

Drug Policy Update

Kaupapa Ārai Whakapōauau

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Inside this Issue:

- Introducing the Misuse of Drugs Act 1975 2
- International experts address cannabis inquiry 2
- New Smokefree legislation... 3
- Protocol for methadone maintenance treatment in New Zealand 3
- Pacific Spirit Conference a success 4
- Australian Inter-Governmental Committee on Drugs to meet in Wellington 5
- Framework Convention on Tobacco Control 5
- Palmerston North community-based needle exchange service to be re-established 6
- Youth interagency website wins awards 7
- Drinking In New Zealand surveys 8

This newsletter is available on the National Drug Policy website www.ndp.govt.nz and the Ministry of Health website www.moh.govt.nz



Editorial

As an island nation in the South Pacific New Zealand has been fortunate not to experience all the drug trends that have affected other countries. While our relative isolation, small size and effective border controls have given rise to some unique New Zealand phenomena such as 'home-bake heroin' such factors generally worked to our advantage. In an age of affordable travel, rapid movement of goods and enhanced communications (such as the Internet) we are increasingly finding that New Zealand now reflects overseas drug trends. This has never been more obvious than with the dramatic and disturbing rise in the abuse of amphetamine type stimulants (ATS) in the past five years.



The growing availability of methamphetamine is reflected in the number of illicit laboratories being detected by the police (29 so far this year). From just a handful of ecstasy seizures in 1996, agencies in New Zealand have seized more than 40,000 ecstasy tablets so far this year, and that is likely to be only a small proportion of the quantity being imported. In addition to these ecstasy type drugs there are a range of new substances such as ketamine and 'Fantasy' appearing on the local drug scene. This reflects a shift in global patterns of illicit drug use and is a challenge we share with other countries in our region.

Police and Customs officials attended the 25th meeting of Heads of National Drug Law Enforcement Agencies (HONLEA) Asia and Pacific in Sydney on 15 to 18 October. This meeting dates back to the early 1970s and brings together operational managers from around the region. One of the key topics discussed at this year's forum was the rising tide of ATS abuse, and specifically the responses being developed. The meeting sensibly called for a balanced approach with supply control efforts to be complemented by demand reduction efforts. It also recommended a more flexible approach to the problem of ATS abuse and improved co-operation between law enforcement agencies.

New Zealand has already taken a number of steps to respond to this issue. The Expert Advisory Committee on Drugs set up earlier this year following an amendment to the Misuse of Drugs Act 1975 provides a means of responding quickly to new substances of abuse. Measures are also being taken to control the availability of precursor chemicals for drug manufacture, including a Memorandum of Understanding with the chemical industry and the National Drug Intelligence Bureau.

Continues on page 7

Introducing the Misuse of Drugs Act 1975

The Misuse of Drugs Act 1975 (the Act) is to help prevent the misuse of drugs controlled under it. Generally, this legislation houses drugs that are illegal for the average person to possess, use and sell. However, some of these drugs have legitimate uses (eg, medical) and some people (eg, doctors) are permitted access to them.

The Act's drug classification framework contains four schedules that list controlled drugs and precursor substances. Precursor substances are those used in the processing or manufacture of controlled drugs.

The first schedule (class A), second schedule (class B) and third schedule (class C) identify substances classified as controlled drugs under the Act, while schedule 4 identifies substances that are classified as precursor substances. With the exception of the first schedule, each schedule is further broken down into sub-parts.

The National Drug Policy website www.ndp.govt.nz contains summary tables differentiating the four schedules and their respective sub-parts. These tables also provide examples of the sorts of drugs listed in each schedule. For example, heroin is listed in the first schedule (class A). This information can be accessed under the Other Drugs section in the menu bar of the NDP site, along with more information about the classification framework within the Act, including:

- definitions of key terms
- the general structure of the classification framework
- the basis for classifying drugs as either class A, B, or C
- consideration underpinning the Act.

The Act also contains provisions relating to the licensing, prescribing, storage, import and export of controlled drugs. There are also border control, law enforcement, and penalty provisions in the Act.

International experts address cannabis inquiry

The final hearing of oral submissions for Parliament's Health Committee cannabis inquiry concluded in Wellington on 7 November 2001.

This hearing was unique in that several international speakers addressed the committee, and a dramatisation of a cannabis dealing scene was conducted.

International speakers included:

- Dr Alex Wodak, Director of the Alcohol and Drug Service, St Vincent's Hospital, Sydney – who recommended guidelines on responsible cannabis use, noted the harms of prohibition and the significant value (estimated at 1% of Australian GDP) of the cannabis economy
- Dr Peter Cohen, Centre for Drug Research, University of Amsterdam – who argued that drug policy does not significantly influence drug use levels

- Ove Rosengren, Chairman and Per Johannsen, Executive Director of the Swedish National Association for a Drug Free Society (RNS) – who outlined the 'coercive care' model of Swedish drug policy where the focus is on prevention, strict implementation of drug laws (including prohibition of cannabis) and treatment
- Frans Koopmans, Director of the de Hoop drug/alcohol treatment clinic in Dordrecht, Netherlands – who argued that the Netherlands had reached its limit on liberal cannabis policy, with a swing to 'zero nonchalance' and upholding of cannabis laws.

The Ministries of Health and Justice are currently finalising their analysis of submissions report for the Health Committee, and plan to submit this to the Committee before Christmas. The Committee is expected to report back to Parliament with recommendations on health promotion strategies and legal status matters concerning cannabis in early 2002.

New Smokefree legislation

The Smoke-free Environments (Amendment) Bill is currently being reviewed by the Health Select Committee in preparation for its introduction to Parliament.

Public submissions were invited to the Health Select Committee regarding the Bill and the Supplementary Order Paper (SOP) that substantially alters the original proposals in the Bill. The deadline for submissions was 23 November 2001.

Several aspects of the Bill and its SOP are expected to be controversial, including:

- restrictions on the display of tobacco products in shops
- requirements for restaurants, bars and clubs to operate smokefree or offer separately ventilated smoking areas
- requirements for schools to be smokefree but not tertiary institutions.

The draft legislation requires shops (unless they are a specialist tobacconist) to display no more than 100 packs of cigarettes or 40 cartons at the point of sale. Some retailers are concerned that this will prevent customers seeing all the brands that are available. The motivation for this provision is to limit impulse buying of cigarettes and reduce the normalisation of smoking.

Smokefree restaurants, casinos, bars and clubs will bring the hospitality industry in line with other industries in providing a safe working environment for all workers. Evidence from other jurisdictions where bars are smokefree has shown that smoking restrictions do not result in loss of business and in fact have led to increased revenue in some cases.

The controversial aspect of requiring smokefree schools but not tertiary institutions is that several health lobby groups consider the legislation does not go far enough. As drafted, the legislation requires all areas of primary and secondary school grounds to be smokefree (while allowing a dedicated smoking room that cannot be accessed by students and where smokers can't be seen from outside). In contrast, tertiary institutions are required to have all buildings smokefree, like other workplaces, but are not required to have an entirely smokefree campus.

These issues, among others, are expected to be addressed by the Health Select Committee when it evaluates and makes recommendations on the proposed legislation.

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Protocol for methadone maintenance treatment in New Zealand

The review of the revised national protocol for Methadone Maintenance Treatment in New Zealand (1996) is nearing completion. Nearly 40 submissions were received from a range of individuals and groups and these have been analysed by the Mental Health Directorate of the Ministry of Health. The draft Practice Guidelines for Opioid Substitution Treatment in New Zealand is currently being prepared for final review.

Once this review is completed work can start on the audit tool (incorporating issues of legislative compliance, sector standards and best practice) that needs to be developed to be released alongside the new guidelines. While the final version of the

protocols and guidelines may have several clear differences to the current national protocol, Terry Huriwai, Alcohol and Drug Project Manager, notes that the protocols alone will not reduce opioid use related harm or waiting lists.

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Pacific Spirit Conference a success

With sponsorship support from the Ministry of Health, the Alcohol Advisory Council of New Zealand (ALAC) hosted more than 200 people at its three-day Pacific Spirit Conference in Auckland from 14–16 November 2001.

Turning Tides was the special theme of this third conference, which reviewed recent sector progress and identified the next steps in work promoting safe alcohol consumption for Pacific peoples in New Zealand.

The conference brought together a wide range of people and interest groups from within and outside the Pacific drug and alcohol sector, including Pacific community and church leaders, Pacific health and social service providers, Pacific alcohol and drug practitioners, researchers, funders and planners, consumers and policy makers.

Key themes included:

- alcohol abuse continues to be a serious Pacific health issue that has a major disruptive effect on the lives of Pacific peoples in New Zealand
- targeted Pacific youth drug and alcohol programmes and services to meet a growing Pacific youth population
- understanding the impact of alcohol abuse on Pacific peoples requires consideration of socioeconomic and cultural determinants on Pacific health
- better awareness is needed of the harm caused by excessive drinking and strategies to bring about safer drinking attitudes and behaviours
- good strategic collaboration and co-ordination, and networking among all key stakeholders are needed to mobilise an effective community response to issues relating to Pacific peoples and alcohol
- research is vital to understanding the influence of Pacific value systems on recovery from alcohol



Keynote speaker
Dr Wame Baravilala



Staff from PIDAS who decorated
the conference venue



Tupu team performance

abuse, and identifying effective prevention and intervention methods and strategies for Pacific peoples.

As well as receiving an overview of ALAC's draft Pacific Strategy for 2002–2007, a broad range of workshops were offered to conference delegates on various alcohol-related topics, programmes and research that is currently under way in Pacific communities. Ethnic-specific caucus sessions provided all the different Pacific ethnic groups with a valuable opportunity to co-ordinate views and issues, and strengthen community networks.

The conference was treated to some inspiring and motivational speeches from special guests including Hon Mark Gosche, (Minister of Pacific Island Affairs), Hon Tariana Turia (Associate Minister of Health), Dr Wame Baravilala (Dean of Fiji School of Medicine),

David Lui (Pasifika Healthcare) Lita Foliaki (Pacific Health Consultant), and Luamanuvao Winnie Laban (MP). Other key government agencies also presented their respective agencies' response to addressing alcohol and drug-related matters amongst Pacific communities in New Zealand.

The Ministry of Health's Pacific Branch in partnership with the Ministry of Pacific Island Affairs presented to conference delegates how Pacific approaches to alcohol and drug related health matters have been incorporated into government policy. Two key pieces of policy development include the Ministry of Pacific Island Affairs, Pacific Capacity Building Programme of Action reports and the Pacific Health Branch's Pacific Health and Disability Action Plan. Both documents set clear harm reduction and safe alcohol consumption objectives that are aimed to reduce health inequalities for Pacific peoples in New Zealand.

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Australian Inter-Governmental Committee on Drugs to meet in Wellington

The Inter-Governmental Committee on Drugs (IGCD) is made up of health and law enforcement representatives from every Australian jurisdiction, and New Zealand health and police officials who have observer status on the Committee.

The IGCD provides high-level advice in regard to health, law enforcement and legislative issues around drugs. The Committee is responsible for the implementation of Australia's National Drug Strategic Framework, and the development, implementation and evaluation of drug-related action plans.

The Committee reports to the Ministerial Council on Drug Strategy (MCDS), which is made up of Health and Police Ministers from the Commonwealth, State and Territory Governments. The New Zealand Ministers of Health and Police are both observers on the committee, which serves as the peak policy and decision-making body in relation to illicit and licit drugs.

The IGCD has chosen to have its next committee meeting in Wellington – with tentative dates for the 19–21 February 2002. The meetings clearly signal the value both countries place on the Trans-

Tasman relationship and ensuring co-ordinated action on drugs. The sharing of information and best practice across jurisdictions is central to developing effective programmes to reduce the harm associated with tobacco use, and alcohol and other drug misuse.

The New Zealand equivalent, the Inter-Agency Committee on Drugs, is looking forward to welcoming the committee members to New Zealand and will provide a summary of any outcomes in the next *Drug Policy Update*.

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Framework Convention on Tobacco Control

In late November, John Stribling and Matthew Allen were part of the official New Zealand delegation to the Third Intergovernmental Negotiating Body (INB3) in Geneva for the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC).

FCTC will be an international legal instrument that will circumscribe the global spread of tobacco and tobacco products. It is being developed by WHO's 191 member states – which all have differing views about how strong the convention should be. Canada and other countries have argued for a demanding and detailed convention encouraging countries to take bold steps. Others take the view that if the convention is too demanding, parties will not sign up to it. At the other end of the scale countries such as the United States and Japan want

laurels' and consider the tobacco issue to be resolved.

New Zealand's position is that the Convention should set general, but nevertheless demanding, obligations with more technical and detailed requirements contained in protocols. New Zealand has argued strongly for the requirements to be highlighted as a minimum standard that parties are strongly encouraged to exceed.

the Convention to be broad in nature with only general obligations for parties. Demanding obligations such as restrictions on tobacco advertising would be set out in protocols that those countries may not sign up to. Opponents of this view argue that many countries will use a weak convention as an excuse to 'rest on their

Continues on page 6

Palmerston North community-based needle exchange service to be re-established

MidCentral DHB Public Health Services have been providing an emergency needle exchange service for Palmerston North intravenous drug users since 16 October 2001.

Deputy Director-General, Public Health, Dr Don Matheson said an emergency service was established after former provider Manawatu Education Information Needle Exchange Service (MEINES) was disestablished.

'The Ministry of Health commends and thanks MidCentral DHB Public Health Services for its innovative and prompt response. MidCentral has averted a break in a public health service.'

Dr Matheson said a peer-based needle exchange programme operated by the Drug and Health Development Project (DHDP) opened in Palmerston North on 26 November.

Before it was disestablished MEINES also provided a needle exchange service in Napier. A peer-based exchange programme will be operated in Napier by DHDP early in 2002, until then injecting drug users in Napier can access clean needles and syringes through participating pharmacy exchanges.

Dr Matheson said New Zealand's needle exchange programme was recognised as one of the best in the world and the Ministry of Health wants it to continue to provide a service throughout New Zealand.

'The provision of clean needles and syringes to users has played an important role in keeping New Zealand's intravenous drug users safe from infectious diseases easily transmitted through sharing dirty needles.'

Dr Matheson said the Ministry of Health was negotiating with a new provider and hoped to have a permanent community governed needle exchange service in Palmerston North and Napier in the near future.

New Zealand's 13-year-old government supported Needle Exchange Programme is currently the subject of an independent review which seeks to ensure that the programme is operating in the most effective and efficient manner.

The review will look at:

- the regulatory framework that the Needle Exchange Programme currently operates under
- the wider use of a one-for-one needle exchange where consumers can exchange a dirty needle for a clean one
- improving service delivery mechanisms so that consumers are able to access health services, drug education materials and clean injecting equipment
- expanding existing services available, for example, providing hepatitis A and hepatitis B vaccinations.

Framework Convention on Tobacco Control

Continued from page 5

Among the issues that the FCTC will seek to address are:

- education, training and public awareness
- passive smoking
- packaging and labelling requirements
- advertising, promotion and sponsorship
- tobacco tax and duties
- trade and economic issues
- regulation of tobacco contents
- smuggling.

INB meetings will continue twice a year until the adoption of the FCTC. That is expected to be no later than May 2003.

Youth interagency website wins awards



Youth website Urge/Whakamanawa has won the Technology Users Association of New Zealand (TUANZ) Award for best website in the not-for-profit/community section. The idea for the website grew out of a meeting in May 1999 of the Inter-Agency Committee on Drugs (IACD). Participants came up with the concept as a way to meet the requirements of the Government's National Drug Policy.

The policy states that 'personal decision-making and other skills need to be developed and fostered so that young people feel able to make healthy decisions about drug use'.

The site faced stiff competition in the run up to the awards with a number of excellent sites chosen as finalists. It was also judged best New Zealand site in the youth category at the *Netguide Awards* in November.

The Alcohol Advisory Council's Manager Information Services Suzanne Jones under whose leadership the interagency site was first established, says: 'I am delighted that *Urge/Whakamanawa* has received this accolade. It is testimony to the support it has received from a range of agencies, and from young people themselves.'

The interactive website supports young people in areas around mental health, sexual health, alcohol and drugs, and in other areas relevant to youth.

Suzanne says: 'We were aware that one of the indicators of success for a youth website in New Zealand was the way in which it would represent a range of cultural groups. To us it was vital that our site was branded in a way that was in line with youth culture in this country.'

Young people like and are using *Urge/Whakamanawa*. 'On average there are about 4000-5000 visits to the site per month, and this figure is growing rapidly.'

Suzanne says the numbers of people visiting the website shows it fills a need. 'It is vital that health-related messages be delivered in ways that have credibility and yet also acknowledge the experiences, fascination and familiarity of youth culture with technology.'

New sections will be added to the site in future months as more government agencies come on board. These will focus on a more specific 'drinks' section, along



Susanne Jones (AIAC) and Megan Hoskings (Urge/Whakamanawa designer) being presented with the TUANZ award in November.

with other sections on physical health, road safety, work, income and study and a beefed-up creative section.

For further information about *Urge/Whakamanawa* contact Jason Roberts at urge@extra.co.nz

www.urge.co.nz or www.whakamanawa.co.nz

Editorial

Continues from front page

Close co-operation and co-ordination between agencies is a key component in New Zealand's drug strategy. Police and Customs traditionally enjoy a very close working relationship in New Zealand, evidenced by a new Memorandum of Understanding signed in October. This enables a joint approach to efforts to prevent the importation of drugs. Customs and Police also liaise very closely with their overseas counterparts through their liaison officers and formal international networks. As acting Minister of Customs it has certainly been enlightening to be briefed on the international component of drug investigations in New Zealand.

This year's HONLEA was a timely reminder that while tackling domestic drug issues we must continue to think regionally and internationally.

Jim Anderton
Acting Minister of Customs

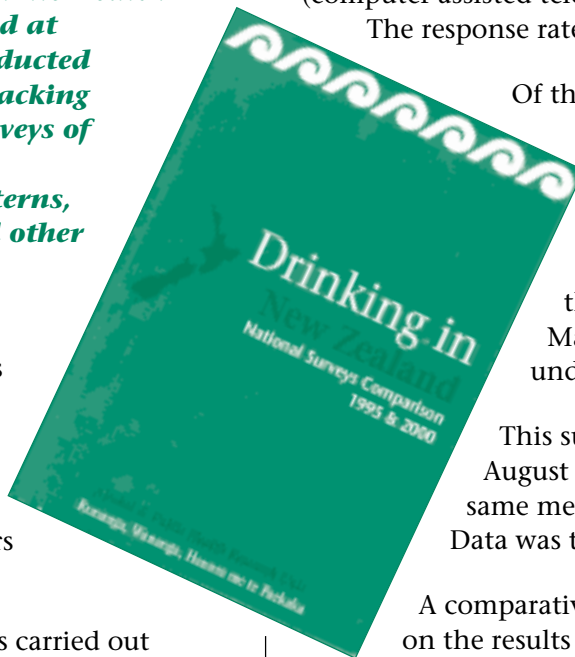
Drinking In New Zealand Surveys

Since 1990 the Alcohol and Public Health Research Unit (APHRU), based at Auckland University, has conducted yearly regional (Auckland) tracking surveys and two national surveys of 14–65 years olds to gather information on drinking patterns, alcohol-related problems and other alcohol-related issues in New Zealand.

Information from these surveys is used to make comparisons between the use of alcohol in New Zealand and overseas, and to provide information for health service providers, educators and policy-makers.

In the first of the national surveys carried out between September and December 1995, 4232 people aged 14 to 65 years were surveyed. The sample was randomly selected from throughout New Zealand. Interviews were conducted using the Alcohol and Public Health Research Unit's CATI

(computer assisted telephone interviewing) system. The response rate was 76 percent.



Of these respondents, 516 (12%) identified themselves as Māori or part Māori. This proportion of Māori is similar to Statistics New Zealand estimates at the time of the survey (13%). However, Māori males were underrepresented (42%).

This survey was again carried out in August to December 2000, using the same methodology and questionnaire. Data was time collected from 5113 people.

A comparative analysis has been completed on the results from the 1995 and 2000 surveys. This analysis has recently (November 2001) been published in the booklet entitled *Drinking in New Zealand, National Surveys Comparison 1995 and 2000*. A copy of this document can be accessed at www.aphru.ac.nz.

Subscriptions

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Feedback Welcomed

The National Drug Policy is evolving and feedback and suggestions on the policy and this newsletter are welcomed from all groups. Comments can be addressed to Catherine Conland at the address above.

Non-Government Agencies Have Your Say

The Drug Policy Update column, where non-government agencies can:

- publicise relevant upcoming events and training opportunities
- lodge notices
- make announcements.

Due to space constraints, promotion of NGOs or programmes in general will not be able to be published. Contact details can be provided for those interested in getting further information.

Send contributions to Catherine Conland at the address in the subscriptions box to the left.