

The Illicit Drug Problem in New Zealand

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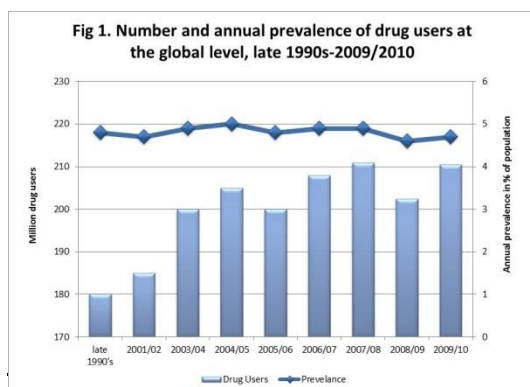
1. INTRODUCTION

Drug-related problems can have a significant impact on individuals, families and whanau, communities and society as a whole. The costs, including treatment, education, service provision, enforcement and custodial care, can be measured in financial terms, but the personal and emotional costs on the lives of individuals and the people around them are immeasurable.

Globally, prevalence rates for illicit drug use have remained constant for the last two decades. New Zealand is not exempt from the global trends and is at the forefront of some of the collected statistics, particularly in the use of cannabis and methamphetamine. This document is intended to inform and educate on the current state of illicit drug use in New Zealand and to compare these trends against global metrics.

2. A GLOBAL PROBLEM

Despite increased attention to drug demand reduction in recent years, drug use continues to take a heavy global toll. Recent United Nations Office on Drugs and Crimes (UNODC) estimates suggest that in 2009, some 210 million people worldwide (4.7% of the population aged 15 - 64) used illicit drugs at least once in the previous year, and almost 200,000 deaths were directly attributed to this practice.¹ Of the drug users surveyed, about half are



estimated to have been current drug users, that is, having used illicit drugs at least once during the past month prior to the date of assessment.

It has been estimated that the total number of illicit drug users worldwide has increased since the late 1990s, along with the number of problem drug users;ⁱ this is estimated at between 15 and 39 million. However, as shown in Figure 1, the

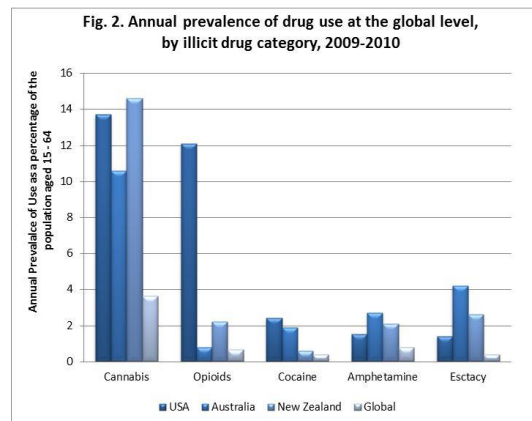
ⁱ While there is no established definition of problem drug users, they are usually defined by countries as those that regularly use illicit substances and can be considered dependent, and those who inject drugs.



annual prevalence of drug users has remained largely stable during 1990 – 2010 at between 4.6 and 5%.ⁱⁱ

Cannabis is by far the most widely used illicit drug type and it was consumed by between 125 and 203 million people worldwide in 2009.ⁱⁱⁱ This corresponds to a global annual prevalence rate of 2.8%-4.5%. Figure 2 show that the developed world contributes heavily to these statistics with some of the highest annual prevalence rate for cannabis usage being reported for New Zealand (7th globally), the United States (9th) and Australia (16th). In terms of annual prevalence, cannabis is followed by amphetamine-type stimulants (ATS; mainly methamphetamine, amphetamine and ecstasy), opioids (including opium, heroin and prescription opioids) and cocaine.

While there are stable or downward trends for heroin and cocaine use in major regions of consumption, this is being offset by increases in the use of synthetic and prescription drugs. Non-medical use of prescription drugs is reportedly a growing health problem in a number of developed and developing countries. Moreover, in recent years, several new synthetic compounds have emerged in established illicit drug markets. Many of these substances are marketed as ‘legal highs’ and substitutes for illicit stimulant drugs such as cocaine or ‘ecstasy.’



Two examples are piperazines and mephedrone, which are not under international control. A similar development has been observed with regard to cannabis, where demand for synthetic cannabinoids (‘spice’) has increased in some countries. Sold on the internet and in specialized shops, synthetic cannabinoids have been referred to as ‘legal alternatives’ to cannabis, as they are not under international control. The control status of these compounds differs significantly from country to country.

Drug use affects not only individual users but harms a wide range of society in a number of direct and intangible ways. The effects of crime, lost output, health service use and other diverted resources resulting from drug use can be measured fiscally; however the effects on families, friends, co-workers and communities are less quantifiable. Children whose parents take drugs are themselves at greater risk of drug use and other risky behaviours. Drugs generate crime, street violence and other social problems that harm communities and contribute to the spread of HIV and hepatitis.

Law enforcement agencies are fully aware that drug abuse and illegal trafficking in drugs are serious problems which must be tackled in Local, National and Global arenas. Within the community, the increasing demand for drug free environments has seen a significant growth in the number of private commercial companies that are able to provide reliable drug detection and identification services which help facilitate the unmet need for interventions that interrupt supply, reduce demand or encourage safe drug use.

ⁱⁱ Annual prevalence refers to the total number of people of a given age range who have used a given drug at least once in the past year divided by the number of people of a given age.

ⁱⁱⁱ Lack of information regarding use of illicit drugs – particularly ATS - in populous countries such as China and India, as well as in emerging regions of consumption such as Africa, generate uncertainty when estimating the global number of users. This is reflected in the wide ranges of the estimates.



3. A NATIONAL EPIDEMIC

3.1. Prevalence in New Zealand

Illicit drug use is widespread in most industrialised countries and New Zealand is at the forefront of these statistics. New Zealanders recreational drug use was recorded among 6,500 New Zealanders aged 16–64 years from August 2007 to April 2008 and are detailed in the New Zealand Alcohol and Drug Use Survey.² This survey revealed that, in the previous year, 438,200 New Zealanders had used drugs for recreational purposes; this equates to one in every six adults (16.6%). Other significant findings from the report include:

- Nearly one in two adults (49.0%) had ever used 'any drugs' for recreational purposes in their lifetime (1,292,700 people).
- Young people (16–34 years) were more likely than others to have used 'any drugs' in the past year.
- One in three (34.5%) past-year users of 'any drugs' reported having driven a motor vehicle while under the influence of drugs in the past year.

One in every six New Zealand adults (16.8%) had used drugs for recreational purposes.

The two illicit substances identified by Police that cause the greatest amount of harm in New Zealand are cannabis and amphetamine.³ As shown in Figure 3, New Zealand has an annual prevalence of cannabis use of 14.6% (for 2008) which is 7th highest in the world and exceeds most western nations including the US, Canada and Australia.¹ Similarly, the prevalence rate for amphetamines (2.1%) is 5th highest in global terms. With the exception of cocaine (0.6%, 56th), New Zealand's prevalence rates for other illicit drug types are all in the top 12 of all nations surveyed *i.e.* ecstasy (2.6%) 4th and opioids (1.3%) 12th.



Fig 3. Annual prevalence of cannabis use at the global level, 2009/2010

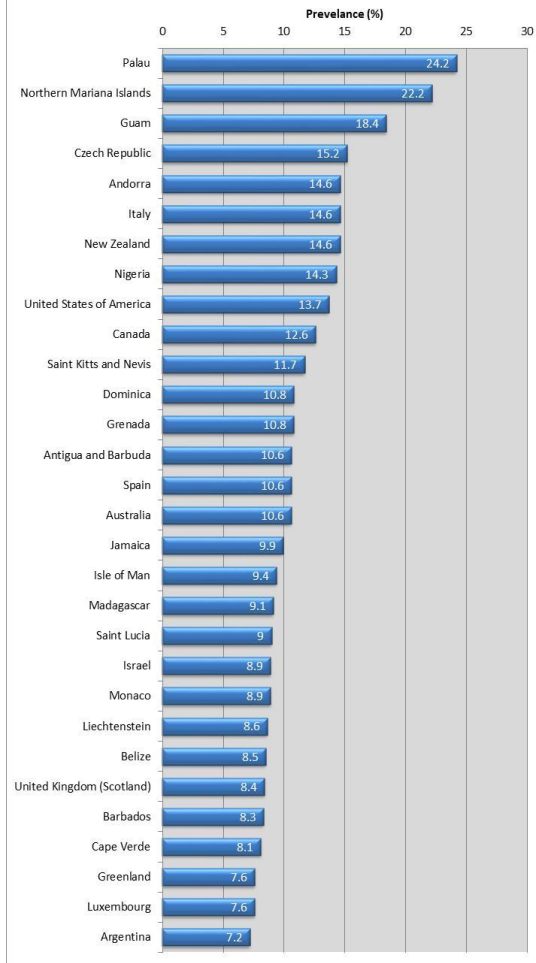
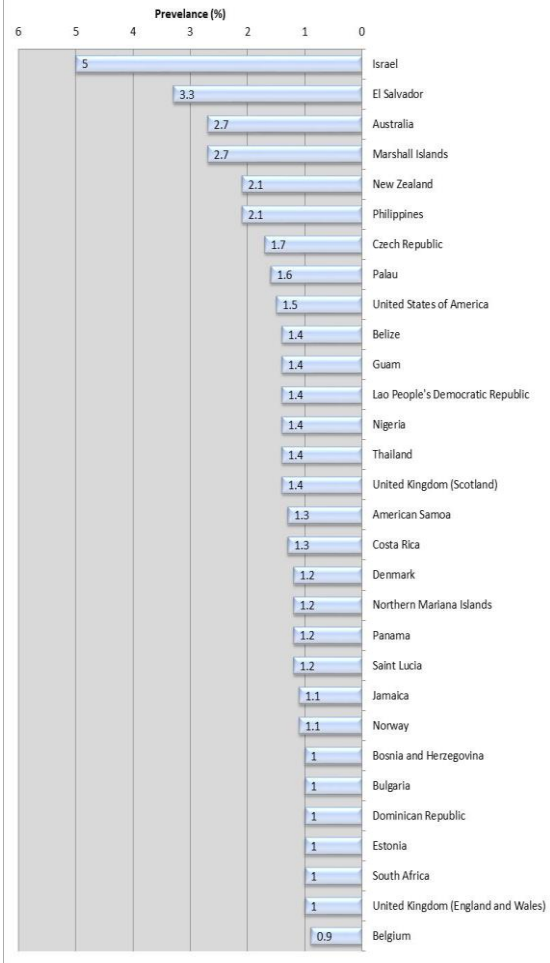


Fig 4. Annual prevalence of amphetamine use at the global level, 2009/2010



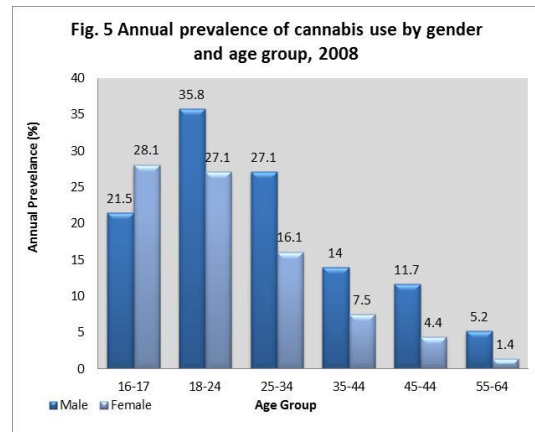
Illicit drug use in New Zealand is characterized by high prevalence rates, notably for cannabis and amphetamines type stimulants.



3.2. Prevalence by Drug Type

Cannabis

For New Zealand, the latest information on cannabis use dates from 2008, when the annual prevalence was estimated between 13.4% and 15.7% of the population aged 16-64. As commonly observed among the adult population, men (21%) were more likely to have used cannabis in the past year than women (13.9%) and usage was highest among younger age groups and decreased with increasing age. The highest past year use prevalence was among men in the 18-24 year age group and for women in the 16-17 and 18-24 year age groups.²



Drug production in New Zealand is primarily limited to the cultivation of the cannabis plant, for local consumption. The amounts of drugs seized in New Zealand tend to be very small by international standards and in 2009 seizures of cannabis herb in New Zealand amounted to only 759 kg. Seizures of cannabis herb continued to decline over the 2005-2009 period and account for just 0.02% of the world total – far less than the share of the population in the global total (0.5%). This is surprising as New Zealand has one of the world’s highest cannabis use prevalence rates.

Cannabis use prevalence was highest among men in the 18-24 year age group and for women in the 16-17 and 18-24 year age groups.

Amphetamines

The prevalence of amphetamines-group substances in New Zealand is among the highest in the world; 2.1% of the population aged 16-64 had used amphetamine in the past year (2007/2008).² As part of the drug use monitoring among arrestees in New Zealand (NZ-ADAM), amphetamines were reported as the second most common drug (10%) after cannabis, followed by methamphetamine (9%) among those tested for drug use in 2008.⁴ In contrast to Australia, methamphetamine use figures seem to be still rising in New Zealand.

The prevalence rate of amphetamines-group substances in New Zealand (2.1%) is among the highest in the world and is increasing.

Amphetamine type stimulant (ATS) production has started to gain prominence over the last decade. This is mainly methamphetamine and, to a lesser extent, ecstasy. There has been a corresponding increase in methamphetamine production during the past ten years which



has recently stabilised. The number of clandestine laboratories dismantled by Police increased from 5 in 1999 to 211 in 2006. This increase has stabilised since 2006, with 190 clan labs being dismantled in 2007, and just 133 and 135 in 2008 and 2009 respectively. Further increases in the number of laboratories might be recorded in 2010 due to the increased efforts of the Government of New Zealand to tackle methamphetamine.⁵

The 2007 Illicit Drug Monitoring System linked the growth of methamphetamine production to an increase in violent offending and dishonesty offences. Arrestee Drug Abuse Monitoring data⁶ indicates that a methamphetamine user earns on average \$5,623 from crime each month. Methamphetamine production is also strongly linked to organised crime and is therefore addressed by the Police Organised Crime Strategy.

Ecstasy

Oceania (primarily Australia and New Zealand) has the highest prevalence of ecstasy use in the world, the annual prevalence of 'ecstasy' use among the population aged 16-64 in New Zealand ranged from 2% to 3%, or an estimated 67,000 people which reported having used 'ecstasy' in the previous year (2007/2008).

Ecstasy use in New Zealand remains high

Cocaine

Cocaine use in New Zealand appears generally stable following strong increases over the 2003-2006 period. The latest information on cocaine use (2008), estimates that 0.6% of the population aged 16-64 had used cocaine in the year prior to the survey. The highest annual prevalence of cocaine use (1.8%) was found among youth aged 25-34.⁴

Opioids

According to New Zealand's 2007/08 Alcohol and Drug Use Survey, 1.1% of adults aged 16-64 had used an opioid in the past twelve months. This included heroin and non-medical use of prescription painkillers such as morphine. During the survey period, the non-medical use of prescription painkillers (1%) was much higher than the use of opiates (0.1%).² The prevalence of communicable diseases among opioid users was significant with HIV seroprevalence among injecting drug users in New Zealand reported at 1.6%, whereas hepatitis C virus (HCV) seroprevalence is 70%.

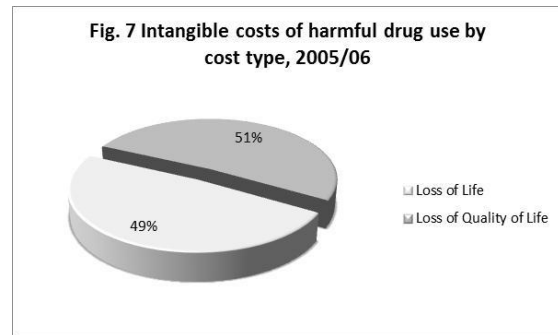
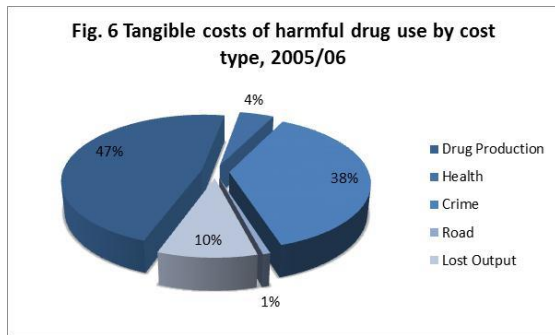
Prescription opioids constitute the main problem in New Zealand, while the use of heroin is limited.

3.3. Social Cost to New Zealand

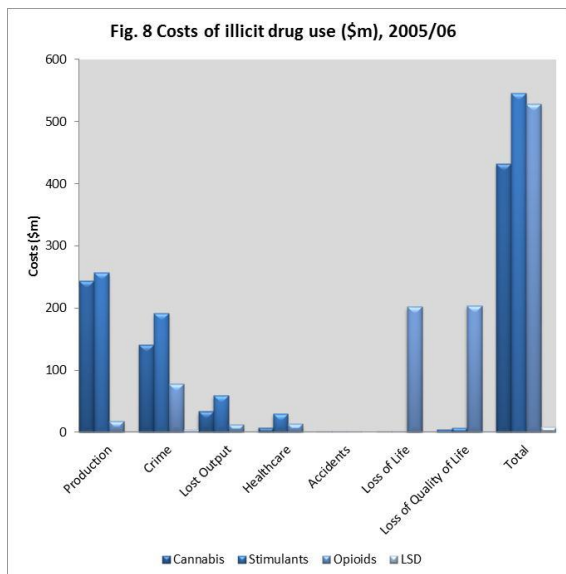
In a report commissioned by the New Zealand Police, Berl estimated the cost of harmful drug use in New Zealand in 2006, to be \$1.31 billion.⁷ This is equivalent to nearly one per cent of New Zealand's GDP. This figure included \$1.09 billion of tangible resource costs and



\$217 million of intangible psychological costs, the make-up of these figures is detailed in Figures 5 and 6.



The cost of harmful drug use in New Zealand in 2006 was \$1.31 billion.



Illicit drug production cost the country \$519 million and related crime cost us \$414 million. A further \$106 million was attributable to lost output due to illicit drug use and \$53 million resulted from drug-related health care and road smashes. In addition, the intangible costs to society were estimated at \$205 and \$218 million for Loss of Life and Loss of Quality of Life respectively. In Figure 8, the contribution each drug type makes to the total social costs is shown.

The most common harmful effects expressed by past-year drug users in the New Zealand Alcohol and Drug Use Survey were the harmful effects on financial position (10.8%),

friendships or social life (8.5%), home life (8.4%), work, study or employment opportunities (6.5%) and having had one or more days off work or school (7.2%). Overall, about one in five (18.6%) past-year drug users had experienced harmful effect in the past year due to their drug use.²

Over one third of social costs ~ 36% (\$546 million) is due to the use of illicit stimulants, such as P/methamphetamine and cocaine, and this representing a tangible cost for the “user” of \$2635 per user in 2006 (Table 1). Despite being the most used drug in New Zealand, the social cost of cannabis use was estimated at only \$431 million. Cannabis is not as



intrinsically damaging as other illicit drugs such as opioids or LSD, and therefore has a lower cost per kilogram’ and lower ‘social cost per user’, but the total social cost of cannabis use is high because of its widespread use. Although opioids and stimulants were two of the most harmful illicit drug types causing \$1.1 million and \$403,000 harm per kilogram, LSD has the potential to cause over \$1 billion of harm per kilogram. Because LSD is used in only small amounts per occasion it attracts a relatively low cost per user.

Other findings of this survey include

- Men who took drugs were absent from work about 70% more days than abstainers, and women 20 per cent more days.
- Male cannabis users took about 8 per cent more sick days than the average male worker and opioid users took 40 per cent more days.

Table 1. Harm per kilogram and per user by drug type, 2005/06

\$ drug harm		Cannabis	Opioids	Stimulants	LSD
Per kilogram		\$11,790	\$1,074,130	\$403,470	\$1,054,900,000
Per user	Tangible costs	\$1,676	\$8,322	\$2635	\$213
	Intangible costs	\$19	\$13864	\$36	\$52
	Total social costs	\$1,694	\$22186	\$2671	\$260

4. REFERENCES

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² Drug Use in New Zealand; Key Results of the 2007/08 New Zealand Alcohol and Drug Use Survey

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³ New Zealand Police Illicit Drug Strategy to 2010.

http://www.police.govt.nz/resources/2009/NZ_Police_Illicit_Drug_Strategy_2009.pdf

⁴ Hales J and Manser J., Annual report 2008- New Zealand Police NZADAM, Health Outcomes International Pvt. Ltd., October 2008.

⁵ *Monthly Illicit Drug Assessment*, National Drug Intelligence Bureau (NDIB), Wellington, January 2010.

⁶ New Zealand Arrestee Drug Abuse Monitoring (NZ-ADAM) Annual Report 2006

<http://www.police.govt.nz/resources/2007/nzadam-annual-report/>

⁷ Business and Economic Research Limited (BERL) New Zealand Drug Harm Index (Report prepared for the New Zealand Police, Wellington, 2008) <http://www.berl.co.nz/754a1.page>