



MINUTES OF THE MINISTERIAL COMMITTEE ON DRUG POLICY (MCDP) MEETING

***Monday 17 April 2000
4.30pm – 6.00pm***

***Beehive Rm 5.5
Parliament, Wellington***

Ministers present

Annette King (Chair), Health
Dover Samuels, Maori Affairs
Tariana Turia, Associate Minister of Maori Affairs and Health
Phil Goff, Justice
George Hawkins, Police
Matt Robson, Corrections, Courts
Lianne Dalziel, Associate Minister of Education

Officials present representing Ministers

Sarah Martin represented Lailla Harre, Youth Affairs

Apologies

Trevor Mallard, Education
Mark Gosche, Transport, Pacific Island Affairs
Lialla Harre, Youth Affairs, Women's Affairs
Philida Bunkle, Customs
Steve Maharey, Social Services

Officials present

Mike MacAvoy, ALAC
Matt Roseingrave, Customs
Kerry Harvey, Education
Karleen Edwards, HFA
Katherine Coates, Police
Grant Allan, Te Puni Kokiri
Vivienne Morrell, Justice

MCDP Secretariat (Health)

Matthew Allen
Paul Marriott-Lloyd
Andrew Zielinski

1. PRESENTATIONS

Oral presentations on the National Drug Policy, alcohol, illicit drug control and tobacco were provided to Ministers ([outlines attached as appendix 1](#)).

1.1 Action

The Ministry of Health undertook to follow-up a query on research regarding tobacco consumption programmes linked to Maori development.

2. PAPERS PRESENTED FOR DISCUSSION

(Judge John Walker, Nelson District and Youth Court Judge, joined the meeting for this and subsequent items).

2.1 Drug and Alcohol Treatment Services

Dr Karleen Edwards of the Health Funding Authority (HFA), introduced discussion around the treatment paper. Dr Edwards identified services that were available, but noted that a large treatment services gap had been identified. Major issues included:

- funding - Mason funds would not address the gap
- workforce - upskilling was needed.

Work was occurring across agencies, however, and the HFA's Child and Youth Strategy was applicable.

Judge John Walker then spoke regarding gaps in treatment services for those in the criminal justice system. Judge Walker believed that 80% of those appearing before the courts had a drug and alcohol problem. Treatment options needed to be available and he stressed the need for collaboration between Corrections, Health and Child Youth and Family Services.

Judge Walker noted that there was often debate between Health and Corrections as to who would pay for treatment services, which could paralyse action for weeks. If treatment was not timely, retention in programmes was low.

Judge Walker raised the issue of drug courts with rapid treatment diversion, suggesting that similar (but less formal) arrangements would be valuable in New Zealand and existing structures could be used. Sydney and Melbourne schemes had shown a dramatic reduction in offending.

Judge Walker was queried as to the effectiveness of short-term treatment programmes. His perception was that he tended to see offenders in court again after one month programmes, but not after three month programmes.

Ministers noted that drug and alcohol problems could not be treated in isolation, and underlying social and personal issues needed to be addressed.

It was further noted that about 40% of those with drug and alcohol problems also had mental health problems.

Ministers expressed concern that drug and alcohol services had been subsumed into mental health with the perception that the services had suffered as a result. There was discussion around the idea of ring fencing drug and alcohol funds.

2.2 Action

Further consideration was to be given to establishment of an inter-agency working party on the criminal justice/treatment services interface, to facilitate collaboration across Votes, but also including consideration of broader social environmental issues.

This working-party should also consider a drug court model for New Zealand, where offenders were rapidly diverted into treatment.

2.3 School-based drug education initiatives

Kerry Harvey from the Ministry of Education outlined the paper he had prepared on drug education in schools, including the Drug Education Development Programme. Mr Harvey noted that drug education was a compulsory component of the curriculum.

- The Ministry of Education Drug Education Development Programme was a three year strategy ending in June 2000, which established a contestable fund for drug education in schools. The focus of the fund was to target high rates of drug-related suspensions and support schools in implementation of the new health and physical education curriculum, plus assist schools to purchase drug education, encourage providers to offer education consistent with effective health programmes and provide models for linking schools with families and communities. There had been a positive uptake from schools. No further funding was, however, committed to this project.

There was some debate over the effectiveness of drug education in schools and the need for evaluation. Mr Harvey indicated that programmes had short term impact, but it was difficult to obtain evidence of long-term impact.

One Minister expressed concern that drug education providers were not approved by the Ministry of Education before being allowed to provide services in schools, to ensure programmes were effective.

2.4 Review of the legal status of cannabis

Catherine Coates of the Police introduced discussion on this item. A paper had been prepared for the meeting which broadly outlined options for a review of the legal status of cannabis. Such a review had been one of the recommendations of the

December 1998 report of the Health Select Committee's Inquiry into the Mental Health Effects of Cannabis.

The options noted were:

- Select Committee Inquiry
- review by an officials group (possibly the Inter-Agency Committee on Drugs (IACD))
- review by a Ministerial Committee (possibly the MCDP)
- review by an appointed committee - either an experts group or a formally constituted Inquiry.

The pros and cons of each option were presented and discussed.

Ministers noted that a wide range of input should be sought as part of the review, such as parental views. It was also stressed that the review needed to be conducted by an objective group.

The Chair stated that Ministers needed to further debate the issues regarding options for a review.

3. DIRECTIONS FOR 2000-2002

The Chair asked that another meeting be convened with key Ministers and officials in the near future, to address the recommendations in the various papers presented and decide future directions for drug policy.

3.1 Action

Further MCDP meeting to be convened to address recommendations in MCDP papers and decide future directions. (The date set down subsequent to this meeting, for the next meeting is Tuesday 13 June 5-6pm, Cabinet Room 8.4).

APPENDIX 1

PRESENTATIONS

National Drug Policy (NDP)

Matthew Allen (Ministry of Health), project leader for the NDP, gave an overview of the NDP. Mr Allen indicated that the NDP was a multi-sectoral, harm minimisation framework, taking a three-pronged approach of:

- demand reduction (limiting individual's demand for drugs)
- supply control (limiting the supply of drugs)
- problem reduction (limiting the harm to society of drug use).

Alcohol

Dr Mike MacAvoy, Chief Executive, Alcohol Advisory Council (ALAC), gave an overview on current alcohol-related issues.

Dr MacAvoy stated that per capita alcohol consumption had fallen every year for the last 20 years, except last year. Ready-mixed spirits have, however, increased in popularity, leading to the slight increase in alcohol consumption for the year ended March 1999. Maori alcohol consumption had not fallen.

Alcopops and products like alcoholic milkshakes were a concern regarding youth drinking. ALAC is funding guidelines for manufacturers and retailers on the packaging, labelling and marketing of alcoholic sodas.

The December 1999 changes to the Sale of Liquor Act 1989 would be closely monitored to check whether liberalisation of alcohol availability has had an effect on drinking patterns. A survey conducted before the changes indicated an increase in youth drinking, including binge drinking. Youths as young as 12 years had been picked-up by the police predominantly on the streets, not in licensed premises.

Alcohol had continued to have a significant impact on mortality and road crashes in New Zealand.

ALAC's recently developed National Alcohol Strategy is to be sent out to government departments for consultation.

Groups identified for priority action regarding alcohol were:

- Maori
- Pacific peoples
- young people
- problem and dependent drinkers.

Illicit Drug Control

Matt Roseingrave, National Manager, Investigations, New Zealand Customs Service, gave an overview of current issues in border protection.

Mr Roseingrave outlined the principal drug sources for New Zealand, which include Australia, East Asia (especially Thailand), Western Europe (especially the Netherlands and UK), North America (especially California), and South America.

- Most cannabis was domestically produced
- LSD was a popular drug in New Zealand, with about 20,000 'tickets' seized per year. LSD was, however, odourless and hard to trace and there is no estimate of the proportion entering New Zealand
- Ecstasy and stimulant seizures were growing. There were high levels of production internationally
- Heroin supply was intermittent and currently contained.

There was a growing heroin market in Australia, however, which was a concern for New Zealand with our under-developed market. Currently, the small New Zealand

market did not provide the lucrative returns of the Australian market. If Australia reached over-supply, however, New Zealand had distribution networks already in place.

In Australia, the Chinese/Vietnamese community had sources from South East Asia with networks through organised crime.

The New Zealand drug scene is characterised by tolerance of 'soft drugs'. There are a number of active international syndicates and established cannabis distribution networks. NZ remains a transit point for drug shipments destined for Australia and North America.

Customs is concerned about the emerging international crime syndicates in New Zealand which are increasingly sophisticated with extensive resources. New Zealand is vulnerable to an expansion of its generally under-developed drug market.

Tobacco

Matthew Allen outlined current tobacco policy issues. Mr Allen stated that New Zealand had a comprehensive tobacco control programme, including:

- legislation and enforcement
- health promotion
- taxation
- smoking cessation services.

Tobacco taxation was noted as the most effective and immediate means to reduce consumption, with a 10% tax increase in May 1998 leading to a 6% reduction in tobacco consumption.

Tobacco consumption per adult had fallen in the 1990s by one-third.

Existing negative factors, however, included:

- 4,700 New Zealanders die each year of tobacco-related diseases, losing on average 14 years of life
- 25% of New Zealand adults still smoke
- around 50% of Maori adults smoke and smoking accounted for 31% of all Maori deaths between 1989 and 1993
- Youth smoking increased during the 1990s, mirroring an international trend.

Possible future initiatives were also outlined including:

- tobacco tax increases, with funding for cessation services
- new legislation including environmental tobacco smoke bans, which had proved effective and were not bad for business as often maintained
- International Framework Convention on Tobacco Control
- possible Drug Foundation/Institute.