

**AT THE HEART
OF THE MATTER,
NZ DRUG
FOUNDATION.**

Te Tūāpapa Tarukino o Aotearoa

State of the Nation

2022

**A stocktake of how New Zealand
is dealing with drug use and drug harm**

February 2022



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Te Tūāpapa Tarukino o Aotearoa

The Drug Foundation has been at the forefront of major alcohol and other drug debates for over 30 years. We take the lead in Aotearoa New Zealand promoting healthy approaches to alcohol and other drugs.



PUBLIC EDUCATION, INFORMATION & OUTREACH

We create resources and lead work in schools and workplaces to reduce alcohol and drug harm.

CREATING SOLUTIONS WITH COMMUNITIES

We work with communities, especially tangata whenua, to find effective solutions to drug issues.

POLICY DEVELOPMENT

We advocate for evidence-based policies and effective treatment services that will build a healthy society with the least possible harm from drug use.

Tēnā koe

Welcome to our 2022 State of the Nation report, our effort to tell the overall story of **drugs in Aotearoa**.

This report pulls together the latest data from a wide array of sources such as Police, the Ministries of Health, Justice and Education, DHBs, Customs, service and treatment providers, and health surveys.

Our hope is that it provides a useful basis for the public, the media, the health sector and policy makers to debate and develop the solutions we need to see an Aotearoa free from drug harm.

As with every other aspect of our lives, the story of drugs in Aotearoa has been affected by the disruption of Covid-19. We've attempted to add caveats where we think 2020/21 data are likely to have been affected by lockdown and border disruptions.

But as we've all been grappling with the pandemic, life has continued, and along with it so has drug use, drug harm, hospitalisations, exclusions from school, charges and convictions. There are important stories and trends contained in this report that need our urgent attention.

Māori suffer grossly inequitable outcomes in almost every aspect of this report. Drug-related deaths for Māori are three times the rate for non-Māori (page 22); wāhine Māori are 3.6 times more likely to smoke daily than non-Māori women (page 10) and are 2.7 times more likely to use amphetamines (page 16); only 42% of Māori in addiction treatment were double vaccinated as at late-November – half the rate of the general population (page 27); and Māori make up 48% of those convicted for drug possession offences and 61.9% of those sentenced to prison for these offences (page 48).

Alcohol is still by far the most widely consumed drug and causes the most harm, with 19.5% of adults drinking in a way that's likely to cause them harm (page 5).

Methamphetamine use remains relatively steady, but its impacts on different communities vary greatly. Women living in our poorest neighbourhoods are 18 times more likely to use amphetamines (including methamphetamine) than women living in the wealthiest neighbourhoods (page 16), but our one-size-fits-all approach to the drug doesn't take these differences into account.

An estimated 94% of those using cannabis for medicinal purposes, 266,700 people, are still accessing the drug through the black market (page 58).



There are still too many young people entering the youth justice system for drug offences – 913 in 2020 (page 50) when we should be offering health responses first, and too many being excluded, expelled, or suspended from school for drugs (page 53).

Alongside these alarming statistics, there has been some progress for health-led and harm reduction approaches.

New Zealand became the first country to permanently legalise drug checking in December 2021 (page 38), and the health-based methamphetamine initiative Te Ara Oranga has been expanded (page 40).

Changes to our drug laws in 2019 have seen a reduction in charges and convictions, but far less than hoped (page 45) – and how the new law is applied depends on some factors that should not be relevant, including the type of drug used.

The Drug Foundation launched The Level to provide a range of harm reduction advice direct to people who use drugs (page 38), and many other harm reduction initiatives and services have been seeing positive results (page 38-41), but there is much missing, including safe consumption and overdose prevention services.

These are just some of the stories, data points and trends that you'll find in the report. As you can see, there is a lot of work we all need to do.

Statistics are useful for helping us to see the big picture, but they also run the risk of detaching us from the real harm and trauma behind them.

As you read this report, **please remember that each of these numbers represents real people, real whānau and real communities**. They need us to take action.

Ngā mihi,

A handwritten signature in blue ink, appearing to read 'Sarah Helm'.

Sarah Helm, Executive Director

AT THE HEART OF THE MATTER, NZ DRUG FOUNDATION.

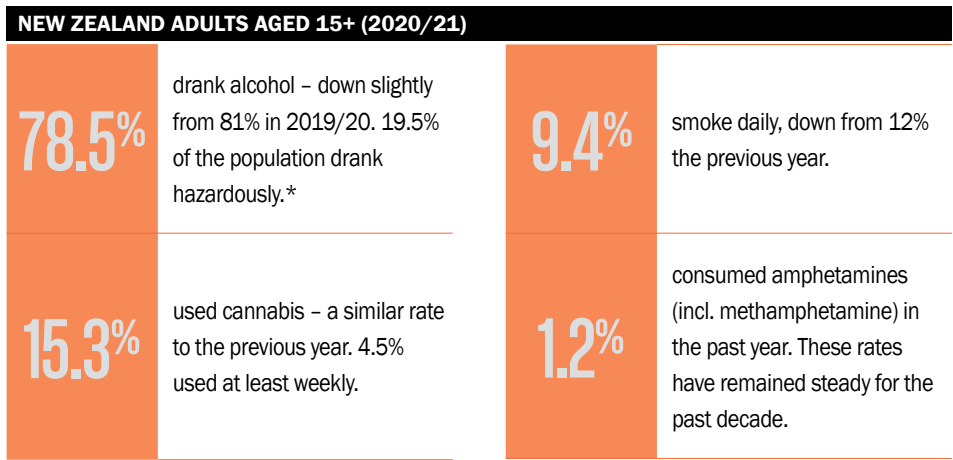
Te Tūāpapa Tarukino o Aotearoa

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Most New Zealanders use alcohol and other drugs



Source: New Zealand Health Survey 2020/21¹

Alcohol and drug use rates remained steady or fell this year

The substances that New Zealanders use most, and that cause the most harm, continue to be alcohol and tobacco.

Most New Zealand adults aged 15+ use alcohol at least once a year and a concerning number use in a way likely to cause themselves harm (19.5%). Smoking rates continue to fall but remain stubbornly high in some demographic groups.¹

Our next most-commonly consumed substance is cannabis, with 4.5% of adults using it at least weekly. 15.3% of us use cannabis each year – a rate nearly double that of ten years ago.¹



Source: New Zealand Health Survey ¹

Police wastewater testing shows that people use drugs in every community in New Zealand

Waste-water testing shows patterns of drug use differ across the country. Scientists test for methamphetamine, cocaine, MDMA, heroin and fentanyl.

Fentanyl and heroin are not detected in quantifiable levels at any testing sites, and New Zealand consumes low quantities of cocaine compared to many other countries.

We continue to see steady consumption of methamphetamine and MDMA (ecstasy) throughout New Zealand. Patterns of consumption for these substances change on a monthly basis with fluctuations in local supply, price and (particularly in the case of MDMA) quality.²

* Hazardous drinking is measured using the 10-question Alcohol Use Disorders Identification Test. This covers alcohol consumption, dependence and adverse consequences. People are considered to drink hazardously if they have a score of 8 or more. This score represents a regular pattern of drinking that has a high risk of future damage to physical or mental health.



Why do people use drugs?

People use alcohol and other drugs for many reasons.

Some of these reasons include pleasure and recreation, spiritual discovery, performance enhancement, experimentation, peer pressure or to self-medicate physical problems, emotional pain or trauma.

MOST DRUG USE IS NOT HARMFUL

While it's safest not to use alcohol and other drugs, most people are not harmed much, or at all, by their use.⁵⁸

DRUGS CAN CAUSE SERIOUS HARM TO SOME

For a small group of users, drug use – whether legal or illegal – can cause significant harm. Harms include illness, injury, addiction and even death, with the effects borne by whole communities.

WHY DO SOME PEOPLE STRUGGLE WITH DRUGS AND ALCOHOL?

The likelihood of harmful use patterns developing depends on a range of social, cultural and genetic factors. Although chemical addiction can play a part, more significant factors contributing to substance use disorders are trauma and abuse, mental health problems, stress, poverty, and housing insecurity. As a result, the most disadvantaged are often the worst affected.

Māori, Pacific people, and people living in the poorest neighbourhoods are more likely to experience harm from their own alcohol or drug use, and are most likely to want help with their drug use but not receive it.⁵⁷



4 out of 5 New Zealand adults who used an illicit drug in the past year reported no harmful effects.

Source: New Zealand Health Survey ⁵⁸

LEGAL DRUGS - ALCOHOL

A large proportion of New Zealanders drink alcohol in a way that causes them harm

78.5% of New Zealanders drank alcohol in the past year at least once. Yearly prevalence for alcohol use has remained pretty steady over the past decade.¹

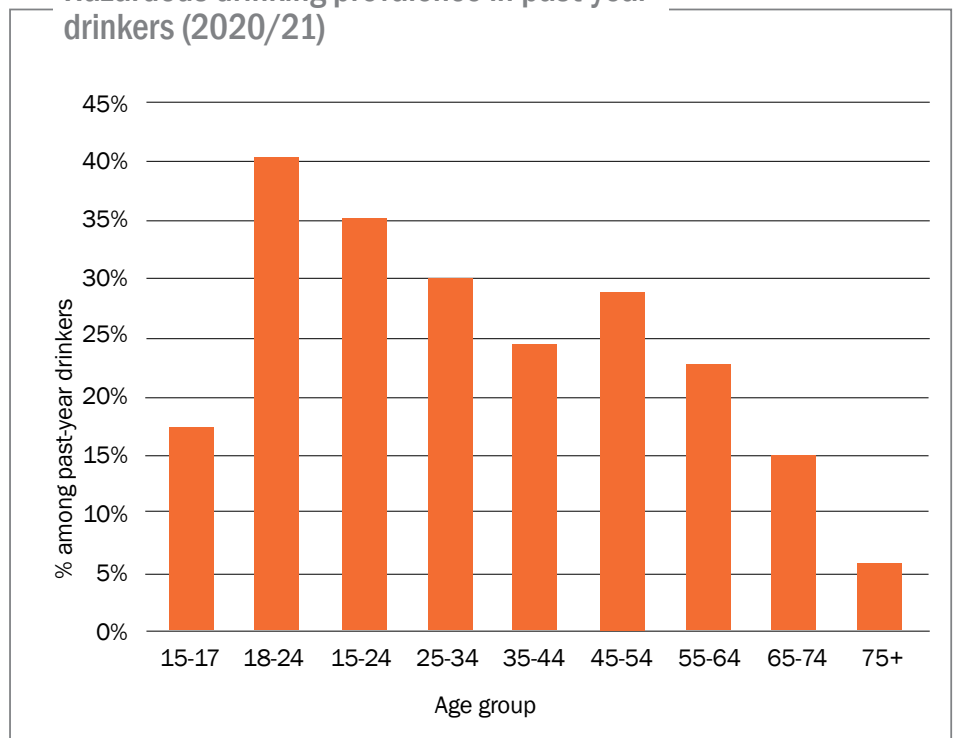
Men are slightly more likely to drink than women (at an adjusted ratio of 1.09).

Those aged 18-24 are most likely to be past-year drinkers – 86.3% drank last year. 59.3% of young people aged 15-17 drank in 2020/21, and these rates have remained steady over time.¹

Of adults who drank, 25.4% did so hazardingly in 2020/21 – an estimated 825,000 adults. This rate has remained relatively steady over time, though the number of adults affected is increasing along with our population.

Those aged 18-24 are by far the most likely age group to drink hazardingly – a massive 40.5% of past-year drinkers of that age did so in a way that risked their future health, a rate that has remained relatively steady for the past five years.

Hazarding drinking prevalence in past-year drinkers (2020/21)



Source: NZ Health Survey ¹

“Immeasurable and often long-term harm lies behind this data, to the drinker themselves but also to their partner, children, wider family, employer and community. It is without doubt that our weak regulation of alcohol in New Zealand enables our pro-drinking environment, making it harder for drinkers to come forward for treatment. Changing our drinking environment to prevent the development of alcohol use disorders will bring about the greatest health and equity gains, for this generation and the next.”

Nicki Jackson, Executive Director, Alcohol Health Watch ¹³



Pacific peoples have low drinking rates, but those who drink are more likely to do so hazardously

Pacific peoples are about 20% less likely to drink than the rest of the population. However, 28.7% of those who drink do so with the intention to get drunk most, some or all of the time, compared to just 11.2% of the general population who do so.³

42.8% of Pacific adults who drank in the past year did so in a way that had a high risk of future damage to physical or mental health (1.52 times the rate of non-Pacific peoples).¹

Pacific adults are also more likely to experience harm from their own or someone else's drinking – 63.7% reported this in 2020, compared to 45.7% for the population overall.³

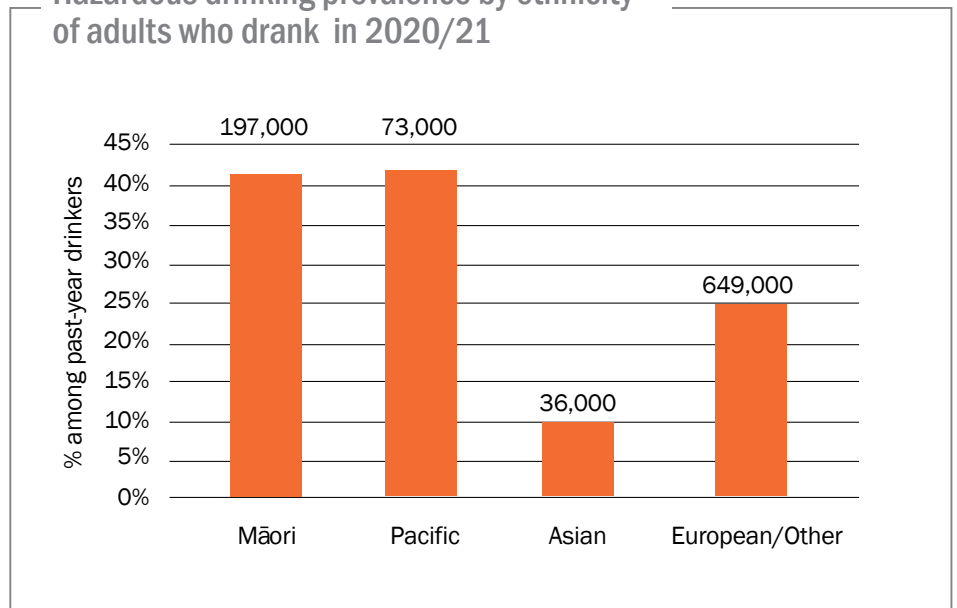
Māori are also more likely to drink hazardously

80.9% of Māori drank alcohol in 2020/21 – a similar rate to non-Māori. However, those who drank were 1.63 times more likely to drink hazardously than non-Māori.

41.2% of Māori who drank in 2020/21 did so hazardously – around 197,000 people.¹



Hazardous drinking prevalence by ethnicity of adults who drank in 2020/21



Source: NZ Health Survey ¹



Overall alcohol consumption did not increase during the pandemic as feared

During the April 2020 lockdown, around 19% of people drank more than usual, but around 34% drank less.

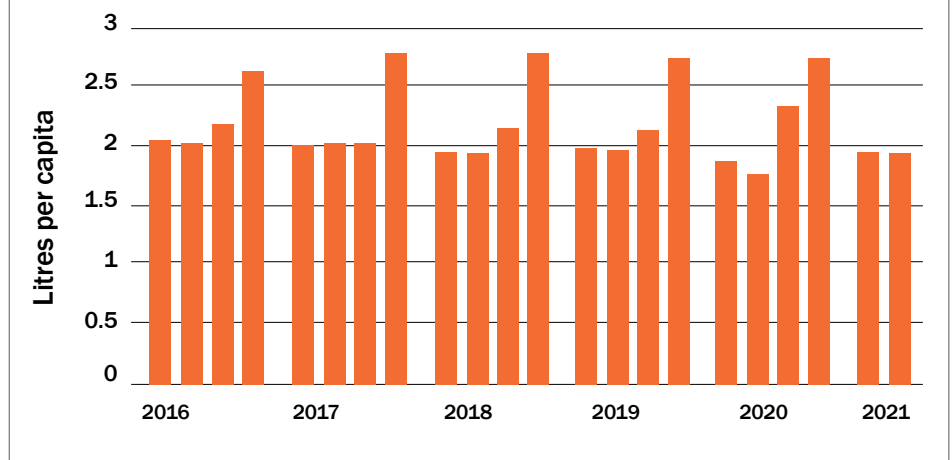
Overall alcohol consumption during that quarter and the next fell slightly as a result. The amount of alcohol consumed by New Zealanders taken as a whole appears to have returned to normal relatively quickly after that period.⁴

We compared alcohol consumption rates from January 2018 – June 2019 with the same 18-month period from January 2020 – June 2021 (before and after Covid-19) and found:

- New Zealanders drank less than normal in the second quarter of 2020 (when we had our first national lockdown), but more in the third quarter.
- Total consumption by adults during the 18 months since the pandemic began was 12.58 litres per capita, down very slightly compared to the corresponding period before Covid-19 (12.69 litres per capita).⁵

Wine consumption went up slightly, and beer consumption fell slightly during the period.

Quarterly alcohol consumption per capita, population 15+



Source: Stats NZ ⁵

Overall alcohol consumption patterns, while useful, do not reflect individual stories or show the unequal effects of the pandemic.

Service providers report that for some cohorts they work with, the added social issues brought by increasing poverty and housing instability – particularly as a result of the lockdowns – has led to increased consumption of alcohol and other substances. Meanwhile, others have used time away from normal daily life to reduce or quit harmful use.

The real price of alcohol **HAS FALLEN BY 6%** since 2012

Source: Te Hiringa Hauora Health Promotion Agency ⁶



TOBACCO

Tobacco use is heavily impacted by socio-economic status and ethnicity

9.4% of New Zealanders smoke daily – an estimated 387,000 adults. The rate of daily smoking has fallen nearly 5% in the past five years.¹

Socio-economic status makes a huge difference to how likely a person is to smoke, with those living in the poorest neighbourhoods more than seven times more likely to smoke daily than those in the wealthiest.¹

Geographical differences are reflected in smoking rates by DHB – those living in Tairāwhiti are 2.5 times more likely to be a current smoker than those living in Capital and Coast.⁷

Māori are more than three times more likely than non-Māori to smoke daily, and Pacific adults are 1.81 times more likely to smoke daily than the rest of the population. People who identify as Asian smoke daily at just a third the rate of other ethnicities.

Adults living with a disability are significantly more likely to smoke daily than non-disabled people (adjusted ratio of 1.88).¹

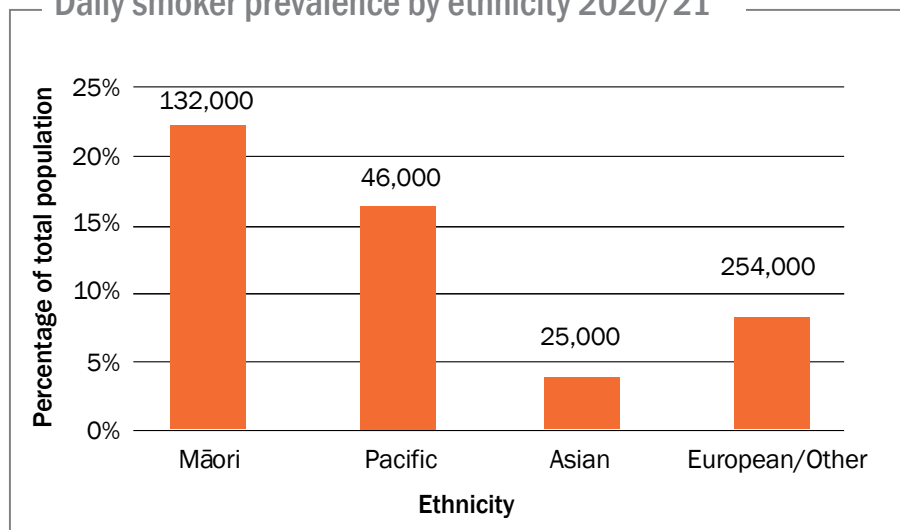
Tobacco use by young people continues to fall

In 2020/21, 1.1% of young people aged 15-17 smoked daily, down from 6.6% ten years ago.

According to the New Zealand Health Survey, 5.8% of 15-17 year-olds used e-cigarettes daily in 2020/21 – though note that the sample size was small for this age group.¹

Some schools and health providers have expressed concern about an apparent increase in vaping nicotine products amongst young people during 2020/21. Unfortunately, due to the national lockdown, data from the yearly ASH survey of Year 10s is not yet available for 2020.

Daily smoker prevalence by ethnicity 2020/21



Source: NZ Health Survey ¹

6.2% OF ADULTS

were daily e-cigarette users in 2020/21, up from 3.4% the previous year ¹

“ We welcomed the launch of the bold new Smokefree Aotearoa 2025 Action Plan in December 2021. It will help us reach our Smokefree goals, for example by reducing the number of outlets where tobacco can be sold, improving health interventions, supporting Māori leadership and holding government to account.

“As always, we are wary of the unintended impacts of the prohibition of any substance, so we’ll be seeking more information about how the government plans to implement the ‘smokefree generation’ and low-nicotine product proposals. We will be keeping a close eye on the legislation as it is drafted.”

Sarah Helm, Chief Executive, NZ Drug Foundation

MĀORI WOMEN ARE

3.6 TIMES MORE LIKELY

to smoke daily than non-Māori women ¹

ILLEGAL DRUGS - OVERVIEW



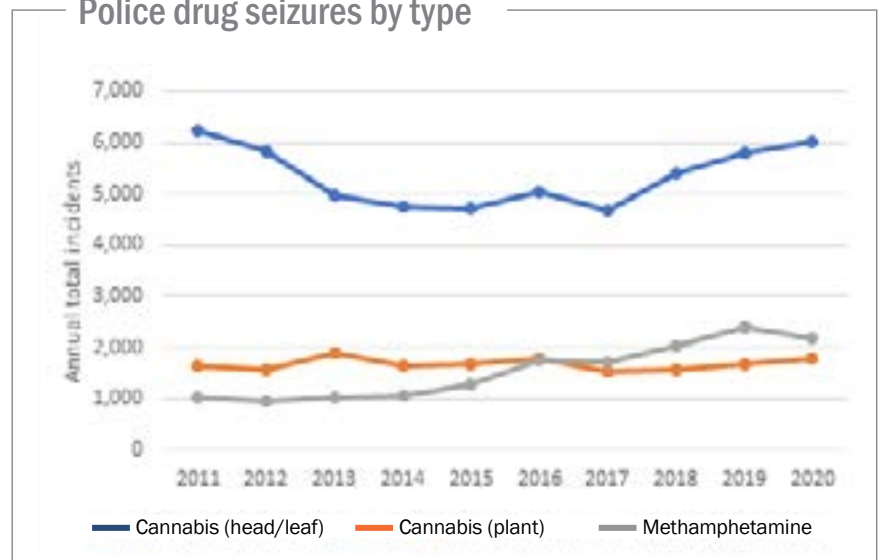
Cannabis is the most frequently seized drug

Data on Police seizures can't give us the full picture on what people are using in the community, but it can provide some insights.

Cannabis is the most frequently seized drug by Police by a huge margin, and the amount seized has increased since 2017.⁸

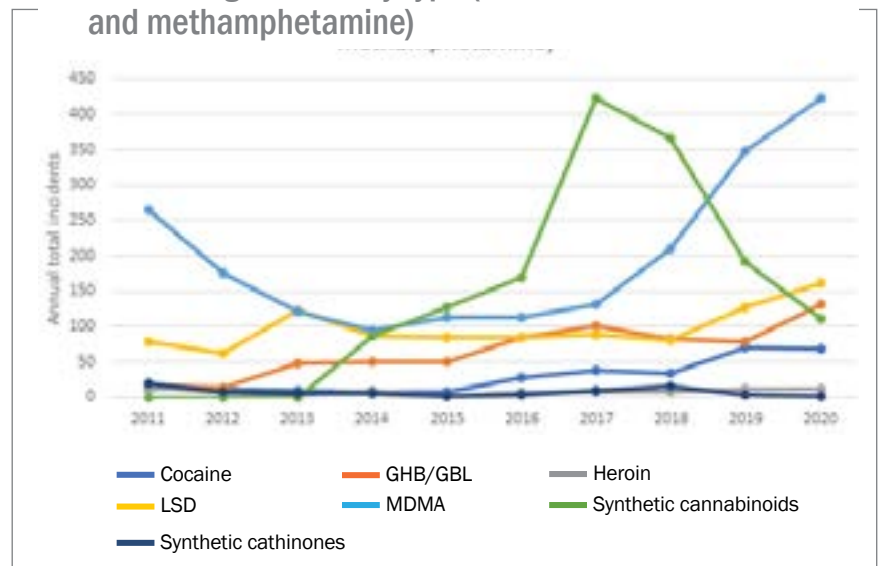
Other drugs are seized far less often, but the increase in MDMA seizures over the past three years is notable – as is the fall in seizures of synthetic cannabinoids.⁸

Police drug seizures by type



Source: National Drug Intelligence Bureau ⁸

Police drug seizures by type (excl. cannabis and methamphetamine)



Source: National Drug Intelligence Bureau ⁸



Wastewater testing can tell us a lot about drug consumption across the country

While wastewater testing is good for comparing different regions, it can't tell us how many people in each area are using substances, nor whether they are experiencing harm from their use.²

Fentanyl and heroin were not detected in quantifiable levels at any testing sites

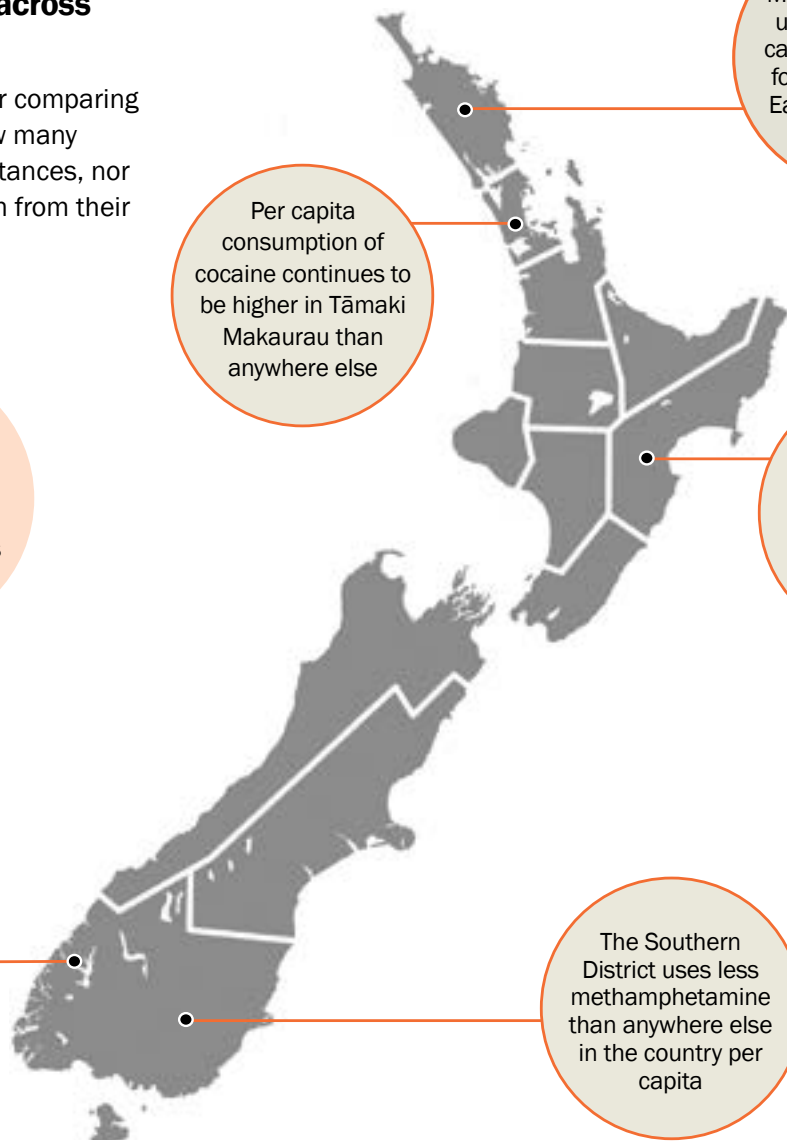
Per capita consumption of cocaine continues to be higher in Tāmaki Makaurau than anywhere else

Methamphetamine use is highest per capita in Northland, followed closely by Eastern and Bay of Plenty districts

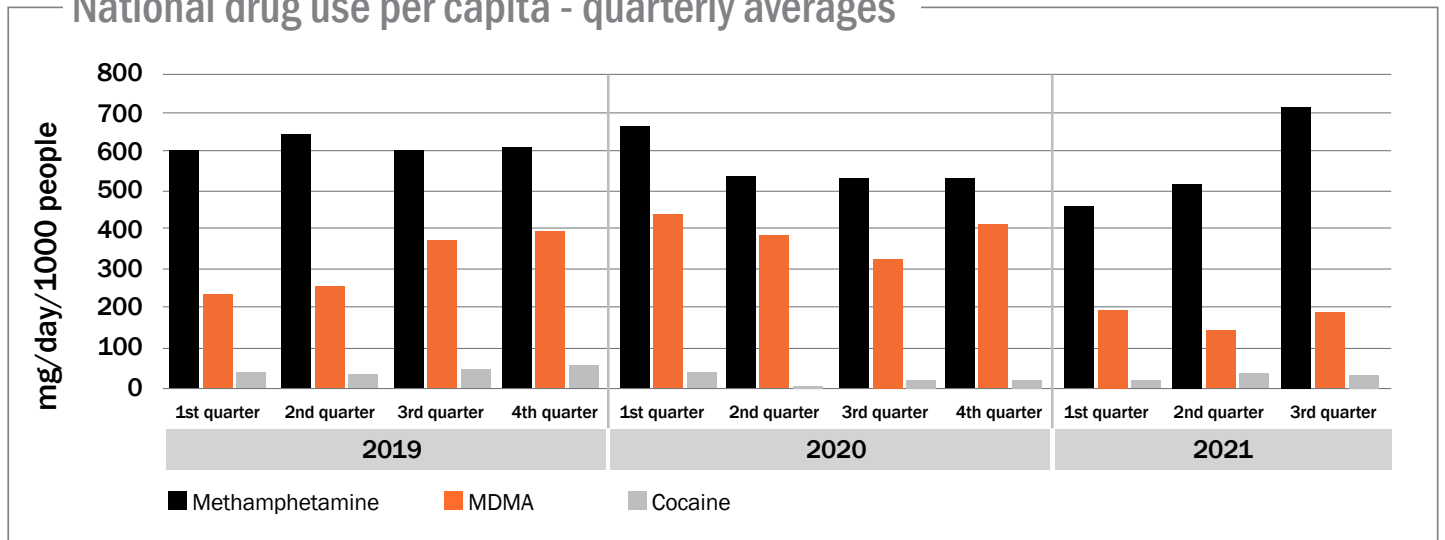
People in the Eastern District use less MDMA per capita than anywhere else in the country

The largest quantity of MDMA per capita was used in Southern District, followed by Canterbury and Wellington

The Southern District uses less methamphetamine than anywhere else in the country per capita



National drug use per capita - quarterly averages



Source: National Drug Intelligence Bureau⁹



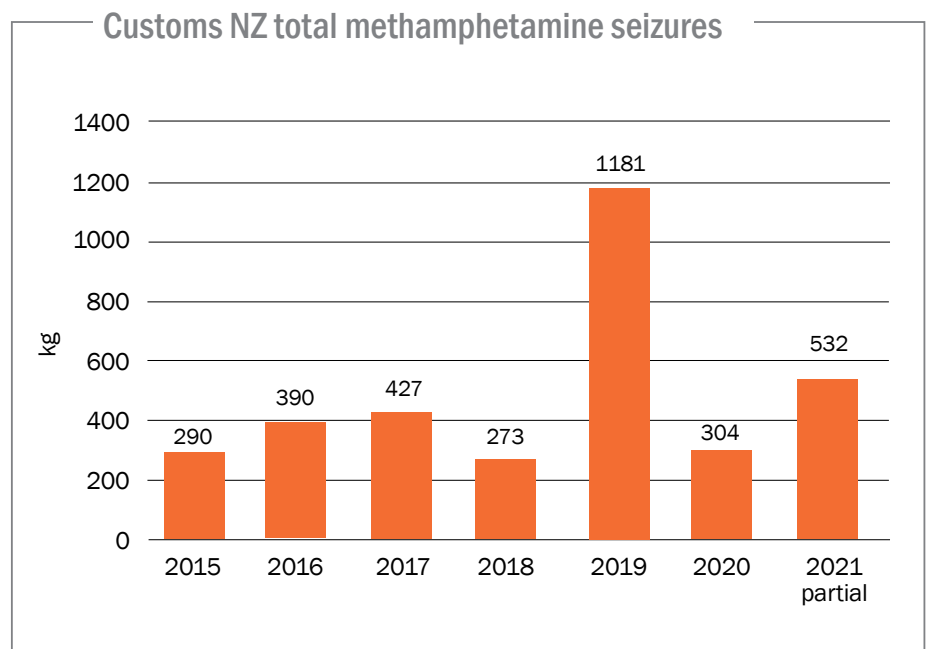
Customs had another busy year, mostly with methamphetamine and MDMA

Seizures by Customs at the border give an indication of what is coming into the country. Note though that only a portion of what comes in is intercepted, so data cannot accurately show an increase or decrease in drug use or harm.

In 2020, Customs seized

- 339kg of MDMA (ecstasy)
- 304kg of methamphetamine
- 19kg of synthetic cathinones
- 12.6kg of cocaine
- 5kg of synthetic cannabinoids
- 1.2kg of cannabis (head/leaf)
- 343 grams of heroin
- 615 litres of GHB/GBL and
- 1352 LSD blotter tabs/trips.⁸

Methamphetamine seizures fluctuate a lot, even while use prevalence rates remain relatively steady. By October 2021, Customs had seized 532kg of the drug at the border – up 74% from 2020.



Source: National Drug Intelligence Bureau ⁸

CANNABIS

Cannabis use rates remain steady

15.3% of the adult population used cannabis last year – around 635,000 adults. Yearly prevalence rates have remained steady for the past three years after a rapid rise in 2018/19:¹

- Māori are twice as likely to use cannabis as non-Māori, and people identifying as Asian are around five times less likely to use cannabis than other ethnicities.
- Men are 1.4 times more likely to use than women.¹
- Where you live is relevant to whether you use cannabis, with those living in Capital and Coast DHB most likely to use cannabis each year.⁷

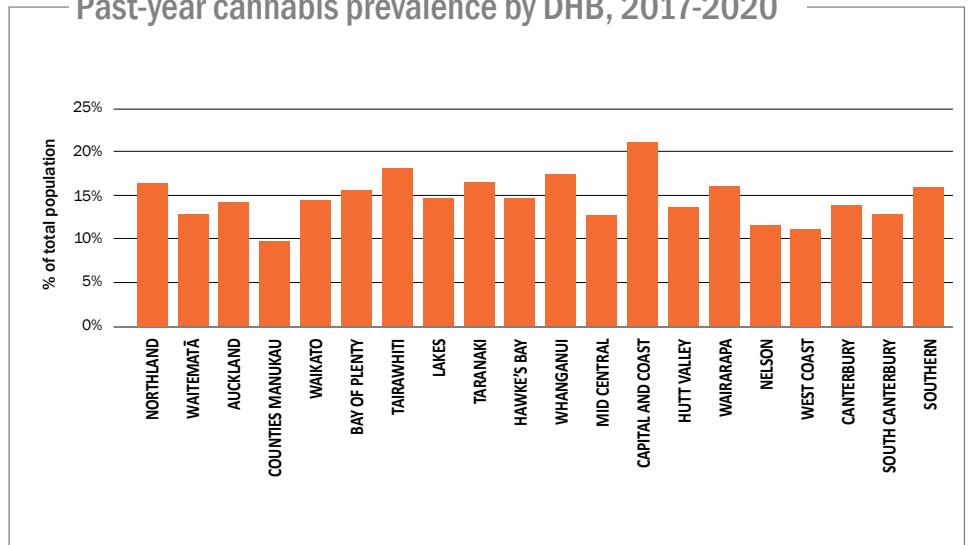
Likelihood of weekly cannabis use is higher for those in poorer neighbourhoods

In 2020/21, 4.5% of the adult population aged 15+ used cannabis at least weekly in the last three months, an estimated 187,000 adults.¹

Māori are more than three times more likely than non-Māori to use weekly or more, while Māori women are nearly five times more likely to use cannabis weekly than non-Māori women.

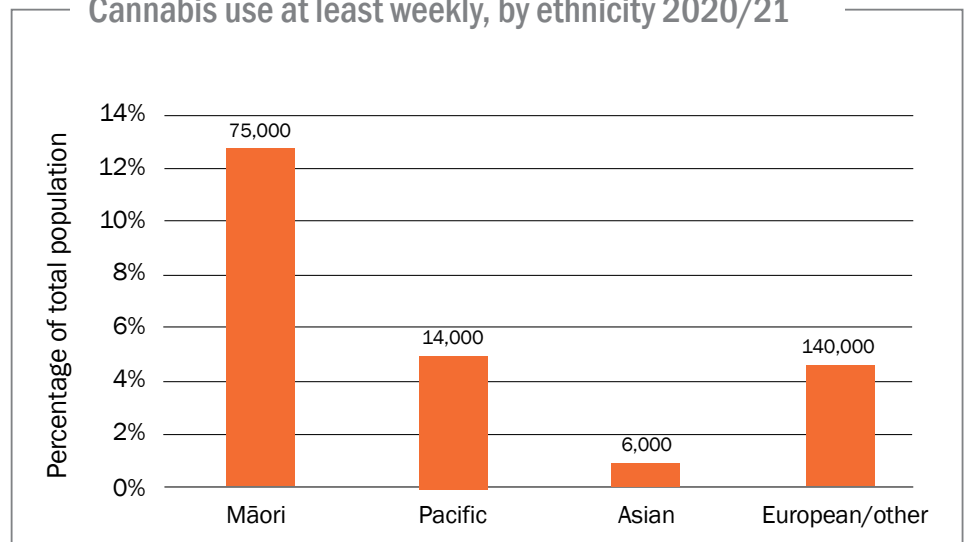
Neighbourhood wealth levels are relevant to weekly cannabis use, with those living in the poorest neighbourhoods nearly three times more likely to use weekly than those in the wealthiest.

Past-year cannabis prevalence by DHB, 2017-2020



Source: NZ Health Survey ⁷

Cannabis use at least weekly, by ethnicity 2020/21



Source: NZ Health Survey ¹

PEOPLE WITH DISABILITIES ARE

2.76

TIMES MORE LIKELY

to use cannabis weekly than those without ¹

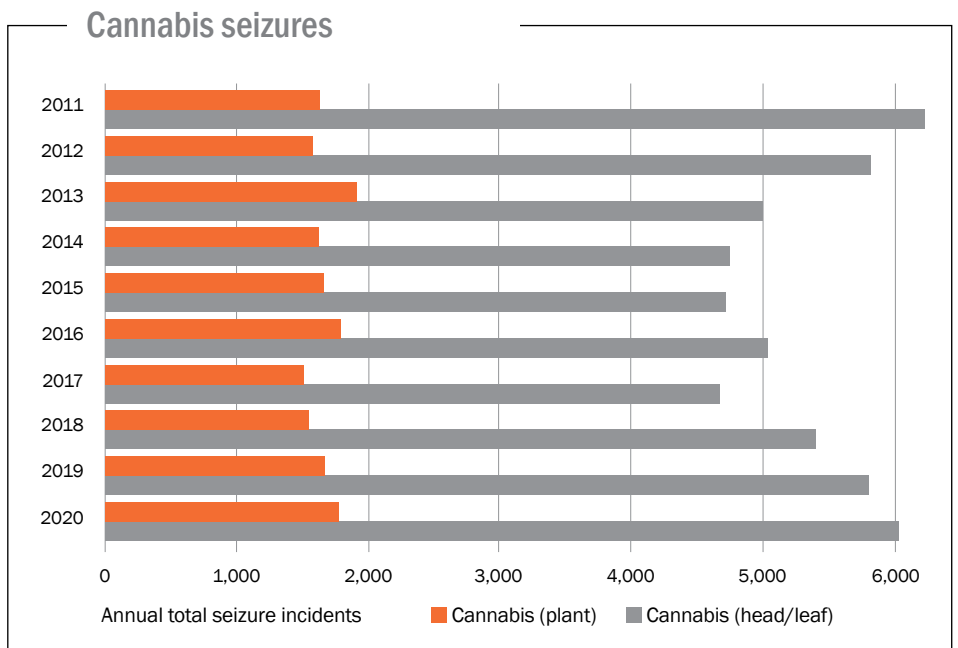


Cannabis seizures by Police have increased

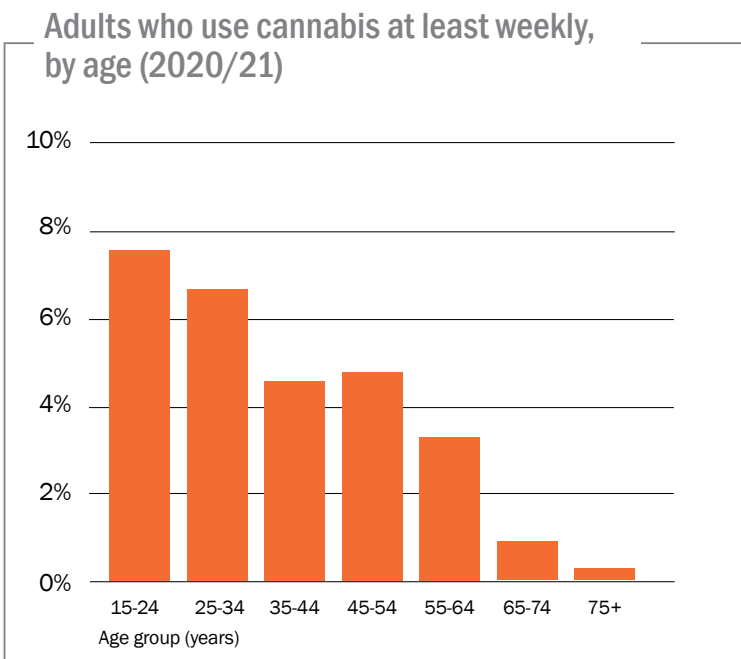
Recent changes to the law have reduced prosecutions for cannabis use, but Police nevertheless continue to seize it from people. The number of individual seizures of both cannabis head/leaf and cannabis plants increased between 2017 and 2020.⁸

Young people are more likely to use cannabis

Rates of weekly cannabis use are significantly higher for younger age groups, with 7.6% of those aged 15-24 using at least weekly.¹



Source: National Drug Intelligence Bureau ⁸



Source: NZ Health Survey ¹

PEOPLE AGED 65-74

are the fastest-growing group for past-year cannabis use.

The number in this age group who used cannabis at least once in the past year grew from 1.7% to 4% in 2020/21

Source: Ministry of Health ¹

AMPHETAMINES/METHAMPHETAMINE

Amphetamine use remains steady but affects some more than others

1.2% of NZ adults aged 16+ consumed amphetamines (including speed, Ritalin and methamphetamine) in the past year – around 40,000 people*. Consumption rates have remained relatively steady for the past decade.¹

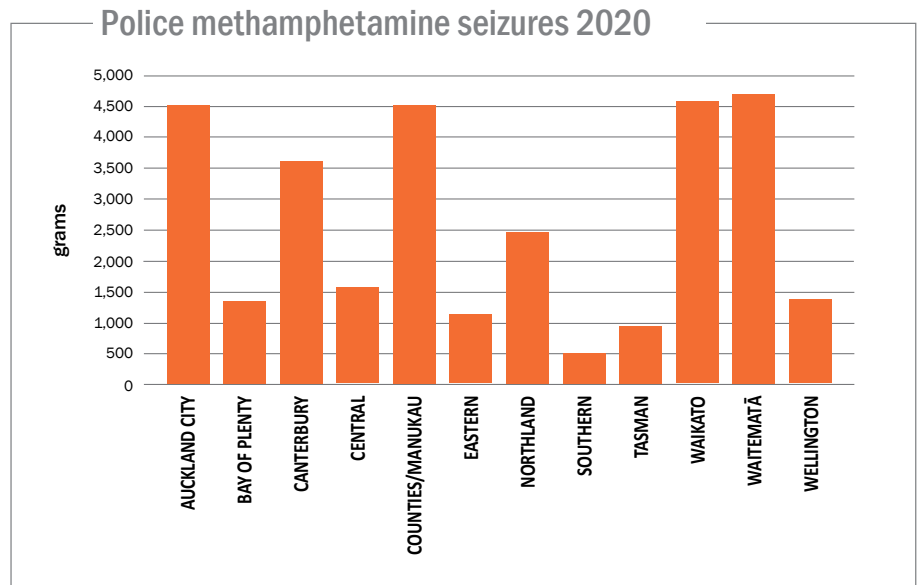
We know that less than one quarter of those who use amphetamines use monthly or more often.¹⁰ This would equate to approximately 9,000 people at current population levels who use monthly or more often.

Use of amphetamines (including methamphetamine) is highly correlated to neighbourhood deprivation levels, to gender, ethnicity and disability:

- Māori are 1.8 times more likely to use amphetamines than non-Māori, and Māori women are 2.7 times more likely to use than non-Māori women.
- Pacific peoples are around 30% less likely to use amphetamines than the rest of the population.
- Men are nearly three times more likely to use amphetamines than women.
- Those living in the poorest neighbourhoods are over seven times more likely to use amphetamines than those living in the wealthiest.
- Disabled people are nearly three times more likely to use amphetamines than non-disabled people.¹


New Zealand has high rates of methamphetamine use compared to Europe, but lower than Australia, the United States and Canada. New Zealanders consume an estimated 22.9 doses of methamphetamine per day for every 1000 people (dose size 30mg).¹¹

* Data does not include those who have used medicines according to a prescription.



Source: National Drug Intelligence Bureau⁸

Women living in the poorest neighbourhoods are

18  **TIMES** more likely to use amphetamines

than women living in the wealthiest neighbourhoods ¹

Methamphetamine use varies significantly around the country

Wastewater samples are tested monthly for methamphetamine and other drugs at sites across the country. Results suggest that methamphetamine use is widespread – it is found in every community tested on every day of the week.

However, the amount of methamphetamine consumed per capita varies considerably, with

people living in Northland consuming nearly five times more than is consumed in Southern District.²

Per capita consumption appears to bear little relation to Police seizures of methamphetamine though – nearly 60% of police methamphetamine seizures (by weight) took place in the Auckland/Waikato area in 2020, reflecting the fact that Auckland is a key distribution hub.⁸

Covid-related supply issues may have impacted the cost and quality of methamphetamine

Supply of methamphetamine into the country was significantly disrupted by our first national lockdown in 2020.¹² Unfortunately, wastewater testing for methamphetamine did not take place in most sites during that period, so we can't accurately say how the supply disruption impacted use in the short term.

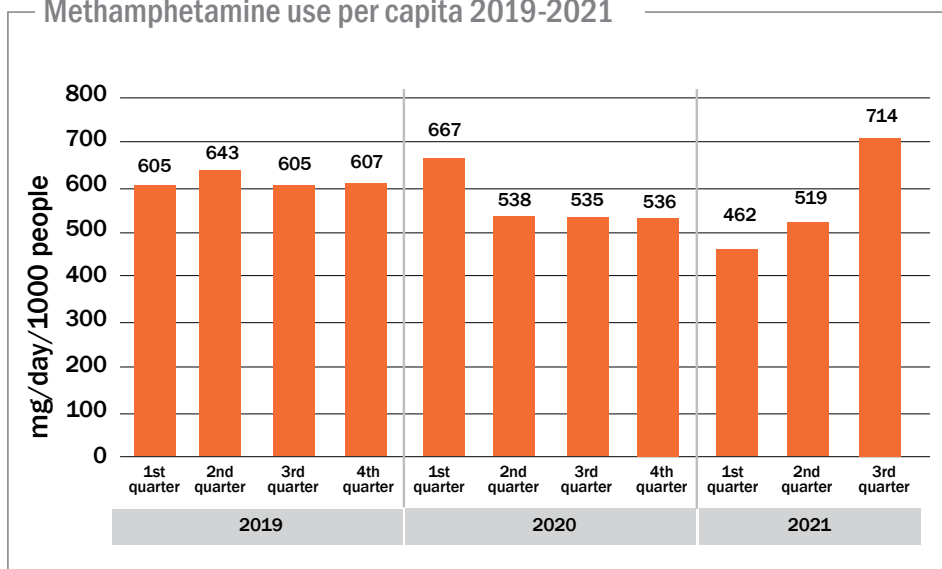
Per capita use of methamphetamine in 2020 and the first half of 2021 was lower overall than in 2019.⁹

Before the August-November 2021 lockdown, consumption rates had begun to rise again, and methamphetamine imports into the country were not disrupted by that lockdown as they were in March/April 2020.¹²

In fact, in the third quarter of 2021, per capita use increased 37% on the previous quarter. September saw the highest monthly rate since recording began three years ago, at 866mg/day/1000 people.⁹

All regions used more methamphetamine in the third quarter of 2021, though

Methamphetamine use per capita 2019-2021



Source: National Drug Intelligence Bureau⁹

NB – in Q2 2020, limited sites were tested, which may have affected per capita results.

increases were particularly pronounced in Tasman and Canterbury, where per capita methamphetamine use increased by more than 50% compared to the second quarter.

However, anecdotally, some supply lines do appear to have been affected around the country by the extended lockdown. While prices in Auckland fell to as little as \$250 per gram in November 2021,

a gram in Christchurch was selling for about \$600 in September and prices were reported to be as high as \$1000 in Nelson and the West Coast.

Isolated difficulties accessing methamphetamine outside Auckland also appear to have led to fluctuations in quality in some locations, with some reporting health impacts caused by cutting agents.¹³



MDMA

MDMA is more common in the South Island

Whereas methamphetamine use is significantly higher in the North Island, the two regions that use the most MDMA per capita are in the South.

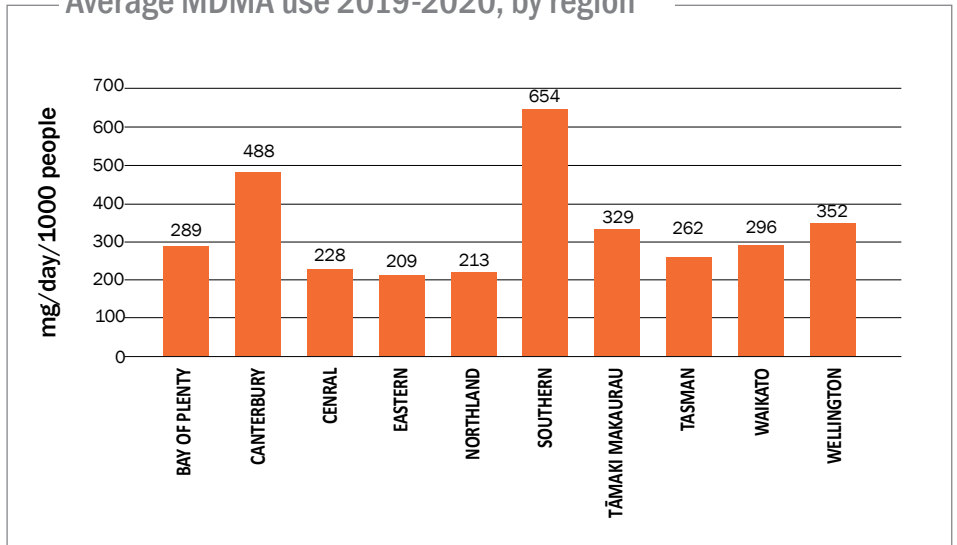
People living in Southern District, which includes Dunedin and Invercargill, use more than three times the amount of MDMA per capita than those living in Eastern District, which uses the least.²

MDMA consumption is relatively high in New Zealand compared to many parts of Europe and North America. New Zealanders consume an estimated 1.7 doses per day, per 1000 people (dose size 100 mg).

In contrast to methamphetamine, MDMA use is more common for those with higher socioeconomic status.¹¹

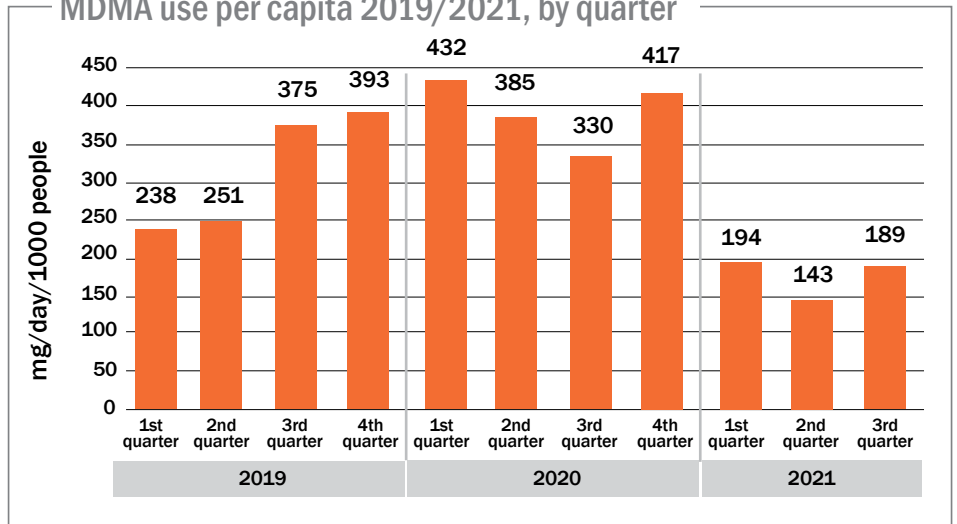
Individual MDMA seizures by Police have gone up steadily from 95 in 2014, to 424 in 2020.⁸

Average MDMA use 2019-2020, by region



Source: National Drug Intelligence Bureau²

MDMA use per capita 2019/2021, by quarter



Source: National Drug Intelligence Bureau²



OTHER DRUGS

New psychoactive substances – ongoing efforts to avert harm

The drug scene can change very quickly in New Zealand, as it is such a small market. Supply issues arising from Covid-19 have exacerbated this, with MDMA supply restricted at times.

Many substances that appear regularly in our drug supply, such as synthetic cathinones, are not included in wastewater testing. Without drug checking we wouldn't know what new psychoactive substances were appearing around the country.

Many substances were not 'as presumed' in the 2020/21 season

In the 2020/21 season, drug samples tested by KnowYourStuffNZ and the Drug Foundation were less likely to be 'as presumed' than in any previous year. This was largely driven by the contamination of MDMA (ecstasy) with synthetic cathinones.¹⁴

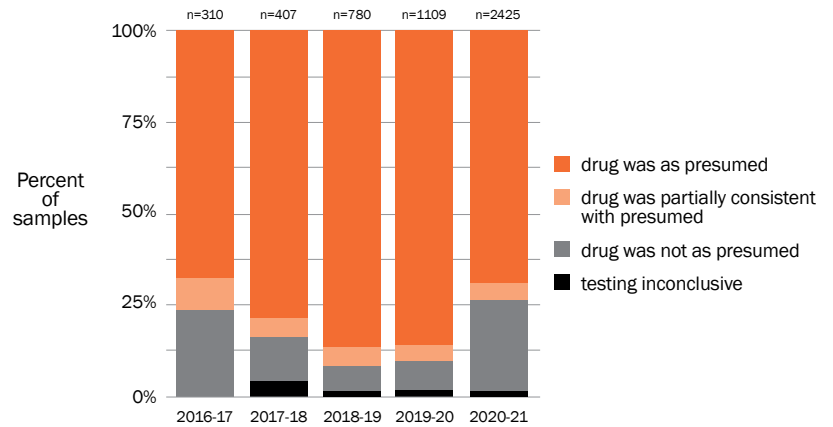
Around two thirds of samples brought in for drug testing in the 2020/21 season were presumed to be MDMA (ecstasy), followed by LSD and ketamine – about the same as in other years. However, of those 1,761 samples expected to be MDMA, only 69% were actually as presumed – a huge fall of 20% on the previous year.¹⁴

One in four samples presumed to be MDMA contained synthetic cathinones in the 2020/21 season – usually eutylone. That was a big jump from the previous two seasons, when only 3% did.¹⁴

Some synthetic cathinones can have similar effects to MDMA, but can have different dosage rates, length of action, and more unpleasant effects. A person who unknowingly uses a synthetic cathinone with a lower dosage rate than MDMA has a much greater chance of overdose.

Very high-dose MDMA pills also continued to be an issue of concern over the 2020/21 season, making up around 6% of MDMA samples tested.¹⁴

Consistency with presumed content of samples tested, by year



Source: KnowYourStuffNZ¹⁴

NEW ZEALAND BECAME THE FIRST COUNTRY TO PERMANENTLY LEGALISE DRUG CHECKING IN 2021

In October, the Government announced funding for organisations including the Drug Foundation to provide services at festivals, clinics, and some social services around the country.¹⁵



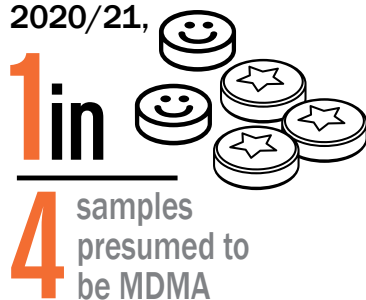
A good start but some unknowns for the 2021/22 summer season

Initial results as of early January 2022 indicate that fewer synthetic cathinones on average have been showing up this summer than last season, and drug samples tested at festivals and clinics are more likely to be consistent with what people thought they had.

Synthetic cathinones, including eutylone, are still appearing in samples, often sold as MDMA. High-dose MDMA pressed pills and MDMA pills mixed with caffeine continue to be a concern. These can make people taking them feel very distressed, sweaty and anxious.

Towards the end of 2021, the synthetic cathinone dimethylpentylone was identified by drug checking services for the first time in New Zealand. There is limited information about this specific synthetic cathinone, its effects at different dosages and its long-term health impacts. However, it is closely related to the synthetic cathinone pentylone, and in the same family as n-ethylpentylone, which caused hospitalisations in New Zealand in 2018.

IN THE SUMMER OF 2020/21,



CONTAINED SYNTHETIC CATHINONES¹⁴

“

The illicit market for psychoactive substances has become increasingly unpredictable and new substances turn up each year, many of which can be harmful, or lethal. Our experiences with n-ethylone, pentylone, eutylone and a range of deadly synthetic cannabinoids show how quickly the entire drugs scene can change in Aotearoa.

“The synthetic cannabinoid crisis hit us in a sudden wave in 2017, leading to multiple deaths within weeks. Similarly, within a few months of eutylone coming into the country, it was the most common cathinone found. Drug checking helps us identify new substances as they emerge and tailor harm reduction responses to save lives”

Emily Hughes, Programme Lead, Drug Foundation

IN THE LAST SIX MONTHS,



of those who bought cannabis, methamphetamine, ecstasy/MDMA or LSD

USED SOCIAL MEDIA TO DO SO ¹⁶

KETAMINE USE HAS INCREASED

Drug monitoring agency High Alert reported a large increase in the availability of ketamine nationwide in 2020 and 2021. Ketamine is a dissociative drug that is used by doctors as an anaesthetic. Customs seizures of the drug have increased significantly (though overall quantities detected remain small).⁶⁰

Ketamine's analogues can produce different experiences or have stronger effects, which can be distressing if they are unexpected. It can also be dangerous if used with alcohol or other depressants.



INJECTED DRUG USE

Methamphetamine is the drug most commonly injected

A small number of New Zealanders inject their drugs – the Needle Exchange Programme estimates that between 8,000 and 15,000 people use their services. This number is gradually increasing due to population growth, increased popularity of performance- and image-enhancing drugs, and use of injection as a way to consume methamphetamine.¹⁷

For people who use needle exchange services, the most commonly injected drugs are methamphetamine, methadone and methylphenidate. Around half of drugs injected are stimulants (methamphetamine, methylphenidate) and around half are central-nervous-system depressants such as methadone and morphine.¹⁷

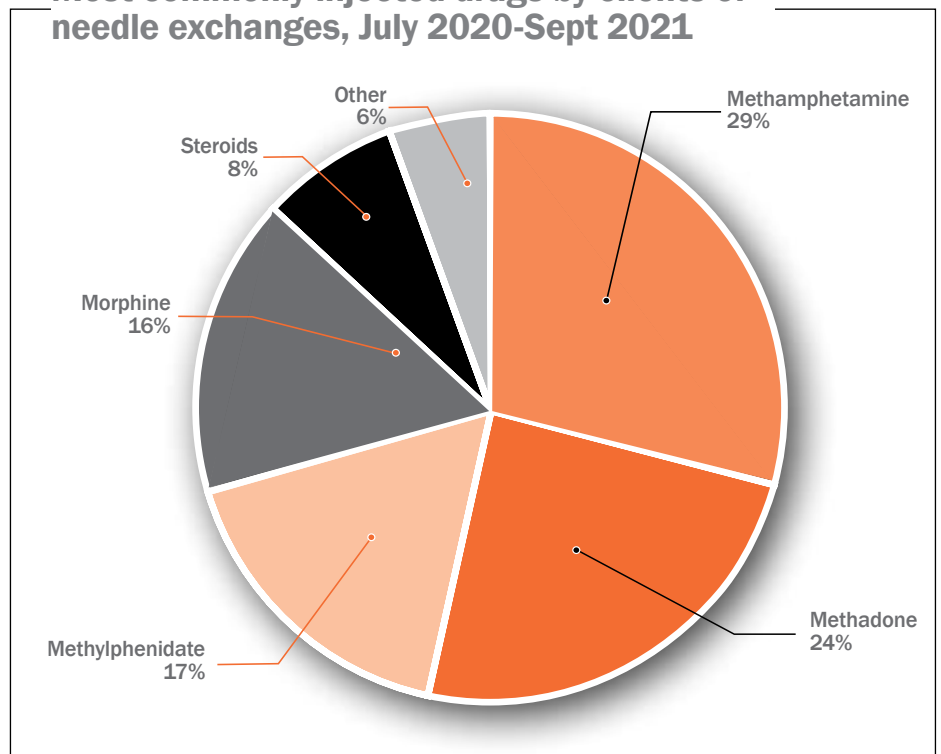
Older clients of needle exchanges are more likely to inject opioids than younger clients, whereas use of methamphetamine is more common in younger people. As an example, 68% of Māori clients aged 16-24 inject methamphetamine, and only 30% of those aged 50 and over do.

Māori clients of needle exchanges are more likely to use methamphetamine, and less likely to use methadone than other ethnicities. 24% of clients who inject methamphetamine are Māori.

Needle Exchanges have noted a gradual increase in the use of steroids (performance- and image-enhancing drugs) among younger clients, with 19% of clients aged 16-34 years reporting using these.



Most commonly injected drugs by clients of needle exchanges, July 2020-Sept 2021



Source: NZ Needle Exchange Programme ¹⁷

Alcohol and opioids cause the most drug-related deaths and hospitalisations

Alcohol contributes to the most drug-related deaths

It is not straightforward to calculate the number of deaths and hospitalisations caused by accidental overdose.

Data is held by different agencies using different coding systems which have not moved on with developments in drug use, are non-intuitive, and do not align with each other. There is also a time-lag in calculating overdose deaths as they go through the coronial process.

It is also often hard for the coroner to determine which substance caused a death. People who overdose have often used many drugs, and for many 'new' psychoactive substances, we do not yet know what constitutes a lethal dose.

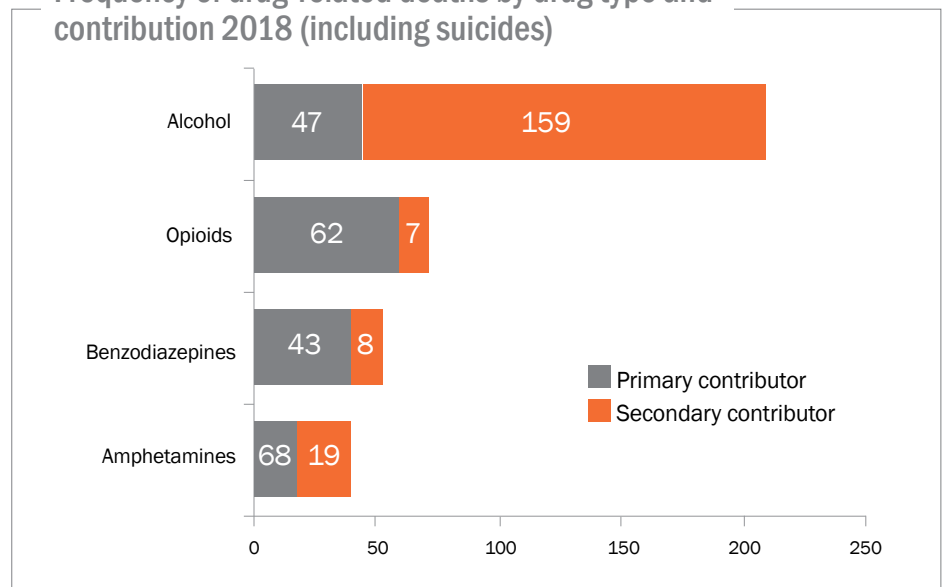
We do know that in 2018, the coroner recorded 387 drug and alcohol-related deaths in New Zealand (which means the drug made a contribution to the death). However, these figures include suicides as well as accidental overdose.¹⁸

Alcohol was the most frequently identified drug involved in drug-related deaths.

38% of all drug-related deaths occurred in people aged between 35 and 54 years, and the national rate of drug-related deaths for Māori was nearly three times that for non-Māori (16.5 compared with 6.4 deaths per 100,000).¹⁸



Frequency of drug-related deaths by drug type and contribution 2018 (including suicides)



Source: NCIS fact sheet ¹⁸

Primary contribution relates to cases where drug toxicity was the primary cause of death. Secondary contribution relates to cases where drugs contributed to a death caused by another form of injury (such as drowning or a vehicle incident). Note that because multiple drugs can contribute to a death, the numbers shown on the table will add up to more than the total number of deaths that occurred.

Opioid overdose kills around 46 people per year

Other than alcohol, the substances that cause or contribute to the most non-intentional deaths each year, according to coronial data, are opioids – and the opioids that cause by far the most deaths are methadone, codeine and morphine.

Tramadol and oxycodone also cause or contribute to a few deaths per year in New Zealand (less than five each per year on average).¹⁹

The Ministry of Health records around 46 accidental opioid overdoses each year in New Zealand (five-year average from 2014-2018).²⁰ Some of these result from ‘recreational’ drug use and some are the result of overdose from prescription medication. It is not possible to separate these in the data.²⁰

The coroner did not provide us with data on accidental deaths from benzodiazepines – but we know they are a big killer, and were involved in accidental poisonings causing death in 30 cases alone in 2017.²⁰

The coroner reported 51 deaths between 2016 and 2020 (including both active and closed cases) in which a synthetic cannabinoid was named as a contributor to or a cause of death, making synthetic cannabinoids one of our most dangerous non-medical drugs (more on this below).¹⁹

Methamphetamine was listed as a cause of, or contributor to, death (often alongside other drugs) by the coroner in 90 instances in the past eight years, ketamine was listed in 12 instances, and MDMA (ecstasy), 11 times. Other than in two instances, MDMA has been the cause of, or contributor to, death only alongside other drugs.¹⁹



OVERDOSES ARE PREVENTABLE AND WE'RE NOT DOING ENOUGH TO STOP THEM

In New Zealand we lack a number of interventions that could help save lives from overdose.

Because of our drug laws, we do not yet have supervised consumption and harm reduction centres, despite evidence from overseas that such spaces can help prevent deaths. We also lack permanent funding for drug checking services, particularly for vulnerable communities.

Perhaps most frustratingly, people who use drugs continue to have very patchy access to naloxone, a drug that can temporarily reverse opioid overdose and save lives (more on this on page 39).

Finally, a lack of access to clear and timely data makes it nearly impossible to understand the full picture of drug overdose deaths in our country, and to identify and respond to emerging trends.

OPIOID OVERDOSE KILLS AROUND



Source: Ministry of Health²⁰

Mixing substances is particularly dangerous

The vast majority of drug overdose deaths recorded by the coroner found multiple substances in the blood – only a handful were caused by one drug used in isolation. This emphasises how dangerous it can be to mix different substances.¹⁹

Alcohol was also present in around one-in-six deaths from accidental poisoning, according to Ministry of Health statistics.²⁰

Note that coroner's data is heavily dependent on entering the right chemical name for a drug into a search function – it's possible some deaths have been left off this list as a result.

SYNTHETIC CANNABINOIDS

Synthetic cannabinoids have caused dozens of deaths over the past five years

Synthetic cannabinoids are a group of depressant drugs that work on the cannabinoid system in the brain. Some were originally created to work on similar parts of the brain as cannabis, but the effects of synthetic cannabinoids are much more dangerous and unpredictable.

Between 2016 and 2020, the coroner recorded at least 51 deaths in which a synthetic cannabinoid was named as a contributor to or a cause of death. The use of synthetic cannabinoids has also resulted in hospitalisations, psychiatric and long-term health harms.¹⁹

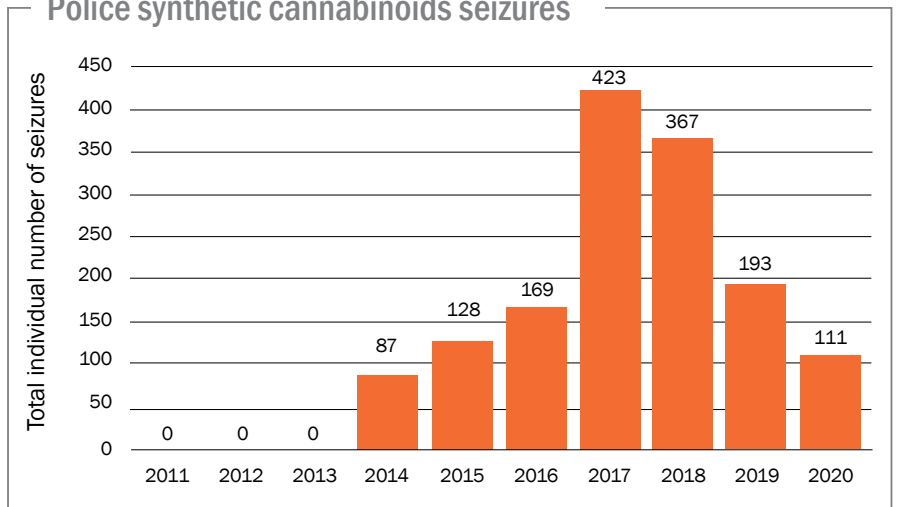
Anecdotally, at least a dozen people died from the use of synthetic cannabinoids in 2021, making it one of our biggest ongoing killers from non-medical drug use.

Those most likely to use and suffer harm from synthetic cannabinoids have often been using these substances for a long time. They tend to be from a low socio-economic demographic and to have high or complex support needs, but they are often disengaged from services after many years being failed by the system. Many are homeless or in emergency temporary accommodation, and they may be experiencing mental illness.

People who use synthetic cannabinoids tend to choose them over other drugs because they are cheap, easily accessible, and make the person feel completely 'out of it'. They are usually aware of the dangers, but still use because they are addicted, or because the substances allow them to escape from their daily reality.

Police made significantly fewer seizures of synthetic cannabinoids in 2020 than in the previous three years, which might indicate the crisis is easing. However, deaths and isolated spikes in harm from synthetic cannabinoids have continued throughout 2021.⁸

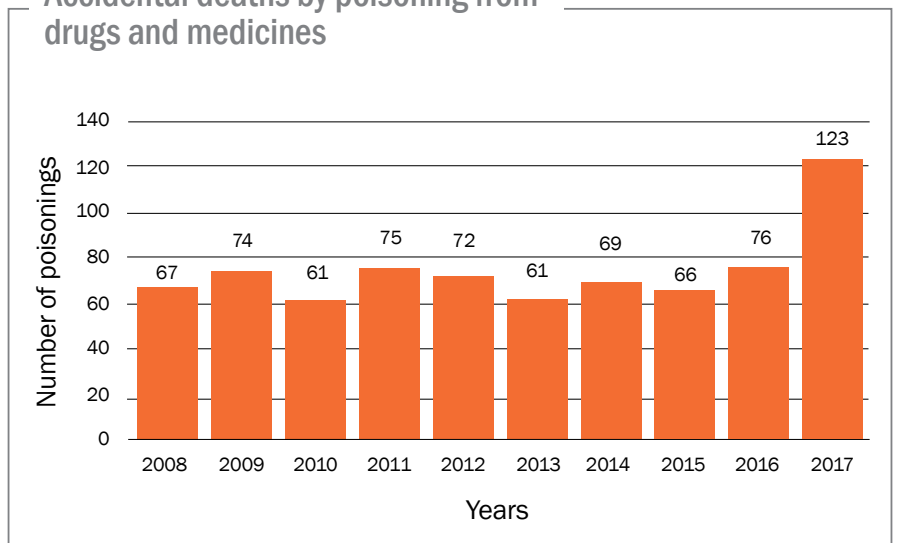
Police synthetic cannabinoids seizures



Source: National Drug Intelligence Bureau⁸

Note that drug seizures by Police are only a very rough proxy for availability. Lower figures may be more an indication of Police priorities than of how much synthetic cannabinoids are being used.

Accidental deaths by poisoning from drugs and medicines



Source: Ministry of Health²⁰

These deaths include poisonings from both medical and 'recreational' use of drugs. They do not include deaths caused by alcohol or volatile substances ('huffing'). They only include accidental deaths.

Ministry of Health figures show a large increase in accidental poisonings due to drugs in 2017. The increase was due at least in part to the synthetic cannabinoid crisis that began in 2017 (though the way the Ministry records data makes it difficult track this exactly).

We are very likely to experience another surge of deaths at some point

Due to the volatility of the illicit drugs market, and the unpredictability of the chemicals that reach our shores, it is only a matter of time until another major spike in deaths emerges. This may be caused by synthetic cannabinoids or an equally harmful psychoactive substance.

In 2021 all synthetic cannabinoids were banned in China, which has up until now manufactured most of the global synthetic cannabinoid supply.²¹ This will lead to knock-on effects in terms of what drugs are available, and how much harm they cause.

People who currently use synthetic cannabinoids may be forced to start using different substances that may be even more harmful.



VOLATILE SUBSTANCES

Inhaling volatile substances (huffing) causes several deaths each year

Inhaling volatile substances to get 'out of it' is commonly known as 'huffing'. Volatile substances are common household, industrial and medical products that produce vapours that make a person feel intoxicated or high.

As with synthetic cannabinoid use, harms from huffing can 'spike' in different locations or at different times, depending on the substances in circulation.

Huffing is not common amongst the general population but is a particular issue amongst our most vulnerable – particularly those who are young, living without shelter, or in emergency accommodation.

Because of the way their data is coded, the Ministry of Health isn't able to pinpoint the exact number of people who die from 'huffing', but it could be as many as ten every year.²⁰



HOSPITALISATIONS

Thousands seek hospital treatment every year for drug overdose and poisonings

Acute harm from drug use expresses itself not just in overdose death figures but also in hospitalisations.

In 2017/18, around 1000 people were discharged from hospital after overdosing on opioids – including synthetic narcotics such as tramadol or codeine – and 810 were discharged after use of benzodiazepines.²⁰

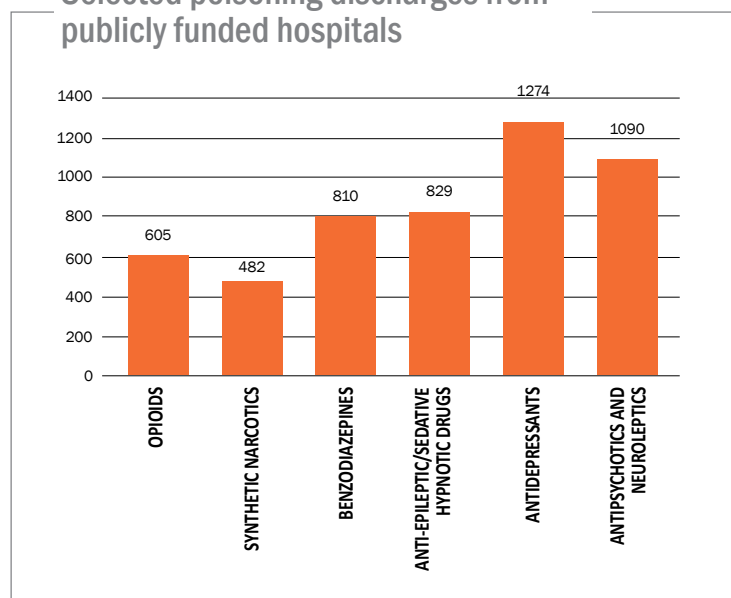
Unfortunately, it is not possible to distinguish which of the hospital discharges on this graph were due to non-medical drug use, and which were due to prescribed or diverted use of medications. We also cannot separate incidents caused by accidental from intentional overdoses.

Women are far more likely to go to hospital with a benzodiazepine or opioid overdose

In the 2017/18 year, 66% of people discharged from hospital after benzodiazepine or opioid ‘poisonings’ (both accidental and intentional) were women.²⁰



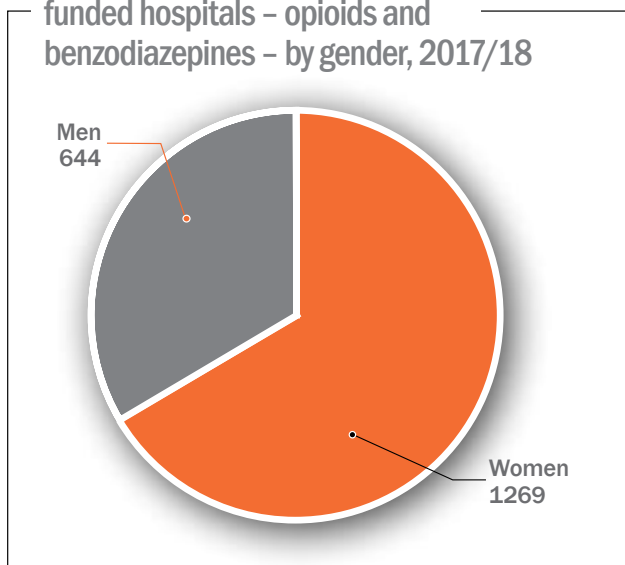
Selected poisoning discharges from publicly funded hospitals



Source: Ministry of Health ²⁰

Records incidents rather than individuals – some people may be counted more than once.

Poisoning discharges from publicly funded hospitals – opioids and benzodiazepines – by gender, 2017/18



Source: Ministry of Health ²⁰

People who use drugs left behind in Covid-19 efforts.

Vaccination rates for some people who use drugs lag more than 40% behind

Research shows people with addiction issues are more likely to be infected with Covid-19 and suffer worse outcomes if they become infected. This association is independent of factors such as underlying coexisting physical conditions.²²

An expert advisory group convened by Equally Well published a position statement in January 2021 pushing for priority vaccination for people with mental health and addiction disorders, but that advice was not resourced or properly implemented.²²

As of 22 November 2021, the Covid-19 vaccination rates of people who receive support from an alcohol or other drug team (AOD) were on average 30% lower than for the general population. On that date, 54% had received two doses, compared with 84% of the general population.

For Māori, the rates were even worse, with only 42% having received second doses – half the rate of the general population.²³

These numbers are extraordinarily low, and particularly concerning given people with addiction were included in Group 3 of the rollout. They should therefore be running ahead of the general population.

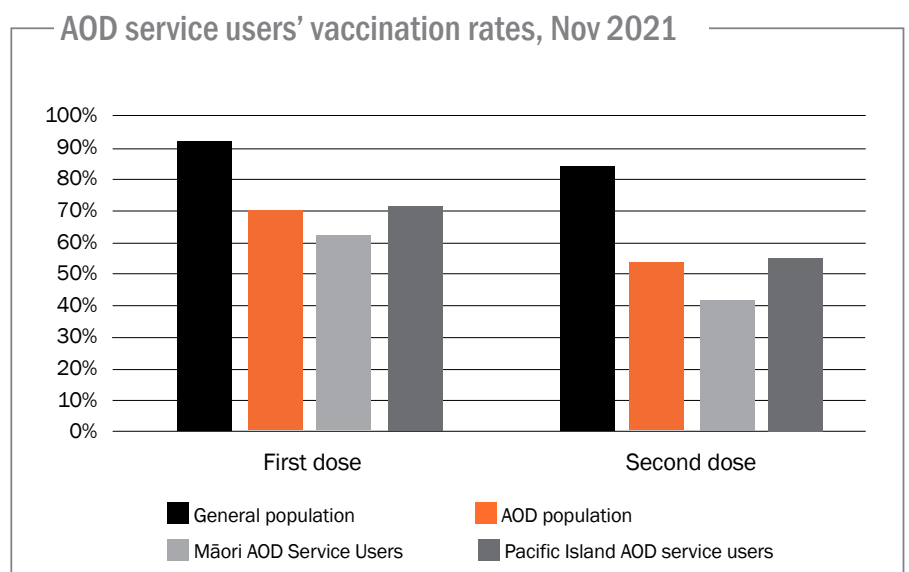
Other drug-using cohorts will have even lower rates of vaccination: the available data do not include populations of people who use drugs but don't access support services.



ONLY 42%
OF MĀORI AOD SERVICE USERS

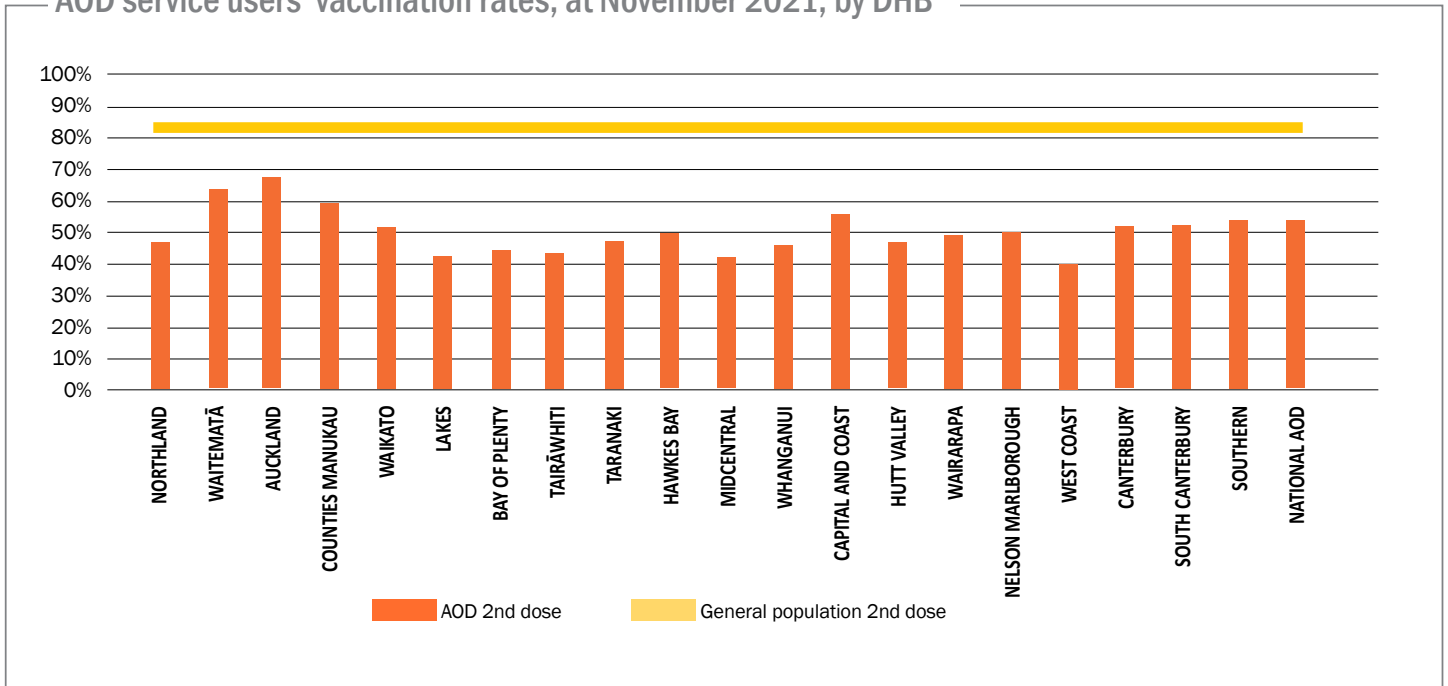
had received their second Covid-19 vaccination by 22 November

Source: PRIMHD dataset and Ministry of Health²³



Source: PRIMHD dataset and Ministry of Health²³

AOD service users' vaccination rates, at November 2021, by DHB



Source: PRIMHD dataset and Ministry of Health²³

Regional variation is also concerning

There is also huge regional variation in vaccination rates for people who use drugs. The lowest rates for second doses were in Lakes, West Coast, MidCentral and Tairāwhiti DHBs, all of whom had rates under 50% at 22 November 2021.

The best rates for second doses were in Auckland – 27% ahead of the West Coast.



“

The Covid-19 pandemic has underscored and amplified the pre-existing inequity in vaccination access. People living with mental illness and substance use disorders are twice as likely to be hospitalised, experience long-term effects, or die from Covid-19, and are also at greater risk of contracting and dying from influenza, pneumonia and tuberculosis.

Equally Well: “A Global Call to Action”²²

“

My main worry is still vaccinations. The energy needs to be kept here as our best form of community defence for our clients. My other main worry is ‘contacting the uncontactable’ and ‘supporting the unsupported’, or ‘engaging the disengaged’, or even ‘meeting the needs of the unmet need’. COVID is a disease of dis-connection, and addiction is profoundly dis-connecting. The main tool in our armoury in addiction treatment services is ‘re-connection’, so the impacts of COVID are greater for our sector and our clients.”

Emma Schwarcz, Clinical Director, CADS Tāmaki Makaurau¹³

New funding for treatment not keeping up with unmet demand

The 2016 NZ Health Survey found 31.7% of adult New Zealanders are at moderate or high risk of problematic substance use from alcohol, tobacco, cannabis and other commonly used drugs.²⁴ That equates to 1.3 million people on 2021 population figures.

Around 100,000 people experience severe symptoms of problematic drug use in New Zealand every year, but only half of those receive alcohol or other drug support²⁴ – meaning that even for people who are struggling, our services fall well short.

We've seen a big increase in funding for addiction services over the past few years but this has been slow to reach its mark. While referrals have dipped during our several lockdowns, demand quickly bounced back afterwards, leaving some services struggling to keep up with the backlog. Alert-level restrictions have also meant some services have been able to see lower numbers of clients than usual, creating added pressure.

The number of people receiving AOD treatment decreased last year

The number of people accessing alcohol and other drug (AOD) treatment fell for the first time since 2015 last year – likely due to disruption caused by Covid-19 lockdowns and restrictions.²⁵

The reduction is concerning given continued high need in communities.

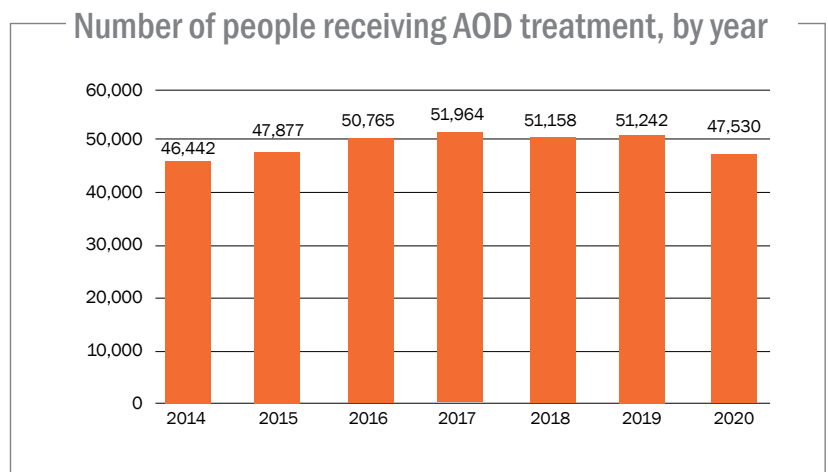


are at moderate or high risk of problematic substance use

Source: Ministry of Health ¹

“It’s certain that demand for treatment remains high, but that getting people access to treatment has been increasingly challenging. Lockdowns and working across the different alert levels has made that even harder.”

Deb Fraser, Co-chair of National Committee for Addiction Treatment ¹³



Source: Ministry of Health ²⁵

The impacts of the pandemic have been felt unevenly

The pandemic has had an impact on the mental health of New Zealanders, but this has been unevenly felt across the population, with the most vulnerable bearing the worst impacts.

Nearly one-in-ten (9.6%) adults experienced distress in 2020, up from 7.5% the previous year. Adults living in the poorest neighbourhoods had higher rates of distress (15.2%) than those living in the least deprived areas (6.1%).⁴

Some service providers in the AOD, youth and homelessness sector report that the impacts of the pandemic have led to increased drug harm and increased demand for services over the past year and a half.¹³

They have noted increased alcohol and methamphetamine consumption by the cohorts they work with, alongside social issues such as increasing poverty, housing instability, stress, food insecurity, mental health issues and domestic violence.¹³

By contrast, other treatment providers point to the August-November 2021 lockdown as helping their clients reduce or quit drug or alcohol use.¹³



“

There seems to be more meth around, and more of our young people who previously wouldn't access it, have. We've also seen an increase in drug use in our young people, and several of our young people have reported relapsing and struggling with their recovery as a result of the stress and strain of lockdown ...

... in some cases this has had an impact on their housing and has resulted in them experiencing homelessness.”

An Auckland housing and youth service provider, talking about the impact of the latest (August- November) lockdown¹³



SUBSTANCES PEOPLE SEEK SUPPORT FOR

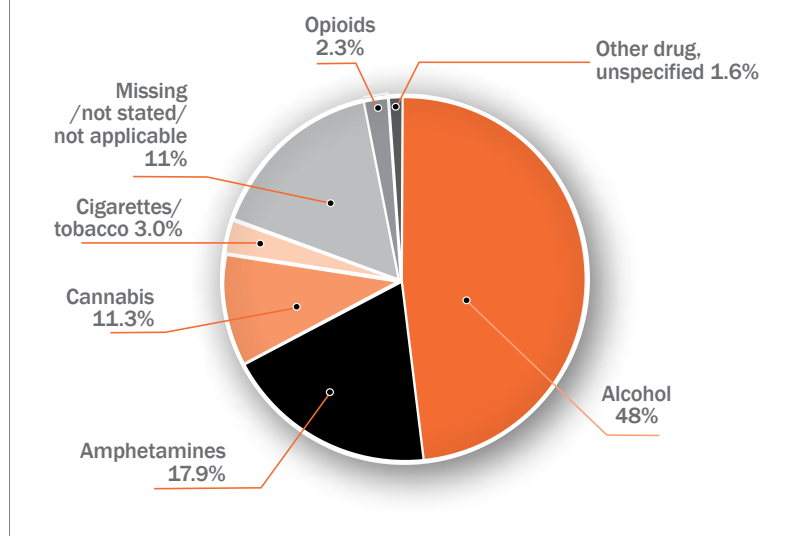
Alcohol remains the substance New Zealanders most commonly seek support for

Of people who received AOD treatment in 2020 and were assessed under ADOM, 48% sought help mainly for alcohol use, followed by amphetamines and cannabis.²³

As people age, alcohol becomes more and more likely to be the substance they seek support for.

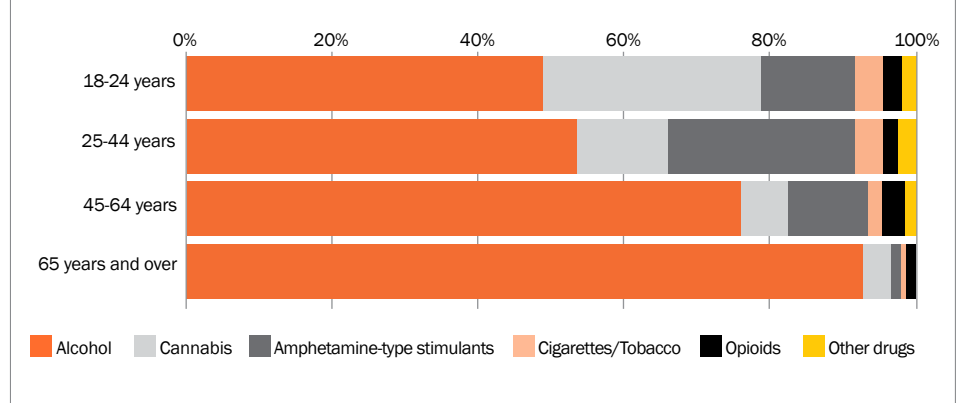
Alcohol is also an issue for 26% of those who seek support for use of another substance.²⁵

Main substances people were seeking community-based treatment for in 2020



Source: Ministry of Health²⁴

Substances people seek support for (by age)



Source: Te Pou ADOM Report 2021²⁵



DEMOGRAPHICS

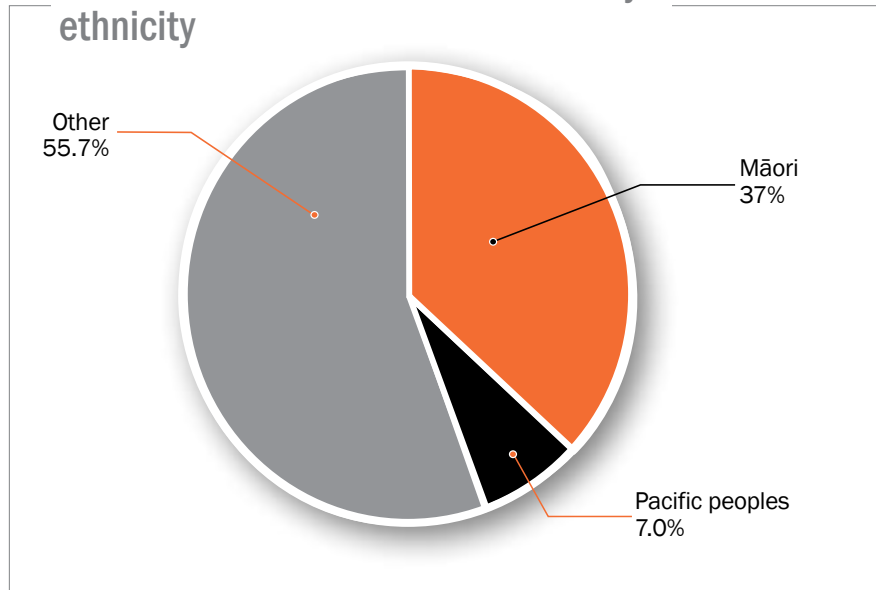
Demographics of those seeking treatment

37% of those who received treatment in 2020 were Māori (17,522 people), 7% were Pacific peoples (3,466 people) and 55.7% were non-Māori/non-Pasifika (26,372 people).²⁴

Where you live has a big impact on the treatment you can access

The number of people receiving treatment (calculated as a rate per thousand by DHB population) varies hugely. Whether or not treatment is available can feel like a postcode lottery for some.

Addiction treatment service-users by ethnicity



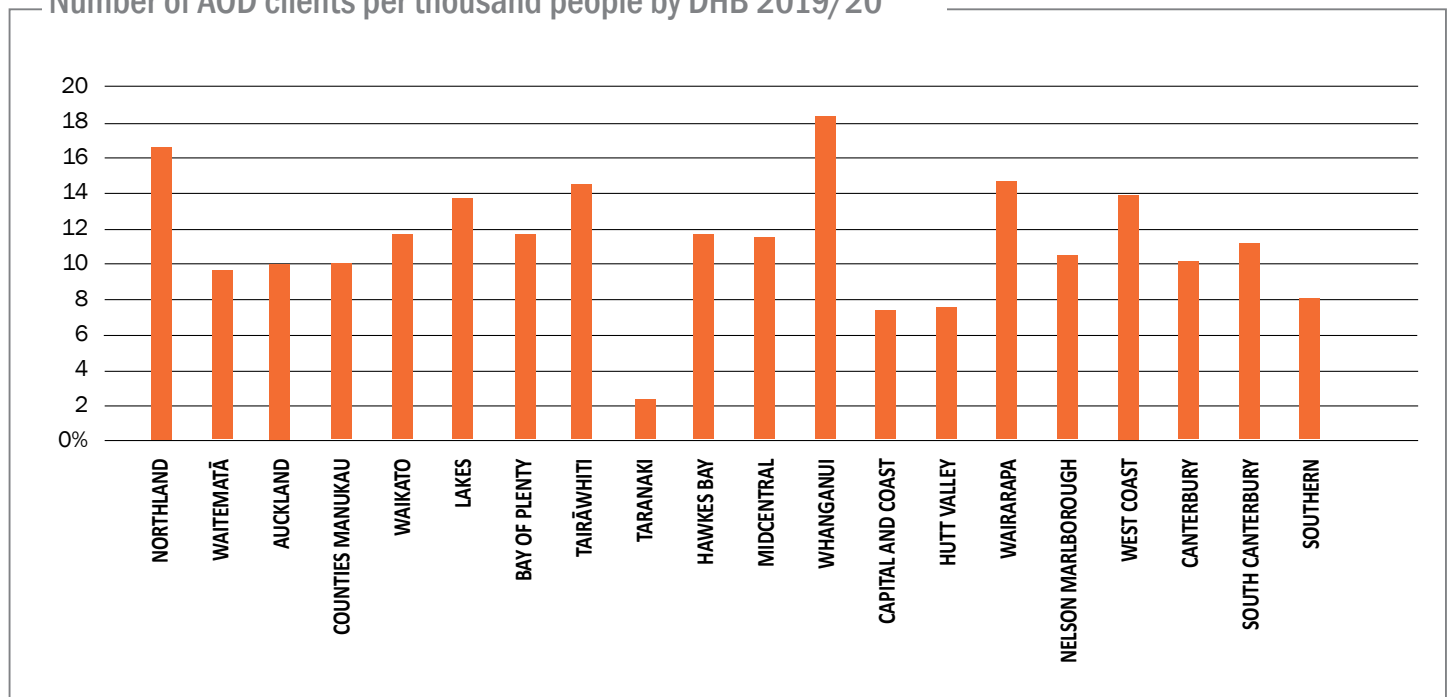
Source: Ministry of Health²⁴



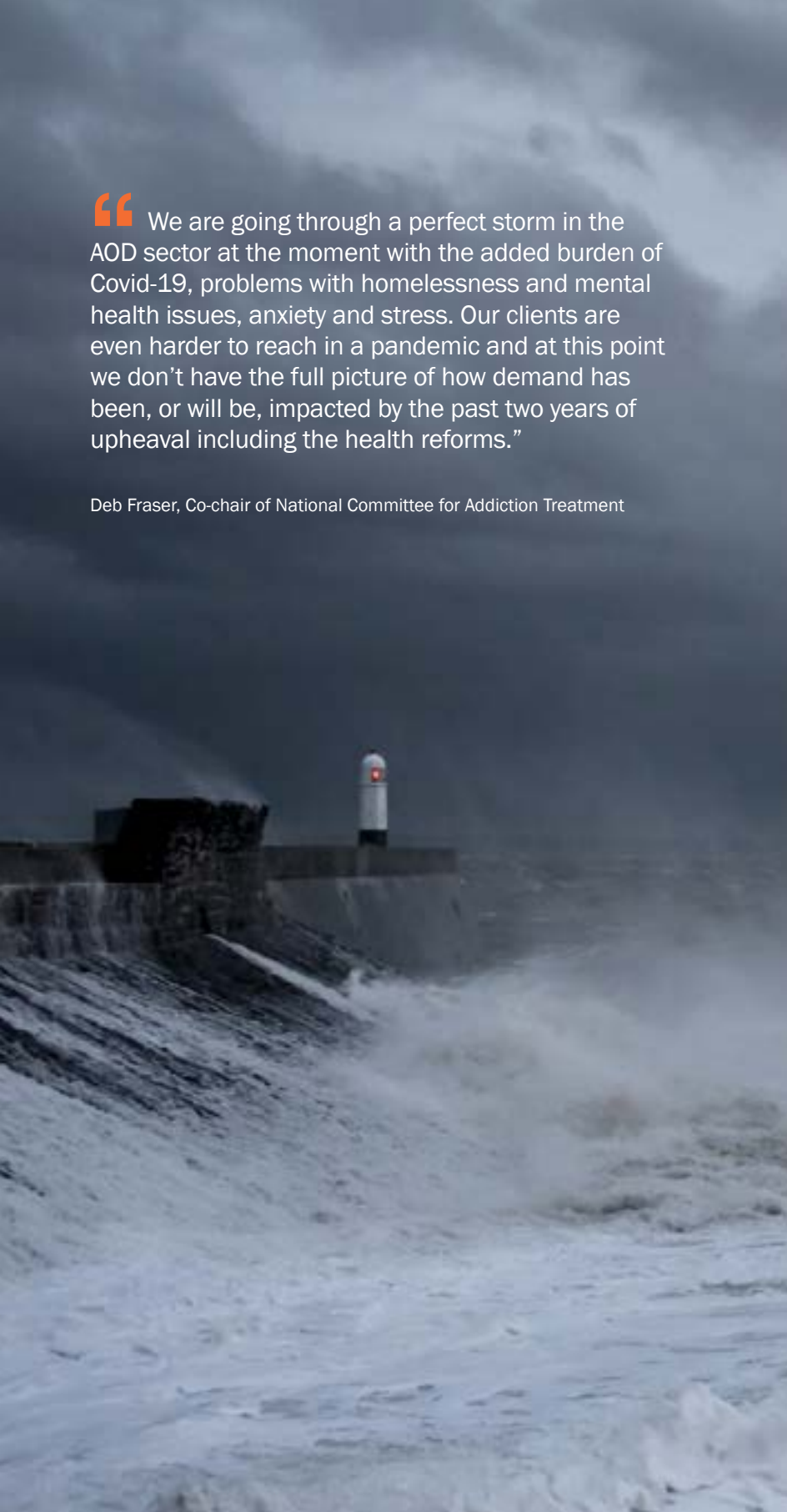
The process of finding services online is challenging, even via specific search engines such as health navigator and the Ministry of Health ... Once services are found it is then difficult to understand the information around what they offer and how to best access them. The eligibility criteria are often not mentioned or are vague.”

Shawnee Brausch, Te Rau Ora¹³

Number of AOD clients per thousand people by DHB 2019/20



Source: Stats NZ and Ministry of Health^{24,26}



“ We are going through a perfect storm in the AOD sector at the moment with the added burden of Covid-19, problems with homelessness and mental health issues, anxiety and stress. Our clients are even harder to reach in a pandemic and at this point we don't have the full picture of how demand has been, or will be, impacted by the past two years of upheaval including the health reforms.”

Deb Fraser, Co-chair of National Committee for Addiction Treatment

“ Most [of our clients] reported this time that they were more ready and it helped them with their journey to quit or cut down.”

AOD service provider, outside Auckland, talking about the August 2021 lockdown

“ We've noticed some diversification of drugs used: because some people weren't working and not being drug-tested they were able to have a wee binge on the things they otherwise have to avoid.”

An AOD service provider in Auckland, talking about impacts on drug use from the August 2021 lockdown

“ Many have used substances to cope with lockdowns and separation from those they love.”

An AOD service provider, outside Auckland, commenting on the impact of the latest lockdown on the people they work with

“ Mental Health services are stretched so clients will ultimately be hospitalised as we are notifying about decline in mental health but cannot access respite or additional support.”

A housing provider in Auckland, talking about the impact of the pandemic since early 2020

“ There is no doubt that there has been more drug harm in both the Tasman and West Coast regions.”

A service provider in Nelson/West Coast, talking about the impact of the pandemic on drug harm ¹³

KAUPAPA MĀORI SERVICES

Use of kaupapa Māori services decreased last year

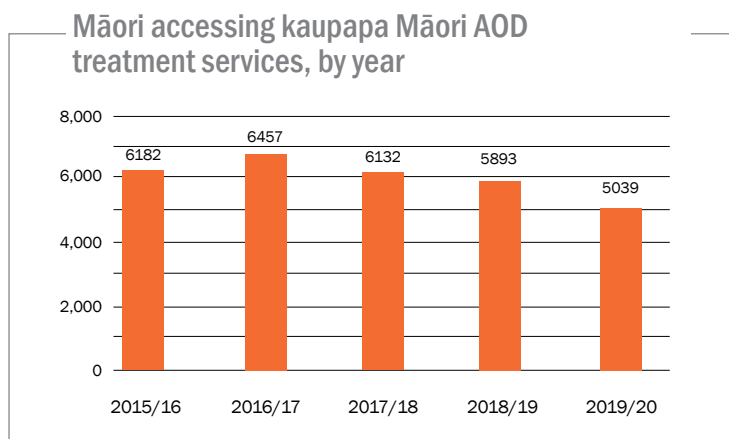
Kaupapa Māori treatment providers offer AOD programmes designed specifically for Māori, and take a holistic approach to the recovery process.

In 2019/20, 7,270 people accessed kaupapa Māori AOD services – the lowest number in the past five years. 5,039 of those were Māori and 2,231 were non-Māori.⁵⁹

Kaupapa Māori services are not spread equally across the country. If we weight the number of services by the size of the Māori population living in each DHB:

- The areas with the highest number of Māori attending kaupapa Māori AOD services are Wairarapa, Bay of Plenty, Hutt Valley, Taranaki and Whanganui.
- Those with the lowest are Hawke’s Bay, Tairāwhiti, Nelson/Malborough, West Coast and South Canterbury.
- Māori living in Wairarapa were nearly 20 times more like to attend kaupapa Māori AOD services than in Tairāwhiti or Hawke’s Bay.^{24, 26}

Note that use of kaupapa Māori services does not correspond directly to availability – some people may choose not to use them even where available. In addition, not all kaupapa Māori services are coded as such: this data is therefore indicative only.



Source: Ministry of Health⁵⁹

“It is clear that Māori want to tackle harmful substance use, but the options to do so are limited in many communities. Despite efforts from He Ara Oranga, and the various AOD strategies over time, kaupapa Māori services and solutions to address harmful substance use are limited and significantly under-funded.

“Holistic and comprehensive services are also dependent on Māori and culturally competent workforces capable of working alongside Māori in whānau-centred ways to address the challenges of Māori health.”

Maria Baker, CEO, Te Rau Ora¹³



MĀORI MAKE UP

37%

of those treated for alcohol and other drug issues in the community²⁴

BUT

56%

of those treated in prison²⁸

WAITING LISTS

Waiting lists are longer this year

The vast majority (73%) of people seeking treatment get their first ‘triaging’ appointment for alcohol or other drug addiction treatment in less than three weeks from first contact.²⁴

These figures hide the reality that many people do not start proper treatment for some time after their first appointment, or don’t take up treatment at all because it is not offered in a timely way. Others are turned away due to lack of capacity from service providers.³⁷

In 2020, fewer clients were seen in under three weeks:

- In 2019, 80% of clients in the dataset were seen in under three weeks.
- In 2020, 73% were seen in under three weeks.²⁴

Waiting times vary greatly by DHB

Whereas 92% of those in Counties Manukau DHB are seen within three weeks or less, only 36% of those in Nelson and Marlborough are. West Coast and Tairāwhiti are also seeing only half (or fewer) of people within three weeks.²⁴

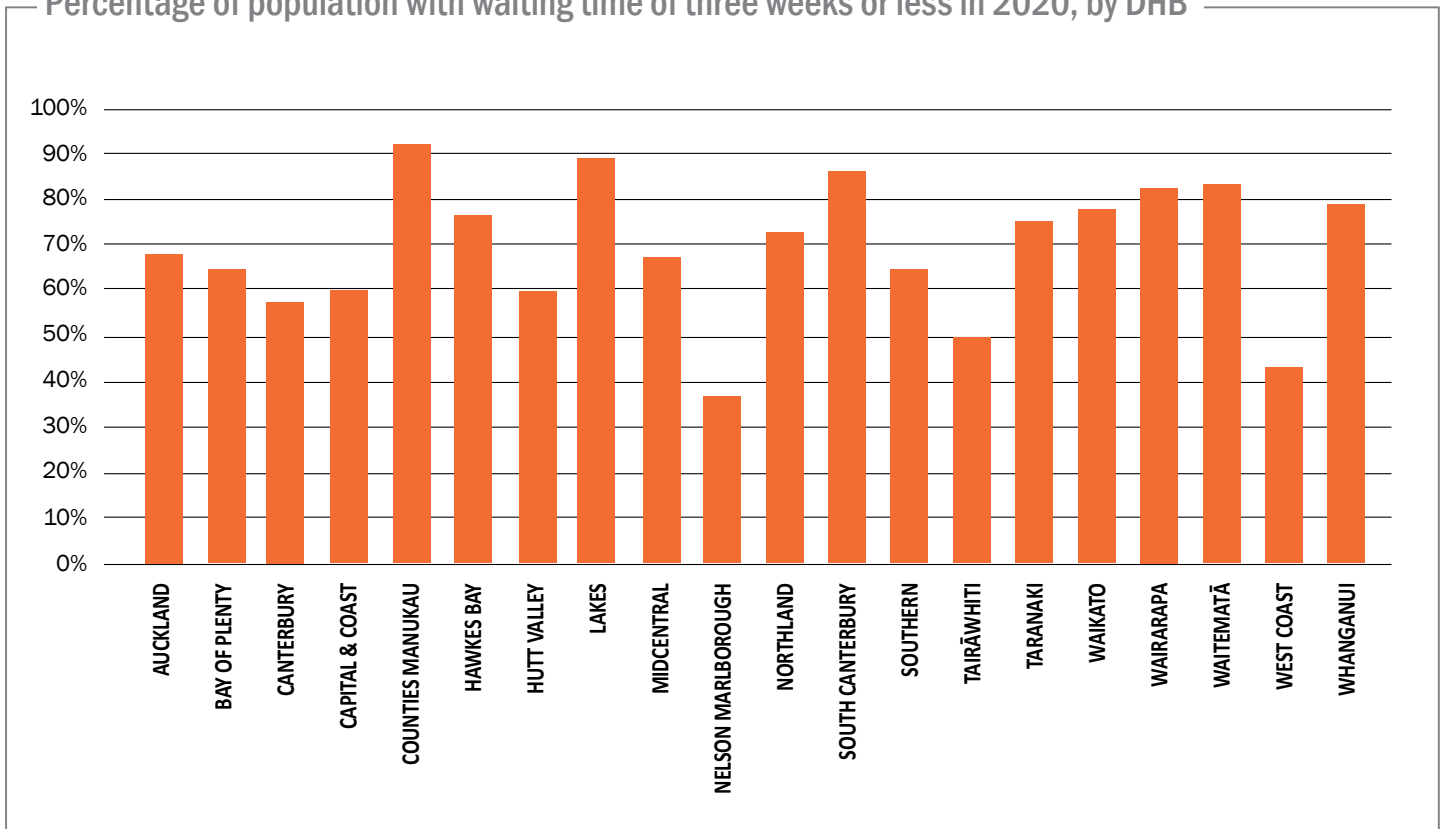


A lot of people tell me they can’t find trained workers to fill staffing shortages. This appears to be compounded by a lack of fully funded entry-level training – especially for people with lived experience, who often come from non-academic backgrounds.”

Ashley Koning, Principal Advisor Addiction, Te Pou¹³



Percentage of population with waiting time of three weeks or less in 2020, by DHB



Source: Ministry of Health ²⁴

EXPENDITURE

Expenditure on AOD treatment has increased somewhat

Expenditure on AOD treatment services has increased by 21% over the past five years, to \$186.8 million in 2019/2020.²⁴

What's happened to the extra money for addictions promised in Budget 2019?

Money allocated to addictions in the 2019 Wellbeing Budget is taking a while to filter through – significant impacts are not yet being seen on the ground.

Covid-19 appears to have impacted the rollout of some programmes that were planned and have been contracted.

The 2019 Wellbeing Budget included funding of \$69 million over four years for four specifically addiction-related initiatives. So far we've spent \$28 million of that (around what was expected):

- \$3.3 million on enhancing primary addiction responses.
- \$19.2 million on enhancing specialist AOD services.
- \$2.2 million on Te Ara Oranga initiative in Northland.
- \$3.5 million on intensive parenting support.²⁴

A further \$664 million was invested over five years for the Access and Choice programme, which aims to provide free and immediate services for people with mild to moderate mental health and addiction needs.

The programme includes a national rollout of integrated primary mental health and addiction services accessed via general practices, as well as kaupapa Māori, Pacific and youth-specific services, and investment in workforce. It is hoped this will address some of the staffing shortages the sector is experiencing.



So far, 345 mental health practitioners have been contracted to provide these new services based in general practices. An estimated 84,000 New Zealanders used the service in the year ended June 2021.²⁷

However, it doesn't appear that many, if any, of these clients are yet seeking this support for AOD issues. Alcohol or other drugs do not feature at all on the list of presenting issues in the Mental Health and Wellbeing Commission monitoring report.²⁷

“

The additional IPMHA services are stretching an already limited workforce, leading to workforce gaps across all services.”

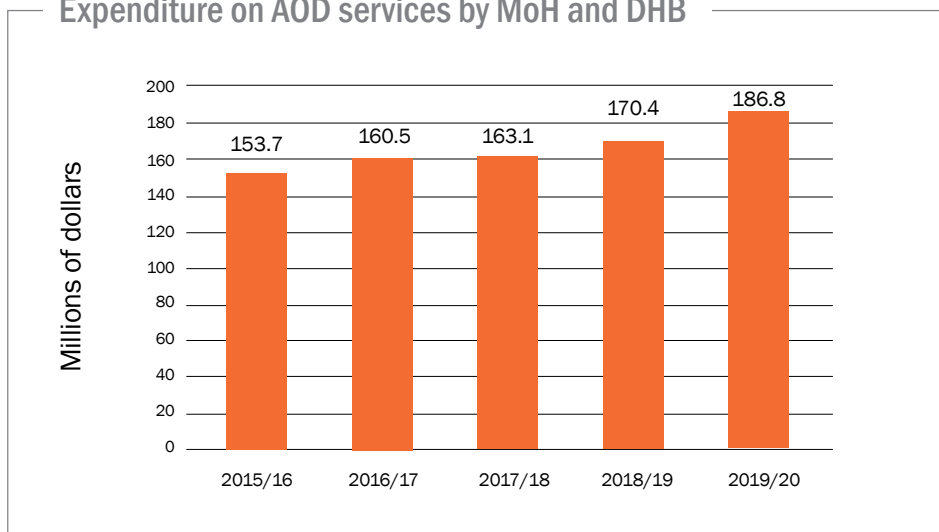
Mental Health and Wellbeing Commission²⁷

“

These services are primarily focused on mental health support which – although important – misses the specific focus on addictions needs. Our concern is that these AOD needs are being overlooked.”

Lynette Hutson, Director Salvation Army Social Services¹³

Expenditure on AOD services by MoH and DHB



Source: Ministry of Health²⁴

HARM REDUCTION

There's been some progress for health-led approaches to reducing drug harm in 2021

Harm reduction approaches for people who use drugs help prevent drug-related harms such as infection, hospitalisations and death by providing information and tools to reduce risk. Examples include sterile injecting equipment, drug checking at festivals or shorter opening hours for alcohol retailers.

We've made some progress over the past year. In December 2021 New Zealand became the first country in the world to permanently legalise drug checking, and this was backed up by one-off funding to support the coming summer season.

It is now easier for people who use drugs to access harm reduction information, with the launch of our new website, The Level. And after many years in development, the High Alert early-warning system has been running since June 2020, notifying people of new risks in circulating drugs.

Te Ara Oranga, a cross-agency Northland programme focused on reducing harm from methamphetamine use, is also scheduled to be expanded.

These initiatives complement existing longstanding programmes such as the Needle Exchange Programme and opioid substitution therapy.

However New Zealand still scores poorly overall on harm reduction

In New Zealand we still lack essential harm reduction services, putting people at risk. The Global Drug Harm Index

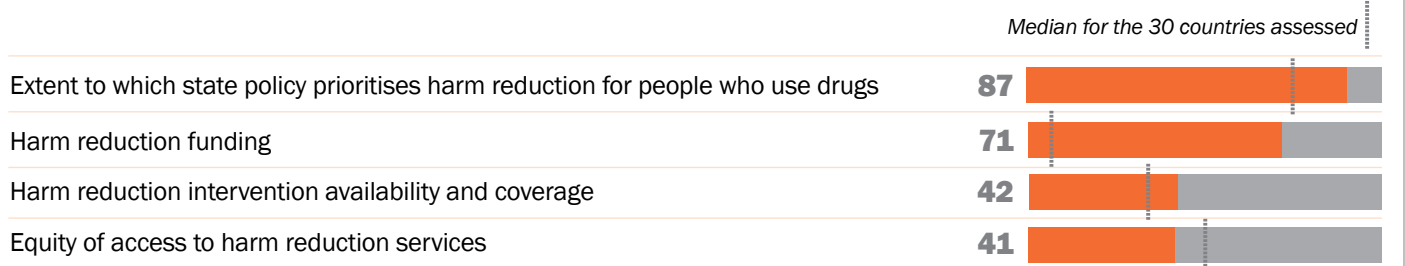


2021 gives us a rating of only 58% for harm reduction, highlighting failings in availability, coverage and equity of access for harm reduction.⁵⁴

We still lack services in New Zealand such as overdose prevention and harm reduction centres for people who use drugs – which are becoming more and more common in other countries. We need permanent funding for drug checking services – particularly for communities such as people who inject drugs. And accessing the life-saving naloxone for communities at risk of overdose continues to be absurdly challenging, despite its widespread availability overseas.

In addition, we only have patchy coverage of opioid substitution therapy in prisons, and no access to sterile needles for prisoners who use drugs. Below we outline some of the areas in which New Zealand is doing well – but we still have much more to do.

Global Drug Policy Index harm reduction scores



Source: Global Drug Policy Index⁵⁴

Drug checking prevents harm

Drug checking is an essential harm reduction service that allows people to find out what substance they have, and to have a conversation to mitigate any potential harms from that use. When clients use drug checking services it is often the first time they have accessed any type of drug health or harm reduction service.

The NZ Drug Foundation began partnering with KnowYourStuffNZ five years ago to support drug checking at festivals. In 2020 we rolled out additional 'static' clinics in Wellington and Auckland, and this year clinics have been trialled at social service providers such as the Needle Exchange, to reach a wider audience.

Drug checking can reduce some of the risks of drug use, and save lives. In the 2020/21 season, 68.2% of clients who tested their drugs decided not to take a drug when it was not what they expected.¹⁴



ONLY
69% **OF MDMA**

(ecstasy) samples were as presumed during the 2020/21 summer season

Source: KnowYourStuffNZ¹⁴

The Level
A straight up guide for people who use drugs

The Drug Foundation launched The Level in August 2021 – a place where people who use drugs can access accurate information, share experiences and find support if they need it, without judgement.

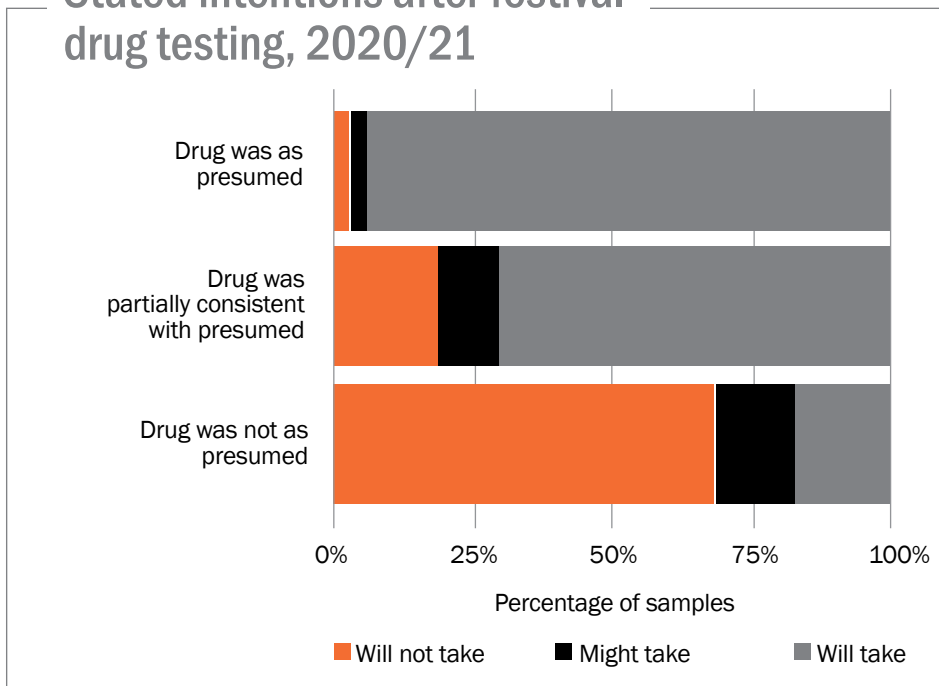
The Level can be accessed online at www.thelevel.org.nz, or through Facebook and Instagram.

“

At the moment, people find it hard to get information on drugs and end up relying on dodgy anecdotes. We want The Level to be a trustworthy and thoroughly researched alternative, where people can have a nuanced, non-judgemental conversation.”

Philip Glaser, Programme Lead,
NZ Drug Foundation

Stated intentions after festival drug testing, 2020/21



Source: KnowYourStuffNZ¹⁴

A KnowYourStuffNZ survey of 683 service users in summer 2020/21 found, as a result of using the service:

- 95% said they were more likely to get their drugs tested before taking them.
- 51% said they were less likely to mix drugs.
- 45% said they were more likely to take a smaller amount.
- 20% said they now take drugs less often.¹⁴

Research indicates that drug checking services do not increase the use of illegal drugs, nor encourage those who don't use them to start using them.²⁹

High Alert early-warning system

An important new harm reduction tool in the New Zealand toolbox is the High Alert early-warning system, set up in 2020. Early-warning systems are designed to monitor and communicate the emergence of dangerous, new or contaminated substances within the illicit drug market.

The initiative is run by DIANZ – a joint effort led by the National Drug Intelligence Bureau (made up of Police, Customs and the Ministry of Health) and a range of community and government partners, including the Drug Foundation.

During High Alert's first year, there were 213,574 visits to the website and 1.1M people were reached via Facebook.³⁰

People can report unexpected or concerning effects from drugs anonymously through the High Alert website – 44 effects were reported during the period July 2020-June 2021.

“High Alert is a valuable tool in preventing drug harm in the community. We can reach people directly when issuing an alert or notification ... over 5,000 members of the public have now signed up to receive notifications about dangerous drugs.”

Detective Inspector Blair Macdonald,
Manager of the National Drug Intelligence Bureau⁴³



“ [Drug checking] needs to be available to some members of the community who are users of substances, but who are not attendees of music festivals and orientation weeks – people who might live on the streets or people who live in constrained or deprived circumstances.”

Andrew Little, Minister of Health³¹

Naloxone supply is patchy, expensive and not reaching the people who need it

Naloxone is a drug that can temporarily reverse opioid overdose. It can be injected into the muscles or delivered by nasal spray. Internationally there is strong evidence for the use of naloxone in the treatment of opioid overdoses, with guidelines recommending the provision of take-home naloxone for people who use opioids.

With an average of 46 deaths from opioid overdose per year, and many hundreds of hospitalisations, New Zealand needs greater availability of naloxone to save lives and prevent serious injury.

As of 2020, naloxone is now reaching some communities through DHBs via opioid substitution treatment programmes and needle exchanges. Anecdotally it has already saved lives. However, it's not yet widely available to those who need it, availability is not consistent across DHBs, and there is very limited funding.



“ We estimate at least 85,000 people could benefit from take-home naloxone, including those who use prescription opioids, people on opioid substitution therapy and people who inject illicit opioids. At the moment there are only a few thousand packs getting out there each year. With more, we could save dozens of lives and hundreds of hospitalisations a year.”

Sarah Helm, Executive Director NZ Drug Foundation

Rewired support group

Rewired: Auckland, launched in 2019 by the NZ Aids Foundation and, the Drug Foundation, is a support group for men who have sex with men and want support to review, reduce or stop their methamphetamine use.

The programme is run on a harm-reduction model, which means meeting each person where they are at and supporting them to reach their own goals rather than demanding abstinence as the only outcome.



“

I realised recently that these days drugs equals sex, and I don't know what sober sex feels like anymore. I'm beginning to figure out how to deal with stuff and how to cope. I can see things clearer now.”

A member of Rewired

Haven Recovery Café

Haven Recovery Café is a drop-in support space for people with AOD needs on Auckland's Karangahape Road, run by rehabilitation centre Odyssey House, homelessness support agency Lifewise and mental health service Mind & Body.

The café estimates that between May 2020 and 1 July 2021 it received more than 20,000 drop-in visitors. Approximately 400 individuals accessed support from the café in 2020/21.³²

“

This space gives people the opportunity to be safe whilst connecting with others and have support if they need. That support can be simple as a warm drink and an ear to listen ...”

Rachel Scaife,
Haven Recovery Café¹³



New funding for Te Ara Oranga is welcome, but more investment is needed

Te Ara Oranga, an initiative based in Northland, takes an integrated approach across health, Police and the community to reduce methamphetamine-related harm and support better health, social and justice outcomes.

Since December 2017, there have been 911 referrals from Police, 858 of which have been referred to the DHB for treatment. 53 whānau groups have been supported, linking in multiple reports of concern for hundreds of children.³³

A further \$2.8 million in funding was allocated to Te Ara Oranga in November 2021 to expand the initiative to the Eastern Bay of Plenty, where it will cover a geographical area from Whakatāne to Rotorua, including Ōpōtiki, Kawerau, and Murupara.³⁴

“

We are dealing with so much deep-rooted pain in our communities, caused by colonisation, poverty, inequality and racism, and for many this pain is now exacerbated by methamphetamine use. We'd like to see Te Ara Oranga or similar interventions rolled out across the country to all areas where people use methamphetamine, with more funding to increase health and community interventions.”

Sarah Helm, Executive Director NZ Drug Foundation

USED programme (Unidentified Substances in emergency departments)

The USED programme was set up as a pilot programme in 2016 by staff from ESR and the emergency department of Wellington Regional Hospital. The aim of the programme is to identify unknown recreational drugs in patients presenting to hospital Emergency Departments with toxic delirium, altered level of consciousness or adverse side effects from drug consumption.

The pilot has identified several new synthetic cannabinoids and cathinones but has not yet been rolled out nationwide, missing an opportunity to track which drugs are causing harm, and where.³⁵

“New Zealand currently has no uniform process for DHBs to send toxicological samples to ESR for further analysis. This is a critical weakness in both drug surveillance and treatment options and there is a pressing need for a national framework and funding modelled on the USED programme.”

Dr Mary Jane McCarthy,
Manager, Forensic Toxicology, ESR¹³



Opioid substitution treatment

Opioid substitution treatment (OST) helps people who have an opioid dependence to access treatment, including substitution therapy. Opioid agonists such as methadone are prescribed to prevent withdrawal and reduce cravings for opioid drugs.

In 2020, 5,542 people received OST, 602 of whom were new clients. 79.6% of those were NZ European, 15.6% were Māori and 1.3% were Pacific peoples.²⁴

OST clients are on average older than other groups receiving treatment: 65.3% of clients receiving OST in 2020 were over 45 years old.

While more than two thirds of clients are assessed and start treatment within four weeks of initial contact,

some spend significant time waiting for treatment. Anecdotally, some clients in Otago have waited as long as 300 days for help with opioid addiction.¹¹

“Opioid substitution has been shown to save lives, reduce harm to people and be an extremely cost-effective intervention. From a compassionate and an economic perspective it is a no-brainer. We need to ensure services have the funding they need to provide prompt care, and wait lists should not be tolerated by our communities.”

Sam McBride, Lead Clinician Capital Coast Health Opioid Treatment Services¹³

NEARLY **4m**
needles distributed in 2020¹⁷

Needle exchanges continue to be a valuable harm reduction service

Needle exchanges were developed in Aotearoa in the late 1980s, in response to the HIV/AIDS crisis.

They provide a non-judgemental confidential service for people who inject drugs that aims to reduce harm through the provision of sterile injecting and harm reduction equipment and advice.

The programme now has between 8,000 and 15,000 clients, and provides

approximately 250 needles annually to each person who injects drugs. The Needle Exchange Programme runs 20 dedicated needle exchanges, two mobile services, one online shop and has 195 pharmacies and other outlets.³⁶

Research shows greater access to equipment reduces harm, including blood-borne viruses. New Zealand's HIV rate amongst people who inject drugs is 0.2% – one of the lowest in the world.⁹ In addition, the NEP helps to improve diagnosis and treatment of hepatitis C, reduces stigma, and promotes safer drug use.

Convictions continue to fall, though slowly

The year ended 30 June 2021 saw the lowest number of charges and convictions for drug offences in the past ten years.

- Charges for drug offences fell from 8,694 in 2011/12, to 5,737 in 2020/21.
- Convictions fell from 6,574 to 4,192.³⁸

Several thousand people are still convicted of possession offences each year

A significant portion of all drug convictions are for what we would define as low-level drug offences. This includes charges for personal use, possession, and use/possession of a drug utensil.

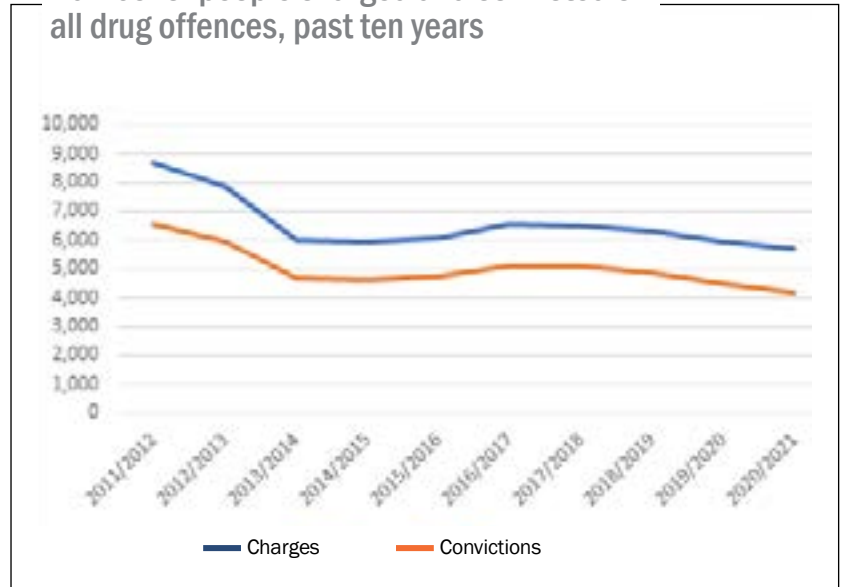
3,111 people received a low-level drugs conviction in 2020/21, and 59% of all people convicted of a drugs offence had a low-level offence as their most serious drug offence (2,482 people).³⁸

Of those convicted of low-level possession offences in 2020/21, 48% were European, 48% Māori, 6.8% Pacific peoples, 2.7% Asian, and 2.6% other/unknown.³⁹ *

81% were men.

**Ministry of Justice data uses 'multiple ethnicity' information. A person may be counted against more than one ethnicity, thus the percentages add up to more than 100%.*

Number of people charged and convicted of all drug offences, past ten years



Source: Ministry of Justice ³⁸

FOR 59% OF PEOPLE CONVICTED OF A DRUGS OFFENCE,
possession or use was their most serious drug offence³⁸



One in six is convicted of low-level drug offences alone (they receive no other convictions)

The number of people convicted each year for low-level drug offences ‘only’ has fallen significantly over the past ten years – a 73% drop. However, the fall for Māori has been less steep than for other ethnicities, with only a 68% drop.

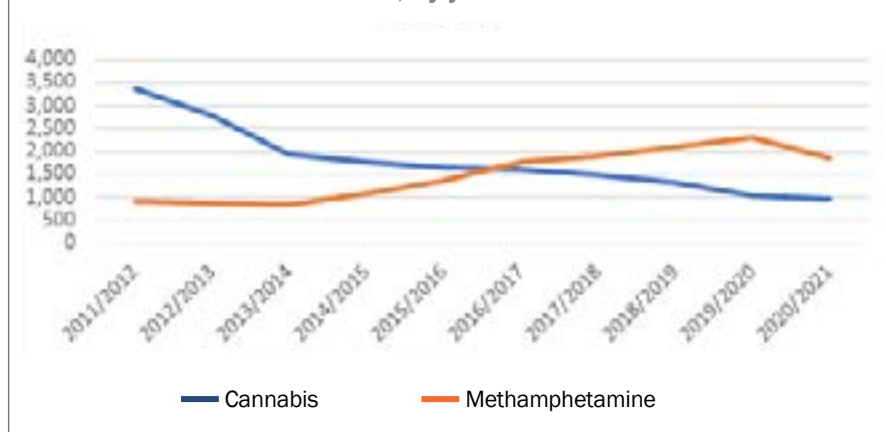
Of the 3,111 people convicted of a low-level drugs offence in 2020/21, 504 were convicted of possession offences alone, and 2,607 were also convicted of other offences on the same day.

Methamphetamine and cannabis charges predominate

Of 5,737 people charged with any type of drug offence in 2020/21, 50% of charges were methamphetamine-related and 41% were cannabis-related, by most serious drug offence. Ecstasy-related charges made up 2% and other named drugs each made up 1% or less of total charges.³⁸

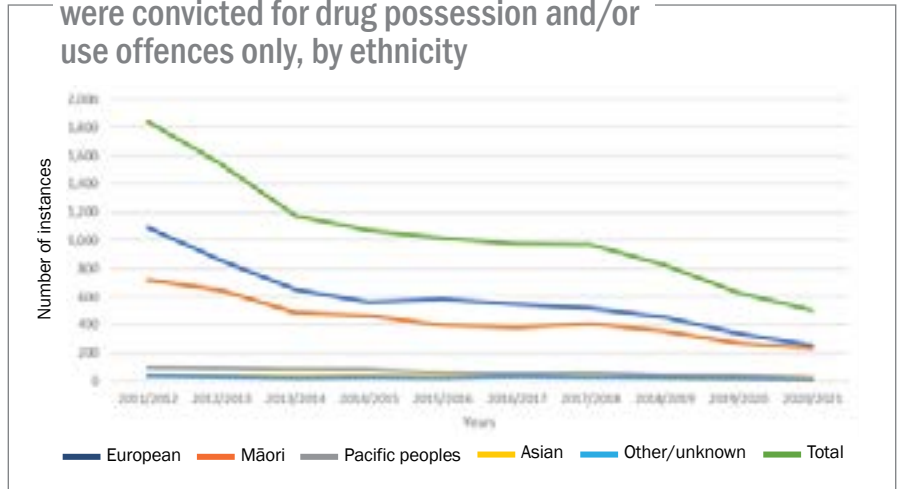
Possession and use convictions for cannabis have fallen steadily over the past ten years, while low-level convictions for methamphetamine have tracked up. However in 2020/21, low-level methamphetamine convictions also fell slightly, from 2,294 convictions to 1,880.³⁸

People convicted of low-level methamphetamine and cannabis offences, by year



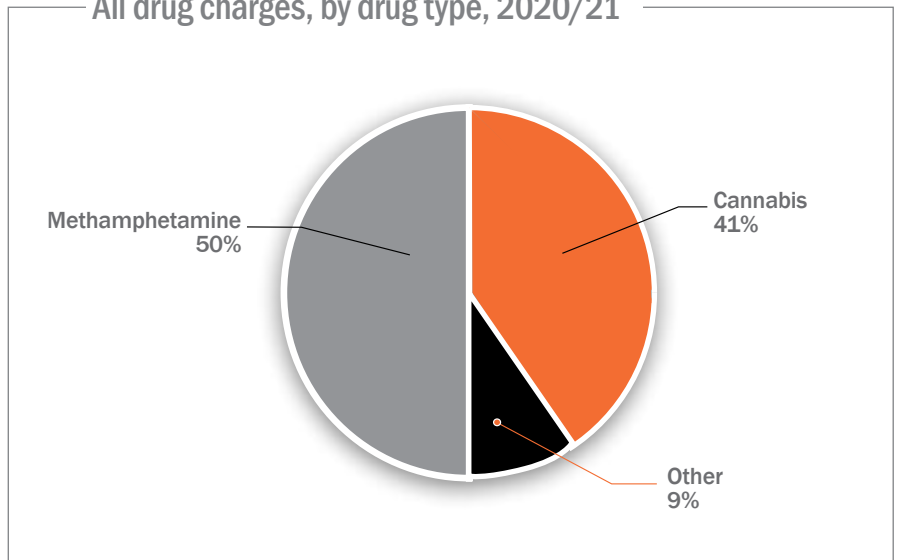
Source: Ministry of Justice ³⁹

Number of instances where people were convicted for drug possession and/or use offences only, by ethnicity



Source: Ministry of Justice ³⁸

All drug charges, by drug type, 2020/21



Source: Ministry of Justice ³⁸

This graph measures drug convictions by most serious drug offence. Where a person has received a conviction for both methamphetamine and cannabis on the same day, the conviction for methamphetamine will usually be counted as the most serious drug offence. The total number of cannabis convictions each year will therefore be undercounted.

THE DISCRETION AMENDMENT

Changes to our drug laws in 2019 have had a lesser impact than hoped

In August 2019 The Misuse of Drugs Act was amended slightly, solidifying into law the Police's existing discretion to only prosecute for possession or use of drugs "if it is required in the public interest".

Police must now determine whether a health-centred or therapeutic approach would be more beneficial to the public interest than a prosecution.


If the law change was working as intended, we would expect to see court actions (prosecutions) for low-level offences decrease, and they have done so. However, the decrease has been slight, from 585 prosecutions on

average per month before the law change (measured during the period between 2013 and 2019) to 497 since, a reduction of 15%.⁴⁰

The limited impact on decreasing prosecutions must also be assessed in the context of a downward trend in prosecutions that began prior to the 2019 amendment.

Monthly prosecutions for possession offences have dropped

15% SINCE THE AMENDMENT



compared to six years prior

Source: NZ Police⁴⁰



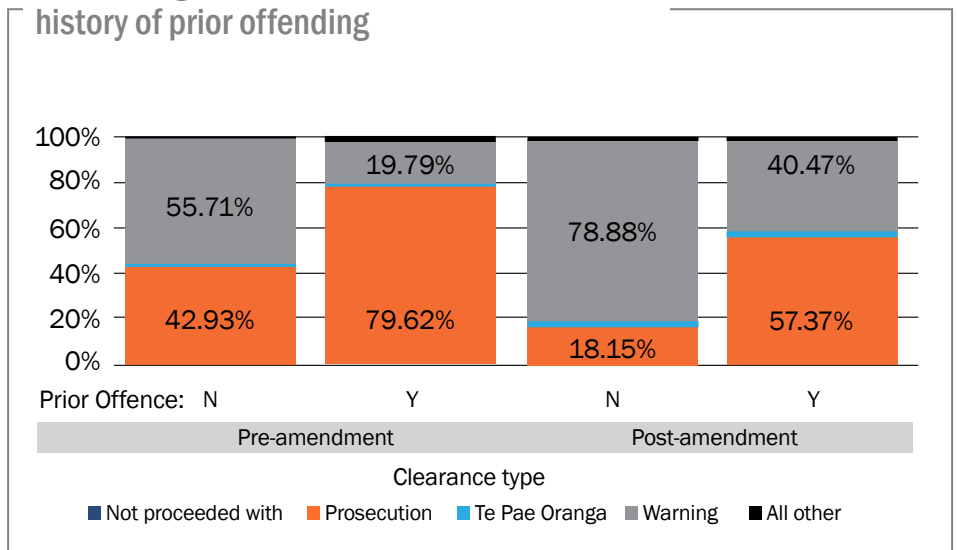
Prior offences are relevant to whether Police use their discretion

Whether or not a person has a previous conviction impacts on whether they are charged for low-level drug offences. In 2020/21, 87% of those charged with drug possession offences had previous convictions.⁴⁰

Since the discretion amendment, the Police have been prosecuting fewer people for possession offences overall, but those with a prior offending history remain more likely to be prosecuted than not.

- 18% of adults with one or fewer prior offences that the Police find with a small quantity of drugs or a drug utensil are now prosecuted, down from 43% in the six years before the amendment.

Proceedings for low level offences based on history of prior offending



Source: NZ Police⁴⁰

- However 57% of adults with more than one prior offence will still be prosecuted for the same offence, down from 80% in the years prior.⁴⁰

Committing other offences on the same day also makes a health response less likely

Since the discretion amendment, the reduction in convictions for low-level offences 'alone' (where the person had no other convictions on the same day) has been much more significant than that for possession offences overall.

In the two years prior to the amendment there were 7,812 convictions for low-level drugs offences overall, and in the two years since there have been 6,773 – a drop of only 13%.³⁸

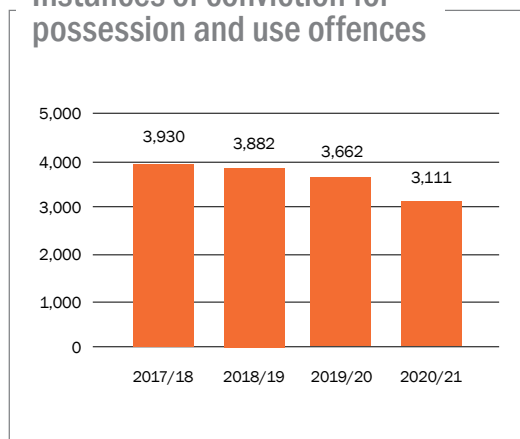
However, 'possession only' convictions have fallen nearly 37% in that time period, from 1,792 in the two years before the amendment to 1,135 in the two years afterwards.³⁸

NON-VIOLENT CONVICTIONS ARE HOLDING PEOPLE BACK

Convictions that occur alongside drug possession convictions are mostly non-violent.

These consist predominantly of breaches of community-based orders (such as community work or home detention), followed by theft, possession of weapons, other drug offences, and driving licence offences.³⁹

Instances of conviction for possession and use offences



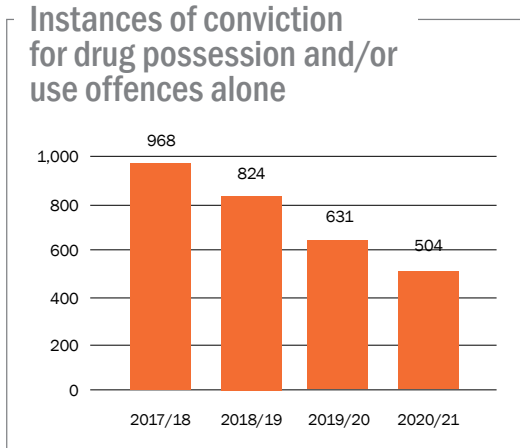
Source: NZ Police ³⁸



after the amendment, compared to the two years before ³⁸



Instances of conviction for drug possession and/or use offences alone



Source: NZ Police ³⁸



after the amendment, compared to the two years before ³⁸

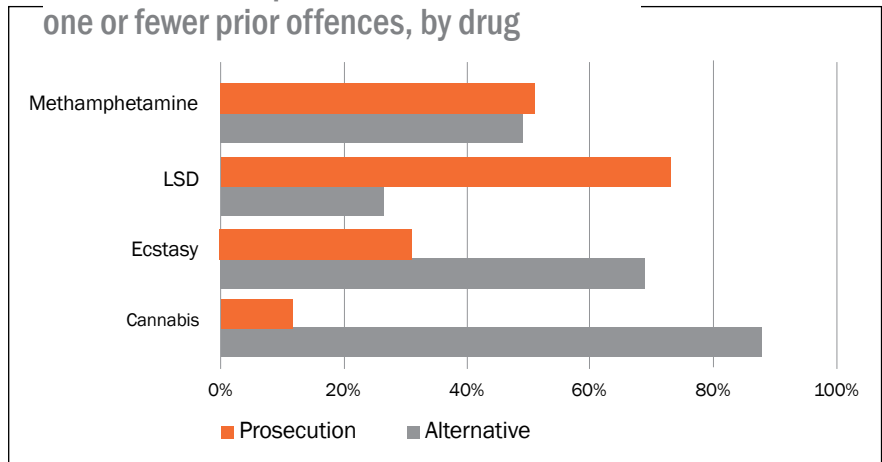
Police discretion is applied differently depending on the type of drug

Even though the law makes all drugs illegal, possession of Class A drugs is more likely to result in a prosecution being laid.

For those with one or fewer prior convictions, only 12% of Police proceedings for cannabis possession now result in a prosecution. However for methamphetamine this figure is 51%, and for LSD, 73% – a huge disparity.⁴⁰

For those with prior offences, 75% of methamphetamine offences result in a prosecution, compared to 40% of cannabis offences and 81% of LSD offences.⁴⁰

Prosecutions for possession for those with one or fewer prior offences, by drug



Source: NZ Police ⁴⁰

“ We still haven’t got our drug laws right. Despite some modest progress, we haven’t made the shift to a health-based approach that whānau and communities need. These statistics continue to strengthen the case for decriminalisation. Despite some positive shifts, 3,000 people were still convicted for low-level drug offences in the past year and our laws still have a hugely disproportionate effect on Māori.

To turn this around, we need to stop making changes around the margins and overhaul the law altogether.”

Sarah Helm, Executive Director, NZ Drug Foundation



“ If many drug offenders actually have underlying drug addiction problems, and we want to fix the problems, then we want to do that regardless of prior track record.”

Hon. Andrew Little, Minister of Health⁴¹



So what instructions are Police given exactly?

Operational instructions issued since the discretion amendment help Police make decisions about when to prosecute for low-level offences.

Under the instructions, if addiction has been identified as an issue, and the person refuses a health-based approach, this may weigh towards initiating a prosecution rather than a warning - as will persistent drug-related offending that has not responded to treatment.

Mitigating considerations that may weigh against prosecution include whether the person is willing to undergo a therapeutic approach, or whether they have no previous drug convictions.⁴²

Is the discretion amendment also impacting how courts enforce the law?

For those who are charged with low-level drug offences, a smaller percentage have been convicted in the past few years. It's possible that the trend away from prosecutions may have also impacted how courts treat those that do come before them with possession charges.³⁹

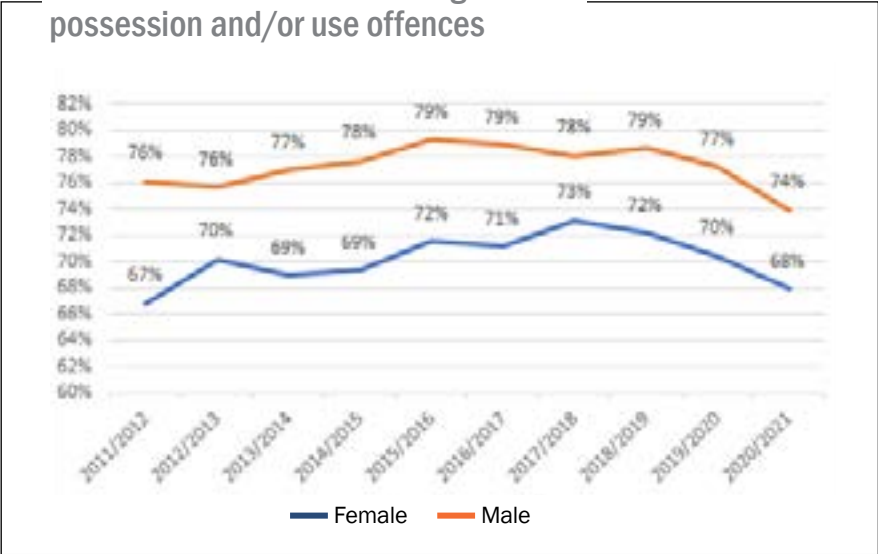


Operational instructions issued to the Police highlight why discretion is unfair and illogical. Those who are most vulnerable – people with addictions who are not ready to seek treatment – are more likely to get a prosecution, as are people who haven't responded to treatment. Those who have prior convictions are more likely to be prosecuted for drug use – but why should this be the case?

This just entrenches the harm caused by our drug laws to a few people, who then have to bear the brunt for all of us. Either society criminally sanctions drug use or it does not (and we think it shouldn't). The Police shouldn't have to go through a complicated dance to decide how to apply the law, with drastically unequal outcomes.”

Kali Mercier, Policy and Advocacy Manager, NZ Drug Foundation.

Conviction rate for those charged with possession and/or use offences



Source: Ministry of Justice ³⁹

OUTCOMES FOR MĀORI

The amendment is not working for Māori

Prosecutions for both Māori and non-Māori have been decreasing since 2010 but the general downward trend appears to have been less pronounced for Māori than non-Māori.

A Ministry of Health review concluded that the downward trend has continued since 2019 but there is insufficient data to conclude it is the result of the health-based amendment.

Māori continue to be hugely over-represented in drug possession statistics

Māori make up 48% of those convicted of drug possession.³⁸ They are charged nearly four times more often than Europeans, as a percentage of the population.

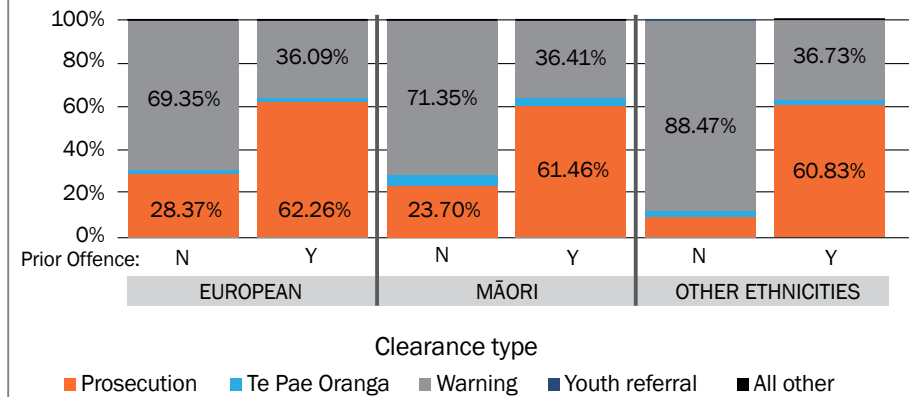
0.17% of the Māori population received a conviction for a low-level drug offence in 2020/21, compared to 0.04% of the European population.³⁹

However, this extraordinarily disproportionate outcome doesn't appear to be caused by differences in whether Police charge a person they have apprehended:

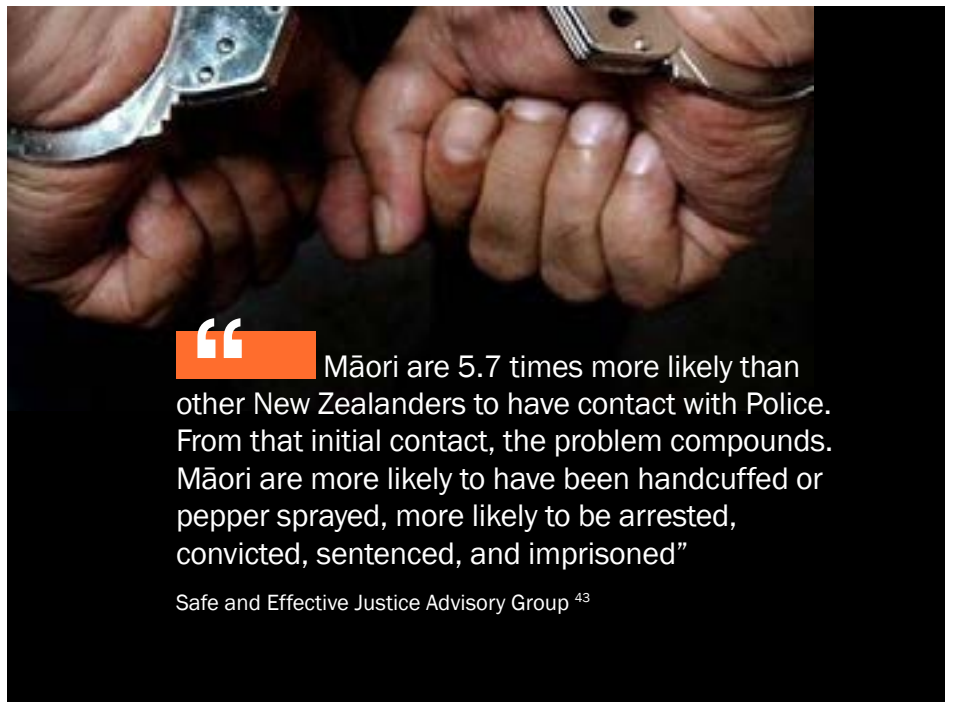
- For people who have prior offences, the data shows no significant difference in whether Police choose to prosecute or divert a person for possession offences, by ethnicity.
- For those with no prior offences, Māori are actually less likely to be prosecuted for low-level drug offences than Europeans.⁴⁰

According to the Safe and Effective Justice Advisory Group, Māori are 5.7 times more likely than other New Zealanders to have contact with Police. This is where the

Proceedings for low-level offences based on history of prior offending and ethnicity



Source: NZ Police ⁴⁰



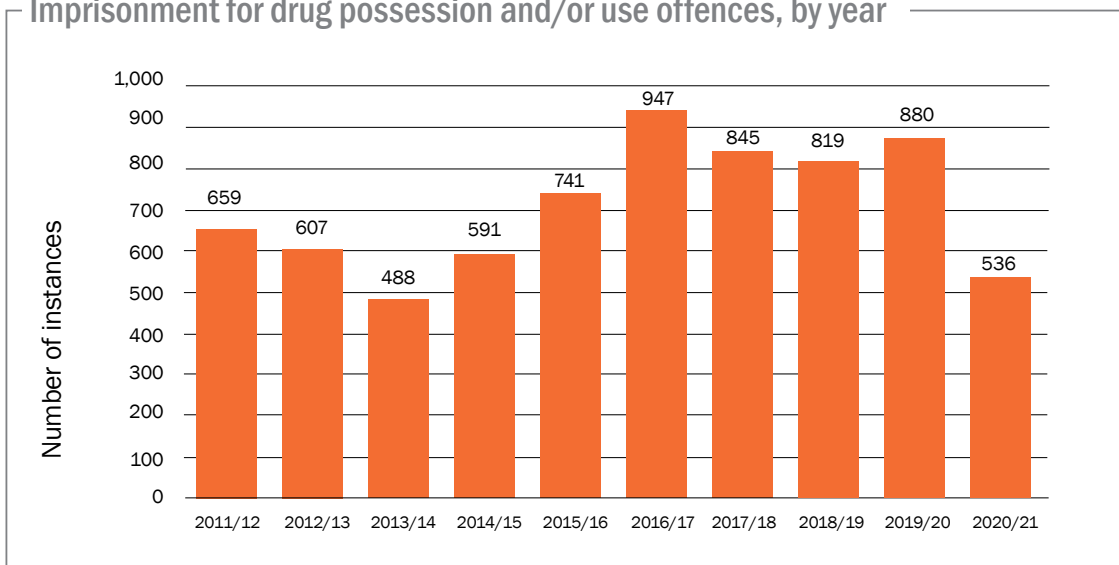
disproportionate outcome appears to stem from, with significantly more Māori being ‘policed’ than non-Māori⁴³ (see also section on warrantless searches, page 52).

If more Māori come into contact with the system than non-Māori, this will lead to disproportionate outcomes.

The over-representation of Māori in the statistics compounds as they move through the justice system. 61.9% of those sentenced to prison with drug possession offences are Māori.³⁸

IMPRISONMENT

Imprisonment for drug possession and/or use offences, by year



Source: Ministry of Justice ³⁹

Drug convictions remain a significant burden on the prison system

10% of people serving sentences in prison (504 people) have a drug offence as their lead offence and 17% of people serving sentences in prison (899 people) have a drug offence as any part of their aggregate sentence.²⁸

This makes drug convictions a significant contributor to prison numbers. 832 people were convicted and sentenced to

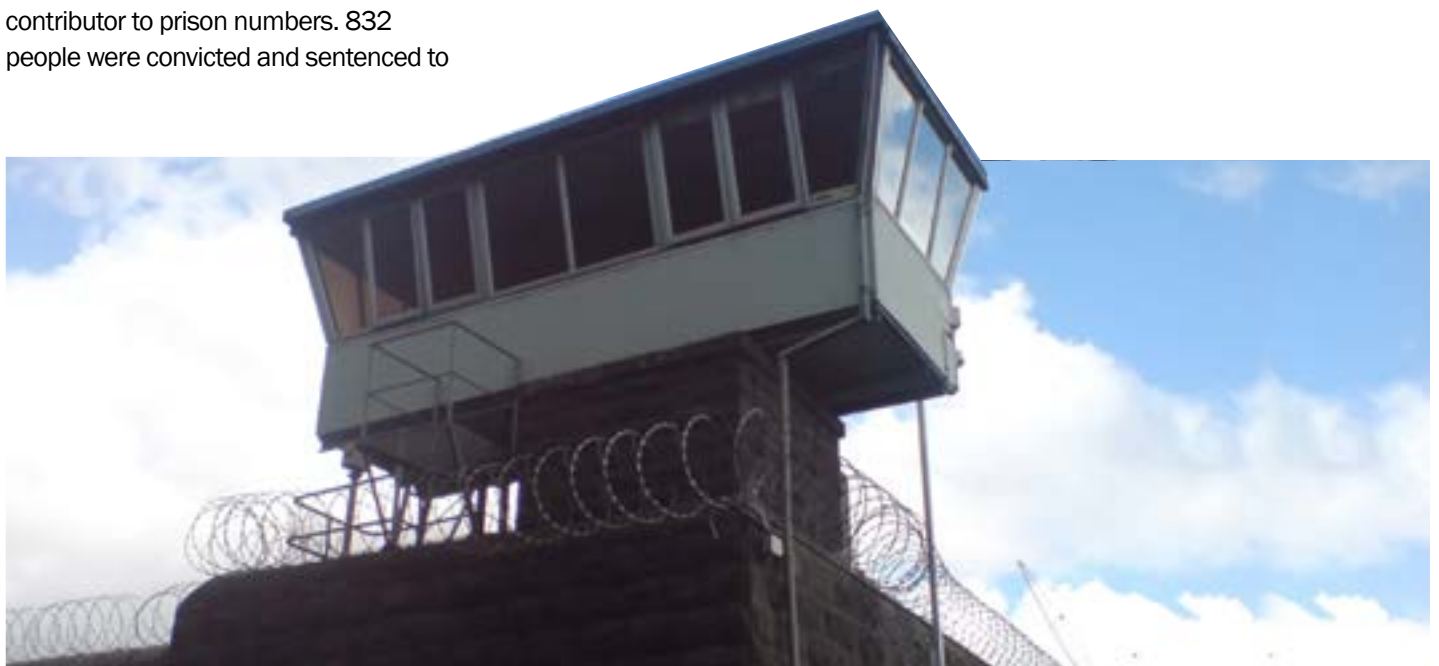
prison for any type of drug offence in 2020/21 – 102 of those were sentenced to three or more years.³⁹

Possession convictions contribute to prison sentences for hundreds of people every year

In 2020/21, 536 people were convicted and sentenced to prison with low-level drug convictions forming part of their sentence.³⁹

As of 5 November, 7% of people serving sentences in prison had low-level drug convictions counting towards their sentences.²⁸

It is unusual to be sent to prison for drug use alone, though this still happened to 11 people in 2020/21.³⁸



YOUNG PEOPLE

Too many young people are entering the youth justice system for low-level cannabis offences

The good news is that during the six years prior to and culminating in the 2019 discretion amendment, warnings and prosecutions of young people aged 17 and under for drug-related offences have fallen dramatically in favour of youth referrals.

However, it is concerning that the overall numbers of young people entering the youth justice system due to drug offences remain high – 913 young people in 2020.⁴³

Of drug proceedings for young people:

- 89% are for cannabis
- 4% for methamphetamine
- 3% for ecstasy
- 2% for LSD and
- 2% for other drugs, including stimulants and opiates.

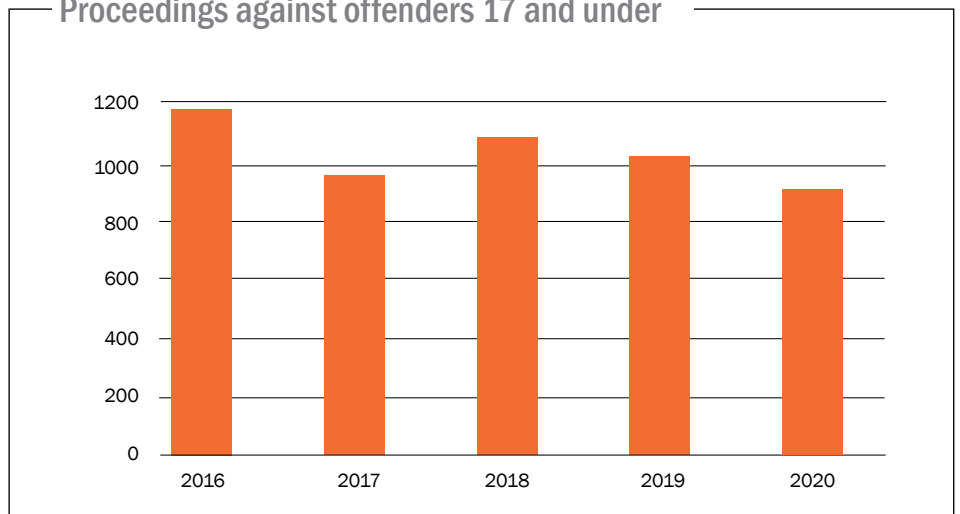
The vast majority – 90% – of drug-related proceedings brought against young people are for possession and use of drugs or drug utensils.⁴³

90%
OF
DRUG CHARGES
BROUGHT AGAINST
YOUNG PEOPLE

are for possession offences

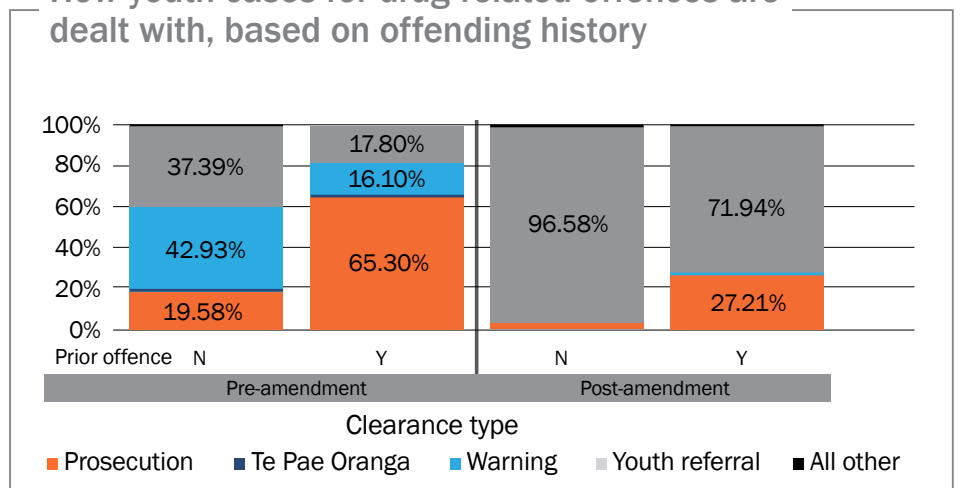
Source: Ministry of Justice ⁴⁰

Proceedings against offenders 17 and under



Source: NZ Police ⁴²

How youth cases for drug-related offences are dealt with, based on offending history



Source: NZ Police ⁴⁰

“For most young people, the harm of being brought into the criminal justice system will far outweigh the harms of having experimented with cannabis. The disproportionate, heavy-handed approach to cannabis, as compared to alcohol use, reflects a failed assumption that prosecution will deter use. As it stands, we are condemning a small number of young people by removing them from education and employment opportunities and tying them up in the justice system.”

“As always, Māori bear the disproportionate burden of this. There are much better approaches and it is time to update our thinking to give young people the best chance to thrive.”

Sarah Helm, Executive Director, NZ Drug Foundation

CANNABIS

We continue to prosecute people for cannabis offences

While cannabis charges have fallen significantly over the past decade, most of that reduction has come from fewer convictions for those who faced only cannabis charges and had committed no other offences. For those facing other charges also, cannabis conviction rates have continued at a fairly steady rate since 2013/14.

In the past ten years, 35,250 people were convicted of a cannabis offence, and 5,551 people were sent to prison.⁴⁵

In 2020/21:

- 2,441 people were convicted of a cannabis offence, down from 5,368 in 2011/12.
- 698 people were convicted with a cannabis-related offence alone, (that is, they had no other drug- or non-drug related convictions) – an 18% increase on the previous year.⁴⁵

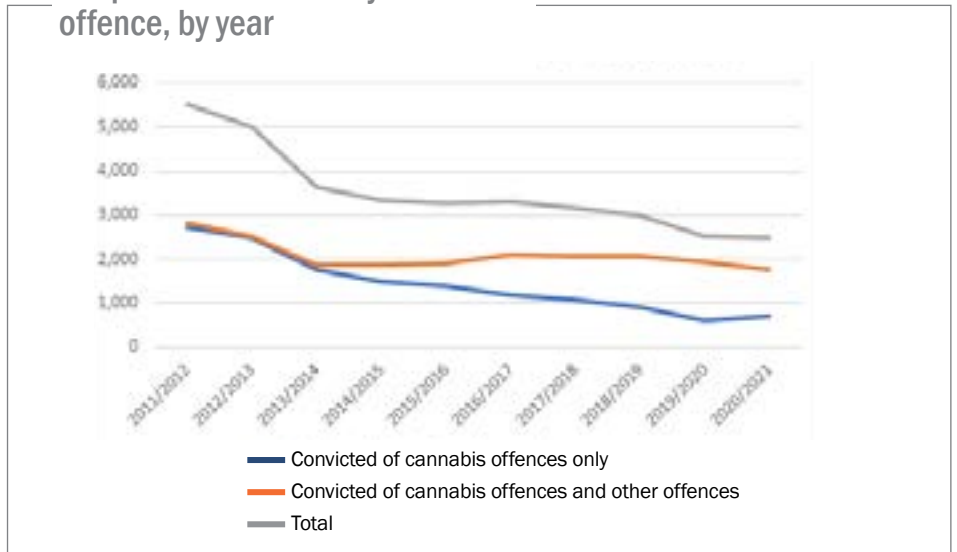
Of all instances in which people were convicted of a cannabis offence in 2020/21:

- 63% were low-level (possession) convictions.
- People aged 20-39 made up 68%.
- 83% were men.
- 44% were Māori.⁴⁵

People are still going to prison because of our cannabis laws

In 2020/21, 337 people were sent to prison with cannabis-related convictions, 189 for low-level offences such as cannabis possession or use.⁴⁵

People convicted of any cannabis offence, by year



Source: Ministry of Justice⁴⁵



CONVICTIONS UNDER THE PSYCHOACTIVE SUBSTANCES ACT CONTINUE TO BE VERY LOW

Substances that have not been scheduled under the Misuse of Drugs Act or the Medicines Act fall under the Psychoactive Substances Act 2013, which was introduced to allow for the regulation of substances that pose a low risk of harm. No products have ever been approved for sale under the Act, however.

51 people were convicted under the Act in 2020/21 – 63% of whom were Māori – and eight people were sentenced to imprisonment.⁴⁴

WARRANTLESS SEARCHES

Thousands searched each year in warrantless searches

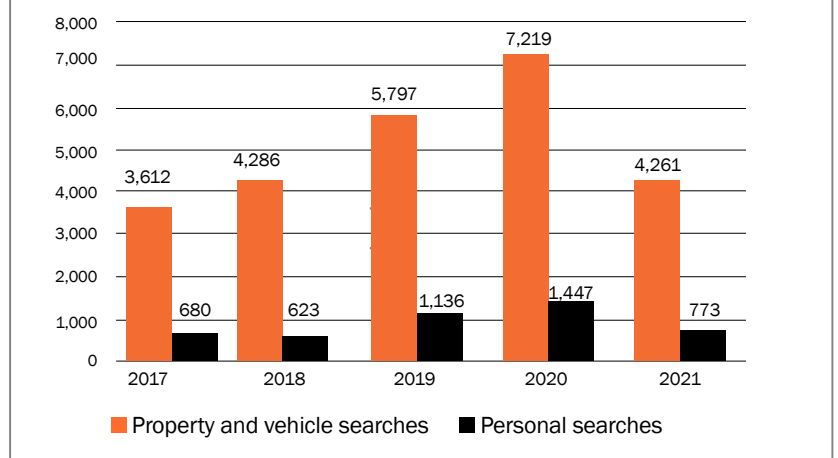
A massive 7,219 warrantless searches for drugs were carried out on a property or vehicle in 2020 under section 20 of the Search and Surveillance Act 2012.⁴³

The number of property and vehicle searches carried out by Police looking for drugs has gone up significantly over the past five years, though Police put this rise down to a 2019 change in the way data is now collected in real time.

In addition to property and vehicle searches, in 2020 1447 warrantless searches for drugs were carried out on individuals. 800 of those resulted in arrest or seizure of evidence.

The police were not able to give detail about the drug types, or any demographics of these searches.

Warrantless searches for drugs, by year



Source: National Drug Intelligence Bureau ⁴²

IN 2020,
POLICE
CARRIED OUT
8,666 WARRANTLESS
SEARCHES
FOR DRUGS⁴²

DRUG UTENSILS

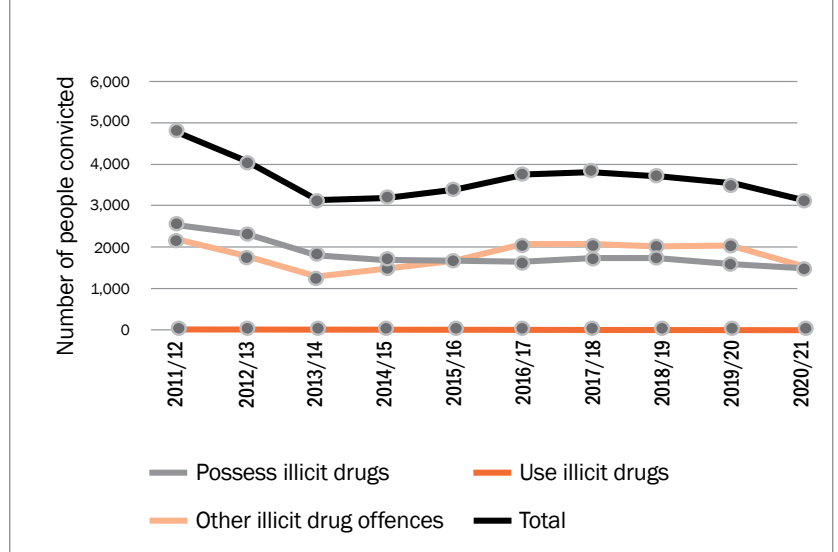
More convicted for possession of drug 'utensils' than for possession of drugs

Last year, 4167 people were charged, and 3030 people were convicted of low-level drug offences.³⁸

Since 2015/16, more people have been charged with 'other' drug offences than they have with possession of actual drugs. The vast majority of these 'other' offences consist of offences relating to possession of a drug utensil.³⁹

In 2016, the Ministry of Health published a discussion paper to canvas the idea of entirely removing possession of drug utensils as an offence, but this was not followed up.⁴⁶ Doing so now would reduce the number of convictions for low-level drug offences by more than 1,000 per year – a bigger impact than the 2019 discretion amendment.

Number of people convicted of possession and/or use offences by type of offence, by year



Source: Ministry of Justice ³⁹

Excluding young people from school for drug use doesn't stack up

Alcohol and drugs continue to lead many students to be suspended, stood down, excluded and expelled from school

School is a key protective factor for reducing alcohol and drug harm and improving overall life outcomes. We need to keep young people in school for as long as possible – including those struggling with their drug or alcohol use.

Drugs are the third most common reason to be expelled, excluded or suspended from school, after physical assault and continual disobedience. Drugs are given as the main reason for:

- 16% of suspensions (365 young people in 2020).
- 11.1% of expulsions (12 young people in 2020).
- 9.9% of exclusions (70 young people in 2020).

While 9.9% of all exclusions are for drugs, the rates are higher for girls (13.5% of all exclusions).^{47, 48}

Exclusions rates are falling but are still too high

The trend for school exclusions – where a young person under the age of 16 is removed from school – has been relatively stable since 2015. A sudden dip

“The reduction in the use of punitive actions by schools over the last ten years is encouraging. It is the first step in moving to a more student-centred approach. We all want our young people to be able to make good decisions ... so that they can thrive in a world where drugs and alcohol exist.”

Jim Matheson, NZ Drug Foundation Deputy Chair and Tūturu governance

in the rate of exclusions in 2020 is likely due to the impact of Covid-19 on school attendance days. However, rates are still too high: 709 students were excluded from school in 2020.

The rate of exclusion for drugs has fallen steadily – students in 2020 were three times less likely to be excluded for drugs than they were in 2011.⁴⁸

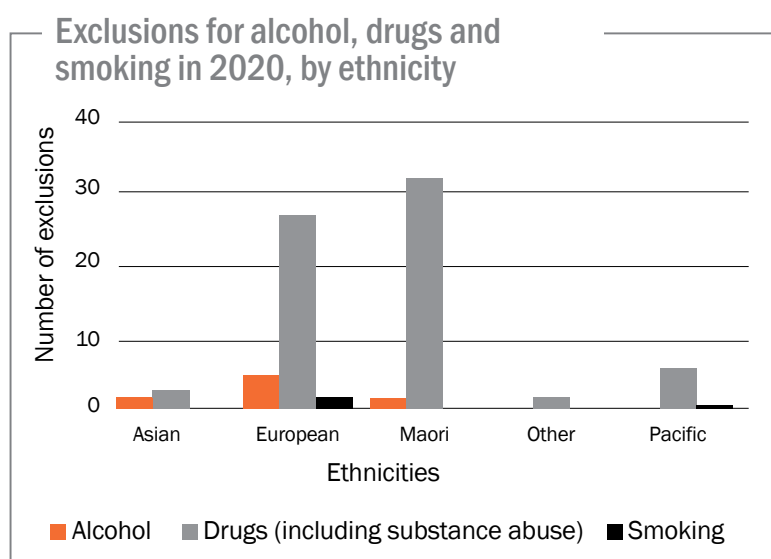
Drugs are treated more harshly than alcohol and tobacco

More children are excluded for drugs than for alcohol and tobacco, despite those being far more commonly consumed drugs.

In 2020 there were

- 70 exclusions for drugs
- 9 for alcohol and
- only 3 for smoking.

The Drug Foundation argues that no child should ever be excluded from school for substance use. Excluding a child from school causes far more lifelong harm than substances themselves are likely to do.



Source: Ministry of Education ⁴⁸

Māori bear the biggest burden from school exclusion policies

Māori students made up 46% of total exclusions for drugs in 2020 and Māori boys are excluded at nearly twice the rate of Māori girls.

In better news, there has been a large decrease in the total number of Māori students excluded for alcohol and drugs, from 152 in 2010, to 32 in 2020.⁴⁸

Variations in how schools react to drug use is concerning

Different schools react very differently when a young person is found with drugs. For some schools it is seen as a learning opportunity, whereas others may exclude or expel students found with drugs – with lifelong negative consequences.

Whether or not a school chooses to exclude a student is less about the student and more about the school's pattern of response to certain types of behaviour. It is disturbing that a young person's life can be so altered by how their school decides to react.

Best practice is to keep the student engaged at school, so it is particularly concerning that rates for exclusion from school (for any behaviour) are so different by education area:

- Wellington and Auckland have the lowest rates at 0.5 and 0.7 exclusions per 1,000 students.
- Hawke's Bay/Tairāwhiti has the highest at 1.6 exclusions per 1,000 students, followed closely by Tai Tokerau and Nelson/Marlborough West Coast, both at 1.5 per 1,000 students.⁴⁸

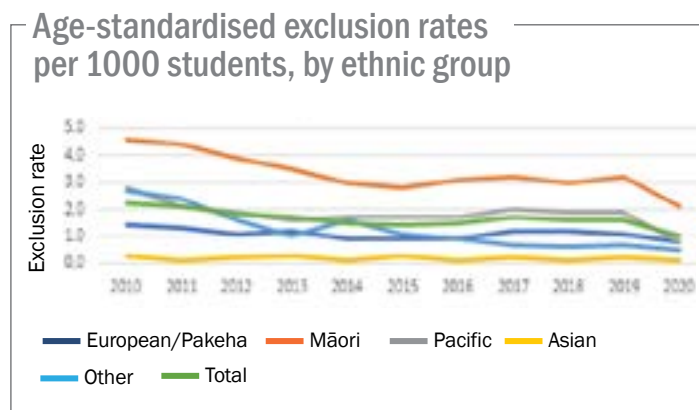
There is a better way ...

tūturu.

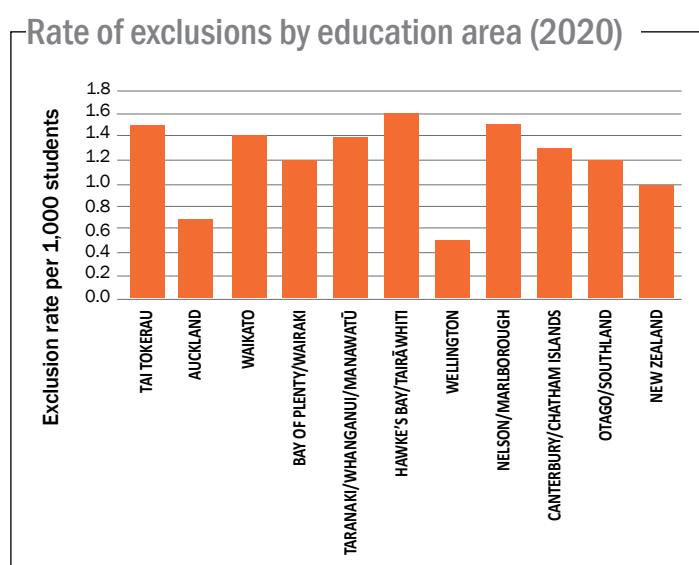
Tūturu helps New Zealand schools implement school-wide changes to improve the wellbeing of their students and develop their critical thinking.

The first focus area of Tūturu is reducing alcohol and other drug-related harm in ways that promote student engagement and wellbeing.

It is a uniquely Aotearoa approach, created by New Zealand schools and health services.



Source: Ministry of Education ⁴⁸



Source: Ministry of Education ⁴⁸



By working together, health services and schools prepare students to live in a modern world – moving past avoiding or reactive approaches to topics like drugs. This helps students leave school with the critical thinking skills they need to manage their wellbeing, and helps students to get support early if they need it.

An independent evaluation of the pilot found Tūturu helped schools change their approach from punitive to pastoral.

Alcohol and other drugs impact on our road safety

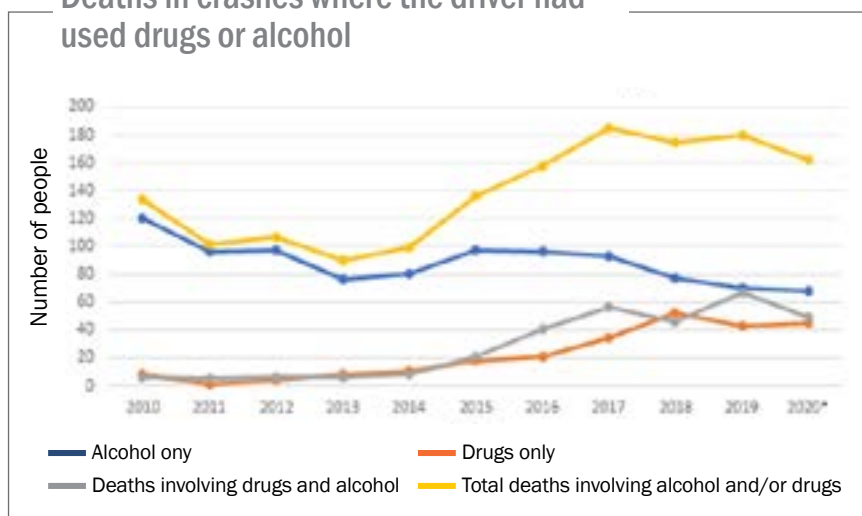
Deaths in crashes where the driver had used drugs or alcohol fell in 2020.

162 deaths on our roads in 2020 involved alcohol, drugs or a combination of both.

More drivers involved in a crash causing death had alcohol alone in the blood (68) than drugs alone (45), or both alcohol and drugs (49).⁴⁹

Blood samples taken are not always tested for both alcohol and drugs. From 2015, Police started to request blood tests to screen for presence of drugs in fatal crashes, in addition to alcohol. According to Police, this accounts for the gradual increase in samples that contain drugs since that time.⁴³

Deaths in crashes where the driver had used drugs or alcohol



Source: Waka Kotahi NZ Transport Agency.⁴⁹ (*2020 figures may not be complete)

→ IMPAIRMENT IS HARD TO DETECT

Substances can be detected in the blood long after they have stopped causing impairment. Detecting a substance in a blood sample doesn't tell us whether a person was impaired, nor whether that substance use is likely to have caused an accident.

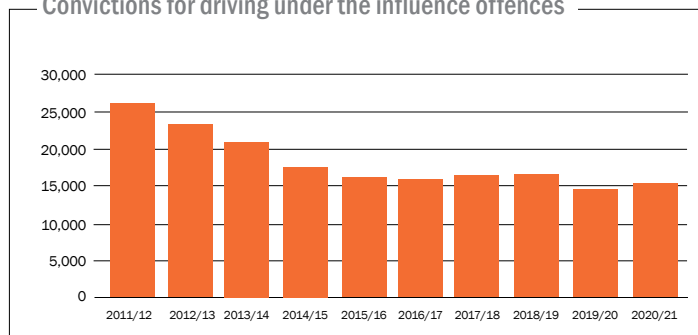


Convictions for driving under the influence increased slightly last year

In 2020/21, 15,388 people were convicted of driving under the influence of drugs or alcohol, up from 14,509 the year before. Lower figures in 2019/20 will likely have been impacted by our national lockdown at the beginning of 2020.

Convictions for driving under the influence have reduced significantly over the past ten years, from 26,321 convictions in 2011/12.⁵⁰

Convictions for driving under the influence offences



Source: Ministry of Justice⁵⁰



Men under 30 are the most likely to be convicted of driving under the influence

Over three times more men than women were convicted of driving under the influence in 2020/21. Men made up 77% of convictions, and women 23%.

More 20-24 year-olds were convicted of drug or drink driving in 2020/21 than any other age group.⁵⁰

Fewer drugs and less alcohol were detected in blood samples this past year

The number of blood samples found to contain alcohol or drugs after a road accident or roadside impairment test (CIT) fell in 2020, no doubt affected by a reduction in both driving and enforcement under the national Covid-19 lockdown.⁴²

Of samples collected from drivers in hospital after an accident:

- 712 contained alcohol (at any concentration), down from 779 in 2019.
- 1,053 contained drugs, down slightly from 1,084.

Of samples collected after a compulsory impairment test (non-hospitalised):

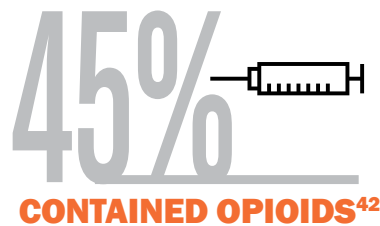
- 1,348 contained any alcohol, down from 1,766 in 2019.
- 653 contained drugs, down from 713.⁴²

Opioids were found in higher rates in hospitalised drivers

Of blood samples taken after a roadside impairment test, the most frequently detected drugs were cannabis (67% of samples) and stimulants (57%). Opioids (6%) and sedatives (12%) were far less likely to be found.

By contrast, of those samples taken in the hospital after an accident, opioids were found in 45% of drug-detected specimens. Cannabis (67%) and stimulants (57%) were found at the same rates as in samples taken after an impairment test.⁴²

Of blood samples taken from hospitalised drivers that contained drugs,



Roadside screening for alcohol dropped in 2020/21

New Zealand is carrying out significantly fewer breath-screening tests than ten years ago.

Though Police aimed to increase the number of tests to 2 million in 2020/21, breath testing was paused for health and safety reasons during the 2020 Covid-19 national lockdown. As a result, the number of screening tests carried out in 2020/21 was actually lower than the previous year.⁵⁶

Alcohol interlock orders have increased since law change

Part of a drink-driving sentence can be to install an alcohol interlock device (similar to a breathalyser). Before the driver's vehicle can start, they must prove they have not been drinking, by blowing into the device.

While the sentence has been available since 2012, alcohol interlock devices became mandatory in sentencing for serious driving offences involving alcohol in 2018 after judges were slow to adopt it as an option.

The result has been a massive increase in interlock judgments, with 4,138 interlock orders in 2020/21, up from 371 in 2017/18.⁵⁰



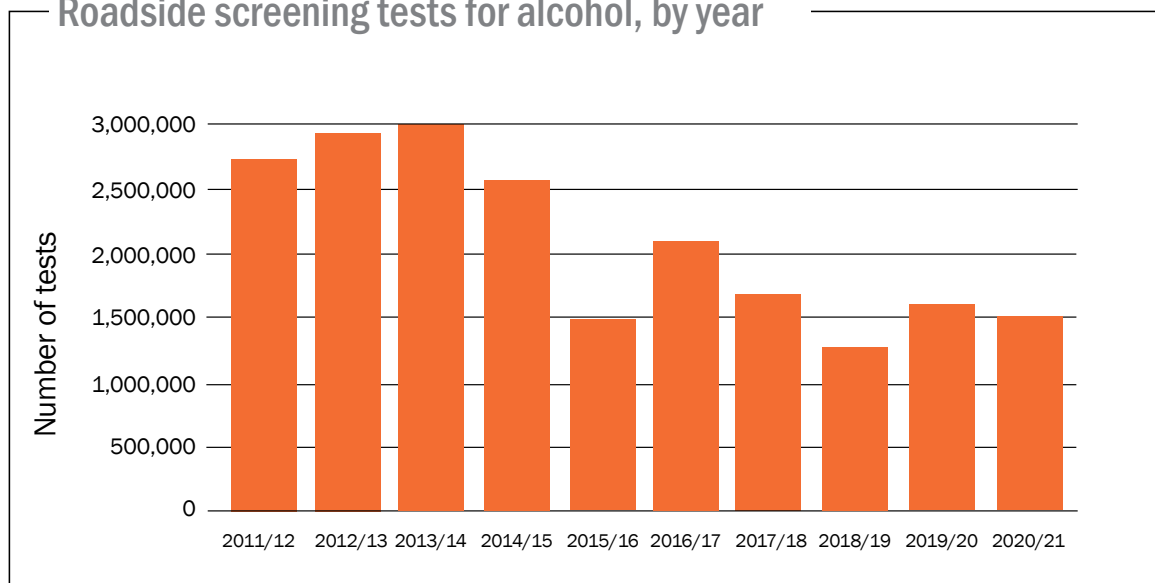
It's good that interlock numbers have jumped up since they became a mandatory sentence for high-risk drunk drivers but they are still not where they should be.

“In 2020 only two-thirds of those sentenced to an interlock actually got a device installed in their vehicle. There is no follow-up in the current system for the thousands of people who should only be driving with an interlock but aren't complying with their sentence.”

Dylan Thomsen, Principal Communications Adviser, NZ Automobile Association¹³



Roadside screening tests for alcohol, by year



Source: Ministry of Justice ⁵⁰

Legal medicinal cannabis remains out of reach for many patients

In 2017, the Government introduced legislation to develop a medicinal cannabis industry in New Zealand and make products more accessible. Regulations to support the Act came into force on 1 April 2020.

It should become easier over time to produce medicines here, and to import them, but so far very few new products have been approved. Costs remain high and products are unsubsidised.

Prescriptions have increased ten-fold in two years – but these are mostly CBD products

The Drug Foundation estimates around 17,000 people accessed legal medicinal cannabis products in 2020 – around ten times as many as in 2018.⁵¹

Supply of medicinal cannabis products went up tenfold between 2018 and 2020. 2,337 packs of CBD- and/or THC-containing products* were supplied to patients in 2018, and 23,799 in 2020.⁵²

The vast majority of products supplied (21,964) were CBD-only products.

Only 1,935 products containing THC were supplied in 2020. Products containing THC continue to be very hard to access, with limited choice and a big price tag.

APPROXIMATELY

266,700



PEOPLE

use cannabis for medicinal purposes in NZ⁵³

AND AROUND

94%

of them access it through the black market⁵¹

Current prescriptions only scrape the surface of existing demand

We still have a long way to go to reach all those who might benefit from legal medicinal cannabis.

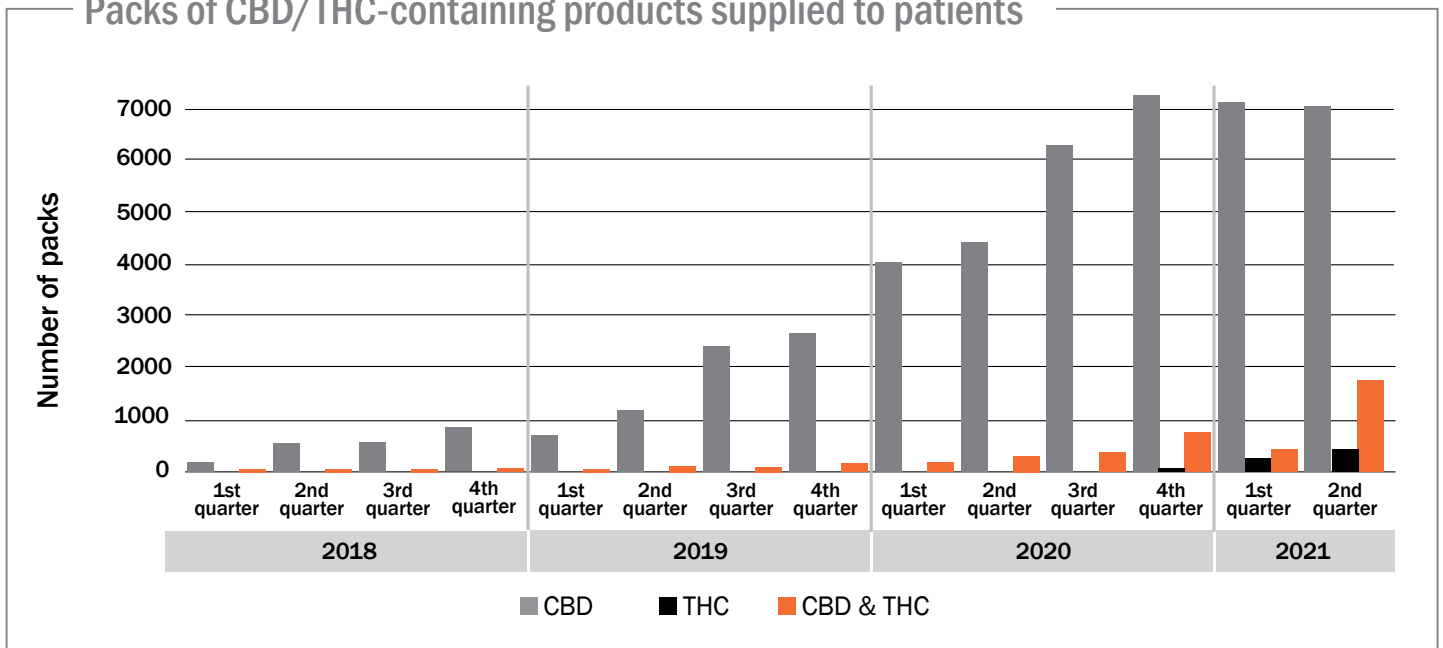
In New Zealand, 42% of those who use cannabis report using it for medicinal purposes (to treat pain or another medical condition).⁵³ On current cannabis prevalence figures, that would equate to 266,700 people (42% of 635,000 adults).¹

Only 6% of those have a legal prescription.



* CBD, or cannabidiol, is one of more than 100 chemical compounds found in the cannabis plant, and is 'non-psychoactive'. Tetrahydrocannabinol (THC) is the main psychoactive cannabinoid in cannabis. Both of these (and other cannabinoids) have medical application.

Packs of CBD/THC-containing products supplied to patients



Source: Ministry of Health ⁵²

“Patients continue to experience huge barriers to access. It’s hard to get a prescription because many doctors won’t prescribe or aren’t sure how to prescribe the products. The drugs aren’t funded and this means CBD oil, for example, can cost patients \$150-350 per month, with other products costing much more.

“Overly strict quality controls mean the products on the market are extremely limited. Patients suffering some really debilitating conditions continue to use illegally-sourced products and live in fear of the law, and often their plants and medicines are destroyed by Police enforcing the law.”

Sarah Helm, Executive Director, NZ Drug Foundation

“There is a lot of lost opportunity in our system right now in terms of patients that could be helped but are missing out. Because the prices are so high, people will often try a cannabis product just once – at far too low a dose to be effective – and then not try it again.

“The medicinal cannabis scheme was never designed with affordability to the patient in mind. It was set up to satisfy the needs of companies looking to export and the comfort of Medsafe regulators.”

Shane Le Brun, founder of MCANZ¹³



New Zealand scores well on global ranking model

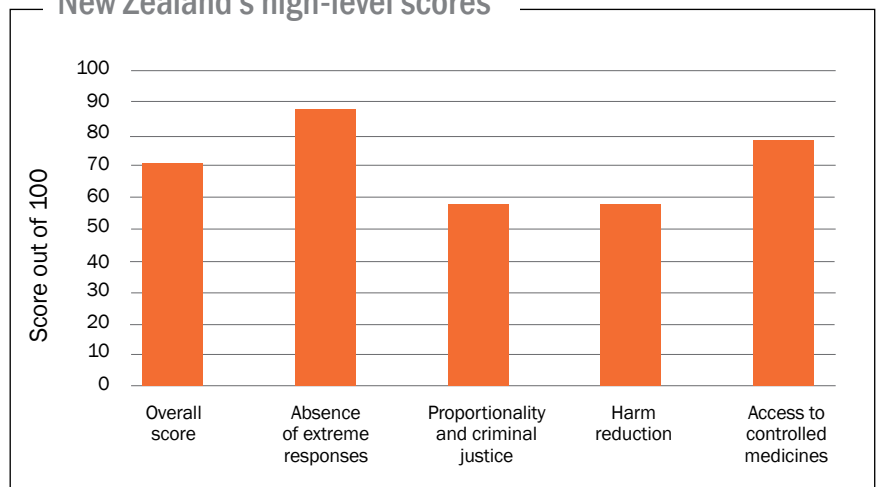
Our score was let down by lack of decriminalisation, poor outcomes for Māori, and low access to harm reduction

A new drug harm ranking model launched in November 2021 measures countries' alignment between their drug policies and practice with United Nations recommendations on human rights, health and development.

New Zealand scored 71%, putting it second out of 30 countries that have been ranked so far. New Zealand benefited in the ranking by not supporting the death penalty, mandatory minimum sentencing, or extra-judicial killing.

However, we score particularly poorly (25%) in equity of impact of our criminal justice response, with Māori facing hugely disproportionate impacts from our drug laws. We also scored poorly for “access to harm reduction intervention – availability and coverage” (42%).⁵⁴

New Zealand's high-level scores



Source: Global Drug Policy Index ⁵⁴

“Not surprisingly, we score 0/100 for decriminalisation, as the Misuse of Drugs Act still has us operating within an outdated, prohibitionist model, despite some expansion of police discretion and rhetoric about health-based approaches. We are seeing other countries adopting law reform, and we expect them to shift up in the next GDPI.”

“The real opportunity in this report is it shows we have the foundations to be a world leader when it comes to compassionate, health-based drug policy. We scored 71 out of 100 in this ranking, but if we take meaningful steps on decriminalisation and harm reduction interventions, we would go a long way to addressing our disgracefully inequitable outcomes and reaching a gold standard that would see less drug harm and a healthier society.”

Sarah Helm, Executive Director, NZ Drug Foundation



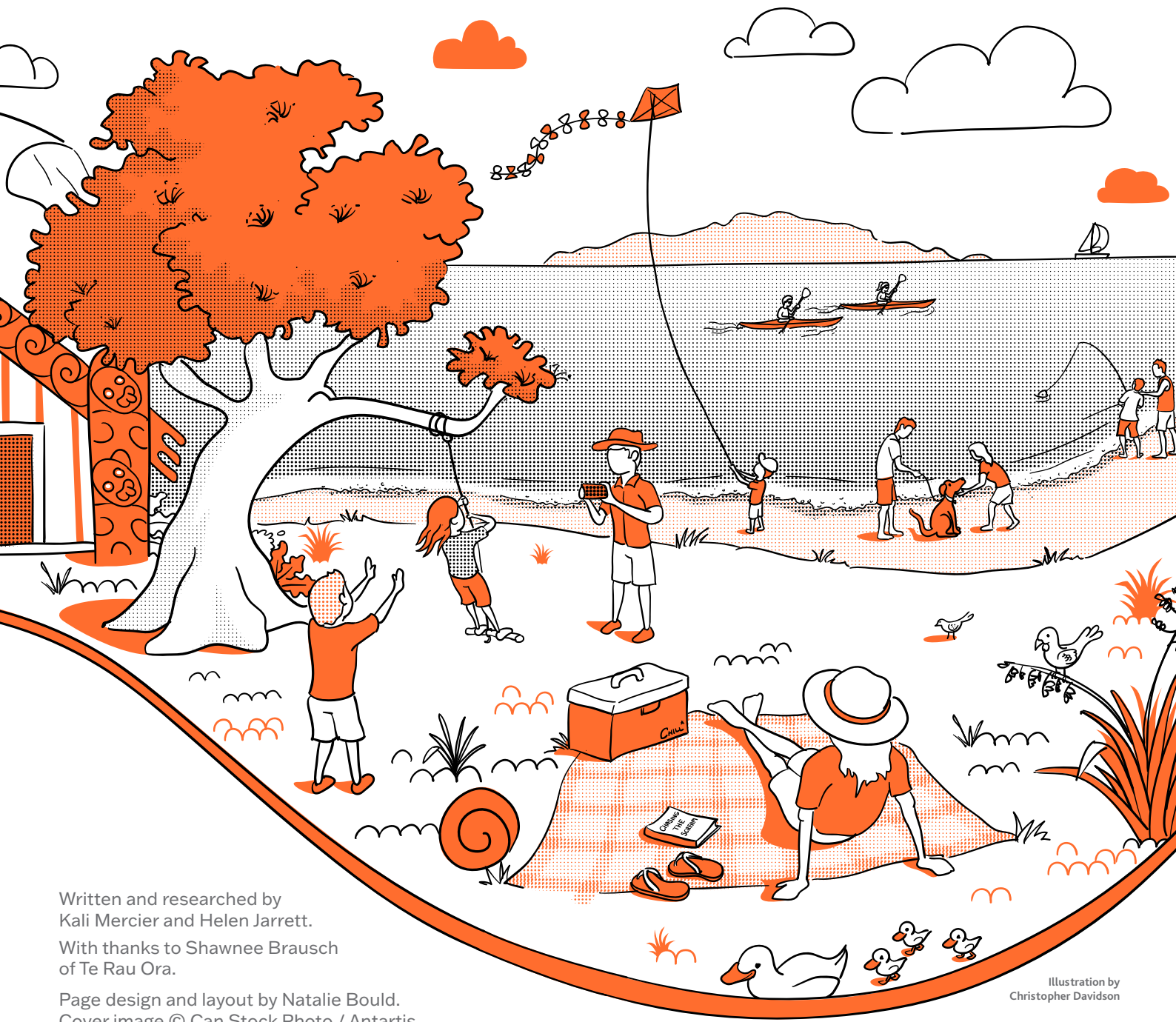
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E mahi ana ki te whakamimiti
a Aotearoa i ngā mamae ā
whakapōauau

Working for an
Aotearoa New Zealand
free from drug harm

**AT THE HEART
OF THE MATTER,
NZ DRUG
FOUNDATION.**

Te Tūāpapa Tarukino o Aotearoa

The NZ Drug Foundation works to reduce drug-related harm in Aotearoa New Zealand. Formed in 1989, the Drug Foundation has always been about basing policy and law on evidence and an acceptance of public health values. Over the past 30 years, we have contributed to significant change in how New Zealand responds to alcohol, tobacco and other drug use. Our work covers policy, public education, information delivery and community engagement.

Getting people around the table to find effective solutions to drug issues is at the heart of our work. Ensuring that the interests of tangata whenua are reflected in both policy and practical services is a key part of our work, as is maintaining close links with people working in treatment agencies, harm-reduction services and education programmes.

Website:

<http://drugfoundation.org.nz>

Services we run or support



theLevel
A straight up guide for people who use drugs