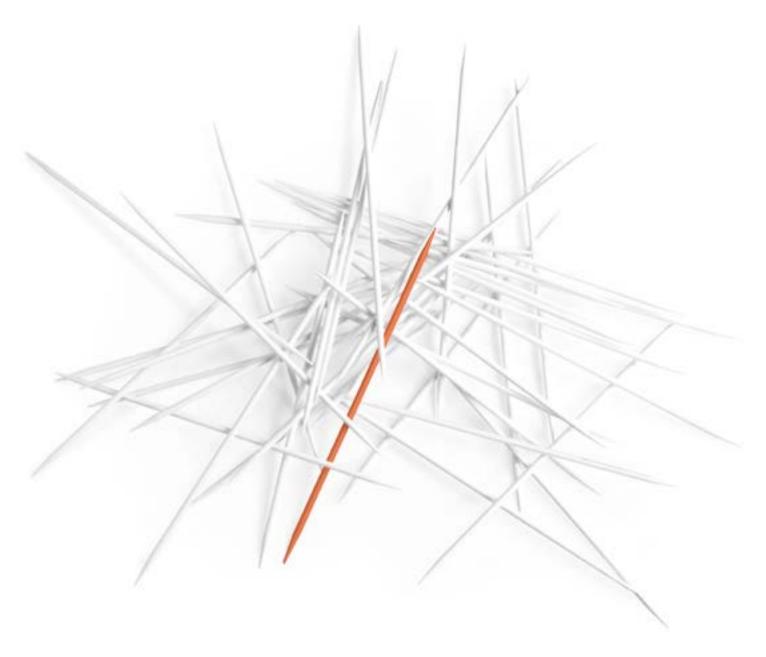
Briefing to the Incoming Parliament

NZ Drug Foundation **Policy Briefing**

2017 — 2020



The Drug Foundation has been at the forefront of major alcohol and other drug debates for 28 years. We take the lead in Aotearoa New Zealand promoting healthy approaches to alcohol and other drugs.

Public education, information and outreach

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

Community engagement

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

The New Zealand Drug Foundation's vision is for an Aotearoa free from drug harm.

Our mission is to be the catalyst for people, their communities, service providers and policy makers to take action that prevents drug harm.

Like you, we are concerned about the harms drugs cause in New Zealand.

This year, more than 20 people died and many more were hospitalised after using new and highly toxic synthetic psychoactive substances. Communities are deeply concerned about the effects of methamphetamine, and we know that many people who are struggling with drug use can't get the help they need.



But there are solutions. We think we can repair the harm, if we do these things:

PRIORITY 1. Keep young people in school and keep them safe. | PAGE 06

PRIORITY 2. Reform our laws to treat drug use as a health issue. | PAGE 08

PRIORITY 3. Invest more effectively in prevention, harm reduction and treatment. | PAGE 10

PRIORITY 4. Reduce drug harm in communities and respond to emerging challenges. | PAGE 12

You also have some important decisions to make in 2018. | PAGE 16

We look forward to working with you to reduce drug harm over the next three years and beyond!

Ross Bell

Executive Director

But first – what you need to know about drugs in New Zealand.

WE HAVE HIGH RATES OF DRUG USE

The drugs that cause the most harm in New Zealand are alcohol and tobacco. Over half a million New Zealand adults drink hazardously.1

NEW ZEALAND ADULTS

drank alcohol in the past year.1

of New Zealand adults currently smoke tobacco.1

used illicit drugs in the past year.2

used cannabis in the past year.3

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.



4 out of 5 New Zealand adults who used an illicit drug in the past year reported no harmful effects.2

7 out of 8 **New Zealand** adults who used alcohol in the past year reported no harmful effects.4

DRUGS CAN CAUSE SERIOUS HARM TO SOME

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

- It is estimated 12% of people will develop a substance use disorder in their lifetime - and for Māori, the rate is as high as 27%.5
- A third of reported offences are committed by people who have consumed alcohol.6
- About 5000 people die each year from smoking (including second-hand smoke).7
- There is rising community concern about methamphetamine, which can cause hallucinations, erratic behaviour and psychosis in some users.8

THE MOST DISADVANTAGED ARE **OFTEN THE WORST AFFECTED**

- Māori, Pacific people and those living in deprived neighbourhoods are more likely to experience harm from their own alcohol or drug use.11
- Māori, Pacific people and those living in deprived neighbourhoods are more likely to want help with their drug use but not receive it.11

THERE IS NOT ENOUGH **HELP AVAILABLE**

- Around 50,000 New Zealanders receive support to reduce their alcohol or drug use each year.12 Around 50,000 more want help but don't receive it.11
- Services are overextended and underfunded, and people struggle to find the help they need at the time they need it.







CONTINUED

What you need to know about drugs in New Zealand.

WHY DO PEOPLE TAKE DRUGS?

People use alcohol and other drugs for many reasons, including pleasure and recreation, spiritual discovery, performance enhancement, experimentation, peer pressure or to self-medicate physical problems, emotional pain or trauma.

WHY IS SOME DRUG USE HARMFUL?

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 that contribute to substance use disorders are usually underlying trauma, mental illness and/or distress.



WHY DO WE NEED TO FOCUS ON DRUGS?

Drug use affects every level of society.

Focusing on alcohol and drug reform will help fix many of the big issues facing New Zealand today.

PRISONS

11,561 people have gone to prison in the past 10 years for drug offences.13

FAMILY VIOLENCE

Alcohol is clearly linked with child maltreatment and inter-partner violence.14

POVERTY

10% (of those who have ever used drugs) reported drug use had affected their financial position.2

MĀORI **INEQUITY**

Māori are more disproportionately criminalised and make up about 40% of those in prison for drug offences.13

MENTAL HEALTH

More than half the people using mental health services are likely to have substance use problems as well.15

JOBS AND EDUCATION

12% (of those who have ever used drugs) reported harmful effects on opportunities for work/study/employment.2

HOMELESSNESS

Substance misuse can increase the chance of becoming and remaining homeless.16

SOCIETAL COST

Illicit drug use costs New Zealand \$1.8 billion each year in health, social and economic harms.17

PRIORITY 1:

Keep young people in school and keep them safe.

Alcohol and drug use is one of the most common reasons for students to be excluded or expelled from school.

But schools are a major protective factor for reducing alcohol and drug harm¹⁸ and improving overall life outcomes. We need to keep young people in school as long as possible - including those struggling with their drug or alcohol use.

STRENGTHENING HEALTH EDUCATION **WOULD HAVE LIFELONG BENEFITS**

Schools should be equipping students with self-management skills and knowledge about alcohol and other drugs through the health learning area of the curriculum. However, there is significant variation in how this part of the curriculum is resourced and taught.

MESSAGES ARE NOT REACHING THE MOST AT-RISK YOUNG PEOPLE

The young people experiencing the most harm from drugs and alcohol say they do not see mainstream health messages and services as relevant to them. We can use peer crowd methods to engage these young people.

A WHOLE-SCHOOL **PROGRAMME**



Tūturu helps implement school-wide changes to reduce drug and alcohol-related harm and keep students in school.

We are running an independently evaluated pilot in 12 schools, with support from Odyssey and other organisations. The Ministry of Health, Ministry of Education, Health Promotion Agency and Police are overseeing the project.

TARGETING PEER CROWDS



A 2016 study identified groupings of young New Zealanders with shared lifestyles and influences, called peer crowds. Peer crowds that experience the greatest burden of harm from alcohol do not engage with typical mainstream messages and services.

An interagency steering group is implementing recommendations from the study, using highly targeted approaches and simplifying health advice for young people.



PRIORITY 2:

Reform our laws to treat drug use as a health issue.

We all want a happier, healthier, more equal New Zealand.

Unfortunately, New Zealand's current drug law is standing in the way.

The Misuse of Drugs Act 1975 criminalises those who struggle with their drug use, rather than supporting them. And every year, thousands more New Zealanders are left with a conviction that impacts on employment, relationships and travel.

In 2016:

- 3,511 people were convicted for drug possession, use and/or use of a drug utensil¹³
- 799 people were imprisoned for drug possession, use and/or use of a drug utensil.13

And yet we have some of the highest drug use rates in the world. All the evidence shows that punishing and threatening people does not stop them using drugs.

THE SOLUTION IS TO TREAT DRUG USE AS A HEALTH AND SOCIAL ISSUE

Those who struggle with their drug use need support, compassion and access to treatment.

We can learn from international examples such as Portugal, which decriminalised the use of all drugs in 2001 and invested heavily in prevention, treatment and harm reduction. Drug use is still prohibited, but it does not carry criminal penalties.

Despite fears at the time, harmful drug use in Portugal has fallen, and drug harms including HIV infections and overdoses have reduced dramatically.19

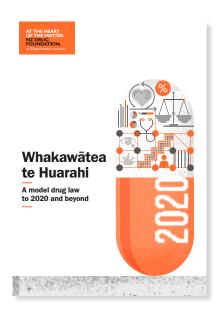
OUR DRUG LAW SHOULD HAVE CLEAR GOALS AND FOLLOW THE EVIDENCE

New Zealand is ready to talk about drug law reform. In July 2017, we launched Whakawātea te Huarahi. a model drug law to 2020 and beyond. Our approach is based on the recommendations of the 2011 Law Commission review and on international evidence.

We want to replace the Misuse of Drugs Act with a new law that treats drug use and possession as a health issue, not a crime. Commercial supply and trafficking of drugs would still be illegal.

OUR 5 GOALS FOR A NEW DRUG LAW

- Minimise the harms caused by drug use, particularly for young people
- Respect human rights
- Safer communities with less drug-related crime
- Promote equity for Māori
- Be cost-effective and evidence-based



Whakawātea te Huarahi

Check out our model drug law Whakawātea te Huarahi for details on our law reform proposal: https://www.drugfoundation.org.nz/ assets/uploads/Whakawatea-te-Huarahi-July2017.pdf

OUR RANGE OF LAW REFORM RECOMMENDATIONS PROMOTE MĀORI EQUITY

Unacceptably, our current drug law produces hugely disproportionate imprisonment and conviction rates for Māori. The result is endless cycles of reconviction.

- Māori make up 42% of those convicted for drug offences.¹³
- Amongst cannabis users, nearly twice as many Māori report legal problems as non-Māori.3

For new legislation to be a success, Māori need to be partners in its development and implementation.

WHAT ABOUT CANNABIS?

Cannabis causes harm in our communities, and regulation is the responsible way to minimise that harm. A regulated market can be designed to:

- make it harder for those under 18 to access cannabis
- minimise the number of people who use the drug, how frequently they use it and how potent it is
- educate people about the risks
- · make it easier for anyone struggling with their use to access support.

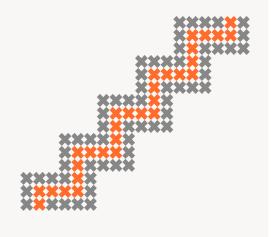
WE RECOMMEND:

- · Remove criminal penalties for drug use, possession and social supply.
- Regulate cannabis so that it can be legally consumed, produced and sold.
- · Invest in evidence-based drug prevention, education and treatment (see page 10 for more on this).
- Update the Psychoactive Substances Act 2013 to regulate low harm substances, steering people away from more harmful ones (see page 18 for more on this).

Our proposals will reduce Māori drug convictions by as many as 1,300 per year and improve health outcomes by ensuring treatment options are culturally responsive.

"We are constantly asked to create cultural solutions to structural problems. These are structural problems, and they must have structural solutions."

TRACEY MCINTOSH. PROFESSOR OF INDIGENOUS STUDIES AT AUCKLAND UNIVERSITY



PRIORITY 3:

Invest more effectively in prevention, harm reduction and treatment.

We'd like to see all those who are struggling with their drug use able to access a full range of evidencebased support options at the time that they need them.

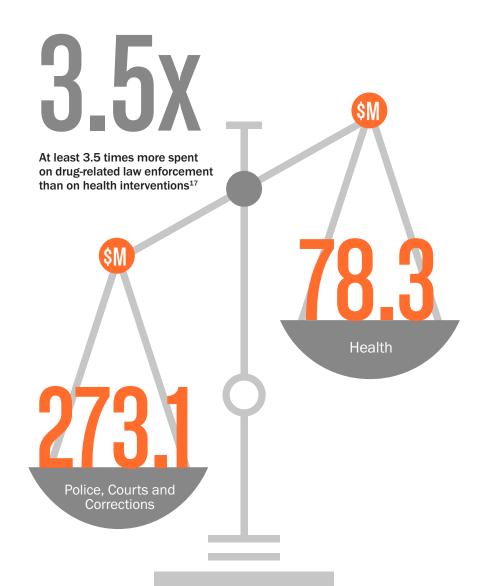
Unfortunately, this vision is far from the current reality. People face long waiting lists and struggle to access the support they need.

"Law reform and treatment are two sides of the same coin – one won't work without the other."

LET'S FLIP THE SCALES

In 2014/15, to address a \$1.8 billion drug problem, we spent at least 3.5 times more on drug-related law enforcement than on health interventions.¹⁷

It is more cost-effective and humane to focus on health rather than enforcement.



WE CAN MAKE A REAL IMPACT BY TARGETING ALL LEVELS OF USE

To be most effective, we need targeted approaches for each group shown in the diagram below, from those who don't use drugs at all to those who are severely dependent.

This means investing in a full range of evidence-based and culturally responsive options, not just clinical treatment.

INVESTMENT SHOULD BE SPREAD ACROSS:

Prevention and education

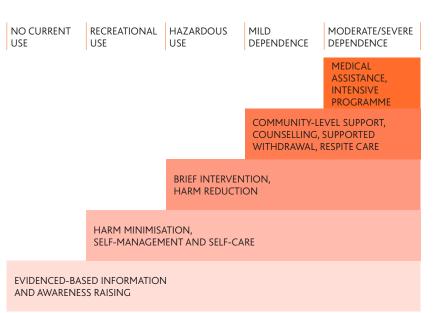
If people choose to use drugs, they start later in life, use less frequently and experience less harm.

Harm reduction

This includes information and tools that reduce the risk of drug harm, for example, providing sterile injecting equipment, drug checking at festivals or shorter opening hours for alcohol retailers.

Treatment

Effective treatment means a range of options to suit different people - from peer support, iwi-based initiatives and one-on-one counselling to more intensive methods like detox or residential treatment. We need to increase funding to the whole sector and especially at the low threshold end (those who don't meet the strict criteria for formal treatment).



Source: National Committee for Addictions Treatment (NCAT). Shaping the Sector.²⁰

WE RECOMMEND:

- · Double the treatment budget to eliminate waiting lists.
- Fund a full range of treatment options, including communitybased and whānau-based services.
- · Invest in drug prevention and education.
- Remove legal barriers to harm-reduction services such as drug checking.
- Fund a campaign to destigmatise addiction and encourage help-seeking.
- Fund better research on drug use and treatment needs.

PRIORITY 4:

Reduce drug harm in communities and respond to emerging challenges.

Although not using drugs at all is the best option, this is not a realistic goal for everyone. Inevitably, people will take drugs, sometimes in harmful ways. For those who do, our focus is on preventing and reducing the harm that they experience.

We proactively identify emerging issues across New Zealand, design innovative solutions and assist communities to implement them. These are some pressing issues we are working on.

DRUG TESTING IN THE WORKPLACE

WE RECOMMEND:

· Strengthen the advice given to employers and employees on the appropriate use of drug testing and how to keep workplaces safe.

Workplaces increasingly drug-test employees. Although this may be appropriate in some settings (for example, safety-sensitive sites), drug testing is often carried out inappropriately (for example, testing office staff). We advise employers how to minimise the risk of drug impairment in the workplace and provide advice on how testing should be used.



DRUG CHECKING AT FESTIVALS AND ELSEWHERE

WE RECOMMEND:

 Remove legal barriers to drug checking in the Misuse of Drugs Act.

This year, the Drug Foundation partnered with KnowYourStuffNZ to provide free drug checking at festivals. We provided people with accurate information to help them make better decisions and stay safe. The results speak for themselves:

of the drugs tested were not what people expected.21

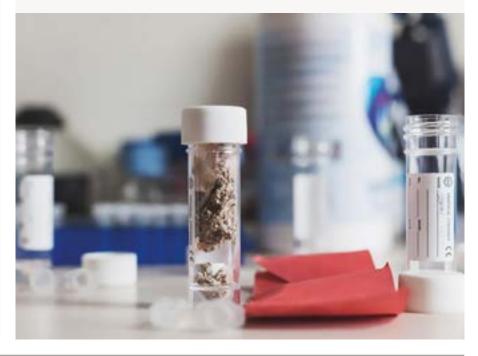
of people said they wouldn't take the substance when their drugs were not what they thought they were.21

EARLY WARNING SYSTEM

WE RECOMMEND:

 Direct the Ministry of Health urgently to implement a multi-agency early warning system to monitor emerging drug trends.

New Zealand's National Drug Policy calls for the establishment of a multi-agency early warning system in 2017, but this hasn't happened. We need a way to monitor and promptly alert the public, health agencies and Police to any new and harmful drug trends. An early warning system could have given us valuable information before and during the synthetic cannabinoids crisis that led to more than 20 deaths in 2017 and may have saved lives.



PRIORITY 4: CONTINUED

Reduce drug harm in communities and respond to emerging challenges.

METHAMPHETAMINE RESIDUE IN HOUSES

→ WE RECOMMEND:

- Fund research on methamphetamine residue in homes and review the New Zealand standards accordingly.
- End Housing New Zealand's 'zero tolerance' policy towards tenants suspected of using drugs. Provide support instead.
- Dimiss the Residential Tenancies Act Amendment Bill (see page 17 for more on that).

New Zealand spent \$52 million last year remediating state houses that contained residues of methamphetamine²². In fact, there is no scientific evidence that living in a house where methamphetamine has previously been smoked causes harm. The cost is mind-boggling, but so are the social justice implications – many Housing New Zealand clients were forced to leave their homes and are now homeless and facing huge debts, along with their children and dependants.

New Zealand's National Drug Policy calls for agencies to work together to address drug issues and identifies secure housing as a key protective factor in reducing drug harm. Housing New Zealand actively undermines this with its 'zero tolerance' approach to drug use in its homes.

\$52M

spent last year remediating state houses that contained residues of methamphetamine.





NALOXONE FOR OVERDOSE PREVENTION

WE RECOMMEND:

 Urgent action to fund and distribute naloxone emergency overdose kits to people using opioids, their families and service providers.

We prioritise our advocacy towards those most at risk of drug overdose. Death is something you cannot recover from.

New Zealand records around 37 opioid overdose deaths per year²³, but the actual number is likely much higher²⁴. Naloxone can reverse opioid overdoses, and in other countries, it is distributed widely. This should be happening in New Zealand, both to save lives now and to prepare for a potential opioid crisis like that in North America.

Although naloxone was reclassified for distribution in emergency overdose kits in 2016, the government has failed to make the medicine available.

SUPPORTING COMMUNITIES

WE RECOMMEND:

- Invest in iwi-led and community-led health and wellbeing initiatives.
- Reform our drug laws, which are particularly harsh on Māori, and provide support instead.

We work alongside communities to reduce drug harm and support initiatives that help individuals and whānau struggling with drug use, particularly methamphetamine. As part of our Tautāwhihia Kaua e Whiu programme, we support Māori communities to respond to the disproportionate harm caused to them by both drugs and our drug laws. We bring local politicians and communities together around drug issues and lead advocacy training to make sure everyone's voice is heard in discussions around law reform and healthy treatment models.

Photo credit: Hillena Parsons



Important decisions for 2018.

These important legislative reviews and amendments are already on the agenda for 2018. We are just a phone call away if you need further information on any of these topics.

MISUSE OF DRUGS (MEDICINAL CANNABIS AND **OTHER MATTERS) AMENDMENT BILL**

WE RECOMMEND:

· Support the Bill through its first reading to enable the select committee to research this issue in depth.

This amendment Bill is likely to have its first reading in early 2018. It proposes legalising the use and cultivation of raw cannabis by those who suffer from a debilitating condition or terminal illness.

We support a 'gold standard' model in which cannabis must go through the same research and approval process as any other medicine.

However, it will take time for a full range of affordable pharmaceutical-grade cannabis products to be developed.

Patients deserve accessible, safe and affordable medicine now. This Bill seeks to give them that and can work as a stop-gap measure until a gold standard system is in place.



of New Zealanders support cannabis law reform for pain relief.

CURIA POLL. AUGUST 2017

RESIDENTIAL TENANCIES AMENDMENT BILL 1986 (NO. 2)

WE RECOMMEND:

- · Do not pass this into law.
- Fund research on methamphetamine residue in homes and review the New Zealand standards accordingly.
- End Housing New Zealand's 'zero tolerance' policy towards tenants suspected of using drugs. Provide support instead.

For more information: drugfoundation.org.nz/policy-andadvocacy/meth-in-nz/

This Bill has been to select committee and is due for its second reading. It is meant to address methamphetamine 'contamination' in rental houses. We think the Bill is fundamentally flawed.

The debate about the health risks of living in a house where methamphetamine has previously been smoked ('non-labs') has not arisen from concerns raised by the medical or scientific establishment. Instead, it has been driven by Housing New Zealand's 'zero tolerance' approach to tenants taking drugs in their properties, by the media response to that and by the methamphetamine testing and remediation industry.

While methamphetamine labs can contain a range of dangerous chemicals with very real health risks, there is no scientific evidence of health harms from living in a non-lab property. Despite this, a New Zealand standard has been created that sets methamphetamine levels above which houses should be 'remediated'.

This Bill takes it a step further and gives landlords the power to evict tenants with only seven days' notice when methamphetamine residue is found. This will cause significant financial and social harm to vulnerable people.

REVIEW OF THE OFFENCES AND PENALTY REGIME FOR PERSONAL **POSSESSION WITHIN THE MISUSE OF DRUGS ACT 1975**

WE RECOMMEND:

· Revise the penalties for personal possession of drugs in line with the Law Commission's recommendations and our model drug law Whakawātea te Huarahi.

The National Drug Policy commits the government to develop options to minimise harm relating to penalties for personal possession of drugs. The current prohibition approach is costly and harmful. We recommend removing criminal penalties for use and possession of drugs and drug utensils.

This should be the first step of a much wider review of New Zealand drug laws.

CONTINUED

Important decisions for 2018.

REVIEW OF THE PSYCHOACTIVE SUBSTANCES ACT 2013

WE RECOMMEND:

 Support any proposed changes that help the Act work as it was originally intended, allowing low-harm substances to be strictly regulated.

The Psychoactive Substances Act is due for review in 2018.

When the Act was passed, new substances were being produced so quickly there wasn't time to make each illegal before the next was developed.

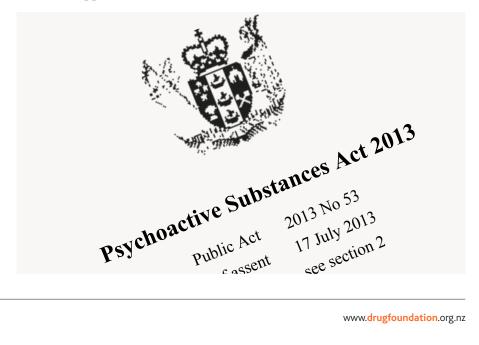
Thousands of untested products were legally on sale, and no one knew their health effects.

The Act made all psychoactive substances illegal by default. However, if a substance could be proven to pose no more than a low risk of harm, it could be approved for sale under strict regulations.

The Act was created on the understanding that a regulated market is much safer than an unregulated black market, where profit is the only motive. In a black market, products are not tested, and no one is accountable if a product causes harm or even death.

Unfortunately, the legislation was passed very quickly, with limited public education about its purpose. Some communities panicked, and a political decision was made to insert a clause banning animal testing of any new drugs. This rendered the Act unworkable, and no products have been approved for sale.

Tragically, more than 20 New Zealanders died using unregulated synthetic psychoactive substances in 2017. Could a working Act have prevented these deaths? Yes and no. The reality is that there will always be dangerous new drugs entering the market and people willing to try them, but there's a compelling argument that regulating low-risk substances would steer most people away from serious harm.



REFERENDUM ON LEGALISING THE PERSONAL USE OF CANNABIS

WE RECOMMEND:

- · Quickly set the date of the referendum, ensuring adequate time for consultation, especially with those most affected by the current drug laws.
- Fund an evidence-based information campaign to make sure the public understands the issues.
- · Ensure health, social justice and community development are central to any public debate around changing the law.

As you will be aware, a referendum on legalising cannabis will take place in 2020 or before. It is vital the public understand the issues so they can make an informed decision in the referendum.



Who we are.

We are a highly skilled and diverse team including academics, health practitioners, policy advisers and education specialists. We work closely with MPs on a range of issues, so please be in touch.

CONTACT:

Ross Bell Executive Director Phone: 04 801 6303 Mobile: 021 499 292

Email: ross.bell@drugfoundation.org.nz

BOARD



Tuari Potiki (Chair) Director of Māori Development at Otago and of Kai Tahu, Kāti Māmoe and Waitaha descent



Matthew Allen (Deputy Chair) Director and owner of public policy consultancy Allen + Clarke



Khylee Quince Senior Lecturer and Associate Head of School at AUT School of Law and of Ngāpuhi and Ngāti Porou descent



Anna Jacob Social Intrapreneur at The Southern Initiative



Deb Fraser Director of Whakaata Tohu Tohu/ Mirror Services



Dr Greg Hamilton Lead Service Transition for Canterbury District Health Board



Jim Matheson Education system and organisation performance consultant



Lizzie Marvelly Public speaker, media commentator, editor, columnist, producer and musician and of Ngāti Whakaue descent

STAFF



Ross Bell Executive Director



Anna Tonks Senior Health Promotion and Policy Adviser



Ben Birks Ang National Youth Services Adviser



Gilbert Taurua Principal Adviser, Tautāwhihia, Kaua e whiu



Kali Mercier Senior Adviser, Policy and Advocacy



Melanie Saxton Administrator



Natalie Bould Communications Adviser



Nathan Brown Drug Demand Reduction Manager



Samuel Andrews Harm Reduction Projects Adviser



Stephen Blyth Communications Manager

Take advantage of our resources.

Our mission is to be the catalyst for people, their communities, service providers and policy makers to take action that prevents drug harm.



METHHELP. DRUGHELP. POTHELP

These online and hard copy resources offer hope, motivation and useful tools to support change for people who are ready to reduce or quit using drugs.



LIVING SOBER

A vibrant online community for people struggling with their alcohol use. Over 5,000 members use it to share wisdom, kindness, encouragement and understanding.



MATTERS OF SUBSTANCE

Our regular print and online magazine is one way we share the best evidence on drug policy and practice. A mix of articles, candid interviews and compelling personal stories.



HARM REDUCTION INFORMATION

Mini pocket cards offer harm reduction advice for young people. A collaboration with government, NGOs and communities to provide accurate, accessible information.



DID YOU KNOW?

A series of youth-friendly resources with facts about different drugs, including advice for adults to have safe conversations with young people about drug use and harm reduction. Videos in te reo Māori and English and posters in te reo Māori, English and Chinese (traditional).

64 TO 239% REQUESTS FOR OUR RESOURCES HAVE SKYROCKETED BETWEEN 64% AND 239% IN THE PAST YEAR

GET IN TOUCH

We can supply any of these resources for your electoral offices.

References

- 1. Source: Ministry of Health. (2017). Annual Update of Key Results 2016/17: New Zealand Health Survey. Online data tables. Retrieved from https:// minhealthnz.shinyapps.io/nz-health-survey-2016-17-
- 2. Source: Ministry of Health. (2010). Drug Use in New Zealand: Key Results of the 2007/08 New Zealand Alcohol and Drug Use Survey. Wellington: Ministry of Health. Retrieved from https://www.health.govt.nz/ system/files/documents/publications/drug-use-in-nzv2-jan2010.pdf
- Source: Ministry of Health. (2015). Cannabis Use 2012/13: New Zealand Health Survey. Wellington: Ministry of Health. Retrieved from https://www. health.govt.nz/system/files/documents/publications/ cannabis-use-2012-13-nzhs-may15-v2.pdf
- Source: Ministry of Health. (2010). The 2007/08 New Zealand Alcohol and Drug Use Survey. Online data tables. Wellington: Ministry of Health. Retrieved from http://www.health.govt.nz/publication/2007-08-newzealand-alcohol-and-drug-use-survey-online-data-
- Source: Oakley Browne, M. A., Wells, J. E., Scott, K. M. (eds). (2006). Te Rau Hinengaro: The New Zealand Mental Health Survey. Wellington: Ministry of Health. Retrieved from https://www.health.govt.nz/system/ files/documents/publications/mental-health-survey.
- Source: Health Promotion Agency. (2017). Alcohol and crime. Retreived from https://www.alcohol.org. nz/resources-research/facts-and-statistics/ nz-statistics/alcohol-and-crime
- 7. Source: Ministry of Health. (2017). Health effects of smoking. Retrieved from: http://www.health.govt.nz/ your-health/healthy-living/addictions/smoking/ health-effects-smoking
- Source: NZ Drug Foundation. (2017). About methamphetamine. Retrieved from http://drughelp. org.nz/a-bit-about-drugs/meth/about-meth

- Source: NZ Herald. (2017, September 14). Police: Twenty deaths linked to synthetic drugs. New Zealand Herald. Retrieved from http://www.nzherald. co.nz/nz/news/article.cfm?c_ id=1&objectid=11922356
- 10. Source: Frykberg, E. (2017, November 10). Synthetic drugs link fears in Hutt Valley man's death. Radio New Zealand. Retrieved from https://www.radionz. co.nz/news/national/343529/synthetic-drugsuspected-in-hutt-valley-death
- 11. Source: Mental Health Commission. (2011). National Indicators 2011. Measuring mental health and addiction in New Zealand. Mental Health Commission: Wellington. Retrieved from http://www. hdc.org.nz/media/199059/national%20indicators%20 2011%20measuring%20mental%20health%20 and%20addiction%20in%20new%20zealand.pdf
- 12. Source: Ministry of Health (2017, September 11). Email correspondence.
- 13. Source: Ministry of Justice (2017), Official information request from NZ Drug Foundation.
- 14. Source: Social Policy Evaluation and Research Unit. (2015). What works: Reducing the impact of alcohol on family violence. Wellington: SUPERU. Retrieved from http://www.superu.govt.nz/sites/default/files/ What_works_Alcohol_%26_Violence.pdf
- 15. National Committee for Addiction Treatment and Platform (2013). A Profile of Alcohol and Other Drug Treatment Services in Aotearoa New Zealand Retrieved from: http://ncat.org.nz/profiling-aod/
- 16. Source: Beaton, S., Cain, T., Robinson, H., Hearn, V. & ThinkPlace. (2015). An insight into the experience of rough sleeping in central Auckland. Retrieved from https://www.lifewise.org.nz/wp-content/ uploads/2016/01/rough-sleeping-report.pdf
- 17. McFadden Consultancy. (2016). The New Zealand drug harm index 2016 (2nd edn). Wellington: Ministry of Health. Retrieved from https://www.health.govt.nz/ publication/research-report-new-zealand-drug-harmindex-2016

- 18. Matua Raki. (2017). Bridging the gap: Young people and substance use. Wellington: Matua Raki. Retrieved from https://www.matuaraki.org.nz/uploads/files/ resource-assets/MR-Youth-AOD-resource-WEB.pdf
- Source: Eastwood, N., Fox, E. & Rosmarin, A. (2016). A quiet revolution: Drug decriminalisation across the globe. Release, Drugs, The Law & Human Rights. Retrieved from: https://www.tni.org/files/publicationdownloads/a_quiet_revolution_march_31_2016.pdf
- 20. Source: National Committee for Addiction Treatment. (2017). Shaping the sector. Retrieved from: http:// ncat.org.nz/wp-content/uploads/NCAT-shaping-thesector-single-pages-full.pdf
- 21. Know Your Stuff NZ. (2017). Our Results. Retrieved from https://knowyourstuff.nz/our-results/
- 22. Macdonald, B. (2017, October 2). Meth testing: \$52m on an irrational fear. Newsroom. Retrieved from https://www.newsroom.co.nz/2017/10/01/50790/ meth-testing-52m-on-an-irrational-fear
- 23. Ministry of Health. (2015). Number of accidental poisoning and mental and behavioural disorder deaths where opioid poisoning was recorded on the death record, 2004-2011. Official information request.
- 24. Source: Coffin, P. (2012). Under estimated and overlooked: A global review of drug overdose and overdose prevention, in C. Cook (Eds.), Global State of Harm Reduction 2010: Key issues for broadening the response, (pp. 113-119). London: International Harm

Our mission is to be the catalyst for people, their communities, service providers and policy makers to take action that prevents drug harm.