

United Nations General Assembly Special Session on the World Drug Problem (UNGASS)

Issues paper to support a New Zealand position

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General principles

International context

International drug policy is governed by three multilateral conventions:

- the Single Convention on Narcotic Drugs of 1954 as amended by the 1972 Protocol
- the Convention on Psychotropic Substances of 1971
- the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

The aim of these international drug control treaties is to limit the use of drugs to medical and scientific purposes only.

Additionally, UN member states have agreed to goals and actions in relation to drug policy. The most recent of these is the 2009 "Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem". In March 2014, member states identified achievements, challenges and priorities for further action on the way to the Political Declaration's target date of 2019.

UNGASS provides an opportunity for member states and civil society to discuss the direction of drug policy and further progress towards achieving the goals set out in the 2009 Political Declaration.

Issues

Topic	Position
Holistic, people-centred view of drug policy	<p>New Zealand supports a people-centred approach to any interpretation of the three UN drug conventions.</p> <p>Discussion of drug harm should go beyond a narrow focus on harm to the individual using drugs and include discussion of the wider harms to families and communities.</p> <p>New Zealand's National Drug Policy recognises that adverse social factors (including poverty, homelessness and stigma) make people more at risk of drug harm. Similarly, the Ottawa Charter on Health Promotion emphasises the need to address the determinants of health, which it considers as a broad concept emphasising social and personal resources as well as physical capacities.</p> <p>We consider an integrated response is needed in which multiple agencies – health departments, police, correctional services, social services (including housing), and others – work together alongside families and communities to develop a people-centred drug policy.</p>
Flexibility of the UN drug conventions	<p>The UN drug conventions provide flexibility for states to apply health-based responses to drug issues.</p> <p>We note that the conventions require personal possession and supply of controlled drugs to be established as a criminal offence, but that states may institute treatment, education and rehabilitation regimes as an alternative to punishment for these offences.</p>

<p>The Treaty of Waitangi</p>	<p>New Zealand supports indigenous peoples working in partnership with states to develop solutions that further their health and wellbeing aspirations.</p> <p>The principles of partnership, participation and protection underpin the relationship between the Government and Māori. The Government's vision for Māori health set out in He Korowai Oranga is to support the health and wellbeing aspirations of Māori to achieve pae ora and health equity. Pae ora is a holistic concept including the three interconnected elements of mauri ora (healthy individuals), whānau ora (healthy families) and wai ora (healthy environments).</p>
<p>Participation of civil society</p>	<p>New Zealand supports the participation of civil society, particularly those who use or have used drugs and drug services, in the development of drug policy.</p> <p>Consumer involvement is an important principle in New Zealand addiction treatment services development. Matua Raki, the national centre for addiction workforce development, draws on the expertise of people with lived experience of addiction and recovery to support the development of addiction treatment policy and services.</p> <p>In relation to UNGASS preparation, the Ministry of Health has engaged New Zealand Drug Foundation Executive Director Ross Bell, in his capacity as co-chair of the Australasian Civil Society Taskforce (established by the UNGASS Board), to gather civil society input into the positions New Zealand should take at UNGASS and report to the Government.</p>

Drugs and health

International context

Several issues shape the international context around drugs and health. The last several years have seen increased movement away from 'War on Drugs' rhetoric and a greater focus on health. It is increasingly accepted at the international level that punitive measures have a limited effect in deterring drug use and that health responses to drug use should play a greater role.

These trends are evident in recent national drug policies. The 2014 National Drug Control Policy from the United States emphasises a balanced public health and safety approach to reducing drug use, while others as diverse as Turkey, Taiwan and Tanzania now include favourable language around health and harm reduction in their drug policies.

While a health response to drug use is gaining greater acceptance, access to controlled drugs for medicinal purposes, access to quality drug treatment services and provision of harm reduction activity (ie, interventions aimed at reducing harm to people who continue to use drugs) remains inconsistent across the world.

Issues

Topic	Position
Centrality of health	<p>Drug issues should be viewed primarily as health issues.</p> <p>The overarching goal of the National Drug Policy is to minimise harm from alcohol and other drugs and promote and protect health and wellbeing. The Policy recognises that alcohol and other drug problems are first and foremost health issues, and that responses should be people-centred and look to shift wider societal thinking and behaviour towards drugs.</p>
Public health and prevention	<p>New Zealand supports evidence-based public health and prevention programmes.</p> <p>New Zealand's approach to prevention is noteworthy for its strong community focus. Communities can mobilise faster than government agencies, and programmes should be tailored around the community in order to increase engagement and effectiveness. One example of this is the CAYAD programme (Community Action on Youth and Drugs). Funded by the Ministry of Health since 2001, CAYADs are locally-based organisations that work with communities, marae, sports clubs, youth organisations, local authorities and schools to build capacity and resilience with a view to preventing alcohol and drug harm. There are 21 CAYAD sites across the country.</p> <p>Another example of the community-centred approach is the Social Sector Trials, where a local organisation or individual takes charge of implementing community-based social change initiatives to achieve a number of social objectives, including to minimise alcohol and other drug-related harm.</p> <p>New Zealand Police operate a prevention programme which includes education and early intervention initiatives, working with the community through neighbourhood policing teams and collaborating with other agencies.</p>

<p>Addiction treatment services</p>	<p>New Zealand supports addiction treatment systems that respond to people at their place of need as early, efficiently and effectively as possible, and take into account their individual needs and strengths.</p> <p>New Zealanders have access to a range of publicly funded residential and community drug treatment services such as:</p> <ul style="list-style-type: none"> • dedicated Community Alcohol and Drug Services providing counselling, referral and some specialised treatment and substitution services for people suffering from alcohol and drug-related harm • trained counsellors through a free and confidential national helpline • a dedicated methamphetamine treatment pathway in addition to routine treatment services • various web-based services such as DrugHelp and PotHelp to help people self-manage or supplement treatment options • brief alcohol interventions in primary care • managed withdrawal and detoxification services. <p>The Government has increased support for prisoners with AOD issues over recent years with the introduction and subsequent expansion of Drug Treatment Units (DTUs) in prisons. Evaluations have found that DTUs reduced the reconviction rate by 15 percent for males and 30 percent for females. The Government is also focusing on the transition between prison and the community as a key point of vulnerability for drug use. A three year, \$8.63 million programme will commence in 2016 to help offenders with this transition by strengthening community-based networks and support to deal with alcohol and drug issues after release.</p>
<p>Harm reduction</p>	<p>Harm reduction measures for people who use drugs are an important component of minimising drug-related harm.</p> <p>Harm reduction initiatives include needle exchanges and opioid substitution therapy (OST), as well as innovative approaches like New Zealand's Psychoactive Substances Act which provides for substances to be made available if they can be proven to pose no more than a low risk of harm.</p> <p>New Zealand has operated an OST programme for more than forty years. This allows people with an opioid dependency to be prescribed alternative opioids like methadone in a controlled way. This system has proven very safe and effective at allowing people with opioid dependencies to live relatively normal lives. Over half of New Zealanders who are opioid-dependent are enrolled in OST.</p> <p>New Zealand has been very successful by global standards in preventing and treating HIV/AIDS. There are about 2900 New Zealanders living with HIV, giving us one of the lowest prevalence rates (less than 0.1%) in the world. This compares to about 0.2% in Australia, 0.3% in Canada and 0.6% in the United States. One reason for this is that New Zealand has operated a highly effective needle exchange programme since 1988, which ensures that people who inject drugs have increased access to clean needles. As a result, people who inject drugs account for very few HIV infections: less than one per cent of HIV diagnoses in 2014 were the result of injecting drug use.</p> <p>While New Zealand has had great success at reducing the rates of HIV/AIDS from injecting drug use, hepatitis C has proved harder to combat and remains a challenge. Although there is no vaccine for hepatitis C, the Hepatitis Foundation of New Zealand operates a free programme for people living with the virus to help improve health outcomes.</p>

<p>Destigmatisation</p>	<p>New Zealand supports non-stigmatising language.</p> <p>Stigma creates barriers for people struggling with alcohol and drug issues to seek help. The Ministry of Health has contracted preliminary work to examine what a destigmatisation programme might look like for New Zealand and what factors drive success. The Ministry hopes to build on this work over coming years.</p>
<p>Access to controlled drugs for medicinal purposes</p>	<p>New Zealand supports access to essential medicines, including those that are controlled drugs, as a fundamental human right, and believes that the Conventions support this approach.</p> <p>New Zealand recognises the World Health Organisation's role in promoting a balanced and public health oriented approach and implementing public health measures to address the world drug problem. Such measures include the provision of normative guidance and technical assistance, increased involvement in the work of the Commission on Narcotic Drugs, strengthened cooperation with UN Office of Drugs and Crime and other UN entities, and active engagement in the preparation of and follow-up to UNGASS 2016 on drugs.</p> <p>The World Health Organisation also plays a critical role in deciding which medicines with potential for dependence and abuse should be subject to international control through its Expert Committee on Drug Dependence (ECDD). The ECDD should take a flexible and rapid public health approach to scheduling recommendations for controlled drugs. Such an approach will help to strengthen the international drug control system by ensuring access to essential medicines while also providing room for member states to implement local policies, such as New Zealand's psychoactive substances regime, tailored to their needs and values.</p> <p>Access to medicines is one of three outcomes set out in New Zealand's Medicines Strategy and the National Drug Policy includes an action to review the regulation of controlled drugs for legitimate uses. This review is to ensure that the current legislative settings and processes enable safe and timely access to therapies, while minimising the risk of diversion and misuse. Settings and processes could be improved in a number of areas. These areas include better integration of labelling and packaging requirements for controlled drugs with other medicines and reviewing the process for approving prescribing applications for Sativex (the only approved cannabinoid product available in New Zealand).</p>
<p>Medicinal cannabis</p>	<p>Access to cannabis-based medicines is permitted in New Zealand, and a process exists for the prescription of cannabis-based medicines if a patient's specialist considers it clinically appropriate. Ministerial approval is required. The process involves an appropriate specialist or a general practitioner on the recommendation of a specialist submitting an application to the Ministry of Health before a prescription is written.</p> <p>New Zealand treats medicinal cannabis like any other medicine. This means requiring it to be subject to an approvals and quality assurance process to guarantee the product's safety and efficacy.</p> <p>Medicinal cannabis products other than Sativex are either unavailable in New Zealand or have not passed clinical trials. The Government is not opposed to the use of cannabis-based medicines, but the lack of suitable products means that choices are necessarily limited.</p>

Drugs, crime and supply control

International context

Supply control approaches

The 'War on Drugs' and targeting of drug cartels has traditionally dominated international discourse about criminal drug supply.

Conversely, liberalisation of cannabis supply is also occurring in some jurisdictions, reflecting discourses on alternatives to incarceration. Four states of the United States have now legalised the supply and use of cannabis, as well as Uruguay.

In 2000, Portugal decriminalised personal possession of controlled drugs. Its law maintains the status of illegality for using or possessing any drug for personal use without authorisation, but the offence is an administrative one if the amount possessed is no more than ten days' supply of that substance. This regime is supported by expanded substitution and drug treatment programmes.

Challenge of new psychoactive substances (NPS)

NPS are substances that are not scheduled at the UN level and are not isomers or analogues, but nevertheless produce a psychoactive effect. This has created a gap in international and domestic drug control systems whereby NPS can be imported into, sold and used legally in the recipient country. NPS pose challenges for traditional supply control methods as their chemical structure can be easily tweaked to avoid falling within definitions of controlled substances.

Money laundering

A key link between drugs and organised crime is the role of money laundering and terrorist financing. Money laundering is the process of masking the criminal origins of money and is often used to disguise the proceeds of drug manufacture and supply. Terrorist financing is the use of money – which may be legally obtained – to finance terrorist groups, although in the context of drugs this money will be obtained illegally from the drug trade. Drug trafficking is a major source of income for transnational organised crime groups and may constitute up to half their revenue.

Preventing money laundering is a key plank in international supply control efforts against drug harm. Identifying money laundering can allow law enforcement authorities to arrest people involved in manufacturing and supplying drugs, and a robust anti-money laundering regime makes it significantly harder to launder drug proceeds and diminishes the incentive to engage in the drug trade. The Financial Action Task Force is the global body tasked with coordinating international anti-money laundering activities and countering terrorism financing efforts.

Issues

Item	Position
Supply control measures as one arm of drug policy	<p>New Zealand supports an approach to supply control balanced with other strategies.</p> <p>The National Drug Policy highlights supply control as one of the three strategies underpinning New Zealand's goal of minimising harm from drugs and promoting and protecting health and wellbeing. Supply control aims to prevent or reduce the availability of alcohol and other drugs through means such as border controls and regulating domestic production and supply.</p> <p>The Policy emphasises the need for balance between its three strategies when setting legal responses to drug issues. Criminal justice is one tool to manage supply risks and should support the overarching aim of minimising harm and promoting and protecting health and wellbeing, particularly for young people and vulnerable populations.</p>

<p>Decriminalisation and proportionality</p>	<p>New Zealand is not currently considering decriminalisation of cannabis (or other controlled drugs) domestically. Cannabis is currently a Class C drug under the Misuse of Drugs Act 1975, and the Government considers that the harms associated with its use warrant its continued illegal status. This is the same for other drugs controlled under the Act.</p> <p>New Zealand supports proportional sentencing.</p> <p>The Government is trialling a health-focused approach to sentencing for offenders where alcohol or other drugs was a factor. The Alcohol and Drug Treatment Court is designed to engage offenders in treatment programmes and rehabilitation support services and for this to be taken into consideration at sentencing.</p> <p>Through the National Drug Policy, the Government has also committed to reviewing regulation of drug utensils and personal possession of controlled drugs against the goal of minimising harm and promoting and protecting health and wellbeing.</p>
<p>New psychoactive substances (NPS)</p>	<p>New Zealand supports the ability of states to take innovative approaches to NPS.</p> <p>New Zealand has taken an innovative harm reduction approach to NPS. New Zealand’s traditional drug control regime struggled to keep pace with the rate at which new NPS were created, leading to the development of the Psychoactive Substances Act 2013.</p> <p>This flipped the traditional approach to drug regulation on its head, prohibiting all NPS by default but allowing those which have been proven to be low-risk to be sold and consumed legally. Unique to the New Zealand regime, compliance activities for approved products will be undertaken by health officials. Enforcement relating to unapproved products is vested with Police.</p>
<p>Corruption</p>	<p>While the link between corruption and drug-related crime is not something that needs to be actively addressed domestically New Zealand notes that this is an issue for other countries.</p>
<p>Transnational organised crime</p>	<p>Along with nations in the Asia-Pacific and traditional security partners (US, UK and Canada) New Zealand supports the emphasis on highlighting the link between drug trafficking and other transnational organised crime.</p> <p>The National Drug Policy contains a priority area of disrupting organised crime. New Zealand approaches the disruption of organised crime and drug trafficking by:</p> <ul style="list-style-type: none"> • utilising a multi-agency approach • disrupting activity as far up the supply chain as possible • ensuring that enforcement efforts are accompanied by initiatives aimed at reducing social harm • international cooperation – Police and Customs attaches have been placed in China and Hong Kong to work with local police to intercept shipments destined for New Zealand. <p>The Prime Minister’s Methamphetamine Action Plan sits alongside the National Drug Policy. The Plan sets out a number of actions including cracking down on precursors and breaking supply chains. These aim to disrupt the criminal elements which import and manufacture methamphetamine and its precursors. The Plan advocates the use of intelligence-led policing and criminal proceeds recovery as tools for reducing methamphetamine use.</p>

<p>Anti-money laundering and countering terrorist financing</p>	<p>New Zealand supports measures to target the financial facilitators involved in drug offending.</p> <p>New Zealand has two important legislative tools used to detect and disrupt drug supply: the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 and the Criminal Proceeds (Recovery) Act 2009.</p> <p>These Acts target the financial facilitators involved in drug offending. Reducing profits generated by drug offending is an important supply control strategy. The Anti-Money Laundering and Countering Financing of Terrorism Act 2009 obliges financial institutions and casinos to report suspicious transactions to the Police. It empowers the Police to proactively target financial transactions that facilitate drug offending or money laundering related to drug offending, and provide support to domestic and international investigative agencies.</p> <p>The Criminal Proceeds (Recovery) Act 2009 provides for the recovery of proceeds and instruments of crime, and also provides specific powers to assist investigations such as examination orders where a respondent can be compelled to answer questions. It also provides for access to Inland Revenue information that is subject to tax secrecy.</p>
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Cross-cutting issues and sustainable development

International context

Human rights

The relationship between drugs and human rights has been contentious at the international level. Some commentators, such as the UN's Special Rapporteur on the Right to Health have described drug policy and human rights as existing in 'parallel universes' at UN level, and stated that domestic drug policy should ideally reflect member states' commitment to the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights, and other international human rights laws.

The use of capital punishment has been particularly controversial recently. A number of nations have criticised the use of capital punishment for drug offences in nations like Indonesia, whose high-profile executions of the 'Bali 9' drug smugglers drew international condemnation on human rights grounds. This highlights the divide in how human rights are interpreted in different countries and the conflict between these 'universal' rights and national sovereignty.

Women and children

While largely absent from 1961, 1971 and 1988 UN Conventions, the particular needs of women with regard to drugs and drug-related services have gained recognition at international level over the last few years. A 2005 resolution from the UN Commission on Narcotic Drugs officially recognised the impact of drug use on women's health and urged member states to develop prevention and treatment programmes tailored to women. There is growing awareness of the unique ways in which drug issues affect women, such as increased rates of physical and sexual abuse.

As with women, the three UN Conventions largely eschewed a specific focus on children and youth, and more recent UN documents such as the 2009 Political Declaration and Plan of Action offer little specific action apart from general affirmations to focus on youth. Once again, drug issues affect children and youth in particular ways and future policy should take this into account.

Sustainable development

Sustainable development came to the forefront of the international arena in 2015 with the adoption of the United Nations Sustainable Development Goals. Designed to replace the previous Millennium Development Goals, the Sustainable Development Goals adopt a broader approach and place greater emphasis on long-term, sustainable development rather than narrower targets like poverty reduction.

New Zealand is among the 193 UN member states which have adopted the Sustainable Development Goals. While none of the 17 goals explicitly focus on drugs, a number of them have clear linkages to drug issues, most notably goal number three (Health: ensure healthy lives and promote well-being for all at all ages).

Issues

Topic	Position
<p>Human rights and the death penalty</p>	<p>New Zealand supports a separate section on human rights in the Outcomes Statement. The Outcomes Statement should emphasise the need for greater integration between law enforcement and health responses, not just a focus on law enforcement and criminal justice.</p> <p>New Zealand has signed and ratified a number of international human rights treaties including the Universal Declaration of Human Rights, the UN Convention on the Rights of the Child, and the Convention on the Elimination of All Forms of Discrimination Against Women. We have been a strong voice for human rights in the international arena. New Zealand has never used capital punishment for drug offences, and abolished it for murder in 1961 and altogether in 1989.</p> <p>New Zealand has a clear international position that capital punishment is unacceptable anywhere, anytime, for any crime.</p> <p>Domestically, the New Zealand Bill of Rights Act 1990 and Human Rights Act 1993 are New Zealand's principal expression of civil, political and human rights. Several of the rights contained in these Acts relate to drug issues, such as the right to be free from unreasonable search and seizure and the right to refuse to undergo medical treatment. New Zealand has also established a Health and Disability Commissioner whose role includes safeguarding the rights of people who receive health services, including drug treatment services.</p>
<p>Compulsory treatment</p>	<p>New Zealand recognises the right for people to give informed consent to treatment, but believes there is a place for compulsory treatment in rare and exceptional circumstances.</p> <p>New Zealand's current approach to compulsory treatment for substance use disorders is outdated. The existing Alcohol and Drug Addiction Act 1966 does not adequately protect the rights of patients and is rarely used. As a result, New Zealand is currently in the process of reforming its approach to compulsory treatment for substance use disorders.</p> <p>The Substance Addiction (Compulsory Assessment and Treatment) Bill is currently before Parliament, and will replace the old Act and provide for a new regime which better protects individual rights. New Zealand's compulsory treatment regime will remain different to those overseas in that it is targeted primarily at gravely ill people who urgently require a 'safe place'. The new Act is more health-focused and inclusive of families, and also aims to protect and restore the mana and dignity of people receiving compulsory treatment.</p>

<p>Children, young people and women</p>	<p>New Zealand supports a focus on children, young people and women.</p> <p>Children, young people and their whānau are placed at the centre in New Zealand's drug policy. Delaying the uptake of alcohol and drugs by young people is one of the four main objectives of the National Drug Policy 2015-2020. The Policy recognises that young people are especially vulnerable to the effects of drug use and that substance use disorders tend to develop before the age of 25. Other Government policies, such as the Prime Minister's Youth Mental Health Project and Youth Crime Action Plan (YCAP), also focus on addressing youth drug issues.</p> <p>The YCAP actions for 2013-2015 targeted drug issues by increasing the number of youth forensic mental health staff attending at Youth Courts. The rationale for this was to provide specialist expertise to young people with mental health or drug issues attending Youth Courts. This will assist with decision-making and help to ensure that the right support is available for young people.</p> <p>Substance misuse is correlated with family violence. While drugs are not the cause of family violence, they can make it worse, and drugs can also be used as a coping device by victims. A Ministerial Group on Family Violence and Sexual Violence was formed in late 2014. It oversees a work programme aimed at improving the Government's response to family and sexual violence. Women, young people and children are among the populations at higher risk of experiencing family and sexual violence and their needs are at the centre of the work programme.</p>
<p>Sustainable development</p>	<p>New Zealand is committed to fostering sustainable development through the New Zealand Aid Programme.</p> <p>The mission of the New Zealand Aid Programme is to support sustainable development in developing countries in order to reduce poverty and contribute to a more secure, equitable and prosperous world. The Government has allocated \$550 million per year in baseline funding up until 2014/15. This amount will increase to over \$600 million in 2015/16.</p> <p>The Pacific region is the Aid Programme's core geographic focus, but New Zealand is also active in other countries such as Afghanistan and Indonesia where drug manufacture and supply are more prevalent. By fostering sustainable development and addressing socioeconomic issues in these countries, New Zealand helps to address issues such as instability and food insecurity which can drive drug manufacture and supply. While New Zealand does not carry out alternative development work directly, we do so indirectly through our existing contributions to the UN budget. The work of our aid programme also complements and supports the alternative development work being done by other organisations.</p>

<p>Domestic and international collaboration</p>	<p>New Zealand supports strengthening domestic and international collaboration.</p> <p>New Zealand's approach to social policy, including drug policy, is characterised by a high degree of cross-government collaboration. The National Drug Policy was developed by the Interagency Committee on Drugs, comprising the chief executives of the Ministries of Health, Justice, Social Development, and Education, New Zealand Police, the Department of Corrections, and the New Zealand Customs Service. New Zealand also runs the National Drug Intelligence Bureau, a joint operation between Police, Health, and Customs specifically for the purpose of drawing together information from those sectors.</p> <p>Other notable examples of cross-agency efforts to drug-specific and wider but inter-related social issues are <i>Tackling Methamphetamine: An Action Plan</i> and the <i>Youth Mental Health Project</i>. Both of these programmes are led by the Prime Minister and involve multiple agencies. The Methamphetamine Action Plan places a strong focus on treatment as well as enforcement. Since the Action Plan was implemented in 2009 the number of people seeking treatment has risen while the number of New Zealanders using methamphetamine has fallen. The Youth Mental Health Project aims broadly to improve mental health and wellbeing for young people, and one aspect of this is to focus on the impact that drug use can have on mental health.</p> <p>Internationally, New Zealand government agencies continue to forge links with their counterparts in China and Hong Kong to stop the supply of drugs and precursors to New Zealand and improve intelligence.</p> <p>An example of successful collaboration are Operations Sorrento and Wand in 2014, in which 123kg of methamphetamine and 92kg of ephedrine were seized in shipments which had originated in Southern China. Crucial evidence was coordinated from Beijing and Hong Kong to enable the arrest of syndicate members in Auckland.</p> <p>In addition, Hong Kong Customs frequently provides NZ Customs with actionable intelligence, and cooperates with requests for information and joint operations. Information from Hong Kong has led to drug interceptions in New Zealand, and authorities in Hong Kong have stopped couriers and shipments destined for New Zealand.</p>
<p>Measuring drug harm</p>	<p>New Zealand supports the measurement of broad drug harm objectives and considers there are opportunities to better link measures with wider social outcomes.</p> <p>The National Drug Policy uses four measurable objectives to provide a high-level indication of progress against the overarching goal to minimise alcohol and other drug (AOD)-related harm and promote and protect health and wellbeing. These are:</p> <ul style="list-style-type: none"> • delaying the uptake of AOD by young people • reducing illness and injury from AOD • reducing hazardous drinking of alcohol (acknowledging that alcohol is the drug that causes the most harm in New Zealand) • shifting our attitudes towards AOD. <p>New Zealand has also recently developed the <i>New Zealand Illegal Drug Harm Index 2016</i> (DHI 2016, to be published later this year) to provide a more comprehensive picture for illegal drugs.</p> <p>The DHI 2016 estimates the social cost of drug-related harms and intervention costs in 2014-15 as \$1.8 billion. The DHI considers the total cost of illicit drug use to have three components:</p> <ul style="list-style-type: none"> • The cost of personal harm, ie, the harms that affect an individual as a consequence of their drug use. This harm includes damage to physical health, psychological wellbeing and personal wealth. • The cost of community harm, ie, the cost of crime attributable to drug use, injury to others, the various harms to family and friends and a reduced tax base.

- The cost of agencies' interventions to address the harms associated with illicit drug use, including health, education and law enforcement costs.

The new DHI attempts to distinguish between the costs to dependent and recreational users. The cost to the family and friends of people who use drugs is identified in this report for the first time.

Unlike previous drug harm indexes, the social cost of harm associated with drug use (personal harm and community harm) is separated from the costs associated with attempts to address the issue (intervention costs). The new methodology also extends a technique developed by Professor David Nutt to estimate the economic harm associated with new and emerging drugs based on expert opinion. An estimate of the true cost of drug-related crime is also included for the first time in any DHI. This new classification identifies three types of drug-related crime: acquisitive crime by people who use drugs to support their drug use; funding of non-drug related crime types from the proceeds of drug trafficking as part of the diversification of organised crime's business interests; and tax avoidance on the revenue raised from the sale of illegal drugs. The DHI 2016 can be extended to accommodate new and emerging drugs in the future.