

National Drug Policy: Questions and answers

Why do we need a new Policy?

The National Drug Policy supports the Government to prioritise resources and assess the effectiveness of actions and services to minimise alcohol and other drug (AOD)-related harm and promote and protect health and wellbeing. The Policy also aims to guide, influence and support decision-making by local services, communities and non-governmental organisations, and in doing so, improve collaboration and maximise the effectiveness of the system as a whole.

The previous National Drug Policy expired in 2012. The new National Drug Policy addresses recent trends in AOD use and focuses effort on areas where gains are sought over the next five years.

Who does the Policy apply to and how can I use it?

The Policy can be used by anyone working to minimise AOD-related harm and promote and protect health and wellbeing. It provides a framework for coordinated, evidence-based action and guides the design of AOD policies and initiatives.

While the initial actions in the Policy apply to government agencies, they will be refreshed by the end of 2017, providing an opportunity for non-government initiatives to also be included. This will ensure initiatives are added, cancelled and amended as appropriate, to reflect changes in AOD issues and evidence on the effectiveness of interventions. All actions are intended to build on, rather than replace, the significant contributions that government, communities and individuals already make to the goal and objectives of the Policy.

Who was involved in the development of the Policy?

The Policy has been developed by a cross-agency working group led by the Ministry of Health and governed by the Inter-Agency Committee on Drugs (comprising the Ministries of Health, Justice, Social Development, Education, New Zealand Police, Department of Corrections and New Zealand Customs Service).

Feedback on what a new Policy should look like was sought from public health organisations, addiction treatment providers, non-governmental organisations, industry and the general public through both targeted engagement and a public discussion document generating 120 submissions.

How does the Policy respond to stakeholder engagement?

Stakeholder engagement and public submissions have had a significant impact on the Policy. Key themes from engagement included:

- creating a culture where harmful use of alcohol and other drugs is no longer seen as 'cool' or acceptable
- destigmatising drug and alcohol problems so that problem users are not discouraged from seeking help
- providing better support for communities and young people, and better access to a greater range of treatment options

- a greater effort should be focused on reducing alcohol harm
- the importance of genuine cross-agency integration and cooperation, and consistency across sectors.

The Policy responds to these themes in a number of ways including a focus on shifting culture and making the intervention system more focused on people's needs, and encouraging more accountability for government by having clear objectives and requiring government agencies to report annually on their progress.

Why do the actions only run for two years?

The Policy builds in a refresh of actions at the end of 2017 to enable new initiatives to be added and existing initiatives to be amended as appropriate, to reflect changes in AOD issues and evidence on the effectiveness of interventions.

The initial actions in the Policy apply only to government agencies, and they build on, rather than replace, the significant contributions that government, communities and individuals already make to the goal and objectives of the Policy. The refresh of actions will provide an opportunity for non-government initiatives to also be included.

How will we know if the Policy is successful?

Ultimately, the Policy will be successful if it supports a decrease in New Zealand's high level of AOD harm, which has been estimated to cost the country about \$6.5 billion per year.

The Policy identifies four objectives with supporting indicators to measure progress towards minimising AOD-related harm and promoting and protecting health and wellbeing. These are new to this version of the Policy. They set targets for Government to aim for, and agencies are required to report annually to Cabinet on their progress against these.

However, given that any decrease in AOD harm will likely take place over a much a longer timeframe than the five-year lifespan of the Policy, it is unlikely that progress against the objectives will be clearly attributable to the Policy. A more visible marker of success will be if the actions contained in the Policy generate improvements in the Policy's five Priority Areas. In the first instance this will be measured through output-based reporting – that is, tracking the delivery of the actions. Outcome measures will be developed as part of the implementation of individual actions.

What does the Policy say about legalising medicinal cannabis?

The Policy reiterates the Government's existing commitment to monitor overseas developments about medicinal cannabis.

Government policy is to treat medicinal cannabis the same way as any other medicine, which means requiring clinical data showing safety and efficacy before it is approved for distribution. Government is not opposed to the use of pharmaceutical-grade cannabis medicines as long as there is sufficient clinical data showing safety and efficacy.

However, Government policy is that non-pharmaceutical grade cannabis in leaf form (ie, smokable marijuana) should not be permitted for medical use. These products do not meet medicines testing requirements due to a lack of clinical data showing safety and efficacy,

and clinical trials using these products have suffered from limited participant numbers and lack of data on long-term effects.

The Policy includes an action to review the regulation of controlled drugs for legitimate purposes (such as medicines). This work will include a review of the prescribing process for Sativex, New Zealand's only approved medicinal cannabis product, to investigate whether prescribing could be streamlined. It will not include a review of PHARMAC funding arrangements.

How does the Policy respond to the Law Commission's recommendations in relation to the Misuse of Drugs Act?

The Government's initial response to the Law Commission's recommendations in 2011 agreed in principle to most of the recommendations. Of the 144 recommendations made, there are 96 still to be addressed.

The Policy contains four actions which address 47 of the remaining 96 recommendations. These are intended to ensure that the Misuse of Drugs Act 1975 is better aligned with the Policy's goal of minimising harm and promoting and protecting health and wellbeing. These four actions are:

- Work with the Expert Advisory Committee on Drugs (EACD) to ensure harm minimisation is a central feature of drug classification assessments
- Develop options for further minimising harm in relation to the offence and penalty regime for personal possession within the Misuse of Drugs Act
- Release a discussion document seeking feedback on appropriate regulation of drug utensils
- Review the regulation of controlled drugs for legitimate purposes (such as medicines).

See the Cabinet paper Approval of the National Drug Policy for further detail.

How does the Policy respond to alcohol harm?

The Policy acknowledges the high rate of hazardous drinking in New Zealand and that this contributes to a wide range of social harms. Reducing the hazardous drinking of alcohol is one of the Policy's four objectives, and the importance of addressing alcohol harm is woven into the Policy's five priority areas.

The Policy notes that Government has already responded to alcohol harm by tightening the rules on the sale of alcohol and putting more control in the hands of local communities through the Sale and Supply of Alcohol Act 2012, reducing the blood-alcohol limit for driving and increasing alcohol screening and brief interventions in primary care.

The Policy also contains a number of actions aimed at reducing alcohol harm. These include the actions to:

- publish a Fetal Alcohol Spectrum Disorders action plan
- review the effectiveness of new police powers to deal with breaches of local alcohol bans introduced through the Local Government (Alcohol Reform) Amendment Act 2012
- develop more robust and higher-profile statistics for alcohol and other drug harm

- provide guidance to support schools dealing with AOD issues and helping students who need it, with a focus on keeping students engaged where possible.

What does the Policy say about harm reduction?

The Policy affirms the role of harm reduction measures as part of the broader strategy of problem limitation. This strategy aims to reduce AOD harm that is already occurring, and includes harm reduction activities such as providing safer equipment and environments for AOD use.

Harm reduction activities, make an important contribution to minimising AOD-related harm. For example, the introduction of the 1-for-1 needle exchange has contributed to New Zealand having one of the lowest rates of HIV in the world, and has reduced the rate of hepatitis C infection among people who currently inject drugs by around 25 percent.

The Policy also identifies that there is scope to improve the quality and accessibility of public information about particularly harmful drugs (and drug mimics) in the community. It includes an action to develop an Early Warning System to respond to this issue. This work needs to occur in the context of an unequivocal message that all drug use is potentially harmful.

Why is tobacco no longer part of the Policy?

Tobacco is the single greatest cause of preventable death and accounts for between 4500 and 5000 deaths annually. Because of this, the Government decided that a separate tobacco plan was required in order to respond to the unique scale of the problem posed by tobacco. This would also help to ensure alignment with the Government's goal of a smokefree New Zealand by 2025.

The Ministry of Health is currently (as of July 2015) commencing a separate stream of work to develop a dedicated tobacco plan.

How does the Policy support Rising to the Challenge?

Rising to the Challenge sets out the Government's vision for mental health and addiction services from 2012-2017. Its priorities include ensuring that mental health and addiction services are more integrated and people-centred, and improving the mental health, physical health and social inclusion of people with alcohol and drug issues.

The Policy reinforces and complements Rising to the Challenge by situating addiction treatment services within a wider AOD harm-minimisation context that also covers prevention, early intervention and harm reduction.