

**LAND TRANSPORT (DD) AMENDMENT ACT  
INTER-AGENCY IMPLEMENTATION COMMITTEE: MINUTES**

Date:	26 May 2022	Location:	Webex / PNHQ
Time	10.00am – 11.30am		
Chair:	Roger Jordan - Programme Manager: Oral Fluid Testing, NRPC – <i>representing Insp. Dan Mattison</i>		
Members in attendance:	<p><b>NZ Police</b> Roger Jordan - Programme Manager: Oral Fluid Testing, NRPC – <i>Interim Chair</i> Keri Bradley - Manager: Relationships, NRPC Jared Riwai-Couch – Strategic Advisor-Maori, NRPC Adriana Nickless - Senior Advisor: Policy</p> <p><b>Waka Kotahi - NZTA</b> Mel Smalley - Manager: CAS Processes Kim Hawe – Manager: Medical Reviews Melissa Burns – Manager: Exemptions &amp; Registers Integrity</p> <p><b>Ministry of Transport</b> Olivia Kitson - Senior Advisor: Policy</p> <p><b>Ministry of Justice</b> Alison Perry – Manager: Implementation</p> <p><b>Department of Corrections</b> -</p> <p><b>Ministry of Health</b> Klare Braye – Principal Clinical Advisor - Addiction</p> <p><b>Te Puna Kokiri</b> -</p> <p><b>WorkSafe New Zealand</b> -</p> <p><b>MBIE</b> Hannah Butterworth – Policy Advisor: Science</p> <p><b>Ministry of Education</b> Kieran Forde - Policy</p>		

<b>Attendees</b>	Senior Sergeant Simon Mooney – NRPC, Police
<b>Minutes:</b>	Maureen Carty Programme Coordinator, Oral Fluid Testing, NRPC
<b>Apologies:</b>	Dan Mattison, Katy Flay, Alex McMinn, Tony Gagen, Tim Rochford, Simon Humphries

#	Agenda item	Key discussion and actions
1	<b>Welcome</b>	<ul style="list-style-type: none"> <li>Attendees were welcomed and apologies noted.</li> </ul>
2	<b>Introductions</b>	<ul style="list-style-type: none"> <li>Introductions were made, welcoming new members.</li> </ul>
3	<b>Drug Driver Process Overview</b>	<ul style="list-style-type: none"> <li>Draft workflow processes of an OFT and the broader Impaired Driving process (where OFT is integrated into current processes), were displayed and explained. Both documents are still in the early stages of drafting and are not yet available for sharing.</li> <li>A workflow map for OFT showed the process of an officer undertaking a roadside stop. It was advised that alcohol will remain the primary consideration for the officer, before turning their attention to drugs.</li> <li>The map displayed the five possible options during both a first and second OFT that an officer must consider. The outcome for a positive oral fluid test (resulting from 2 positive tests for the same qualifying drug) is an infringement offence being committed.  The option to charge a driver is only through blood analysis which will generally only be obtained through a driver electing to provide a blood.</li> <li>A second workflow map was displayed, which showed how OFT fits into the overall impaired driving enforcement processes. The workflow showed that an officer will consider and move through the process for alcohol first, and once completed can then turn their attention to drugs.  When considering drugs, they need to consider whether there is good cause to suspect a driver has consumed drugs, and if obvious signs of impairment are present a compulsory impairment test (CIT) process would be commenced. If there is no good cause to suspect, then a random oral fluid test at that point could be considered.</li> <li>There is an ability during the OFT process (generally following the first OFT) for an officer to change to commencing a CIT, however once the CIT process has been commenced there is no ability to change back to an OFT.</li> </ul>

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		<ul style="list-style-type: none"> <li>• There is also the introduction of combination offending that will have to be considered where both drugs and alcohol are found in the driver.</li> <li>• Comments noted from the discussion: <ul style="list-style-type: none"> <li>○ the processes are highly complex.</li> <li>○ There are 25 listed qualifying drugs that legislation provides blood concentration levels for, with enforcement action based on either mere presence for an infringement, or possible charges based on a volume through blood analysis.</li> <li>○ Unlisted qualifying drugs are still subject to enforcement action when their presence is detected in blood samples.</li> <li>○ If someone is taking a prescription drug and returns a positive OFT, the legislation provides the person with the opportunity to submit a medical defense – Police are working through how this will practically work.</li> <li>○ It is possible that personal tolerances potentially built up over time will affect results</li> <li>○ Concentration levels can differ between saliva and blood tests.</li> <li>○ It is intended that as part of the process a referral to health services will be incorporated – provision of access to links and availability of services required to meet desired outcomes need to be sort from the appropriate agencies.</li> <li>○ Public awareness and education campaign to inform drivers and the NZ public on what the process will be is needed prior to go live.</li> <li>○ Even though the process for undertaking an OFT will be published in the Gazette, a driver information sheet on the process should be considered for roadside stops to inform drivers whom are unlikely to know the process.</li> <li>○ Communications and marketing strategy with Waka Kotahi is being worked through.</li> <li>○ It was queried if the maps incorporate when data is being collected; the chain of data capture systems is wide (not just OnDuty) and adequate time will be needed for updates across the network.</li> <li>○ Work is occurring to look at where data capture can be expanded, and from that, what forms need to be updated eg. Crash data forms.</li> <li>○ Mapping of the data capture points and outputs needs to be developed to progress this activity.</li> </ul> </li> </ul>
4	<b>3-year Independent Review</b>	<ul style="list-style-type: none"> <li>• The legislation requires that an independent review is to take place after year 3 and prior to year 4 of operationalising the new regime.</li> <li>• An overview from the MoT was provided, advising of some of the data requirements that will be needed for the review. Thought needs to be applied to what information will be needed and how we will provide this, and which agency is better aligned for capturing what data.</li> <li>• We need to understand what data we already have and where the gaps need to be filled.</li> <li>• Key points for consideration (but not limited to): <ul style="list-style-type: none"> <li>○ Emphasis on reporting on disproportionate outcomes for Maori and Pacific peoples.</li> <li>○ What impact is the regime having on crash statistics.</li> </ul> </li> </ul>

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		<ul style="list-style-type: none"> <li>○ CAS (crash) data sets – what other information is held.</li> <li>○ Location; gender; age, ethnicity data captures; Ethnicity is most critical.</li> <li>○ Reliability of the tests; data on tests taken; negatives/positives/OFT/CIT/Blood; result differences between 1<sup>st</sup> and 2<sup>nd</sup> OFT.</li> <li>○ How many infringements are issued; how many of those were dismissed, defended under medical defense; resulted in limited license applications.</li> <li>○ Health services – how many/where; if people cannot access services, why not, which regions.</li> <li>○ Data is required so we are able to tell the story back to the community and wider public.</li> <li>○ Ability to capture the data is challenging and ability to share between departments is difficult, so working together to deliver the outcomes is necessary.</li> <li>○ An email will be sent to the group that further outlines the requirements.</li> </ul>
5	<b>Other business</b>	<ul style="list-style-type: none"> <li>• It was noted that each agency has responsibilities to the Act and if anyone wants to share with the group findings or progress then advise the need for an agenda item.</li> </ul>
6	<b>Meeting close</b>	The meeting closed at 11:10am
The next meeting is scheduled for Thursday 16 June 2022 9:30am 11:00am		