



# New Zealand Country Report

Report prepared for the  
46th Session of the  
Commission on  
Narcotic Drugs  
Vienna

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New Zealand is pleased to provide the following Country Report to the 46th session of the Commission on Narcotic Drugs. The report provides an overview of the New Zealand illicit drug scene, and the action undertaken in 2002 to help address the problems associated with illicit drugs. Additional information can be obtained from the *National Drug Policy* website [www.ndp.govt.nz](http://www.ndp.govt.nz) or by contacting the agencies listed at the end of this report.

## Summary

Alcohol and tobacco remain the leading causes of drug-related harm in New Zealand while cannabis is the most widely used illicit drug. However, increases in the use of methamphetamine, pure methamphetamine and other amphetamine-type stimulants have been noted. The 2001 National Drug Survey showed that 85 percent of people surveyed reported using alcohol 'during the last year', 35 percent used tobacco, 20 percent reported using cannabis, and 11 percent of the sample reported using other types of drug. The finding of an increase in the use of methamphetamine, pure methamphetamine and other amphetamine-type stimulants is also supported by a significant increase in border seizures and police locating and dismantling clandestine laboratories.

## Health and Interdiction Information

### Cannabis and cannabis products

New Zealand has a high prevalence of cannabis experimentation with about 50 percent of 15–45 year olds having tried the drug. However, only 4 percent are heavy users (defined as more than 10 times in the last month), and only 4 percent are daily users.

Nearly all cannabis available in New Zealand is produced domestically in outdoor plantations. However, indoor hydroponic production is on the increase with growing cultivation of high potency strains and clones. A number of ongoing longitudinal studies are providing New Zealand health and enforcement agencies with accurate prevalence and behaviour data for cannabis users.

### Amphetamine-type stimulants

The prevalence of methamphetamine, and particularly pure methamphetamine, continued to increase in New Zealand during 2002. Law enforcement agencies have been noting an increase in methamphetamine-related crimes, particularly violent crime, and public health units are noting increased methamphetamine related community problems. A gram of low purity methamphetamine retails for approximately NZ\$100 to NZ\$160; a 'point' (0.1 of a gram) of 'pure' methamphetamine (70–90% pure) sells for a similar price. 'Pure' methamphetamine became increasingly prevalent during 2002, and there is concern that demand for

'pure' will drive up demand for imported 'ice' methamphetamine, particularly in light of increasing border interdictions of 'ice' during 2002.

In recent years, the demand for MDMA (ecstasy) has increased significantly. Treatment providers also report an increasing number of people presenting with ecstasy-related problems. The use of these drugs is largely associated with dance parties and raves. Ecstasy tablets sell for approximately NZ\$60 to NZ\$100.

New Zealand Police and Customs staff seized more than 300,000 ecstasy tablets in 2002. This represents a 600 percent increase from the amount seized in 2001 and a 2600 percent increase from 2000. The size of interdictions is also increasing: in 2002 there were nine seizures of more than 10,000 tablets. New Zealand is unique in experiencing this level of growth in ecstasy importation in the last year. It is also of interest that during 2002 New Zealand enforcement agencies seized two separate importations of pure base MDMA oil. This represents the first interdiction of base MDMA being trafficked from a source country (the Netherlands) to a non-source country. Clandestine conversion laboratories were also located with these interdictions.

Domestic manufacture of methamphetamine has grown markedly in New Zealand. A record number of 147 clandestine laboratories were dismantled by a specialist New Zealand police unit during 2002. 'Outlaw gangs' appear to control all facets of the methamphetamine market including stockpiling over-the-counter drugs and precursor chemicals, manufacturing in small-scale clandestine laboratories, and distribution. Local manufacture of methamphetamine is supplemented by importations.

### Gamma-hydroxybutyrate and related substances

GHB-related substances (such as 1,4-butanediol and gamma-butyrolactone) continued to be a problem in New Zealand during 2002, and a number of people were hospitalised after using these drugs, with severe respiratory depression, convulsions, high levels of sedation and coma. Three deaths resulted from GHB and related substances abuse in New Zealand during 2002. In May of 2002 GHB and related substances were classified as Class B1 controlled substances under the Misuse of Drugs Act 1975.

### Heroin and opiates

The New Zealand opiate market is relatively small by international standards. Limited supply levels and high street-level prices (in excess of NZ\$1,000 per gram) has meant that opiate-dependent people have substituted other drugs according to availability (for example, benzodiazepines, morphine sulphate tablets, and methadone), or have travelled to Australia or East Asia to access heroin.

There is some indication that increasing numbers of opiate users are switching to the intravenous use of methamphetamine as a substitute for harder to get opiates.

## Other drugs

The following trends and developments were observed in 2002.

- The New Zealand Customs Service interdicted large shipments of pseudoephedrine and ephedrine during 2002. These precursor chemicals for the manufacture of methamphetamine have been facing tighter controls domestically. As a result increasing amounts are being imported and, correspondingly, increasing amounts are being interdicted at the border.
- Increased imports of Ecstasy caused concern about the development of sophisticated drug importation organisations operating within New Zealand.
- There were a number of seizures of khat destined for members of Somali and other East African communities living in New Zealand, and may reflect a lack of knowledge of New Zealand law.
- The numbers of seizures of LSD continued to track downwards.

## 2001 Initiatives

Action to address drug-related harm in New Zealand is directed by the National Drug Policy 1998–2003. The policy is based on a three-pillared harm minimisation framework featuring: supply control (limiting the illicit supply of drugs); demand reduction (reducing individual demand for drugs); and problem limitation (minimising the problems that arise from drug use). The Policy also emphasises the importance of intersectoral collaboration.

In 2002, a number of key documents were developed to support the implementation of the Policy, including the:

- *Action Plan on Alcohol and Illicit Drugs*, which outlines actions being taken by Ministers and Ministries to address leading drug and alcohol issues as identified by the Ministerial Action Group on Illicit Drug's and Alcohol.
- *Methamphetamine Action Plan* (still being developed), which is an inter-agency approach to address the whole range of methamphetamine related harms, extending from manufacturing issues, education issues, and health issues amongst others.
- *Alcohol and Drug Toolkit* (available at [www.moh.govt.nz](http://www.moh.govt.nz)), which outlines best practice interventions to minimise alcohol and other drug-related harm.
- *Youth Development Strategy New Zealand* (available at [www.youthaffairs.govt.nz](http://www.youthaffairs.govt.nz)), which outlines a long-term plan and direction to support the development of young people in New Zealand. The Strategy targets people aged 12 to 24 years and encompasses risk factors for alcohol, tobacco, and illicit drug use.
- *Integrated Approach to Infectious Disease – Priorities for Action 2002–2006* (available at [www.moh.govt.nz](http://www.moh.govt.nz)) defines the priority objectives and strategies required to

reduce the incidence and impact of infectious disease in New Zealand, including minimising the transmission of diseases through injecting drug use

- *New Zealand Drug Statistics* (available at [www.nzhis.govt.nz](http://www.nzhis.govt.nz)) gathers a diverse range of statistics about drugs and drug use in New Zealand
- *National Hepatitis C Action Plan*, which focuses on strategies for disease prevention (particularly harm reduction strategies) using the Ottawa Charter as a framework and reviews the management of Hepatitis C and the cost-effectiveness of treatments for disease.

### Demand reduction

- The Ministry of Youth Affairs' Drug Education Project is assessing the most effective forms of drug education. The results of this project will be used in determining drug education approaches in New Zealand and will contribute significantly to the effectiveness of demand reduction efforts in New Zealand.
- Ongoing funding of the *Urge* youth website [www.urge.co.nz](http://www.urge.co.nz) which aims to enhance the health and wellbeing of young New Zealanders by providing information on sexual, mental and physical health issues, including alcohol, tobacco, and illicit drugs.
- Ongoing funding of community action projects throughout New Zealand, particularly in areas with low socioeconomic status, low achievement levels and few employment opportunities, in order to address the pathways that may contribute to drug use. These community action projects have proven to be effective in address community issue relating to alcohol and drug use.

### Problem limitation

- The positive review of the *National Protocol for Methadone Treatment in New Zealand* (1996), which may pave the way for the expansion of the nationally funded methadone programme to include the use of alternative pharmacotherapies.
- Establishment of a pilot youth drug court to divert recidivist young offenders whose offending is assessed as related to substance misuse from the justice system into a range of treatment modalities.
- Ongoing funding of the Needle and Syringe Exchange Programme (NSEP), the success of which has seen New Zealand maintain one of the world's lowest prevalence rates (less than 1 percent) for HIV amongst its injecting drug user population. The NSEP was independently reviewed in 2002 and received a positive evaluation, which may pave the way for an extension of this service.

## Supply control

- Development of a national electronic monitoring system to scrutinise the prescribing of controlled drugs (primarily Class B controlled drugs) and to provide early warning on inappropriate prescribing levels will enable more timely interventions.
- The Expert Advisory Committee on Drugs provides evidence-based assessments of the risk of harm posed by particular drugs and to advise on drug classification matters. The Committee, a vital part of New Zealand's efficient and evidenced based drug classification process, recently released a comprehensive assessment of methamphetamine, methcathinone and other substances (available at [www.ndp.govt.nz](http://www.ndp.govt.nz)).
- Ongoing operation of a specialised police unit to interdict and dismantle clandestine drug laboratories. This unit was responsible for the interdiction of 147 clandestine drug laboratories during 2002.
- Ongoing operation of a Memorandum of Understanding with the New Zealand chemical industry over the sale and supply of precursor chemicals. Support has been given to efforts by pharmacists to minimise precursor purchases by drug manufacturers and further measures are being investigated to minimise the diversion of these precursors to illicit drug manufacturers.
- Development of the Maritime Intelligence Co-ordination Centre to provide co-ordinated intelligence gathering, surveillance, and verification of vessels operating in New Zealand's exclusive economic zone.

## *Regional co-operation and treaty compliance*

New Zealand has acceded to, and is in full compliance with, all three of the major United Nations international drug control conventions. New Zealand is also active in a range of bilateral and multilateral drug control initiatives at the (sub)regional level, to assist with national and international drug control efforts. For example:

- New Zealand Police and Customs Service continue to run several Overseas Liaison Officer posts.
- New Zealand Police and Ministry of Health also participate in Australasian forums to co-ordinate drug control efforts, notably through their observer status on the Inter-Governmental Committee on Drugs and the Ministerial Council on Drug Strategy.
- New Zealand Police and Customs services provide assistance to a number of Pacific Island law enforcement agencies. New Zealand Police and Customs services have provided input on developing model drug legislation and have provided training for Pacific Island law enforcement agencies, in conjunction with Australian agencies and the Pacific Islands Forum.



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