

Drug Policy Update

Kaupapa Ārai Whakapōauau

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Editorial

On 18 March 2003, the Health Select Committee tabled its report in Parliament on the Smoke-free Environments (Enhanced Protection) Amendment Bill.

A key aim of the Bill is to protect workers, including workers in hospitality venues such as bars, from second-hand smoke. Second-hand smoke kills an estimated 388 people in New Zealand each year in addition to approximately 4500 smokers annually who die from tobacco smoke. There is strong public support (90%, including the majority of smokers) for the rights of workers to a smokefree working environment.

Under the Health and Safety in Employment Act 1992, all workers have the right to a safe working environment, including those in the hospitality industry. The proposed legislation will eliminate the current unfairness in the treatment of all workers by reducing the 2-4 times higher risk of preventable death and disease experienced by New Zealand's 10,000 hospitality workers. They have no choice but to involuntarily inhale second-hand smoke in the places they work.

Accordingly, the Bill takes the approach that the preferences



*Hon Damien O'Connor,
 Associate Minister of Health*

of smokers, who make up only 25 percent of New Zealand's adult population, come second to the serious public health concerns about the detrimental health effects of exposure to second-hand smoke. The Bill proposes to enforce 100 percent smokefree indoor workplaces, as well as schools and other places of learning for young people.

The Bill is not intended to target smokers, but rather the toxic, disease-causing smoke that other people around them are exposed to. Smokers will continue to be able to smoke in non-public places and in outdoor parts of workplaces and hospitality venues, including decks and beer gardens. The only outdoor places that will have smoking banned will be school grounds.

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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

Continued from front page

Although this is a Member's Bill, it is in line with the Government's objectives of reducing and eliminating the terrible risk of second-hand smoke that hospitality workers currently face.

The Health Select Committee considered 397 submissions on the Bill before making its report and the majority called for a 'level playing field' approach to the legislation. This is a plus for businesses and patrons alike, but only if the policy is applied consistently across all hospitality venues, including pubs and clubs.

Many people simply want to breathe clean air, free from the offensive smell and dangers of tobacco smoke. They will now be able to visit and enjoy places that were previously off-limits to them. Surveys both here and internationally have shown that the vast majority of patrons – including most smokers – are just as likely or more likely to frequent restaurants, bars and clubs that are smokefree. That can only be good news for the financial and physical health of all New Zealanders.

The report of the Committee can be viewed on the website of the Clerk of the House of Representatives www.clerk.parliament.govt.nz. The final outcome, in terms of legislative change, will depend on parliamentary debate during the second and third readings of the Bill.

Sprucing up the National Drug Policy website

www.ndp.govt.nz

All websites need a tidy-up now and again. Recently, Ministry of Health staff did just that for the National Drug Policy website www.ndp.govt.nz.



It has been made snappier and more user-friendly and includes colour photographs. These developments will help make the material more interesting and accessible to a wider range of people. The website is a central resource for all those working in the tobacco, alcohol, illicit and other drug fields. It is also a mine of information for students, lecturers and members of the public keen to keep up with the latest developments.

The website holds information from all the government agencies that make up the Inter-Agency Committee on Drugs as well as non-government organisations working in the field. The Ministry of Health maintains the site as part of its role overseeing the National Drug Policy. Key items on the site include:

- documents from the Inter-Agency Committee on Drugs, the Ministerial Committee on Drug Policy and the Expert Advisory Committee on Drugs
- *Drug Policy Update*, a quarterly newsletter available in hard copy as well as online
- policy documents and information relating to alcohol, tobacco, cannabis, other illicit drugs and other substances
- relevant links to numerous government, agency and informational websites
- news and press releases.

The Ministry is keeping an eye on usage. About a thousand different people click into the site every month following its makeover. Like any website, the visitors are mainly locals but with a healthy smattering of overseas users as well. Mail to the website has included positive feedback and requests for data and resources. There was also an email from a non-smoking worker on board an international fishing boat. Everyone in his cabin smoked and he wondered if New Zealand authorities could provide some advice!

Tobacco Control Research Strategy

A Tobacco Control Research Strategy for New Zealand was launched at Parliament on 1 May by Associate Minister of Health, Hon Damien O'Connor. Researchers and tobacco control workers were attending a symposium which underlined the role that research plays in tobacco control and the need for more investment in research.

The 39-page discussion document, which represents views from a large number of individuals and organisations, notes that tobacco use results in significant disease and death in New Zealand. The burden of disease is disproportionately borne by Māori. It reports that about half of Māori adults are regular smokers, compared to 21 percent of Pākehā adults. There are also significant economic, social and cultural costs associated with tobacco use.

The document is not an official government strategy but is a proposal for future sustainable and strategic research on tobacco-related issues. It identifies several priority areas for future

tobacco control research as well as criteria for assessing research proposals.

The strategy also floats the idea of a tobacco control research centre. A steering group has

been established to oversee the implementation and future review of *A Tobacco Control Research Strategy for New Zealand*. Mr O'Connor commended the research community for creating 'a strategic vision for tobacco control research in New Zealand'. He said the vision was timely. 'Tobacco is a critical issue for health and for society as a whole. It continues to be the greatest major threat to health and wellbeing in this country.'

Copies of *A Tobacco Control Research Strategy for New Zealand* are available from: zara@healthsponsorship.co.nz

Update on review of alcohol advertising

The 2003 review of liquor advertising is under way. The review team received 74 written submissions and heard a number of oral submissions on 12 and 13 May.

Written submissions came from government agencies including the Ministry of Health, Ministry of Youth Affairs and Alcohol Advisory Council of New Zealand (ALAC). There was strong representation from non-government organisations including the New Zealand Drug Foundation, Group Against Liquor Advertising and Alcohol Healthwatch.

Submissions with a public health focus summarised the evidence that shows how alcohol advertising affects young drinkers' consumption of alcohol by creating positive expectations associated with alcohol. Many submissions repeated the evidence that

demonstrates that alcohol advertisements are designed to appeal to young people by using methods such as image advertising which focus on the users' lifestyle rather than the product's inherent qualities. There is a correlation between liking alcohol advertisements and heavily consuming alcohol.

The large majority of submissions made by the alcohol and advertising industries sought liberalisation in alcohol advertising including the ability to broadcast alcohol advertisements from 8.30 pm (rather than 9 pm), during the 6 pm news and live sporting events, and between noon and 3 pm on weekdays.

Copies of the submissions are available (for \$70) from Glen Wiggs at the Advertising Standards Authority, PO Box 10-675, Wellington. The review report is expected in July 2003.

Border interceptions of 'ice' methamphetamine

The Customs Service started the year with another two seizures of the drug 'ice'. This substance, sometimes called crystal methamphetamine, is a high-purity form of methamphetamine that is popular in many Asian countries and parts of the United States.

The first seizure occurred on 8 January 2003 when a Malaysian male arriving at Auckland Airport on a flight from Kuala Lumpur was intercepted with 423.9 grams of 'ice'. It had been concealed in the soles of shoes that the man was wearing. His traveling companion, another Malaysian male, was also arrested and charged for his involvement with the attempted importation.

On 29 January, a 45-year-old Malaysian male was intercepted at Auckland Airport on a flight from Kuala Lumpur. A search located 177 grams of the drug in the soles of a pair of sports shoes he was wearing.

There were two significant seizures of the drug sourced from Thailand and the United States in May and October 2002. These followed New Zealand's largest 'ice' seizure in June 2001 – a



'Ice' was concealed in the shoes of a drug smuggler arriving at Auckland Airport

kilogram imported in a suitcase by a passenger arriving from Malaysia (reported in *Drug Policy Update*, vol 1 no. 3).

The National Drug Intelligence Bureau (NDIB) reports that 'ice' is very similar to the 'pure' form of methamphetamine (also known as 'P' or 'burn') that is

becoming increasingly prevalent in New Zealand. Both 'P' and 'ice' are in a form which is usually smoked. It would appear that the domestic supply of 'P' has created a demand for the drug which is now being complemented by imports from overseas. This trend may well accelerate as controls over methamphetamine precursor chemicals are tightened, limiting opportunities for domestic manufacture.

Concerns over the harm caused by abuse of 'P' led to the recent reclassification of methamphetamine (including 'ice') to a Class A drug. An Inter-agency Action Plan has been developed to tackle the problem (see *Drug Policy Update*, vol 2 no. 1).

Methamphetamine Action Plan

The Methamphetamine Action Plan was released on 22 May by Associate Minister of Health Hon Jim Anderton.

The plan's objective is to develop cross-agency approaches to deal with methamphetamine-related problems. Methamphetamine use is one of New Zealand's significant illicit drug issues. To date, actions to deal with methamphetamine have been carried out by individual departments and non-government organisations. With some co-operation, however, this plan will initiate a 'whole of government' approach to the methamphetamine problem.

The Methamphetamine Action Plan recommends actions to address methamphetamine dependence. The action plan is designed to help agencies and the Inter-Agency Committee on Drugs (IACD) to develop policies addressing problems related to methamphetamine use. The IACD will co-ordinate the implementation of this action plan and its progress will be monitored by the Ministerial Committee on Drug Policy.

The Methamphetamine Action Plan has been posted on the NDP website (www.ndp.govt.nz).

Professional development will decrease drug and alcohol use

It is often when people are at school that they first become exposed to cigarettes, alcohol and other drugs. A successful nationwide campaign to minimise the harm caused by these drugs must first address young people's issues and realities.

Simply banning various substances from school grounds is not going to solve the problem. Similarly, viewing substance abuse in isolation does not give students a 'big picture' for living a healthy life. The Ministry of Education has put in place a wide range of initiatives to support schools as they improve student achievement in health and physical education.

Mental health education

The Ministry of Education is funding the Mental Health Professional Development project for teachers, senior management and boards of trustees in 2003. It is available nationally to enable schools to:

- provide students with a range of learning opportunities that reflect content in the mental health key area of learning in *Health and Physical Education in the New Zealand Curriculum*
- understand the research and current thinking about young people's resilience and explore how this can be approached
- set mental health education in the broader health education context
- focus on in-depth learning experiences that involve the whole school
- develop and implement plans that encompass a whole-school approach
- incorporate relevant materials, such as the resources listed below, into their programmes.

Books in the Ministry of Education's series *The Curriculum in Action* that address the mental health key area of learning:

Christchurch College of Education. 1995. *Caring for Ourselves and Others* (volumes 1 and 2). Christchurch: Christchurch College of Education.

Ministry of Education. 2000. *Drug Education: A guide for principals and boards of trustees*. Wellington: Learning Media.

New Zealand Police Youth Education Service. 1998. *Keeping Ourselves Safe*. Wellington: New Zealand Police.

The Mental Health Professional Development Project is run through colleges of education and a private contractor.

Positive outcomes in the Auckland and Northland region so far include:

- board of trustees and senior management support in many schools
- better links with community agencies
- community consultation involving students
- a deeper understanding of mental health education and a broadening of the curriculum focus
- strategy development to address disparity and forge links with key experts in schools and communities
- support for a school-wide focus
- acknowledgment of the importance of mental health for both staff and students
- whole-staff professional development in the area of resilience
- students engaging more with their learning
- schools networking and planning together to better support students in transition
- schools initiating strategic planning and reviews to include mental health promotion and sustainability.

Advisors supported the schools and visited them regularly.

Feedback from schools in other areas has also been positive.

- At Shannon Primary School, teachers and students, with input from whānau and community, are developing strategies that encourage students to set lifelong goals. The

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students are developing lifestyle plans that they will take through the school system and beyond.

- At Kapiti College, students are involved in a health promotion initiative to help their peers manage stress. The students surveyed their peers about stress and the techniques they use to manage it. A pamphlet was developed from this work.
- Riverton Primary School has a 'health team' (school counsellor, Māori board of trustees representative, senior students and lead health education teacher). It has conducted a needs analysis, identified what the school is doing well and outlined future approaches that could enhance student physical and emotional wellbeing.
- Another primary school, Oamaru North School, is planning to use whānau groups formed socially across the school. These groups will focus on a variety of skills and strategies, eg, co-operative skills, building self-esteem, dealing with conflict and following the rules in games.
- St Patrick's School, in Nightcaps, a small, rural, two-teacher school, focused on making their school a welcoming place. The teachers surveyed school visitors and identified areas that could be improved. Then they helped their students to develop the social skills to greet visitors, introduce themselves and offer help.

Schools interested in the project should contact their nearest school support service, except schools in the Manawatu, Wanganui, Taranaki and Hawke's Bay regions, which should contact Graeme Ludeman and Associates Ltd (telephone (06) 357 2585, email graemeludeman@xtra.co.nz).

Is your school a mentally healthy school?

When a school provides a caring and supportive environment, students feel valued and can contribute to school and community life.

Health and Physical Education in the New Zealand Curriculum, page 54

Feedback from professional development providers and teachers shows that these features of a mentally healthy school are worth considering

when evaluating a school's environment. The school provides a safe physical and emotional environment for students when:

- every culture represented within the school is recognised and contributes to school activities
- parents and caregivers are kept informed about, and encouraged to support, school programmes
- local community adults come to the school often
- visitors are welcomed to the school
- there is good communication between staff (eg, between syndicates or departments and between class teachers and senior management)
- every teacher promotes and models healthy practices
- the school's strategic plan or mission statement reflects the school's daily life
- school policies are implemented
- teachers plan their programmes on the basis of students' actual current health and physical education needs and interests
- there is a sense of partnership between teachers and students, and teachers and caregivers
- staff and caregivers support each other and share responsibility for programme planning and behaviour management
- every student is expected to succeed
- students see the school as a place of learning
- students and staff enjoy being at school
- staff seek students' input when establishing learning needs and respond sensitively to those needs
- students know the intended outcomes of learning experiences and are involved in developing outcome assessment criteria
- teachers give their students feedback to motivate them and acknowledge their successes, and use student and caregiver feedback to plan further learning
- students' work is displayed around the school
- teaching approaches develop students' sense of personal and social responsibility
- school social activities enhance all school members' wellbeing.

WHO Adopts Framework Convention on Tobacco Control

Minister of Health Annette King says New Zealand can take great pride in the 21 May adoption by the World Health Assembly in Geneva of the Framework Convention on Tobacco Control.

'Many countries approached me at the WHA to say what a good job New Zealand has done with its enthusiasm and dedication throughout the negotiation process,' she said.

'New Zealand is well-known as a world leader in tobacco control, dating back to when Helen Clark was Minister of Health.

'The recognition New Zealand has received owes much to the tireless advocacy and negotiating skills of government officials and non-government organisations, like the Māori Smoke-free Coalition, Cancer Society and ASH.'

Ms King also praised WHO Director-General Dr Gro Harlem Brundtland and the WHO Secretariat for their leadership. 'I particularly want to thank Brazil for its fine work in chairing the intergovernmental negotiating body.'

The Convention represented a real milestone in global public health, Ms King said.

The text recognises 'that a comprehensive ban on advertising, promotion and sponsorship will significantly reduce consumption.'

'It also recognises the need to reduce smoking among indigenous people, and recognises unequivocally that second-hand smoke causes death, disability and disease,' she said.

'It is estimated that 20 million people have died around the world in the four years that it has taken for nations to come to agreement on the Convention, and that the figure of 4.9 million deaths a year will double in the next 20 years if current trends continue.

'That's why New Zealand applauds the nations of the world who have worked together to give priority to the health of people.'

Ms King said she hoped New Zealand would ratify the Treaty by the end of 2003, or early 2004.

'To comply we have to change the labelling of tobacco products to include larger warnings on all products, but overall New Zealand has been at the forefront of tobacco control for some time.'

New Zealand and Australia had also worked with smaller Pacific neighbours, funding two inter-sessional meetings on the Convention, and with NZAid funding a tobacco control project on the Cook Islands and in Tonga.

'This Convention represents a minimum standard that we should all strive to exceed.'

Health Committee Reports Back to House

The Smoke-free Environments Bill (Enhanced Protection) Bill 1999 was reported back to Parliament by the Health Select Committee in March.

It proposes to introduce 100 percent smoke-free indoor schools and workplaces, including hospitality venues; stricter controls on youth access to smoking products (including herbal products; restrictions on retail display and sale

of smoking products; limited enforcement powers and provision for greater consumer information on the constituents and health effects of smoking products. At the time *Drug Policy Update* goes to press, the Bill awaits debate and a second reading in the House. It is a member's bill sponsored by Steve Chadwick, the Member for Rotorua. Mrs Chadwick also chairs the Health Select Committee.

Changes to alcohol excise tax

In a late-night sitting in early May, Parliament made changes to the excise tax on alcohol products as part of measures to address teenage binge drinking.

The changes put into effect a recommendation of a report commissioned by ALAC from economist Brian Easton. They came out of Government's concerns about the cheapness of spirit-based drinks that have been linked to youth binge drinking. Research shows that price is a powerful determinant of alcohol consumed, particularly for young people. The change will impose an extra \$11.44 on 1125 ml bottles of light spirits.

The excise duty regime has a higher rate of tax for drinks with a higher alcohol content. The changes brought about by the Customs and Excise (Alcoholic Beverages) Amendment Bill increased the duty to the higher rate of \$38.422

per litre of alcohol (up from \$21.096) on all drinks that contain between 14 and 23% alcohol by volume. The products that fall into this category are the very cheap light spirits often drunk by young people as well as wine-based drinks such as sherry and port.

In addition, these drinks will now be taxed on actual alcohol content rather than a deemed content of 18%. Previously, alcoholic drinks under 23% absolute alcohol by volume were subject to a lower level of tax than that applied to those above 23%. Products containing between 14 and 23% used to be taxed as if they contained 18% alcohol. This meant that a light spirit with just under 23% alcohol content was not only taxed at the lower rate but that rate was also based on a much lower alcohol content. The effect of this was to allow relatively high alcohol products to be available for purchase to young people for under \$10.

Interesting websites



www.adf.org.au

The Australian Drug Foundation website offers the community a free and confidential way to get relevant, up-to-date information about alcohol and other drugs.

www.globalink.com

This website is an active store of information, campaigns, speeches and events to do with tobacco control throughout the world.

www.justice.govt.nz

The Ministry of Justice website offers a wide range of reports, newsletters and press releases on justice matters, including alcohol and illicit drug use, age-verification practices and data on young people and the lower drinking age.

www.ndp.govt.nz

The website of New Zealand's national drug policy contains policy, information and links reflecting a team approach among agencies and organisations. It has over 1000 visitors a month.

www.quit.org.au

Quit is a Cancer Council Victoria programme. The colourful, user-friendly site is full of clear medical, ethnic and practical information and resources.

New name on the door?

Due to its healthy circulation, *Drug Policy Update* needs help from YOU to keep the mailing list up to date. Please help us by checking to see that we've got your name, position and address correctly recorded (especially if you have replaced someone).

Also, please let us know if you have a colleague or associate who would like to join the network receiving *Drug Policy Update*.

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