

Drug Policy Update

Kaupapa Ārai Whakapōauau

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Editorial

In December 2001 I commented on the disturbing rise in the abuse of amphetamine-type stimulants (ATS) and that the growing availability of methamphetamine was reflected in the number of illicit laboratories being detected by the police (29 at the time). Since then, the number has risen to more than 130.



Hon Jim Anderton, Chair of the Ministerial Committee overseeing the National Drug Policy.

In response to this growing problem I recently announced the Government's intention to introduce harsher penalties for those caught making or possessing methamphetamine and four similar drugs. This announcement was just one of a number of Government statements on drugs and alcohol misuse made just before Christmas. These signalled the intention of this Labour Progressive Government to take action to protect New Zealanders, particularly young New Zealanders, from the effects of drug and alcohol misuse. They also emphasised the whole-of-government strategy which has the support of a range of ministers and departments.

This support has resulted in a Ministerial Action Group which I lead as Associate Health Minister along with Justice Minister, Phil Goff. Other ministers include Education Associate Minister, Lianne Dalziel; Police Minister, George Hawkins; Youth Affairs Minister, John Tamihere; Customs Minister, Rick Barker; and Health Associate Minister, Damien O'Connor.

This group has called for an Action Plan from a variety of government agencies including ALAC, Corrections, Customs, Education, Health, Justice, Police and Youth Affairs. The Action Plan outlines approximately 30 projects being undertaken or proposed by agencies and has been sent to Non-Government Organisations for consultation. Their responses have recently been received, and the Ministerial group will make further announcements in the next few months, building on those given prior to Christmas.

Those prior statements included looking at the excise paid on Alcopops, the release of the latest report on youth drinking statistics, the awareness campaign on drink spiking, the success of needle exchanges, as well as the reclassification of methamphetamine and the classification of four similar drugs.

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This newsletter is available on the National Drug Policy website www.ndp.govt.nz and the Ministry of Health website



What is harm minimisation?

New Zealand's National Drug Policy (Ministry of Health 1998) is based on the harm minimisation framework. The policy document states that:

'The National Drug Policy's overall goal, as far as possible within available resources, is to minimise harm caused by tobacco, alcohol, illicit and other drug use to both individuals and the community.'

The policy aims to reduce the effects of harmful substance use through a balance of:

- supply control (limiting the availability of drugs through regulation and law enforcement)
- demand reduction (reducing people's desire to use drugs through education and primary prevention)
- problem limitation (reducing the negative consequences of drug abuse through treatment or social programmes).

Concept of harm minimisation

Harm minimisation is an approach to drug policy which focuses on reducing any harm arising from drug use without necessarily eliminating use. Harm minimisation policy should lead to an overall net reduction in health, social and economic harm from drug use.

Harm minimisation does not dictate a particular legal, preventive or treatment approach. Prohibition, legalisation, abstinence or responsible drug use are all legitimate harm minimisation approaches.

Harm minimisation is a pragmatic public health and societal welfare-based policy. It accepts without moral judgement the fact that some forms of drug use will probably always occur in our society. It recognises that different harm reduction approaches are appropriate for different drugs, people and situations.

The problem of HIV/AIDS and its spread by injecting drug users in the 1980s is recognised as the catalyst for the conceptualisation of harm minimisation and a rise in related interventions.

Benefits of the broad harm minimisation framework include a comprehensive strategy covering legal and illegal drugs, aligned with the public health approach of focusing on patterns of drug use across the whole population. A harm minimisation focus also facilitates more readily achievable goals, and recognises the broad societal consequences of drug-related harm.

Problems with harm minimisation centre around misconceptions of its nature. It does not imply safety, but reduced risk. It is also, incorrectly, seen as generally condoning or facilitating drug use, and preventing prohibition or abstinence approaches.

For more information:
<http://www.ndp.govt.nz/>

Ground-breaking tobacco prosecution sends strong warning

The Ministry of Health broke new legal ground in December when it prosecuted a major tobacco company and a retailer. The case is the first successful prosecution of a tobacco company under the Smoke-free Environments Act 1990. They were responsible for illegally discounting cigarettes, one of the most serious breaches provided for by the Act and carries a maximum penalty of \$50,000.

Effective drug education

In late 2002, the Ministry of Youth Affairs sought proposals for a literature review and analysis of evidence to identify best practice and key messages for drug education for young people. The best tender was identified in January. Work is currently under way and is due to be finished by late June.

The Ministry of Youth Affairs will lead and co-ordinate the review (in consultation with the Ministries of Education, Health and Justice and ALAC) to contribute to the following outcomes:

- reduced alcohol and drug use, particularly by young people
- increased understanding about what constitutes effective drug education

- increased uptake of effective drug education by schools and communities
- increased understanding about drugs and their economic and social costs
- identification of gaps in service delivery and research.

The project will consist of the following phases:

2002/03: Information Gathering and Analysis

Undertake a national/international literature review identifying evidence-based best practice and key messages for drug education for young people (in and out of schools), families and communities that not only raise awareness, but also result in sustained behaviour change.

2003/04: Resource Development

- develop guidelines for effective evaluation of drug education
- develop standards for effective drug education
- develop criteria for purchasers of drug education to use when deciding which programmes best meet their needs.

2004/05: Publish Standards and Guidelines and Develop Options for Community Pilots

- publish guidelines, standards and criteria developed during 2003/04
- develop options for pilots in selected communities to develop and introduce appropriate key messages and initiatives for their young people, families and the wider community.

Policies informing this work are:

- National Drug Policy (Ministry of Health)
- Youth Development Strategy Aotearoa (Ministry of Youth Affairs)
- Health and Physical Education Curriculum (Ministry of Education)
- Drug Education Guidelines for Schools 2000 (Ministry of Education)
- General Violence Strategy (Ministry of Justice).

Tobacco manufacturer Imperial Tobacco Limited pleaded guilty to being a party to an offence whereby a Porirua retailer supplied tobacco products at a reduced charge in a promotion at a Cannons Creek store in May 2002.

It was fined \$5000 plus court costs in the Porirua District Court. The retailer pleaded guilty to supplying discounted cigarettes for the purposes of its business and was convicted and ordered to pay court costs.

Smoke-free officers visiting the Cannons Creek store in May witnessed a promotion involving the sale of certain brands of cigarettes at 50 cents less than the usual retail price. Lower socioeconomic areas are at a higher risk from this type of marketing than other areas. Residents suffer disproportionately greater ill health and early death due to smoking-related diseases than those living in other areas.

Price often influences young people and poorer people in particular in deciding whether to take up smoking.

Reclassification and action plan for methamphetamine

In the past three years the prevalence of methamphetamine in New Zealand has increased dramatically along with police and customs seizures of the drug.

In the past three years police have encountered an increasing number of clandestine methamphetamine production labs. During that time the rate of arrests and incarcerations on methamphetamine-related offences has increased dramatically. All these indicators point to the rise of methamphetamine as a drug of serious concern in New Zealand.

In response to the problem two courses of action have been followed: reclassification of methamphetamine as a Class A drug and the development of an action plan on methamphetamine by interested agencies.

In June 2002 police wrote and presented a paper to the Expert Advisory Committee on Drugs (EACD) proposing a change to the classification of methamphetamine that will give police powers to search and seize without a warrant. The EACD made a recommendation to the Minister to reclassify methamphetamine as a Class A drug. Cabinet agreed to this and announced its intention to reclassify methamphetamine before Christmas.

To complement the reclassification the National Drug Policy team is leading a working group, consisting of the Police, Ministries of Justice and Social Development, New Zealand Customs Service, Te Puni Kokiri and the National Drug Intelligence Bureau, to develop an action plan to deal with methamphetamine issues with a whole-of-government approach. The Methamphetamine Action Plan is expected to be in operation at the same time that the reclassification comes into force.

Smoke-free Environments Amendment Bill

The Health Select Committee has been considering the Smoke-free Environments Amendment Bill since December 2001.

As part of this process, it held public hearings in Auckland, Wellington, Christchurch and Dunedin to help the Committee decide what measures are most appropriate to protect New Zealanders from second-hand smoke (SHS).

The Committee heard from bar owners, tobacco retailers, casino operators, health advocacy groups, smoke-free officers, suppliers of ventilation equipment and many members of the general public concerned about the health effects of SHS. The theme running through all the public submissions was the need to create a level playing

field so that whatever legislative changes may be made, they will affect all businesses in the same way.

One interesting submission came from a manufacturer of ventilation-filtration systems who demonstrated how well their product can clear smoke out of a two-litre glass bell-jar. As the 'smoke' used in the bell-jar had none of the same properties as cigarette smoke, and the ventilator could operate only once the 'smoke' had stopped being produced, the Committee was sceptical that the product would be useful in the real environment of a smoky bar.

The Health Select Committee is due to report back to Parliament by 27 February 2003 with its proposed changes to the Bill. The Bill has the status of a Private Member's Bill, which limits the times it can be heard in Parliament. Parliament will discuss the proposed legislative changes and decide which, if any, it will pass into law. The commencement dates of any changes would be set to allow ample time for businesses to comply. Implementation of the Act would include public health campaigns.

Drug-assisted Sexual Assault / Drink Spiking

The Police have developed education resources about drug-assisted sexual assault and drink spiking in association with a range of agencies, including the Drug Rape Trust, Rape Crisis, the Hospitality Association, and the Alcohol and Drug Helpline.

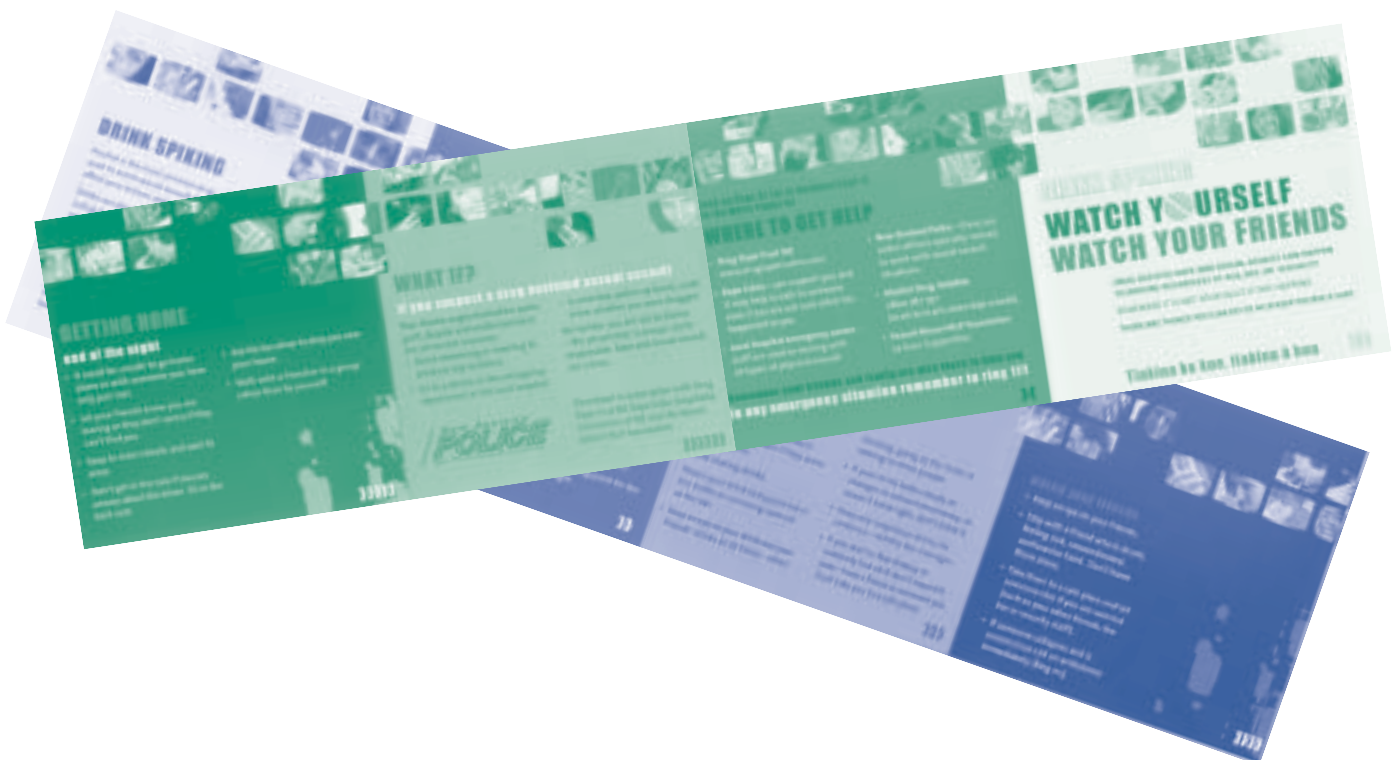
The pamphlet and poster are designed to raise awareness of the issue of drink spiking and drug-assisted sexual assault, and to provide people with information on ways to keep themselves and their friends safe.

The police initiative was largely in response to a reported rise in drug-rape cases, growing public concern, and increasing media coverage of drink-spiking incidents. Drug-assisted sexual assault is a small but growing problem.

In international jurisdictions the frequency of drug-assisted sexual assault has increased in recent years. While there is evidence to show that

similar incidents have also increased in New Zealand the data is inconclusive. It is difficult to make an accurate assessment of numbers because many people do not report these incidents for a variety of reasons. Often confusion or impaired recall following incidents of drug-assisted sexual assault mean that people do not seek assistance for some time after the event, which may limit the potential to collect conclusive forensic evidence. Also, police data collection systems do not allow for clear differentiation of drug-assisted sexual assault cases from other sexual offences. Despite these problems, a search of police records shows that 30 cases were reported in New Zealand in the first four months of 2002. There have also been several high-profile trials involving drug-assisted sexual assault in New Zealand in the last couple of years.

Police Liquor Licensing Sergeants and the organisations that assisted are distributing the resource. For copies, please call Carol Inge at the New Zealand Police. Phone: (04) 470 7335.



WHO medal recognises Health Sponsorship Council

The World Health Organization (WHO) presented an award to the Health Sponsorship Council (HSC) at a special ceremony at Westpac Stadium on 15 November 2002.

The HSC was established under the Smoke-free Environments Act 1990. The Award for 'Outstanding Contribution to Tobacco Control' recognises the HSC's efforts since 1990 to remove tobacco sponsorship from sports in New Zealand.

The HSC is one of only five groups and individuals in the Western Pacific region to receive the 2002 award.

The Associate Minister of Health, Hon Damien O'Connor, welcomed the 50 plus attendees and commented that, 'The WHO Tobacco or Health Medal is not awarded lightly and it is an honour for New Zealand as well as for the Health Sponsorship Council.

'The Award is recognition of the work of the Health Sponsorship Council in replacing tobacco sponsorship and promoting Smokefree sport in this country,' Mr O'Connor said.

The WHO representative for the Western Pacific, Dr Shichuo Li, noted in his address that the HSC 'has worked for more than a decade to promote health and a tobacco-free lifestyle through the use of the nationally recognised brands Smokefree and Auahi Kore.'

Dr Li also acknowledged the work of other agencies such as Crown Public Health, which have implemented strategies promoting Smokefree within large regions of New Zealand. 'This network of supportive agencies is a model others can follow. Tobacco control cannot happen without a co-ordinated and comprehensive effort.'

In almost all aspects of its business HSC favours a collaborative approach, working closely with government, business and community organisations to further the reach and maximise the effectiveness of their sponsorships and campaigns. The impact of health messages is significantly enhanced through these partnerships. Partners include the Ministry of Health, District Health Boards, Cancer Society of New Zealand, New Zealand Police, Land Transport Safety Authority and private companies.

As the HSC's Director, Iain Potter, puts it, 'By working in conjunction with others we provide a consistent message for national promotion. For example, many health bodies working in the area of tobacco control now use the Smokefree and Auahi Kore brands and logos, as developed by HSC – an approach mirrored by SunSmart and Bike Wise.

'Having a consistent concept gives clarity of message.'

'The Award is recognition of the work of the Health Sponsorship Council in replacing tobacco sponsorship and promoting Smokefree sport in this country,'

The Christchurch Youth Drug Court Pilot

The Christchurch Youth Drug Court Pilot (YDC) was established by the Ministerial Taskforce on Youth Offending. It is based on an initiative developed by Youth Court Judge Walker who identified a need to address the link between alcohol and drug use and offending as well as the need to facilitate better service delivery to young people.

The pilot's overall objectives are to:

- improve the young person's health and social functioning and to decrease their alcohol and/or drug use
- reduce crime associated with alcohol and/or drug use
- reduce criminal activity.

The underlying philosophy of the drug court movement is therapeutic jurisprudence and, when applied to the drug court model, it is: *'the use of the Court and the sanctions available to it in conjunction with treatment programmes to effect a reduction in reoffending ... It is a new role for a Judge attempting to change*



behaviour and acting in a preventative way by intervention' (Judge John Walker 2000).

The drug court model is based on an interagency approach and aims to facilitate the young person's treatment process with a view to reducing further offending and improving general functioning. The YDC is voluntary for the young people identified as suitable candidates and they can elect to go back to the Youth Court at any time.

Alcohol and drug screening for potential participants started on 15 February 2002 and is regularly conducted on site by Youth Speciality Service clinicians on Youth Court list days. The first YDC sitting was on 14 March 2002.

To examine both the processes and indicative outcomes of the YDC pilot, an evaluation process is under way. The evaluation is divided into two phases. A process evaluation is being undertaken to examine how the YDC processes work in practice. To identify the longer-term situation of the young people who participated in the pilot a follow-up assessment is proposed that will examine the status of the young people twelve months after they complete or exit the pilot.

Timeline for Publication of Evaluation Reports:

July 2003	Process Evaluation Report
October 2004	Follow-up Assessment Report

Expert Advisory Committee on drugs

The Misuse of Drugs Amendment Act 2000 established the Expert Advisory Committee on Drugs (EACD) to provide expert advice to the Minister of Health regarding drug classification issues.

The Act now requires the 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'
- a **high** risk of harm should be scheduled as 'Class B'
- a **moderate** risk of harm should be scheduled as 'Class C'.

The EACD has 10 appointed members:

Dr Bob Boyd (Chair)
Dr Stewart Jessamine
Det Insp Gary Knowles
Mr Andrew Coleman
Mr Keremete Warbrick
Dr Keith Bedford
Dr Tim Maling
Dr Douglas Sellman
Dr Helen Moriarty
Dr Geoffrey Robinson.

Procedure for drugs to be considered

For drugs referred to the EACD, the Secretariat (housed in the Ministry of Health) prepares a preliminary paper for consideration by the committee, which is circulated to members before each meeting. The EACD considers the paper and provides its expert advice. Final papers are then produced to provide the basis for the advice to the Minister of Health. The timeframe for each paper depends on the particular issues raised by the EACD for each drug. For example, the EACD may decide further information on a particular issue needs to be gathered and incorporated into the paper

before its advice to the Minister is finalised. The Act requires the EACD to advise the Minister of Health on a range of specific criteria for each substance (see Section 4B(2)). Therefore, each paper generally follows a consistent format and includes information and evidence on:

- substance identification
- the drug's similarity to known substances
- current classification (if any)
- proposed classification
- likelihood or evidence of abuse (eg, prevalence of the drug, seizure trends and potential appeal to vulnerable populations)
- specific effects of the drug (eg, pharmacological, psychoactive and toxicological)
- risk, if any, to public health
- therapeutic value of the drug
- potential for death upon use
- ability to create physical or psychological dependence
- international classification and experience of the drug in other jurisdictions
- other matters
- references.

The EACD meets three to four times each year. EACD recommendations and reports are posted on the National Drug Policy website www.ndp.govt.nz when finalised and approved by the Minister of Health.

Public submissions

Interested parties can lodge written submissions on a particular drug. The National Drug Policy website www.ndp.govt.nz has a list of drugs being considered by the EACD. Interested parties are welcome to lodge written submissions with the Secretariat about any particular drug being considered. However, the

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Editorial

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The reclassification of methamphetamine will be considered by the Health Select Committee this year. It will not only mean harsher penalties for those making or possessing methamphetamine but will also ensure that police have greater powers of intervention when they suspect methamphetamine is being manufactured, sold or used. This is particularly important given the risks that clandestine laboratories pose to the community in the production of unstable and volatile chemicals.

Methamphetamine, however, is not the only danger to our youth as shown by the second Ministry of Justice statistical report on the possible effects of lowering the minimum drinking age. The overall conclusion of the report was that the timeframe is still too short for conclusive analysis. However, the report noted that disorderly behaviour by those under 20 has continued to increase and that the issue of binge-drinking by youth needs to be addressed.

It has been three years since our law was changed and I am hopeful that the next Ministry of Justice report will be able to produce a more

conclusive analysis on the effects of lowering the minimum drinking age. I note that in the US where the age was lowered to 18 and then raised again to 21, it was done based on controlled studies that began to appear about five years from the initial law change. These studies showed adverse effects of drinking age reduction particularly in increases in alcohol-related crashes among young drivers. The traffic indicators here are unclear and show differing trends: some up, as in the case of increased prosecutions for excess alcohol, and some fluctuating as in the case of alcohol-related crashes.

What is clear is that this report presents statistics representing only a partial picture of the likely impact of lowering drinking age and it is imperative to obtain a full picture to inform us on this policy. It is my personal view that the drinking age should not have been lowered and that it has had an adverse impact on too many young New Zealanders. I would like, however, to base this personal position on fact. To that end, I will be advocating that we continue to seriously monitor and evaluate both domestic and international research into the effects of lowering drinking age so that by 2005 we have a clear picture based on evidence rather than emotion.

Expert Advisory Committee On drugs

Continued from page 8

EACD would appreciate evidence-based submissions that are consistent with the criteria outlined above. Interested parties may also propose that the EACD considers a particular drug (or class of drugs) that has not previously been put forward. Written submissions on a drug, or proposals that a drug be considered, can be sent to:

The EACD Secretariat
National Drug Policy Team
Public Health Directorate
Ministry of Health
PO Box 5013
WELLINGTON

Select Committee consideration

Before any law change is made regarding the classification status of a drug it must be approved by Parliament. This process allows for Parliamentary Select Committee consideration of the recommended change, and gives interested parties a further opportunity to express their views.

Needle and syringe exchange programme saves lives



New Zealand's needle and syringe exchange programme saves lives, \$35 million in treatment costs and limits problems associated with drug use.

An independent review, carried out by the Centre for Harm Reduction in Melbourne, calculates that the scheme has saved New Zealand more than \$35 million in treatment costs since it was launched in 1987. It says the scheme has helped prevent 20 deaths from AIDS and more than 2000 cases of HIV/AIDS and hepatitis C.

The report, released in December, said New Zealand has one of the lowest prevalences of HIV infection among injecting drug users in developed nations. An estimated 15,000 to 26,000 people use the exchange programme in New Zealand every year.

There has been a gradual decline in the prevalence of needle-sharing among New Zealand's injecting drug users since the 1980s.

One of the strongest recommendations in the report was to remove the anomaly of possession of injection equipment being an offence under the Misuse of Drugs Act 1975 while a defence exists under the Health (Needles and Syringes) Regulations 1998.

This is already a Ministry of Health work project and plans are in place to move towards a legislative change in the future.

The report can be viewed on the Ministry of Health's National Drug Policy website:
www.ndp.govt.nz

Stopping the importation of MDMA

New Zealand is experiencing a worrying worldwide trend in the use of amphetamine-type substances such as MDMA, methamphetamine and other illegal drugs.

In December, Customs Service staff and other law enforcement agencies intercepted approximately 600 grams of the Class B drug MDMA, also known as ecstasy. The number of ecstasy seizures continues to rise. In 2002, Customs and the Police seized the equivalent of more than 255,000 MDMA tablets. This compares with 83,488 tablets in 2001 and only 9,352 in 2000. The size and frequency of the importations suggest the involvement of sophisticated international drug trafficking syndicates.

Although facing a wide range of concealment tricks and methods of importation Customs staff and investigators are catching an increasing number of traffickers at the border.



Health Board To Ban Smoking

Smoking will be banned from Waitakere Hospital grounds from this September. The Waitemata District Health Board is placing the ban at all its sites in Waitakere City, North Shore and Rodney. Other smokefree health boards have similar policies.

4th International Conference on Drugs and Young People

Globally, drug use and the harms associated with use have become a major concern. The 4th International Conference on Drugs and Young People is a timely opportunity to discuss the growing prevalence of illegal drug use, what we know about the harm and consequences, and what action we can and should be taking.

This conference provides a unique opportunity for everyone interested in understanding the impact of alcohol and other drugs on the lives of young people. The emphasis is on charting a course for the future in order to prevent or reduce alcohol and other drug-related harm.

The conference will include sessions relating to alcohol and other drug use patterns and cultures, alcohol and other drug prevention/health promotion; alcohol and other drug education/training; early intervention; alcohol and other drug treatment; research; policy; and legal issues. Presentations will be in a variety of formats, including interactive formats such as debates, panel discussions and storytelling.

Keynote speakers include:

- Dr Sue Bagshaw (New Zealand), President of the International Association for Adolescent Health (IAAH)
- Mr Niall Coggans (Scotland), Department of Pharmaceutical Sciences at the University of Strathclyde School of Pharmacy, Scotland
- Professor Mason Durie (New Zealand), of Ngati Kauwhata and Rangitane iwi affiliations, Head of the School of Māori studies, Massey University, New Zealand

- Fuimaono Karl Pulotu-Endemann (New Zealand), Pacific Health Consultant, Wellington
- Associate Professor Wendy Loxley (Australia) – National Drug Research Institute (NDRI), Australia.

The conference is 26–28 May 2003, at the Wellington Convention Centre, Wellington, New Zealand. It is being held by the Centre for Youth Drug Studies and the Australian Drug Foundation, in conjunction with the Alcohol Advisory Council of New Zealand, together with sponsoring and collaborating partners.

For further information or enquiries regarding the conference, please contact the:

Conference Secretariat

Po Box 818

North Melbourne Victoria 3051

Australia

Telephone + 61 (03) 9278 8101

Email: events@adf.org.au

Internet: <http://www.adf.org.nz>



Visit The National Drug Policy Website www.ndp.govt.nz

The website is a central resource for all those working in the tobacco, alcohol, illicit and other drug fields as well as being a resource for 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 organisations working in the field. The Ministry of Health maintains the site as part of its role in providing secretariat services to the Inter-Agency Committee on Drugs and Ministerial Committee on Drug Policy. The site will be updated regularly 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 website please contact:

Martin Doyle, Ministry of Health

Phone: 04 460 4945 Fax: 04 496 2340

E-mail: martin_doyle@moh.govt.nz

Interesting Websites



www.drugscope.org.uk

An independent British centre of expertise on drugs. Includes clearly expressed information on most aspects of drugs.

www.ndp.govt.nz

New Zealand's national drug policy. Links to relevant committees, agencies and non-government organisations.

www.who.int/en

World Health Organization. Items include tactics of tobacco industry in Latin America and the Caribbean.

www.worldbank.org

Papers on the economics of tobacco, including recent ones on Zimbabwe, Turkey and China. Good links to other sites.

Subscriptions

To receive future copies of this newsletter please send or fax your name, organisation, address, email address, phone number and number of copies required to:

Martin Doyle
Public Health Directorate
Ministry of Health
PO Box 5013
Wellington

Fax: (04) 495 4479

Email: martin_doyle@moh.govt.nz

Feedback Welcomed

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 Martin Doyle at the address above.

Freshen up the details

Because of the number of people on the mailing list for *Drug Policy Update*, one or two contact details are changing all the time. Please help us by making sure we've got your name, position, address correctly recorded (especially if you have replaced someone).

Also, please let us know if there is a colleague in your organisation who would be interested in receiving *Drug Policy Update*. If you have any changes of details or new people to go on the circulation list, please email: martin_doyle@moh.govt.nz