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Proven solutions to the 'P' crisis presented in Parliament:

Solving the methamphetamine crisis in New Zealand is totally achievable, and will be limited only by a lack of leadership and political will to undertake the changes necessary according to MethCon Group director Mike Sabin.

Mr. Sabin is today presenting his findings and a range of recommendations to the Law and Order Select Committee in Parliament, having completed an 18 month research study looking at the methamphetamine problem, both in New Zealand and abroad. The research discussion paper titled 'Solutions to the Methamphetamine Crisis in New Zealand: A study of Demand and Supply-Side Interventions and their Efficacy' looks at what works and what doesn't in tackling major drug problems, in particular methamphetamine and is aimed at providing our legislators with a blueprint of proven strategies to solve the nations methamphetamine problem.

The full research discussion paper and recommendations are attached and following are extracts from the briefing provided by Mr. Sabin to Members of Parliament in attendance at the briefing: New Zealand has been considered in recent years to have some of the highest prevalence rates of methamphetamine in the world, with 'P' as it is more commonly known, now second only to cannabis for illicit drug use rates in New Zealand. This is something that needs a comprehensive response, worthy of the mainstream health and socio-economic consequences the drug creates.

Methamphetamine is known to cause a rapid progression to addiction, with chronic use of the drug often leading to anti-social, violent behaviour and serious mental illness. The purity of methamphetamine is linked to the degree of associated harm, increases of criminal offending and adverse socio-economic consequences. Recent New Zealand surveys of social and criminal trends links methamphetamine with increasing prison populations, court cases and social costs, with \$551 million worth of loss within the country thought to be caused by the drug in 2006; more than any other drug.

With methamphetamine now considered the world's worst drug problem, governments and authorities on the global stage have struggled to stem the demand for the drug and the ease of manufacture that underpins supply. Despite this, it is my belief that we can successfully win the war on drugs as a nation, if we put in place measures which undermine the economics and viability of drug supply. To this end I have spoken with numerous experts, professionals and former users across New Zealand and the United States, researched hundreds of studies and research papers on the fundamental aspects underpinning the supply and demand of drugs and the efficacy of interventions, to identify 'what works and what doesn't'.

The intention of this study paper was to examine and analyse various models, practices and interventions, and arrive at a range of recommendations that are proven to work in reducing the prevalence of methamphetamine and other drugs. The aim there after has been to provide a range of recommendations from which a framework and infrastructure can be developed to implement solutions to the methamphetamine crisis in New Zealand.

Identified during this process were a number of strategies being employed in the

United States by way of a revived national drug strategy, which has achieved significantly positive outcomes that provide a potential pathway forward. The basis for the success of these interventions, and a common theme in other similar initiatives and philosophies, has been the investment in implementing researched strategies which seek to address and reduce the demand for illicit drugs, thereby stopping use before it starts and healing users, while strictly enforcing precursor diversion and disrupting illegal drug markets more effectively.

Since 2001 for example, shortly after the United States launched the first National Drug Control Strategy focused on this more balanced approach, they have seen a 24% reduction in overall drug use. Over a six year period they have seen methamphetamine use reduce by 64%, cannabis use by 25% and alcohol and tobacco use by 15% and 33% respectively.

These trends show that when you successfully 'push back' against illicit drug use there can indeed be a reduction in the size of the problem. The reductions seen through this more balanced strategy are unprecedented and had a 24% reduction of any other mainstream health epidemic been achieved, it would be heralded as an astonishing achievement. Drug abuse is, and should be responded to, as a mainstream health crisis and the result of reducing the size of the problem in real terms means thousands of people are spared from addiction and the resulting harm, not only to their lives, but those in communities around them, notwithstanding the immeasurable costs to society.

In analysing what 'works and what doesn't' on the global stage, in particular within the United States, it is clear that New Zealand's national drug policy of the last 10 years which focuses on harm minimisation, has been, and will continue to fail. Alongside this, with the limited success of the supply-side interventions designed to limit precursor products being used in the manufacture process, which were enacted in New Zealand in the early 2000s, the precursor diversion schemes are in need of overhauling. It is clear that there is no-one-silver bullet, but it is apparent that in the absence of successful demand reduction through a more balanced approach, Police and Customs will be largely ineffective at tackling the subsequent supply.

Numerous studies have shown that the use of youth anti-drug media campaigns, successful community coalitions, drug testing within workplaces and schools, screening and intervening to interrupt the cycle of drug abuse, providing quality drug treatment services and establishing drug treatment courts are highly effective at reducing the prevalence of methamphetamine and other illicit drugs.

It is apparent that in the absence of so many of the interventions being employed successfully elsewhere, New Zealand has limited opportunities or likelihood of resolving the methamphetamine crisis. Conversely this study has identified a range of strategies with proven efficacy which if actioned effectively have the potential to bring about rapid change in this country.

Of the 21 recommendations some of the key strategies outlined include:

The establishment of a national drug control policy office, lead by specialists with institutional knowledge, which reports directly to the Prime Minister and ensures administration and accountability of ALL drug policy objectives and outcomes across all ministries.

Overhauling the national drug policy and abandoning the focus on harm minimisation in favour of an approach based on harm elimination, which encourages citizens, in particular youth, to reject drug use.

A refocus of Policing priorities and resources toward organized criminal entities, stronger enforcement of drug related offences along with improved powers and legislation to address precursor supply and disrupt criminal markets.

Restrictions on the amount of pseudoephedrine that can be purchased with daily and monthly limits and electronic monitoring of purchases, alongside retailer precursor awareness programmes aimed at deterring the purchase of legitimate retail products for use in illicit purposes.

The implementation of drug treatment courts which mandate drug treatment and seek to respond to and address the drug addiction contributing to criminal offending utilising the coercive powers of the criminal justice system.

The introduction of coordinated and concerted youth education and screening programmes, which utilise random student drug testing to deter drug use and provide early intervention where it is detected, alongside a focus encouraging youth attitudes and behaviours which reject drug use.

The development of a widespread, accessible, coordinated treatment infrastructure alongside effective education and screening intervention services aimed at identifying and responding to drug use and addiction.

The implementation of a factual, health based media campaign focused on methamphetamine and cannabis use.

Establish and implement a robust methamphetamine and drug recognition education programme across relevant government departments/agencies that are in regular contact with members of the public, with the aim of deterring and identifying drug use and manufacture/production and provide intervention where children and young people are at risk, or drug use can be responded to.

Overhauling and refocusing the Community Action on Youth and Drugs (CAYAD) projects to provide more robust community outreach capacity, education and intervention to foster stronger community responses aimed at reducing the presence and acceptance of drug use.

(See the Recommendations chapter of the research paper for remaining action points).

New Zealand stands poised at a critical point in our young history, with a wide consensus of research and opinion that we have lost the war on 'P', notwithstanding the concerns over high levels of cannabis use and alcohol consumption. It is clear that as a nation we need another way forward, and changes can, and must be made. What is also clear however; is that there are proven solutions which if given the legislative and policy framework, will yield results with methamphetamine and other drugs of concern in New Zealand.

It seems the only likely barrier to these solutions will be the lack of leadership and political commitment to implement them.

Mike Sabin
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