

INTER-AGENCY COMMITTEE ON DRUGS (IACD) MEETING

Minutes of the meeting held

22 February 2001, 10.00 am - 4.00 pm

WELCOME, APOLOGIES, AND INTRODUCTIONS

Attendees - IACD Agencies

Greg Ariel, ALAC (morning only)
Meg McKenzie, ALAC
Hannah Booth, Transport (morning only)
Fiona Coy, CYFS (morning only)
Peter Carr, Social Policy
David Wilson, Courts
Ruth Lawton, Education
Michael Webb, Police
Debbie Matoe, TPK
Sandra Meredith, Youth Affairs
Vivienne Morrell, Justice (morning only)
Annie Rainford, Justice
Dave Negri, Customs
George Smollett, Customs
Tony Quayle, NDIB
Tae Tu'imukuafe, PI Affairs
Dale Walker, TPK (morning only)

IACD Secretariat /Health

Selwyn Katene
Matthew Allen
Brendon Baker
Catherine Conland
Liz Price (morning only)
Paul Marriott-Lloyd
Robert Smith
Andrew Zielinski

NDP Team

Chair

Other Health representatives

Grant Storey
Karleen Edwards (morning only)
Chris Laurenson

Apologies

Chris Harrington, Corrections
Laurie Gabites, Police
Bill Frith, LTSA

CLOSED SESSION

Selwyn Katene opened the meeting and underlined the importance of IACD agencies building on past achievements. There is a lot of work to be done under the National Drug Policy (NDP) and it is important that all agencies contribute.

BRIEF UPDATES

1. YOUTH WEBSITE - URGE/WHAKAMANAWA - Health/ALAC

Catherine Conland and Meg McKenzie gave an update on the Urge/Whakamanawa website.

Action arising:

Agencies were asked to brief their CEOs and note that:

- Urge/Whakamanawa fits well with State Services Commission policy and the e-government strategy and is a good example of inter-agency collaboration
- \$200,000 is needed next year to keep the project going (promotional costs and updating)
- Mike MacAvoy of ALAC and Anne Carter of Youth Affairs will be visiting other CEOs and will want to talk about funding for the site.

2. CANNABIS INQUIRY - Health

Andrew Zielinski reported that the Health Committee would begin hearing evidence on 21 March 2001 from 10am to 1pm. This is expected to involve an hour of advice from Health and Justice and two hours of oral evidence. Hearing dates following this will be 4 April 2001 from 10am - 1pm and from May onwards.

Approximately 600 submissions have been received and are expected to be with Health and Justice shortly. It is hoped that the package of IACD reports will be forwarded to the Minister of Health for approval by 6 March 2001 and then to the MCDP for noting on 13 March 2001.

Action arising:

Final reports from agencies are to be with Andrew Zielinski by 28 February 2001 if possible.

Dale Walker will confirm what TPK wishes to have included in the covering report for the package.

3. ALCOHOL ADVERTISING PAPERS FOR MCDP - Health

Liz Price provided a brief introduction to the draft papers for the MCDP meeting on 13 March 2001. She explained that both papers were still in draft form. She thanked the agencies that had already provided comment and sought further comment from agencies.

Action arising:

The next drafts are to be circulated to interested agencies early in the week of 26 February and comments need to be back to Liz by 2 March 2001 so that papers can be finalised in time for the MCDP meeting.

4. EXPERT ADVISORY COMMITTEE ON DRUGS (EACD) - Health

Robert Smith advised that the EACD was on track for establishment by March/early April. Dale Walker asked how EACD appointments were to be made and how many nominees were Maori and Pacific Peoples. Robert undertook to advise her of these matters once the Minister had advised her decisions on various issues.

Action arising:

Robert Smith to contact Dale Walker to discuss the above.

5. SIX MONTHLY REPORTING TO MCDP - Health

Brendon Baker reminded agencies that he needs the updated six-month report templates by early next week (beginning 26 February) as they need to be with the Minister of Health by 6 March 2001 to make the deadline for the MCDP meeting on 13 March 2001.

Selwyn Katene requested that agencies keep their contributions short so the report is a manageable length.

Action arising:

Agencies to please note timeframe for contributions.

6. NDP COMMUNICATIONS STRATEGY - Health

Matthew Allen updated agencies on the communications strategy including:

Quarterly Newsletter - Drug Policy Update

The first newsletter will be sent out at the end of February/early March and copies will be on the NDP website. Agencies that had contributed to the

newsletter were thanked, and there was a request for all agencies to think about articles for the next edition that will come out after the next IACD and MCDP meetings in May/June 2001 and then in October and December. Matthew said that it was important that the content of the newsletter reflected the intersectoral nature of the NDP and was not 'health-dominated'.

Action arising:

Agencies need to tell Liz Price of numbers of hard copies of the newsletter that they require for their own postal purposes as soon as possible.

NDP Website

The launch of the site has been pushed back due to the amount of work involved and delays with some information. The site will be finished around 28 February 2001 [note, now 6 March]. A media release will be sent out on the launch date.

IACD and MCDP minutes and papers will be on the site in order to ensure that the work of the committees is open and transparent. Agencies have already contributed some items for the site, but are encouraged to keep sending new information, documents, media releases etc to Catherine Conland to have them posted on the site.

Action arising:

Secretariat to prepare media release (Catherine Conland).

7. NATIONAL ALCOHOL STRATEGY - Health/ALAC

Paul Marriott-Lloyd reported to the committee that 3000 copies of the new National Alcohol Strategy have been printed. The Minister of Health will launch the strategy and will advise officials when this will take place. It may be at the time of the next MCDP meeting (13 March 2001).

Selwyn Katene reminded agencies that they need to relate this new strategy to their own key policy documents.

8. AUSTRALIAN MORTALITY DATABASE - Police

Andrew Zielinski provided a brief summary of this issue in the absence of Laurie Gabites (Police). In short, the proposal is for New Zealand to link with the Australian Mortality Database, run out of Monash University. Perceived benefits from this could include reduced time-lags between deaths and availability of (provisional) mortality figures, and an enhance ability to draw meaningful conclusions about drug-related deaths.

Michael Webb said that there had been some internal discussion regarding data sharing protocols and other measures that would need to be addressed before this proposal could be taken further. Discussions with Statistics New

Zealand and the Chairman of the Coroner's Council would also need to occur. Michael noted that, following the Law Commission's recent report on Coroners, it may be possible to promote this idea within wider efforts to modernise New Zealand's coronial system.

Action arising:

Police will report back on this issue in more detail at the next IACD meeting in May 2001.

9. DRUG TESTING OF PRISONERS (PROPOSAL TO IACD)

Matthew Allen tabled a letter from Detective Senior Sergeant Paul Kench of the Christchurch Drug Squad suggesting a pilot to question arrestees in police cells about their drug use (particularly opiates). This had been forwarded to the IACD by Medsafe. A similar operation for cannabis is carried out in Western Australia.

Vivienne Morrell noted that Corrections already has a strategy for monitoring drug use in prisons but the Australian study is of arrestees and these people do not come under Correction's jurisdiction. She also noted there were differences in arrest procedures between New Zealand and Australia and therefore queried whether such a study would be feasible here and what the benefits of it might be.

There was general discussion about possible processes for getting drug information from arrestees, the benefits of questioning arrestees, and what the information would be used for. Tony Quale noted that arrestees would be more likely to give information to health workers than to police. Michael Webb said that, rather than focussing on cannabis, as in Western Australia, Policy would first be interested in better understanding the role of alcohol as a factor in offending. Michael further noted that there is extensive research on the link between drugs and crime in other jurisdictions, particularly the link between opioid dependence and acquisitive crime, and it may be possible to replicate such research.

Action arising:

Police to report back to the May IACD meeting on the value and feasibility of the proposal to drug-test arrestees.

Matthew Allen to report back to the Detective Senior Sergeant, Paul Kench and Medsafe.

10. OTHER BUSINESS

Meg McKenzie thanked agencies for their assistance with the ALAC benchmarking review being carried out by Professor Eric Single. The final report is expected in May.

George Smollett commented on the usefulness of the papers provided to committee members prior to the meeting. CYFS and Transport noted that they did not receive their couriered copies.

DISCUSSION - FUTURE DIRECTIONS FOR DRUG CONTROL IN NEW ZEALAND

Selwyn Katene introduced the next part of the meeting that was to focus on implementation, monitoring and review plans for the next two and a half years to the end of the NDP's current five-year term. He spoke of the need to build on current work, and take into account the expectations of the sector for an added commitment to future action plans.

Hepatitis C Grant Storey (Senior Advisor - Communicable Diseases, Ministry of Health) was invited to speak about Hepatitis C. He underlined the need for an action plan to help curb increase in the spread of the disease. The following issues need to be considered:

- access to methadone, waiting lists are an issue
- access to needle and syringe programmes vitally important in prevention of new Hepatitis C infections
- peer based education for at risk groups
- support services for people with Hepatitis C
- support and information for medical staff working with people with Hepatitis C
- intravenous drug users are the group with the highest number of infections and new infections
- prisoners have high rates of Hepatitis C infection, linked with a history of injecting drug use
- the Australian partnership approach to Hepatitis C in working with affected groups appears to work well
- the future potential health costs to New Zealand as a result of Hepatitis C are significant given the likelihood of liver disease
- the disease can take up to 20 years to manifest itself in terms of serious problems and therefore leads to significant future costs to the health system.

General Review

Selwyn Katene summarised the letters sent out to agencies in December asking them to identify how they have contributed to achieving the outcomes and goals of the NDP and seeking ongoing commitment.

Health/ALAC

Paul Marriott-Lloyd discussed work between Health and ALAC on primary interventions and the implementation of the National Health Committee Guidelines for Recognising, Assessing and Treating Alcohol and Cannabis Abuse in Primary Care. Greg Ariel noted that \$300,000 was available in the Mental Health Workforce Development Plan 2000 - 2005.

Alcohol and drug indicators

Andrew Zielinski commented that screening and brief interventions were included in the draft district health board (DHB) accountability indicators for alcohol and drugs.

FUTURE DIRECTIONS

The following were identified as possible areas for action by the IACD within the next two and a half years.

1. Primary interventions - implementation strategy
2. Hepatitis C action plan
3. Research action plan
4. Youth drinking project
5. Evaluation of Sale of Liquor Act changes 1999
6. Workforce development
7. Education of parents at a local level/community action plans
8. Dance party venues
9. Better information collection and indicators
10. Diversion of licit drugs (prescription drug abuse).

(Note, this list is not an exhaustive one.)

DISCUSSION

Ruth Lawton reported that Education is directing funding of the Health and Physical Education Curriculum and involving teachers and schools in a different way. Drug education comes under mental health. The previous three years' funding was directed at funding providers of drug education to come into schools but the approach now taken is to train and resource teachers as they have the most contact with children and young people. This also involves school trustees. This is a big shift in approach and will take time to show benefits.

Sandra Meredith reported that Youth Affairs is developing a strategy on alcohol and drug use that will involve family and the wider community.

Michael Webb questioned whether an immediate action could be to address the issue of waiting lists for methadone, to manage and reduce numbers. Karleen Edwards noted current efforts to increase the number of primary care providers. There was also discussion around opiate vs. stimulant use. DHB's have accountability indicators around methadone.

Greg Ariel raised the FAS/FAE issue. It was noted that several IACD agencies were considering ongoing work in this area.

Annie Rainford discussed the high rates of unemployment in some areas and noted that prevention strategies are important. There will be increased numbers of adolescents coming through with alcohol and drug abuse issues.

Selwyn Katene proposed that the committee listen to NGOs in the afternoon session and then decide on future action.

Lunch

OPEN SESSION - NON-GOVERNMENT AGENCIES

SMOKEFREE COALITION (SFC) / APĀRANGI TAUTOKO AUAHI KORE (ATAK)

Alistair Woodward, Public Health Physician
George Thompson, Wellington School of Medicine
Lee Sturgiss, Smokefree Coalition
Paparangi Reid, ATAK/Wellington School of Medicine

The SFC and ATAK have identified the need for a strategic approach to tobacco control research. The National Drug Policy could provide the context for this approach (as well as the opportunity to explore a similar approach to research on the misuse of other drugs).

It is felt by the SFC and ATAK that there is a lack of tobacco control research, with few dedicated researchers and little co-ordination. Work to reduce the harm caused by tobacco cannot take place in an information vacuum. There are many government and non-government organisations that have information needs on tobacco use in New Zealand. The information needs of these agencies and organisations are vast and often include controversial topics. Tobacco control research requires co-ordination to reduce duplication and ensure information gaps are filled.

For example, the lack of research on Māori and Pacific Peoples' smoking and exposure to second-hand smoke is a reflection of low sample sizes for quantitative work and the lack of access to funding for applied and qualitative research methodologies.

The SFC and ATAK believe that the following are needed to fill the gaps in tobacco control research capacity and planning:

- management of research needs
- a substantial core of researchers
- a dedicated research unit
- funding sources to respond to research needs
- an overall monitoring agency
- a bibliography and list of relevant tobacco databases
- a location for the publication of relevant material
- a Māori focus for tobacco control research.

The following recommendation were made:

- that a national tobacco control research strategy be developed

- that an agency, organisation or institution is designated to co-ordinate and monitor research on tobacco control
- that there is a review of the funding policies of government research funding agencies to improve access to funding by tobacco control researches, if necessary establishing a separate funding pool or a specific funding programme for tobacco control research
- that there is a review of the tobacco control research workforce with a view to providing centralised co-ordination and the building of a skilled and experienced research capacity in this area
- that an element of Māori input is recognised in a partnership role within the above recommendations at all levels of research.

There was discussion following the presentation. Paul Marriott-Lloyd suggested that the research needs could be added into a proposed NDP research strategy. Alistair Woodward commented that the particular research needs of tobacco meant that a separate strategy was needed. He said that the Health Research Council had signalled an emphasis on funded work demonstrating an impact on New Zealand needs.

Alistair Woodward said that stakeholders could include ministries, universities, non-government organisations, providers. The Ministry of Health could have a co-ordination function.

NEW ZEALAND DRUG FOUNDATION (NZDF)

Sally Jackman, Director, NZDF

Christine McHarrison, Capital Coast Health Alcohol and Drug Treatment Service

Ross Henderson, Board member, NZDF

Geoffrey Robinson, Board member, NZDF

Injecting drug use

Geoffrey Robinson talked about injecting drug use and Hepatitis C. He suggested that in New Zealand about 30,000 people might be infected with Hepatitis C. About 50% of injecting drug users in the general population are likely to be infected, however, the rate is higher for injecting drug users who receive methadone treatment. About 350 people in Wellington are infected.

The NZDF believes there are shortages of treatment, information and access to treatment. It recommended:

- that the Ministry of Health fund a meeting of key players to discuss adoption of a strategic approach to this issue that is similar to the Australian Hepatitis C Strategy.
- that the Ministry of Health undertake a needs assessment for a Hepatitis C Action Plan as a matter of urgency.

Methadone waiting list

Christine McHarrison told the group that there was a waiting list in Wellington of around 40 people for the methadone programme. Christine gave the

committee some examples of the human and social toll that can result from waiting for a place on the methadone programme, and asked for action to ensure that access was provided for all those needing methadone treatment.

Lowering of the drinking age

Sally Jackman noted that the NZDF had been opposed to the lowering of the drinking age. The NZDF's written brief to the IACD meeting states that new burdens have been placed on the NZ Police because of the lowering of the drinking age. There is now a wider range of off-licence liquor outlets and more underage binge drinking.

The NZDF believes that the process for informing the MCDP of progress in implementing the new law appears to be too informal. Ministers should be receiving scheduled updates on implementation, from a range of information sources.

In response to questions from Sally Jackman, Matthew Allen confirmed that there was no structured formal reporting to Ministers about this issue.

Sally asked whether the Police had a National Drug Strategy, as she had heard that one was being developed by the New Zealand and Australian Police.

The NZDF recommends that, on the basis of available evidence, the Government should:

- ensure that increased resources are available for policing of licensed premises, especially off-licensed premises
- ensure that a comprehensive and co-ordinated programme for monitoring and evaluating the law change is in place and that an efficient and formal process for Ministerial briefing is linked to this
- focus effort on gaining a small number of prosecutions of people over 18 purchasing on behalf of minors and development of a media strategy to publicise this
- introduce a media campaign asking parents to consider the damage that alcohol (which they are supplying) is doing to their sons, daughters and friends.

Alcohol advertising

The NZDF also indicated its support for a fundamental policy review of the costs and benefits of broadcast alcohol advertising, rather than downstream considerations like whether responsibility for the overview of advertising should move from the Advertising Standards Authority to the Broadcasting Standards Authority.

Cannabis health promotion

The NZDF is concerned that some non-government organisations are publishing inaccurate information about cannabis harm. Lack of consistency in health advice damages confidence in published information with its target

audiences and also creates a climate of fear that inhibits creation of good policies in a range of environments.

The NZDF has advised the Drug Abuse Prevention Alliance of its concerns and is in discussion with this organisation about possibilities for establishment of a process for NGOs to voluntarily agree to adequate peer review of published materials.

DRUG ABUSE PREVENTION ALLIANCE (DAPA)

DAPA members are the Foundation for Alcohol and Drug Education (FADE), Life Education Trust, Drug Abuse Resistance Education (DARE) and Pryde.

DAPA presented to the IACD on its position statement as an Alliance with experience in schools and communities throughout New Zealand and suggested solutions and strategies to reduce the harmful use of drugs in New Zealand, and what it believed the requirements were to move ahead.

DAPA is opposed to the relaxation of laws relating to cannabis and other illicit drug use in New Zealand unless it can be shown conclusively that such relaxation will result in a significant reduction in the harmful use of drugs.

DAPA believes more education, training and resources are needed, particularly in workplaces, educational institutions, prisons and community settings. It is also calling for more New Zealand-based research into drug issues - for example, drug use in schools. It believes that funding should focus on prevention and education rather than crisis intervention, legal issues etc.

DAPA believes that preventive messages should be promoted, which would reduce availability and demand.

NEEDLE EXCHANGE PROGRAMME (NEP)

Simon Nimmo, National Co-ordinator of the Needle Exchange Programme, and Kelvin Richardson of the Needle Exchange NZ Trust, presented to the IACD.

The NEP believes that optimising its operation will make a significant impact upon the rate of HCV transmissions among injecting drug users. A number of initiatives are recommended including:

- decriminalisation of possession of injecting equipment
- free one-for-one exchange. \$400,000 is needed to fund a free needle exchange programme
- free disposal of diabetic equipment, NSEP offered, but need funds to do this
- increased peer-based educational input throughout the NSEP programme, with evaluation and monitoring of effectiveness and efficacy of the programme

- mandatory provision of anonymous sharps disposal bins in selected public places and increased geographical coverage
- development of anonymous GP-style medical services from larger exchanges
- vending machines in metropolitan centres
- free, voluntary Hepatitis A and B vaccination programme for needle exchange attendees
- improved training for NSEP workers
- a review of the Misuse of Drugs Act 1975 with a view to reducing harms associated with injecting drug use and reducing impediments to the uptake of the NSEP, including a Police "hands-off" approach
- the controlled availability of illicit drugs.

Issues were also raised that related to:

- drug treatment services
- drug use in prisons
- other community needle users.

The IACD was advised that one million needles will be distributed in 2001 as part of the NZ exchange programme.

METHADONE MONITORING GROUP

Charles Henderson of the Methadone Monitoring Group in Christchurch presented to the IACD. His submission included the following comments:

- there are approximately 20,000 people in New Zealand addicted to opiates, with the level of addiction being particularly high in Christchurch
- untreated addicts incur costs to society through criminal activity and healthcare and welfare services, and the criminal justice system. There is also the loss of legitimate potential productivity
- opiate addiction can be treated by methadone substitution, and currently 3200 people in New Zealand are provided methadone treatment at a total cost of \$14 million per year
- the majority of patients are treated at specialist methadone clinics. An additional 2000 patients could be provided treatment at an additional cost of \$3 million through greater reliance on treatment provided by GPs
- for every dollar spent on treatment, society gains a benefit of between \$4 and \$17.

HEPATITIS C SUPPORT SERVICES (HCSS)

Bill Jang, manager of Hepatitis C Support Services (HCSS) presented on the role of the organisation. HCSS provides information to people affected by, or living with, Hepatitis C. Many of the people affected by HCV have historically, or currently, inject drugs.

HCSS is concerned with preventing the incidence of HCV infection among the general population, with particular focus on preventing infection through educating priority risk groups. Peer educators, intravenous drug user magazines and awareness campaigns are all useful tools for communicating messages.

HCSS believes that current drug laws and a prohibition approach pushes the practice of injecting drug use underground. It supports:

- the establishment of more needle exchanges with attached outreach services and the use of mobile units to target isolated areas
- medically supervised safe injecting rooms
- availability of methadone for relapse patients
- substitution treatments
- increased counselling availability
- the establishment of a national strategy on Hepatitis C and blood-borne epidemics, and the adoption of a partnership approach with identified peer-based user groups to develop an education and prevention strategy targeting people who use drugs illicitly.

The HCSS also works with people who already have Hepatitis C and helps them manage their disease.

HCSS recommendations are:

- launch a national campaign based on the accepted notion that intravenous drug use is commonplace in the community and that it is inevitable that some people will engage in illicit drug use despite prohibition and law enforcement activity. Minimising the harm caused through drug use should be a primary goal of drug policy
- encourage a more 'dovetailed' approach to primary health care and drug and alcohol services, particularly for those on opiate substitution programmes and integrate preventative education
- recognise the role of agencies that provide secondary prevention education and support to people affected by HCV and how this can be integrated in all appropriate programmes
- undertake more research on the medicinal properties of cannabis and give consideration to the pharmaceutical availability of the drug to approved patients.

IACD DECISIONS:

ACTIONS ARISING WITH RESPECT TO THE IMPLEMENTATION OF THE NATIONAL DRUG POLICY

The IACD discussed the presentations by the non-governmental organisations. The high calibre of the presentations was noted and appreciated.

After discussion, taking into account the submissions made by non-government organisations and the earlier discussion by the IACD in closed session on possible future directions for implementation of the National Drug Policy, the IACD resolved to take the following steps:

1. SCOPING THE NEED FOR COMMUNITY-BASED INITIATIVES TO REDUCE DRUG USE

A working group will be established to scope the need for community-based development programmes and other drug demand reduction and problem limitation activities. If there is a need - what type of approaches are needed and are they currently being provided? If not, possible ways of addressing this could be considered.

Working group: Education, Youth Affairs, Justice

Other interested/relevant agencies: ALAC, Health

2. HEPATITIS C ACTION PLAN:

It is proposed that a working group be established to drive action on Hepatitis C. This work should be action-focussed rather than developing further strategies. The working group will consider the submissions made by NGOs to the IACD, in particular those from the Needle Exchange Programme, NZ Drug Foundation, Methadone Monitoring Group and Hepatitis C Support Services. It is recognised as crucial that this working group include representation from the non-government sector. The suggestion that a forum of interested parties be hosted was discussed and the working group is asked to consider that proposal as first order of business. Opioid dependency issues, and ease of access to methadone treatment, should also be considered by the working group.

Working group: Health (public health, mental health), one or two key stakeholders. Corrections was not present at the IACD meeting but has subsequently been asked to be part of the working group.

3. RESEARCH ACTION PLAN:

It is proposed that a working group be established to determine drug-related research priorities and develop a coordinated and sustainable approach to drug-related research in New Zealand. The involvement of the NGO sector in the development of this strategy is important, as will be the involvement of funders and providers of drug-related research. The views of the Smokefree Coalition and ATAK are to be considered further, in particular the suggestion that a separate focus on tobacco research is required.

Working group: Health, Police, ALAC. TPK has been asked to participate also.

4. ACTION ON YOUTH DRINKING / REVIEW OF THE IMPACT OF THE SALE OF LIQUOR AMENDMENT ACT 1999:

It is proposed that a working group be established to develop a coordinated and focussed approach to evaluating the impact of the lowering of the drinking age and strategies for dealing with youth drinking issues. Approaches to be considered should include law enforcement, research, and health promotion. The submissions by the New Zealand Drug Foundation and the Drug Abuse Prevention Alliance should be considered in this context and the approach decided on should be intersectoral and incorporate input from NGOs.

Working group: Justice, Health, ALAC, Police, Youth Affairs.

Other interested/relevant agencies: CYFS

5. NEEDLE & SYRINGE EXCHANGE PROGRAMME:

Ministry of Health and NZ Police representatives will visit and meet with Simon Nimmo, director of NSEP, in Auckland at the earliest opportunity to discuss his proposals in detail. The IACD will consider options following that meeting. The IACD Secretariat will liaise with the Ministry of Health Localities (funding) team over the NSEP proposals.