The Impact of Methamphetamine on New Zealand and the Coordinated response

Detective Inspector Stuart Mills: Coordinator New Zealand National Drug Intelligence Bureau (NDIB)



New Zealand National Drug Intelligence Bureau









New Zealand Population Profile

- New Zealand's population 4.5m
- Prevalence of methamphetamine use estimated at 0.9% of the population (2013)
- Prevalence of methamphetamine use estimated 2.2% of the population (2008)





Profile of Methamphetamine Use in New Zealand – The Market

- Most methamphetamine smoked
- Consumers able to function
- Transnational organised criminal groups involved with domestic manufacturers, suppliers and distributors
- \$NZ30.5m worth of assets recovered
- Demand for treatment remains high







Profile of Methamphetamine Use in New Zealand - Purity

- Purity of methamphetamine high (> 70%)
- Testing by Customs and Police also suggests that purity remains high
- In the survey of Police detainees, 13% reported purity as "increasing", 39 % reported purity as about the same, 25% as "fluctuating" and 23% as "decreasing"







Pre Methamphetamine Action Plan Situation

- Lack of agency cohesiveness and coordination.
- Methamphetamine, precursors & clan lab detections not priorities.
- Police area and district focus.
- Lack of national focus.
- High profile incidents stemming from the use of 'P' (Methamphetamine).



Crack down on precursors

Stronger controls over methamphetamine precursors by restricting the availability of pseudoephedrine to the general public; combined with Customs and Police activities to disrupt the illegal importation pseudoephedrine from China

End the availability of over the counter pseudoephedrine from pharmacies

Establish a Precursor Working Group to investigate stronger controls on other precursor chemicals and other products used in the manufacture of methamphetamine

Investigate a comprehensive programme of detailed chemical and purity analysis of drug seizures

Potential manufacturers cannot access the precursors and other chemicals required

Result: Methamphetamine manufacture controlled and reduced

Break supply chains

Break supply chains through the implementation of a strategy that proactively targets supply chains with intelligence-led policing; and active use of new legislative tools such as criminal proceeds, with forfeited funds being used to control the drug market and treat users

Develop and action a Police Methamphetamine Control Strategy

Introduce measures to increase interception rates of methamphetamine and precursors at the border through better risk profiling and

Expand Customs investigations team and technical surveillance capacity to enable more effective follow up to precursor interceptions at the border

Police, Quetom : Ensure agencies are ready to use new legislative tools such as anti-money laundering, organised crime, and search and surveillance

> Monies forfeited under the Criminal Proceeds (Recovery) Act 2009 used to fund expansion of AOD treatment and Police/ Oustoms initiatives to fight organised criminal groups

Ensure that Police and Customs advise Immigration of any persons in drug and precursors investigations who are suspected of being in breach of their permit conditions

Result: Methamphetamine supply controlled and reduced

Provide better routes into treatment More places in alcohol and other drug-

(AOD) treatment for problematic meth amphetamine users and better routes into treatment. These services are central to the success of tackling the

treatment services to provide more

Increase AOD workforce capacity

increased referral of methamphetamine users at an early stage of contact with the Justice system

Health.

Improve routes into treatment through contact with frontline government funded services

Bring forward the review of the Alcoholism and Drug Addiction Act 1966 to develop a more effective

Result: There are fewer

Support communities

Strengthen best practice interventions already in place, such as Community Action on Youth and Drugs (CAYADs), and use Community Police to support communities to respond to methamphetamine locally; build community resilience; and ensure that effective education and information is available

programmes, such as CAYADs

Educate families/whānau and users about effects of methamphetamine and how to access treatment

through a centralised web resource

Promote the new Drug Education Guidelines

approaches that have demonstrated promise for reducing demand for methamphetamine

Evaluate and, if promising,

Strengthen governance

Leadership of action on methamphetamine will be strengthened, to ensure that agencies work together to reduce the use of and harm associated with the drug in New Zealand. Clear frameworks will guide the work, to ensure that results are achieved

Improve official coordination of drug policy

Use the monitoring regime for the revised methamphetamine action

programmes targeted to at-risk youth and families to reduce demand Agencies investigate issues and opportunities for Law Commission review of the Misuse of Drugs Act

> Agencies have clear mandate and the tools to respond smartly to meth-amphetamine

Result: Agencies focused on reducing supply & demand

Methamphetamine supply chains are broken at key points, including entry to New Zealand

methamphetamine users

methamphetamine and help users out

Result: Demand for methamphetamine is reduced

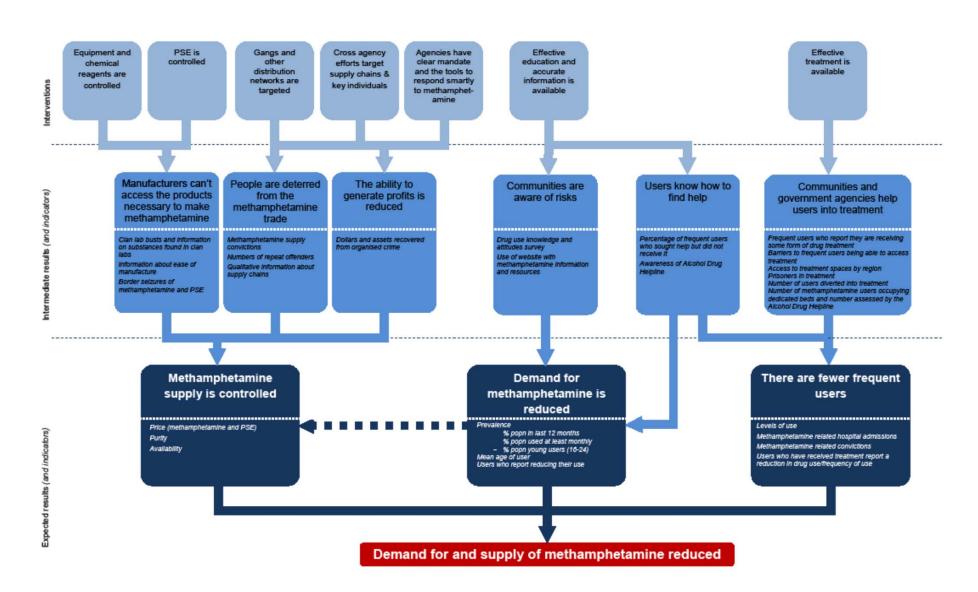
Social sector

Justice sector DPMC and IACD

Law Commission

Reduced supply and reduced demand

Tackling Methamphetamine: an Action Plan - Expected Results



Crack Down on Precursors

- Make PSE-based cold and flu remedies prescription-only
- Intensified and targeted border enforcement
- Make it hard for criminals to source the raw materials for manufacture;



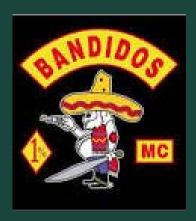




Break Drug Supply Chains

- Ensure Police and Customs have a strategic and targeted enforcement strategy
- Focus on the organised criminal groups who dominate methamphetamine trade









Support Communities

 Provide more resources for communities and information and education for families to help people resist drugs and assist users into recovery; and

alcoholdrughelpline
0800 787 797 ©
He kai a te rangatira he korero



Provide Better Routes into Treatment

- Expand treatment capacity,
- Develop a dedicated gateway into treatment in the form of social detox beds
- Allow clinicians to assess how best to help dependent users.







Strengthen Governance of Drug Policy

 Make direction of drug policy a higher priority for Customs, Health, Justice and Police











RESTRICTED

NATIONALINTELLIGENCECENTRE
MITELLIGEN POLICINO, PROJECTIVE SOLUTIONS
MATANT ROMOHANGA - ME URCIPO MAHUM

METHAMPHETAMINE CONTROL STRATEGY

Assistant Commissioner: M Burgess

Strategic Aim To reduce the harm of methamphetamine in our community

Objectives		Owner	Activity			Me	easures – Org Crime (in	nc Meth) Sharep	point	Date
Safer Communities Together 1. To use coordinated operations to reduce offending related to methamphetamine importing, manufacturing,	Prevention Priorities	NIC Targeting & Districts Community Policing	methamphetamine undertake removal 2. Community Policin	ble early identifica Importers, manufa I actions where ap Ing to review curren Imphetamine addic	tion of non NZ residen acturers and dealers & propriate	t u n N De • p	ilmely removal (or preventin indertaken against non NZ i nethamphetamine trade with (T&CG Production of one page advi o all staff	residents involve h resulting action	ed in the ns reported to	
and dealing 2. To target the proceeds and assets of methamphetamine importers, manufacturers, and dealers	Intelligen ce Priorities	Districts Districts		entify their top 10 r rs, manufacturers OPM and develop		r - R	number of CHIS/Crimestopp esuits reported on Orq Crim toiling top 10 methampheta IOPM with offender profiles each District T&C meeting	ne (Inc Meth) sha mine offenders I	arepoint site	
3. To work with international & NZ partners to disrupt methamphetamine related organised crime groups activities both off and on shore	Enforcement Priorities	Districts Districts & Financial Crime Group		District top 10 me	cy operations targetin thamphetamine IMDs etamine sales and the	• N	numbers of coordinated ope indertaken and reported to to District top 10 methampheta number & value of selzed ar eported to NT&CG in conjur	NT&CG focusing mine IMDs nd forfelted asse	on the identified	
4. To provide confidence and assurance to Government, public and partner agencies that NZ Police are directing their efforts against methamphetamine importing, manufacturing, and dealing	Reas su rance Priorities	Public Affairs Districts	messages to educ 8. All Districts to have	d Crime (including ate, inform and rea e a media plan as in coordination an	Meth) strategy with key assure the community part of their operations d alignment with the	y o	ilational media strategy publi oversight provided by Public eported to NT&CG numbers of positive media s ictions against offenders in oromulgated on Org Crime ()	Affairs, with good	od news stories 1, related to police tamine trade &	
	Support Priorities	PPS NDIB	Police to brief Judiciary on current state of community harm resulting from the methamphetamine trade To identify, develop and publish best practice in targeting & disrupting the NZ drug markets with particular emphasis on methamphetamine			j • N	Methamphetamine briefing document prepared and delivered to Judiciary with particular reference to community harm NDIB to publish their findings, including staff training options			
Jan 11 Feb 11	Mar 11			Jun 11	Jul 11	Aug 1	1 Sep 11	Oct 11	Nov 11	Dec 11
Development/Consultation Intelligence Operational										

New Legislative Tools

- Criminal Proceeds (Recovery) Act 2009
- Sentencing Amendment Act 2009
- The Gangs and Organised Crime Bill
- The Anti-money Laundering and Countering Financing of Terrorism Bill
- The Search and Surveillance Bill



Ministry of Health as the Lead Agency

- Reclassifying pseudoephedrine (a precursor) from an over the counter medicine
- Result pseudoephedrine was reclassified in 2011 which made PSE based cold and flu remedies prescription only







Health as Lead Agency - Demand for Methamphetamine is Reduced

- Effective education and information is available
- Result MethHelp launched in 2010 web based resource
- Between April and September 2013 visits rose by 8,470
- Alcohol and Drug Helpline (call centre approach)
- Meth related calls in 2009 = 1,256
- Meth related calls in 2013 = 4,180



Health as Lead Agency - Effective Treatment is Available

- Increase the capacity of AOD treatment services to provide more spaces for meth users
- Develop a dedicated meth treatment pathway
- Result 60 new residential beds and 20 social detox beds were established nationwide over three years
- Greater focus by DHB's on community treatment
- Increased the capacity of the AOD helpline resources
- AOD clinicians were introduced into courts



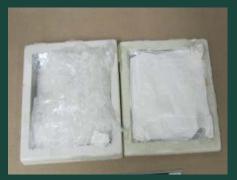
Health as Lead Agency – Additional Workforce

- Develop additional treatment workforce to better respond to methamphetamine Issues
- Provide guidance to providers for residential and social detox
- Increase internships and scholarships
- Results Interventions and treatment for problematic users (ATS) published
- Internships and scholarships promoted and placed



2014 - Current Situation

- Methamphetamine situation is stable
- Price, availability and purity remain at consistent levels
- Demand for treatment is increasing
- Significant seizures of meth and precursors continue to be made
- Organised Crime targeting New Zealand









Challenges

- Dealing with an illicit market
- Maintain a fresh approach
- Maintaining momentum
- Coordination through DPMC





Outcomes

- Whole of Government Coordinated approach
- Focused effort on drugs and organised crime
- Regular reporting and accountability





New Drugs, New Approaches to Drug Control – the New Zealand Experience

Detective Inspector Stuart Mills
New Zealand National Drug
Intelligence Bureau



Key Issues - Overview

- Legal Highs in NZ
- The Psychoactive Substances Act 2013
- Response



Legal Highs

 Previously unscheduled and unregulated in New Zealand

- Mainly synthetic cannabinoids
- Sold from convenience stores, petrol stations, grocery stores.
- Hundreds of different products, no quality control



Harm

- Little known about the long term effects of these products
- Addiction, violence, community anger
- Youths attracted to the 'legal' label
- Media reports of everything from suicides to a 12 year old having a heart attack



Regulation

- 37 cannabinoids banned under emergency legislation over 2 years - did not work
- Manufacturers would switch to an unlisted cannabinoid as soon as one was banned
- Could have new products on shelves the next day
- A new approach was needed



"The legislation proposes to ban all new psychoactive substances not currently regulated, but create a pathway to the market for substances that can be shown to pose no more than a low risk of harm."

Associate Minister of Health Peter Dunne,
March 2013



"Manufacturers and importers who wish to sell a new psychoactive product will first have to provide clinical data showing that their product does not pose undue risk to the people who use it, or to society."

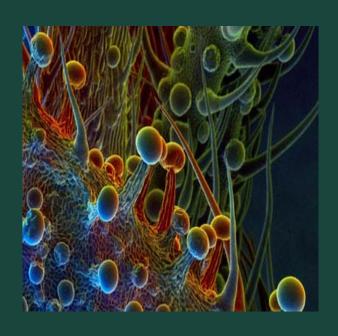


Associate Minister of Health Peter Dunne,

March 2013

Psychoactive substances defined

A substance, mixture, preparation, article, device or thing that is capable of inducing a psychoactive effect (by any means) in an individual who uses the psychoactive substances...





Psychoactive Substances Act Key points

- Prohibit the importation, manufacture and supply of all psychoactive substances
- Allow the sale of those products containing substances that meet safety and manufacturing requirements
- Sold only from licensed party pill shops, not convenience stores
- Strict advertising control
- Strictly R18+, but youth offences will be infringement offences, not criminal







Restrictions on Point of Sale











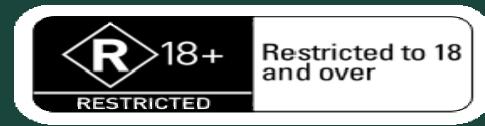
Psychoactive Substances Act: The Products

- Testing and application costs for each product likely to be high
- Batch testing/quality controls/standard dosages
- Safety messages, helpline details
- Approved packaging only, ingredients listed
- Standardised manufacturing practice similar to pharmaceuticals

Psychoactive Substances Act: The Harm

- Will make the situation safer in longer term
- Less products available from fewer sources
- Users & authorities will both know what is in the products
- The approved products should only be low risk
- Warning labels and R18





Psychoactive Substances Act: The Transition process (current)

- No new products allowed until the testing regime is in place
- BUT existing products can be sold from licensed premises in mean time
- This requires 'interim licenses' until the testing regime is in place
- PSRA may recall products if they pose more than low risk of harm (have done so January 2014)



Impact on Law Enforcement

- Situation much clearer than before
- Manufacture and supply undertaken by small group
- Several offences created easier to prosecute than with old emergency legislation
- Unapproved substances may transfer to the illicit market



Current Situation

The Act passed into law July 18 2013

Police welcome passing of Psychoactive Substances Act

5 Things We Can Learn From New Zealand's Innovative Law to Regulate New Drugs

CBS/AP / August 2, 2013, 12: 00 PM

New Zealand's designer drug law draws global interest



Current Situation-The Industry

- 160 retailers granted licenses compared to 3,000-4,000
- 42 products licensed compared to 200
- 10-20 licenses granted for manufacturers, importers, wholesalers etc.
- Labelling requirements in place
- Code of manufacturing practice published
- Regulations being written



Current Situation-Enforcement

- 'Education' phase over
- Enforcement being led by Police
- Mainly controlled purchase operations
- Some joint action with District Health Boards
- Constrained by lack of regulations
- Illicit trading in psychoactive substances



Prosecutions/License refusals

- 37 charges under the Act so far
- Several licenses refused or suspended due to breaching Act
- Six products recalled bad reactions
- 10 cases have received convictions in the courts
- This includes convenience stores that continued selling (high profits)



Emergency Department View

- 39% of Dr's surveyed had seen changes since the act introduced
- Lack of awareness of assistance available
- Acute intoxication main diagnosis
- Complications of chronic use
- Anxiety, Agitation and psychosis



But... not perfect

Region yet to see full legal-highs act benefits

By Sam Hurley

2:00 PM Thursday Jan 9, 2014















Cop attacked at Hamilton East drug shop

MATT BOWEN AND NARELLE HENSON

Opinion split over legal highs

KELSEY FLETCHER



Current Situation-The Downsides

- Regulations has taken longer than expected
- Testing regime not in place
- Community is frustrated
- •Fewer retailers has meant disorder is concentrated
- Licensees have not undergone proper vetting yet



Conclusion

- Legislation enacted 18 July 2013
- Regulations will not be in force until at least May 2014
- A developing process, but a way forward that is different from banning substances under traditional legislation
- Likely to be further action taken by the authority



Challenges

- Lack of an action plan
- Poor communication
- Delay in implementing the regulations
- Interim and Transitional process
- Community backlash
- Implementation difficulties
- PSRA lack of infrastructure



Positive Outcomes

- Ability to learn from the process
- A new and radical approach to a problem has been implemented
- Critics commentary



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