

Drug Law Reform Policy

The Green Party will use an evidence-based, harm minimisation approach to drug law in place of criminal prohibition on one hand and commercial privileges on the other (such as for alcohol). Current approaches do not reduce drug use, but cause more harm to our communities. The Green Party supports an overhaul of the Misuse of Drugs Act 1975, accessible and affordable addiction services, a legal and regulated cannabis market, and other harm reduction measures, including education.

Vision

An evidence-based legal framework to promote and deliver health, wellbeing and informed agency where people may choose to use substances.

Values and Principles

Decisions relating to drug law reform must be consistent with the following values and principles:

- *Honour Te Tiriti o Waitangi*: Drug policy should be co-designed with Māori, under a Te Tiriti o Waitangi framework, and promote the rights and interests of whānau, hapū and iwi.
- *Ecological Wisdom*: The environmental impact of some drug production should be recognised in drug law reform.
- *Social Responsibility*: Substance-related harm should be treated as a health issue, with a focus on root causes and equity.
- *Appropriate Decision-Making*: Drug policy should be rational and based on credible and scientifically valid evidence.
- *Non-Violence*: Drug policy should have a primary focus on improving public health and reducing harm, not on punishing users.

Strategic Priorities

The Green Party's strategic goals include:

"As a Party we strive to create a more connected, compassionate and equal Aotearoa, free from structural biases that discriminate against groups and individuals."

Actions in this policy that will help achieve this include:

- Treat substance addiction as a health 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. (3.1)
- Require the Ministry of Health to develop integrated, effective, evidence-based legislation and regulation to reduce harm and cost to society, individuals, and the environment from drug use and abuse, and enhance people's capacity for informed choice. (2.1)

- Support policies to minimise harm caused by drug use – for example, needle and syringe exchange schemes, and safe consumption spaces. (2.3)
- Legally regulate cannabis for personal use (...). (4.1)
- Phase out all broadcast, billboard and print (excluding point of sale) advertising of alcoholic beverages, and sponsorship by alcohol brands. (4.14)

Connected Policies

This policy is strongly connected to our [Health](#) Policy. 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](#), [Household Livelihoods](#), [Justice](#), [Housing](#), [Education](#), [Kaupapa Māori](#) and [Youth](#) Policies.

Policy Positions

1. Implement high quality health promotion approaches

Issues

We have clear local evidence that the majority of New Zealanders will try both legal and illegal substances by the time they are out of their teens. Criminal prohibition has prevented evidence-based, harm-reduction education and information being available, especially to our young people.

Actions

- 1.1. Ensure that evidence-based and age-appropriate drug education is available through schools.
- 1.2. Make non-judgmental, evidence-based information about drugs, including alcohol, available through health services and at the point of sale.

2. Reducing harm

Issues

The Misuse of Drugs Act 1975 employs an anti-evidence, punitive approach to even low-level offending. This criminalisation produces a disproportionate harm, particularly for Māori.

Actions

- 2.1. Develop integrated, effective, evidence-based legislation and regulation to reduce harm and cost to society, individuals, and the environment from drug use and abuse, and enhance people's capacity for informed choice, which recognises that:
 - 2.1.1. There can be adverse health, social, environmental, and economic consequences from the use of substances (including alcohol) for both individuals and society;
 - 2.1.2. Not all drug use is abusive or problematic;
 - 2.1.3. Some individuals in society have always chosen to use substances, regardless of their legal status;

- 2.1.4. Substance-related harm disproportionately impacts some groups, including tangata whenua; and
- 2.1.5. Criminal prohibition of substances causes more harm than it prevents.
- 2.2. As a short-term measure, urgently implement the recommendations of the Law Commission's 2011 review of the Misuse of Drugs Act 1975.
- 2.3. Support policies to minimise harm caused by drug use – for example, needle and syringe exchange schemes, and safe consumption spaces..
- 2.4. Ensure that effective overdose treatments are easily accessible.

3. Drug addiction and other problem use

Issues

Criminal prohibition of many substances creates a barrier to seeking help, and significant stigma associated with drug addiction, which potentially compounds barriers to people seeking help. All of this is a matter of having the political will to change. A long-standing lack of human resources means that a large proportion of people with addictions want help but can't get it, and many end up in prison.

Actions

- 3.1. Treat substance addiction as a health 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, including:
 - 3.1.1. Cessation programmes such as smoking cessation programmes for people with tobacco addiction;
 - 3.1.2. Regulated, medically-supervised supply to people experiencing addiction, with wrap-around support;
 - 3.1.3. Substitution programmes;
 - 3.1.4. Targeted, accessible and culturally responsive alcohol and drug rehabilitation services, with long-term support; and
 - 3.1.5. Innovative and Tiriti-based programmes that provide help rather than punishment for people with drug problems, such as Northland's Te Ara Oranga.
- 3.2. Ensure that substance-harm treatment programmes are strengthened and diversified, protected against tightening health service budgets, and more readily available to those who need them, wherever they may live.
- 3.3. Integrate drug addiction programmes across the health and social system.

4. Substance-specific initiatives

Issues

The criminal prohibition approach currently used to address cannabis use is punitive and more likely to exacerbate the potential health risks and social harms, rather than encourage appropriate use.

At the same time, Aotearoa New Zealand has a harmful and problematic drinking culture that is socially condoned, despite heavy alcohol use causing disproportionate harm. High blood-alcohol levels contribute to fatal car crashes, mental health crises, and many other negative impacts that cost our country more than \$7bn per year.

Actions

A. Cannabis

- 4.1. Legally regulate cannabis for personal use, such that:
 - 4.1.1. Te Tiriti o Waitangi is upheld;
 - 4.1.2. Possession and personal use of cannabis and/or cannabis products is no longer illegal and previous criminal convictions for these offences are expunged;
 - 4.1.3. Cultivation for personal use is no longer illegal within legislated limits;
 - 4.1.4. Evidence from overseas jurisdictions with legal cannabis markets is assessed to determine which model best minimises harm; and
 - 4.1.5. A legal age limit for personal cannabis use is introduced.
- 4.2. Review the current drug-driving laws to ensure that there is an evidence-based deterrent to driving while impaired, while upholding human rights.
- 4.3. Provide education on the harmful effects of heavy and prolonged usage and the risks to mental, physical and emotional wellbeing from cannabis use for certain individuals, alongside support to address potential harmful consequences.
- 4.4. Specifically include cannabis in the provisions of the Smokefree Environments Act.
- 4.5. Improve the regulatory framework for medicinal cannabis to ensure accessibility and affordability for patients.
- 4.6. Remove penalties for any person with a medically-determined reason to cultivate, possess or use cannabis and/or cannabis products for therapeutic purposes, provided they have the support of a registered health practitioner.
- 4.7. Accelerate the process by which medical cannabis products are licensed for use, including by directing MedSafe to consider establishing category-based classes for common compositions of medical cannabis products.
- 4.8. 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.
- 4.9. Remove unnecessary 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.

B. Alcohol

- 4.10. 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).
- 4.11. Keep the purchase age for alcohol at 18.
- 4.12. Strongly enforce the current law for the illegal sale and supply of alcohol to minors.
- 4.13. Require accurate health information to be displayed on all alcohol products, including evidence-based health warnings on alcohol containers.
- 4.14. Phase out all broadcast, billboard and print (excluding point of sale) advertising of alcoholic beverages, and sponsorship by alcohol brands.
- 4.15. Create a fund to support the phase-out of alcohol advertising and sponsorship in sport.
- 4.16. Set a minimum price per standard drink for alcohol in order to stop the sale of alcohol as a loss leader.
- 4.17. Require alcohol retailers to minimise the overt display of alcohol.
- 4.18. Support the establishment and continuation of licensing trusts, but only if encouraging responsible attitudes to alcohol is part of their mission statement.
- 4.19. Replace the current alcohol tax regime with a tax that is directly proportional to the quantity of pure alcohol in a drink.
- 4.20. Progressively raise the rate of alcohol tax to cover a greater proportion of the costs incurred to the government and society through alcohol abuse.

C. Other substances

- 4.21. Achieve the Smokefree Aotearoa goal, including by:
 - 4.21.1. Extending the Smokefree Environments Act; and
 - 4.21.2. Funding innovative approaches to working with groups where smoking rates are disproportionately high, such as for Tagata Moana and Māori.
- 4.22. Establish mandatory regulatory systems for all novel recreational psychoactive substances, and monitor any harm caused by their availability.
- 4.23. Ensure vaping regulation restricts youth uptake through evidence-based policy.