



# National Drug Policy 2015 to 2020

## Progress Report 2016

Minimise alcohol and other drug-related harm  
and promote and protect health and wellbeing

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# Introduction

## Purpose

This is the first annual report on progress made since the launch of the *National Drug Policy 2015 to 2020* (the Policy). Its purpose is to show progress against the Policy's baseline indicators and actions. It also provides supplementary data and commentary.

## Context and background

The Ministry of Health coordinates annual reports to Cabinet against the Policy's objectives and actions at the end of each financial year. The Inter-Agency Committee on Drugs, made up of senior officials from the Ministries of Health, Education, Social Development and Justice, the New Zealand Police, the New Zealand Customs Service and the Department of Corrections, approves the reports. Figure 1 on the following page provides an outline of the Policy.

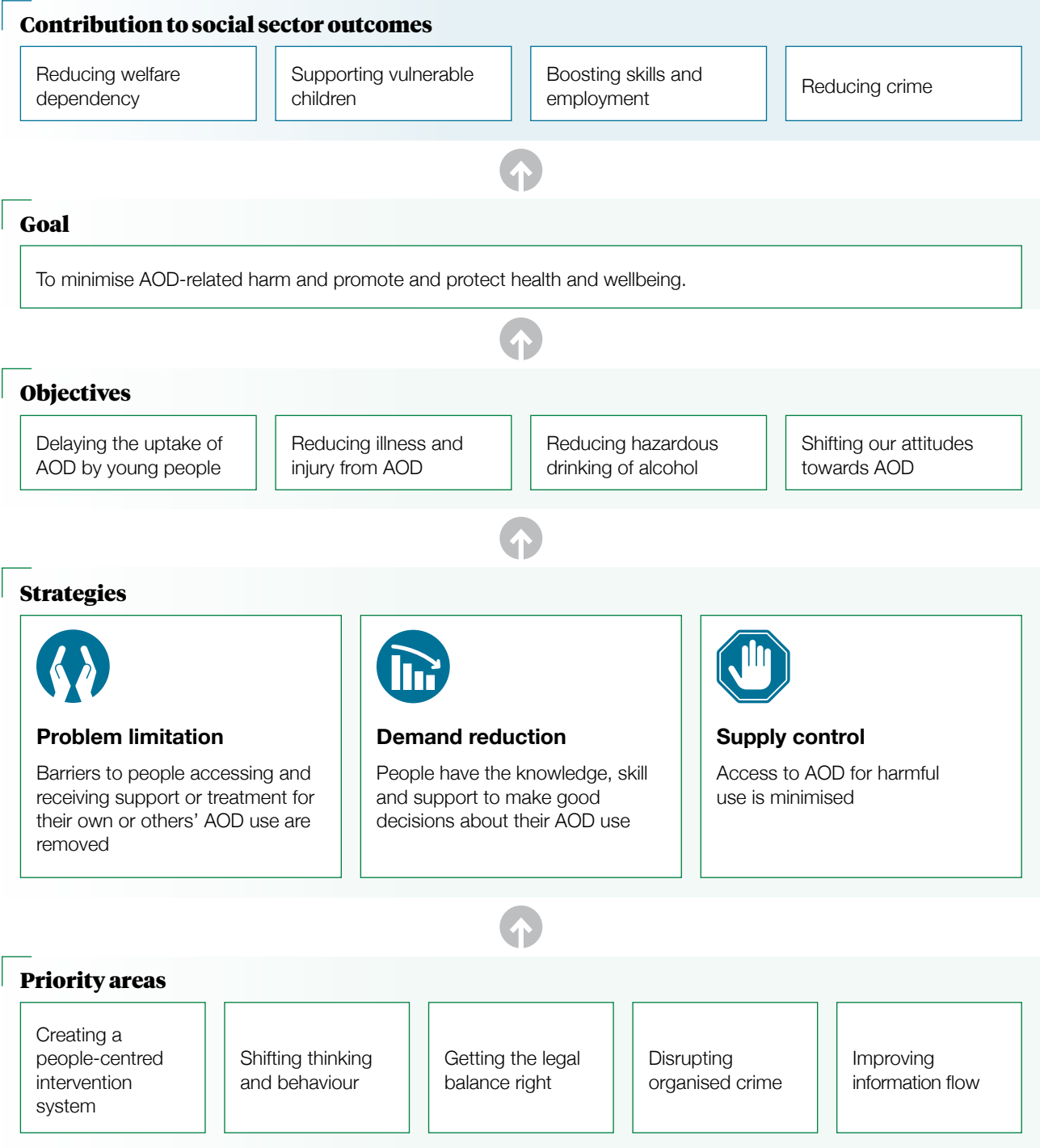
## Approach

This report measures progress towards the Policy's overarching goal: to minimise alcohol and other drug (AOD)-related harm and promote and protect health and wellbeing. It does so by measuring progress against the Policy's objectives and priority areas, and providing commentary on progress and highlighting achievements. Future reports will follow a similar format but will have more detailed commentary and data as more information becomes available and more actions are begun or completed.

## Limitations

The measures for each objective track progress towards the Policy's goal. While the contribution of some actions to the objectives is not easily quantifiable, we expect to see progress across all the objectives over the life of the Policy. We are just beginning to collect some of the data that will enable us to monitor this progress.

**Figure 1: The framework for the National Drug Policy 2015–2020**



# Progress on objectives

The Policy's objectives are:

- delaying the uptake of AOD by young people
- reducing illness and injury from AOD
- reducing hazardous drinking of alcohol
- shifting our attitudes towards AOD.

## Measures

Two of the eight measures in the Policy have new data.

Measure	Source	Baseline year	Baseline data	New data (July 2016)
People receiving a health-related benefit where the primary diagnosis is alcohol or substance abuse	Ministry of Social Development	March 2015	4,435	4,400 (as at March 2016)
Adults aged 15+ who have sought or been given advice, information or help on how to cut back their drinking in the last 12 months*	Health Promotion Agency's Attitudes and Behaviours towards Alcohol Survey	2014/15	5%	5%

\* This measure refers to the overall percentage of adults contacted in the Attitudes and Behaviours towards Alcohol Survey who had sought or been given such advice, information or help.

## Comment

The action for 2016/17 to develop and implement an AOD information plan (see page 13, Priority area 5: improving information flow) will underpin future measurement of progress.

# Progress on priority areas

The Policy's priority areas are:

- priority area 1: creating a people-centred intervention system
- priority area 2: shifting thinking and behaviour
- priority area 3: getting the legal balance right
- priority area 4: disrupting organised crime
- priority area 5: improving information flow.

## Priority area 1: creating a people-centred intervention system

### Commentary

Actions under way include the publication of case studies, the development of common tools and/or forums to share practice and celebrate success, and the development of initiatives and an implementation plan to improve outcomes for children of parents with mental illness and addiction.

The case studies featured in this report show the breadth of work under way to minimise AOD-related harm and promote and protect health and wellbeing. These case studies shine a spotlight on success and illustrate exemplary practice.

### Actions

Action	Year due	Status
Develop a system map of potential resilience and intervention points across a person's life stages	2016/17	To be commenced.
Develop and implement a strategic framework for adult and youth AOD services	2017/18	Early scoping work is under way.
Regularly disseminate case studies of good and innovative practice	Annual	Pending publication.
Develop common tools and/or forums to share practice and celebrate success to foster system learning and improvement	2017/18	To be scoped. Some consultation work has already been undertaken. As part of this work, the National Committee for Addiction Treatment held events on youth addiction treatment issues in 2013 and again in 2014.
Develop initiatives and an implementation plan to improve outcomes for children of parents with mental illness and addiction	2017/18	Phase 1 of this work (years 1 to 2) focuses on essential (basic) elements of practice. Phase 2 (years 3 to 5, 2017–18), will focus on best practice elements and embedding them in mental health services, in particular adult mental health services.



## Case study: Supporting children of parents with mental health and addictions

Living in a family where someone has a mental illness or an addiction can be stressful for everyone. Changes in family roles, strained relationships and feelings of social isolation due to the stigma associated with these conditions are common challenges for families where someone is affected by them.



Children in these families can be put at greater risk of developing similar conditions in the future. Addressing the needs of these children and their families is therefore important to help prevent and reduce the impact of mental illness and addiction.

Te Puawai Aroha (Blossoming Love), developed by Odyssey Auckland and funded by Counties Manukau District Health Board (DHB), is one programme that has been developed to offer help to children whose parents are affected by mental health or addiction issues. Te Puawai Aroha is an engaging and fun holiday programme that serves up to 50 children during the school holidays (up to 150 per year). It is based in the Counties Manukau DHB region, where approximately 25 percent of the population is under 19 years old.

‘One of the most important things for families on the programme is for them to have fun and positive social experiences with each other and with staff,’ says Farah Elnashi, Team Leader in the Odyssey Youth Service responsible for Te Puawai Aroha. ‘We know that positive social relationships are a strong protective factor for children.’

Odyssey’s person-centred, whānau-centred and strengths-based ethos enables staff to build effective relationships with families. The programme’s evidence-based approach builds family resilience by enhancing protective factors such as social skills and reducing risk factors such as social isolation.

Survey results from 93 people have been positive. Children, parents and referring services all report high levels of satisfaction with the programme and would recommend it to others. ‘Parents tell us that children get up early to attend, and many families want to attend more than once,’ says Farah.

One of the biggest benefits for both children and parents is meeting other families who share their experiences because they feel understood and accepted. Some families and their children have continued to meet outside the programme. One parent said of her son that ‘it helped for him to hear other kids’ experiences so he doesn’t feel so alone or different’.

Other benefits of the programme have included better family communication, having more social time together and an improved understanding of mental illness. ‘It’s special to see my child open up more. Now we have a greater understanding of each other.’

Parents say that the programme has also helped them: ‘Hearing my son say he’s proud of me helped me to stay more focused on my goals. I’ve now stopped all smoking and alcohol, which helps with my role as a mother. The kids are happier, my son has more confidence and we’re closer.’

te puawai  
**aroha**  
GROWING STRONGER, TOGETHER

## Priority area 2: shifting thinking and behaviour

### Commentary

One action in this area (the publication of a fetal alcohol spectrum disorder action plan) was completed in August 2016. Work has begun on the other actions. The high visibility of the Health Promotion Agency's 'Say Yeah, Nah / Ease up on the drink' campaign is of particular note and exemplifies the National Drug Policy's harm

minimisation approach in action. The campaign aims to contribute to changing New Zealanders' alcohol consumption behaviour from the current norm of high-risk drinking to one of moderation. As the lead agency, the Ministry of Health will work to ensure the multi-agency work is coordinated.

### Actions

Action	Year due	Status
Build on existing AOD-related public education campaigns to change culture, promote help seeking and address stigma	Ongoing	<p>'Go the Distance', the fourth phase of the 'Say Yeah, Nah / Ease up on the drink' campaign, was launched in January 2016. This phase is led by a TV commercial supported by online video placement; bar, stadium and festival advertising; a social media presence, such as on Facebook; and an online search activity to help people find campaign information faster.</p> <p>The Health Promotion Agency's 'Help Seekers' campaign, aimed at high-risk drinkers aged 18–39 and directing them to the Alcohol Drug Helpline, began on 1 May 2016 and runs to the end of July 2016. The campaign uses existing artwork and advertising across TV, online video, radio, digital and search spaces, including placing ads on other organisations' websites or Facebook pages.</p>
Publish a fetal alcohol spectrum disorders action plan	2015/16	Published August 2016.
Provide guidance to support schools dealing with AOD issues and helping students who need it, with a focus on keeping students engaged where possible	2016/17	A National Youth Services Advisor role has been funded (see case study).
Develop guidance for improving AOD intervention for services engaging with young people not in education or employment	2016/17	Survey questions are being developed to inform this work.

## Case study: Supporting communities to help young people with alcohol or other drug problems

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Ben Birks Ang gets young people. He's spent over a decade working with children and adolescents, building and leading youth addictions services. So when Odyssey Trust and the New Zealand Drug Foundation came together to create a new National Youth Services Advisor role, he was the natural choice.



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With his expertise, and support from the Health Promotion Agency and the Ministry of Education, Ben is making a real and positive impact on the lives of young people in New Zealand.

Ben supports schools and other services to use positive youth development to support young people to reduce their drug use.

Drugs (excluding alcohol) are the main reason for expulsions among New Zealand secondary school students. The ultimate focus is on supporting students to stay in school.

'It's about combining evidence with experience and acting as a catalyst to help communities to make a positive change,' says Ben. 'The key to success lies in empowerment – my role is to help services, who then help taiohi to help themselves.'

Ben works with young people and their whānau to find out what really matters to them when trying to access a service. He has supported Odyssey Trust to update the way they work, reducing the time a young person spends in assessment by 88 percent.

Early use of alcohol and other drugs is a predictor for ongoing problems, and that's why Ben thinks it's great that one of the objectives of the National Drug Policy is 'delaying the uptake' of these substances by young people.

He says, 'When young people use drugs and miss out on opportunities to develop, it can seriously affect their potential to flourish later in life. About half of the people who develop a substance use disorder will do so by the time they're 19 years old. So it's important that we focus our efforts on youth.'

'We also know that, along with the long-lasting consequences associated with substance use, there are further long-term harms created when a young person is removed from schooling, such as difficulty finding employment.'

'It's easy to talk in figures and statistics, but at the end of the day, this is about making a real impact on the lives of real people.'

## Priority area 3: getting the legal balance right

### Commentary

A number of actions are either complete or on track. They are to:

- work with the Expert Advisory Committee on Drugs to ensure harm minimisation is a central feature of drug classification assessments
- release a discussion document seeking feedback on appropriate regulation of drug utensils
- introduce the Substance Addiction (Compulsory Assessment and Treatment) Bill to Parliament

- develop a New Zealand position for the United Nations General Assembly Special Session on Drugs 2016 (UNGASS)
- review the effectiveness of new Police powers to deal with breaches of local alcohol bans.

The positive reception of New Zealand's National Statement at UNGASS was particularly pleasing. In addition, the New Zealand Drug Foundation was one of only five NGOs from the around the world invited to make a presentation at the summit.

### Actions

Action	Year due	Status
Work with the Expert Advisory Committee on Drugs to ensure harm minimisation is a central feature of drug classification assessments	2015/16	Project plan agreed. Work begun.
Review the regulation of controlled drugs for legitimate purposes (such as medicines) alongside reviews of the Medicines Act 1981 and other therapeutics legislation	2017/18	Scoping and research work to be undertaken in 2016.
Develop options for further minimising harm in relation to the offence and penalty regime for personal possession within the Misuse of Drugs Act 1975	2017/18	To be commenced.
Release a discussion document seeking feedback on appropriate regulation of drug utensils	2015/16	Published in July 2016.
Introduce the Substance Addiction (Compulsory Assessment and Treatment) Bill to Parliament	2015/16	Complete: the Bill was introduced on 15 March 2016.
Develop a New Zealand position for the United Nations General Assembly Special Session on Drugs 2016	2015/16	Complete: New Zealand's National Statement was well received and overall, the outcome of the summit was satisfactory from New Zealand's perspective.
Review the effectiveness of new Police powers to deal with breaches of local alcohol bans introduced through the Local Government (Alcohol Reform) Amendment Act 2012	2015/16	Data has been collected on Police use of the new Alcohol Infringement Offence Notices (AIONs) in the period 1 July to 31 December 2014. A quantitative evaluation report is under review, with the results of that review to be published shortly.
Evaluate the Alcohol and other Drug Treatment Court Pilot	2017/18	The interim process evaluation has been published. The final process evaluation is under way.
Commence a review of the policy and operation of the Psychoactive Substances Act 2013	2017/18	Work will commence in 2017.

## Case study: The Journey from Te Whare Whakapiki Wairua (The Alcohol and Other Drug Treatment Court) to Papa Taumata (Higher Ground)

For over 20 years, Mark Cowan lived to take drugs and did whatever was necessary to get them. As one of the early graduates of the pilot Alcohol and Other Drug Treatment Court Te Whare Whakapiki Wairua, he is now a very different person. Clean for over three years, his goal is to help others get off the drugs and crime treadmill.



Mark was brought up with strict Fa'a Samoa values: church, respect for elders and responsibility towards your job, your home and your parents. Yet at 14 years old, he 'exploded' into the world.

Until the age of 37, his life was a revolving door of crime, prison, release, crime and prison again. He wondered, 'Is this my life? Is this what life is all about?'

His partner and children were strong influences in his desire to change. 'You get tired of it. You want something different.'

In jail, there was talk about the Alcohol and Other Drug Treatment Court (AODTC) being set up. Mark's lawyer asked if he wanted to go there. 'Yeah, I'll do it, sign me up,' Mark said. 'Yet in my mind, it was just another tool to get out of jail.'

He had no idea what to expect. 'It was mind blowing. The Police prosecutor said he had faith in me; a judge said she had faith in me and asked if I wanted to give it a go. In the past, it would have been me against them.'

Mark went to residential drug treatment at Higher Ground, run by Wings Trust in Auckland. 'I had to find out what made me tick. It was the hardest thing I'd ever had to do. It was the right place for me. Higher Ground turned me around.'

For 21 months, he attended the AODTC regularly, where he was intensively monitored and supported by the Court team to complete treatment at Higher Ground. Mark also did community work, went to 12 Steps meetings and had a restorative justice meeting with his victims.

During this time, he was drug tested regularly and randomly, providing the Court with objective evidence of his abstinence. 'People would celebrate with you. It's uplifting. It gives you confidence. Their passion rubs off. They just want you to try and live your life in a different way. They had trust in me, which was something completely new. Having those people in your corner, you can do it.'

Now Mark is working as a supervisor at Higher Ground. 'When I tell people, there's definite pride.' He also stays involved with the AODTC team. 'It reinforces my pathway. My passion is the prisoner because I was the prisoner, looking out of the bars, dreaming of hope and what my life would hold and yet helpless to achieve that.'

His message now: 'You can change. I never used to think you could.'

## Priority area 4: disrupting organised crime

### Commentary

Actions in this priority area are mostly ongoing commitments. Good progress is being achieved. The development of a wide range of productive working relationships with overseas agencies is particularly

notable and has led to some excellent results. Ongoing cultivation of these relationships, primarily by Customs and Police, will ensure this success is maintained and strengthened.

### Actions

Action	Year due	Status
Conduct the National Cannabis and Crime Operation to disrupt the activities of organised crime groups involved in the cultivation of cannabis	Annual	Results and intelligence collated and first formal debrief delivered in June.
Implement the Whole of Government Action Plan on Tackling Gangs	2017/18	<p>Ongoing across a range of areas as set out below.</p> <p>The Gang Intelligence Centre, launched in March 2016, informs targeted enforcement and social interventions.</p> <p>Start at Home community-based pilots in Whakatane, Gisborne and Flaxmere focus on employment, education and youth. A further pilot in West Auckland is to begin from July 2016.</p> <p>Border Taskforce Control measures have been implemented to strengthen information sharing for the interdiction of travelling gang members. These measures also assist in interventions with gang deportees from Australia.</p> <p>Record seizures of methamphetamine and ephedrine have been made at the border. The Australian Crime Commission is sharing information via the Gang Intelligence Centre to strengthen the border.</p> <p>An asset recovery task force, staffed by Police, the Serious Fraud Office, the Financial Intelligence Unit, Customs and the Inland Revenue Department (IRD), has been set up to strengthen efforts to prevent and target financing of crime and profit received from crime.</p> <p>Legislative proposals for Firearm Prohibition Orders and for drug detector dogs at internal borders have been developed. IRD is also pursuing changes to the Tax Administration Act to enhance information sharing.</p>

Action	Year due	Status
Work with authorities in drug source and transit countries to break precursor chemical and drug supply chains into New Zealand	Ongoing	<p>Off-shore Police and Customs Liaison Officers are now well-accepted intelligence conduits in transit and source countries. The resulting two-way intelligence sharing is facilitating increased interceptions and seizures.</p> <p>Agencies continue to develop and expand relationships with overseas law enforcement agencies, increasingly so with the United States, Mexico and Canada to combat the threat posed by methamphetamine of Mexican origin.</p> <p>A number of successful operations were concluded in the first half of 2016, involving close cooperation with overseas agencies. For example, Thai authorities terminated an operation initiated by Police and Customs liaison officers based in Bangkok that had identified a criminal network trafficking drugs from Thailand to New Zealand.</p>

Action	Year due	Status
Continue multi-agency investigations and targeting operations focused on identified vulnerabilities of key organised crime groups and the drug supply chain	Ongoing	<p>Inter-agency relationships are enabling increasingly agile responses to intelligence opportunities. Vulnerabilities of organised crime groups are being swiftly exploited.</p> <p>This approach is leading to good success. In May 2016, the largest ever methamphetamine seizure at a New Zealand airport was made when about 20 kilograms of the drug, with an estimated street value of around \$20 million, was seized by Customs. In the same week, Police and Customs terminated a major operation involving importing and distributing methamphetamine in the North Island. This operation included the interception of \$1.2 million worth of methamphetamine in packages over the preceding month.</p>

Action	Year due	Status
<p>Implement the Organised Crime and Anti-corruption Legislation Bill provisions (once enacted), which include initiatives that will assist disruption of illicit drug supply, using:</p> <ul style="list-style-type: none"> <li>a more effective money laundering offence</li> <li>improved detection of drug supply networks through reporting of international and large cash transactions to Police</li> </ul>	2017/18	<p>Public consultation is under way on prescribed transaction reporting requirements, with a view to regulations being in force by August 2016.</p> <p>The Police Commissioner has issued directions and made delegations to Police personnel to ensure the sharing of personal information is appropriate and in line with the Policing Act 2008.</p> <p>Police is consulting all corresponding overseas agencies on the changes. Once this consultation and any resulting changes are completed, all agency-to-agency agreements will be published on the Police website.</p>

## Case study: Operation Daydream: Supporting communities to reduce the harm of methamphetamine

When Waikato Police identified a meth lab in a small rural town, they decided to take a new approach to tackling the problem of methamphetamine supply.



The result was Operation Daydream, an initiative that shows the National Drug Policy in action across all three of its strategies (problem limitation, demand reduction and supply control), enabling people to promote and protect their own health and wellbeing, and that of their community.

Using a problem-oriented policing method called SARA (Scanning, Analysis, Response and Assessment), Police led by Detective Ian Foster, identified demand for methamphetamine as the key problem to be addressed.

'We established early on a need to identify and speak to users to establish why there was a demand,' Detective Foster said.

For a covert operations group used to working in the shadows and targeting the supply, this was a real change of mindset.

A four-month covert operation, Operation Daydream, commenced, and in November 2015, search warrants were executed, arrests made and the supply syndicate removed. Traditionally, this would have been the end of the operation.

In this case, however, over 40 users identified during the investigation received visits from Police after the operation finished. 'We took a non-confrontational

approach,' Detective Foster said: 'We know you're using, but we are not here to arrest you. We want to learn from you and offer support.'

This proved to be a positive and productive approach. Users engaged with officers, giving insight into the reasons for their use. Further evidence about patterns of use was obtained, with one user stating he had been buying meth for at least eight years.

Analysis of the problem also identified a lack of community awareness about methamphetamine. 'Everyone has heard of meth, but they didn't really understand the signs and symptoms,' one member of the community said.

The information gained from the users was presented at a community awareness meeting attended by over 300 people. One person who attended said they were 'blown away' by what they didn't know about methamphetamine and felt empowered to help their community.

Several users have been in rehab since the Police visits. One former user has reconnected with family and found employment. This shows how new approaches to problematic drug use can achieve substantial reduction in demand and make positive differences in people's lives.



## Priority area 5: improving information flow

### Commentary

One action in this priority area (to publish a literature review of population-level AOD impacts and unmet needs) has been deferred and is now scheduled for completion in 2016/17. Work on the other actions is either complete or on track.

Infrequent rollover of many statistical measures supporting work in this area, as well as people's lack of willingness to disclose illegal activity, can limit work to obtain an accurate picture of trends. Work to develop and implement an AOD information plan will address these limits.

### Actions

Action	Year due	Status
Develop Tier 1 statistics for alcohol and other drug harm	2015/16	Tier 1 statistics for alcohol harm developed.
Develop a multi-agency Early Warning System for the purposes of monitoring emerging trends and informing both enforcement and harm reduction strategies	2016/17	Multi-agency project. To be scoped.
Update the New Zealand Drug Harm Index	2016/17	Complete: the updated New Zealand Drug Harm Index was published on 7 April 2016.
Publish a literature review of population-level AOD impacts and unmet needs	2015/16	To be completed in 2016/17.
Develop and implement an AOD information plan	2016/17	To be commenced.

## Case study: The New Zealand Drug Harm Index: Better data to help direct efforts

Underlying any effective programme is good information about the issues to be addressed. Obtaining good information about the extent of drug use and drug harm means we can direct resources to where they are most needed and design initiatives that will help minimise harm and promote and protect health and wellbeing.



Data may appear dry and removed from life-changing initiatives, but it plays a vital part in ensuring those initiatives are as effective as possible.

A revised New Zealand Drug Harm Index was launched in April 2016, replacing the original Index launched in 2008.

The new Index estimates the social cost of drug-related harms and intervention costs in New Zealand during 2014/15 as \$1.8 billion.

The revised model breaks down the total cost of illicit drug use into three components:

- the cost of personal harm (ie, harms to individual people as a consequence of their drug use), comprising harms 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 interventions by agencies that occur as a result of attempts to address the harms associated with illicit drug use, which include health, education and law enforcement costs.

The 2016 Index contains a number of innovative features that advance the way the harm from illegal drug use can be estimated and understood. It can, for example, be updated as new information comes to hand and can be used to highlight areas where further research is needed.

The first updates of selected information are already being used to provide policy advice to government to contextualise the National Drug Policy's goal to minimise AOD-related harm and promote and protect health and wellbeing.

'The new Drug Harm Index will enable us to develop a better understanding of drug-related harms and hopefully help us design effective future initiatives,' said a senior Ministry of Health official involved in mental health and addiction work.

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# Sources of information

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