



# New Zealand Country Report

Report prepared for the  
44th Session of the  
Commission on  
Narcotic Drugs  
Vienna

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The New Zealand Government is pleased to provide the following country statement to the 44th session of the Commission on Narcotic Drugs. Information is provided under the following headings:

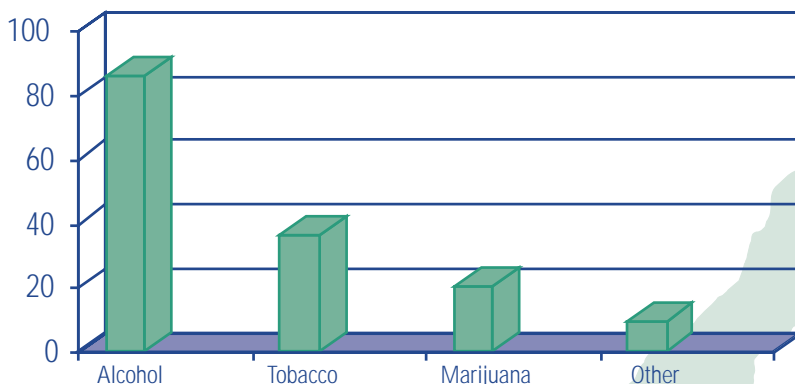
- Drugs in New Zealand
- The costs of drug misuse
- The National Drug Policy
- Government expenditure to tackle drug-related harm
- International Treaty compliance and co-operation.

## Drugs in New Zealand

By international standards, New Zealand has been relatively well insulated from some of the worst illicit drug problems seen elsewhere. Alcohol and tobacco are still the leading cause of drug-related harm in New Zealand, while cannabis is the major cause of illicit drug problems. New Zealand has a small imported drug scene, with few problems reported with heroin and cocaine, and significant seizures of amphetamine-type drugs only occurring in the last few years.

Drawn from the latest National Drug Survey, the following graph illustrates that 86 percent of the people surveyed reported using alcohol during the last year; 36 percent reported using tobacco; 20 percent reported using marijuana; and only nine percent reported using other types of drugs (eg, LSD).

Figure 1: People using drugs in the last year (%)



Source: National Drug Survey 1998, Alcohol & Public Health Research Unit, University of Auckland

## Cannabis and cannabis products

There is a high prevalence of cannabis experimentation in New Zealand, however surveys reveal that only 3 percent of the population are heavy users (defined as more than 10 times in 30 days) and only 1 percent are daily users.

Over 90 percent of recorded drug offences in New Zealand involve cannabis. In the year ended 30 June 2000, there were 23,205 recorded cannabis offences out of a total of 25,103 recorded drug offences. (This represented an 8.3 percent drop in the number of cannabis offences recorded over the previous 12 months.)

The cannabis trade is mainly domestic with no evidence of large-scale importation of either cannabis or cannabis derivatives. In line with previous years, a number of smaller cannabis resin seizures were made, mostly in the mail from Western Europe, including a seizure of 140 grams from the United Kingdom in November 2000.

There were some interceptions of cannabis seeds made during 2000, as well as cannabis seeds transported in with other illicit drugs. It is likely that this reflects an emerging trend of high-potency cannabis seeds being sought from overseas.

In June 2000, a prohibition order was introduced banning the importation of drug-related paraphernalia that specifically targets cannabis pipes and 'bongs'.

## Heroin and opioids

Border interceptions of heroin were again negligible in 2000 reflecting the apparent preference of New Zealand opioid-dependent people to substitute other drugs according to availability (such as benzodiazepines, morphine sulphate tablets and illicit methadone). The average price of imported heroin remains high (in excess of NZ\$1,000 per gram). It is likely that New Zealanders who are dependent on opioids travel overseas (in particular to Australia and Asia) for 'binges' on cheaper, more accessible heroin. A strategic assessment by the Customs Service suggests that the New Zealand opiate market is underdeveloped, but could expand if regular supplies of heroin were imported.

The October 2000 interception of 700 grams of heroin from a passenger in Bangkok destined for New Zealand served as a reminder that, despite falls in the level of opium production South East Asia, the region remains a threat to New Zealand in terms of heroin trafficking. The seizure of 375 kilograms of heroin in Fiji the same month also served to highlight the important role of the South Pacific as a transit point, and the global nature of the illicit drug trade. This particular operation was a multi-jurisdictional investigation, which involved

Australian, Fijian, Canadian and New Zealand police and customs agencies. The heroin was concealed in a commercial consignment originating from Myanmar and had been shipped through New Zealand, with Australia as the likely final destination. This was one of several operations involving the Pacific region that New Zealand's Police and Customs Service undertook during 2000.

## Hallucinogens

Although LSD still remains a popular drug in New Zealand on a per capita basis, seizures appear to have been tracking downwards in recent years. (This may, however, simply reflect the growing popularity of amphetamine-type stimulants.)

The Customs Service intercepted more than 15,000 tickets of LSD during 2000. While the quantity is significant, the bulk of that total (14,000 tickets) was seized in one operation. This involved a mail item sent from Belgium to an address in Auckland during November 2000.

Hallucinogenic mushrooms sourced from domestic cultivation were also used in the last year by two percent of the population, according to the most recent National Drug Survey.

Customs intercepted a handful of small shipments of psilocybine spores used to grow 'magic mushrooms' from the mail during 2000. These shipments appear to have been ordered over the Internet.

## Cocaine

Abuse of cocaine in New Zealand is limited. According to the latest National Drug Survey, less than 1 percent of the sample had used the drug in the preceding 12 months.

Cocaine remains only sporadically available in New Zealand, with a steady price (SNZ300–400 per gram) and relatively few seizures. In May 2000, 400 grams of cocaine were intercepted concealed inside a wooden ornament mailed from Peru. In September 2000, just over 200 grams of cocaine were seized in the country's South Island at the culmination of another operation.

The interception in January 2000 of 500 kilograms of cocaine from a yacht off the New South Wales coast by Australian Police and Customs again emphasised New Zealand's role as a potential transshipment point. This particular shipment had transited on a yacht through New Zealand en route to Australia.

## Amphetamine-type stimulants

The year 2000 saw a further consolidation of the growing demand for Ecstasy. Overall border seizures fell from the previous year with just under 5,000 tablets being intercepted, however, the number of interceptions increased with the growing number of small detections. In January 2001, 25,000 tablets were seized in Auckland in New Zealand's largest ever Ecstasy operation. The drugs were concealed in a car gearbox sent via air cargo from Belgium. Western Europe, especially the Netherlands and United Kingdom, appear to be the main sources for Ecstasy-type drugs. Most imports are made through the mail system.

The interception in June 2000 of 510 methamphetamine tablets from Indonesia highlights the potential threat of 'ya ba', the form of methamphetamine tablets that has been found to be extremely popular in South East Asia in recent years.

Customs has made two seizures this year of the animal tranquilliser ketamine (in one case, four litres). This drug appears destined for use in the dance club scene. Ketamine is presently scheduled under the Medicines Act 1981, and not the Misuse of Drugs Act 1975; although there are plans for the drug's classification to be reviewed by the newly established Expert Advisory Committee on Drugs.

Police advise of the growing popularity of methamphetamine in New Zealand. This drug has tended to be manufactured locally in recent years, with a record number of nine clandestine laboratories being dismantled during 2000.

Local manufacture of amphetamine products is supplemented by importations. Nine amphetamine seizures were made from mail items and air cargo from Eastern Europe (in particular, Poland and Germany) between February and July 2000. While the drugs were destined for a number of recipients, it is thought that a single drug trafficking syndicate was responsible.

## Khat

Last year saw the trend of khat seizures by the Customs Service continue, with several kilograms of the drug being intercepted. It arrived mostly in large mail consignments from East Africa, and also from Australia. The shipments were destined for members of Somali and other east African communities living in New Zealand.

## Performance-enhancing drugs

A number of seizures of steroids and performance-enhancing drugs were made during 2000. These range from small interceptions of a handful of tablets to thousands of pills. Shipments of illicit steroids came from Australia and Europe, with Thailand again a popular source. There appears to be a growing black market trade in New Zealand involving these types of drugs.

## GHB (gamma-hydroxybutyric acid)

In 2000, the availability of GHB became pronounced in New Zealand. A number of people were hospitalised with respiratory depression, high levels of sedation and coma after using GHB and precursor substances (1,4-butanediol).

As a temporary measure, sodium oxybate has been scheduled under the Medicines Act 1981. GHB and its precursor substances will be considered by the new Expert Advisory Committee on Drugs, with a high likelihood that it will be scheduled as a 'controlled drug' under the Misuse of Drugs Act 1975 in mid-2001.

New Zealand's experience of GHB (and its precursor substances) supports the World Health Organization's assessment of GHB as a significant risk to health.

# The costs of drug misuse

## Utilisation of drug treatment services

It has been estimated that around 6 percent of New Zealanders will meet clinical criteria for drug abuse or dependence at some stage during their lives (5 percent of whom will experience problems relating to cannabis). From a population of 3.65 million, some 40,000 to 50,000 people receive publicly funded community drug and alcohol assessment and treatment services each year.

Included in this figure, 3,500 people were enrolled on methadone programmes for opioid dependence during 2000. Access to methadone treatment has improved dramatically in recent years, due to funding increases and greater use of general practitioner care for stable patients.

The number of clean needles/syringes provided through the nationally run needle and syringe exchange programme (NSEP) has also increased. Around

875,000 needle/syringe units were dispensed through the NSEP during 2000. The success of the NSEP has seen New Zealand maintain one of the world's lowest prevalence rates for HIV/AIDS among its injecting drug user population.

## Mortality and morbidity

Tobacco and alcohol remain the most serious drug issues in New Zealand. Approximately 5,200 New Zealanders die each year as a direct or indirect result of drug use. Of this figure 4,700 result from tobacco use, and 400 from alcohol.

It is provisionally estimated that fewer than 52 deaths in 1997/98 occurred where the underlying cause of death was drug dependence, abuse, psychoses or poisoning. This represents less than one percent of all drug-related deaths. Provisional data further indicate that 18 people died as a result of accidental poisoning (ie, overdoses) by illicit and other drugs, such as prescription medication. (These figures include solvents, but exclude alcohol and tobacco.)

Provisional figures also show that during 1998 there were 2,948 admissions and discharges from publicly funded hospitals where the principal condition leading to hospitalisation was an alcohol-related disease or poisoning. A further 566 admissions and discharges were recorded as having drug abuse or dependence as the principal condition leading to hospitalisation.

## National Drug Policy

In 1998, the New Zealand Government released its first National Drug Policy. The Policy is based on a three-pillared harm minimisation framework featuring: supply reduction, demand reduction and harm reduction, supported by community development. The following priorities for action on illicit drugs have been selected for the National Drug Policy during the five years 1998 to 2003.

- Priority one** To enable New Zealanders to increase control over and improve their health by limiting the harms and hazards of drug use.
- Priority two** To reduce the prevalence of cannabis use and use of other illicit drugs.
- Priority three** To reduce the health risks, crime and social disruption associated with the use of illicit drugs and other drugs which are used inappropriately.

Two high-level committees have been established to support the implementation of the National Drug Policy: the Inter-Agency Committee on Drugs (an officials group representing government agencies with an interest in, or responsibility for, preventing or reducing drug-related harm); and a Ministerial Committee on Drug Policy (Cabinet Ministers from law enforcement, justice and social policy portfolios).

## Implementation of the National Drug Policy: key achievements in 2000

- Government agencies, in conjunction with a youth advisory group, launched a website 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. It also aims to be a fun place for young people to visit where their creativity can be celebrated, with artwork and writing by youth featured on the site. It is also hoped that the site can serve as a portal for New Zealand youth to participate in the Global Youth Network, which was established out of the Youth Vision Jeunesse event in Banff. The address is: [www.urge.co.nz](http://www.urge.co.nz) or [www.whakamanawa.co.nz](http://www.whakamanawa.co.nz)
- Government agencies funded several community development 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 in these communities.
- The Government enacted legislation to enable the expeditious scheduling of illicit drugs while still ensuring Parliamentary oversight and ultimate approval. The Misuse of Drugs Amendment Act 2000 also introduces risk assessment criteria and requires the establishment of an Expert Advisory Committee on Drugs to advise the Minister of Health on drug (re-)classifications. Finally, the legislation allows for the expansion of drug treatment services, with more general practitioners authorised to provide treatment services for people who are drug dependent.
- Regulations to restrict New Zealand exports of controlled medicines over the Internet [in line with CND resolution E/CN.7/2000/L.6] were introduced in October 2000. The Medicines Amendment Regulations 2000 prohibits the export of prescription medicines without a lawful New Zealand prescription.
- Regulations prohibiting the importation and sale of drug-related paraphernalia (in particular, cannabis pipes and ‘bongs’) were brought into effect in July 2000.

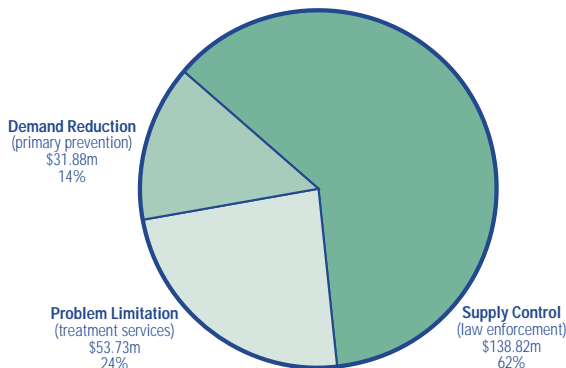
- The cross-agency pilot that monitors prescribed controlled drugs in the South Island of New Zealand consistently maintained a 5–7 percent decrease in prescribing over a two-year period. This resulted in a significant decrease in the diversion of prescribed morphine for illicit use. Ministry of Health officials are currently investigating the extension of this pilot to the whole of New Zealand.
- The National Drug Intelligence Bureau (a joint Health, Customs Service and Police initiative) signed a Memorandum of Understanding with the New Zealand chemical industry over the sale and supply of precursor chemicals in accordance with the 1998 Political Declaration.
- Government agencies examined proposals for early court intervention with young offenders whose offending is related to drug or alcohol misuse. These proposals will shortly be developed for consideration by Ministers, and will include reference to international developments in specialist drug courts.

## Government expenditure to tackle drug-related harm

The New Zealand Government spends approximately NZ\$224 million each year on preventing and reducing the harm caused by tobacco, alcohol, illicit and other drugs.

In line with the balanced approach of the National Drug Policy, this expenditure is split between supply reduction, demand reduction and harm reduction efforts, as illustrated in the following graph.

Figure 2: Expenditure on Tackling Drug Misuse 2000



# International Treaty compliance and co-operation

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, the New Zealand Police and Customs Service were represented at the 24th meeting of Heads of National Law Enforcement Agencies (HONLEA) in Asia and the Pacific; and continue to offer assistance to member states of the Pacific Forum through officer training and other opportunities.

The New Zealand Police and Ministry of Health also participate in Australasian fora to co-ordinate drug control efforts, notably through their role as members of Australia's Inter-Governmental Committee on Drugs officials group. The Police and Customs Service also continue to run several overseas liaison officer posts.





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