide a statutory defence from prosecution for those who grow plants for their or another's medicinal use.
- Fund education and prescribing information for doctors.
- Down-classify CBD products from prescription medicines to reduce prices and make products more available.

In 2017, the Government introduced legislation to develop a medicinal cannabis industry in New Zealand and make products more accessible. Regulations to support the Act came into force on 1 April 2020.

However, products remain inaccessible by the vast majority of New Zealanders who need them. The cost is excessive because products are not subsidised. Although cannabis-based medicines can now be prescribed by a doctor, many won't prescribe due to a lack of training and understanding of prescribing protocols.

Therefore, patients suffering severe and debilitating conditions continue to use illegally sourced products and live in fear of the law. Illegally grown plants continue to be destroyed and medicine confiscated.

It should become easier to produce medicines here and to import them – but so far, no new products have been approved. Those that remain available are expensive and inaccessible for most people.

One just solution would be to provide a statutory defence from prosecution for those who grow plants for their own or another's medicinal use, with a medical certificate. This could come with a five-year sunset clause to tide patients over until products are legally available.

Cannabidiol (CBD) products, which are prescription medicines, should be reclassified to match other jurisdictions where they are treated as pharmacy-only products or even dietary supplements.

Other essential measures include removing pricing barriers, for example, by subsidising products, ensuring ACC adopts an official protocol about what it will fund and when; and streamlining support from WINZ so beneficiaries do not have to pay for expensive medications upfront.

PRIORITY 1: CONTINUED

## Reform our laws to treat drug use as a health issue

### IT'S TIME TO TACKLE ALCOHOL

#### → WE RECOMMEND:

- Review the Sale and Supply of Alcohol Act in line with the 2010 Law Commission review.
- Update and fully implement the action plan Taking Action on Fetal Alcohol Spectrum Disorder: 2016–2019.<sup>39</sup> – for example by investing more into research and support.
- Fund behaviour change messaging to reach all users, and implement a full range of alcohol moderation activities (for example as previously run by the Alcohol Advisory Council).

Alcohol is cheap, heavily promoted, and easy to buy. Alcohol harm is one of our biggest preventable public health disasters.

A 2010 Law Commission Review characterised our alcohol laws as the “unbridled commercialisation of alcohol”.<sup>35</sup> The Commission put forward a comprehensive suite of proposals, warning that “picking and choosing among the various elements ... will lessen the power of the package to reduce harm”.<sup>35</sup>

This is exactly what happened. We have made progress on a few isolated issues, but a comprehensive overhaul of our laws has not yet taken place, and alcohol harm remains sky high.

Critical policy solutions proposed by the Law Commission to reduce the harm caused by alcohol include raising the purchase age to 20, stricter rules around licensing and opening hours, imposing excise taxes to raise prices and an end to alcohol advertising, sponsorship and promotions that increase consumption.

We also need to invest more into understanding the scale of FASD in this country and building capacity to respond to it. There is still no good data on the prevalence of FASD in New Zealand, although the Ministry of Health estimates as many as 3% of births may be affected, at an annual cost of much as \$450 million.<sup>36</sup> Many other gaps remain to fill from the Government’s 2016–19 action plan, which has now lapsed.

**“Alcohol is regulated but is widely available and used in our society. It isn’t seen as a drug and our regulation approaches to it are inconsistent and fail to deal with the harm it produces.”**

TURUKI! TURUKI!  
FINAL REPORT OF THE SAFE  
AND EFFECTIVE JUSTICE  
ADVISORY GROUP<sup>29</sup>





### THE PSYCHOACTIVE SUBSTANCES ACT 2013 IS STILL NOT WORKING

#### → WE RECOMMEND:

- Review the Act to help it work as it was originally intended, allowing low-harm substances to be strictly regulated.
- Alternatively, incorporate the regulation of low-harm substances into a new Misuse of Drugs Act – it makes sense to treat all substances under one piece of legislation.

When the Act was passed, new substances were being produced so quickly there wasn't time to make each illegal before the next was developed. Thousands of untested products were legally on sale, and no one knew their health effects.

The Act made all psychoactive substances illegal by default. However, if a substance could be proven to pose no more than a low risk of harm, it could be approved for sale under strict regulations.

The Act was created on the understanding that a regulated market is much safer than an unregulated black market where profit is the only motive. In a black market, products are not tested, and no one is accountable if a product causes harm or even death.

Unfortunately, the legislation was passed very quickly, with limited public education about its purpose. Some communities panicked, and a political decision was made to insert a clause banning animal testing of any new drugs. This rendered the Act unworkable, and no products have been approved for sale.

Tragically, more than 70 New Zealanders have died using unregulated synthetic psychoactive substances since mid-20 17.<sup>6</sup> There's a compelling argument that regulating low-risk substances would steer many people away from serious harm by nudging them towards products that are known to be safer.

### CLEAN SLATE LEGISLATION IS TOO NARROW

#### → WE RECOMMEND:

- Review the 'clean slate' scheme to conceal the convictions of those who have been prosecuted for low-level drug offences, even if they went to prison.

A person's previous convictions are automatically concealed from the records where they have had no convictions for the past seven years. The scheme does not apply to those who have been to jail.<sup>37</sup>

This means that the 7,093 people who have been convicted and sentenced to prison for low-level drug offences in the past decade do not qualify.<sup>38</sup> A drug conviction can negatively impact lives and livelihoods in a way that is completely out of proportion to the original 'crime'.

## PRIORITY 2:

# Healthy futures for Māori

The NZ Drug Foundation supports Māori communities to respond to the disproportionate harm caused to them by both drugs and our drug laws. We work alongside communities to reduce drug harm and support initiatives that help individuals and whānau struggling with drug use.

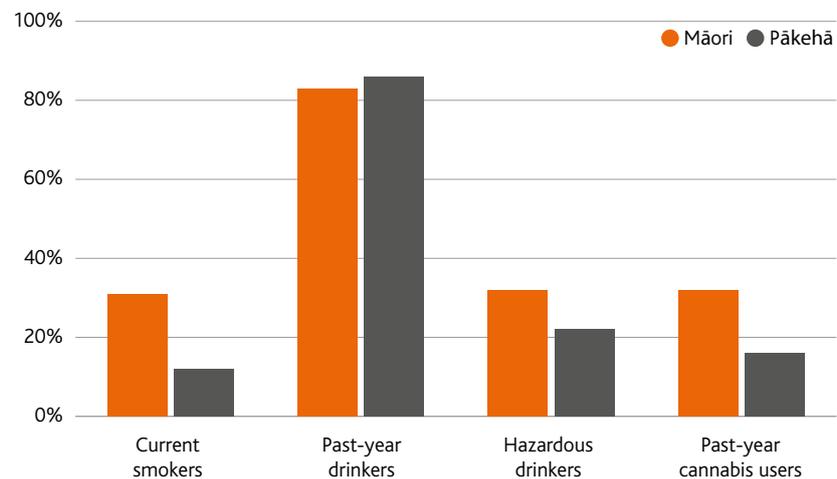
### MĀORI NEED EQUITY IN DRUG-RELATED HEALTH AREAS

Māori continue to disproportionately feel the burden of drug and alcohol harm.

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>1</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>1</sup>

Substance use for Māori and Pākehā, 2019/20



Source: 2019/20 New Zealand Health Survey<sup>1</sup>

Long-term solutions to these disparities are set out in Whakamaua, the Māori Health Action Plan,<sup>39</sup> which recommends:

- increasing access to and choice of kaupapa Māori primary mental health and addiction services
- increasing the capacity and capability of the Māori health sector
- expanding access to rongoā Māori
- increasing provider innovation to develop and spread effective kaupapa Māori and whānau-centred services.

Building the workforce will require long-term investment and focus. Ensuring Māori lead the development and implementation of the action plan process is absolutely essential.

As part of a collaboration with Te Rau Ora, we're helping to develop an approach to workforce development to improve Māori health outcomes and reduce disparities through an integrated model of prevention. Whare Tukutuku will develop and deliver an addiction workforce development programme for frontline workers, and establishing a national addiction leadership group.

The programme aims to support AOD services to develop early interventions in collaboration with Māori whānau to increase the range of interventions available.

### REFORM OUR DRUG LAWS TO BENEFIT MĀORI AND ADDRESS RACISM

Unacceptably, our current drug law produces hugely disproportionate imprisonment and conviction rates for Māori. The result for many can be endless cycles of reconviction.

- Māori make up 49% of those convicted for drug offences.<sup>17</sup>
- Among cannabis users, Māori are three times more likely than non-Māori to be arrested and convicted for cannabis-related offences.<sup>40</sup>

Recent changes to the Misuse of Drugs Act have reduced overall convictions slightly, but the proportion of Māori receiving court actions for low-level drug offences remains significantly higher than it is for non-Māori.<sup>27</sup>

Of particular concern is the increase in the total number of proceedings (including warnings) for Māori – from 1,350 in the 10 months before the law change to 1,537 for the same period after the law change.<sup>27</sup> In other words, we're seeing more involvement with the criminal justice system in total, even though fewer of those actions result in a conviction in court.

Leaving discretion in the hands of Police will never provide a solution for the disproportionate number of Māori entering the criminal justice system on drugs charges. We need to overhaul the outdated Misuse of Drugs Act, and remove all criminal penalties for low-level drug offences. For this to be a success, Māori need to be partners in the development and implementation of that law.

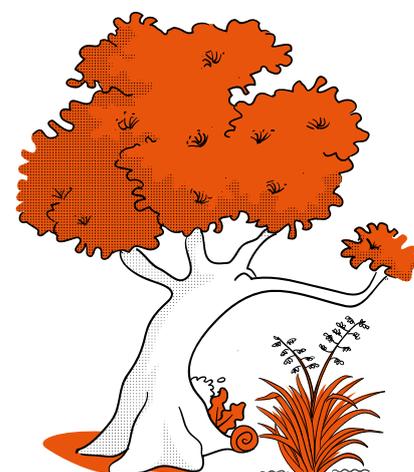
### STRENGTHEN ALCOHOL LAWS

The Law Commission review of our alcohol laws in 2010 recommended a suite of changes to reduce the harm alcohol causes in our communities, including raising the purchase age to 20, imposing excise taxes to raise prices and an end to alcohol advertising.<sup>35</sup> Most of these were never implemented.

As emphasised more recently in the Mental Health and Addiction Inquiry report He Ara Oranga,<sup>28</sup> we are well overdue for a thorough overhaul of our alcohol laws, and this would particularly benefit Māori (see page 12 for more on this).

### → WE RECOMMEND:

- Implement the Health and Disability System Review recommendation to set up a separate Māori health authority.<sup>41</sup>
- Implement the actions relating to drugs and alcohol from Whakamaua, the Māori Health Action Plan, especially by funding a full range of primary mental health and addiction services, led by Māori, for Māori.
- Follow the recommendations of He Ara Oranga, and take a stricter regulatory approach to the sale and supply of alcohol. Replace criminal sanctions for the use of controlled drugs with a full range of treatment and detox services.



## PRIORITY 3:

# Strengthen education and keep young people in school

### Strengthening health education would have lifelong benefits.

Schools are required to equip students with self-management skills and knowledge about alcohol and drugs. This is best done as part of the health curriculum by teaching young people to think critically and gain the skills needed to understand themselves and make sense of the world around them.

Although this is part of the New Zealand curriculum, two-thirds of year 8 students are below the expected achievement level for these skills.<sup>42</sup> We need to help young people catch up with core learning so they are prepared for a world where alcohol and other drugs exist.

### HEALTH AND EDUCATION NEED TO WORK TOGETHER

Schools help young people form values and build knowledge and skills to prepare them for the modern world. They teach them to think critically about their wellbeing so that they make the best decisions for themselves and are able to seek support should they need it. Schools need support to increase the focus on wellbeing in their curriculum and to work in a more integrated way with health services.<sup>43</sup>

The Government has recently appointed new ‘wellbeing curriculum leads’, which is an excellent step. Focus now must be on providing sufficient training for the new leads and directing extra funding towards workforce and resource development.

#### TŪTURU



Tūturu is a school-wide approach led by the Drug Foundation that helps to reduce drug and alcohol-related harm and keep students in school. Different sectors work together to improve the wellbeing of their students and develop their critical thinking. An independent evaluation of the project, co-created with 11 schools and five health providers, found Tūturu helped to change how schools deal with alcohol and other drugs by changing the focus from punitive to pastoral.<sup>44</sup>

### WE NEED TO KEEP YOUNG PEOPLE IN SCHOOL FOR AS LONG AS POSSIBLE

The Statement of National Education and Learning Priorities (NELP)<sup>45</sup> puts learners at the centre of how education is provided, and requires schools to ensure ‘barrier free access’ to learning.

Unfortunately, alcohol and drug use remains one of the most common reasons to be excluded or expelled from school. The harm caused by exclusion, expulsion and suspension is usually far greater than the consequences of drug and alcohol use itself.

Schools are a major protective factor for reducing alcohol and drug harm and improving overall life outcomes, yet our current school management structure places discretion around expulsions and exclusions in the hands of boards of trustees. These are often underequipped to make evidence-based decisions on behalf of students with multiple issues.

Excluding young people from school for drug or alcohol use prioritises the needs of the school before the needs of the learner and impedes access to education, missing the objectives of the NELP. We need to help schools fully implement these new national education and learning priorities so students can be kept in school.



We recommend removing the power to exclude students under the age of sixteen from school, and encouraging schools instead to find more evidence-based techniques to develop a positive culture in the school. It is also essential that dispute resolution be made easier for families, as recommended by the Tomorrow's Schools review.<sup>46</sup> This would help ensure more young people stay in school for longer.

#### TARGETING PEER CROWDS

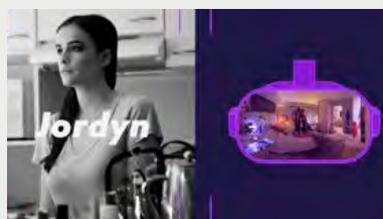
While many young people are doing well, many risk factors cluster in smaller (but identifiable) groupings of young people. The Drug Foundation works together with a number of other organisations and agencies to engage some of these peer groupings and identify approaches that improve their wellbeing.

The projects were independently evaluated this year and were found to be effective, with the evaluator stating, "The Peer Crowd Projects are an excellent example of how multiple-partner, cross-sector projects can operate successfully, and is arguably an unusual case in the New Zealand public sector, given the large collection of government and community agencies working together in a unified way."<sup>47</sup>

#### TWO EXAMPLES OF APPROACHES THAT HAVE BEEN DEVELOPED



- **Unfold** – a challenge-based initiative for young people offering healthy alternatives to drinking. Multiple agencies have worked together to figure out how to engage a particular group of young people, help them feel like they belong in the community and build their aspirations for a healthy and successful life.



- **360-empathy tool** – an immersive video experience that uses virtual reality technology to help professionals put themselves in the shoes of young people. Two-month follow-ups found 88% of participants in a workshop using the tool had changed their practice to improve their engagement with young people as a result.

#### → WE RECOMMEND:

- Strengthen implementation of the health learning area of the New Zealand curriculum, with training for the new 'wellbeing leads' curriculum and extra funding towards workforce and resource development.
- Use evaluated approaches, such as Tūturu to develop whole-school approaches that shift the focus from punitive to pastoral.
- Invest more funding into youth services that can work in partnership with schools.
- Remove the power to exclude students under the age of sixteen from school.
- Implement the recommendations of the Tomorrow's Schools review.
- Fund initiatives based on the cross-sector Peer Crowd Projects.

**PRIORITY 4:**

# Invest more effectively in prevention, harm reduction and treatment

**People should be able to access a full range of evidence-based support options for drug and alcohol use at the time they need them.**

Unfortunately, this vision is far from the current reality. People face long waiting lists and struggle to access the support they need.

**LET'S INTERVENE EARLIER**

As the Mental Health and Addiction Inquiry report He Ara Oranga<sup>28</sup> recommends, we need to focus more on healthy approaches to drugs and alcohol for the whole population, and provide support options well before an individual starts to experience serious problems. This is more effective and more compassionate – not to mention cheaper - than waiting to be the ambulance at the bottom of the cliff.

1.2 million New Zealanders are estimated to be at moderate to high risk of problematic substance use, according to the New Zealand Health Survey, yet nearly half of those will experience no clear symptoms to indicate they may be at risk.<sup>3</sup> When we start the conversation when people are struggling, we miss most of the people we are trying to reach.

Of the 8.9% – or roughly 100,000 people – who experience severe symptoms, only around half receive alcohol or other drug support each year,<sup>3</sup> meaning that even for people who are struggling, our services fall well short of what is needed.

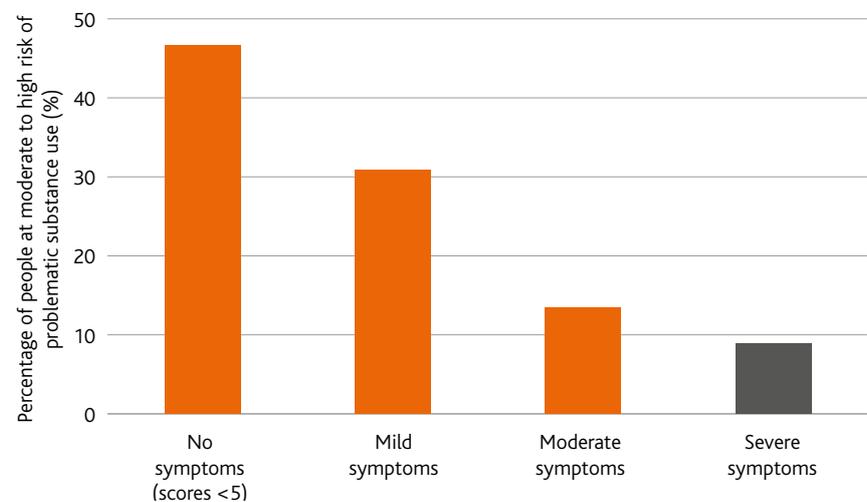
**WE NEED A FOCUS ON BEHAVIOUR CHANGE**

The Drug Foundation is the only organisation working to develop health and policy approaches to prevent harm for the million

people who are at risk of problematic substance use but experiencing only mild (or no) symptoms.

More investment is needed to reach all users. Additionally, the alcohol moderation campaign has been neglected for many years. The results are evident in the high levels of harm we still experience from alcohol. Shifting to a health approach means reorienting funds from justice towards prevention as well as treatment.

**Anxiety, depression and/or somatic symptoms among people at moderate to high risk of problematic substance use**



New Zealand Health Survey 2016-17<sup>3</sup>

**WE CAN MAKE A REAL IMPACT BY TARGETING ALL LEVELS OF USE**

The Ara Oranga recommended increasing the range of mental health and addiction services to target people at all levels of need.<sup>28</sup> To be most effective, we need targeted approaches for each group shown in the diagram below, from those who don't use drugs at all to those who are severely dependent.



**INVESTMENT SHOULD BE SPREAD ACROSS THESE AREAS:**

**Prevention and education**

These approaches help people who do choose to use drugs to start later in life, use less frequently and experience less harm.

**Harm reduction**

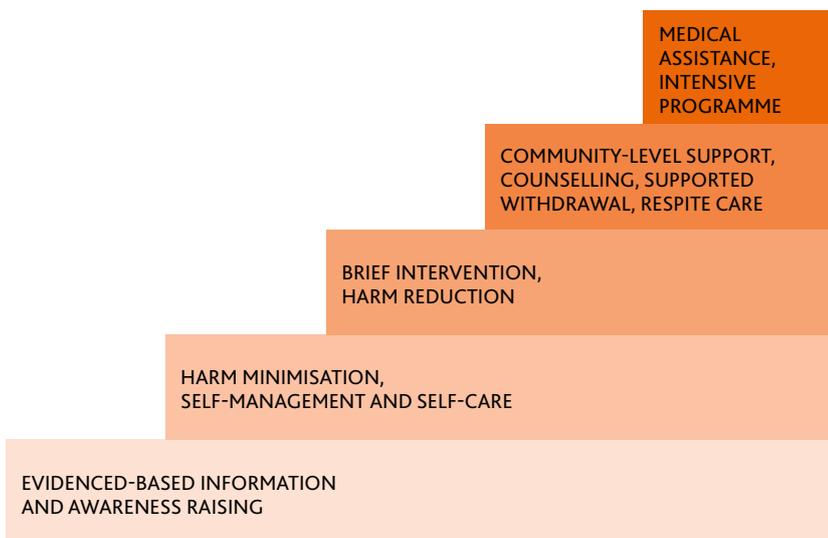
This includes information and tools that reduce the risk of drug harm, for example, providing sterile injecting equipment, drug checking at festivals or shorter opening hours for alcohol retailers.

We'd particularly like to see new funding going into innovative new community programmes and services targeting people using drugs or alcohol who would not normally identify themselves as needing assistance.

**Treatment**

Effective treatment means a range of options to suit different people – from peer support, iwi-based initiatives and one-on-one counselling to more intensive methods like detox or residential treatment.

NO CURRENT USE	RECREATIONAL USE	HAZARDOUS USE	MILD DEPENDENCE	MODERATE/SEVERE DEPENDENCE
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Source: National Committee for Addiction Treatment (NCAT), Shaping the Sector.<sup>48</sup>

**PRIORITY 4: CONTINUED**

## Invest more effectively in prevention, harm reduction and treatment

### INCREASED FUNDING HAS BEEN WELCOME, BUT SIGNIFICANT CHALLENGES CONTINUE

The funding increase allocated in 2019's Budget has ensured some of the existing services that 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 a number of new 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, and extremely long waiting lists in some areas. Many service providers have yet to see any improvements in funding.

People who seek treatment do not always get it. This can mean a window of opportunity is lost to support that person, sometimes forever.

Covid-19 has added a new urgency to these existing issues, putting stress on existing services as people deal with ongoing job and housing insecurity and mental health challenges caused by the pandemic.

### → WE RECOMMEND:

- Ensure a stepped increase in treatment sector funding to meet demand, including specific funding to respond to ongoing challenges brought by Covid-19.
- Fund the development of health approaches that prevent and reduce harm across the whole spectrum of use, not just for people experiencing long-term harms from addiction.
- Build the capacity of communities and frontline providers in health and social services to support people who use drugs. This should include funding of whānau-led approaches and kaupapa Māori services.
- Continue funding alcohol and other drug components of the psychosocial response from Covid-19 (Best Bubble and Credible Voices).
- Fund behaviour change messaging to reach all users, and implement a full range of alcohol moderation activities (for example as previously run by the Alcohol Advisory Council).

## BEST BUBBLE AND CREDIBLE VOICES CAMPAIGNS

These two campaigns, begun by the NZ Drug Foundation during the Covid-19 lockdown, reached millions of people across the whole spectrum of alcohol and drug use with information on coping with life in a 'bubble'.

**Best Bubble** targeted the general population to encourage New Zealanders to re-evaluate their relationship with substances (primarily alcohol) and use new, healthy ways to cope.

<https://www.bestbubble.co.nz>

**Credible Voices** targeted people who use alcohol and other drugs to help them prevent or reduce drug harm.



Credible Voices – online



Best Bubble campaign posters

## PRIORITY 5:

# Reduce drug harm in communities and respond to emerging challenges

Although not using drugs at all is the best option, this is not a realistic reflection of society. Inevitably, people will take drugs, sometimes in harmful ways. For those who do, our focus is on preventing and reducing the harm they experience.

We proactively identify emerging issues across New Zealand, design innovative solutions and assist communities to implement them. These are some pressing issues we are working on.

### RESPOND TO METHAMPHETAMINE HARM IN COMMUNITIES

#### → WE RECOMMEND:

- Fund regular, in-depth research into patterns of methamphetamine use in New Zealand.
- Support home withdrawal and invest in programmes that focus on community responses and peer support.
- Reform drug laws to treat methamphetamine use as a health issue and ensure people are not put off seeking help due to fear of the law.
- Set up a cross-sector response that includes a focus on treatment, law reform and other issues relating to methamphetamine (such as 'contamination' in houses).

Most people who seek help for methamphetamine use have already been using for 5–10 years<sup>49</sup>. We do not have a good overall picture of what methamphetamine use looks like for individuals in New Zealand before that point. This would help us reach people earlier and prevent problems escalating.

We know that 1% of New Zealanders consumed amphetamines (including methamphetamine) in the past year and that rates have increased slightly from 0.7% five years ago.<sup>1</sup> We also know that around half of people who used stimulants (including methamphetamine) use them 1–2 times a year.<sup>2</sup>

However, we do not regularly collect data on who is using methamphetamine, how often and how much, and what harms they experience. We need to understand more about the first years of methamphetamine use, before problems become severe, so that we can personalise health advice and services better.

Heavy methamphetamine use also has very specific withdrawal patterns. Damage to the cognitive area of the brain can mean people have a reduced ability to control their emotions and actions and predict outcomes for up to a year. This can make it particularly hard not to relapse. Treatment services need support (and funding) to adjust their delivery to ensure they fit around typical withdrawal patterns for methamphetamine and can support people in the longer term.

People can also withdraw successfully at home with the right support – something as simple as self-management guidance all the way through to home detox clinical teams. Providing more support for home withdrawal will also help free up residential beds.

To support long-term recovery in the community, we recommend investing in community responses and one:one peer support.<sup>50</sup>



### CREATE SAFER WORKING ENVIRONMENTS

#### → WE RECOMMEND:

- Enact regulations on how drug testing should (and shouldn't) be used in the workplace to better balance safety requirements with the need to protect workers' rights.
- Invest in the development of technology or approaches to measure impairment.
- Require all workplaces to have impairment policies. Provide better guidance for workplaces about best practice.

Over-reliance on urine drug testing in the workplace, primarily for cannabis, has created a deceptive reassurance that health and safety issues related to impairment are being addressed. In fact, urine tests do not measure impairment and only test for a narrow range of substances.

At best, urine tests can only confirm if someone used a substance within a certain timeframe. The tests are also expensive, invade employee privacy, and can reduce the likelihood that employees will disclose health and safety concerns early.

Good workplace drug and alcohol policies can improve the relationship between employer and employees, helping people feel safe to raise issues as early as possible. These policies should focus on reducing impairment, which urine tests don't measure.

In alignment with the Business Leaders' Health and Safety Forum, the Drug Foundation works with employers to help them explore their current workplace culture and identify ways to minimise the risk of impairment in the workplace.

PRIORITY 5: CONTINUED

## Reduce drug harm in communities and respond to emerging challenges



### KEEP PEOPLE SAFELY HOUSED

#### Transitional housing

##### → WE RECOMMEND:

- Expand Housing First to all regions so all people have access to accommodation and help to maintain it.
- Fund initiatives that reduce drug harm in temporary housing.

Covid-19 showed us we can safely house everyone. Having a safe place can give people the space they need to address the trauma and insecurity that is so often the cause of serious drug and alcohol problems.

Housing First programmes are an excellent way to address the underlying causes of homelessness and help people stay in safe accommodation in the long term. The programme currently only exists in certain regions and can't be accessed by homeless youth,<sup>51</sup> so extending its reach should be a priority.

The number of people in temporary accommodation rose rapidly in 2020 following the first Covid-19 lockdown. High levels of substance

use and acute drug harm are common in transitional housing, and reducing harms can be challenging.

By building a strong workforce focused on helping this cohort of people and by committing adequate long-term funding to wrap-around services, we can reduce harm in temporary housing.

#### Methamphetamine 'contamination'

##### → WE RECOMMEND:

- Ensure new regulations (due to be drafted in 2021) are framed so people are not unfairly evicted from residential tenancies for using methamphetamine.
- Ensure cross-agency consistency in how standards around methamphetamine 'contamination' from use are applied to vulnerable people.
- Clarify rules for industry in the face of ongoing confusion in relation to real estate processes and insurance claims.

Confusion around methamphetamine 'contamination' from use continues to affect vulnerable people.

In January 2021 a new amendment to the Residential Tenancies Act comes into force that allows regulations to be developed to set out maximum acceptable levels for methamphetamine 'contamination' from use and manufacture.

This law began its life before the 2018 report of the PM's Chief Science Advisor<sup>52</sup> on methamphetamine was released. That report found no scientific basis for the assertion that you could contaminate a house by using methamphetamine (as opposed to manufacturing it). To our knowledge, no other countries have standards for methamphetamine contamination caused by use of the drug alone.

**“There are no published (or robust, unpublished) data relating to health risks of residing in a dwelling formerly used only for smoking methamphetamine.”**

PRIME MINISTER'S CHIEF SCIENCE ADVISOR<sup>52</sup>

Ideally, this amendment would never have been passed. At the very least, we must ensure that new regulations currently being drafted set limits for methamphetamine residue that to follow the science, not the hype. This will ensure that fewer tenants are harmed by the actions of fearful landlords and a drug testing industry reliant on stoking this fear.

Clear and consistent guidance is also needed for industries including real estate, insurance and drug checking companies, because the new regulations will only provide rules around rental accommodation.

More widely, agencies including WINZ, Oranga Tamariki and Police need a consistent approach to methamphetamine use, focused on wellbeing. The new regulations will be designed to cover rental housing, and using their approach in other situations could lead to unintended consequences. Establishing a cross-agency working group to avoid this would be a sensible approach.

### RESPOND TO ONGOING CONCERNS WITH SYNTHETIC CANNABINOIDS

#### → WE RECOMMEND:

- Fund the workstreams identified by the Acute Drug Harm Community of Practice, so that they can continue to develop evidence-based solutions to acute drug harm.
- Build capacity to respond to emerging harms, including accessible drug checking services, self-checking options (such as swabs that test for fentanyl), and easy access to naloxone.
- Legalise cannabis, and get the Psychoactive Substances Act working as it should, to ensure people have access to safer substances.

More than 70 deaths have been connected to synthetic cannabinoids since mid-2017 and many more New Zealanders have experienced serious long-lasting health effects.<sup>6</sup>

While we appear to be past the peak of the crisis, there is some concern a second wave may emerge. Anecdotal reports since Covid-19 began point to increased clusters of people presenting in need of medical attention from use of synthetics. Harmful synthetics have recently been found in several regions.<sup>56</sup>

The Acute Drug Harm Community of Practice, established by the Drug Foundation, engages a wide range of organisations and agencies to share learnings and develop their capacity to respond to acute drug harm. They develop public health messaging, provide resources to upskill the workforce, and focus on preparing New Zealand to respond to potential future crises (from fentanyl, for example).

**PRIORITY 5: CONTINUED**

## Reduce drug harm in communities and respond to emerging challenges

# 52%

of people said they wouldn't take their drug after testing showed it was not what they thought.

KnowYourStuffNZ 2019–2020 testing report<sup>53</sup>



### KEEP OUR ROADS SAFE

#### → WE RECOMMEND:

- Put more effort, time and money into roadside testing for alcohol impairment - by far the biggest issue on our roads.
- Investigate whether the process for compulsory impairment testing can be simplified and used to better effect by Police.
- Put funding towards new methods of detecting impairment, whether that is caused by a legal or an illegal substance or any other cause (such as tiredness).
- Do not approve the Land Transport (Drug Driving) Amendment Bill in its current form. The science is not yet robust enough to back up the testing process proposed.

An amendment to the Land Transport Act that will allow random roadside saliva testing is currently before Select Committee.

This law comes before the science is ready to back it up. Currently, there is no robust and affordable way to test for drug driving. Saliva tests are fraught with issues.

Unlike breath tests for alcohol, saliva drug tests can't measure whether a person is impaired or not. That means people who have used a substance but are no longer impaired could be fined and potentially charged with a drug driving offence.

The tests can only identify the presence of a small number of drugs, meaning that those who are impaired from using other substances may be sent on their way.

The science behind the tests is also not yet foolproof, meaning testing will turn in a significant number of false positives and false negatives, undermining faith in the system.

Impairment tests carried out on the side of the road by Police still remain the best way to establish whether a person should be driving or not – but these are expensive and require significant training.



### EXPAND DRUG CHECKING

#### → WE RECOMMEND:

- Implement the new legislation to enable drug checking
- Invest in drug checking to ensure anyone who needs it can access the service.

The Drug Foundation partners with KnowYourStuffNZ to provide drug checking at festivals and at our offices in Wellington and Auckland. We provide people with accurate information to help them make informed decisions.

In December 2020, the Government announced new legislation to legalise drug checking – a fantastic step forward for harm reduction.

The next step will be to upscale the service so that anyone who needs to can access a drug checking service across the country.

The service is currently run by volunteers and testing equipment is expensive.

## BETTER DATA FOR BETTER SOLUTIONS

### → WE RECOMMEND:

- Establish a comprehensive package of drug indicators, with a dedicated survey for tobacco, alcohol, cannabis and other drugs.
- Create specific resources for tracking drug use and harms for vulnerable groups, such as people who are homeless or communities that are struggling with methamphetamine use.
- As an interim measure, fund a repeat of the 2007/08 Drug Use in New Zealand survey to get a better snapshot of what is happening.

New Zealand collects comprehensive data on drug offences, but our health statistics lag behind. While we measure yearly prevalence rates for most drugs, we don't regularly measure the extent of harmful use, other than for alcohol and tobacco. This means, for example, that we don't know how many people are struggling with methamphetamine use or who they are and where they live. Good data can help us develop the best interventions as well as help us monitor the impact of changes in drug policy.



### HIGH ALERT – A NEW 'EARLY WARNING' SYSTEM

After many years pushing for a cross-sector system that could alert people to the emergence of new and dangerous substances, or new drug use trends, we were thrilled with the launch of High Alert this year.

High Alert is led by the National Drug Intelligence Bureau (made up of Police, Customs and the Ministry of Health) and a range of community and government partners, including the Drug Foundation. When a new drug of concern is identified, High Alert pushes out warnings to their networks and the media.

Partnerships like this ensure the system isn't exclusively focused on health and justice interventions for people experiencing extreme drug harm.



# Our work in context

The work of the Drug Foundation aligns with and builds upon important documents that inform Government policy.

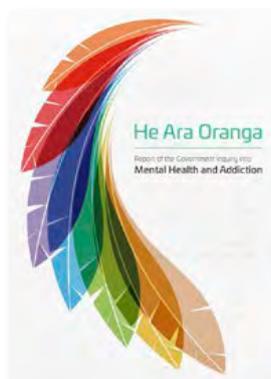


## PŪRONGO WHAKAMUTUNGA

March 2020

The final report of the Health and Disability System Review<sup>41</sup> (also known as the Simpson report) took a system-wide look at what needs to change to ensure better and more equitable health and wellbeing outcomes for all New Zealanders.

The report emphasises that consumers, whānau and communities must be at the heart of the health system. Improving equity in outcomes is fundamental, and this requires the health and disability system to operate quite differently. Developing more effective Tiriti-based partnerships is key.



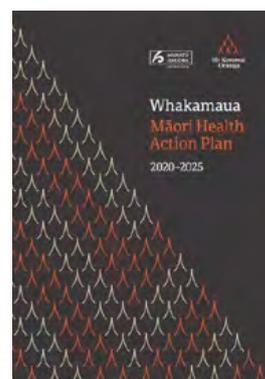
## THE REPORT OF THE GOVERNMENT INQUIRY INTO MENTAL HEALTH AND ADDICTION, HE ARA ORANGA

November 2018

This report<sup>28</sup> highlights the need for increased investment in addiction services and the importance of providing interventions earlier – well before an individual starts to experience serious problems.

The report recommends:

- a strict regulatory approach to the sale and supply of alcohol
- replacing criminal sanctions for the possession for personal use of controlled drugs with civil responses
- supporting that law change with a full range of treatment and detox services
- establishing clear cross-sector leadership within central government for alcohol and other drug policy.



## WHAKAMAUA: MĀORI HEALTH ACTION PLAN 2020-2025

July 2020

Whakamaua<sup>54</sup> guides the implementation of He Korowai Oranga, the Māori Health Strategy.<sup>39</sup> The strategy aims to ensure that Māori can exercise their authority to improve their health and wellbeing, the health system delivers more equitable outcomes, the system addresses racism and discrimination and mātauranga Māori is protected.

In the alcohol and drugs space, that means ensuring more equitable access to treatment, especially using treatment models that are led by and for Māori. It also means reforming our drug laws, which discriminate badly against Māori, and ensuring Māori can access rongoā such as medicinal cannabis.



### TURUKI! TURUKI!

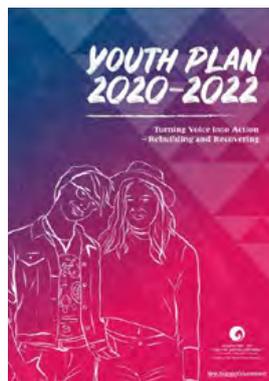
December 2019

The final report of the Safe and Effective Justice Advisory Group<sup>29</sup> provides recommendations for a fundamental reshaping of Aotearoa New Zealand's justice system to one that prevents harm, addresses its causes and promotes healing and restoration among individuals and communities.

It recommends the Government strengthen rules around alcohol regulation, legalise and regulate the personal use of cannabis and consider doing the same for all drugs. It also recommends treating personal drug use as a health issue with more funding towards prevention, education and treatment. The findings of the report are fully in line with the Drug Foundation kaupapa on drug law reform (see pages 08–13)

**“There is a strong case for regulation for the possession, use and social supply of all drugs as well as alcohol.”**

TURUKI! TURUKI!<sup>36</sup>



### YOUTH PLAN 2020–2022

July 2020

A key action of the Youth Plan<sup>55</sup> is to increase mental health, addiction and wellbeing supports for young people. Budgets 2019 and 2020 provided investment to expand access to these supports for all young people, but we must maintain focus to ensure the goals are met.



### NATIONAL DRUG POLICY 2015 TO 2020.

August 2015

This document<sup>31</sup> sets out the Government's approach to alcohol and other drug issues, with the overarching goal of minimising alcohol and other drug harm and promoting and protecting health and wellbeing. It promotes people-centred approaches and harm minimisation. It recognises that drug use concerns all social sector agencies and should be tackled collaboratively.

# Who we are

We are a highly skilled and diverse team including academics, health practitioners, policy advisers and education specialists. We work closely with MPs on a range of issues, so please be in touch.



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# Take advantage of our **resources**

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



## **METHHELP, DRUGHELP, POTHHELP**

These online and hard copy resources offer hope, motivation and useful tools to support change for people who are ready to reduce or quit using drugs.



## **LIVING SOBER**

A vibrant online community for people struggling with their alcohol use. Over 5,000 members use it to share wisdom, kindness, encouragement and understanding.

<https://livingsober.org.nz/>



## **MATTERS OF SUBSTANCE**

Our online magazine is one way we share the best evidence on drug policy and practice. A mix of articles, candid interviews and compelling personal stories.

<https://www.drugfoundation.org.nz/matters-of-substance/>



## **TŪTURU**

Our whole-schools approach Tūturu (see page 16), brings health services and schools together to ensure rangatahi learn the skills they need to make good choices. The resource hub includes a wealth of resources for teachers, principals and services.

<https://www.tuturu.org.nz>



## **HARM REDUCTION INFORMATION**

Mini pocket cards offer harm reduction advice for young people.



## **DID YOU KNOW?**

A series of youth-friendly resources with facts about different drugs, including advice for adults to have safe conversations with young people about drug use and harm reduction. Videos in Te Reo Māori and English and posters in Te Reo Māori, English, Chinese, Samoan and Tongan.

Order these and other resources at <https://www.drugfoundation.org.nz/resources/>