

Auckland Regional Public Health Service

Rātonga Hauora ā Iwi o Tamaki Makaurau



Working with the people of Auckland, Counties Manukau and Waitemata

Auckland Regional Public Health Service

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7 June 2006

National Drug Policy
Submissions
Ministry of Health
PO Box 5013
Wellington

Submission from the Auckland Regional Public Health Service on the National Drug Policy 2006–2011 Consultation Document

1. Thank you for the opportunity for the Auckland Regional Public Health Service to provide a submission on the National Drug Policy 2006–2001 Consultation Document.
2. This submission represents the views of the Auckland Regional Public Health Service (“the Service”). The Service provides public health services for the three district health boards in the Auckland region (Auckland, Counties Manukau and Waitemata District Health Boards), with the primary governance mechanism for the Service resting with Auckland District Health Board. This submission represents the views of the Service and does not necessarily represent the views of the three District Health Boards.
3. The Service understands that all submissions will be available under the Official Information Act 1982, except if grounds set out under the Act apply.
4. The primary contact point for this submission is:

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Introduction

1. A reduction in the incidence and impact of tobacco and alcohol related harm is one of the areas covered in the Service's 2004/07 Strategic Plan. The importance that the Service places on tobacco and alcohol related harm is reflected in the identification of a reduction in the incidence and impact of tobacco and alcohol related harm as one of six 'vital few' outcomes that the Service's work will be focused on in its 2006/07 Service Delivery Plan.
2. The Service will be giving effect to this focus through the following work programmes:
 - legislative and contractual duties under the Sale of Liquor Act and Smoke-Free Environments Act,
 - work to reduce the incidence of liquor abuse in clubs in the Auckland region,
 - work to reduce smoking prevalence in low-decile schools in the Auckland region, and
 - collaborative and coordinated work with other agencies to reduce alcohol- and tobacco-related harm.
3. The Service's submission focuses on the general structure and format of the proposed policy and also some specific considerations for tobacco and alcohol. The Service does not provide any services related to illicit drugs and as such does not have any specific comments on those issues. Nor does the Service provide treatment for individuals affected by tobacco or alcohol and accordingly the Service does not have any comments to make on the policy in the area of social or personal support services.

Overall Structure of the National Drug Policy 2006–2011

4. The Service supports the general ideas and aim of the Policy. The actual National Drug Policy 2006–2011 Consultation Document ("the Policy"), however, is not as clear and compelling as it should be. The Service believes the Policy has a confused structure. It is unclear whether or not the main purpose is to produce a policy, a strategic plan or an action plan. Though some actions are identified, the Policy seems to rely on further, more specific, documents being produced.
5. The Service believes that the Policy needs to include information setting out how successful or unsuccessful the previous National Drug Policy 1998–2003 was in achieving its policy objectives. The Policy contains some information on recent achievements; however this type of information is not presented in a comprehensive or appropriately evaluated format. Past performance needs to be rigorously interrogated as a fundamental means of informing and refining future actions. This should be the starting point from which the 2006–2011 policy proposal is developed.

6. The Service feels that there is a gap between the objectives and action points, which could be filled by setting targets, either in this document or specific strategies that stem from it (for example, *Clearing the Smoke*¹ already contains targets with specific, measurable, achievable, relevant and time bounded parameters).
7. The Service believes that the Policy should be presented in a more logical cascading structure, namely:
 - an overall goal,
 - objectives to achieve the goal, separated into the four 'pillars' of supply control, demand reduction, problem limitation and monitoring progress²,
 - within each 'pillar' targets designed to provide measurable expectations from the policy actions and to provide for post implementation evaluation of the policy's effectiveness, and
 - within each 'pillar' action points for specific actions to achieve the targets.
8. If necessary, the action plans that are mentioned in the Policy could serve to outline the lower two levels (targets and action points), rather than including them in this document.
9. Such a framework would make it possible to assess whether or not the 2006–2010 National Drug Policy has been successful. The Service recommends that the indicator framework is aligned with other measurement frameworks such as those developed for long-term council community plans or the Service's own second State of Public Health in the Auckland Region report³.
10. Aligning indicator measurement frameworks where possible will both reduce the cost to individual agencies of collecting relevant data and also help provide an environment that encourages differing agencies to take an intersectoral approach in dealing with their particular area of interest.

Overarching Goal

11. The Service supports the overarching goal of the Policy with two qualifications.
12. The Service recommends that consideration be given to adding environmental harm to the health, social and economic harms listed in the objective. Environmental damage is more than a subset of economic harm and could include damage to native bush from illicit drug cultivation or environmental clean up costs imposed on local authorities after licit and illicit drug use.

¹ *Clearing the Smoke: A five-year plan for tobacco control in New Zealand 2004–2009.*
[http://www.moh.govt.nz/moh.nsf/0/AAFC588B348744B9CC256F39006EB29E/\\$File/clearingthesmoke.pdf](http://www.moh.govt.nz/moh.nsf/0/AAFC588B348744B9CC256F39006EB29E/$File/clearingthesmoke.pdf)

² The Policy refers to three pillars, however, the Policy introduces a fourth pillar of; information collection, research and evaluation, and monitoring.

³ *Improving Health and Wellbeing: A Public Health Perspective for Local Authorities in the Auckland Region*, number 2 in the State of Public Health in the Auckland Region series of reports. This report is due for public launch on 16 June 2006.

13. The Service also believes that there is a potential risk that the goal of harm reduction could be used as an argument to introduce to the New Zealand market new products that cause harm. For example, the hypothesis that oral tobacco products are less harmful than smoked tobacco products and reduce health, social, economic and environmental harms should not be accepted as contributing to the overarching policy goal or to the relevant policy objective, as it will be impossible to limit such products to pre-existing tobacco users.

Objectives

14. The Service supports the objectives contained in the Policy. The Service believes that an additional objective to reduce social supply (see below) should be included.

Action Points

15. The action points contained in the Policy need a large amount of modification. There is a mix of specific and general actions, with specific items usually concerning illicit drugs and vague actions covering licit drugs. This mixture of specific and general detracts from the impact of the Policy and will make gauging the success of the next five-year policy more difficult than it should be.
16. The Service recommends the following options for the actions points be considered:
 - Remove the action points with the expectation that they will be covered more thoroughly in the subdocuments (e.g. *National Alcohol Strategy*) (see above),
 - Separate the action points into categories. They could be divided by whether or not the actions are continuations of existing actions or new ones.
 - Separate the illicit and licit drug action areas.
 - Prioritise the action points within the Policy's four broad strategy areas.
17. If the action points are retained, there should be a more explicit linkage between the proposed action and the evidence for this action. The Service has concerns that some of the demand reduction actions (namely "conduct health promotion in schools and other education settings" and "disseminate information and resources about drug-related harm, and how it can be prevented or reduced") are not backed up by solid evidence, and may not be the best way to spend resources.

Monitoring Progress and Indicators

18. The Service notes the comments made in the Policy around monitoring progress. The Service believes that with the current Policy wording there is a risk that much of the five-year span that this document covers will be spent developing plans, rather than delivering action to reduce harm associated with licit and illicit drug use. The Service is concerned that the wording of this section states that action plans will be developed to implement the strategies and to achieve the objectives of the Policy. This wording implies that these plans will need to be developed from scratch. The reality is that the majority of these plans will already exist in documents that sit under the current National Drug Policy, e.g. National Alcohol Strategy.
19. The only plans that should need to be developed are those for new initiatives contained within the Policy. For example planning should be taking place now to counter the emerging issue of tobacco smuggling⁴, in the event that the proposed private members bill from Hone Harawira is successful⁵. Pre-existing plans may need some amendment to ensure that they can be assessed against appropriate indicators in an outcomes-based framework.
20. The Service has already commented on its belief that an appropriate indicator measurement framework needs to be in place (see comments under overall structure). The Service welcomes the addition of information collection, research and evaluation, and monitoring as a key pillar of the Policy. In particular, the Service would like to encourage work on filling gaps in current data collection, particularly around alcohol-related harm.
21. The Service recommends that the work on information collection directly links back to the objectives of the Policy. One way to achieve that would be by developing a monitoring framework that would allow progress checks to be made throughout the life of the Policy, not just at the end.

Prioritisation

22. It is unclear which aspects of the Policy are the most important and will be implemented first. This is particularly true for the action points under each area. As the Policy is designed to “provide a framework for identifying where the greatest drug-related harms are occurring and for guiding decision making about the best means for addressing those harms”, an analysis of the interventions that will be most effective and efficient (cost effective) should be undertaken to give guidance on prioritisation.
23. The Service is unsure whether or not there is a specific ordering to the objectives. If an order is desirable, the Service would advocate continuing to have tobacco-related objectives near the top, as this is the greatest cause of preventable disease.

⁴ Researchers estimate that some 30 percent of internationally exported cigarettes, or about 355 billion cigarettes, are lost to smuggling. This represents some 6.5 % of all cigarettes sold, and is a far higher percentage than most consumer goods that are internationally traded. Joossens L, Raw M. “Cigarette Smuggling In Europe: Who Really Benefits?” *Tobacco Control*, 1998;7:66-71. See also *Curbing the Epidemic : Governments and the Economics of Tobacco Control*, 1999, The World Bank, Washington D.C, Chapter 5, available on <http://www1.worldbank.org/tobacco/reports.htm> .

⁵ See also the “Smokers’ Choices Bill” proposed by SmokeLess New Zealand Inc which aims to lift the ban on commercial oral tobacco products (repeal section 29(2) Smoke-free Environments Act) - details available on <http://www.smokeless.org.nz/choicesbill.htm>

Social Supply

24. The issue of social supply of alcohol and tobacco does not appear to be addressed in the Policy. The primary method of obtaining these drugs for minors is social supply, particularly through parents and older friends and siblings. For example, the Youth Drinking Monitor⁶ of 2003 found that 29% of 14- to 17-year-olds who drink (or about 18% of all 14- to 17-year-olds) obtained their alcohol from friends who were 18 or older.
25. The Service believes that the issue of social supply should be contained within the policy objective of preventing or delaying uptake of tobacco and alcohol. The omission of social supply targets and action points from the “supply control pillar” is a serious flaw in the Policy. The Service recommends that the Policy be amended to include targets and action points around reducing the social supply of alcohol and tobacco.

Local Government Involvement

26. Under the Local Government Act 2002, the Sale of Liquor Act 1989 and other legislation, territorial and regional councils have a mandate to promote the social, economic, environmental, and cultural wellbeing of their communities, in the present and for the future. Apart from where Local Government NZ is listed as a member of the Inter-Agency Committee on Drugs, the significant role and influence of local government is largely overlooked in this document. This omission is important as local government may play a crucial role in some of the actions.
27. In addition, any information collected for monitoring purpose should be available at the local government level as well as at the district health board one. This will allow local authorities to monitor their progress towards achieving goals set out in long-term council community plans.

Treaty of Waitangi

28. The Policy is silent on government’s Treaty of Waitangi responsibilities. There is no obvious demonstration as to how government’s Maori health strategy has been used to inform and develop the Policy. This omission is disappointing given the harm that licit and illicit drug use inflicts on Maori.
29. The Service recommends that the Policy transparently demonstrates how the proposed policy and associated actions links both back to government’s pre-existing Maori health strategy and looks forward to delivering significant health gain to Maori.

Conclusion

30. Although the Service believes that the Policy is flawed in several areas, the Service is supportive of the aim of systematically reviewing and planning the next five year’s programmes in order to reduce the harm flowing from licit and illicit drug use.

⁶ Alcohol Advisory Council of New Zealand Youth and Alcohol 2003 Youth Drinking Monitor
<http://www.alac.org.nz/InpowerFiles/Publications/CategorisedDocument.Document1.1036.076fda93-1b4f-4240-a3b2-84211de35b32.pdf>

31. The Service believes that the robust consultation process that government is using to develop the National Drug Policy 2006–2011 provides an opportunity to create a sound, evidence-based, rational and coherent strategy that will shape society's efforts to achieve the overarching goal of preventing and reducing the social and economic harms that are linked to tobacco, alcohol, illicit and other drug use.

Yours faithfully

A handwritten signature in black ink, appearing to read 'm. briggs', written over a horizontal line.

Monica Briggs
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Auckland Regional Public Health Service