Te Puna
Whakaiti Pāmamae
Kai Whakapiri

New Zealand
Drug Foundation

Working together to reduce drug harm

Briefing to the incoming Parliament

2023

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Our expertise

The New Zealand Drug Foundation Te Puna Whakaiti Pāmamae Kai Whakapiri is a non-governmental organisation, providing leadership and expertise on drug issues.

We have been working for over 30 years to reduce and prevent drug harm in New Zealand.

We are well known for our policy leadership and public advocacy, as well as our increasing programme innovation.

This includes:

- Running drug checking clinics across the country.
- Involvement in the *High Alert* early warning system and leading community efforts in response to dangerous substances identified in the community.
- Directly providing harm reduction advice to people who use drugs, on *The Level*.
- Helping thousands of New Zealanders to reduce harm and reconsider their alcohol and other drug use through initiatives like *Living Sober* and *Rewired*.
- Improving community resilience and whole-school approaches to reducing drug harm.

Our vision

An Aotearoa free from drug harm.

Kia purea a Aotearoa i te pāmamae nā te kai whakapiri.

Let’s work together to protect New Zealanders from drug harm.

Te Puna
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New Zealand
Drug Foundation

Tēnā koe,

Whether we like it or not, drug harms impact the lives of many New Zealanders.

Some people experience these impacts directly, like those who struggle with addiction or overdose. Others are impacted through harms in their whānau or in their community.

Even if we don't use drugs ourselves, our loved ones, our children, or our neighbours may be at risk of serious harm. In fact, with the rapid changes to international drug markets, the harm looks set to worsen unless we can act swiftly.

Unfortunately, our criminal justice responses to these issues do nothing but further compound the harms. We must do better to ensure that our response to drug harm unites us. To do that, we must depoliticise drug issues, sit down together, and look at hard evidence.

We have done it before, when the early establishment of needle and syringe exchange programmes successfully averted the high rates of HIV seen overseas among people who inject drugs. Over time, this policy has not only saved countless lives, but also prevented large-scale economic costs.

We can do it again by working together to find consensus over the issues that require urgent action.

We hope that this Parliament, with renewed focus on mental health and addiction, will be the Parliament that makes a real difference in health outcomes of New Zealanders affected by drug harms.

Over the next few months, we will be getting in touch with the Ministers and Members in the 54th Parliament, to offer independent briefings on the most acute issues in substance use.

Let's work together to solve our drug problems and rationalise our drug policies.

Ngā mihi nui,

Sarah Helm,

Executive Director
Tumu Whakarae

sarah.helm@drugfoundation.org.nz

Illicit drug use in Aotearoa

Who uses drugs?

Illicit drugs, alcohol and tobacco are used by people in every city, town and region of New Zealand.

In the past year, among New Zealand adults, aged 15+

610,000 used **cannabis**
There was an increase in older users

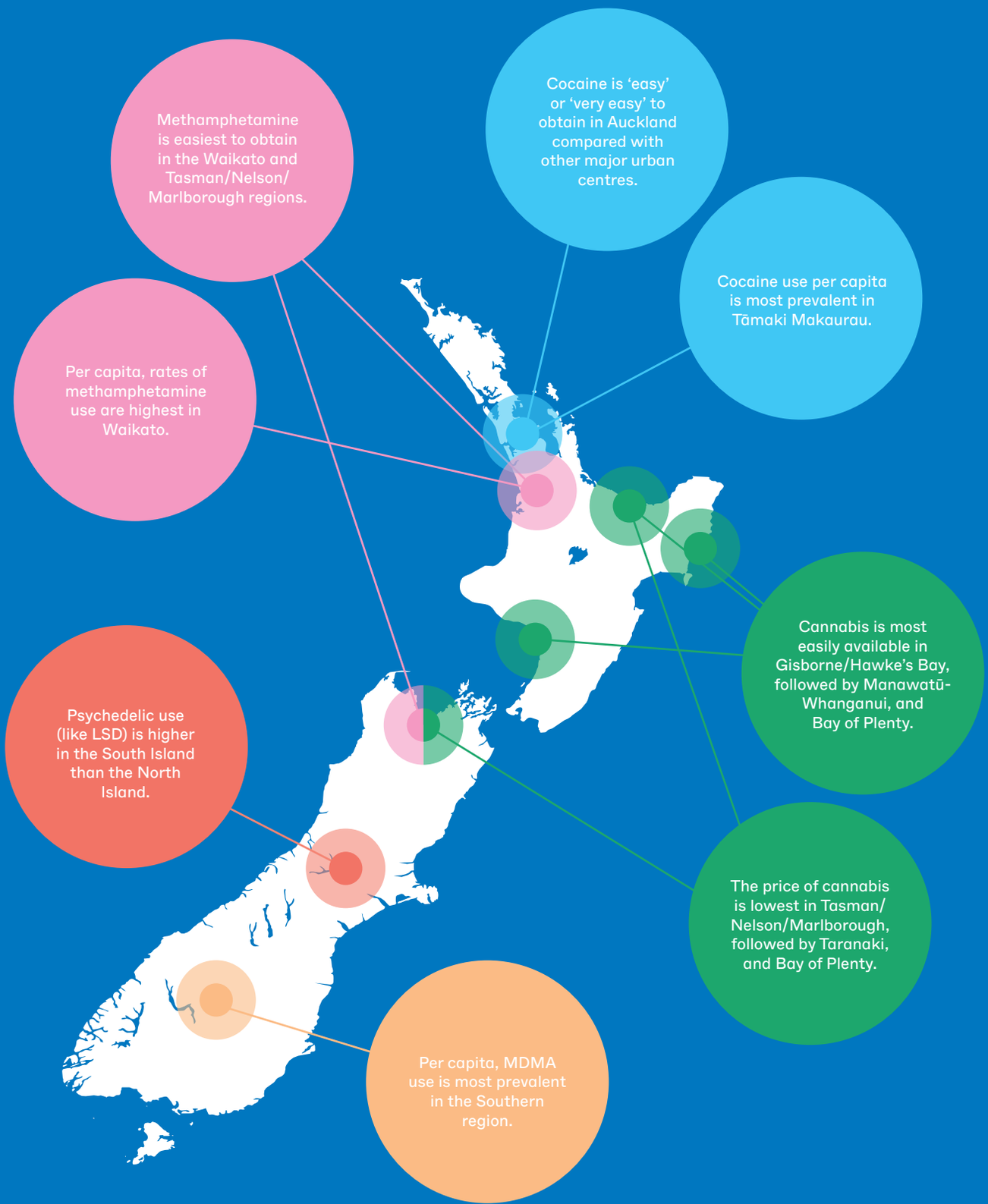
1.3% used **amphetamines**
Prevalence remains steady

4.3% used **MDMA/ecstasy**
Use is highest among young people

1.2% used **opioids**
Prevalence remains steady

Why do people use drugs?[1, 2]

- performance **enhancement**
- building **social bonds**
- **spiritual** discovery
- **experimentation**
- peer **pressure**
- **pleasure** and recreation
- to **self-medicate** for physical problems
- to **cope with** emotional pain or trauma



Sources:

Regional drug use, drug prices and availability data: New Zealand Drug Trends Survey (2022/23). Shore and Whāriki Research Centre, Massey University. https://shoreandwhariki.ac.nz/nzdts-research-bulletins-2.

Estimated regional drug use: Wastewater testing data (2022). National Drug Intelligence Bureau.

Drug harm

Why do some people experience harm from drug use?

Many New Zealanders use legal and illegal drugs. Trying to create a society free from all drug use is simply not realistic.

Not everyone who uses drugs will experience harm. In fact, the majority of New Zealanders who use legal or illegal substances use them with relatively little harm.

However, some people experience serious harms (e.g., hospitalisation from taking a substance that turned out to be different from what it was sold as) or long-lasting harms (e.g., harms from addictions).

The focus of drug policy and our health system should be to prevent or reduce harm, minimising its social and economic costs.

There's no single reason why some people experience harm or addiction and others don't. We know that factors such as a history of trauma and abuse, unmet physical and mental health needs, stress, poverty and housing insecurity all greatly increase people's vulnerability to drug harm.

We also know that punitive responses to drugs further compound these harms by exposing people to the justice system and preventing people from seeking help.

By using evidence-based interventions, we can prevent harm and boost the resilience of our communities to support one another in making healthier choices for themselves and their families.

Many harms can be prevented or reduced with effective interventions.

Here are some good examples of local initiatives that are making a helpful contribution:

New Zealand can be proud of being the first country in the world to publicly fund clean needles and syringes to people who inject drugs.

Owing to this pioneering, pragmatic policy, we have some of the lowest prevalence rates of HIV in the world among people who use drugs and their sexual partners.

New Zealand was the first country in the world to legalise drug checking, which reduces harm by identifying dangerous substances in the drug market.

Speed Freaks Trust grows inclusion and connection among people recovering from drug harm, through running and walking.

Peer and community volunteers deliver the programme through open community sessions, and in partnership with Parkrun NZ.

The community connections help shift the narratives from chaos to quest. The Speed Freaks whānau includes tamariki and rangatahi who support their parents and experience the benefits of movement, community and inclusion.

Working together to reduce drug harm

Our priorities and recommendations

1

Prevent drug harms and save lives

Put naloxone into the hands of people at risk of overdose and first responders

Pilot a non-fatal overdose response service

Expand drug checking

Establish a surveillance mechanism to track fatal and non-fatal overdose trends

Pilot an Overdose Prevention Centre

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2

Provide cost-effective addiction treatment and prevention

Provide addiction treatment options that are lower threshold, more cost effective and more accessible

Address workforce shortages with a focus on retention and recruitment

Reduce the number of people with addiction and problematic use, by addressing unmet health needs, for example ADHD

Expand services for rural populations

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3

Improve access to innovative treatments

Support research and development of innovative treatments like psychedelic therapy for hard-to-treat conditions

Improve the medicinal cannabis scheme to reduce patient costs

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4

Replace ineffective criminal justice responses with support

Expand the effective methamphetamine programme Te Ara Oranga nationwide

Decriminalise drug possession for personal use

Modernise our drug utensil laws

Introduce a ‘Good Samaritan’ clause into our laws

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Priority
one

Prevent drug harms and save lives

The illicit drug market is highly volatile

When the established supply of illicit drugs is disturbed, usually by law enforcement, new substances can take their place.

These drugs carry unknown risks, and they tend to be more potent than the ones they replace, leading to accidental overdoses.

As recently as September 2023, counterfeit oxycodone tablets were found to contain the ultra-potent opioid metonitazene – causing possibly one death and multiple hospitalisations.

Our drug early warning system has also issued recent warnings about cathinones sold as MDMA, NBOMe sold as LSD, and fentanyl sold as cocaine.

When illicit drugs are adulterated, overdoses can happen anywhere – from a large music event to a small rural community.

Without appropriate surveillance, system preparedness, and harm reduction interventions, New Zealanders are more vulnerable to accidental overdose.

New Zealand isn't immune to a fentanyl crisis

What's happening overseas affects New Zealand – illicit drug markets are highly globalised.

In 2022, over a 48-hour period, 12 people were hospitalised in the Wairarapa region from fentanyl overdoses. These people believed they were taking cocaine or methamphetamine.

Thankfully, all survived, but the result could have played out very differently had first responders not been able to arrive in time.

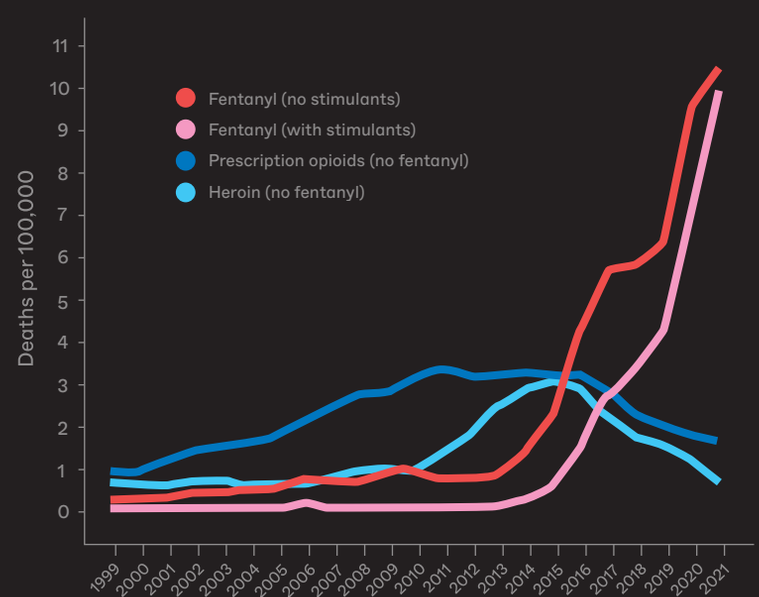
Events like these show the time for action is running out.

Overseas, fentanyl and other ultra-potent opioids have driven a sharp increase in overdoses and serious health harm.[3]

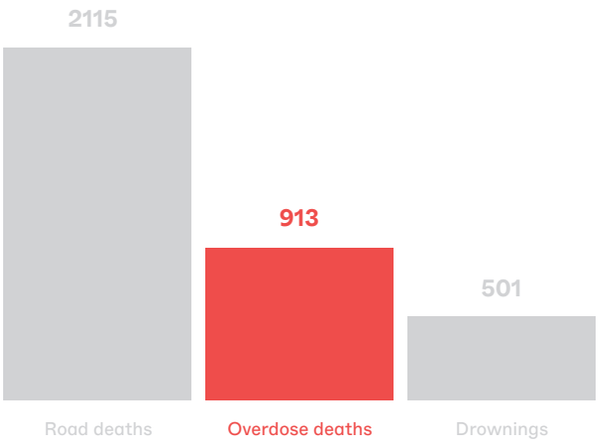
The USA is currently experiencing its fourth wave of the opioid overdose crisis. In 2021 alone, over 100,000 Americans died from overdose – a third (32%) from a combination of fentanyl and stimulant drugs.[4]

Graph (right) adapted from Friedman and Shover (2023) [4]

Overdose deaths in the **USA**, 1999–2021



Overdose: the facts



Overdose deaths, road deaths and drownings, 2017–2022[6]

Every **two days**, a New Zealand family suffers the avoidable loss of a loved one to an accidental overdose.

Our annual overdose toll is almost double our annual drowning toll, and half our annual road toll.

Despite this, overdoses receive only a fraction of the public attention and resources to prevent them, and a severe lack of monitoring.

Sources: Road deaths: Ministry of Transport transport.govt.nz/statistics-and-insights/safety-road-deaths

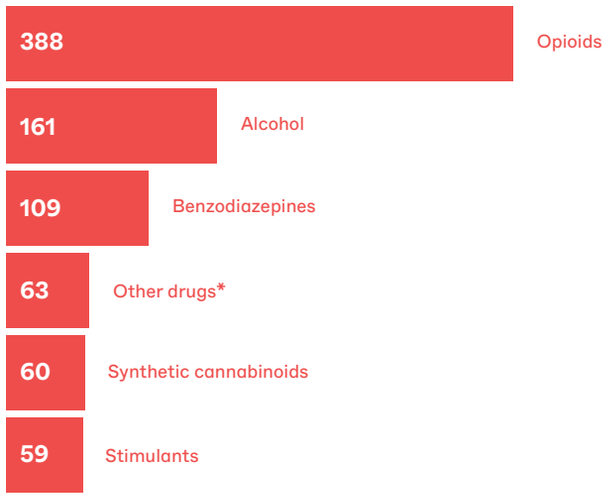
Drownings: Water Safety New Zealand: watersafetynz.org/drowning-report-2022

Most overdoses involve **more than one type of drug**, and may include prescription medication.

Opioids (like morphine or oxycodone) play a part in the majority of overdose deaths.

Many others involve alcohol and other drugs that slow down breathing, like benzodiazepines (commonly used as anti-anxiety medication).

Those who use illicitly obtained drugs don't usually know exactly what they're taking, and don't know the strength of the product they use. When drugs are adulterated with ultra-potent substances like fentanyl, the risk of accidental fatal overdose hugely increases.



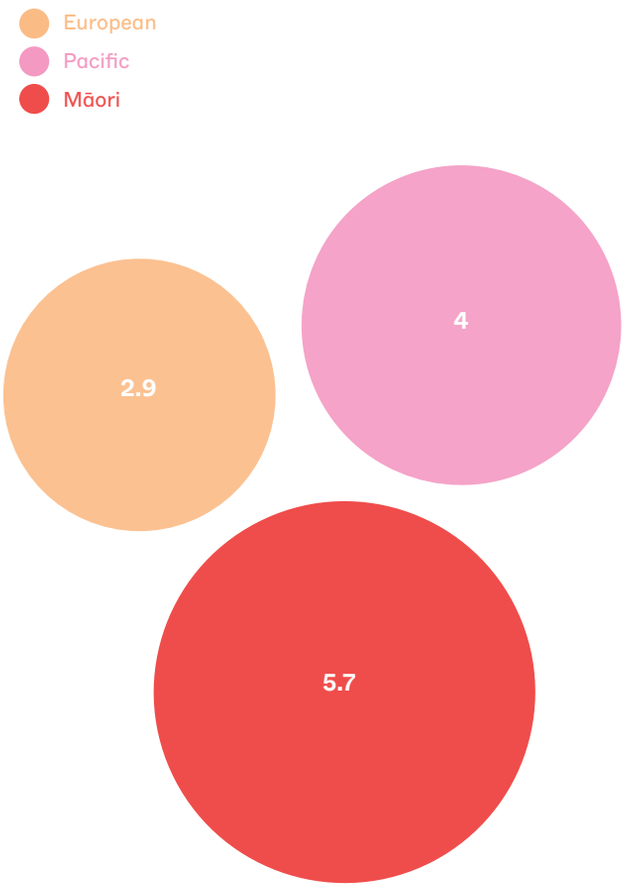
Overdose deaths in New Zealand by substance, 2017–2022[6]

*Other drugs can include prescription medications like sleeping tablets, paracetamol, or antidepressants.

Māori and Pacific people are **more likely to die** from a drug overdose.

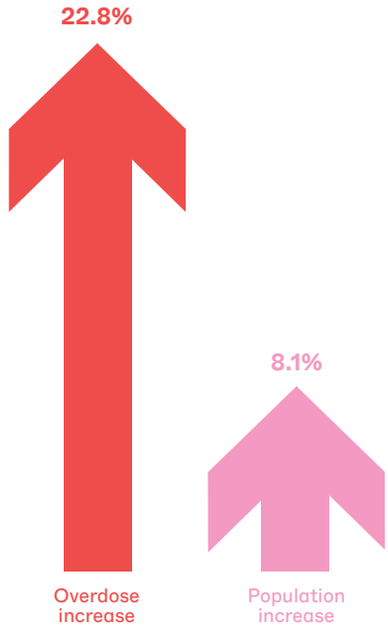
In the last five years, Māori drug overdose rates were almost twice as high as those for people of European ethnicity.

Overdose rates were also disproportionately high among Pacific people.



Fatal overdoses in New Zealand per 100,000 people, 2017–2022 [5, 6]

Increase in overdose compared with population growth, 2017–2022



Our overdose fatality rate is **outstripping our population growth.**

Accurately monitoring overdoses in New Zealand is challenging, due to the lack of a surveillance system or other monitoring frameworks.

Data from the Coronial Office for 2017–2022 shows that overdoses are increasing at almost three times the rate of our population growth.[5, 6]

Men are more likely than women to die from an **overdose.**

Fatal overdoses in New Zealand, 2017–2022 [6]

Solutions

Overdoses are preventable.

We can take action now.

A suite of overdose prevention measures is needed to prevent overdose deaths.

Our full Overdose Prevention Plan is attached to this Briefing and outlines a range of ready-to-implement measures that will save lives.

Many solutions recommended in the Plan can be easily implemented by licensing public and community-based health organisations to deliver effective harm reduction.

Evidence from around the world clearly demonstrates that these measures can significantly reduce overdose fatalities.

1 Put naloxone into the hands of people at risk of overdose and first responders

Opioid overdoses can be effectively managed by people without medical training, with a medicine called naloxone (also known as Narcan or Nyxoid).

Naloxone is extremely safe and works immediately. Its nasal spray formulation can be administered with little to no training.

Naloxone is available in New Zealand, but it is too expensive and difficult to access by those at the highest risk of overdose.

Take home injectable naloxone ampoules are funded but availability is limited to clients of needle exchanges, or those who have a prescription. Drug checking and Alcohol and Other Drug (AOD) organisations are not allowed to distribute it, and most concerningly this would leave us unable to act in a crisis.

The nasal spray Nyxoid is able to be given out and is easy to use for people without training, like family members or police arriving on the scene. Unfortunately, it is not funded and at over $100 for a two-pack, it is inaccessible.

An opioid overdose can become fatal very quickly, so we need to make naloxone available directly to people at risk and their whānau. We also need it in the hands of all first responders, including police, ambulances, AOD services and Māori wardens.

2 Pilot a non-fatal overdose response service

Experiencing a non-fatal overdose is one of the main predictors of future fatal overdose.[7, 8]

Non-fatal overdose response services are easy to implement and can reduce A&E admissions, relieving our overstretched emergency services.

Those without a history of non-fatal overdose, but at high risk can also be referred to the service. Risk factors include polydrug use or recently starting to inject drugs.

Overseas, the most successful non-fatal overdose response services are peer led. This increases the level of trust and credibility among those who have had an overdose.

Health workers in Glasgow, Scotland, have successfully rolled out a mobile non-fatal overdose response service.

Turning Point Scotland's Overdose Response Team finds people at risk, engages with them, saves lives and helps people engage with other services.[9]

Models like this could be replicated in New Zealand in a cost-effective way.

3 Expand drug checking and our early warning system High Alert

With a volatile and increasingly potent drug market, we need to ramp up our highly successful, free and legal drug checking services, and early warning system High Alert.

Every person who checks their drugs receives evidence-based harm reduction advice, helping them make decisions that may save their life.

Drug checking services directly influence positive behaviour change. In 2022, 46% of people at Drug Foundation clinics said they wouldn't take a drug after finding out it wasn't what they expected.

When accidental poisonings are reduced, so too is the burden on emergency departments.

Drug checking not only reduces the risk of harm to individuals but also to their communities. Information about new or dangerous substances found at clinics can be shared via social media and the drug early warning system, preventing broader harm.

We need regular community clinics expanded nationwide, including among people who inject drugs, and people who are homeless.

We also need innovative models like mobile drug checking clinics and mail-in services that can reach people who cannot make it to a regular clinic.

4 Establish a surveillance mechanism to track fatal and non-fatal overdose trends

We need a dedicated reporting mechanism that monitors fatal and non-fatal overdoses.

At present, nobody in our health system is responsible for overdose surveillance. Just like we keep a daily tally of New Zealand's road toll, we need to keep track of overdoses – both causes of death are preventable and demand public action.

We cannot effectively target resources to where they are needed without knowing more about where overdoses are happening, to whom, and why.

Only deliberate surveillance can shed light on a population whose needs are often hidden from public view, due to the stigma associated with drug use.

5

Pilot an Overdose Prevention Centre

Concern has been growing about drug harms among people experiencing homelessness in Auckland's inner city. Local businesses are also worried about a rise in crime, antisocial activity, and distress to residents.[10, 11, 12, 13]

Last year, we called on the Government to pilot an Overdose Prevention Centre in inner-city Auckland.

The pilot's aim is to reduce drug harm, prevent overdoses, and make the city feel safer for residents and businesses.

People experiencing homelessness who use drugs like synthetic cannabinoids, volatile substances or alcohol are at high risk of overdose. An Overdose Prevention Centre can train people in how to prevent overdose, provide them with a space that offers an alternative to using drugs on the streets, and get immediate life-saving medical intervention if they overdose.

For decades, cities like Sydney and Vancouver have been running centres like this. Not only do they save lives, but they encourage people to start drug treatment.[14, 15] Local communities benefit with less public drug use, and less drug-related crime.[16]

Our proposal was co-authored with Ngāti Whātua Orākei and supported by a large group of key stakeholders including the Auckland City Mission, the Nurses Society of New Zealand, the Centre for Addiction Research at University of Auckland, Lifewise and Heart of the City.

Changing legislation is not needed for this pilot. Section 37 of the Misuse of Drugs Act 1975 already allows the Government, via an Order in Council, to issue a licence for an Overdose Prevention Centre trial.

With the key partners already on board, all the pilot needs now is the Government's green light.

Priority
two

Provide cost-effective addiction treatment and prevention

Healthy approaches to drugs are severely underfunded

Right now, drug treatment is the proverbial ambulance at the bottom of the cliff.

Resources are targeted at people experiencing severe harm or addiction, with practically no services for people who experience mild, moderate, or occasional harm. Interventions that can prevent people from going on to experience more severe harm are sorely lacking.

This results in more harm and poor value for money.

According to the NZ Health Survey, an estimated 1.2 million adults are at moderate to high risk of problems from their substance use.

Of those:

- 107,000 adults also experience severe anxiety, depression, or physical health symptoms. Our treatment services support about 50,000 people per year – mostly from this group.
- 576,000 experience no anxiety, depression, or physical health symptoms. This group are unlikely to see treatment services as relevant for them, and benefit from targeted information and support to help them prevent problems.

Long treatment waiting times can cause further harms

People need to get help when they ask for it. Right now, New Zealanders are waiting too long.

Last year, 25% of people waited at least three weeks to start drug treatment following their referral.

Long wait times can also mean that:

- people don't attend their appointment
- people drop out of treatment before it starts
- people don't seek help at all – they know they'll have to wait too long
- people can end up needing specialist treatment, and then needing to wait for that treatment as well
- those unsupported in their drug cessation attempts are at increased risk of overdose from the loss of tolerance to the substance.[7, 17]

The addictions workforce has a serious staffing shortage. At any one time, there are 400–600 vacancies in the public system.

Even if all of the vacant roles were filled today, long-standing sector underfunding means that many more roles are needed to meet treatment demand.

A lack of specialists means people cannot get the help they need when they need it. In some regions, such as the West Coast, there are only a few addiction practitioners to serve the local community.

This puts people experiencing drug harm at serious risk of further problems and foregone healthcare, compounding their health needs.

Solutions

“We need to invest in our workforce. I see a passionate, skilled workforce, who are exhausted.

They have been working in new, complex contexts, and there just aren’t enough staff to meet the demand. We also need to grow the peer and harm reduction workforces to provide non-judgemental information and support for people across the whole spectrum of use.

The workforce is crucial for a health approach to drugs – we can’t deliver services without the people.”

– Ben Birks Ang

Deputy Executive Director
NZ Drug Foundation

Chair of the Board
Addiction Practitioners Association
Aotearoa New Zealand (dapaanz)

1 Increase funding for addiction services and provide more treatment options that are lower threshold, cost-effective and more accessible

We need tailored interventions right across the board, from education and awareness among young people who have not tried any substances, right up to specialist-level care for those who are severely dependent – and everyone in between.

Time and money spent on interventions at every level snowball as a person's needs increase.

We support the findings of *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction,* which recommend expanding the range of mental health and addiction services to target people at all levels of need.

To get it right, service planning and delivery needs to involve people with lived and living experience of using drugs. We must also invest in Kaupapa Māori services. Successful recovery and social reintegration is only possible when services meet people where they are.

2 Address workforce shortages with a focus on retention and recruitment

Our addiction treatment sector is talented, motivated, and dedicated.

We need to protect this investment by continually upskilling our addiction professionals, while also promoting the profession as an attractive and fulfilling career pathway for newcomers.

Talented staff are leaving the addictions sector in pursuit of better pay and working conditions in other sectors of healthcare. Ensuring addiction professionals are paid the same as their counterparts in other areas of the healthcare sector will mean fewer experts leave for other fields.

More than 1 in 5 people diagnosed with a substance use disorder have ADHD.

3 Reduce the number of people with addiction and problematic use, by addressing unmet health needs

We know that undiagnosed health issues, such as developmental disorders, can play a part in someone's likelihood of developing a substance use disorder.

By addressing the drivers of problematic use and addiction, it is possible we can prevent some of this harm.

Attention-deficit/hyperactivity disorder (ADHD) is estimated to affect around 2.5–5% of adults.[18] Despite that, more than 1 in 5 people diagnosed with a substance use disorder have ADHD.[19] Up to 40% of imprisoned men are thought to have ADHD.[18]

Research shows that timely and adequate ADHD treatment reduces the risk of developing substance use disorders.[20]

If people can't access the right treatment, they may self-manage their ADHD symptoms through illicit stimulant use.[21, 22] Illicit stimulants are unmeasured, unregulated, and sometimes adulterated, increasing the risk of harm and addiction. These harms are preventable.

More accessible diagnostic services and timely treatment for people with ADHD can not only improve their health and social outcomes, but can also prevent the need to access drug treatment services.

4 Expand services for rural populations

Drug use doesn't only occur in our big cities.

People who ask for help shouldn't be denied it because they live too far from a treatment service.

Expanding services to areas where it's hard to get an appointment, like rural and less populated locations, will prevent further harms.

Easy-to-access services, like virtual consultations, can quickly reach people when they first ask for help.

Matching services to specific populations is crucial. The 2023 *Rural Health Strategy* is an important achievement that puts the spotlight on communities, but it has also missed the mark by not addressing drug harms.

Priority
three

Improve access to innovative treatments

Many drugs that are controlled under the Misuse of Drugs Act have medical applications that can hugely benefit patients

There is a rapidly growing body of New Zealand-based and international research showing that substances like LSD, psylocibin and MDMA have considerable therapeutic benefits, when used to treat certain mental health conditions.

Alongside this, as more countries allow access to medicinal cannabis, we are seeing that its use for pain can significantly reduce the use of opioids.[23] Opioids have much higher potential for addiction and can lead to overdose.

Our current regulatory settings mean that it's difficult and expensive to access medicinal cannabis. Therefore, many patients turn to the illicit market to get hold of products to treat their symptoms.

New Zealand has an opportunity to improve access, innovate and capitalise on emerging treatments to help solve some of our biggest health challenges.

Solutions

“The evidence is strong that psychedelic therapies can have a transformational, positive impact on mental health outcomes.

With smart decision-making, Aotearoa can lead the world in provision of safe and cost-effective psychedelic therapies for conditions that have been notoriously difficult to treat, such as treatment-resistant depression, substance use disorder or post-traumatic stress disorder.”

– Suresh Muthukumaraswamy

Associate Professor
University of Auckland

1 Support research and development of innovative treatments like psychedelic-assisted therapy for hard-to-treat conditions

Innovative psychedelic-assisted therapies are showing great promise in dealing with mental health conditions that have been unresponsive to other treatments.

Countries such as Australia and Canada, and several US states are starting to grasp this potential and develop service provision models to help people struggling with mental health to get their lives back. With the growing mental health crisis in Aotearoa, now is the time to innovate.

Associate Professor Suresh Muthukumaraswamy (University of Auckland) is one of this country's leading psychedelic therapy researchers. In collaboration with other New Zealand scientists, including Professor Paul Glue and Associate Professor Cameron Lacey (University of Otago), and various health practitioners, Suresh wants to establish a pilot programme that will offer a cost-effective model for psychedelic therapy that can work for people here, in Aotearoa. The model can enable access for communities that the mental health system has previously under-served, including in rural communities.

2 Improve the medicinal cannabis scheme to reduce patient costs

Most people who use cannabis for therapeutic purposes continue to obtain it illicitly. This exposes them to poor-quality or adulterated products and bolsters the profits of black-market players.

Even though medicinal cannabis is now available on prescription, it's difficult and expensive to access. It's even more challenging in rural communities and among those facing barriers to healthcare.

This is partly because our medicinal cannabis manufacturing standards are among the strictest in the world, making cultivation for local patients non-viable.

To reduce patient costs, we need our local manufacturing standards to align with international standards. This will ensure that patients will have a chance to access a safe medicine, at a reduced cost. At the same time, we need to streamline our regulations around importing high-quality products from overseas markets.

Priority
four

Replace ineffective criminal justice responses with support

We spend a lot of money on enforcement, which could be better invested in supporting and rehabilitating people

Between 2011 and 2022, over 60% of all drug offence charges have been minor use or possession offences.[24]

This consumes significant police resources with negligible impact on use. It harms individuals with a life-scarring criminal record and damages police–community relations.

According to UK research, the police spend around 12 hours processing a drug possession charge. That's compared to only 20 minutes spent on referring someone to a treatment service via a phone app. Taking an alternative approach, officers can stay on the beat longer to make meaningful impact in the communities they serve.[25]

We know that treating drug possession for personal use as a criminal offence isn't a cost-effective policy. However, health-based diversion schemes – similar to Te Ara Oranga – can effectively steer people away from the criminal justice system, towards effective drug education and support instead.

It costs over $50,000 to imprison one individual for drug possession with an average 3-month sentence.

This money could be much better spent on drug harm prevention and supporting people so they can contribute to their communities.

The Misuse of Drugs Act 1975 came into force nearly half a century ago. In 2011, the Law Commission Review concluded that people who use drugs would see the greatest improvement to their health and wellbeing if we repealed it, and replaced it with modern, health-based legislation.[26]

There's no question that fresh, evidence-based legislation would improve our health and social outcomes. But even without overhauling the system, a lot can be achieved through rational use of regulations we already have.

Solutions

We need politicians to work collaboratively across the House to progress a health-based approach to drugs.

Drug laws have often been a political football in this country. We have seen constructive work occur when parliamentarians across the political spectrum work together, such as the Cross-Party Mental Health and Addictions Wellbeing Group.

To make progress on a health-based approach to drugs we urgently need parties from across the political spectrum to find common ground and work collaboratively on solutions that will reduce harm.

1 Expand Te Ara Oranga nationwide

Te Ara Oranga is a partnership between Police and health services in Northland, which identifies methamphetamine users who can benefit from support.

Te Ara Oranga has proven very effective at reducing demand, reducing harm and reducing crime.

Referrals to treatment improve the lives of people who use methamphetamine, their families and their communities.

Among Te Ara Oranga participants, there was a 34% drop in criminal activity.[27]

Avoiding a criminal record and repeated imprisonment gives people a much better chance at getting a job and reintegrating into their communities.

We believe that Te Ara Oranga is a great example of law enforcement and health working together to reduce social and health harms of drugs. Now political leadership is needed to see Te Ara Oranga expanded nationwide.

Te Ara Oranga is cost effective.

For each dollar invested in the programme, there is a return of between $3.04 and $7.14.

2 Decriminalise drug possession for personal use

A 2019 amendment to the Misuse of Drugs Act solidified into law the principle that personal possession of drugs should be referred to a health approach, unless there is strong public interest in prosecution.

Despite this, since the amendment took effect, over half of adults (58%) and a quarter (24%) of young people with prior offences have been prosecuted for drug possession. At the same time, Māori still constitute over 40% of those prosecuted, while making up only 17% of our total population.

It's clear that this tweak hasn't had a strong impact on reducing criminal proceedings for personal drug use. Removing the offence of drug possession for personal use will have a much greater positive impact, and will free up police time to focus on serious and violent crime.

3 Modernise our drug utensil laws

Drug-using utensils like needles, syringes and safer smoking equipment can be useful health protection tools. Using sterile equipment prevents transmission of serious infections, improves health outcomes and reduces costs incurred by the public health system.

Many types of safer-to-use equipment remain prohibited under the Misuse of Drugs Act. Safer smoking equipment, for example, is currently illegal to provide to people with addiction. Smoking drugs instead of injecting is a proven way of reducing the risk of HIV and hepatitis C transmission, and reduces the risk of overdose.

Every year, over a thousand people are charged for drug utensil possession. Our laws should be updated so that all types of harm-reducing utensils can be provided to people at risk of drug harm, and ensure that those who access them don't risk criminal charges.

4 Introduce a 'Good Samaritan' clause into our laws

People who fear that they will be charged by police are less likely to call for help if a friend or a loved one is overdosing.

We want to see New Zealand's laws modernised to protect people who, in good faith, try to help those who have suffered an overdose. A 'Good Samaritan' clause could ensure that criminal charges cannot be laid against people who help someone experiencing an overdose.

Such provisions are common in many jurisdictions, such as Australia, Ireland and the UK – and they save lives.

In the US states where Good Samaritan laws were introduced along with providing naloxone to people at risk, overdoses decreased by 11% after two years.[28]

“Every week, when I’m talking to people in the community, I get asked questions like:

‘If I have drugs on me, am I going to get in trouble with the police if I call for help for someone who’s had a bad reaction to drugs, or overdosed?’

People need reassurance that they are protected by law when they are just trying to help. This would absolutely save people’s lives.”

– Spencer

Senior Community Activator
NZ Drug Foundation

Te Puna Whakaiti Pāmamae Kai Whakapiri
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Thank you for your time.

I look forward to working together to protect New Zealanders from drug harm.

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