

Drug Law Reform Policy

Key Principles

1. Drug policy should be rational and based on credible and scientifically-valid evidence.
2. Drug policy should recognise that:
 - a) There can be adverse health, social, environmental, and economic consequences from the use of drugs for both individuals and society.
 - b) Not all drug use is abusive or problematic.
 - c) Some individuals in society will choose to use drugs, regardless of their legal status.
 - d) Drug-related harm disproportionately impacts some groups, including tangata whenua.
 - e) Prohibition of drugs can cause more harm than it prevents.
3. Drug policy should have a primary focus on reducing harm and improving public health instead of trying to punish users.
4. Drug addiction is a medical and social problem and should be treated as such.

Specific Policy Points

1. Create a context that prevents drug-related harm

Drug use does not occur in a vacuum. Empowering communities and creating a fairer society and an economy that works for everyone will help reduce drug-related harm, as will a reduction in family violence and more assistance to those struggling with cultural disconnection, personal and relationship issues.

Many Green Party policies are therefore relevant to the prevention of drug-related harm, including [Economic](#), [Income Support](#), [Justice](#), [Education](#), [Kaupapa Māori](#) and [Youth Affairs](#) policies.

2. Implement high quality health promotion approaches

Policy Positions

- 2.1 Ensure that evidence-based and age-appropriate drug education is available through schools.
- 2.2 Make non-judgemental, evidence-based information about drugs is available through health services and at point of sale.

3. Reducing harm

Policy Positions

- 3.1 Instruct the Ministry of Health to develop integrated, effective legislation in order to:
 - a) Reduce harm and cost to society, individuals, and the environment from drug use and abuse; and
 - b) Enhance people's capacity for informed choice.
- 3.2 As a short term measure, urgently implement the recommendations of the Law Commission's 2011 review of the Misuse of Drugs Act.

4. Implement other harm reduction measures

Drug policy should always be guided by harm reduction. Availability of utensils should be controlled through the same framework used for regulating drugs themselves. Utensils themselves can be a tool for harm reduction.

Policy Positions

- 4.1 Support policies to minimise harm caused by drug use – for example needle and syringe exchange schemes, and provision of sites where injecting drug use can be supervised and people can have their drugs tested and checked.
- 4.2 Ensure that effective overdose treatments are available.

5. Drug addiction and other problem use

Policy Positions

- 5.1 Treat drug addiction as a medical and social problem, by implementing and sufficiently resourcing approaches that are found to be the best to reduce the suffering of people with addictions and other problematic use. This could include, but not be limited to:
 - a) Cessation programmes e.g., smoking cessation programmes for people with tobacco addiction;

- b) Supply of maintenance doses of the drug of addiction e.g., the British system used for people with heroin addictions between the 1920s and 1980s;
- c) Substitution programmes;
- d) Improved availability and cultural sensitivity of alcohol and drug rehabilitation services;
- e) Innovative programmes that provide help rather than punishment for people with drug problems, such as the Alcohol and Drug Court.

5.2 Integrate drug addiction programmes across the health and social system.

6. Cannabis-specific initiatives

The Green Party believes that the potential health risks associated with cannabis use are best addressed through a legal, regulated cannabis market. This regulated market would learn lessons from the regulation of currently legal drugs such as alcohol and tobacco, which arguably have more significant health risks than cannabis.

A. Cannabis for personal use

Policy Positions

- 6.1 Make cannabis legal for personal use, such that:
 - a) Possession and personal use of cannabis and/or cannabis products will no longer be illegal and consideration given to wiping previous criminal convictions for these offences;
 - b) Cultivation for personal use will no longer be illegal within legislated limits;
 - c) New Zealand can assess the evidence from overseas jurisdictions with legal cannabis markets to determine which model best minimises harm;
 - d) New Zealand should also ensure any model adheres to the principles of te Tiriti o Waitangi; and
 - e) A legal age limit for personal cannabis use will be introduced.
- 6.2 Review the current drug-driving laws to ensure that there is appropriate deterrent to drive while impaired, while upholding human rights.
- 6.3 Provide education on the harmful effects of heavy and prolonged usage and the risks to mental and emotional wellbeing from cannabis use for certain individuals alongside support to address harmful consequences.
- 6.4 Specifically include cannabis in the provisions of the Smokefree Environments Act.

B. Medical cannabis

Policy Positions

- 6.5 Support the development of a legislative framework for the legal use of cannabis for medicinal purposes.
- 6.6 Remove penalties for any person with a terminal illness, or chronic or debilitating condition to cultivate, possess or use cannabis and/or cannabis products for therapeutic purposes, provided they have the support of a registered health practitioner. This exemption would also apply to any immediate relative or other nominated person for a person with such a diagnosis, for the sole purpose in terms of administering or supplying cannabis or its related products to the person.
- 6.7 Accelerate the process by which medical cannabis products are licensed for use by directing MedSafe to consider the establishment of category-based classes for common compositions of medical cannabis products. This would expedite accreditation for cannabis-based medicines whose chemical compositions are commonly recurrent, and streamline the approval process for medicines seeking to apply for PHARMAC funding.
- 6.8 Encourage MedSafe to carry out extensive ongoing monitoring of any new and approved cannabis-based medicines to ensure that they meet acceptable standards of safety, quality and efficacy; and that health practitioners have reliable information about the selection and safe use of these products when prescribing them.
- 6.9 Lower barriers for manufacturers to submit new cannabis products for funding applications to PHARMAC so that evidence can be quickly gathered for the efficacy of particular cannabis-based medicine classes, and manufacturers of cannabis-based medicines have timely and high-quality advice regarding what is sought and what is working.

7. Alcohol-specific initiatives

Policy Positions

A. Alcohol limit for driving

Drivers with higher blood-alcohol levels are more likely to be involved in a fatal crash than ones with lower blood alcohol.

- 7.1 Keep the blood alcohol limit at 50mg per 100 ml for adults aged 20 and over (which is the currently-recognised medical definition of intoxication).

B. Alcohol advertising

- 7.2 Phase out all broadcast, billboard and print (excluding point of sale) advertising of alcoholic beverages, and sponsorship by alcohol brands.
- 7.3 Increase funding for sponsorship funds to fill the gap left by phasing out alcohol sponsorship.

C. Health information

- 7.4 Require accurate health information to be displayed on all alcohol products, including evidence-based health warnings on alcohol containers.

D. Off-licenses

- 7.5 Set a minimum price per standard drink for alcohol in order to stop the sale of alcohol as a loss leader.
- 7.6 Require training to be given to supermarket tellers around the sale of alcohol products.
- 7.7 Require supermarkets and general stores that sell alcohol to display it in a separate space from other groceries, so that shoppers are not forced to pass by the alcohol section on the way to other parts of the supermarket.
- 7.8 Allow shops that are too small to maintain a separate space to sell alcohol from a price list, not display shelf.

E. Licensing Trusts

- 7.9 Support the establishment and continuation of licensing trusts, so long as encouraging responsible attitudes to alcohol is part of their mission statement.

F. Alcohol taxes

Estimates of the costs of alcohol abuse to our country range from \$4 billion to \$8 billion per year. Excise tax on alcohol currently raises \$0.75 billion per year. The rest of the cost of alcohol abuse to society is already being paid by all New Zealanders, much of it through general taxation. In addition, there is strong evidence that heavy drinkers respond to high prices by drinking less, which in turn reduces harm.

- 7.10 Replace the current alcohol tax regime with a tax that is directly proportional to the quantity of pure alcohol in a drink. (Currently wine is only taxed per litre of alcohol if it has an alcohol content of more than 14%, lower alcohol levels are taxed on total volume of the drink).
- 7.11 Progressively raise the rate of alcohol tax to cover a greater proportion of the costs incurred to the government and society through alcohol abuse.

G. Purchase age for alcohol

- 7.12 Keep the purchase age for alcohol at 18.
- 7.13 Strongly enforce the current law for the illegal sale and supply of alcohol to minors.

8. Tobacco-specific initiatives

The Green Party is strongly committed to the Smokefree Aotearoa goal. This is a goal that by 2025 fewer than 5% of New Zealanders will be tobacco smokers.

Policy Positions

- 8.1 Achieve the Smokefree Aotearoa goal by:
 - a) Further extension of the Smokefree Environments Act.
 - b) Plain packaging of tobacco products.
 - c) Further taxation increases.
 - d) Other restrictions on the supply side, such as a register of approved tobacco retailers.
 - e) Innovative approaches to working with at-risk groups such as young Māori women
- 8.2 Support evaluating other options if these are required to reach the Smokefree Aotearoa goal. This could include assessing and regulating non-tobacco based nicotine products, such as e-cigarettes, according to harm-reduction principles, weighing up the potential to help people stop smoking against the potential for them to lead to harm by enabling more nicotine consumption.

9. Miscellaneous substances

The Green Party recognises that we have entered a new age in which specific, individuated regulation for new psychoactive substances cannot keep pace with the advancements and modifications made by producers. It is thus impractical to regulate individual substances by their specific chemical composition, and a more nuanced approach that utilises evidentiary licensing bodies like the Psychoactive Substances Regulatory Authority (PSRA) to measure actual harm is needed.

Policy Positions

- 9.1 Require all manufacturers of recreational psychoactive substances to go through the PSRA's licensing process and establish their harmfulness before deciding whether to allow their products to be sold in New Zealand.

- 9.2 Task the PSRA with monitoring recreational drugs that have been approved for sale, so that reliable evidence can be collected about ongoing harm from drug use, and the wider social impact of a drug's availability can be counted in an evaluation of its harmfulness.
- 9.3 Protect and expand the Vote: Health budget so that alcohol and drug treatment programs are strengthened and diversified, protected against tightening DHB budgets, and more readily available to those who need them, wherever in New Zealand they may live.