


**Occupational Health and Men's Health**  
Presented by  
Karen Woolf  
Clinical Nurse Manager



**TriEx**  
A GALLAGHER BASSETT COMPANY

---

---

---

---

---

---

---

---


**NZ Health Statistics**

600-900 people in NZ die each year from work related disease

- 80% are men
- 50% are from cancer
- 10 x number who die from work related trauma/ injury

30,000 work related health conditions

- 6,000 of those hospitalised



**TriEx**  
A GALLAGHER BASSETT COMPANY

---

---

---

---

---

---


---

---

**Healthy Work**

WorkSafe's 10 year strategic plan for work related health (2016-2026)

- Carcinogens, including airborne contaminants and hazardous substances
- Noise at work
- Psychological risks, including work-related stress
- Musculoskeletal risks, including manual handling
- Impairment risks, including fatigue



**TriEx**  
A GALLAGHER BASSETT COMPANY

---

---

---

---

---

---

---

---

### Health monitoring

Identify any changes in a persons health status because of exposure to certain health hazards arising from the conduct of the business or undertaking (GRWM Regs)

- Checks if health of worker is being harmed due to exposures at work
- Aims to detect early signs of ill health or disease
- Can show if control measures are working effectively



---

---

---

---

---

---

---

---

### Effects Work / Health / Work

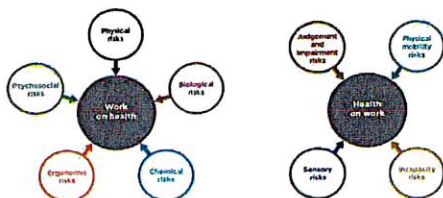


FIGURE 1: Examples of the effects of work on health and health on work



---

---

---

---

---

---

---

---

### Men vs Women's health

In general

- Men have a poorer health status than women
- Men usually have more risk taking behaviours
- Men more likely to have work exposures
- Men are less likely to seek health advice



In NZ mortality data males are more likely to die from

- Coronary heart disease, cancer, transport accidents, intentional self harm



---

---

---

---

---

---

---

---

### Why?

- Lack of knowledge of either services or risk factors
- Lack of motivation or stoic predisposition
- Inappropriate opening times of services
- Inappropriate targeting of interventions or insufficient services
- Perception health services are not "male friendly"
- Less discussion of own health needs with friends, family



---

---

---

---

---

---

---

---

### Occupational Health

- Workplace access to a health professional
- Health education, information and advice
- Early detection of health concerns
- Referral to other health providers
- Follow up and support
- Involvement in health promotional activities
- Training in manual handling
- Safe systems of working – ergonomics, task analysis
- Audiometry
- Spirometry
- Biological testing
- Cardiovascular risk assessment
- Injury management



---

---

---

---

---

---

---

---

### Men's General Health Concerns



---

---

---

---

---

---



---

---

### Routine Maintenance

Ageing – regular servicing required

- Loss of muscle power
- Thinning of the skin
- Brittleness of bones
- Hardening and narrowing of arteries
- Poorer recall of memorised facts
- Leaks



---

---

---

---

---

---



---

---

### Engine (heart and lungs)

- Cardiovascular disease

Weight – men like cars don't work properly when overloaded  
Diet – men need the right fuel to perform  
Exercise – warm up, enjoy the run, turbo kick in, slow down  
Smoking – smoking exhausts don't look good and fail WOF's  
Stress – don't blow a gasket



---

---

---

---

---



---

---

---

### HDL Cholesterol- "The Good"

- Often called the "Good Cholesterol" helps transport cholesterol to the liver where it is disposed of.
- People who have low levels of HDL have increased risk of Heart Attack or Stroke
- Like a "Pick up Truck" it transports cholesterol back to the liver



---

---

---

---

---

---

---

---

### LDL Cholesterol- "The Bad"

- Low Density Lipoprotein
- Often called "bad" Cholesterol. LDL deposits on the artery walls. People who have high LDL have increased risk of Heart Attack or Stroke
- LDL is like the " Dump Truck" it dumps cholesterol on the walls of arteries




---

---

---

---

---

---

---

---

### Triglycerides – The Ugly

- Triglycerides are the most common type of fat in your body. They're also a major energy source.
- They come from food, and your body also makes them. High levels of blood triglycerides are often found in people who have high cholesterol levels, heart problems, are overweight or have diabetes.




---

---

---

---

---

---

---

---

### Simple CVD man checks

- **Waist circumference** - Having extra body fat around the stomach- more than 102 cm - increases your risk of heart disease and diabetes.
- **BMI** – divide your weight by the square of your height  
e.g.  $78 / (1.78 \times 1.78 = 3.2) = 24.4$   
25-30 overweight, 30 – 35 obese, 35+ morbidly obese.
- **Neck size** - If your neck size is greater than 41cm your risk for sleep apnoea and heart disease goes up.
- **Waist hip ratio** – divide waist by hip measurement  
e.g.  $90\text{cm}/105\text{cm} = 0.86$ . If over 0.95 you need to lose abdominal fat
- **Pulse** – average 72 / minute, regular




---

---

---

---

---

---

---

---

### Fuel and exhaust (Digestive and urogenital systems)

Check for changes

- Type I diabetes - thirst, excessive urine, weight loss - no insulin produced - unpreventable
- Type II diabetes - overweight, lethargic - not enough insulin produced - improve diet, lose weight - preventable
- Testicular cancer - lump, pain, discharge, change size, shape
- Prostate- poor flow, frequent toilet trips even during the night, not quite empty feeling, end dribble
- Bowel disorders - loose, constipated, changes of habit, blood



---

---

---

---

---

---

---

---

### Engine Management system (brain)

Mental health - Recognise the symptoms

- Feeling sad or down for no rational reason
- Having trouble sleeping
- Feelings of worthlessness or guilt
- Inability to concentrate or make simple decisions
- Overthinking past situations or constantly worrying about the future
- Being low on energy and not feel like leaving the house
- Drinking to excess or doing drugs to try and stop thinking
- Not wanting to make eye contact or talk to people
- Suicidal thoughts, feeling like the world would be better without you



- TALK TO SOMEONE
- SELF HELP STRATEGIES



---

---

---

---

---

---

---

---

### Broken chassis - Stress



---

---

---

---

---


---

---


---

### Outer Shell (Skin)

- Asymmetry – irregular in shape
- Borders – ragged or uneven
- Colour – more than 2 shades
- Diameter – greater than 6mm
- Evolution – changing moles



- Slip into shade
- Slip on sun protective clothing
- Slap on a hat
- Slip sunscreen onto all exposed skin
- Wrap on sunglasses



---

---

---

---

---

---

---

---

### Health info for men

- <https://youngmenshealthsite.org>
- <https://menshealthnz.org.nz>
- <https://menshealthweek.co.nz>
- [www.depression.org.nz](http://www.depression.org.nz)
- <https://prostate.org.nz>

- Call Healthline free on 0800 611 116 for advice and information from a trusted registered nurse



---

---

---

---

---

---

---

---

Thank you.

Battagher Bassett NZ Limited t/a TriEx  
49 Carlyle Street, Sydenham 8023  
PO Box 9225, Tower Junction  
Christchurch 8159

0800 4 TRIEX (0800 437 439)  
E [enquiries@trisex.co.nz](mailto:enquiries@trisex.co.nz)  
www.trisex.co.nz



---

---

---

---

---

---

---

---





## Drugs and the workplace

---

## What are the problem drugs in the workplace?

---

## A short intro (P)

---

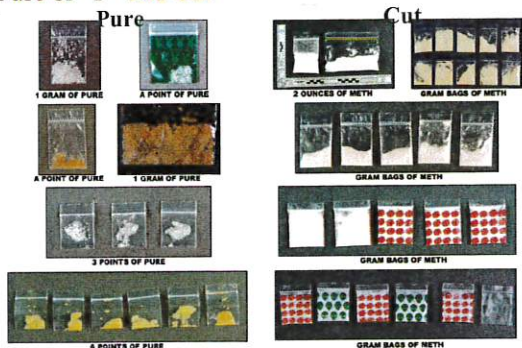
### What is P

---

- Also known as Methamphetamine.
- Street names – ice, burn, crystal, points...
- Class A drug
- Usually smoked in glass pipes
- Usually sold in point bags (0.1g) - \$100
- Extremely powerful stimulant
- Crystal or powder

## Methamphetamine -

Pure or "P" and Cut



## Common pattern of use

- Rush** – up to 30 mins (euphoric)
- High** – up to 24 hrs (“can do anything”)
- Binge** – possibly a week (try to stay high)
- Crash** – (up to 3 days) – at end of binge
- Tweaking** – (2 weeks?) - after bingeing ends – agitation, violent, unpredictable
- Withdrawal** – (long-term) – range of negative emotions (depression, suicidal, cravings)

## Short term effects of Meth/P

- Increased activity
- Extreme rush of pleasure
- Heightened senses
- Sleeplessness
- Decreased appetite
- Irrational thought patterns
- Distorted emotions
- Increased heart rate

## Long term effects of Meth/P

- Chronic insomnia
- Weight loss
- Repetitive behaviour
- Paranoia
- Hallucinations
- Inability to cope/depression
- Altered personality
- Anti-social tendencies

## Now for the workplace

---

## The typical worker on P

---

- There is no typical worker.
- Wide range of occupations.
- Include professionals.
- Many well educated.
- Many European.

## Possible signs of P use

---

By themselves, these might not cause alarm, but combined, the bells should start ringing!!

## Possible signs of P / drug use

---

- |   |   |
|---|---|
| <input type="checkbox"/> Loss of productivity   | <input type="checkbox"/> Less work            |
| <input type="checkbox"/> More absenteeism       | <input type="checkbox"/> Poor work quality    |
| <input type="checkbox"/> Workplace injuries     | <input type="checkbox"/> Financial problems   |
| <input type="checkbox"/> Out of work injuries   | <input type="checkbox"/> Mental health issues |
| <input type="checkbox"/> Mood swings / distress | <input type="checkbox"/> Poor nutrition       |
| <input type="checkbox"/> Poor concentration     | <input type="checkbox"/> Sleeping on the job  |
| <input type="checkbox"/> Unreliable             | <input type="checkbox"/> AWOL                 |
| <input type="checkbox"/> Increased error rates  | <input type="checkbox"/> Lateness             |

---

## Other possible signs

---

- Relationship issues / spousal concern
- Workmate concerns
- Low morale
- Changes in personal hygiene
- Odd friends / hangers-on
- Theft
- Violence

---

## Dealing with a person under the influence of P

---

---

## 'Gut' instincts

---

- This is your brain telling you something is not right.
  
- More often than not your brain gets it right.
  
- Trust these instincts.

---

## SMART

---

- S – Stay One Step Ahead:** Don't appear frightened and speak slowly and quietly.
- M – Move One Step At A Time:** Don't expect too much too quickly – the slower you go the faster you reach your goal.
- A – Attend Fully:** Listen for clues about what is going on in the persons head eg are they responding to voices not there, or do they flick between calm and anger?

- 
- **R – Refocus Attention:** If the person is fixated on something that agitates them, refocus their attention with a soft calm voice. Get them to focus on what is good, not what troubles them.
  - **T – Together, work with TLC:** If you have someone else there, work with the other person to achieve your goal. Default to them.

---

But remember – your safety should *never* be compromised – if at risk withdraw and seek help immediately!!!!



## **Drugs, alcohol and work**

Generally, an employer may only ask employees and other workers to agree to alcohol or drugs tests if this is a condition of their appointment and in the employment agreement or workplace policies.

Using drugs or alcohol can lead to employee impairment while at work. Poor concentration, carelessness, risk-taking behaviour and errors in judgement can occur. Alcohol and drug abuse not only affects work performance and productivity, but also results in higher rates of injuries, fatalities and absenteeism.

Where possible employers should work proactively with employees on policies and processes relating to the management of the effects of alcohol and drugs in the workplace. Policies and processes are often more effective when these are mainly focused on prevention and protection (minimising the risks) rather than punishment.

## **Health and safety duties**

Under law both employers and employees have a duty to ensure that the workplace is safe.

An employer should provide employees with the highest level of protection from risks as is reasonably practicable. A risk includes dangerous behaviour resulting from drug or alcohol use. Employees have a duty to take reasonable care for their own and others' safety. Employees must comply with any reasonable policy or procedure relating to health and safety, including a policy on alcohol and drugs.

## **Pre-employment testing**

In safety sensitive workplaces pre-employment testing can be used by employers to show that they are serious about managing the alcohol and drug risks within the workplace. Stating in their job vacancy advertisements that there will be pre-employment testing can help to make it clear that they are serious about managing the risks and help to make sure that potential employees are aware of this from the start.

Where pre-employment testing is being used it is a good idea for employers to wait until the test results have been completed before making an offer of employment, this means there can be no argument that there is an employment relationship in place. In other words there should be a clean drug test result before a job offer is made rather than making a clean drug test a condition of a job offer which has been made and accepted.

## **Employers wanting to alcohol or drug test employees**

Generally, an employer may only require employees and other workers to submit to alcohol or drugs tests if this is a condition of their appointment and recorded in the employment agreement or other document.

Employees have to follow all legal and reasonable requests from their employer. Whether or not it is reasonable for an employer to require an employee to undertake a drug test depends on a variety of different factors. It can mean balancing two factors, eg drug testing may be necessary to protect the safety of employees but may also be viewed as an unreasonable intrusion into the privacy of employees. Testing for alcohol or drugs is much more difficult if it isn't in the employment agreement.

Employers thinking about drug testing employees should seek legal advice.

Each case will be different but the following are examples of things to take into account.

### **Safety considerations**

Drug testing may be reasonable if it is done with a view to protecting the safety of employees or the general public, for example:

- if the employee works in a safety sensitive area
- if the employee's work directly impacts the safety of others (eg other employees or the public).

### **Random testing vs specific testing**

Testing a specific employee for a specific purpose may be more reasonable than random 'suspicion-less' testing of all employees.

A specific purpose may be where the employee:

- shows signs of being affected by drugs or alcohol.
- has recently been involved in a workplace accident or a near-miss.

## Employee's rights

Drug testing may infringe the rights of an employee which will make drug testing less reasonable:

- an employee's right to privacy under the [Privacy Act 1993](http://www.legislation.govt.nz/act/public/1993/0028/latest/DLM296639.html?search=ts_act_privacy+act_resel&p=1&sr=1) [http://www.legislation.govt.nz/act/public/1993/0028/latest/DLM296639.html?search=ts\_act\_privacy+act\_resel&p=1&sr=1] may need to be taken into account, particularly when considering sample collection procedures, the method of analysis and the handling of tests results
- an employee's rights under the [Human Rights Act 1993](http://www.legislation.govt.nz/act/public/1993/0082/latest/DLM304212.html) [http://www.legislation.govt.nz/act/public/1993/0082/latest/DLM304212.html] and the [New Zealand Bill of Rights Act 1990](http://www.legislation.govt.nz/act/public/1990/0109/latest/DLM224792.html) [http://www.legislation.govt.nz/act/public/1990/0109/latest/DLM224792.html] may be considered, although the New Zealand Bill of Rights Act 1990 only applies to acts done by certain employers.

## Employment agreement or workplace policies

- This is a complex area, if employers have jointly developed a process on alcohol and drug use then it is more likely to be followed.
- If your workplace is safety sensitive then a term in an employment agreement or workplace policy which allows for drug testing will make an instruction for an employee to undergo a drug test more reasonable.
- Inserting a term in an employment agreement or workplace policy which allows for alcohol or drug testing needs to be considered carefully. There is a draft clause in the employment agreement builder, however it is important to seek advice if considering.
- Employers should make clear that policies form part of the employment agreement.
- The term or policy must be reasonable. This will depend on the other factors listed. For example, if the term or policy may be unreasonable if it provides for random testing for employees who do not work in safety sensitive areas.

## If an alcohol or drug test is positive

The policy should set out clearly the procedure to be followed in the event of a positive test result. This must involve discussion of the results with the employee, and may involve having the sample retested. That procedure will depend on the nature of the industry or work activity, and the health and safety, or reputational, risks in the situation.

A positive test result does not automatically mean that a drug has impaired that employee's performance while at work. However, a positive test is one of the facts that an employer can take into account to determine whether, on balance, there are reasonable grounds for believing that the employee is guilty of misconduct.

Every process that the employer follows must be fair and they must have good reasons both to test and also to take action.

An example of fair process might be that, before deciding if there is 'reasonable cause' to test, the employer would consider:

- the relevant employment agreement and workplace policies
- was there an adverse impact or perceived adverse impact (for example, by other employees or the public) on the individual's behaviour or work performance or the safety of others
- what have they done before in similar situations
- any comments or information that the employee provided when they were challenged that their impaired behaviour or performance may have been from drug or alcohol use.

## [Workplace policy](#)

</workplace-policies/tests-and-checks/drugs-alcohol-and-work/downloadpdf#collapse645>

It is a good idea for employers to have a robust workplace alcohol and drugs policy that clearly states what is acceptable in the workplace, and what is not, and the consequences of not following the requirements of the policy.

The policy should have clear procedures for what happens if employees do not follow the policy and be clear about what may happen for the individual and their employment. It may include references to other organisation policies and procedures such as workplace investigations, disciplinary procedures, warnings, termination, counselling support or employee assistance programmes, and the like. The aim of the policy should be prevention, education, training and rehabilitation.

It is important that any development or review of a workplace alcohol and drugs policy should be carried out in consultation with employees; employers could include the health and safety committee if there is one. Joint development of the policy will help to gain support and commitment to it.



A workplace alcohol and drugs policy must be reasonable. This will depend on the other factors listed. For example, the term or policy is likely to be considered unreasonable if it provides for random testing for employees who do not work in safety sensitive areas. The policy might cover:

- the employer's policy on the use of alcohol and drugs at work
- the employer's policy on the use of alcohol and drugs when not at work but when that use might impact the employee's behaviour or performance at work
- how alleged breaches of the policy will be investigated and managed, including disciplinary action, and other possible consequences
- how workers with alcohol or drugs use problems might be identified, or identify themselves, and the support and assistance that the organisation is willing to provide
- educational materials, training and programmes that the employer provides or supports.

In particular, the policy might deal with:

- the purpose and intent of the policy
- who is covered
- the responsibilities of the employer, employees, other workers, and other people
- what is acceptable, and what is not acceptable
- roles and responsibilities for monitoring and implementing the policy
- how the organisation will manage and control alcohol and drugs and their use at work
- the organisation's approach to prevention, education, training, screening, assistance or rehabilitation
- the procedures the organisation will follow when it becomes aware of an alcohol or drugs problem
- the actions that may be taken when the policy is breached, and the possible consequences of those actions
- details of support services available to employees and other people.

The policy must be developed carefully, so that it can apply fairly and equally across the organisation. It would be a mistake, for example, to say the use of alcohol by employees who work in a customer facing role while at work is not allowed, yet allow managers to drink while entertaining clients to lunch, it might be seen as inconsistent to ban "Friday night drinks" and yet allow alcohol to be served at a staff Christmas party. It is important to carefully consider how far the workplace wants to go and what the impact of a policy might be, while developing.

The policy must be consistently enforced. There should be no exceptions. It would be better to have a less strict policy if the organisation wasn't sure whether it could police and enforce, for example, an alcohol-free policy across the organisation.

## **Rehabilitation and support**

[\[/workplace-policies/tests-and-checks/drugs-alcohol-and-work/downloadpdf#collapse648\]](#)

Many organisations refer employees to an Employee Assistance Programme (EAP) or other counselling services where alcohol or drugs problem are suspected.

If specialist EAP services are not available, other professionals (e.g. general practitioners or addiction specialists) could be approached. A local hospital should be able to suggest possible sources of advice or assistance.

Sometimes an employee needs time off work for to attend a programme. This can be covered in policies but, as each situation is different, the employer must be willing to discuss with the employee how treatment and rehabilitation will be handled, what support the employer can give, and how much it can contribute to treatment and related costs.

The aim should be to have the employee return to full and normal work as quickly as possible, consistent with the needs of the treatment and rehabilitation programme.

The employee may remain at work while receiving treatment assistance. If this happens the employer should make sure its expectations for the employee's work performance and behaviour are fully understood. The consequences of not meeting those standards should, equally, be clear. They should also agree on the support and assistance that the employer will provide while the employee is dealing with the alcohol and drugs use problem.

## **Training and awareness**

[\[/workplace-policies/tests-and-checks/drugs-alcohol-and-work/downloadpdf#collapse651\]](#)

Employers, managers and employees should be made aware of the signs that people give when alcohol and drugs use impairs their behaviour or performance and of the risks and responsibilities involved.

Providing information and training should make everyone in the workplace more aware of the signs to look for, and of how to raise this with their manager or employer.

It should be emphasised that the aim of providing information and training is about developing the right environment based on prevention.

Using external people to lead information and training programmes can be a good approach. Managers and employees should participate in the programmes on an equal basis.

## Other information

The International Labour Organisation [Code of Practice on the management of alcohol and drug-related issues in the workplace](http://www.ilo.org/safework/info/standards-and-instruments/codes/WCMS_107799/lang-en/index.html) [\[http://www.ilo.org/safework/info/standards-and-instruments/codes/WCMS\\_107799/lang-en/index.html\]](http://www.ilo.org/safework/info/standards-and-instruments/codes/WCMS_107799/lang-en/index.html) emphasises a preventive approach.

### Tools and Resources

[\[http://employment.govt.nz/tools-and-resources/\]](http://employment.govt.nz/tools-and-resources/)

### Employment agreement builder

[\[https://eab.business.govt.nz/employmentagreementbuilder/startscreen/\]](https://eab.business.govt.nz/employmentagreementbuilder/startscreen/)

Draft an employment agreement.

---

---

Please note that this content will change over time and may be out of date.

© Ministry of Business Innovation and Employment

# **METHAMPHETAMINE AND ILLICIT DRUGS IN NEW ZEALAND**



*Detective Sergeant Alan Kingsbury  
Tauranga C.I.B.*

## **WHAT DOES METH LOOK LIKE?**



- **Crystal Methamphetamine - the most common form in NZ**
- **Average NZ purity 74%**
- **23% of samples containing MSM**
- **Often called 'P', 'Pure', 'Crack' or 'Ice'**

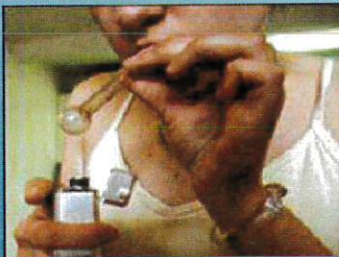


## METH PRICES (“P” or “Pure”)

POINTS (0.1GM OR LESS)	\$100
QUARTERS (0.25GM OR LESS)	\$200
HALVES (0.5GM OR LESS)	\$300
GRAM	\$500 - \$800 (\$600)
OUNCE (28.4 GM)	\$8,000 - \$12,000 (\$10,000)



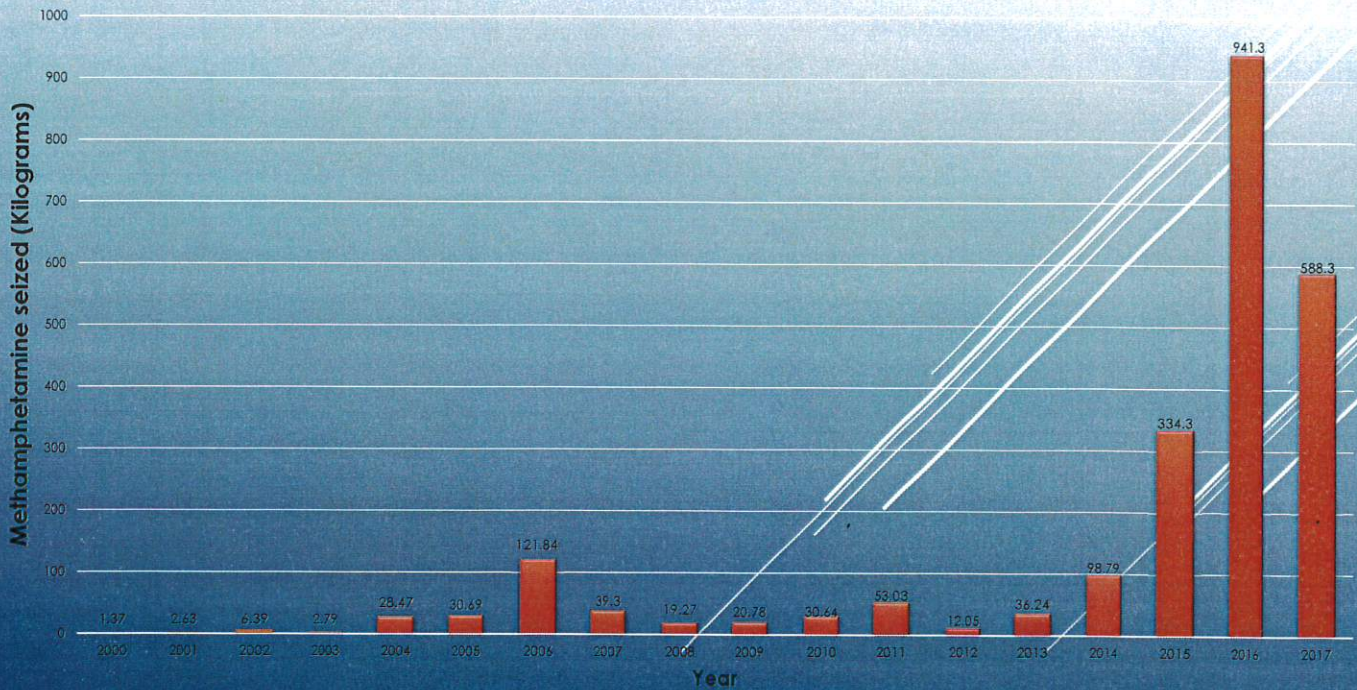
## METHODS OF USE



- **Generally using a glass pipe**
- **Intravenous use becoming more common**
- **Effects lasting 4-12 hours**
- **Tolerance**



## Methamphetamine Seizures per year 2000-2017



## METHAMPHETAMINE FUN FACTS



- The Alcohol and Drug Helpline fields 127 calls per month (72 for Cannabis)
- The word "lost" was frequently used in reference to kids, family, careers, hope
- Wastewater analysis would suggest that NZ consumes in excess of 500kg per year
- Three main groups of users
  - Experimenters
  - Social users
  - Daily users

## SOCIAL HARM

- The 2014 Global Harm Survey indicated 5% of NZers had used meth in the previous 12 months
- The 2014/15 MOH survey indicated 0.9% of NZers had used meth in the previous 12 months
- Regular users in all demographics
- Increase in IV rates bringing associated health risks
- Links between Methamphetamine and crime:
  - Increase in gang strength
  - Prevalence of Firearms / Weapons
  - Family / Intimate Partner Violence (estimated 20% reporting rate)
  - Child Abuse (including contamination)
  - Debt Recovery (Standovers / Taxing / Kidnapping)
  - 'Out of Proportion' Violence
  - Dishonesty Offending (Burglary / Theft / Fraud / Robbery)
  - Prostitution
- Building contamination (occupants/service staff)
- Health/Mental Health issues



## INSIGHT INTO THE DARK ECONOMY

- 2017 wastewater analysis in Christchurch suggests that 87gm of methamphetamine is consumed daily (Population 360,000 and 82% European)
- At \$600/gram this is worth \$52,200 per day
- Or \$365,400 per week
- Or \$19,000,800 per year



## WHO'S IN CHARGE?

- Existing distribution networks
- Muscle to control the market and competition
- Ease of manufacture and increase in demand
- Has lead to a dramatic increase in OCG wealth and capabilities
- Significant profits at each tier
  - During 2015 a total of 334kg of meth seized and precursors capable of producing another 725kg of meth. 1059kg is valued at \$227 million at wholesale prices and \$1.06 billion at retail



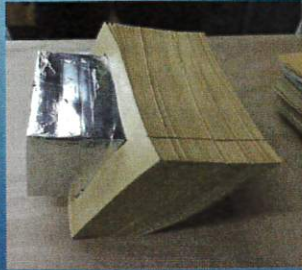
## EMERGING TRENDS

- Lowering of wholesale Meth prices
- Decline in numbers of domestic lab seizures
- Shortage of Cannabis



## EMERGING TRENDS

- Transition from Pseudoephedrine to Ephedrine since 2014
- Reduction of Ephedrine seizures since 2016



Operation Penny (2016) – 200kg Ephedrine

## EMERGING TRENDS

Importation of finished product rather than precursors (Ephedrine)

- Purchase of 1kg of Methamphetamine in China would cost NZ\$4,500
- Wholesale value once landed in NZ is \$215,000  
= a profit of \$210,500 (minus import costs)
- Purchase of precursor material for NZ manufacture of 1kg would cost \$157,880  
= a profit of \$57,120



Operation Frontia (2016)

501kg of Methamphetamine





## EMERGING TRENDS

### Liquid Methamphetamine

- 'Hiding in plain sight'
- Soluble in water (500gm per litre) - or alcohol (330gm per litre)
- A 750ml "Pump" bottle is therefore capable of concealing 13 ounces (\$130,000) of dissolved product
- Extraction of product through evaporation



## EMERGING TRENDS – OTHER DRUGS

### Fentanyl

- Significant misuse in USA and Canada with a number of deaths by overdose
- Recent intercepts at the NZ border
- Ease of online purchase
- Estimated lethal dose 2 milligrams



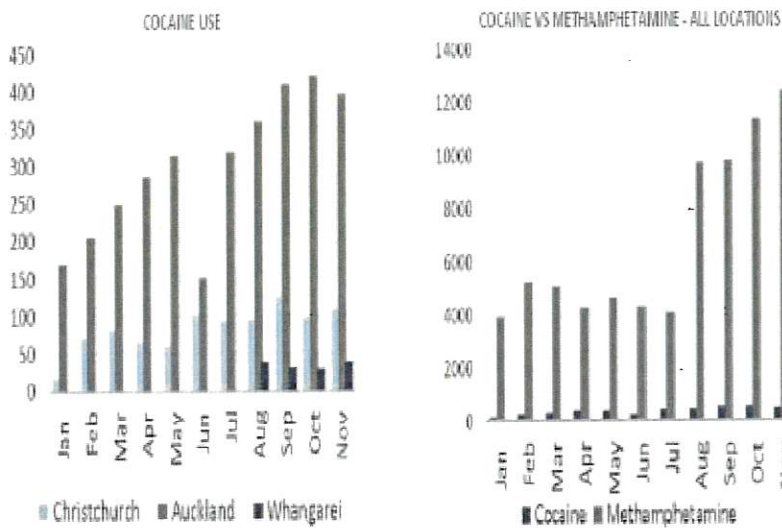
### Cocaine

- Increase in seizure amounts and frequency
- Increase in coca production
- High global price
- Less social stigma than Methamphetamine



## NZ COCAINE USE

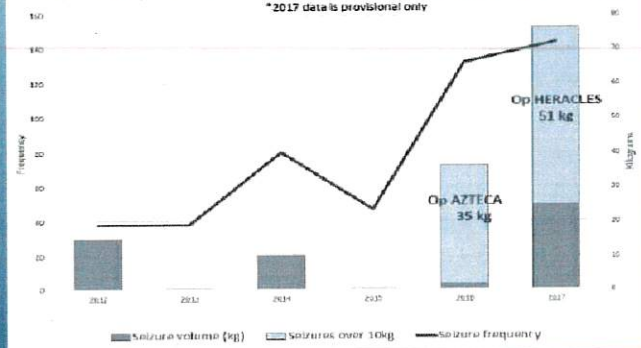
Figure 4: 2017 weekly drug use as indicated by wastewater analysis (mg/week/people).



- 91% of seizures (by frequency) in IMC
- Less social stigma than Meth
- 2<sup>nd</sup> most commonly used drug in Australia, England and Wales
- OMCG deportees
- Generally used during the weekends -vs- Meth which is used all week
- \$300-\$400 per gram
- A line of Coke is worth \$20 -vs- \$100 for a point (0.1gm) of Meth

## COCAINE

Figure 1: Frequency and volume of cocaine seized by New Zealand Police and Customs\*  
\*2017 data is provisional only



### Operation Heracles

- 98% of cocaine seized at the border comes from South America
- Colombia remains the largest producer
- Cruise ships/air travel passengers/baggage
- During 2017 a total of 18kg seized offshore

- 31 October 2017
- Ex Columbia, Peru & Chile
- 46kg of cocaine (\$20M)
- 5kg and 1kg meth in Auckland
- \$94M social harm
- Previous importations March and June 2017
- Previous importations WA

# THE WAY FORWARD...

- Ownership by the community and stakeholders
- Supplier targeting
  - Disrupt and dismantle
  - Asset Seizure/Proceeds of Crime action
  - Inter-agency co-operation
- Resourcing of demand reduction strategies
  - Education of users and potential users, community leaders
  - Media awareness package
  - Addiction treatment and rehabilitation
- Building relationships with community treatment and rehab services



