

# Drug Policy Update

Volume 1 No. 1  
March 2001  
ISSN 1175-4974

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## Editorial



*Welcome to issue one of Drug Policy Update, a quarterly newsletter to promote, communicate and seek feedback on the National Drug Policy and initiatives undertaken under the policy. Drug Policy Update is published by the Ministry of Health, and has input from a number of government and non-government organisations with an interest in reducing drug-related harm.*

The National Drug Policy aims to improve the health and wellbeing of New Zealanders by developing strategies and programmes to prevent and reduce drug-related harm. It is in line with World Health Organization and United Nations recommendations of a balanced approach to drug policy. The National Drug Policy relies on the efforts of different government and non-government agencies. It is not an 'A to Z' of how New Zealand will act to reduce drug-related harm, but rather sets the framework under which action can be taken.

A balance of supply-control measures (controlling or limiting the availability of drugs), demand-reduction measures (reducing individual demand for drugs), and problem limitation (helping to reduce the effects of drug-related harm) are used to help minimise drug-related harm. The National Drug Policy recognises that no single approach or set of strategies can adequately address the possible range of harm. The policy allows for different approaches to be used, depending on the particular issue or group being targeted.

Groups at greater risk of drug-related harm include young people, Māori, people with co-existing drug use and mental disorders, and polydrug users. Settings that warrant particular attention are educational locations, the community, workplaces, prisons and community correction settings.

The Ministerial Committee on Drug Policy and the Inter-Agency Committee on Drugs will continue to meet to ensure the National Drug Policy is implemented and to consider which new policy initiatives should be recommended to Government.

*Drug Policy Update* will provide information on such initiatives and other important work under the National Drug Policy to reduce drug-related harm in New Zealand. I encourage you to provide feedback and suggestions on the policy, particular initiatives, and the newsletter.

Hon Annette King  
Minister of Health



# About the National Drug Policy

*The National Drug Policy aims to improve the health and wellbeing of New Zealanders by developing strategies and programmes to prevent and reduce drug-related harm.*

Specific aims of the policy are to:

- improve co-ordination and collaboration between agencies to reduce drug-related harm
- identify and quantify drug-related problems
- raise the profile of actions to reduce drug-related harm
- identify areas where services or activities are lacking
- set priorities for action
- implement measures to reduce drug-related harm.

## Priorities

The National Drug Policy sets out a number of priorities for action between 1998 and 2003. These are:

### Priority one

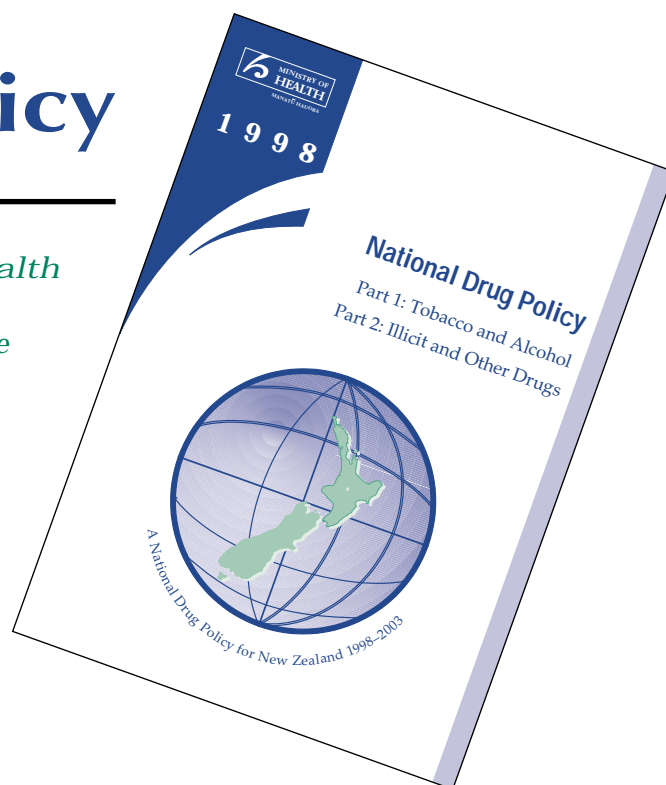
To enable New Zealanders to increase control over and improve their health by limiting the harms and hazards of tobacco, alcohol, illicit and other drug use.

### Priority two

To reduce the prevalence of tobacco smoking and exposure to environmental tobacco smoke.

### Priority three

To reduce hazardous and excessive consumption of alcohol, and the associated injury, violence and other harm, particularly on roads, in the workplace, in and around drinking environments and at home.



### Priority four

To reduce the prevalence of cannabis use and use of other illicit drugs.

### Priority five

To reduce the health risks, crime and social disruption associated with the use of illicit drugs and other drugs which are used inappropriately.

Strategies that work towards achieving these priorities have and are being developed and implemented by a range of agencies. Major areas of emphasis include information, research and evaluation, health promotion, assessment, advice and treatment services, law enforcement, and policy and legislative development.

Copies of the National Drug Policy are available from the Ministry of Health on 04 496 2277 (ask for code number HP3216), or on the National Drug Policy Web site <http://www.ndp.govt.nz>

**The overall goal of the National Drug Policy is to minimise harm caused by tobacco, alcohol, illicit and other drug use to both individuals and the community.**

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# The Ministerial Committee on Drug Policy

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*Meeting at least twice a year, the Ministerial Committee on Drug Policy is charged with reviewing progress in implementing the National Drug Policy and deciding which new policy initiatives should be recommended to the Government. Members of the Committee are:*

Hon Annette King	Minister of Health (Chair)
Hon Phillida Bunkle	Minister of Customs
Hon Lianne Dalziel	Associate Minister of Education
Hon Phil Goff	Minister of Justice
Hon Mark Gosche	Minister of Pacific Island Affairs
Hon Laila Harré	Minister of Youth Affairs
Hon George Hawkins	Minister of Police
Hon Steve Maharey	Minister of Social Services
Hon Matt Robson	Minister of Corrections, Courts
Hon Parekura Horomia	Minister of Maori Affairs
Hon Tariana Turia	Associate Minister of Maori Affairs (Social Development), Health, Social Services

# The Inter-Agency Committee on Drugs

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*A monitoring group of officials, the Inter-Agency Committee on Drugs, ensures that policies and programmes developed by government agencies are consistent and mutually supportive. The Inter-Agency Committee on Drugs also makes recommendations to the Ministerial Committee on Drug Policy on new policy initiatives. The Inter-Agency Committee on Drugs is made up of representatives from:*

Ministry of Health  
Department for Courts  
Ministry of Transport  
Ministry of Pacific Island Affairs  
Ministry of Justice  
NZ Customs Service  
Ministry of Education  
Ministry of Social Policy

Ministry of Youth Affairs  
Alcohol Advisory Council  
NZ Police  
Department of Corrections  
Te Puni Kōkiri  
Land Transport Safety Authority  
Department of Child, Youth and Family Services

The Inter-Agency Committee on Drugs can seek representations from other organisations as appropriate. The secretariat for the committee is based at the Ministry of Health.

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# Second-hand Smoke and the Hospitality Industry

*There has been considerable speculation in the media over recent months on the pros and cons of suggestions that smoking be further restricted in hospitality venues. Many health groups are recommending that the Smoke-free Environments (Enhanced Protection) Amendment Bill, which is currently before Parliament, be extended to cover hospitality and other venues.*

A large number of studies have shown that exposure to second-hand smoke is associated with a significantly increased risk of lung cancer and heart disease and is linked to a range of other conditions. Many agencies, including the United States Department of Health and Human Services (1986), the International Agency for Research on Cancer (1986), the Australian National Health and Medical Research Council (1987), the UK Independent Scientific Committee on Smoking and Health (1988), the US Environmental Protection Agency (1992) and the Californian Environmental Protection Agency (1997), have reviewed the published literature and concluded that the risk from exposure to second-hand smoke is real and significant.

A number of commentators, however, have argued against restrictions on smoking in workplaces. For example, arguments raised by those in opposition to restrictions on smoking in hospitality venues include that restrictions are not necessary because second-hand smoke is not harmful, that restrictions would harm business, that freedom of choice (to smoke, rather than to be smokefree) should be protected, and that improved ventilation of venues would resolve the nuisance aspects

of exposure to second-hand smoke for non-smokers.

However, there is a large body of published international and local research available that indicates that:

- the hospitality industry has not suffered, either in terms of business, jobs or tourism, in overseas jurisdictions where restrictions or bans on smoking have been introduced
- ventilation and air filtration is not effective in resolving the health risks associated with exposure to second-hand smoke in hospitality venues
- bar and other hospitality workers are exposed to higher levels of second-hand smoke than other workers, and removal of that exposure leads to an improvement in health status, and reduced future disease risk, for those previously exposed
- restrictions on smoking in workplaces are associated with reduced smoking by workers
- there is considerable public support for smoking restrictions in hospitality venues.



A mid-1999 Ministry of Health-commissioned study (National Research Bureau 1999) found that 79 percent of the over 2,600 New Zealanders sampled supported restrictions on smoking in bars and 74 percent wanted stronger controls on smoking in restaurants. In addition, a recent Wellington School of Medicine study (Jones and Love 2000) of the views of Wellington hospitality managers and staff found that 69 percent of respondents wanted some form of restriction on smoking in bars.

The Ministry of Health has also commissioned research into the mortality associated with exposure to second-hand smoke in New Zealand (estimated at 388 deaths per annum) (Woodward and Laugesen 2000) and on the level of exposure to second-hand smoke of bar workers in New Zealand,

*Continues on page 5*

## Second-hand Smoke and the Hospitality Industry

Continued from page 4

compared with other workers (report not yet complete). Further research into the morbidity associated with second-hand smoke exposure in New Zealand is also proposed.

The evidence in support of restrictions on smoking in workplaces, and in hospitality venues in particular, is therefore very robust. The most compelling argument, however, is the right of non-smoking individuals, both workers and the public, to not have to be exposed to second-hand smoke.

The World Health Organization's *World No Tobacco Day (World Smokefree Day* in New Zealand) is celebrated on 31 May each year. This year's theme, *Let's Clear the Air*, focuses on the risks of exposure to second-hand smoke and the

need to mobilise support for clearing the air. A media campaign on second-hand smoke will be run in New Zealand in support of World Smokefree Day. All public health workers are encouraged to actively promote awareness of second-hand smoke and the risks it poses.

### References

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US Department of Health and Human Services. 1986. *The Health Consequences of Involuntary Smoking: A Report of the Surgeon General*. Office on Smoking and Health, Center for Health Promotion and Education, Centers for Disease Control, Public Health Service, US Dept of Health and Human Services: US National Research Council.

Woodward A and Laugesen M. 2000. *Deaths in New Zealand Attributable to Second Hand Smoke*. Wellington: Ministry of Health.

**Any queries or comments on this article should be addressed to:**

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**Ministry of Health**

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# Cannabis Inquiry by Health Committee

*Parliament's Health Select Committee, chaired by Judy Keall MP, will undertake an inquiry this year into issues around the use of cannabis.*

The terms of reference are:

**'To inquire into the most effective public health and health promotion strategies to minimise the use of and harm associated with cannabis and consequently the most appropriate legal status of cannabis.'**

The Government supports the inquiry as a means to consider ways of reducing all forms of cannabis-related harm, including whether there may be a more effective legal framework for the drug. The inquiry is also in line with the recommendation that the legal status of cannabis be reviewed, arising from the Health Committee's 1998 inquiry into the mental health effects of cannabis.

The Ministries of Health and Justice have been appointed as advisors to the Committee for the

inquiry. Ministry of Health advisors will comprise officials from the National Drug Policy team, with Andrew Zielinski as lead Health official and Vivienne Morrell as lead Justice official.

Several agencies on the Inter-Agency Committee on Drugs including Police, Customs, Courts, Education, Youth Affairs and the Land Transport Safety Authority have undertaken to provide reports or input for the inquiry, from their respective areas of interest. This information is planned to be submitted as a package of preliminary advice, covering many of the issues relevant to the inquiry.

A timeline for the inquiry has not yet been set, although public submissions closed on 7 February 2001.

*For further details please contact:*

*Andrew Zielinski*

*Phone: 04 496 2461*

*E-mail: andrew\_zielinski@moh.govt.nz*

# Non-government Organisations and the Work of the Inter-agency Committee on Drugs

*The Inter-Agency Committee on Drugs is seeking participation of non-government organisations in the implementation of the National Drug Policy.*

The lack of opportunities for non-government organisation input and participation in the work of the Inter-Agency Committee on Drugs has been identified as a barrier to effective intersectoral collaboration in the past. Accordingly, a range of options for non-government organisation participation in the work of the Inter-Agency Committee on Drugs was put to the Ministerial Committee on Drug Policy in September last year.

Ministers agreed at that meeting that the Inter-Agency Committee on Drugs should:

- actively encourage contributions by, and participation of, non-government organisations and other community groups in the committee meetings, with part of the meetings being set aside for items to be discussed with and raised by non-government organisations and community groups
- take (and make) opportunities to hold meetings on specific issues of drug policy with relevant sector groups
- contribute to other fora (for example, conferences and sector group meetings) where opportunities arise
- improve its communication with various sectors by developing a communications strategy to outline the work that is under way under the National Drug Policy, and stressing avenues for sector groups.

An opportunity is being offered for non-government organisations and other sector agencies to participate in Inter-Agency Committee on Drugs meetings. Members of the committee will also consider attending other meetings if invited to hear from agencies with ideas for the future direction of drug policy and services in New Zealand.

**If you are interested please contact:**

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**Ministry of Health**

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**E-mail: [matthew\\_allen@moh.govt.nz](mailto:matthew_allen@moh.govt.nz)**

In the past the Inter-Agency Committee on Drugs has met approximately four times a year but additional meetings can be held if necessary.

Agencies are also invited to put their views forward to the committee in writing at any time for consideration 'out of session'.

**Submissions should be sent to:**

**IACD Secretariat**

**C/- National Drug Policy Team**

**Ministry of Health**

**PO Box 5013**

**WELLINGTON**

## Strategic Framework for the Funding of Alcohol and Other Drug Treatment Services

*The Ministry of Health has recently consulted on the draft national framework for funding alcohol and other drug services.*

More than 130 people attended the public meetings and 132 written submissions were received. An analysis of the submissions and information received from meetings has been completed and is in the process of being written up for publication. The information from the consultation process has been

used to inform and finalise the funding strategy. It is expected that these documents will be publicly available in March 2001.

**For further information contact:**

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**E-mail: [karleen\\_edwards@moh.govt.nz](mailto:karleen_edwards@moh.govt.nz)**

# Expert Advisory Committee on Drugs

*In November 2000 the Misuse of Drugs Amendment Act was passed. This groundbreaking piece of legislation will enable the Government to respond quickly to emerging drug threats and will provide for the expansion of drug treatment services in New Zealand.*

The Act establishes a simple and expeditious process to classify drugs. A vital part of this process will be the Expert Advisory Committee on Drugs that will:

- carry out medical and scientific reviews of controlled drugs and other narcotic or psychotropic substances
- make recommendations to the Minister of Health about whether and how such substances should be classified, and the level at which the presumption for supply should be set for any substances
- increase public awareness of its work by, for instance, releasing papers, reports and recommendations.

The Committee will comprise up to 10 people and include a variety of professional experts. The key areas of expertise being sought include pharmacology, toxicology, drug and alcohol treatment, psychology, and community medicine.

A representative for consumers of drug treatment services will also be appointed.

In addition, government officials with expertise in public health and the appropriateness and safety of pharmaceuticals and their availability to the public will be appointed along with representatives from the New Zealand Customs Service and the New Zealand Police.

The Ministry of Health is currently establishing the Expert Advisory Committee on Drugs and is keen to have it up and running by March 2001 as it will play a pivotal role in the new evidence-based approach to scheduling controlled drugs.

The Committee will facilitate New Zealand's rapid response to new drugs by providing the Minister of Health with timely assessments of drugs 'as they arrive on the scene'. It may also review drugs that are already scheduled under the Act.

Previously, there have sometimes been delays before drugs could be classified or reclassified. This provided a window of opportunity to establish a market for such drugs. The Inter-Agency Committee on Drugs considers that the new classification process will help restrict such opportunities and therefore help to reduce potential 'downstream' harm that such drugs can cause to individuals and society.

## Criteria for classification decisions

The Act now requires classification of illicit drugs to be based on the risk of harm to individuals or society.

Drugs posing a:

- **very high** risk of harm should be scheduled as class A
- **high** risk of harm should be scheduled as class B
- **moderate** risk of harm should be scheduled as class C.

When considering a particular drug, the Committee will be required to consider the following matters:

- the likelihood or evidence of drug abuse
- the specific effects of the drug
- the risks to public health
- the therapeutic value
- the potential to cause death
- the ability to create physical or psychological dependence
- the international classification and experience
- any other matters.

## Other amendments

The Act sets a presumption for supply of MDMA (Ecstasy), and for MDEA and MDA (drugs related to Ecstasy). This means that anyone caught with more than five grams or 100 tablets of these drugs will be deemed to have them for supply. This amendment reflects the dangers posed by the drugs, and is a means to address the criminal activity associated with these drugs.

Finally, the Act provides for conditions to be placed on medical practitioners who are approved to prescribe controlled drugs to treat dependence. Conditions on the type of drugs able to be prescribed, persons receiving prescriptions, and the ability to authorise other medical practitioners, will allow the expansion of drug and alcohol dependence treatment services by medical practitioners. This is another important tool to tackle drug-related problems in New Zealand.

**If you want further information on the Expert Advisory Committee on Drugs, please contact:**

**Rob Smith**

**Ministry of Health**

**Phone: 04 496 2094**

**Fax: 04 496 2340**

**Email: [robert\\_smith@moh.govt.nz](mailto:robert_smith@moh.govt.nz)**

# Urge / Whakamanawa

The youth Web site Urge/Whakamanawa went online in November 2000 and has had a new project manager since January 2001. Jason Roberts, previously of South Auckland Health's Centre for Youth Health, has taken the role in conjunction with the New Zealand Association of Adolescent Health and Development. His role is to expand, develop and update the site, as well as policy and sponsorship development, which is important as the position is part-time with funding for six months.



Urge/Whakamanawa is based on the successful Australian youth suicide prevention Web site Reachout. The New Zealand site aims to enhance the health and wellbeing of young New Zealanders by increasing their access to resources – electronic and community based – so that they are better equipped to make healthy choices particularly in the areas of sexual, mental and physical health. The site is a place where they can find information, support and encouragement that they might otherwise have

difficulty getting. Help line numbers run throughout the site to encourage personal contact with people in their community.

The Web site is the work of a collection of government and non-government organisations with an interest in youth health issues including the Alcohol Advisory Council (ALAC), Ministries of Education, Health and Youth Affairs, Family Planning Association, Health Sponsorship Council, New Zealand Law Society and Mental Health Foundation.

The development of the Web site has been co-ordinated by ALAC.

Visit the site at  
<http://www.urge.co.nz> or  
<http://www.whakamanawa.co.nz>

Jason Roberts can be contacted at:

NZAAHD  
Youthline House  
13 Maidstone Street  
Ponsonby  
AUCKLAND  
Phone 09 360 9531  
E-mail: [jason@mp3nz.com](mailto:jason@mp3nz.com)

## Record Ecstasy Seizure

*At the end of January 2001 Customs officers at Auckland International Airport made New Zealand's largest Ecstasy seizure to date from express cargo at an airport-bonded warehouse. A consignment from Belgium containing a motor vehicle gearbox housing was identified for further examination. When the flange cover to the housing was removed a plastic bag crammed within the housing was revealed. Inside were 25,170 terracotta-coloured tablets that have since been confirmed to be the class B drug MDMA (commonly known as Ecstasy).*

Following the seizure Customs drug investigators and Police drug squad detectives worked together resulting in police arresting three men on charges relating to the importation and possession of Ecstasy.

Ecstasy currently sells for around \$80 per tablet. It is estimated that a shipment of this size could have generated a street value of around \$2 million.

In the four years 1997–2000, approximately 33,000 tablets of ecstasy-type drugs were seized in New Zealand. For the years 1999 and 2000 there were 20,000 tablets seized. This makes the January seizure larger than any previous year's total seizures.

The popularity of Ecstasy here is in line with recent international trends for chemical drugs. The World Customs Organisation's (WCO) figures show a significant upswing in the quantities of psychotropic drugs (including Ecstasy) being seized. In 1999 Customs worldwide reported to the WCO the interception of 89 million tablets (2.4 times higher than 1998) and 25 tonnes (four times higher than in 1998) of psychotropic drugs.

Note: Ecstasy is normally taken to mean the class B controlled drug 3,4-methylenedioxymethamphetamine (MDMA), but can also be the class A controlled drug methylenedioxyamphetamine (MDA) or the class C controlled drug methylenedioxyethylamphetamine (MDEA).

# Forum on the Framework Convention on Tobacco Control

*The Ministry of Health plans to hold a meeting of interested parties on 16 March 2001 in Wellington to discuss the forthcoming negotiations for the Framework Convention on Tobacco Control.*

The Convention will be a new international legal instrument that will address global tobacco control issues. A framework convention with related protocols is a legally binding treaty and offers an approach that is found in numerous human rights and environmental treaties.

The forum the Ministry proposes to host will provide an opportunity for interested agencies to present their views on the various elements covered in the *Chairman's Text*, a recent report on the discussions and negotiations to date between member states of the World Health Assembly on the proposed Convention. Agencies' views and suggestions will then be used to inform advice to be provided to the Government in advance of the next negotiation meeting in April.

**If your agency is interested in attending the forum, please contact:**

**Matthew Allen at the Ministry of Health as soon as possible.**

**Phone: 04 496 2192**

**E-mail: [matthew\\_allen@moh.govt.nz](mailto:matthew_allen@moh.govt.nz)**

**A review of the National Protocol for Methadone Treatment in New Zealand (1996) is under way, and a draft consultation document will be out by the end of June 2001. For further information please contact:**

**Basia Arnold**

**Ministry of Health**

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# Profile The National Drug Intelligence Bureau

*The National Drug Intelligence Bureau co-ordinates and collates drug intelligence in New Zealand.*

The Bureau was formed in 1972 and is comprised of three agencies: the New Zealand Police, the New Zealand Customs Service and the Ministry of Health. The National Drug Intelligence Bureau is governed by a Board of Control comprising the chief executives of each agency.

The role and mission of the Bureau is to record, analyse and disseminate all information relating to the illicit drug traffic obtained through various sources within New Zealand and overseas.

A team of fulltime police and customs officers undertake the day-to-day management of the Bureau with input from the Ministry of Health.

The current co-ordinator of the National Drug Intelligence Bureau is Detective Inspector Gary Knowles. Staff attached to the National Drug Intelligence Bureau are Detective Sergeant Tony Quayle and Customs Intelligence Analysts Brian Thurlow and Les Maxwell.

All can be contacted on phone: (04) 474 9499.

**The National Drug Policy is evolving, and feedback and suggestions on the policy, and this newsletter, are welcomed from all groups.**

**Comments can be addressed to:**

**Liz Price**

**Public Health Directorate**

**Ministry of Health**

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**Wellington**

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**E-mail: [liz\\_price@moh.govt.nz](mailto:liz_price@moh.govt.nz)**

# Subsidised Nicotine Patches and Gum

*Subsidised nicotine patches and gum have been available through the national freephone Quitline (0800 778 778) since 1 November 2000, and from approved cessation providers since December 2000.*

Heavier smokers (10–15+ cigarettes per day) are eligible for the patches and gum, as research has shown that nicotine replacement therapy is more effective for heavier smokers. Smokers who call the Quitline and who are assessed as ready to quit and suitable for patches or gum, are sent an exchange card. The card can be swapped for nicotine patches or gum at a participating pharmacy. The smoker pays \$10 for a four-week supply of patches or gum. An unsubsidised four-week supply of nicotine patches can cost up to \$125. Smokers are eligible for a total of eight weeks' consecutive supply of subsidised patches or gum.

## Quitline inundated with calls

Interest in the programme has been overwhelming. In November 2000 the Quitline received nearly 50,000 calls – almost as many as it usually receives in an entire year. To the end of January 2001, nearly 23,000 exchange cards had been sent out by the Quitline. The Quitline was expanded to cope with the expected demand, including a move to larger premises. However many callers still experienced delays in getting through to a Quit Advisor because of the sheer numbers of people calling. Now that the initial rush for patches and gum is over much of the backlog has been cleared, and it is much easier for callers to get through.

## Stage two – distribution of exchange cards by smoking cessation providers

Stage two of the patches and gum programme is now under way, and enables approved smoking cessation providers to distribute nicotine patches and gum exchange cards. This has increased the access points for the exchange cards.

Health professionals wishing to be part of stage two must meet a number of criteria, including having training and/or experience in quit advice and support, offering substantial support and follow-up to their clients, and working to the current *Guidelines for Smoking Cessation* (National Health Committee 1999). It is very important that those using the subsidised nicotine patches or gum are supported during their quit attempt as this increases their chances of success. Stage



two providers are also required to collect and store anonymous information relating to those smokers to whom they distribute exchange cards. This is to assist the evaluation of the programme.

**Providers wanting further information about stage two can contact:**

**Exchange Card Co-ordinator**  
**Quit Group**  
**PO Box 12605**  
**Wellington**  
**Phone: 04 915 9895**  
**Fax: 04 915 9891**  
**E-mail: [quitline@clear.net.nz](mailto:quitline@clear.net.nz)**

**The following agencies provide training programmes relating to the Guidelines for Smoking Cessation:**

**The National Heart Foundation**  
**Phone: Auckland 09 571 9191**  
**Christchurch 03 366 2112**  
**Te Hotu Manawa Māori**  
**Phone: Auckland 09 571 9018**  
**Wellington 04 381 0232**

# Drug Education in Schools



*The Health and Physical Education in the New Zealand Curriculum is the policy framework for drug education and was distributed to schools early in 1999. Many schools provide drug education because it is a component of the mental health key area of learning in the curriculum.*

It is expected that the curriculum will be mandated in 2001 meaning there will be a requirement for all schools to provide drug education. Schools will be aware of this through newsletters and other publications that are distributed to them.

An important feature of the mental health key area of learning in the curriculum is that students be provided with appropriate drug education where they will have opportunities to develop the knowledge, understanding, and skills to make informed decisions in relation to drug use and misuse. These learning experiences will also enable students to develop strategies and safety procedures for avoiding, minimising or managing risk situations.

To help schools further, *Drug Education: A Guide for Principals and Boards of Trustees* was distributed in May 2000. This guide supports the direction of the health and physical education curriculum.

Funding of \$950,000 has been allocated this financial year for drug education professional development for

schools that reflects the direction of the mental health key area of the health and physical education curriculum and also the drug education guide. Four contracts have been let which provide national coverage and the programmes are now under way.

The professional development programmes will provide support and information for principals, boards of trustees, and teachers when developing health education programmes that include policies, procedures and drug education. The professional development will also assist schools to provide programmes that reflect their local community needs that can be integrated into school practices and classroom programmes that offer ongoing education and support to students and their families.

#### For further information contact:

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## National Drug Policy Web Site

*The National Drug Policy Web site*  
**<http://www.ndp.govt.nz> is now online.**

The Web site is a central resource for all those working in the tobacco, alcohol, illicit and other drug fields as well as being a resource for others, such as members of the public wanting information about this area. It contains information from the government agencies that make up the Inter-Agency Committee on Drugs as well as non-Government agencies working in the field.

The site is administered by the Ministry of Health as part of its role providing secretariat services to the Inter-Agency Committee on Drugs and Ministerial

Committee on Drug Policy. The site will be regularly updated and will include:

- Inter-Agency Committee on Drugs and Ministerial Committee on Drug Policy meeting minutes and papers
- *Drug Policy Update*
- documents and information relating to alcohol, tobacco, cannabis, other illicit drugs and other substances
- relevant links.

#### For further information about the Web site please contact:

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# Electronic Mailing List for the Alcohol and Drug Field **Subscribe now!!**

An alcohol and drug e-mail list has been set up to enable individuals to communicate via e-mail with other alcohol and drug professionals in New Zealand. It is intended to promote communication between people working in related fields.

## What would you use it for?

- To share the results of an evaluation.
- To let others know that you are currently involved in a new piece of research.
- To request assistance with a professional query.

It can be used for anything of interest to the professional alcohol and drug community.

You can subscribe in either of these two ways:

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