

# Drug Policy Update

Kaupapa Arai Whakapōauau

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This newsletter is available on the National Drug Policy website  
[www.ndp.govt.nz](http://www.ndp.govt.nz)  
and the Ministry of Health website  
[www.moh.govt.nz](http://www.moh.govt.nz)



## Editorial

*The recent television documentary on Fetal Alcohol Syndrome (FAS) highlighted this as an important health issue. FAS is a permanent and irreversible disability and is the leading known cause of intellectual disability in developed countries, yet it is totally preventable.*



People with FAS and Fetal Alcohol Effects (FAE) have been exposed to alcohol while in their mother's womb. In order to prevent FAS and FAE drinking alcohol during pregnancy should stop.

Not only are there physical abnormalities for a child who suffers from FAS or FAE, but their ability to learn, to concentrate, to remember, or to exercise sound judgement throughout their lives will also be impaired. And there are other consequences – children from families with long histories of alcohol misuse often become cases for Special Education Services, courts or prisons.

There is no proven safe level of alcohol consumption for a woman who is hapū (pregnant) – so the safest advice is not to drink at all during pregnancy. This may be hard advice for some and so we need to think carefully about the most effective approach.

We must do more to ensure that the problem is properly diagnosed and that support services are in place but we must also work to preventing the problem at source.

The amount of abuse of alcohol and binge drinking in New Zealand is not something of which we can be proud and this together with the high rate of teenage pregnancies make both FAS and FAE important issues in this country. I believe that we need a broad-based approach which deals with the place of alcohol in our communities. These are not just women's issues but issues for the whole whānau. Women do not drink alone – so there is a role for men as well as women in looking at the place of alcohol in their lives. We therefore need to ensure that women's families and whanaū are given the support they need, and in the way that is most meaningful for them.

My hope is that we all become aware of the risks and learn how to prevent these conditions from occurring.

Tariana Turia  
Associate Minister of Health

# Second-hand Smoke in the Workplace

*Second-hand smoke is a significant hazard capable of causing serious harm and death. It is particularly relevant in cafes, bars, casinos and other hospitality venues. It is estimated that about 388 New Zealanders die every year because of exposure to second-hand smoke (Woodward and Laugesen 2000).*

The Ministry of Health has been working closely with Department of Labour Occupational Safety and Health (OSH) to ensure there is a consistent approach to managing this hazard. As a result a memorandum of understanding (MOU) has been agreed and was implemented at the end of June 2001.

Many workplaces are already smokefree, as required by the Smoke-free Environments Act 1990 (the Act). The Act requires that, as a minimum, smoking is not permitted in lifts or office areas where more than one person works in a common air space, in at least half of the total area of a cafeteria or lunchroom, and any part of the workplace to which the public normally has access.

If it is not possible to be completely smokefree, isolating the hazard to specific areas may protect many staff. This may include the provision of a separate room for smokers or non-smokers, with appropriate controls in the smoking areas. These controls could include separate ventilation of smoking areas and the establishment of negative air pressure in smoking rooms to prevent smoke drift into non-smoking areas.

Ventilation systems that comply with NZS 4303:1990 *Ventilation for Acceptable Indoor Air Quality*, or the equivalent Australian Standard may reduce the nuisance value and smell of smoke. However, ventilation and/or filtration do not resolve the significant health risks associated with exposure to secondhand smoke. Harm minimisation methods include minimising the time staff spend in smoking areas, and the provision of information to employees about the hazards of exposure to second-hand smoke.

The Ministry of Health is the lead agency for the enforcement of the Act, and any supplementary amendments or legislation. In the first instance, all complaints regarding second-hand smoke in the workplace should be directed to the smokefree officers designated by the Ministry of Health (as agreed in the memorandum of understanding). In a situation where a smokefree officer's view is that a workplace complies with the minimum standards under the Act, but that practicable steps can be taken to eliminate, isolate or minimise workers' exposure to second-hand smoke the smokefree officer will notify the local OSH branch.

For a list of contact details for regional smokefree officers go to the following address on the NDP website:

<http://www.ndp.govt.nz/tobacco/regionalSmokefree.html>

## Reference

Woodward A and Laugesen M. 2000. *Deaths in New Zealand attributable to second-hand cigarette smoke.*

## Revision of the *Protocol for Methadone Maintenance Treatment in New Zealand*

*Submissions on the revised Protocol for Methadone Maintenance Treatment in New Zealand are currently being analysed by the Mental Health Directorate of the Ministry of Health.*

The current draft was widely distributed to interested parties and submissions were requested by 31 August 2001.

The Draft Protocol has been designed to replace the existing *National Protocol for Methadone Treatment in*

*New Zealand* that was written in 1996. When finalised it will be the guiding document for the treatment of people with opioid dependence in New Zealand.

For further information contact:

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# The Virtual Clearinghouse on Alcohol, Tobacco and Other Drugs

*The virtual clearinghouse on alcohol, tobacco and other drugs [www.atod.org](http://www.atod.org) is a network of international organisations providing resources on alcohol, tobacco and other drugs.*

The site information states that it is a 'collaborative effort of a number of organisations having an interest in disseminating high quality information about the nature, extent and consequences of alcohol, tobacco and other drug use. The scope of this information encompasses prevention, treatment, research, enforcement, and development of policy'.

The development of the pilot site was done through email consultations with an international committee. This resulted in a website, an initial identification of key resources, a set of guidelines defining the scope of the virtual clearinghouse, and criteria for partnership.

The virtual clearinghouse has worldwide representation and presents credible, balanced and quality information on issues related to the use and/or abuse of

alcohol, tobacco and other drugs. It offers the following features:

- highly organised Web-based information
- built-in quality assurance
- joint ownership
- distributed infrastructure with a transportable central node
- full text of key resources selected and contributed by partners
- distributed costs and effort
- a platform for networks and applications (epidemiology, policy, etc)
- early warning network for emerging issues.

The site is currently hosted by the Canadian Centre on Substance Abuse, with the sponsorship of the Department of Foreign Affairs and International Trade Canada.

## Stopping the Manufacture of Illicit Drugs

*In August 2001, the National Drug Intelligence Bureau (NDIB) and the New Zealand Chemical Industry Council Inc signed a Memorandum of Understanding (MOU) that seeks to prevent the distribution of chemicals and reagents necessary for the domestic manufacture of illicit drugs.*

The MOU establishes a common procedure for manufacturers, importers and suppliers of hazardous substances to:

- prevent the diversion of selected chemicals into the production of illicit drugs
- co-operate with government law enforcement agencies in the controlled delivery of hazardous substances destined for the production of illicit drugs – where this is expected to lead to the apprehension and conviction of persons involved in such supply or production.
- educate and train members of the chemical industry, users of precursor chemicals, and enforcement staff of the problems associated with the diversion of essential chemicals to illegal operations.

Effective co-operation between community, government agencies, and members of the Council will prove effective in reducing the availability of illegal drugs.

The chemicals and ancillary materials known to be used in the illicit manufacture of drugs are divided into three categories within the MOU:

**Category 1:** Chemicals that require an end user declaration with each purchase and which may only be sold to 'account customers' or customers known to the suppliers. Supply of these chemicals must be delayed for a period of not less than 24 hours after notifying the NDIB.

**Category 2:** Chemicals that require an end user declaration when sold to non-account customers or customers not known to the supplier.

**Category 3:** Chemicals and apparatus that may be used in the illicit production of drugs. Purchases from this list should alert suppliers to seek further indications of any suspicious orders or enquiries.

*Continues on page 6*

# Fetal Alcohol Syndrome: The Preventable Disability

Fiona Watts of the Foundation for Alcohol and Drug Education (FADE)

*Aristotle, the Greek philosopher, observed that 'foolish and drunken and hare-brained women most often bring forth children like unto themselves'. Yet the scientific community did not recognise and document the potential harm to a fetus exposed to alcohol until 1973 and the name Fetal Alcohol Syndrome (FAS) was adopted.*

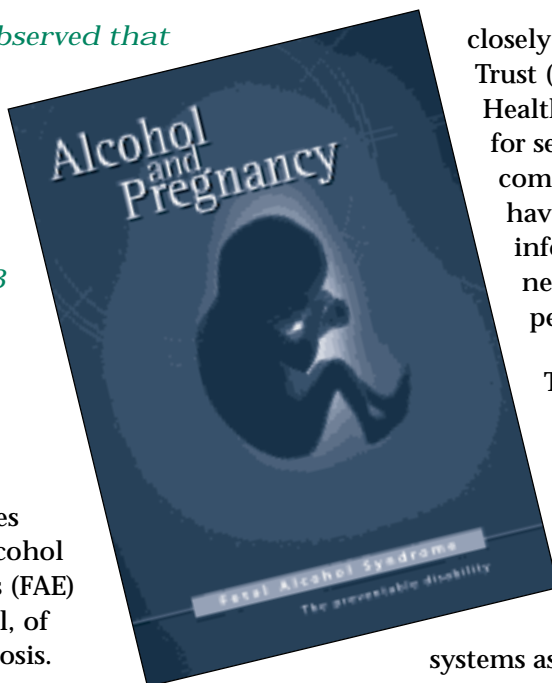
FAS is a birth defect syndrome characterised by growth deficiencies, cognitive/behavioural problems and a unique cluster of minor facial anomalies caused by maternal consumption of alcohol during pregnancy. Fetal Alcohol Effects (FAE) occurs when there are some, but not all, of the symptoms required for a FAS diagnosis.

FAS is now recognised as the leading known cause of intellectual disability in developed countries. It is a permanent and irreversible disability, yet it is totally preventable. In 1987 the Surgeon General of the United States issued a statement that there was no known safe level of alcohol use by a woman during pregnancy. Therefore, the best advice for women who are pregnant or who are planning a pregnancy is to abstain from alcohol.

FAS and FAE affect a significant proportion of New Zealanders. Based on overseas estimates, New Zealand could expect 100 new FAS cases each year and 300–500 with FAE.

For those New Zealanders who are already affected by FAS or FAE, identifying and intervening early is the best way to reach and influence behaviour change with high-risk families. Individuals who are not identified and supported early in life are at high risk of developing secondary problems such as mental illness, alcohol and drug problems, and getting into trouble with the law.

FADE's latest resource, *Alcohol and Pregnancy: Fetal Alcohol Syndrome – the preventable disability*, is our way of 'doing our bit' to inform people about the risks of drinking alcohol while pregnant. FADE has worked



closely with Fetal Alcohol New Zealand Trust (FANZ) and the Ministry of Health to produce this new resource for senior students and the wider community. As students involved have said, 'there's important information in this resource which needs to reach a wide variety of people'.

The resource also fits with the newly released National Alcohol Strategy 2000–2003 which says there is mounting concern 'that the long-term harm resulting from pre-natal exposure to alcohol may be seen in the educational and correctional systems as well as in the health arena'.

The policy estimates that each year in New Zealand there are more births of children whose development has been affected by their mother's drinking during pregnancy than the combined total of all children born with cystic fibrosis, cerebral palsy and Down's syndrome.

The six-sided resource focuses on a number of key issues and topics about the dangers associated with alcohol and the unborn child. It highlights the fact that the damage that is done to the unborn child is permanent. We have a high rate of teenage pregnancies in New Zealand as well as a high rate of binge drinkers. These two facts alone mean that FAS and FAE are issues in New Zealand. It is important to address this and increase public awareness of the risks associated with drinking alcohol during pregnancy. The resource also acknowledges International Fetal Alcohol Awareness Day that was held on 9 September.

FADE has a considerable amount of information and resources in the alcohol and drug field. You may like to visit our website at [www.fade.org.nz](http://www.fade.org.nz) to find out more. FANZ also has a new email address [fetalalcoholnz@xtra.co.nz](mailto:fetalalcoholnz@xtra.co.nz) that you can contact if you require any further information.

# Expert Advisory Committee on Drugs

*EACD recommends that 'Fantasy' should be classified as a controlled drug.*

The Expert Advisory Committee on Drugs (EACD) recently agreed that the 'Fantasy' range of drugs, including Gamma hydroxy butyrate (GHB), 1,4 Butanediol, (1,4-B) and GBL should be scheduled under the Misuse of Drugs Act 1975 (the Act).

EACD chair, Dr Bob Boyd, said that 'after considering the available evidence the EACD agreed that it was appropriate for these substances to be classified under the Act to help protect individuals and the community from the harm associated with these drugs'. However, Dr Boyd also stressed that any potential legal initiatives should be complemented with other initiatives such as obtaining accurate information about these substances and providing key harm minimisation messages to people.

With these substances, there is a fine line between the amount required to produce a relaxant or euphoric effect and the amount required for an overdose resulting in potentially serious consequences – such as coma and severe respiratory depression that could potentially be fatal. In addition, equivalent doses can affect different people in different ways and consuming these drugs with other drugs such as alcohol can exacerbate their effects. Like alcohol, people should never drive a vehicle after consuming these drugs.

The Committee first considered these drugs at its inaugural meeting on 29 May 2001, but called for more information before it could make a specific recommendation regarding classification. A further meeting via teleconference was held in July to consider the additional information. The EACD has now provided its advice to the Associate Minister of Health, Hon Tariana Turia, about which schedule in the Act is most appropriate for these drugs. If the EACD's recommendations are accepted by the Associate Minister they will then be referred for consideration by Cabinet. Following this, the Health Select Committee then looks at any proposed change to the legislation. In the end, however, Parliament will have the final vote on any proposed law change.

It is expected that the EACD's report on 'Fantasy', including its specific recommendations will be made public once the Associate Minister and Cabinet have considered the recommendations.

More information about the EACD is available on the NDP website [www.ndp.govt.nz](http://www.ndp.govt.nz), including:

- the EACD's terms of reference
- the agenda and minutes of its first meeting
- a process for public input when the EACD considers particular drugs
- how drugs are classified under the Misuse of Drugs Act 1975.

## New Zealand Drug Statistics

*New Zealand Drug Statistics was released in July 2001. The New Zealand Health Information Service (NZHIS) and the National Drug Policy team of the Ministry of Health developed this report over a two-year period.*

The report brings together a range of information about tobacco, alcohol and other drugs that is broken down by age, sex and ethnicity. The report features supply and drug use data, as well as mortality and morbidity figures. A range of government and non-government agencies contributed to the report, including:

- Ministry of Health
- Ministry of Justice
- New Zealand Police
- Alcohol Advisory Council
- Land Transport Safety Authority
- Sports Drug Agency
- Alcohol and Public Health Research Unit of Auckland University
- New Zealand Drug Foundation
- Water Safety Council.

*New Zealand Drug Statistics* is a repeat of a report initially published in 1992. The greatest value of repeating this exercise is that it allows the comparison of data over time and to ascertain trends.

For further information and to access a PDF version of the publication you can visit the NZHIS website at <http://www.nzhis.govt.nz/publications/drugs.html>

Alternatively, to order the printed publication, contact:

Publications Officer  
NZHIS  
PO Box 5013  
Wellington  
Phone (04) 922 1800  
Fax (04) 922 1899.

# Inter- Agency Committee on Drugs

*The most recent meeting of the Inter-Agency Committee on Drugs (IACD) was held on 18 July 2001. The meeting was dominated by agency reporting and related discussion.*

This included updates on:

- Hepatitis C work programme (Health)
- progress in the development of the tobacco and alcohol and other drug toolkits (Health)
- funding of Urge (ALAC)
- Expert Advisory Committee on Drugs (Health)
- Taxation Taskforce Review Report (ALAC and Health)
- alcohol advertising (Health)
- fetal alcohol interventions (ALAC and Health)
- Health Select Committee review of cannabis (Justice and Health)
- Misuse of Drugs (Industrial Hemp) Bill 2001 (Health)
- drug paraphernalia (Health, Customs, Police)
- memorandum with the chemicals industry on precursors (Police)
- New Zealand Drug Statistics (Health).

## Needle and Syringe Exchange

The IACD was presented with a paper that proposed an amendment to the Misuse of Drugs Act 1975. The amendment would revoke section 13 (1)(aa) of the Act. This would have the effect of legalising the possession of needles and syringes.

While it is legal to purchase needles and syringes through outlets of the Needle and Syringe Exchange Programme it remains an offence under section 13 (1)(aa) of the Act to be in possession of a needle and syringe for the purposes of the commission of an offence against the Act.

The Health (Needles and Syringes) Regulations 1999 provide a defence against this charge if the needles and syringes were purchases through an outlet of the Needle and Syringe Exchange Programme. However, evidence suggests that the possibility of being charged is enough of a deterrent for injecting drug users to not return their used needles and syringes so that they can be disposed of safely.

Injecting drug users believe that although there is a defence against the charge of possession, police have in

the past used it as a holding charge and as evidence to gain search warrants.

The IACD supports an amendment and recommended that the Ministry of Health progress this issue once an appropriate legislative vehicle can be found.

## Non-Government Organisation Participation

Paul Traynor outlined the work of the ADA (Alcohol & Drug Association) and presented the results of the latest usage survey of the alcohol helpline (0800 787 797) run by ADA.

Sally Caswell, representing the Alcohol and Public Health Research Unit, outlined the work that is proposed on monitoring the impact of the Sale of Liquor Amendment Act (1999) on young people.

Euan Galloway from the Pharmaceutical Society outlined the patterns of misuse of over-the-counter medicines in New Zealand and the steps in place to prevent this from occurring.

NGOs wishing to make submissions at future IACD meetings can contact:

Chris Laurenson  
Team leader – National Drug Policy,  
Tel: (04) 496 2317  
email: [chris\\_laurenson@moh.govt.nz](mailto:chris_laurenson@moh.govt.nz)

IACD Secretariat, National Drug Policy Team,  
Ministry of Health, PO Box 5013, Wellington.

Full minutes and papers of meetings are available on the NDP website [www.ndp.govt.nz](http://www.ndp.govt.nz)

## Stopping the Manufacture of Illicit Drugs

*Continued from page 3*

The three categories are monitored and records are kept by the suppliers. Suppliers must notify the NDIB of any suspicious enquiry or order for all:

- Category 1 chemical substances
- Category 2 chemical substances, when sold to non account customers
- Category 3 suspicious circumstances surrounding the supply of chemical substances.

# Cannabis Inquiry Continues

*Parliament's Health Select Committee's cannabis inquiry is continuing, with the Committee having heard oral submissions in Wellington, Dunedin, Auckland and Hamilton. Further hearings are planned for Northland, Auckland and Christchurch.*

About 560 written submissions were received. These have included submissions from members of the public, treatment specialists, academic researchers, law reform proponents and drug education groups, among others.

The Committee is likely to continue considering matters raised by the inquiry towards the end of the year.

Contrary to some perceptions about the inquiry in the community, the Committee has no predetermined agenda to necessarily recommend decriminalisation of cannabis. A wide range of views on legal status options is being heard and considered. It will be Parliament, after consideration of the Committee's recommendations, that will decide on changes, if any, to the legal status of cannabis.

The inquiry's terms of reference are:

'To inquire into the most effective public health and health promotion strategies to minimise the use of and harm associated with cannabis and consequently the most appropriate legal status of cannabis.'

For further details please contact:

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[andrew\\_zielinski@moh.govt.nz](mailto:andrew_zielinski@moh.govt.nz)

## Revised Guidelines for the Safe Use of Alcohol

*'If you are hapū (pregnant) do not drink at all. Alcohol can cause permanent harm to the brain of your growing baby that will affect your child for its whole life. You can drink for the rest of your life; you have nine months to produce a healthy baby.'*

This straight-talking caution is one example of the stronger messages and warnings about alcohol use that have been included in the revised *Manaaki Tangata Guidelines for the Safe Use of Alcohol* which is now available to the alcohol and drug field.

As ALAC's acting deputy CEO Paula Snowden says the original guidelines were produced in 1990 and it was time for a revamp. 'The guidelines have been rewritten and we have now made them stronger in terms of warnings and concerns.'

The new guidelines will be widely distributed to Māori alcohol and drug providers and to the Māori alcohol and drug workforce.

'We are keen to see an application for the guidelines in the health curriculum in schools, for example, the booklet includes a project which involves designing a *Manaaki Tangata* policy for a marae, a club, home or a

whānau. The guidelines can also be used as a health promotion tool for the Māori community to support the development of safe use policies at Māori events,' says Paula.

The guidelines will be translated into Māori and placed on the ALAC website so they can be used by kura and kohanga reo. 'There are nearly 700 kohanga reo in the country and these touch the lives of thousands of Māori whānau.'

*Manaaki Tangata, Guidelines for the Safe Use of Alcohol*, is available on the Alcohol Advisory Council's website [www.alcohol.org.nz](http://www.alcohol.org.nz)



# Large Seizure of Heroin and 'Ice'

*On 25 June 2001 Customs Officers at Auckland International Airport seized just over 4 kilos of high purity heroin and a kilo of crystal methamphetamine (commonly known as Ice). The heroin was detected through an x-ray examination of the suitcases of two Malaysian men arriving from Kuala Lumpur.*



*Example of crystal methamphetamine or Ice seized by Customs in Auckland earlier this year.*

The heroin was concealed in false compartments in the suitcases and the Ice was bodypacked. Subsequent enquiries by Police and Customs led to the arrest of two other offenders in Auckland.

This was New Zealand's second largest heroin seizure with an estimated street value as high as \$32 million. The largest seizure was in July 1998 when 10.2 kilos of heroin was intercepted at Auckland airport in a shipment from Thailand.

The Ice would have had an estimated street value of \$1 million. Methamphetamine in the form of Ice is a

potent smokable variation of the drug and is common in some Northern Asian countries. The tablet form of methamphetamine, (known in Thailand as 'ya ba') is more

popular in South East Asia. 'Ice' appears to be rare in New Zealand, though this is the second interception of the drug made by Customs this year.

Please forward any reports of Ice availability in New Zealand to the National Drug Intelligence Bureau, located in Police Headquarters, Wellington.

Contact: Les Maxwell  
tel (04) 462 0301  
or email [les.maxwell@customs.govt.nz](mailto:les.maxwell@customs.govt.nz)

## Subscriptions

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Ministry of Health  
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Email: [catherine\\_conland@moh.govt.nz](mailto:catherine_conland@moh.govt.nz)

## 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  
Public Health Directorate  
Ministry of Health  
PO Box 5013  
Wellington

Fax: (04) 496 2340

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