

Briefing

Overview of approach to reducing substance-related harms

Date due to MO: 27 February 2024 **Action required by:** 8 March 2024

Security level: IN CONFIDENCE **Health Report number:** H2024035468

To: Hon Matt Dooney, Minister for Mental Health

Consulted: Health New Zealand: Māori Health Authority:

Contact for telephone discussion

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Minister's office to complete:

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Decline | <input type="checkbox"/> Noted |
| <input type="checkbox"/> Needs change | <input type="checkbox"/> Seen | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn | |

Comment:

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To: Hon Matt Dooney, Minister for Mental Health

Purpose

1. Following confirmation of your portfolio responsibilities, this briefing provides an overview of New Zealand's approach to reducing substance-related harm, seeks your agreement to continue the development of a cross-agency overdose preparedness plan, and signals future opportunities to strengthen the strategic direction for addressing wider substance-related harm.

Summary

2. New Zealand takes a health-based approach to substance use, with a focus on reducing the associated harms. This approach recognises that some people are unwilling or unable to cease their drug use and works towards eliminating inequities in substance-related harm by taking a pragmatic and non-judgmental approach to drug use and substance-related harm.
3. A health-based approach to reducing substance-related harm encompasses a continuum of population-level health promotion, delivering early interventions and harm reduction initiatives, and providing treatment support. However, addiction and substance-related harm are complex issues and addressing this harm requires more than a health system response.
4. Our system of drug checking, intelligence, and monitoring reflects a concerted effort from the Ministry of Health | Manatū Hauora (the Ministry), Health New Zealand | Te Whatu Ora, Te Aka Whai Ora | the Māori Health Authority, New Zealand Customs, New Zealand Police, and the Ministry of Justice to protect the population from overdoses and reduce harm overall. This cross-agency collaboration also includes engagement with non-governmental organisations (NGOs) and community service providers working in the substance harm sector, such as New Zealand Needle Exchange Providers, the New Zealand Drug Foundation (the NZ Drug Foundation), and licensed drug checking service providers.
5. According to the 2022/23 *New Zealand Health Survey*, the use of illicit substances has remained relatively stable since 2011. However, the detection through drug checking services of new, more harmful substances (including synthetic opioids) in the New Zealand drug market suggest that people who use illicit substances may be at a greater risk experiencing substance-related harm, including fatal overdoses, in the future.
6. The Ministry has previously committed to develop a cross-agency overdose preparedness plan in response to concerns raised by the NZ Drug Foundation. Among key stakeholders, particularly the NZ Drug Foundation and those working in the acute drug harm space, there is an expectation for this work to continue. Officials are seeking your agreement to continue this work.

7. Officials acknowledge that at this stage, the overdose preparedness plan has a narrow focus on addressing a specific type of substance-related harm. However, there are further opportunities within the Mental Health portfolio of work to strengthen the strategic direction for a wider substance harm reduction approach, s 9(2)(f)(iv)

Recommendations

We recommend that you:

- a) **Note** the Ministry's work to develop an overdose preparedness plan.
- b) **Agree** for officials to continue work to develop an overdose preparedness **Yes/No** plan.
- c) **Note** there are future opportunities to strengthen the strategic direction for a wider substance harm reduction approach that the Ministry can provide further advice on.
- d) **Note** that subject to your agreement, officials can provide further information on process, sequencing, timeframes, and milestones for the development of the overdose preparedness plan.



Robyn Shearer
Deputy Director-General

Hon Matt Doocey
Minister for Mental Health

**Clinical, Community and Mental Health |
Te Pou Whakakaha**

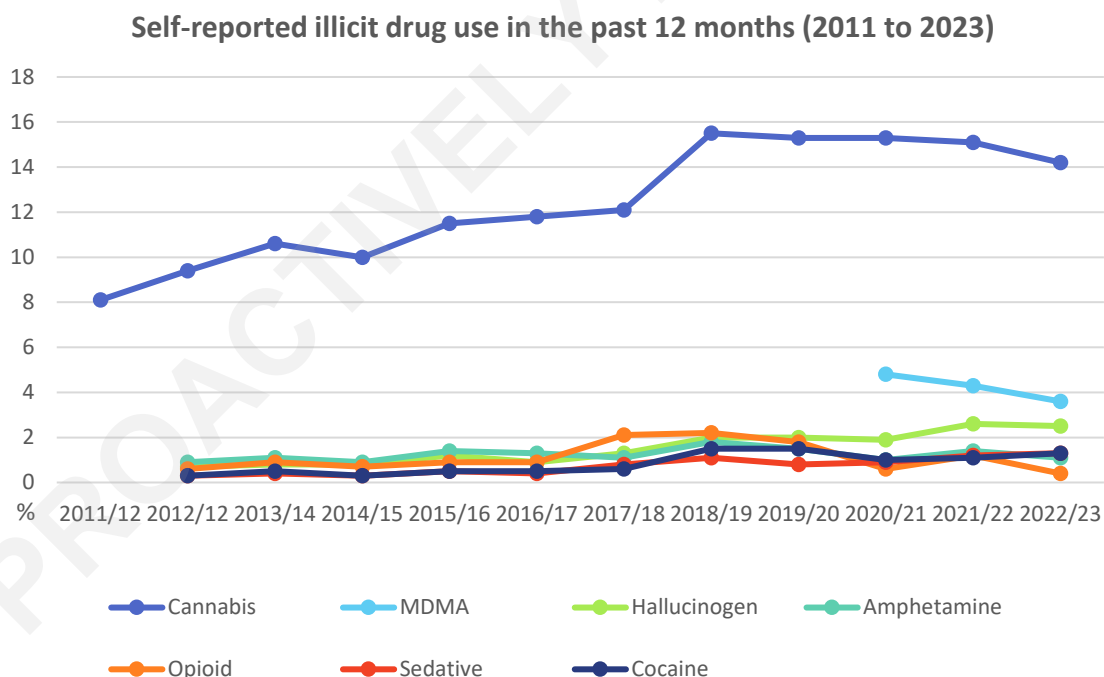
Date: 27 February 2024

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Context: Substance use in New Zealand

1. Most substance use¹ in New Zealand is social, non-dependent, and does not lead to lasting harm. Not all people who use substances will experience harm, and when it does occur it is usually part of a wider experience of personal and social harm. Harm from substance use is also disproportionately experienced by certain population groups including Māori and people experiencing socioeconomic deprivation, trauma, or homelessness.
2. In New Zealand, alcohol, while legal, is the most used harmful substance, and the corresponding harms with alcohol are higher compared with other substances. The 2022/23 *New Zealand Health Survey* shows that 16% of New Zealand adults self-report consuming alcohol in a way that qualifies as having an established pattern of drinking that carries a high risk of future damage to physical or mental health.
3. Adults' self-reported use of illicit substances has remained relatively steady over time, with some statistically significant decreases in 2022/23 for self-reported use of MDMA/ecstasy and illicit opioids. The table below shows the *New Zealand Health Survey's* trends of self-reported illicit/non-prescribed drug use measured from 2011 to 2023:



¹ For the purposes of this briefing, substance use refers to alcohol and *illicit* drug use.

4. At a population level, the *2022/23 New Zealand Health Survey* shows self-reported use of illicit substances by New Zealand adults (15 years and over) as follows:
 - a. 14.2% consumed cannabis in the previous 12 months and 4.7% had consumed cannabis at least weekly in the past 3 months
 - b. over the previous 12 months, 3.6% consumed MDMA, 2.5% used hallucinogens (for example, LSD, psilocybin, mescaline), 1.3% used sedatives or sleeping pills (for example, barbiturates, benzodiazepines, GHB/Gamma-hydroxybutyrate), and 1.3% consumed cocaine
 - c. an estimated 1.1% or around 47,000 people used amphetamines (including methamphetamine²), and 0.4% or about 18,000 used an illicit opioid in the past 12 months (for example, codeine, morphine, and heroin).
5. For young people, the *Youth 2000 Survey* series³ found binge drinking⁴ is declining, down from 34.4% in 2001 to 21.8% in 2019. It also found that weekly cannabis use amongst secondary school aged students is 4.1%, which is lower than it was in 2001 (6.5%). The use of other substances, including synthetics, methamphetamine, and huffing volatile substance, is very low among secondary school aged students, less than 4.0%, and has not increased.

Health-based and harm reduction approach to substance use

6. New Zealand takes a health-based approach to substance use with a focus on reducing the associated harms. There are several components to a health-based and harm reduction approach including:
 - a. population-level health promotion that shifts social and cultural relationships with substances and associated harms (for example, psychoeducation, public health campaigns, Tūturu – health education in schools)
 - b. earlier interventions to prevent harm associated with drug use (for example, drug checking services, supports for young people, Hepatitis C testing, drug early warning and alert notification system)
 - c. destigmatising drug use and encouraging help seeking
 - d. delivering harm reduction initiatives and treatment support, which includes alternatives to the New Zealand Police and the Ministry of Justice's responses to drug harm.
7. People who have a harmful relationship with substances, or addiction issues, often also experience challenges with social factors such as income, housing, and education. This means that that a cross-government approach is necessary to effectively implement a harm reduction approach to substance use.

² Note that methamphetamine use is not well captured in a household survey and anecdotal evidence suggests methamphetamine use is higher in some communities and settings.

³ The most recent *Youth 2000 Survey* was conducted in 2019.

⁴ Five or more alcoholic drinks in one session (within 4 hours) in the last 4 weeks.

Strategic direction for addressing substance-related harm

8. The Ministry is responsible for setting the strategic and policy direction for addressing substance-related harm. The Ministry has been responsible for developing and overseeing the National Drug Policy since 1998. This policy sets out the government response to alcohol and other drug issues and has historically been issued as a five-year policy.
9. The most recent National Drug Policy expired in 2020. The Ministry has not developed a new National Drug Policy due to other priorities, including the COVID-19 response. Until updated or replaced, the National Drug Policy 2015–2020 remains the guiding document for policy and practices specific to preventing and reducing substance-related harm in the community.
10. In addition to this, *Kia Manawanui Aotearoa – Long-term pathway to mental wellbeing* includes a focus on substance-related harm and addiction within the cross-government approach to mental wellbeing, and the *Oranga Hinengaro System and Service Framework* sets specific expectations for the range of alcohol and other drug services that should be available to New Zealanders across the continuum of care.

Regulation related to substance use

11. The government's harm reduction approach to substance use is underpinned by a range of legislation such as:
 - a. the *Sale and Supply of Alcohol Act 2012*, which has provisions for the safe and responsible sale, supply, and consumption of alcohol and the minimisation of harm caused by its excessive or inappropriate use. The Ministry of Justice has responsibility for the administration of this act.
 - b. the *Misuse of Drugs Act 1975* classifies drugs into three schedules based on their projected risk of serious harm, and criminalises the illicit possession, use, production, and import of the drugs it classifies. There were amendments to this act in 2019 to reaffirm Police discretion to determine whether prosecution for drug possession for personal use is in the public interest or whether a health approach would be more beneficial, and in 2021 to permanently enable licensing of drug checking services to legally operate in New Zealand (discussed further below). The Ministry is responsible for administering the act (with the Ministry of Justice responsible for special provisions relating to detection, enforcement, and sentencing).
 - c. the *Substance Addiction (Compulsory Assessment and Treatment) Act 2017 (SACAT)* enables the compulsory assessment and treatment of people with a severe substance addiction and severely impaired capacity to make decisions about engaging in treatment for that addiction. The Ministry is responsible for administering this act. From 1 July 2022 to 30 June 2023, only 31 people were detained and 26 compulsory treatment orders were made under the SACAT⁵.

⁵ Manatū Hauora Annual Report for the year ended 30 June 2023

Drug checking, intelligence, and monitoring

12. Strong surveillance, intelligence and monitoring mechanisms are critical for a harm reduction approach to substance use. We take a cross-government approach to this with efforts from the Ministry, Health New Zealand, Te Aka Whai Ora, New Zealand Customs, the Police, and the Ministry of Justice
13. The National Drug Intelligence Bureau (NDIB) is a joint agency strategic intelligence unit comprising staff from the Ministry, the New Zealand Customs Service, and the Police, with Health New Zealand also having a role on the Board. The NDIB has drug intelligence and surveillance mechanisms in place to understand domestic and international trends of drugs, including harms experienced, in New Zealand.
14. New Zealand is the first country in the world to have an explicitly legal and funded drug checking system. Drug checking is a service regulated under the Misuse of Drugs Act 1975, where individuals can present to licensed drug checking providers to have a drug or substance checked to identify its likely compositions. Offering harm reduction advice is mandatory when individuals receive the results of testing.
15. There are five licensed drug checking providers delivering a range of services across New Zealand including festivals, events, clinics (for example, continuous, static, or pop-up sites), low-contact, and drop off services. These frontline services have a crucial role in intelligence gathering by detecting new substances in circulation sometimes before a harm incident occurs, this enables a proactive response to reduce harm in communities.
16. The drug checking services also work closely with Drug Information and Alerts Aotearoa New Zealand (DIANZ) to share information and provide multiple media streams to get harm reduction messaging to the public. DIANZ is New Zealand's drug early warning system within the NDIB and monitors numerous sources to identify, in as timely a manner as possible, acute drug harm occurring in the community or the potential for acute drug harm to occur.
17. Both the Ministry and Health New Zealand support DIANZ and its public facing website *High Alert* with funding and operational input from Health New Zealand and access to clinical and regulatory expertise through the Ministry. This system alerts health professionals and the public to especially dangerous drugs circulating in New Zealand and is generally regarded as a critical initiative to mitigate and reduce drug harm across New Zealand.
18. **s 9(2)(f)(iv)**
[REDACTED]
19. NGOs and community service providers are also key partners working with government to understand the emerging trends and new potential harms through their on-the ground knowledge gathered by delivering harm reduction and treatment services for substance use.

Addiction services

20. There is a broad spectrum of substance use patterns from casual to frequent or harmful use. Correspondingly, there is a continuum of services available with a harm reduction focus including health promotion and prevention, early intervention and primary care, and specialist services. Health New Zealand and Te Aka Whai Ora are responsible for commissioning and delivering treatment support services.
21. In 2021/22, Vote Health funding for addiction services was \$210 million⁶. These services include (but are not limited to):
 - a. national telehealth services, for instance through the Alcohol Drug Helpline
 - b. e-health and online resources for information and online support
 - c. primary care services, services targeting specific population groups, and community specialist addiction services delivered by Health New Zealand and non-government organisations
 - d. 18 opioid substitution treatment services
 - e. national withdrawal management and residential services
 - f. alcohol and other drug treatment courts in three areas (Auckland, Waitākere, and Waikato) to provide health support to people whose offending is driven by alcohol or other drugs
 - g. five licensed drug checking services to enable people who use drugs to check what the substance is and to get harm reduction advice
 - h. 21 dedicated needle exchange programmes which distribute and collect injecting equipment and offer peer-led support and advice on harm reduction
 - i. Te Ara Oranga methamphetamine harm-reduction programme available in Northland and Eastern Bay of Plenty.

Access to Naloxone

22. Naloxone is a medication that can be used to temporarily reverse an opioid overdose. There are two preparations of naloxone approved in New Zealand – ampoules (designed for injection) and a Nyxoid nasal spray.
23. In October 2022, regulatory changes for naloxone enabled needle exchange services and pharmacies to supply naloxone ampoules in emergency kits with instructions and with needles and syringes to people using their services, without prescription.
24. In December 2023, Pharmac confirmed that naloxone injections will now be supplied directly to the New Zealand Needle Exchange Programme to ensure it is available in the community to treat opioid overdoses. The supply of naloxone to needle exchanges is funded through the Combined Pharmaceutical Budget.

⁶ Health New Zealand and the Ministry's expenditure, Source: District Health Board Price Volume Schedule, Contract Management System, and Client Claims Processing System.

25. Nyxoid is unfunded, which contributes to a low level of supply and demand. Pharmac is reviewing an application from the NZ Drug Foundation for Nyxoid nasal spray to be funded via the Pharmaceutical Schedule with a decision expected later this year. Officials will update your office once a decision on funding has been released.

Opportunities to strengthen a harm reduction approach to substance use

Increasing risk of harms related to new synthetic opioids entering the New Zealand market

26. The United Nation's *World Drug Report 2023* found that globally drug use continues to be high, and opioids continue to be the group of substances with the highest contribution to severe drug-related harm, including fatal overdoses.
27. New Zealand is not currently experiencing the same levels of serious harm from opioids that many other jurisdictions overseas are experiencing. In 2021 (the most recent coronial data), there were 75 (1.4 per 100,000 population) opioid related overdose deaths in New Zealand. In comparison, there were 962 (1.7 per 100,000 population) in Australia, 8,006 (20.9 per 100,000 population) in Canada, and 1,119 (20.4 per 100,000 population) in Scotland.
28. However, over the past 12 months licensed drug checking services have identified an increase in new synthetic opioids presenting in samples tested. While the rate of these new synthetic opioids identified through drug checking services is lower than other identified substances, the synthetic opioids that are being found are substantially more potent and would likely require multiple doses of the overdose reversal medication naloxone to reverse an overdose (if one occurred). There have already been several serious harm incidents and deaths likely linked to the consumption of these synthetic opioids.
29. As well, a 2023 report by the NZ Drug Foundation, using fatal overdose coronial data from 2017 to 2021, found that overdose deaths where opioids were present increased from 52% of all overdose deaths in 2017, to 75% in 2021. In most of these cases multiple substances are identified in toxicology reports.

Progress overdose preparedness plan work

30. In June 2023, in response to concerns raised by the NZ Drug Foundation, the then Minister of Health directed the Ministry to develop a cross-agency preparedness plan to improve responses to opioid harm and overdoses.
31. The Ministry commenced initial work on this plan, and key stakeholders were informed about this work. There is an expectation among those stakeholders, such as the NZ Drug Foundation, the substance use treatment sector, and people with lived experience of substance harm that work to develop this overdose preparedness plan will continue.
32. Officials seek your agreement to continue to progress the development of an overdose preparedness plan. A formalised plan would clearly articulate roles, responsibilities, and actions across a continuum in a coordinated manner with the potential to achieve wide ranging impacts for individuals and communities at risk of harm from overdose.

- 33. Officials estimate this option would take approximately a year to complete and would include targeted engagement and consultation with key stakeholders, the substance use treatment sector, and people with lived experience of substance harm, as well as other government agencies.
- 34. Development of a plan will require the Ministry to ensure consistent resourcing and capacity is made available to support the work, which may limit the ability to respond to any new priorities that arise prior to the plan's completion. If your preference is not to progress a plan, the Ministry would continue to undertake its role and functions as part of the wider harm reduction approach described above and could progress reactive actions in response to emerging overdose harms as needed.

Future opportunities for a proactive and strategic approach to substance-related harm

35. The work to improve overdose preparedness is intended to ultimately reduce the number of fatal and non-fatal overdoses in New Zealand. However, officials note that this work programme is focused on a narrow type of harm (overdoses) related to a narrow group of substances (primarily opioids). Looking forward, there are opportunities to develop and implement a more proactive and strategic work programme to address substance-related harm more widely.

36. s 9(2)(f)(iv) [Redacted text block]

37. s 9(2)(f)(iv) [Redacted text block]

Next steps

- 38. If you agree to continue progressing an overdose preparedness plan, officials can provide further information on process, sequencing or timeframes, and milestones for implementation.
- 39. Officials are also available to discuss the opportunities presented in this briefing for potential longer-term work.

ENDS.