The New Zealand Government Inquiry Into Mental Health And Addiction's recommendations on substance use: some reflections from the science perspective

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ABSTRACT

The New Zealand Government Inquiry Into Mental Health And Addiction recently tabled its final report, including a substantial set of recommendations. Four of these recommendations focused specifically on interventions and policy for psychoactive substance use (including alcohol and drugs). Based on longstanding involvement in science on alcohol- and other drugs-related health and policy, and similar commission efforts, the authors briefly examine and provide comments on these recommendations from a scientific evidence perspective. In sum, the Inquiry’s recommendations provide a good and sensible basis towards improved substance use-related health and reduced harms in New Zealand. Concrete design and implementation of these reforms require thoughtful consideration of key evidence, details and experiences elsewhere, as well as a concerted strive for policy coherence, in order to be successful.

New Zealand’s Government Inquiry into Mental Health and Addiction recently presented its Final Report, containing a total of 40 recommendations.¹ These include a subset of four recommendations (#s 26–29; see Appendix) devoted to substance use-related intervention systems and policy. We briefly comment on these recommendations, primarily from a science-and-policy interface perspective on substance use and health, and active participation in similar system or policy review efforts, in diverse international settings.

We begin our observations by lauding the Inquiry for actively considering and including substance use issues, and related specific recommendations in its primary scope on mental health. While the biological disease concepts of mental and substance use disorders are well-recognised to be fundamentally connected, many systems continue to view, and practically organise and treat, these phenomena as separate entities (or ‘solitudes’).²,³ Such artificial and counterproductive separation can be driven by organisational agendas of resource or ‘turf’ protection. However, scientific data clearly suggests the opposite, as substance use and mental health disorders are strongly associated and commonly co-occur (‘dual diagnosis’) especially in those individuals with severe problems.⁴,⁵ Therefore, generally improved integration and care of these realms is key for system development and outcome progress.⁶

We also applaud the Inquiry’s focus on upstream intervention in relation to alcohol, the most widely used drug in New Zealand, estimated to result in upwards of $7 billion costs per annum.⁷ The Inquiry draws on previous well-evidenced recommendations from the NZ Law Commission, 2010⁸ and subsequent reports on the need to restrict marketing⁹ and increase excise
Marketing for alcohol is ubiquitous, including on social media, and alcohol has become more affordable since the Law Commission report—in 2017 it cost less than three minutes to earn enough to buy a drink of the cheapest alcohol. These recommendations for policy reform, not yet addressed adequately by government, represent the ‘best buys’ (most cost effective) of alcohol control as delineated by the World Health Organization. Taking steps to shape the alcohol environment by cutting back on oversupply, aggressive marketing and extreme affordability are examples of the ‘proportionate universality’ this government recommends: employing the tools which will have most impact while also providing services for those with complex needs. According to the Inquiry report they heard a strong appetite for strengthening alcohol reforms, particularly around decreasing the exposure of young people to alcohol advertising and promotions. They believe the case for change has been made and action on alcohol reform is required, and state the main impediment to stronger alcohol reform is a lack of political will.

The report makes two recommendations towards the reform of current criminal control provisions of personal drug use, specifically with replacement by non-criminal penalties, interventions or treatment, and for these alternatives to be supported by a “full range of treatment and detox services”. These recommendations are overall important and well-advised; their meaningful implementation, however, requires thoughtful consideration of various challenges and potential pitfalls. Crucially, as available information shows, New Zealand urgently requires substantial expansion of evidence-based treatment availability for problematic substance use and related disorders. This includes both the need for diversification of available treatment modalities for different kinds of substance use disorders (eg, psychostimulants), yet also resource expansions to improve basic treatment service access. Such is especially required for rural/remote communities. Given the disproportionate experience of problematic substance use among Māori and the imperative of Te Tiriti o Waitangi, an expansion of culturally sensitive and appropriate services is an urgent need. Progress on this front is primarily a matter of committed governmental resource provision and delivery.

Sensible replacement of criminal sanctions for personal drug use is a more complex challenge for several reasons, most of which have differentially played out in related experiences of other systems. An essential challenge for meaningful reform is that criminal sanctions of personal drug use are a priori determined by current provisions in the drug control law, ie, New Zealand’s Misuse of Drugs Act. Thus, fundamental and sustained corrections to the status quo of undesired criminalisation of personal use requires change to the law, as otherwise the outcomes are likely both ambivalent and inconsistent. To illustrate: While multiple policy systems have implemented a variety of ‘de facto’-type adjustments to the criminalisation of personal drug use, many of these have resulted in extensive, if often unintended adverse effects. These include the undue provision of ‘discretion’ to criminal justice authorities—mainly but not limited to police—in applying non-criminal over criminal sanctions, with primarily disadvantaged (eg, street-involved or poor, racialised) populations disproportionally subjected to the latter. Similarly in Australia, experiments with ‘civil expiation notice’ schemes for personal cannabis use offenses led to substantial ‘net-widening’ effects. This meant that law enforcement suddenly enforced more cannabis possession offences under the CENs based on much more simplified procedures, however with the consequence of more people ending up entangled in the criminal justice system, many due to fine defaulting.

It is furthermore important to recognise that many people involved with substance use who end up in the tentacles of the criminal justice system do not categorically require, or will not benefit from, ‘treatment’. This can render (commonly well-intended) alternatives like mandatory treatment orders or similar diversion options devised to replace criminal punishment a double-edged sword. Hence, such alternatives ought to be devised based on solid case-by-case assessments, which require relevant knowledge and training for those making relevant decisions. Meanwhile, ‘therapeutic justice’-based interventions like ‘drug treatment courts’
continue to be sociopolitically popular and promoted even though rigorous empirical assessments concerning—especially sustained—impacts and benefits are highly limited, and outcome data are equivocal or inconclusive at best.21–25 Such rigorous evaluative data should form the pre-requisite basis for decisions on future programme support or expansions. Moreover, ‘therapeutic justice’ practices in many ways may result in different, rather than fewer, forms of ‘punishment’ for participating offenders.19,26,27 Finally, it is essential to recognise that the ‘criminalisation’ of many individuals with substance use problems does not occur directly through substance use offenses, but rather related deviant behaviors (eg, violence, property/acquisition crime).28,29 Consequently, it is in these areas where corresponding knowledge, analysis and appropriate complementary interventions need to be developed and applied by criminal justice authorities. Meanwhile, the above considerations largely neglect the fundamental fact that a large extent of substance use problems in the population are driven by key social determinants (eg, poverty, lack of housing). Systemically addressing these dynamics naturally requires a primary focus on preventive, systemic ‘upstream’ measures rather than mostly individual adjustments to ‘downstream’ interventions.30–32

In focusing on decriminalising personal use of drugs, the Inquiry is silent on the essential issues of drug supply, which from the alcohol experience are well-established to be among the key drivers of problematic use and use-related harms.30 Among the determinants of substance use problems are commercial determinants, very clear in the case of the alcohol transnational producers and retailers who oppose effective policies, but also a factor in the supply and normalisation of use of other drugs.30 The availability of medicinal cannabis and a referendum on recreational cannabis. Any consideration of decriminalisation of personal use requires a careful consideration of supply issues.

A further recommendation calls for improved cross-sectoral leadership and coordination regarding alcohol and drug policy development in New Zealand. The relevance and timing of this directive is acute, both in the context of a general need for more policy coherence and better integrated psychoactive substance policy within a public health framework as well as major impending policy decisions in New Zealand. As just one preeminent example, possible cannabis control reform towards legalisation and related regulations for use and supply will require careful and sensible harmonisation with respective alcohol control provisions. While possible joint use and related adverse outcomes of alcohol and cannabis should be avoided as far as possible, both substances should be controlled according to their own specific, evidence-based properties relevant for health and social harms while maintaining policy coherence in the overall approach for psychoactive substance control in New Zealand.34,35 Similarly, possible liberalisation of cannabis control ought to consider and be integrated with relevant priorities in the tobacco control realm. There, as just one example, active efforts to protect tobacco users—and others/non-users—from smoking or related harm exposure should be extended (and not be undermined) when regulating potentially legal cannabis use.36,37

In sum, the New Zealand Inquiry has tabled important recommendations to improve health- and justice-oriented substance use interventions and policy in New Zealand. In order to tangibly capitalise on these well-advised directives, it is now essential that primary stakeholders hold the government accountable towards active and comprehensive implementation and delivery. Unfortunately, extra-governmental entities like the Inquiry—especially on marginalized topics like mental health and addictions—commonly receive extensive political or symbolic attention when they occur; however, required action or delivery on recommended system or policy change often lags or experiences neglect. The material health and social burden of mental health and substance use (eg, as partly expressed in the volume of related morbidity, mortality and economic costs) in New Zealand—as in other wealthy jurisdictions—is way too high for the Inquiry’s important recommendations to be neglected.
Appendix

New Zealand Inquiry on Mental Health and Addictions—RECOMMENDATIONS on alcohol and drugs

26. Take a stricter regulatory approach to the sale and supply of alcohol, informed by the recommendations from the 2010 Law Commission review, the 2014 Ministerial Forum on Alcohol Advertising and Sponsorship and the 2014 Ministry of Justice report on alcohol pricing.

27. Replace criminal sanctions for the possession for personal use of controlled drugs with civil responses (for example, a fine, a referral to a drug awareness session run by a public health body or a referral to a drug treatment programme).

28. Support the replacement of criminal sanctions for the possession for personal use of controlled drugs with a full range of treatment and detox services.

29. Establish clear cross-sector leadership and coordination within central government for policy in relation to alcohol and other drugs.

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REFERENCES:


