



Psychoactive Substances Bill Health Committee

The Salvation Army (New Zealand, Fiji and Tonga Territory) Submission

1. BACKGROUND

- 1.1 The Salvation Army is an international Christian and social services organisation that has worked in New Zealand for over one hundred and thirty years. The Army provides a wide-range of practical social, community and faith-based services, particularly for those who are suffering, facing injustice or those who have been forgotten and marginalised by mainstream society.
- 1.2 We have over 90 community ministry centres and churches (corps) across the nation, serving local families and communities. We are passionately committed to our communities as we aim to fulfil our mission of caring for people, transforming lives and reforming society by God's power.¹
- 1.3 This submission has been prepared by the Social Policy and Parliamentary Unit (SPPU) of The Salvation Army. This Unit works towards the eradication of poverty by encouraging policies and practices that strengthen the social framework of New Zealand.
- 1.4 In preparing this submission, SPPU have consulted with national executive leadership staff from our **Salvation Army Addiction Services Programme**. The Salvation Army Addiction Services Programme works with people around drug and alcohol addictions. We have 14 The Salvation Army Addiction Services Centres across New Zealand. The Salvation Army Addictions Services provided treatment for 5503 clients in 2012, an increase of 17.3 per cent since 2011.² Our Addictions Services have also been involved in the Hauora Programme, a methamphetamine addiction and rehabilitation programme for one chapter of the Mongrel Mob. Hauora was jointly funded by The Salvation Army and the Government and five programmes have been delivered. The Salvation Army is now awaiting clarification from the Government on the future funding of the programme.
- 1.5 We have also incorporated feedback from the CEO of our **Employment Plus Programme**, which assists disadvantaged people into employment through life skills, work behaviours, educational

¹ <http://www.salvationarmy.org.nz/our-community/mission/>

² <http://www.salvationarmy.org.nz/uploads/file/20130109The%20Salvation%20Army%20Annual%20Report%202011-2012%20web.pdf>, page 10.

credits and vocational skills development. Consequently, we believe we have invaluable feedback and expertise that will greater inform this debate.

- 1.6 This submission has been approved by Commissioner Donald Bell, the Territorial Commander of The Salvation Army New Zealand, Fiji and Tonga Territory.

2. THE SALVATION ARMY PERSPECTIVE

- 2.1 We applaud the rapid progression and development of this Bill. We also acknowledge that this Bill is a good attempt at regulating the synthetic psychoactive substances industry in New Zealand.

However, our primary submission is that the Health Committee should recommend to the Government to comprehensively prohibit the importing, manufacturing and selling of synthetic psychoactive substances.

- 2.2 The harm these substances actually cause for people, and the families and communities they belong to, are deadly serious. This harm and the health, social and economic costs incurred by people who use these substances lead us to strongly advocate that all synthetic psychoactive substances should be prohibited from importation, manufacture and sale in New Zealand. This harm, discussed further in the sections below, is unacceptable and the Government must act decisively in limiting the effect of yet another social hazard adversely affecting many in our communities.
- 2.3 The sections below detail the feedback we have received from our Salvation Army Addiction Services, and Employment Plus Programme staff, regarding synthetic psychoactive substances.

2.3.1 The Salvation Army Addiction Services Programme Feedback

- *The Salvation Army Addiction Services - Christchurch*
 - The synthetic drug of choice for many of their clients is now the 'K2' brand of synthetic cannabis and no longer the 'Kronic' brand of synthetic cannabis.
 - Christchurch staff is reporting that clients seem to face worse withdrawal symptoms and experiences when detoxing from synthetic psychoactive drugs than when detoxing from cannabis use.
 - Staff state they have seen marked increases in the use of synthetic drugs and put this down to the high accessibility and relative affordability of these substances in local shops.
- *The Salvation Army Addiction Services - Manuaku*
 - Staff reports that they do not have the appropriate tests available on-site to test for synthetic psychoactive substances. They are forced to use

- commercial laboratories for tests which incur additional monetary and time costs for staff.
- The staff state that it can take nearly 15 days for a synthetic drug to leave a person's system. This can affect the person's enrolment into the programme because the client has to be at least 7-days substance free before entering the programme. They will also face regular testing during their stay on the programme.
 - Many clients now presenting at the Manukau programme are solely addicted to synthetic psychoactive substances. Staff also report that some heavy synthetic drug users experience bouts of psychosis which greatly concern our staff.
 - People are turning to psychoactive drugs in increasing numbers because the cost is generally cheaper than other drugs.
- *The Salvation Army Addictions Services - Waikato/Midlands (including Detox Services)*
 - Users are very unpredictable in their presenting moods. This is providing difficulty in the middle of the night when clients suddenly wake up and present the support staff with bizarre ideas that come from dreaming during the detoxification phase.
 - The same 'deep and disturbing' focus on minor issues that are all out of proportion to the reality of the situation causes considerable dissension in the residential houses. This makes the management of the service and care of the larger client base much more difficult.
 - We have more families phoning and expressing concern at the ready availability of the synthetic drugs. Their concerns also include their fears that they are easily obtainable by very young people.
 - Families also express concerns at the unpredictable behaviours being exhibited in the home by the users of the synthetic psychoactive substances. These behaviours are mostly out of character for the individuals concerned and do disappear again once the detoxification is completed.
 - *The Salvation Army Addiction Services - Wellington*
 - Clients turn to using synthetic psychoactive drugs because they are easily accessible from local dairies and stores.
 - The Salvation Army Addiction Services Programme is an abstinence focussed addictions programme and clients must be working toward becoming substance free. The current testing mechanisms do not effectively test for these substances on-site. Consequently, it becomes very difficult for staff to monitor and ensure clients are adhering to this 'non-using' requirement in the Programme.

- Wellington staff have commented that addictive dependence on synthetic psychoactive substances is increasing for people using their services.

2.3.2 *Employment Plus Programme (Wellington)*

- *Disruption*
 - Our Employment Plus staff report that clients on their programmes who are using these substances are often disruptive during the programme. This affects the learning and development of the wider employment skills class and the personal development of the client using these substances.
 - Addiction and/or use of these substances can also lead to disruption for the client in the outcome destination they are transitioned to after Employment Plus. The two main outcome destinations for our clients are some form of higher education or further training, or employment. Our staff notes that addiction to these substances can make it very difficult for the client to effectively sustain further education or a job.
 - If a client fails to sustain their new employment, then organisations like The Salvation Army are disadvantaged because some government funding in this area (e.g. WINZ funding) focusses on sustained employment. If a client fails here, The Army will lose out because they have incurred the cost in training and transitioning the client, but on-going funding will be threatened because the client cannot sustain their employment because of addictions to synthetic psychoactive substances.
- *Screening*
 - Staff is unable to screen clients for these types of drugs unless a specific job has a drug screen as part of the application and selection process. Employment Plus staff do not have the training, resources or equipment for this type of screening of clients.
 - We want to note here that there is a gap of knowledge for employment training providers in terms of screening. Many of the major employment sectors like health care, driving jobs and the construction sector have standard screening tests for drugs. But it is likely that many more job areas will soon require drug screening. We urge the Ministry of Business, Innovation and Employment to provide a definitive list of jobs and job areas that require drug screening or similar tests for impairments to a persons' judgement. This information will help employment training providers to prepare their clients for these jobs and assist with addictions to synthetic psychoactive substances, and other illegal substances, if necessary.

2.4 This feedback is merely a snapshot of The Salvation Army's experience with people using and addicted to synthetic psychoactive

substances. There were several challenges to this synthetic psychoactive substances industry in 2011 with several drug brands removed from stores. But manufacturers have re-branded and re-constituted their substances to circumvent bans and again sell their products.

The Salvation Army Addiction Services, Employment Plus and other social programmes are daily facing the consequences of addiction to these substances and the flow on effect of these addictions into the addict's family and community.

- 2.5 It is baffling to The Army that a plethora of expensive measures, including this legislative process, and the establishment of new foreseeably expensive bureaucracies in the Psychoactive Substances Regulatory Authority, the Psychoactive Substances Expert Advisory Committee, and the Psychoactive Substances Appeals Committee, are being made all in the name of regulating substances that are clearly destroying the lives of Kiwi individuals, families and communities.

Again, we strongly urge the Health Committee to recommend to the Government that all synthetic psychoactive substances are prohibited in New Zealand.

3. RESPONSES TO SPECIFIC AMENDMENTS TO LEGISLATION

- 3.1 Our position of prohibiting the sale of all unregulated synthetic psychoactive substances in New Zealand is stated in Point 2.1. If this position is not followed by the Health Committee and subsequently the Government, then we have made specific responses below to critical parts of this Bill.

3.2 Clause 4

- We submit that greater clarification is needed within this Bill and by the newly developed Psychoactive Substances Regulatory Authority (the Authority) on what is meant by *degree of harm* (clause 4(b)) and *low risk of harm* (clauses 4(a), (c) and (d)).
- Clearer definitions of these terms are critical in any regulation of this industry. Moreover, debate would definitely be needed within the Authority and in the public arena around the definitions of these terms because opinions will likely greatly vary on these terms.

3.3 Clause 11

- We submit that staff from The Salvation Army's The Salvation Army Addiction Services Programme would be valuable assets to the Psychoactive Substances Expert Advisory Committee. We believe that our staff can offer expert clinical advice as well as insight into the direct social ramifications of these substances. We propose that if this Bill passes, that representatives from of our Salvation Army Addiction Services staff might be selected for this committee.

- 3.4 Part 2, Subpart 1
- As aforementioned, we submit that no licences at all should be issued by the Authority for the importation, manufacture and sale of these synthetic psychoactive substances because our main position is all synthetic psychoactive substances should be completely prohibited.
- 3.5 Clause 12
- If this Bill passes, we highlight that pursuant to clause 12, only New Zealand residents can apply for any of the three licenses the Authority can grant. What guarantees can this Authority make to ensure that people living overseas, non-residents or undesirable people do not take advantage of this Bill's licencing provisions by vicariously using New Zealand residents to obtain licenses but not fully be involved in the importation, manufacture or sale of these substances?
 - We submit that the Authority must ensure the application for licenses process is not misused by any parties.
- 3.6 Clause 27
- If this Bill passes, then the Code of Manufacturing Practice under this clause becomes crucial in regulating this industry. We submit that the one-year period until this Code comes into force is too long and we believe a period of no more than 6-months is appropriate.
 - We contend that if this Bill passes, the Code must be established as quickly as possible. The synthetic psychoactive substances industry is very astute and can quickly adjust to government changes and regulations. This is confirmed by the experience since 2011 of these manufacturers re-branding and re-constituting the chemical makeup of their products. This should not continue to happen.
- 3.7 Clause 35
- In Point 3.2 of our submission, we have signalled our contention that what constitutes *low risk of harm* is unclear in the legislation. Greater clarity is vital here, particularly as we tried to illustrate in Section 2 of our submission that we sincerely believe the level of harm caused by this Bill is significant, increasing and destructive.
- 3.8 Clauses 80 to 83
- The regulations that can be passed under clauses 80 to 83 of this Bill primarily cover the matters in clauses 50 to 60 of the Bill.
 - We submit these regulations are absolutely crucial in the regulation of this industry. We point to clause 83 in particular and the sections around the methods of sale, signage, display and health warnings.
 - We submit that if this Bill passes, the Authority must make clear and robust regulations from this Bill particularly around the sale, packaging, signage and health warnings of these

products. We have consistently stated in this submission that the ease of access is a major contributing factor to many of our clients' problems with these substances.

- We believe that these regulations should consistently enforce the intent, purposes and key elements of the original Bill. Too often regulations are too isolated from the original Act that it is meant to compliment.
- We propose that key performance indicators or expectations of these regulations should be placed on the Authority to ensure the public can hold the Authority accountable to the regulations that are developed.
- As always, regulations are only as effective as their enforcement and if this Bill passes, enforcement is typically vital.

4. CONCLUSION

It is our sincerest contention that these substances need to be prohibited, rather than regulated. These synthetic psychoactive substances, if regulated through the passing of this Bill, will be yet another social hazard that is already, and will continue, to cause significant harm in our communities. We submit that the Health Committee should act decisively and bravely to sanction this entire industry and reduce greater harm for vulnerable people.

If this Bill passes in its current form, then we have submitted above that the key parts of this Bill, particularly the regulations and the licencing process, need greater clarification and strict enforcing.

We hope that our primary submission of prohibition over regulation is followed. Thank you for the opportunity to respond to this Bill.

Major Campbell Roberts
National Director, Social Policy and Parliamentary Unit
The Salvation Army New Zealand, Fiji and Tonga
+64 27 450 6944 | + 64 9 261 0883 (DDI)
campbell_roberts@nzf.salvationarmy.org