



MINUTES

MINISTERIAL COMMITTEE ON DRUG POLICY (MCDP)

MEETING

Tuesday 13 June 2000
5.00pm - 6.00pm

Cabinet Room 8.4
Parliament Buildings, Wellington

Ministers present:

Hon Phillida Bunkle - Customs
Hon Lianne Dalziel - Associate Minister of Education
Hon George Hawkins - Police
Hon Annette King (Chair) - Health
Hon Steve Maharey - Social Services
Hon Dover Samuels - Māori Affairs
Hon Tariana Turia - Associate Minister of Māori Affairs and Health

Apologies

Hon Phil Goff - Justice
Hon Mark Gosche - Transport, Pacific Island Affairs
Hon Liala Harre - Youth Affairs, Women's Affairs
Hon Matt Robson - Corrections, Courts

Officials present:

Grant Allan - Te Puni Kōkiri
Katherine Coates - Police
Jenny Dickensen - Transport
Karleen Edwards - HFA
Phillipa Gaines - HFA
Barbara Gilray - Child, Youth & Family
Chris Laurenson - HFA
Karl Le Quesne - Corrections
Mike MacAvoy - ALAC
Vivienne Morrell - Justice
Pam Phillips - Child, Youth & Family
George Smollett - Customs
Graham Thomas - office of the Minister of Police
Michael Webb - ALAC

David Wilson - Courts

MCDP Secretariat (Health)

Matthew Allen
Paul Marriott-Lloyd
Andrew Zielinski

MINUTES

1. MINUTES OF PREVIOUS MEETING

Ministers accepted the minutes of the Ministerial Committee on Drug policy (MCDP) meeting of 17 April 2000 as an accurate reflection of that meeting.

Drug Education

Hon Annette King noted the paper on school-based drug education initiatives provided for the previous MCDP meeting. Ministers considered a more comprehensive paper would be beneficial, covering strategy.

There was discussion about whether the school Drug Abuse Resistance Education (DARE) programme, might be able to be developed into a community initiative.

Agreed

Ministry of Education to provide an expanded paper on a strategy for drug education in schools and the community including:

- ***evaluation of drug education programmes to date***
- ***possible options for co-ordinating funding and provision of programmes***
- ***ensuring effective drug education***

Tobacco Control Programmes linked to Mäori Community Development Programmes

A paper prepared in response to a query from Hon Tariana Turia at the previous MCDP meeting is attached to these minutes (the paper was available but not distributed at the previous meeting).

2. DRUG AND ALCOHOL TREATMENT SERVICES FOR OFFENDERS

Hon Annette King noted that the Inter-Agency Committee on Drugs (IACD), had recommended in its paper on treatment services to the previous MCDP meeting, that an inter-agency working group be established to co-ordinate

funding and provision of alcohol and drug treatment for offenders, across the health and criminal justice sectors.

The IACD now recommended, however, that this work be undertaken via the ad hoc Cabinet Committee on Mental Health, due to the Committees' responsibility to oversee implementation of the Blueprint for Mental Health Services (1998), with associated funding for drug and alcohol service expansion.

The IACD Secretariat explained that there were synergies to be gained by placing the work under the auspices of the Mental Health Committee given its responsibilities, and also to avoid the duplication of work.

Hon Tariana Turia questioned the proposal, believing one of the weaknesses of alcohol and drug services was that they had historically been subsumed by mental health services and suffered as a result.

Hon Annette King stated that her concern was provision of services for the minority of offenders having alcohol and drug but not mental health problems, when funding for their services came from the mental health system (83% of the prison population exhibited co-morbidity of alcohol and drug and mental health problems). Other Ministers also expressed a concern that this is a sub-group not receiving adequate services.

Agreed

Work on co-ordination of funding and provision of alcohol and drug treatment for offenders, at the health and criminal justice interface, to be managed via the ad hoc Cabinet Committee on Mental Health and associated officials committee.

The IACD and MCDP are, however, to be involved in the work. The MCDP is to have the opportunity to ensure that the Mental Health Committee particularly takes into account the needs of those offenders with alcohol and drug problems, but no other mental health conditions.

3. REVIEW OF THE LEGAL STATUS OF CANNABIS

Hon Annette King noted the four main options for a review as outlined by the IACD:

- (1) select committee inquiry;
- (2) officials group, such as a sub-committee of the IACD;
- (3) Ministerial committee;
- (4) appointed committee of experts.

Health Select Committee inquiry

Hon Annette King favoured a review led by the Health Select Committee, given its well informed personnel, with experience from the Inquiry into the Mental Health Effects of Cannabis. She believed that health issues were at the heart of the review. Hon Ms King stated that a select committee gave the necessary independence and neutrality to the review - officials or Ministers may be accused of pushing a government view and experts may be open to criticism from other experts.

She also noted, however, that the Leader of the Opposition, Rt Hon Jenny Shipley, had publicly stated that National MPs will not be involved in a select committee review.

Hon Ms King added that she had been informed by the Minister of Justice, Phil Goff, that the Justice and Electoral Committee was not a second option due to workload.

Māori Affairs Committee inquiry

Hon Dover Samuels supported the select committee process, but questioned whether the Māori Affairs Committee may be a more appropriate forum, given the disproportionate level of cannabis-related harm experienced by Māori. He stressed that whatever committee was chosen, it needed to access a diverse range of community views. Hon Mr Samuels noted a Te Puni Kōkiri report regarding views of Māori organisations on the legal status of cannabis, which would be provided to the MCDP Secretariat.

Hon Phillida Bunkle believed placing the review with the Māori Affairs Committee may reflect negative labelling of Māori, by implying that this was primarily a Māori problem.

Hon Annette King acknowledged that whatever committee was chosen, it would need to consult widely with community groups and individuals.

Special Select Committee inquiry

Hon George Hawkins recommended a special select committee be established, with health, justice, and Māori representation, pulling members from existing select committees. Mr Hawkins believed the review would be a major piece of work and it was important the existing Health Committee was not diverted from other important work.

Hon Annette King believed that the Health Committee would have capacity to undertake the review by the end of the year, when health-sector reform legislation was dealt with. Hon Annette King also believed establishing a special committee was problematic due to the need for parliamentary approval.

Appropriate representation

Hon George Hawkins stressed that the review encompassed issues wider than merely health, including law and order, welfare and youth issues, among others, and the committee needed to reflect this.

Ministers discussed the feasibility of substituting committee members to ensure, for example, Māori representation and agreed this was possible.

Hon Steve Maharey suggested that due to its complexity, the decision on how to conduct the review be further considered and revisited. Other Ministers generally agreed, however, that the matter was already in the public and political arenas with associated confusion, and a decision was necessary.

Hon Tariana Turia added her support for a review by the Health Committee, with extra Māori representation. Ms Turia believed the review should not be characterised as a Māori issue, but was a legal issue, and it was important the committee reflected legal skills. Hon George Hawkins recommended that this problem be addressed by a Ministry of Justice official being assigned to service the Health Committee, jointly with Ministry of Health officials, which Ministers supported.

Agreed

That the Health Select Committee be asked to manage the review of the legal status of cannabis, with increased Māori representation on that committee, jointly serviced by Ministry of Justice and Ministry of Health officials. As a 'fall-back' position, other select committees were to be considered.

Ministers were to come to the next MCDP meeting with comments on the draft terms of reference for the review, as outlined in the paper on options presented to the previous MCDP meeting (reference to 'Closing the Gaps' already recommended by Hon Dover Samuels).

4. DIRECTIONS FOR 2000-2002

Hon Annette King invited Ministers to propose National Drug Policy work priorities.

Fetal Alcohol Syndrome

Hon Phillida Bunkle stressed the need for strategies on Fetal Alcohol Syndrome/Fetal Alcohol Effects (FAS/FAE), noting there was strong evidence that the problem was serious. It was noted that the Ministry of Health recognised this as an issue demanding urgent consideration.

Hon Dr Bunkle has asked the Ministry of Consumer Affairs to consider developing a consumer information safety standard on alcohol labels.

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National Drug Intelligence Bureau (NDIB)

Hon Dr Bunkle indicated that the working relationships between Health, Customs and Police as part of the National Drug Intelligence Bureau (NDIB) were under consideration, with resulting opportunities. Dr Bunkle noted that the NDIB had been primarily enforcement oriented and there was a need for more of a health focus. She believed there was also a need for more work on information gathering systems.

Harm Minimisation

Hon Tariana Turia questioned the appropriateness of the harm minimisation framework for Māori, given their focus on abstinence or prohibition as a more effective approach for Māori.

Other Ministers clarified that the harm minimisation framework did not preclude abstinence or prohibition as options; but that they were not appropriate as a firm policy for all people and/or substances. Annette King noted the failure of prohibition to address use of commonly available substances.

Alcohol advertising

Hon Lianne Dalziel expressed concern regarding alcohol advertising on television, which was shared by other Ministers present.

Agreed

The MCDP Secretariat to provide the MCDP with papers on:

- ***harm minimisation*** - as produced for the MCDP under the previous Government (Health lead);
- ***alcohol advertising on television*** - what steps the Government can take to curtail it (Health/ALAC lead);
- ***Fetal Alcohol Syndrome/Fetal Alcohol Effects (FAS/FAE)*** - development of a range of initiatives and investigate delivery of consumer information on alcohol products (Health/ALAC lead);
- **strategy for drug education in schools and the community** (Education lead) - see previous discussion under Drug Education on page two.

5. NEXT MEETING

The next MCDP meeting was scheduled for six weeks time.



TOBACCO CONTROL PROGRAMMES LINKED TO MAORI COMMUNITY DEVELOPMENT PROGRAMMES

PURPOSE

At the 17 April 2000 meeting of the Ministerial Committee on Drug Policy, Hon Tariana Turia asked the Secretariat to report back on the question:

“.....what tobacco control programmes are there that link into Maori community development programmes.....?”

COMMENT

1. The Health Funding Authority's *Toward a Tobacco-Free Aotearoa: A Five-Year Plan for HFA Funding of Tobacco Control for Maori (1999-2003)* (The Plan) is still at draft stage, although some of the strategies are already underway. It outlines the strategies developed following consultation with a range of health groups, including Action on Smoking and Health (ASH), Apaarangi Tautoko Auahi Kore (ATAK), Aotearoa Smokefree Trust, Smokefree Coalition, Health New Zealand, and Te Hotu Manawa Maori (THHM).
2. The Plan's objectives are:
 - preventing the uptake of smoking
 - encouraging and facilitating quitting - with major enhancements on previous approaches and in particular for Maori
 - preventing harm to the fetus, tamariki and pakeke/matua Non-smokers
 - supporting monitoring, surveillance & evaluation
 - assisting co-ordination of tobacco control activities - including exploring expanding current smokefree co-ordination services to enhance tobacco control services for Maori at a regional level.
1. The HFA policy is that all tobacco control programmes funded by the HFA be linked to community development. The implementation of the Plan will be done in conjunction with the HFA's Maori Health Group.
2. When funding 'by Maori for Maori' programmes, the HFA considers Maori provider development as an aspect of the programme to be provided.

3. The programmes' influence on community development usually occurs through the development and provision of locally-provided programmes such as the cessation pilots (see below) where the workforce has been developed/strengthened to provide the programme through training of the provider. This increases the skill of the provider workforce and offers choices in terms of achieving a non-smoking lifestyle benefiting the person who has quit and their whanau.
4. The Aukati Kai Paipa (smoking cessation) programme was established in 1998. The Pilot cessation programmes are aimed at all Maori but particularly at Maori women and their whanau. They comprise three components (1 - free nicotine replacement therapy (NRT), 2 - motivational counselling and ongoing support for eight weeks with follow up support for up to a year, 3 - evaluation of the outcomes of development of a practice model to cover future smoking cessation programmes). The latest figures as at March 2000 indicated a 37 percent quit rate at three months for 572 participants and a 36 percent quit rate for a second group of 169 participants. The figures will be confirmed, and a more accurate figure provided once all the participants have been in the programme for six months. The pilots are being run in Northland, Auckland, Hamilton, Bay of Plenty, Wellington and Christchurch.
5. There are several tobacco control initiatives which are aimed at the general population but also support Maori to give up smoking. These include the national media campaign encouraging people to quit smoking; the Quitline (which has over 1,000 calls per week, over twenty percent of which are from Maori and seven percent of which are from Pacific peoples); health education resources; making it easier for smokers to gain access to NRT; and the National Health Committee Guidelines on Smoking Cessation for front-line health professionals.

RECOMMENDATION

8. It is recommended that the Ministerial Committee on Drug Policy:
 - (a) **Note** the contents of this paper
 - (b) **Note** the attached Executive Summary of the Health Funding Authority's draft document *Toward a Tobacco-Free Aotearoa: A Five-Year Plan for HFA Funding of Tobacco Control for Maori (1999-2003)*, that is being developed in consultation with health groups. (Appendix 1)

Selwyn Katene
Acting Chair
Inter-Agency Committee on Drugs

Appendix 1

HFA Funding Plan - Tobacco Control for Maori

Executive Summary

Background: Tobacco control is currently the largest funding area in the Health Funding Authority's (HFA) 13 public health areas. Nevertheless, ongoing development is necessary to ensure that the Health Funding Authority funds tobacco control programmes which will improve the health status of Maori.

This plan has been developed:

- To review what interventions and services are most appropriate for reducing disease, disability and premature death from tobacco use for Maori.
- To guide the design of locality plans for HFA funding decisions for Maori using baseline funding (beginning in the 1999/2000 financial year).
- To indicate which services for Maori will require additional funding and therefore are to be subject to ongoing HFA prioritisation processes (on a year by year basis).

Goal: The HFA's goal for tobacco control is to promote a social and physical environment which improves and protects the whanau public health by reducing the harm from tobacco use and exposure to environmental tobacco smoke. The objectives associated with this goal are outlined later in this executive summary.

Rationale for this plan: Tobacco control is one of the most important public health issues for the HFA to address. Specific reasons for this include the following:

- **Death:** Tobacco is a major preventable cause of death among tamariki/children, middle-aged pakeke/matua and the elderly.
- **Illness and suffering:** Tobacco is a major preventable cause of illness and suffering in all age groups and particularly among Maori.
- **Adverse economic effects:** Tobacco use harms the Aotearoa/New Zealand workforce and has substantial adverse impacts on the economy, including the health sector.
- **Public demand for action:** The Aotearoa/New Zealand public, and organisations representing various population groups, want improvements in tobacco control.
- **Proven and cost-effective interventions are available:** There is good scientific evidence for a range of interventions that can be used for extending tobacco control in Aotearoa/New Zealand.
- **Need for co-ordination:** There is a need for more co-ordination in the tobacco control sector to maximise the synergies between the activities of the publicly funded health sector and non-governmental organisations.

While the HFA is just one of the major organisations involved in tobacco control, it is currently the lead organisation for funding tobacco control activities.

Methodology of Developing this Plan: This document was developed after the preparation of six background documents, including a review of the evidence for tobacco control interventions and a survey of current activities undertaken by the sector. A workshop of some key experts in September 1998 was held to obtain further feedback on draft recommendations for this plan.

Objective 1: Preventing the uptake of smoking: The major changes in this area are to phase out HFA support for smokefree sponsorship (leaving this entirely to the Health Sponsorship Council) and the completion of the three year “Why start?” campaign in mid-1999 (to replace this with another mass media campaign). Otherwise the HFA will continue with its current funding practices (eg, smokefree Kohanga, school-based programmes and support for World Smokefree Day).

Objective 2: Encouraging and Facilitating Quitting: This is the area in which the HFA is envisaging major enhancements on its previous approach and in particular for Maori. Major initiatives include:

- Subsidisation of nicotine replacement therapy (to specific groups such as mothers of young tamariki).
- Provision of a national 0800 smoking cessation telephone helpline.
- Provision of more specific smoking cessation services for Maori.
- Exploring running a mass media campaign with a smoking cessation theme.
- Piloting smoking cessation contests.
- Further work with the Ministry on legislative and taxation issues.

Objective 3: Preventing Harm to the Fetus, Tamariki and Pakeke/Matua Non-smokers: In addition to the current activities, such as the promotion and enforcement of smokefree environments, the areas of new activity include enhancing support for smokefree pregnancies and exploring the option of a mass media campaign concerning the hazards of secondhand smoke.

Objective 4: Supporting Monitoring, Surveillance & Evaluation: The HFA plans to work with the Ministry of Health in developing a national tobacco control evaluation strategy and a national tobacco surveillance strategy.

Objective 5: Assisting Coordination of Tobacco Control Activities: The HFA plans to further improve the extent to which it works with both the Ministry of Health and other government and non-government agencies. It will also explore expanding current smokefree coordination services to enhance tobacco control services for Maori at a regional level.