

Proposal to establish an overdose prevention centre:

Addressing acute drug harm among people experiencing homelessness in inner-city Auckland

For the consideration of Ministers Sepuloni, Hipkins, Davis, Allan, Tinetti, Radhakrishnan, and Davidson (the 'Youth Engagement Ministerial Group', tasked with addressing safety issues in Auckland).

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Prepared by the New Zealand Drug Foundation with the support of Ngāti Whātua Ōrākei and Needle Exchange Services Trust.

Addressing acute drug harm among people experiencing homelessness and other vulnerable people in inner-city Auckland

Executive summary

1. Concern about drug use among people experiencing homelessness and other vulnerable people in Auckland's inner city has been growing in the past few years, with local businesses citing a rise in crime, antisocial activity, and distress to residents.¹
2. The drugs used most by this cohort, and that cause the most harm, are synthetic cannabinoids, methamphetamine, GHB and GBL, volatile substances/solvents (inhaled or 'huffed'), opioids such as homebake heroin, methadone, and alcohol. The drug use profile of this community can change rapidly, but they are more inclined to take drugs that are cheaper and more potent in effect. Solvents and synthetic cannabinoids are often preferred by people who have experienced significant trauma because they are a cost-effective way to get into a very altered state.²
3. Synthetic cannabinoids are a leading cause of overdoses and overdose fatalities in New Zealand, having claimed dozens of lives over the past five years.³ Synthetic cannabinoids also cause particular concern to local businesses and residents because they commonly cause the person using them to pass out, and/or become very agitated.⁴
4. Volatile substances are used by a similar but younger cohort of people living without shelter or in temporary housing. Inhaling these substances (also known as huffing) kills as many as a dozen people every year in New Zealand and puts many in hospital.⁵
5. Police and ambulance resources are significantly tied up tending to repeated call-outs to this group - often a person may require medical attention multiple times in a day.
6. The current approach of 'turning a blind eye' to drug harm among people experiencing homelessness in inner-city Auckland both wastes precious emergency resources and is also clearly failing these people. The approach is also causing difficulties for inner-city residents and businesses.
7. Around the world, including in Australia,⁶ overdose prevention centres - also known as medically supervised drug use spaces - have been successfully deployed for many decades to prevent overdoses and provide a safer space for people to use substances.⁷

¹ Harrowell, C. (2018). *Influx of rough sleepers causing headache for south Auckland business*. Manukau Courier. Retrieved from <https://www.stuff.co.nz/auckland/local-news/manukau-courier/107890319/influx-of-rough-sleepers-causing-headache-for-south-auckland-business>

² Anderson, V. (2020). *Synthetic drugs in New Zealand: 'This is how we are dying'*. The Press. Retrieved from <https://www.stuff.co.nz/the-press/news/119262480/synthetic-drugs-in-new-zealand-this-is-how-we-are-dying>

³ NZ Drug Foundation. (2018). *Insights into synthetic cannabinoid use. New Zealand Drug Foundation report*. Retrieved from <https://www.drugfoundation.org.nz/assets/uploads/Synthetic-cannabinoid-crisis-insights-and-recommendations-Dec-2018-3.pdf>

⁴ NZ Drug Foundation. (2018). *Insights into synthetic cannabinoid use. New Zealand Drug Foundation report*. Retrieved from <https://www.drugfoundation.org.nz/assets/uploads/Synthetic-cannabinoid-crisis-insights-and-recommendations-Dec-2018-3.pdf>

⁵ Mercier, K and Jarrett, H (2022). *State of the Nation 2022. A stocktake of how New Zealand is dealing with drug use and drug harm*. NZ Drug Foundation, Wellington.

⁶ Uniting. (2022). *Uniting medically supervised injecting centre*. Retrieved from <https://www.uniting.org/community-impact/uniting-medically-supervised-injecting-centre--msic.html>

⁷ European Monitoring Centre for Drugs and Drug Addiction (2018). *Drug consumption rooms: an overview of provision and evidence*. Retrieved from https://www.emcdda.europa.eu/topics/pods/drug-consumption-rooms_en

8. Our group of partners, comprising the NZ Drug Foundation, Ngāti Whātua Ōrākei, and Needle Exchange Services Trust, propose establishing an overdose prevention centre on a trial basis in inner-city Auckland. The proposal is for a three-year pilot to prevent overdose among people most at risk of overdose in the inner city, primarily people who are experiencing homelessness. The purpose of the centre would be to reduce drug harm and prevent overdoses, and to make the city feel safer for residents and businesses.
9. We would wrap a robust evaluation process around the trial, to establish efficacy and design further improvements.
10. We have developed an outline of how the supervised drug space could work, obtained the support of key stakeholders, and sought legal advice on steps that need to be taken to allow this trial to be conducted under the Misuse of Drugs Act 1975 (MODA).
11. We could legally operate an overdose prevention centre in Auckland CBD if granted a licence under MODA. We seek your support to pass an Order in Council allowing such a licence to be granted.
12. We have involved a range of stakeholders in developing this proposal. We have spoken to, and had support from:
 - Auckland City Mission
 - Nurses Society of New Zealand
 - Centre for Addiction Research – University of Auckland
 - Lifewise
 - Ngāti Whātua Ōrākei
 - Community Housing Aotearoa
 - Kāhui Tū Kaha
 - ADIO Trust Needle Exchange
 - Needle Exchange Services Trust
 - NZPC - Aotearoa New Zealand Sex Workers' Collective
 - Hāpai te Hauora
 - Odyssey
 - The Helen Clark Foundation.
13. We have an in-principle agreement with Auckland City Mission in support of this important initiative. Due to timing, formal approval is not available until ratification at the September 2022 Board meeting.
14. We have also spoken to Auckland Council, Heart of the City, St John, New Zealand Nurses Organisation, New Zealand Police, local electorate MP Chlöe Swarbrick, and Chairperson of the Global Commission on Drug Policy Rt Hon. Helen Clark.
15. Additionally, such interventions will be necessary if powerful opioids like fentanyl become established in Aotearoa. The trialling of this approach will allow us to be better prepared for overdose prevention more broadly.

People experiencing homelessness in Auckland suffer significant negative effects from drug use

16. According to 2018 Census data, more than 18,000 people in Auckland live without shelter, or live in temporary or emergency accommodation.⁸ A Housing First homeless count on one night in September 2018 identified 336 people living without shelter in the Auckland region, 128 of whom were identified living in central Auckland.⁹ This number is likely to be much higher now.
17. The burden of homelessness in Auckland is felt particularly harshly by Māori, who make up nearly 43% of people living without shelter in Auckland, despite making up only 11% of the population as a whole.¹⁰
18. It is important to note that the number of people living without shelter has increased over the past few years, and that not all people experiencing homelessness use drugs.
19. However, some people experiencing homelessness will use drugs as a way to cope with the stress of living without shelter, or to deal with underlying mental health issues or trauma. People who have existing mental health or addiction issues, or who have experienced family violence or other trauma are also more at risk of housing insecurity.^{11 12}
20. As mentioned above, the drugs consumed most commonly by the cohort we are keen to support, and that cause the most harm, are synthetic cannabinoids, methamphetamine (injected or smoked), GHB and GBL, volatile substances (inhaled or 'huffed'), opioids such as homebake heroin, methadone, and alcohol. The drug market is constantly changing with new psychoactive substances and more powerful variants becoming available. The danger posed by consumption of synthetic cannabinoids is of particular concern for this cohort - though we note that the drug scene can change rapidly, and we need to be prepared for anything.¹³

The synthetic cannabinoid crisis in New Zealand has claimed dozens of lives over the past five years

21. Synthetic cannabinoid¹⁴ use is highly concentrated in people who are homeless in the Auckland CBD and is probably the drug that has been most visible to local communities in the

⁸ Auckland Council. (2022). *Homelessness in Auckland*. Retrieved from <https://www.aucklandcouncil.govt.nz/plans-projects-policies-reports-bylaws/our-plans-strategies/auckland-plan/homes-places/Pages/homelessness-auckland.aspx>

⁹ Housing First Auckland. (2019). *Ira Mata, Ira Tangata: Auckland's homelessness count report*. Retrieved from <https://www.housingfirst.co.nz/wp-content/uploads/2022/06/PiT-FinalReport-Final-1.pdf>

¹⁰ Housing First Auckland. (2019). *Ira Mata, Ira Tangata: Auckland's homelessness count report*. Retrieved from <https://www.housingfirst.co.nz/wp-content/uploads/2022/06/PiT-FinalReport-Final-1.pdf>

¹¹ NZ Drug Foundation. (2018). *Insights into synthetic cannabinoid use. New Zealand Drug Foundation report*. Retrieved from <https://www.drugfoundation.org.nz/assets/uploads/Synthetic-cannabinoid-crisis-insights-and-recommendations-Dec-2018-3.pdf>

¹² Beaton, S. Cain, T. Robinson, H., & Hearn, V. (2015). *An insight into the experience of rough sleeping in Central Auckland*. Retrieved from <https://cdn-assets-cloud.aucklandcitymission.org.nz/acm/wp-content/uploads/2021/09/15152634/An-insight-into-the-experience-of-rough-sleeping-in-Central-Auckland.pdf>

¹³ Miller, C. (2021). *Exclusive: Warning issued over lethal batch of synthetic cannabis thought to be behind Christchurch death*. TVNZ 1 News. Retrieved from <https://www.1news.co.nz/2021/02/26/exclusive-warning-issued-over-lethal-batch-of-synthetic-cannabis-thought-to-be-behind-christchurch-death/>

¹⁴ Please refer to Appendix One for FAQs on synthetic cannabinoids.

past several years.¹⁵ It is cheap and easy to buy on the street.¹⁶ People experience short-lived extreme highs, which can lead to compulsive redosing.¹⁷

22. It is common for people who use synthetic cannabinoids to vomit, collapse, have seizures or experience agitation or psychosis.¹⁸ Inner city residents and businesses naturally find it upsetting to see people in a state of agitation or overdosing on the street.
23. When people who are living without permanent shelter use synthetic cannabinoids and experience these symptoms, they are also more likely to be alone or ignored by passers-by, which raises the risk of drug overdose, brain damage and death.¹⁹ Emergency services are less likely to get to them in time and people often die alone.²⁰
24. In New Zealand, between 2016 and 2020, the coroner recorded at least 51 deaths in which a synthetic cannabinoid was named as a contributor to, or a cause of death.²¹ Anecdotally, at least a dozen people died from the use of synthetic cannabinoids in 2021, making it one of our biggest ongoing killers from non-medical drug use.²²
25. Synthetic cannabinoids also regularly cause non-fatal overdoses, resulting in hospitalisations, psychiatric distress, and long-term health harms.²³ Harm from these substances has been ongoing since the surge in deaths in 2017 and we fear another crisis could emerge at any time, causing multiple deaths.
26. Although in recent months there has been a slight tapering off of harm from synthetic cannabinoids, we anticipate it will make a return because of its popularity among people with significant trauma and co-morbidities; and/or to be replaced with other drugs with similar harm profiles.
27. Most recently, Dr Paul Quigley, an emergency medicine specialist and clinical toxicologist has described this drug as “the most deadly drug New Zealand has ever seen – full stop”.²⁴

¹⁵ Wilkins, C. & Rychert, M. (2018). *Responding to a new wave of high potency synthetic cannabinoids*. New Zealand Medical Journal, 131(1481).

¹⁶ Anderson, V. (2020). *Synthetic drugs in New Zealand: 'This is how we are dying'*. The Press. Retrieved from <https://www.stuff.co.nz/the-press/news/119262480/synthetic-drugs-in-new-zealand-this-is-how-we-are-dying>

¹⁷ NZ Drug Foundation. (2019). *Synthetic cannabinoids - too many unknowns*. Retrieved from <https://www.drugfoundation.org.nz/matters-of-substance/archive/march-2019/synthetic-cannabinoids-too-many-unknowns/>

¹⁸ NZ Drug Foundation. (2018). *Insights into synthetic cannabinoid use. New Zealand Drug Foundation report*. Retrieved from <https://www.drugfoundation.org.nz/assets/uploads/Synthetic-cannabinoid-crisis-insights-and-recommendations-Dec-2018-3.pdf>

¹⁹ Roy, E. (2017). *Synthetic cannabis: New Zealand police issue warning after spate of deaths*. The Guardian. Retrieved from <https://www.theguardian.com/world/2017/jul/22/synthetic-cannabis-new-zealand-police-issue-warning-after-spate-of-deaths>

²⁰ Franks, J. (2022). *Auckland man's body lay in hostel for up to 11 days after synthetic cannabis death*. Stuff National News. Retrieved from <https://www.stuff.co.nz/national/128092392/auckland-mans-body-lay-in-hostel-for-up-to-11-days-after-synthetic-cannabis-death>

²¹ Mercier, K and Jarrett, H (2022). *State of the Nation 2022. A stocktake of how New Zealand is dealing with drug use and drug harm*. NZ Drug Foundation, Wellington.

²² Ibid.

²³ Lobato-Freitas, C., Brito-da-Costa, A. M., Dinis-Oliveira, R. J., Carmo, H., Carvalho, F., Silva, J. P., & Dias-da-Silva, D. (2021). Overview of synthetic cannabinoids ADB-FUBINACA and AMB-FUBINACA: Clinical, analytical, and forensic implications. *Pharmaceuticals (Basel, Switzerland)*, 14(3), 186. <https://doi.org/10.3390/ph14030186>

²⁴ Sommerville, T. (2022). *More needs to be done to tackle synthetic cannabinoids, experts say*. Stuff National News. Retrieved from <https://www.stuff.co.nz/national/health/127330666/more-needs-to-be-done-to-tackle-synthetic-cannabinoids-experts-say>

We are ‘turning a blind eye’ to drug harm in some of our most vulnerable people²⁵

28. Currently we are doing little to address synthetic cannabinoid and other harmful drug use occurring among people experiencing homelessness. This is unethical, unsafe, and inhumane.²⁶
29. Tailored harm reduction²⁷ initiatives are required for this cohort. Harm reduction is an approach that takes people as they are and focuses on preventing drug-related harms such as infection, hospitalisations, and death. It can be distinguished from ‘treatment’ approaches, which focus on helping a person reduce or stop their drug use. The approaches are complementary, but harm reduction is more immediately practical when people are not ready or willing to stop their use for whatever reason.
30. One example of harm reduction operating in New Zealand is the DIANZ High Alert early warning system, which monitors and communicates the emergence of dangerous, new, or contaminated substances within the illicit drug market.²⁸ This is an excellent initiative, although more needs to be done to support this cohort, who are unlikely to be following updates and alerts on social media.
31. Alongside improving harm reduction approaches, we also need to improve how, when and where we deliver services.²⁹ These changes need to take place in the context of wider improvements, such as law reform,³⁰ poverty reduction,³¹ and shifting to health-based approaches to drug harm.³²

Māori bear a disproportionate burden of drug harm

32. This initiative particularly needs to work for and provide assistance to Māori living without shelter or in emergency or temporary housing.
33. As mentioned above, Māori make up around 40% of those living without shelter in Auckland. Anecdotally, Māori males also make up the significant portion of people using synthetic cannabinoids, meaning that they face particular risks to their health.³³

²⁵ Pauly, B., Wallace, B., & Barber, K. (2018). Turning a blind eye: Implementation of harm reduction in a transitional programme setting. *Drugs: Education, Prevention, and Policy*, 25(1), 21–30.

²⁶ Arnold, N. (2018). *Getting real about synthetics*. Matters of Substance. Retrieved from <https://www.drugfoundation.org.nz/matters-of-substance/archive/november-2018/getting-real-about-synthetics/>

²⁷ Please refer to Appendix Two for FAQs on harm reduction.

²⁸ NZ Drug Foundation. (2020). *A crucial new harm-reduction tool for New Zealand*. Matters of Substance. Retrieved from <https://www.drugfoundation.org.nz/matters-of-substance/archive/august-2020/a-crucial-new-harm-reduction-tool-for-new-zealand/>

²⁹ NZ Drug Foundation. (2018). *Responding to acute drug harm: Community responses to acute drug harm Transform treatment and support service delivery*. Retrieved from <https://www.drugfoundation.org.nz/info/acute-drug-harm/community-response-to-acute-drug-harm/>

³⁰ NZ Drug Foundation. (2018). *Drug law reform*. Retrieved from <https://www.drugfoundation.org.nz/policy-and-advocacy/drug-law-reform/>

³¹ Mercier, K and Jarrett, H (2022). *State of the Nation 2022. A stocktake of how New Zealand is dealing with drug use and drug harm*. NZ Drug Foundation, Wellington.

³² New Zealand Government (2018) *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction*. Wellington, New Zealand: New Zealand Government.

³³ NZ Drug Foundation. (2018). *Insights into synthetic cannabinoid use. New Zealand Drug Foundation report*. Retrieved from <https://www.drugfoundation.org.nz/assets/uploads/Synthetic-cannabinoid-crisis-insights-and-recommendations-Dec-2018-3.pdf>

34. The national rate of drug-related deaths for Māori is deeply concerning – it is nearly three times higher than for non-Māori.³⁴
35. Māori have different drug-using profiles than other ethnicities, being more likely to use methamphetamine and less likely to use methadone than other ethnicities, for example. Māori are more than three times more likely to use tobacco daily, twice as likely to use cannabis, and 1.6 times more likely to drink hazardously (in a way that may cause harm) than non-Māori.³⁵
36. Māori are far more likely to suffer a substance use disorder in their lifetimes than non-Māori and are more likely to want help with their drug use but not receive it.³⁶
37. These statistics make it even more essential that this proposed overdose prevention centre has a strong focus on reducing harm for Māori, and can tailor approaches to fit the specific needs of this cohort.

Ambulance and Police are responding to ongoing callouts

38. Ambulances and Police expend considerable resources tending to call-outs for acute harms and overdoses caused by synthetic cannabinoids and other drugs.³⁷ They are often called out more than once on the same day to the same person overdosing repeatedly.

Downtown Auckland residents and businesses are struggling

39. Drug use and overdose in communities experiencing homelessness is causing distress to residents and businesses in the Auckland CBD and has been reported widely in the media.³⁸
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40. Auckland businesses have noted an increase in people on the streets, and using drugs.⁴⁰ Businesses report that the local community has changed since the 2020 Covid-19 lockdown, with more people in precarious living situations gravitating towards Auckland Central to find support.⁴¹
41. Businesses report:

³⁴ National Coronial Information System (June 2021) *NCIA factsheet: drug-related deaths in NZ in 2018*. Retrieved from <https://www.ncis.org.au/wp-content/uploads/2021/06/2018-NZ-NCIS-fact-sheet-Mortality-data-series-Drugs.pdf>

³⁵ Mercier, K and Jarrett, H (2022). *State of the Nation 2022. A stocktake of how New Zealand is dealing with drug use and drug harm*. NZ Drug Foundation, Wellington.

³⁶ Mental Health Commission (2011). *National Indicators 2011. Measuring mental health and addiction in New Zealand*. Wellington: Mental Health Commission

³⁷ NZ Herald. (2018). *High potency: 22 synthetic-drug ambulance callouts in a week*. NZ Herald. Retrieved from <https://www.nzherald.co.nz/nz/high-potency-22-synthetic-drug-ambulance-callouts-in-a-week/7WR6M7OTK52TITJ4QOERB2PZYY/>

³⁸ Davison, I. (2019). *'Living hell': CBD residents, businesses blame rough sleepers for violence, drugs*. Newstalk ZB. Retrieved from <https://www.newstalkzb.co.nz/news/living-hell-cbd-residents-businesses-blame-rough-sleepers-for-violence-drugs/>

³⁹ O'Sullivan, F. (2022). *Auckland CBD crime, gangs - more police action, presence required*. NZ Herald. Retrieved from <https://www.nzherald.co.nz/business/fran-osullivan-auckland-cbd-crime-gangs-more-police-action-presence-required/YBTLK34QLHZJFSASA2G5QCR7LA/>

⁴⁰ Forbes, S. (2021). *Businesses struggle with South Auckland's homeless*. Stuff National News. Retrieved from <https://www.stuff.co.nz/national/politics/local-democracy-reporting/300379706/businesses-struggle-with-south-aucklands-homeless>

⁴¹ Anecdotal, based on personal communications from stakeholders with local businesses.

- a) Feeling stressed about people overdosing on the street outside. They are not trained to respond and are worried someone may die - they feel underprepared to help.
 - b) Customers or staff feeling intimidated or worried for their safety when people on the street are obviously under the influence of drugs and/or agitated.
 - c) Feeling concerned that people sitting or standing outside their businesses may prevent customers entering.
 - d) Increasing numbers of people experiencing homeless making the streets appear unsafe, thus bringing down the value of businesses in the area.⁴²
42. Staff at downtown community centres have shared concerns about an increase in people under the influence of drugs entering premises in mental distress. Staff do not feel they have adequate skills to deal with people under the influence of substances. Increases in discarded drug-related paraphernalia in central areas have also been reported, such as discarded needles. These pose a health and safety risk to staff, and the general population.
43. Escalating tensions have seen inhumane solutions to addressing homelessness being shared widely⁴³ alongside a plea for more compassion and understanding.⁴⁴
44. Ongoing stresses associated with Covid-19 and the financial crisis may lead to more people living without adequate housing,⁴⁵ and greater calls from businesses asking the Government for solutions to homelessness, crime, and drug use.⁴⁶

We propose to trial an evidence-based harm reduction initiative, developed in partnership with key stakeholders

45. We propose trialling the establishment of an overdose prevention centre – also known as a medically supervised drug use space - in Auckland CBD. The trial would run initially for at least three years and would be primarily targeted towards helping those who are living without shelter or in temporary or emergency accommodation, and using drugs.
46. The goal would be to prevent overdoses and reduce incidents of acute drug harm in the city centre and on the streets. The centre would take people off the streets, and give them a safer space to use substances, with medical supervision on hand in case of overdose.
47. This proposed solution will help address the concerns of Auckland residents and businesses by reducing the number of people using drugs and/or overdosing outside their premises.

⁴² Ibid.

⁴³ Tan, L. (2022). *Auckland Mayoral candidate Leo Molloy's 'inhumane' plan for 'undesirables' in Auckland CBD*. New Zealand Herald. Retrieved from <https://www.nzherald.co.nz/nz/auckland-mayoral-candidate-leo-molloys-inhumane-plan-for-undesirables-in-auckland-cbd/FMQS7XQ7GJYZVS5EAKYL2PKXBA/>

⁴⁴ Auckland Council. (2021). *Councillor Fa'anānā Efeso Collins: Homelessness is not anti-social behaviour*. Retrieved from <https://ourauckland.aucklandcouncil.govt.nz/news/2021/12/councillor-fa-anana-efeso-collins-homelessness-is-not-anti-social-behaviour/>

⁴⁵ Gay, E. & Block, G. (2022). *Inner city pressure: 'It's hard watching elderly eat out of bins.'* Stuff National News. Retrieved from <https://www.stuff.co.nz/national/300484242/inner-city-pressure-its-hard-watching-elderly-eat-out-of-bins>

⁴⁶ Dillane, T. (2021). *Crime in the city: Auckland's businesses implore Govt to act*. New Zealand Herald. Retrieved from <https://www.nzherald.co.nz/nz/crime-in-the-city-aucklands-businesses-implore-govt-to-act-on-covid-19-crime-crisis/O4DBFGO2JNCAREBAZBYXXL6TYM/>

Overdose prevention centres (also known as medically supervised drug use spaces, or drug consumption rooms) are an effective evidence-based harm reduction initiative⁴⁷

48. Globally, overdose prevention centres operate in at least 14 countries across more than 130 sites⁴⁸ including in Australia, Europe, and North America.⁴⁹ Recently, Scottish decision makers have given strong support to creating such centres, given the potential public health benefits, despite legal and political barriers.⁵⁰ California is currently debating a bill to pilot sites in San Francisco, Oakland, and Los Angeles.^{51 52}
49. Sydney's Uniting Church has operated an overdose prevention centre since 2001. During this time, they have supervised more than 1.2 million injections without a single drug-related death.⁵³



Figure 1: Uniting Medically Supervised Injecting Centre in Sydney.

50. Overdose prevention centres provide a safe environment to consume substances, with medical assistance on hand.⁵⁴ Overseas evidence shows these spaces help keep people who use drugs safe, reduce harm from substance use, and prevent drug overdose and death.^{55 56}

⁴⁷ Holland, A., Harris, M., Hickman, M., Lewer, D., Shorter, G. W., Horsley, J., Powell, M., & Rae, M. (2022). Overdose prevention centres in the UK. *The Lancet. Public Health*, 7(3), e196–e197.

⁴⁸ Ibid.

⁴⁹ Schatz, E., Nougier, M. (2021). *IDPC Briefing Paper: Drug Consumption Rooms Evidence and Practice*. Retrieved from http://www.drugsandalcohol.ie/17898/1/IDPC-Briefing-Paper_Drug-consumption-rooms.pdf

⁵⁰ Nicholls, J., Livingston, W., Perkins, A., Cairns, B., Foster, R., Trayner, K.M.A., Sumnall, H.R., Price, T., Cairney, P., Dumbrell, J., Parkes, T. (2022). Drug Consumption Rooms and Public Health Policy: Perspectives of Scottish Strategic Decision-Makers. *Int. J. Environ. Res. Public Health*, 19, 6575.

⁵¹ California Legislative Information (2022). *SB-57 Controlled substances: overdose prevention program*. Retrieved from https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB57

⁵² McClurg, L. (2022). *California debates opening supervised sites for people to use drugs*. NPR. Retrieved from <https://www.npr.org/sections/health-shots/2022/05/23/1099478640/california-safe-injection>

⁵³ Uniting. (2022). *Uniting medically supervised injecting centre*. Retrieved from <https://www.uniting.org/community-impact/uniting-medically-supervised-injecting-centre--msic.html>

⁵⁴ Drug Policy Alliance. (2022). *Overdose prevention centers*. Retrieved from <https://drugpolicy.org/issues/supervised-consumption-services>

⁵⁵ Holland, A., Harris, M., Hickman, M., Lewer, D., Shorter, G. W., Horsley, J., Powell, M., & Rae, M. (2022). Overdose prevention centres in the UK. *The Lancet. Public Health*, 7(3), e196–e197.

⁵⁶ European Monitoring Centre for Drugs and Drug Addiction (2018). *Drug consumption rooms: an overview of provision and evidence*. Retrieved from https://www.emcdda.europa.eu/topics/pods/drug-consumption-rooms_en

⁵⁷ When established in partnership with law enforcement and health and social services,⁵⁸ overdose prevention centres can be used to promote engagement with drug treatment services and help support people to reduce or stop their drug use, and reduce harm.⁵⁹

51. Overdose prevention centres provide an opportunity for evidence-based interventions,⁶⁰ such as administering naloxone, an opioid overdose reversal drug. Naloxone is a hugely effective drug, easy to administer and without negative side effects, that has saved thousands of lives in overdose prevention centres overseas. There is some emerging evidence that it may also work to reverse overdoses from synthetic cannabinoids.⁶¹

52. In addition to overdose prevention, other support that may be offered in the centre includes:

- a. early intervention, to prevent medical issues before they occur (measuring oxygen and blood pressure are two examples);
- b. basic health care, particularly wound and vein care;
- c. Hepatitis C testing;
- d. psychosocial support, including referral to treatment and other support services;
- e. needle and syringe exchange;
- f. drug checking;
- g. resuscitation (using an automated external defibrillator (AED));
- h. laundry and shower facilities.

An overdose prevention centre would also help prepare us to respond to any future opioid overdose crisis

53. Having an overdose prevention centre established in Auckland would be incredibly helpful if (or when) we experience a synthetic opioid overdose crisis here. You may have heard about the recent spate of overdoses in Wairarapa that put 12 people in hospital after consuming what they thought to be cocaine.⁶² The cocaine contained fentanyl, a potent synthetic opioid that has caused hundreds of thousands of deaths overseas.

54. In New Zealand, we are vulnerable to changes in international drug markets and the trend is towards drugs such as opioids, MDMA and methamphetamine being increasingly contaminated with fentanyl and other even more potent synthetic opioids. We need to be prepared for many people to be affected very quickly and for multiple deaths to occur. Having

⁵⁷ Pardo, B., Caulkins, J.P., Kilmer, B. (2018). Assessing the Evidence on Supervised Drug Consumption Sites. RAND Corporation Working Paper WR-1261-RC. Retrieved from https://www.rand.org/pubs/working_papers/WR1261.html

⁵⁸ DeBeck, K., Wood, E., Zhang, R., Tyndall, M., Montaner, J., & Kerr, T. (2008). Police and public health partnerships: Evidence from the evaluation of Vancouver's supervised injection facility. *Substance Abuse Treatment, Prevention, and Policy*, 3(11).

⁵⁹ Kerman, Nick & Manoni-Millar, Stéphanie & Cormier, Luc & Cahill, Tali & Sylvestre, John. (2020). "It's not just injecting drugs": Supervised consumption sites and the social determinants of health. *Drug and Alcohol Dependence*. 213.

⁶⁰ Holland, A., Harris, M., Hickman, M., Lewer, D., Shorter, G. W., Horsley, J., Powell, M., & Rae, M. (2022). Overdose prevention centres in the UK. *The Lancet. Public Health*, 7(3), e196–e197.

⁶¹ Jones, J. D., Nolan, M. L., Dave, R., Comer, S. D., & Paon, D. (2017). Can naloxone be used to treat synthetic cannabinoid overdose? *Biological psychiatry*, 81(7), e51–e52. <https://doi.org/10.1016/j.biopsych.2016.08.013>

⁶² Bhamidipati, S (2022). *Fears of more fentanyl overdoses as police try to find supplier of drug used in Wairarapa*. Radio NZ. <https://www.rnz.co.nz/news/national/469882/fears-of-more-fentanyl-overdoses-as-police-try-to-find-supplier-of-drug-used-in-wairarapa>

an overdose prevention centre open in Auckland would be an important protective buffer to prevent deaths in the communities that live there.

Overdose prevention centres do not increase drug use or bring more drug users to an area

55. Despite fears expressed in some overseas locations, overdose prevention centres have not led to increased harms where they have been established. A systematic literature review looked at 75 studies, mostly from Vancouver and Sydney. The review found that:
- The centres fulfilled their harm-reduction objectives.
 - They did not increase initiation or frequency of drug use.
 - They did not increase trafficking or crime in the surrounding environments.⁶³
56. Another summary of the literature found:
- Following the opening of a site in Rotterdam, 83% of clients self-reported using drugs less often in public.
 - In Vancouver, 71% of those using centres reported reducing injecting in public.
 - In Sydney, a survey of local community residents at baseline, 18 months and four years after a supervised site opened found perceived decreases in public injecting and public syringe disposal.
 - Participation was shown to contribute to drug cessation.⁶⁴
57. A recent systematic review found "that [overdose prevention centres] facilitate drug treatment, access to health services and cessation of drug injecting. Local residents and business owners reported less public drug use and public syringe disposal following the opening of a [centre]."⁶⁵
58. Even more important, places where supervised drug spaces have been introduced have experienced a decrease in fatal overdoses.⁶⁶
59. **We propose operating a collaborative model of providers to help run the pilot service**
60. Ideally a range of local providers will be involved in governing the trial, including Ngāti Whatua Ōrākei and a range of the providers who already provide support to this community.

63 Poitier, C et al (2014). Supervised injection services: What has been demonstrated? A systematic literature review. *Drug and Alcohol Dependence*, Vol 145, pp48-68. <https://www.sciencedirect.com/science/article/abs/pii/S0376871614018754>

⁶⁴ Belackova, V, and Slamon, A (2017). *Overview of International Literature. Supervised injecting facilities and drug consumption rooms*. United Medicallyt Supervised Injecting Centre, Sydney.

⁶⁵ Tran, V et al (2021) *Assessing Drug Consumption Rooms and Longer Term (5 Year) Impacts on Community and Clients*. Risk Management and Healthcare Policy 2021: 14 pp 4639-4647.

⁶⁶ Ng, J., Sutherland, C., & Kolber, M. R. (2017). Does evidence support supervised injection sites? *Canadian family physician Medecin de famille canadien*, 63(11), 866.

Our homeless population in central Auckland would be responsive to a supervised drug space

61. We know from the experience of Haven Recovery Café that there is real demand for this kind of service. Haven⁶⁷ is a peer-led support service established in October 2019 and run by Odyssey, Lifewise, and Mind & Body. Haven offers an after-hours, drop-in safe space for people experiencing a rough time after taking substances, feeling distressed or wanting to feel less alone. Peers with experience in drug and alcohol dependence, homelessness, and mental health are available for a chat and to help identify next steps if needed.⁶⁸
62. Haven has seen a significant increase in the number of people accessing their services since Covid-19.⁶⁹ Numbers have grown to around people 600 visiting each weekend, with some individuals making multiple visits in one weekend.⁷⁰ Those coming to Haven include people who are living without shelter, who use drugs and who experience mental health distress, the rainbow community, and sex workers. People choose Haven because they find the space accessible, respectful, and welcoming, and there are peers with lived experience who understand drug harm.⁷¹
63. This experience demonstrates the huge need amongst this cohort for a warm and supportive place to go around the clock (Haven only operates after hours). While Haven provides a safe space during specific hours, what we lack is an intervention to prevent overdose and harm from drug use. This proposal seeks to address that gap.
64. NZ Drug Foundation staff members have taken part in night walks and overdose prevention events in preparation for this proposal. People who use drugs and/or experience homelessness have enthusiastically stated that this would be a much-needed service in the area. Some of the stories we have heard include:
- a) One individual living on the streets of Auckland noted that people are often ‘dropped off’ to his corner to be looked after when they are heavily intoxicated or overdosing. He said that he was worried about what would happen when he was gone, and whether his street friends and whānau would be left to die.
 - b) Sex workers in Auckland central have noted that they often fear for their safety when using drugs before or after their work as there is nowhere they can go to use substances. This considerably increases the risk of acts of violence or sexual assault being perpetrated against sex workers.
 - c) People in Auckland central have reported peers discarding needles behind public buildings because they are forced to use outside and don’t want to be caught by police with drug paraphernalia on them. This poses a risk to public health and safety, and increases the possibility of people using dirty/found needles.

⁶⁷ Odyssey. (2022). *Haven*. Retrieved from <https://www.odyssey.org.nz/our-services/pakeke/haven>

⁶⁸ Lifewise. (2022). *Enterprises: Merge community*. Retrieved from <https://www.lifewise.org.nz/our-services/enterprises/merge-community/>

⁶⁹ Todd, K. (2020). *Hundreds flocking to K Road peer support cafe service*. RNZ. Retrieved from <https://www.rnz.co.nz/news/national/428136/hundreds-flocking-to-k-road-peer-support-cafe-service>

⁷⁰ Ministry of Health. (2021). *Annual Report for the Year Ended 30 June 2021*. Wellington: Ministry of Health.

⁷¹ Auckland District Health Board. (2021). *Annual report 2020/2021*. Retrieved from <https://www.adhb.health.nz/assets/Documents/About-Us/Planning-documents/ADHB-Annual-Report-202021.pdf>

Comments from Haven visitors about potential overdose prevention centre

“It would be great to have a space where people can be safe. I hate seeing the whānau going behind the shops on K Road to find a place to use. It’s not safe and nobody knows when they have a rough time [overdose].”

“They [people who use synthetic cannabinoids] are in deep. To keep them safe would be great.”

“I can’t believe this is even an option. I wish it had been there when I was still using synnies, especially the testing [drug checking]. I had some bad times because of taking stuff that was mixed with shit.”

How the overdose prevention space would work

65. The overview of how the centre would work, and the list of services proposed here are based on what has been successful overseas and our understanding of what is most needed for this cohort. The specifics of how the space works will be somewhat dependent on the premises we secure and the amount of funding that is available, but will be tailored to ensure the space works for the primary group needing support.
66. Our goal is to keep people alive and provide positive non-judgemental support to help with other issues they may be facing.

The centre would:

- a) Be available to everyone but focus on people experiencing homelessness and using drugs in the Auckland CBD.
- b) Be staffed with trained personnel (registered nurses, peer support workers and security staff).
- c) Offer basic medical services and drug checking as well as showering and laundry facilities, hygiene and sanitary products, and hot drinks.

The centre would focus on people most at risk of overdose, including those experiencing homelessness and using drugs in the Auckland CBD

67. The overdose prevention centre would be open to everybody but would primarily support people most at risk of overdose in the area, or those living without shelter or in emergency or temporary housing in downtown Auckland. As mentioned above, this cohort uses a range of different substances. In terms of overdose prevention, current focus areas would be synthetic cannabinoid and opioid use. Synthetic cannabinoids are typically smoked, whereas opioids may be smoked, snorted, swallowed, or injected.

68. The illicit market for psychoactive substances is becoming increasingly unpredictable and new substances turn up each year,⁷² so specific needs may change over time. However, this group will always be more vulnerable and need extra support.
69. Other groups at risk of overdose who may benefit from use the centre include Māori (who are overrepresented in overdose statistics), members of the rainbow community, people who inject drugs, sex workers and other at-risk populations. The space should be as inclusive as possible, and welcoming of people across a range of ages, ethnicities, gender, and sexual orientation.
70. As a group who bear a disproportionate burden in rates of homelessness, rates of synthetic cannabinoid use, overdose and other health comorbidities, the centre must work for Māori, and be a space that feels safe and welcoming.
71. To ensure the local drug-using community are aware of the supervised drug space, we envision that staff in the early days would go out onto the streets to engage with people about the service, what it offers and how to access it. People who feel supported and part of a community are more likely to seek help when they need it.⁷³

The space would be staffed by trained professionals

72. Staff will need to be capable of addressing the medical needs of the population using the space, respond to emergencies and be able to build non-judgemental relationships with the clientele. They may need to navigate complex issues.
73. Our proposal is that a registered nurse be always present when the centre is open. A registered nurse would be able to supervise provision of overdose prevention, first aid, and resuscitation services. We have consulted with the Nursing Council of New Zealand to ensure that any nurses working in such a space would not face action that may result in them losing their professional registration. While at this stage they cannot give formal assurance relating to this project, we have had positive informal conversations.
74. Peer support workers will also be vital, to ensure the space is well used and the community's needs are met. Trained peer support workers have relevant lived experience, know how to have a conversation with someone who is using drugs, how to respond in an emergency, and what harm reduction advice to give.⁷⁴
75. The Pou Whānau connector roles used in Te Ara Oranga are a good example of how the peer support worker roles could work. Te Ara Oranga is a methamphetamine harm reduction pilot in Northland. Developed in partnership between local communities, Police, and Health, its goal is to reduce methamphetamine demand by enhancing treatment services and increasing service responsiveness to individuals and whānau.⁷⁵

⁷² Miller, C. (2021). *Exclusive: Warning issued over lethal batch of synthetic cannabis thought to be behind Christchurch death*. TVNZ 1 News. Retrieved from <https://www.1news.co.nz/2021/02/26/exclusive-warning-issued-over-lethal-batch-of-synthetic-cannabis-thought-to-be-behind-christchurch-death/>

⁷³ Smith, A. (2021). *Outreach groups take to the streets to monitor for drug overdoses in Calgary and Edmonton*. The Canadian Press. CBC/Radio-Canada. Retrieved from <https://www.cbc.ca/news/canada/calgary/safe-consumption-calgary-edmonton-alberta-1.6290529>

⁷⁴ Lennox, R., Lamarche, L. & O'Shea, T. (2021). Peer support workers as a bridge: a qualitative study exploring the role of peer support workers in the care of people who use drugs during and after hospitalization. *Harm Reduction Journal*, 18(19).

⁷⁵ Te Ara Oranga (2022). *Te Ara Oranga: The path to wellbeing*. Retrieved from <https://community.northlanddhub.org.nz/NoP/>

76. Pou Whānau connectors are highly respected, have lived experience of drug harm, have strong links to the local community, and are trusted by people using drugs.⁷⁶ Their role is to engage with individuals and whānau and provide links to existing services in the community to encourage a positive pathway for the future. They facilitate referrals for individuals and whānau, support people to stay in treatment, and liaise with Police, and wider alcohol and drug services.⁷⁷
77. The overdose prevention centre will be more likely to be successful if it includes respected, well-connected peer support workers who have lived experience. They can help welcome the community into the space and assist in navigating issues that arise.
78. The centre would ideally operate 24/7, though this may not be practical initially.
79. During hours of operation, a registered nurse and at least one trained peer support worker would be on duty, supported by one or two security staff. The number of staff would need to reflect a safe and appropriate ratio of staff to clients to operate safely and the size of the space.

The centre should offer basic medical services

80. Trained staff would provide basic medical services⁷⁸ including seizure monitoring and early intervention (such as checking blood pressure and oxygen levels if someone starts feeling unwell), as well as withdrawal support (by monitoring vital statistics and keeping people warm).
81. Wound and vein care should also be offered, as this makes an enormous difference to people who are experiencing homelessness.⁷⁹ In our experience, basic first aid provisions make people feel more cared for and engaged. In the event that medications such as antibiotics and hydrocortisone skin cream are needed, we propose using a Practitioners Supply Order (PSO) so that nurses could distribute medications that would normally require a prescription.⁸⁰
82. Naloxone⁸¹ would need to be available at the centre. This drug, although currently available in limited quantities in New Zealand,⁸² is increasingly used overseas by medical personnel and laypersons to reverse opioid overdoses. There is now also emerging evidence that it can also be used to effectively treat synthetic cannabinoid overdoses.⁸³

⁷⁶ Walton D and Martin S. (2021). *The evaluation of Te Ara Oranga: The path to wellbeing. A methamphetamine harm reduction programme in Northland*. Wellington: Ministry of Health.

⁷⁷ Ngāti Hine Health Trust. (2020). *Pou Whānau Connector, Te Hononga Hou job description*. Retrieved from <https://nhht.co.nz/wp-content/uploads/2020/10/JD-Pou-Whanau-Connector-NHHT.pdf>

⁷⁸ Magwood, O. et al (2020). *The effectiveness of substance use interventions for homeless and vulnerably housed persons: A systematic review of systematic reviews on supervised consumption facilities, managed alcohol programs, and pharmacological agents for opioid use disorder*. PloS one, 15(1), e0227298.

⁷⁹ National Health Care for the Homeless Council. (2004). *Wound Care Difficult for Homeless Patients and Providers*. Retrieved from <https://nhchc.org/wp-content/uploads/2019/08/June2004HealingHands.pdf>

⁸⁰ PHARMAC. (2021). *Practitioners supply order (PSO)*. Retrieved from <https://pharmac.govt.nz/pharmaceutical-schedule/community-section-b/practitioners-supply-order-psy-previously-the-mpso-list/>

⁸¹ Health Navigator. (2022). *Naloxone for opioid overdose*. Retrieved from <https://www.healthnavigator.org.nz/medicines/naloxone-for-opioid-overdose/>

⁸² Masters, C. (2021). *'Grossly underprepared' - NZ's naloxone mess*. Matters of Substance. Retrieved from <https://www.drugfoundation.org.nz/matters-of-substance/grossly-underprepared-nzs-naloxone-mess/>

⁸³ Jones, J. D., Nolan, M. L., Dave, R., Comer, S. D., & Paon, D. (2017). *Can naloxone be used to treat synthetic cannabinoid overdose?* Biological psychiatry, 81(7), e51–e52. <https://doi.org/10.1016/j.biopsych.2016.08.013>

83. We also propose an AED (automated external defibrillator)⁸⁴ is available. Overdoses can trigger sudden cardiac arrest, where the heart stops completely, and no pulse or heartbeat can be detected.⁸⁵ An AED machine can be used by anyone to restart the heart.⁸⁶

The centre would ideally offer facilities to meet basic needs

84. Access to basic hygiene and sanitation facilities is a human right.⁸⁷ People who are living without shelter face significant barriers to self-care and personal hygiene, including limited access to clean showers, laundry, and hand washing facilities.⁸⁸

85. An overdose prevention centre provides the opportunity to offer people who are experiencing homelessness a safe, stigma-free place to take care of their basic needs.⁸⁹ Ideally, the supervised drug space would be equipped with facilities such as showering and laundry, and would provide hot drinks, and sanitary products.

Free drug checking should be available

86. Through drug checking, we can reliably determine what substance a client has and the harm profile of that substance. This means we are able to better prepare for possible medical intervention if needed, and to provide it more quickly in the case of an overdose or where other physiological symptoms arise.

87. In our experience, the cohort the centre is aimed at is very open to having their drugs checked, with good attendance at recent drug checking clinics held in downtown Auckland.

88. Through these clinics, we have been able to reach higher-risk populations, including people who inject drugs and people experiencing substance dependence or substance use disorders. This service is already helping build trust, connection, and a sense of non-judgemental support.

89. Drug checking has many benefits for the individual and for the wider community. As it provides a service for the client, they are more likely to be willing to discuss the substances they use and to have a harm reduction conversation. Through drug checking, we can reliably determine what substance a client has and the harm profile of that substance. This means we can better prepare for any medical intervention that may be needed.

90. Drug checking at an overdose prevention space would also allow us to have greater insight into the drug market and what potentially harmful substances are circulating in the community. This information can be shared with our early warning system and contribute to public health messaging on harm reduction. These insights are invaluable in helping us better

⁸⁴ St John New Zealand. (2022). *About AEDs*. Retrieved from <https://www.stjohn.org.nz/first-aid/about-aeds/>

⁸⁵ Morgan, K.K. (2021). *Opioid Addiction and Your Heart*. WebMD. Retrieved from <https://www.webmd.com/mental-health/addiction/opioid-addiction>

⁸⁶ Jones, N. [articles/do-y](#)

⁸⁷ United Na [human_righ](#)

⁸⁸ Wilson, S *the homeles*

⁸⁹ Gillian Ko *Stephen's C*

“The illicit market for psychoactive substances has become increasingly unpredictable and new substances turn up each year, many of which can be harmful or lethal. Our experiences with synthetic cathinones and synthetic cannabinoids show how quickly the entire drugs scene can change in Aotearoa. The synthetic cannabinoid crisis hit us in a sudden wave in 2017, leading to multiple deaths within weeks. Similarly, within a few months of eutylone coming into the country, it was the most common cathinone found. Drug checking helps us identify new substances as they emerge, and tailor harm reduction responses to save lives.”

Emily Hughes, Principal Science Advisor, New Zealand Drug Foundation

for

prepare for future acute drug harm incidents, and in some cases, even reduce or prevent further harm from occurring in the community.⁹⁰

We would wrap evaluation around the trial

91. We are committed to reducing drug harm and want to be sure an overdose prevention centre is effective for our New Zealand context. Currently, New Zealand research on synthetic cannabinoids is limited, focussing primarily on highly technical pharmacological aspects rather than responding to harm or best practice.⁹¹
92. This trial would provide us the opportunity to better understand how to best support people using synthetic cannabinoids and other drugs in downtown Auckland.
93. As part of this trial, we would assess whether the supervised drug space:
 - a) leads to noticeable positive impacts for the local community, residents, and businesses;
 - b) saves lives;
 - c) reduces incidents of acute drug harm such as non-fatal overdose;
 - d) lessens the workload for local Police and ambulance staff by reducing the number of repeat callouts; and
 - e) has other positive benefits for people, such as improved health outcomes or housing security.

Legal context

Supportive legislation and compassionate legal solutions are key to preventing drug overdoses and deaths

94. We sought legal advice to determine what steps we could take to operate a supervised drug space within the existing law.⁹²
95. Currently, the Misuse of Drugs Act 1975 (MODA)⁹³ would clearly prohibit a service provider from operating a supervised drug space unless that provider first obtained a licence from the Governor-General.
96. However, section 14 of MODA contains provisions allowing the Governor General, by Order in Council, to grant licences, or general regulatory exceptions, for specific activities which would otherwise be prohibited under MODA.
97. Under sections 37(1)(a)-(c) of MODA, the Governor-General may by Order in Council make regulations for all or any of the following purposes:

⁹⁰ DIANZ. (2022). *High Alert: Drug information and alerts, Aotearoa New Zealand*. Retrieved from <https://www.highalert.org.nz/>

⁹¹ NZ Drug Foundation. (2018). *Insights into synthetic cannabinoid use. New Zealand Drug Foundation report*. Retrieved from <https://www.drugfoundation.org.nz/assets/uploads/Synthetic-cannabinoid-crisis-insights-and-recommendations-Dec-2018-3.pdf>

⁹² Via Dentons Kensington Swan on 30 July 2021

⁹³ New Zealand Government. (2022). *Misuse of Drugs Act 1975*. Retrieved from <https://www.legislation.govt.nz/act/public/1975/0116/latest/DLM436101.html>

- a) providing for the issue of licences for the import, export, **possession**, production, manufacture, **procuring**, supply, **administration**, or **use** of controlled drugs and the cultivation of prohibited plants;
 - b) prescribing the form, duration, terms, and conditions of any licence under this Act and enabling additional conditions to be imposed;
 - c) prescribing the fees payable for licences under this Act and providing for the cancellation and suspension of such licences.
98. Section 37(1)(a)-(c) can be read to empower the Governor-General to authorise the supervision of the use or consumption of controlled drugs (see in particular the reference to 'administration').
99. Based on this legal advice, there are two ways a supervised drug space could operate within the current law:
- a. The **first** is for the Governor-General, by Order in Council (i.e., Cabinet), to grant a licence permitting the supervised drug space to operate legally, which is otherwise prohibited by MODA.
 - b. The **second** is for the Government (or an individual Member of Parliament) to present a bill to amend MODA to generally legalise the operation of overdose prevention centres. An example of how this may work is the recent amendment the Government made to enable drug and substance checking to operate legally under licence.
100. Although the two options are not mutually exclusive, we are not intending to pursue the second option until a trial is underway. It would be an onerous way to proceed without first piloting the trial and showing proof of concept.
101. We therefore seek a licence under MODA to operate an overdose prevention centre, with onsite supervised drug use, in the Auckland CBD.

Police prosecutions

102. Our legal advice recommends we ensure local law enforcement support so that charges for drug possession, or allowing a premises to be used for drug use under MODA are not brought against:
- a. people using drugs on the premises of the centre;
 - b. health professionals supervising the space;
 - c. the premise owners, or any agencies involved in the trial.
103. We have held discussions with local police, and they have given an initial indication they could work in a similar way as they have done with drug checking. Once a license has been provided, local police have indicated they would not prosecute staff or attendees of the service, in the same way that they do not prosecute people attending drug-checking clinics. They would reserve the right to attend the space and intervene should there be any disturbances of the peace.
104. We do not anticipate any issue with this as Police have shown themselves to be incredibly supportive in general of harm reduction initiatives (drug checking is a good example of this).
105. We have also worked to ensure any medical professional working in such a space would not face disciplinary action from their professional body, the Nursing Council. While at this stage they cannot formally endorse the project or give formal assurance, we have had positive informal conversations.

Smokefree legislation

106. For the centre to work for people using synthetic cannabinoids, we would need to provide a space where substances could be smoked.
107. Under section 5 of the Smokefree Environments Act 1990, this would not be possible in internal areas of the centre (which would be defined as a 'workplace'). However, under current practice, smoking is allowable in external areas of workplaces where the employer allows this. We will therefore seek premises that include an outside area such as a courtyard or backyard that is not visible from the street.
108. If the trial is successful, we may seek to amend the Smokefree Environments Act to allow an internal, well-ventilated space to be created where people can smoke inside. Such an internal room is currently allowed in hospitals and residential care institutions under section 6 of the Act. It would be relatively easy to add overdose prevention centres to the list of places where smoking is allowed under strictly controlled circumstances.
109. Other sites overseas have allowed smoking inside and have found uptake from people consuming drugs via smoking to be high.⁹⁴ All Dutch and 21 of 24 drug consumption rooms in Germany have separate areas for those who want to smoke their drugs. Most sites in Switzerland reported more seats for smoking than for injecting drugs.⁹⁵

⁹⁴ Bourque, S et al (2019). Supervised inhalation is an important part of supervised consumption services. *Canadian Journal of Public Health* 110(2): 210-215. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6964381/>

⁹⁵ Schäffer, D et al (2014) *Drug consumption rooms in Europe. Models, best practice and challenges*. European Harm Reduction Network. <https://idhdp.com/media/399959/drug-consumption-in-europe-final-2014-1.pdf>

Funding the trial

110. We have developed an indicative budget for the remaining costs, which are primarily to fund the proposed supervised space over the trial period. Please refer to Appendix Three.
111. We have had interest from stakeholders prepared to fund the evaluation of the trial. The Centre for Addiction Research is keen to carry out the research. However, the cost of the trial itself is yet to be funded and we would appreciate the assistance of the Government.
112. It should be noted that the status quo also has costs, which are being born by Police, St John, and others. Business is also bearing a cost. The savings from the proposed centre would not directly transfer, but should be considered an overall benefit.

Conclusion

113. We seek your support for this proposal, and ask you to grant us a licence under MODA to operate an overdose prevention centre, with supervised onsite drug use, in the Auckland CBD.
114. We would be very pleased to meet with you to further discuss our proposal.

Thank you for your time.

What are synthetic cannabinoids?

115. Synthetic cannabinoids are a group of depressant drugs that work on the cannabinoid system in the brain⁹⁶. Some were originally created to work on similar parts of the brain as cannabis, but the effects of synthetic cannabinoids are much more dangerous and unpredictable⁹⁷.
116. There are several distinct types of synthetic cannabinoids, some more potent and dangerous than others, and it is impossible to distinguish the types by look or smell⁹⁸. They are usually imported to New Zealand in powder form, diluted and sprayed onto plant material to make them look like cannabis⁹⁹.
117. Synthetics create a powerful dissociative effect, many times stronger than cannabis but very short-lived. As the extreme high rapidly subsides, it is replaced with unpleasant symptoms¹⁰⁰. Synthetics can have an extremely negative impact on people's lives¹⁰¹.

Who is being harmed by synthetic cannabinoids?

118. People most at risk of acute harm from synthetic cannabinoids are men of varying ages with no stable accommodation who are not in work or study¹⁰². They have a common experience of past trauma, difficult current circumstances, unemployment, and a lack of community or whānau connectedness¹⁰³.
119. Ambulance data shows that Auckland CBD, Porirua, and Christchurch are most affected, with problems occurring in pockets¹⁰⁴.

⁹⁶ NIDA. (2018). *Synthetic cannabinoids (K2/Spice) drug facts*. Retrieved from <https://nida.nih.gov/publications/drugfacts/synthetic-cannabinoids-k2spice>

⁹⁷ NIDA. (2018). *Synthetic cannabinoids (K2/Spice) drug facts*. Retrieved from <https://nida.nih.gov/publications/drugfacts/synthetic-cannabinoids-k2spice>

⁹⁸ The Level. (2022). *Synthetic cannabinoids*. Retrieved from <https://thelevel.org.nz/drug-information/synthetic-cannabinoids/>

⁹⁹ ESR. (2022). *The evolution of synthetic cannabinoids*. Retrieved from <https://www.esr.cri.nz/our-research/our-science-in-action/the-evolution-of-synthetic-cannabinoids/>

¹⁰⁰ ESR. (2018). *Why are synthetic cannabinoids having such a dramatic impact in 2017?* Retrieved from <https://www.esr.cri.nz/assets/Uploads/ESR-Drug-Fact-Sheet-Synthetic-Cannabinoid-Concentrations-May-Dec-2017-Updated-Aug-2018.pdf>

¹⁰¹ Sommerville, T. (2022). *More needs to be done to tackle synthetic cannabinoids, experts say*. Stuff National News. Retrieved from <https://www.stuff.co.nz/national/health/127330666/more-needs-to-be-done-to-tackle-synthetic-cannabinoids-experts-say>

¹⁰² NZ Drug Foundation. (2019). *Synthetic cannabinoids - too many unknowns*. Retrieved from <https://www.drugfoundation.org.nz/matters-of-substance/archive/march-2019/synthetic-cannabinoids-too-many-unknowns/>

¹⁰³ Miller, C. (2021). *Rising in popularity, dangerous synthetic drug linked to 90 deaths in past four years*. TVNZ 1 News. Retrieved from <https://www.1news.co.nz/2021/02/26/rising-in-popularity-dangerous-synthetic-drug-linked-to-90-deaths-in-past-four-years/>

¹⁰⁴ NZ Drug Foundation. (2019). *Synthetic cannabinoids - too many unknowns*. Retrieved from <https://www.drugfoundation.org.nz/matters-of-substance/archive/march-2019/synthetic-cannabinoids-too-many-unknowns/>

Why do people use synthetic cannabinoids?

120. People who use synthetic cannabinoids tend to choose them over other drugs because they are cheap, easily accessible, and make the person feel completely 'out of it.'¹⁰⁵ People are usually aware of the dangers, but still use because they are addicted, or because the substances allow them to escape their daily reality¹⁰⁶.
121. For many people using synthetic cannabinoids, the risk of death is not enough to stop using¹⁰⁷. For them, life, at least at first, feels bearable with synthetics¹⁰⁸.

What is the outlook on harm from synthetic cannabinoids?

122. We are highly likely to experience another surge of deaths at some point¹⁰⁹. Synthetic cannabinoids remain a big focus of concern, with new and dangerous analogues regularly discovered by Customs and Police¹¹⁰.
123. In 2021, all synthetic cannabinoids were banned in China, which has up until now, manufactured most of the global synthetic cannabinoid supply¹¹¹. This will lead to knock-on effects in terms of what drugs are available, and how much harm they cause.
124. New synthetic products are manufactured to be as potent as possible, so smaller quantities overall need to be imported¹¹². New chemicals are used making it difficult to differentiate between different strains of the drug¹¹³. People are often unaware of what they are consuming and how much synthetic cannabinoid is present¹¹⁴.

¹⁰⁵ Anderson, V. (2020). *Synthetic drugs in New Zealand: 'This is how we are dying'*. The Press. Retrieved from <https://www.stuff.co.nz/the-press/news/119262480/synthetic-drugs-in-new-zealand-this-is-how-we-are-dying>

¹⁰⁶ Arnold, N. (2018). *Getting real about synthetics*. Matters of Substance. Retrieved from <https://www.drugfoundation.org.nz/matters-of-substance/archive/november-2018/getting-real-about-synthetics/>

¹⁰⁷ Brown, R. (2017). *We should have known*. Matters of Substance. Retrieved from <https://www.drugfoundation.org.nz/matters-of-substance/archive/october-2017/we-should-have-known/>

¹⁰⁸ Sommerville, T. (2022). *More needs to be done to tackle synthetic cannabinoids, experts say*. Stuff National News. Retrieved from <https://www.stuff.co.nz/national/health/127330666/more-needs-to-be-done-to-tackle-synthetic-cannabinoids-experts-say>

¹⁰⁹ Miller, C. (2021). *Exclusive: Warning issued over lethal batch of synthetic cannabis thought to be behind Christchurch death*. TVNZ 1 News. Retrieved from <https://www.1news.co.nz/2021/02/26/exclusive-warning-issued-over-lethal-batch-of-synthetic-cannabis-thought-to-be-behind-christchurch-death/>

¹¹⁰ New Zealand Police. (2021). *Ongoing harm linked to dangerous 'batch' of synthetic cannabinoids in Taranaki*. New Zealand Police. Retrieved from <https://www.police.govt.nz/news/release/ongoing-harm-linked-dangerous-%E2%80%98batch%E2%80%99-synthetic-cannabinoids-taranaki>

¹¹¹ UNODC. (2022). *China: Announcement to place synthetic cannabinoids under generic control*. UNODC Laboratory and Scientific Service Portals. Retrieved from <https://www.unodc.org/LSS/Announcement/Details/ff032a29-2e14-4dab-b7d8-ab86d355c809>

¹¹² Nichol, T. (2020). *Preparing for another synthetic cannabinoids spike*. Matters of Substance. Retrieved from <https://www.drugfoundation.org.nz/matters-of-substance/preparing-for-an-unwelcome-resurgence-of-synthetic-cannabinoids/>

¹¹³ Mercier, K and Jarrett, H (2022). *State of the Nation 2022. A stocktake of how New Zealand is dealing with drug use and drug harm*. NZ Drug Foundation, Wellington.

¹¹⁴ Anderson, V. (2020). *Synthetic drugs in New Zealand: 'This is how we are dying'*. The Press. Retrieved from <https://www.stuff.co.nz/the-press/news/119262480/synthetic-drugs-in-new-zealand-this-is-how-we-are-dying>

125. Due to the volatility of the illicit drugs market, and the unpredictability of the chemicals that reach our shores, we are concerned that a second wave of deaths may emerge¹¹⁵. Anecdotal reports since Covid-19 began point to increased numbers of people presenting in need of support from use of synthetics¹¹⁶. This may be due to stresses associated with Covid-19 (such as job loss, loss of secure housing), which is creating increased demand for the drug¹¹⁷.

¹¹⁵ Miller, C. (2021). *Exclusive: Warning issued over lethal batch of synthetic cannabis thought to be behind Christchurch death*. TVNZ 1 News. Retrieved from <https://www.1news.co.nz/2021/02/26/exclusive-warning-issued-over-lethal-batch-of-synthetic-cannabis-thought-to-be-behind-christchurch-death/>

¹¹⁶ Todd, K. (2020). *Hundreds flocking to K Road peer support cafe service*. RNZ. Retrieved from <https://www.rnz.co.nz/news/national/428136/hundreds-flocking-to-k-road-peer-support-cafe-service>

¹¹⁷ DIANZ. (2021). *Preparing for another synthetic cannabinoids spike*. High Alert. Retrieved from <https://www.highalert.org.nz/articles/preparing-for-another-synthetic-cannabinoids-spike/>

What is the evidence for harm reduction initiatives?

126. There is growing evidence on reducing harm rather than preventing use¹¹⁸. ‘Harm reduction’ means meeting people where they currently are in terms of their substance use, and their lifestyles, and providing them with the tools they need to reduce their risk of drug-related harm¹¹⁹. Harm reduction acknowledges that not everyone is ready or able to stop using drugs, and complete abstinence will not be a realistic goal for some people¹²⁰.
127. Harm reduction aims to identify the goals people wish to achieve based on their individual needs and circumstances¹²¹. This helps recognise the inherent value of human beings and the importance of an inclusive community that can support people who use substances with compassion¹²².
128. Providing people with harm reduction advice, information and tools can be an opportunity to establish trusted relationships between service providers and those who could do with their support¹²³. This is crucial for engaging with harder to reach communities¹²⁴.
129. Harm reduction relies on using multiple approaches to address drug use¹²⁵. This is tailored to the context of drug availability and use in a country or region.

What are the benefits of harm reduction initiatives?

130. Harm reduction initiatives are cost-effective and help prevent or minimise a range of physical and social harms related to drug use¹²⁶. This is despite the higher initial start-up costs; using complex simulation models, injection sites in Canada, for example, have found significant reductions and prevention of drug harm related infections, with estimated societal benefits of

¹¹⁸ Wilson, D. P., Donald, B., Shattock, A. J., Wilson, D., & Fraser-Hurt, N. (2015). The cost-effectiveness of harm reduction. *The International Journal on Drug Policy*, 26 Suppl 1, S5–S11. <https://doi.org/10.1016/j.drugpo.2014.11.007>

¹¹⁹ National Harm Reduction Coalition. (2022). *Principles of harm reduction*. Retrieved from <https://harmreduction.org/about-us/principles-of-harm-reduction/>

¹²⁰ Harm Reduction International. (2022). *What is harm reduction?* Retrieved from <https://www.hri.global/what-is-harm-reduction>

¹²¹ Pauly, B., Wallace, B., & Barber, K. (2018). Turning a blind eye: Implementation of harm reduction in a transitional programme setting. *Drugs: Education, Prevention, and Policy*, 25(1), 21–30.

¹²² Substance Abuse and Mental Health Services Administration. (2022). *Harm reduction*. Retrieved from <https://www.samhsa.gov/find-help/harm-reduction>

¹²³ National Health Care for the Homeless Council. (May 2020). *Harm Reduction*. Healing Hands, 24:2. (Author: Melissa Jean, Writer). Nashville, TN. Retrieved from https://nhchc.org/wp-content/uploads/2020/05/Healing-Hands-Harm-Reduction_FINAL2.pdf

¹²⁴ Hunt, N. (2003). *A review of the evidence-base for harm reduction approaches to drug use*. Retrieved from <https://www.hri.global/files/2010/05/31/HIVTop50Documents11.pdf>

¹²⁵ National Harm Reduction Coalition. (2022). *Principles of harm reduction*. Retrieved from <https://harmreduction.org/about-us/principles-of-harm-reduction/>

¹²⁶ Wilson, D.P., Donald, B., Shattock, A.J., Wilson, D., & Fraser-Hurt, N. (2015). The cost-effectiveness of harm reduction. *The International Journal on Drug Policy*, 26 Suppl 1, S5–S11. <https://doi.org/10.1016/j.drugpo.2014.11.007>

\$6 million Canadian dollars annually¹²⁷ and \$17.6 million Canadian dollars saved in lifetime medical costs¹²⁸.

131. Likewise, analysis of a supervised smoking site found it saved \$1.8 million Canadian dollars annually in taxpayer's money by preventing drug related infections¹²⁹. A cost-benefit analysis of a Californian injection site showed that for each dollar spent on such as space, there would be more than twice as much saved by the public health system, resulting in a total annual net savings of US\$3.5 million for a single site¹³⁰.
132. In New Zealand, it costs the Government \$65,000 annually in mental health services and police costs for each person who is homeless¹³¹. In comparison, getting people off the streets and into secure housing via harm reduction initiatives such as Housing First could cost around \$15,000¹³². Another harm reduction initiative, Te Ara Oranga, has demonstrated a monetary return of between \$3 to \$7 for every dollar spent on the methamphetamine treatment programme¹³³.
133. In countries that have increased harm reduction initiatives, there has not been a correlation in increased drug use, but a reduction in the harm caused by drugs¹³⁴.
134. There are several benefits to investing in harm reduction initiatives¹³⁵. These include:
 - Preventing serious health incidents, including overdose and death¹³⁶
 - Reducing risky drug use and/or sexual behaviour¹³⁷
 - Supporting positive behaviour change such as increase autonomy and self-care¹³⁸

¹²⁷ Andresen, M.A. & Boyd, N. (2010). A cost-benefit and cost-effectiveness analysis of Vancouver's supervised injection facility. *Int J Drug Policy*, 21, 70-6.

¹²⁸ Pinkerton, S.D. (2010). Is Vancouver Canada's supervised injection facility cost-saving? *Addiction*, 105, 1429-36.

¹²⁹ Jozaghi, E. 2014. A cost-benefit/cost-effectiveness analysis of an unsanctioned supervised smoking facility in the Downtown Eastside of Vancouver, Canada. *Harm Reduction Journal*, 11, 30.

¹³⁰ Irwin, A., Jozaghi, E., Bluthenthal, R.N., & Kral, A.H. (2017). A cost-benefit analysis of a potential supervised injection facility in San Francisco, California, USA. *Journal of Drug Issues*, 47(2), 164–184.

¹³¹ Cross-Party Inquiry into Homelessness. (2016). *Ending Homelessness in New Zealand*. Retrieved from https://d3n8a8pro7vhm.cloudfront.net/beachheroes/pages/11123/attachments/original/1582080379/Homelessness_Cross_Party_Inquiry_Report.pdf?1582080379

¹³² Cross-Party Inquiry into Homelessness. (2016). *Ending Homelessness in New Zealand*. Retrieved from https://d3n8a8pro7vhm.cloudfront.net/beachheroes/pages/11123/attachments/original/1582080379/Homelessness_Cross_Party_Inquiry_Report.pdf?1582080379

¹³³ Chiang, J. (2022). 'Radical change': The Northland meth rehab programme that works. Radio New Zealand. Retrieved from <https://www.rnz.co.nz/programmes/the-detail/story/2018833514/radical-change-the-northland-meth-rehab-programme-that-works>

¹³⁴ Holland, A., Harris, M., Hickman, M., Lewer, D., Shorter, G. W., Horsley, J., Powell, M., & Rae, M. (2022). Overdose prevention centres in the UK. *The Lancet. Public Health*, 7(3), e196–e197.

¹³⁵ European Monitoring Centre for Drugs and Drug Addiction (2018). *Drug consumption rooms: an overview of provision and evidence*. Retrieved from https://www.emcdda.europa.eu/topics/pods/drug-consumption-rooms_en

¹³⁶ Substance Abuse and Mental Health Services Administration. (2022). *Harm reduction*. Retrieved from <https://www.samhsa.gov/find-help/harm-reduction>

¹³⁷ Hartney, E. (2022). *How harm reduction works*. Retrieved from <https://www.verywellmind.com/what-is-harm-reduction-22288>

¹³⁸ Hawk, M., Coulter, R.W.S., Egan, J.E. et al. (2017). *Harm reduction principles for healthcare settings*. *Harm Reduction Journal*. 14(70).

- Increased engagement with groups who do not typically access mainstream health services, and increased progress on addressing basic needs, housing, and financial support¹³⁹
- Enhanced opportunities to access addiction services in the short or longer terms¹⁴⁰.

¹³⁹ Carver, H., Ring, N., Miler, J. & Parkes, T. (2020). *What constitutes effective problematic substance use treatment from the perspective of people who are homeless? A systematic review and meta-ethnography*. Harm Reduction Journal. 17(10).

¹⁴⁰ Dale-Perera, A. (2017). *Recovery, reintegration, abstinence, harm reduction: the role of different goals within drug treatment in the European context. Background paper commissioned by the EMCDDA for health and social responses to drug problems: a European guide*. Retrieved from https://www.emcdda.europa.eu/system/files/attachments/6322/EuropeanResponsesGuide2017_BackgroundPaper-Recovery-Reintegration-Abstinence-Harm-reduction.pdf

Appendix Three – Indicative budget

Costs for the premises are based on current market rental. These costs will reduce if there is an organisation we can partner with, who can offer us a suitable space that is partially subsidised or free of charge.

Salaries have been estimated using figures obtained from MBIE and an education provider. We have included an extra 10% on top of salary costs to cover administration. The estimates are based on staff working a 40-hour week, with the centre open between 12 and 16 hours per day, seven days per week.

Two registered nurses will be onsite at all times, as will at least two trained peer support workers and at least one security guard. We will need to ensure an appropriate ratio of staff to clients at all times, so the budget shown here is indicative rather than final – it may need to be increased should uptake be particularly high.

The centre could benefit greatly from having a GP on call, at 0.1 FTE. We expect this could be funded under public health system, so we have not budgeted for this cost.

Indicative budget for three-year pilot

Premises	Year One (\$)	Year Two (\$) (+3% inflation)	Year Three (\$) (+3%)
Fitout costs (including shower and laundry facilities)	\$200,000	\$15,000	\$15,500
Rent	\$80,000	\$82,400	\$84,900
Overheads (including utilities, rates, insurance)	\$50,000	\$51,500	\$53,000
Salaries			
Nurses (4.2 - 5.6 FTE)	\$355,700 – \$474,300	\$366,400 - \$488,500	\$377,400 - \$503,200
Peer support workers (4.2 – 5.6 FTE)	\$254,100 - \$338,800	\$261,700 – \$349,000	\$269,600 - \$359,400
Security (2.1 - 5.6 FTE)	\$96,800 - \$258,100	\$99,700 - \$265,800	\$102,700 - \$273,800
Equipment and supplies			
Medical supplies including oxygen, oximeters, naloxone, blood pressure monitors, wound care, thermometers, and defibrillators	\$15,000	\$12,000	\$12,500
Total	\$1,051,600- \$1,319,400	\$888,700 - \$1,264,200	\$915,600 - \$1,302,300
Grand total			\$2,855,900 - \$3,885,900

Appendix Four – Statements of support

The following pages are signed endorsements of the proposal to establish an overdose prevention centre to address acute drug harm among people experiencing homelessness in Auckland.

We have received signed endorsements from the following organisations:

- 1) Community Housing Aotearoa

- 2) Odyssey
- 3) Centre for Addiction Research – The University of Auckland
- 4) Nurses Society of New Zealand
- 5) ADIO Trust.

Endorsement of proposal to establish an overdose prevention centre to address acute drug harm among people experiencing homelessness in inner-city Auckland

We support a proactive approach in favour of continuing to ‘turn a blind eye’ to overdose and acute drug harm in some of our most vulnerable people. This ignores harms from synthetic cannabinoid and other drug use among people who are experiencing homelessness in central Auckland. Ignoring this harm has meant drug overdoses, deaths, distress to inner-city residents and businesses, and wasting of police and ambulance resources.

We recognise that tailored harm reduction initiatives are required for this cohort, as well as improvements in how, when and where services are delivered. These changes need to take place in the context of wider improvements, such as housing provision, poverty reduction, mental health support and shifting to health-based approaches to drug harm.

We fully support the proposal to trial an overdose prevention centre in inner city Auckland for at least three years for people who are experiencing homelessness and use drugs.

This potential solution will help address the concerns of Auckland residents and businesses by reducing the number of people using drugs on and around their premises. It would also prevent overdoses, take people off the streets, and give them a safer space to use substances, which will in turn protect residents and businesses.

We support the Drug Foundation asking the government to pass an Order in Council to grant a licence authorising the overdose prevention centre to operate legally, which would otherwise be prohibited under the Misuse of Drugs Act 1975 (MODA). If the results of the trial are positive, we will support the Drug Foundation in its request to the Government to amend MODA to legalise overdose prevention centres more generally, as they recently have done to allow drug and substance checking under licence.

In making this shared endorsement, Community Housing Aotearoa commit to working together and supporting the Drug Foundation to trial a supervised drug space in inner city Auckland with the objective of preventing overdoses and reducing incidents of acute drug harm in the city centre.

SIGNATORIES



A handwritten signature in blue ink, appearing to read "Victoria Crockford", is placed on a light grey rectangular background.

Name Victoria Crockford

Role Chief Executive Officer |

Endorsement of proposal to establish an overdose prevention centre to address acute drug harm among people experiencing homelessness in inner-city Auckland

We support a proactive approach in favour of continuing to ‘turn a blind eye’ to overdose and acute drug harm in some of our most vulnerable people. This ignores harms from synthetic cannabinoid and other drug use among people who are experiencing homelessness in central Auckland. Ignoring this harm has meant drug overdoses, deaths, distress to inner-city residents and businesses, and wasting of police and ambulance resources.

We recognise that tailored harm reduction initiatives are required for this cohort, as well as improvements in how, when and where services are delivered. These changes need to take place in the context of wider improvements, such as housing provision, poverty reduction, mental health support and shifting to health-based approaches to drug harm.

We fully support the proposal to trial an overdose prevention centre in inner city Auckland for at least three years for people who are experiencing homelessness and use drugs.

This potential solution will help address the concerns of Auckland residents and businesses by reducing the number of people using drugs on and around their premises. It would also prevent overdoses, take people off the streets, and give them a safer space to use substances, which will in turn protect residents and businesses.

We support the Drug Foundation asking the government to pass an Order in Council to grant a licence authorising the overdose prevention centre to operate legally, which would otherwise be prohibited under the Misuse of Drugs Act 1975 (MODA). If the results of the trial are positive, we will support the Drug Foundation in its request to the Government to amend MODA to legalise overdose prevention centres more generally, as they recently have done to allow drug and substance checking under licence.

In making this shared endorsement, [Odyssey] commit to working together and supporting the Drug Foundation to trial a supervised drug space in inner city Auckland with the objective of preventing overdoses and reducing incidents of acute drug harm in the city centre.

SIGNATORIES



A handwritten signature in blue ink, appearing to read "Fiona Trevelyan".

Name: Fiona Trevelyan

Role: CEO

Endorsement of proposal to establish an overdose prevention centre to address acute drug harm among people experiencing homelessness in inner-city Auckland

The University of Auckland Centre for Addiction Research supports a proactive approach to addressing overdose and acute drug harm in some of our most vulnerable people. Ignoring the harms from synthetic cannabinoid and other drug use among people who are experiencing homelessness in central Auckland, has meant drug overdoses, deaths, distress to inner-city residents and businesses, and wasting of police and ambulance resources.

We recognise that tailored harm reduction initiatives are required for this cohort, as well as improvements in how, when and where services are delivered. These changes need to take place in the context of wider improvements, such as housing provision, poverty reduction, mental health support and shifting to health-based approaches to drug harm.

We fully support the proposal to trial an overdose prevention centre in inner city Auckland for at least three years for people who are experiencing homelessness and use drugs.

This potential solution will help address the concerns of Auckland residents and businesses by reducing the number of people using drugs on and around their premises. It would also prevent overdoses, take people off the streets, and give them a safer space to use substances, which will in turn protect residents and businesses.

We support the Drug Foundation asking the government to pass an Order in Council to grant a licence authorising the overdose prevention centre to operate legally, which would otherwise be prohibited under the Misuse of Drugs Act 1975 (MODA). If the results of the trial are positive, we will support the Drug Foundation in its request to the Government to amend the Misuse of Drugs Act to legalise overdose prevention centres more generally, as they recently have done to allow drug and substance checking under licence.

In making this shared endorsement, the University of Auckland Centre for Addiction Research is committed to working together and supporting the Drug Foundation to trial a supervised drug space in inner city Auckland with the objective of preventing overdoses and reducing incidents of acute drug harm in the city centre.

SIGNATORY



**MEDICAL AND
HEALTH SCIENCES**
CENTRE FOR ADDICTION RESEARCH

Associate Professor Natalie Walker, Director of the Centre for Addiction Research, Faculty of Medical and Health Sciences, University of Auckland.

Date: 28/08/2022

Signed:

A handwritten signature in black ink, appearing to read 'N Walker'.

Endorsement of proposal to establish an overdose prevention centre to address acute drug harm among people experiencing homelessness in inner-city Auckland

This statement is an endorsement by the **Nurses Society of New Zealand** of the proposal by the **Drug Foundation** to establish a drug overdose prevention centre in inner-city Auckland.

We support a proactive approach, rather than continuing to ‘turn a blind eye’ to overdose and acute drug harm in some of our most vulnerable people. This ignores harms from synthetic cannabinoids and other drug use among people who are experiencing homelessness in central Auckland. Ignoring this harm has meant drug overdoses, deaths, distress to inner-city residents and businesses, as well as wasting police and ambulance resources.

We recognise that tailored harm-reduction initiatives are required for this cohort, as well as improvements in how, when and where services are delivered. These changes need to take place in the context of wider improvements, such as housing provision, poverty reduction, mental health support, and shifting to health-based approaches to drug harm.

We fully support the proposal to trial an overdose prevention centre in inner-city Auckland for at least three years for people who are experiencing homelessness and who use drugs.

This potential solution will help address the concerns of Auckland residents and businesses by reducing the number of people using drugs on and around their premises. It would also prevent overdoses, take people off the streets, and give them a safer space to use substances, which will in turn protect residents and businesses.

We support the Drug Foundation asking the government to pass an Order in Council to grant a licence authorising the overdose prevention centre to operate legally, which would otherwise be prohibited under the Misuse of Drugs Act 1975 (MODA). If the results of the trial are positive, we will support the Drug Foundation in its request to the government to amend MODA to legalise overdose prevention centres more generally, as they recently have done to allow drug and substance checking under licence.

In making this shared endorsement, the **Nurses Society of New Zealand** commits to working together with and supporting the Drug Foundation to trial a supervised drug space in inner-city Auckland, with the objective of preventing overdoses and reducing incidents of acute drug harm in the city centre.



David Wills
Director

NURSES SOCIETY OF NEW ZEALAND *Te Kāhui Tapuhi o Aotearoa & Te Uniana o NSNZ*

Endorsement of proposal to establish an overdose prevention centre to address acute drug harm among people experiencing homelessness in inner-city Auckland

We support a proactive approach in favour of continuing to ‘turn a blind eye’ to overdose and acute drug harm in some of our most vulnerable people. This ignores harms from synthetic cannabinoid and other drug use among people who are experiencing homelessness in central Auckland. Ignoring this harm has meant drug overdoses, deaths, distress to inner-city residents and businesses, and wasting of police and ambulance resources.

We recognise that tailored harm reduction initiatives are required for this cohort, as well as improvements in how, when and where services are delivered. These changes need to take place in the context of wider improvements, such as housing provision, poverty reduction, mental health support and shifting to health-based approaches to drug harm.

We fully support the proposal to trial an overdose prevention centre in inner city Auckland for at least three years for people who are experiencing homelessness and use drugs.

This potential solution will help address the concerns of Auckland residents and businesses by reducing the number of people using drugs on and around their premises. It would also prevent overdoses, take people off the streets, and give them a safer space to use substances, which will in turn protect residents and businesses.

We support the Drug Foundation asking the government to pass an Order in Council to grant a licence authorising the overdose prevention centre to operate legally, which would otherwise be prohibited under the Misuse of Drugs Act 1975 (MODA). If the results of the trial are positive, we will support the Drug Foundation in its request to the Government to amend MODA to legalise overdose prevention centres more generally, as they recently have done to allow drug and substance checking under licence.

In making this shared endorsement, the ADIO Trust commit to working together and supporting the Drug Foundation to trial a supervised drug space in inner city Auckland with the objective of preventing overdoses and reducing incidents of acute drug harm in the city centre.

SIGNATORIES

ADIO
T R U S T

Signed:



Name

Dr Lesley McTurk

Role

Regional Manager, ADIO Trust