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Drug Classification under the Misuse of Drugs Act 1975

Introduction

The Misuse of Drugs Act 1975 (the Act) regulates the classification of controlled drugs in New Zealand and establishes offences and penalties in relation to illicit drugs.[1] The Act contains four schedules within which there are 13 sub-categories listing controlled drugs and precursor substances. The classification status of listed drugs is based on varying degrees of risk of harm. Amendments to the Act in 2000 included a legislative mechanism designed to classify new drugs and reclassify existing drugs in order to bring the Act into line with developments in the manufacture and supply of illicit substances. The amendments also established an advisory committee to provide evidence-based advice on drug classification.

This background note provides an overview of the classification of controlled drugs in New Zealand by outlining the classification framework, the restrictions placed on the use of controlled drugs, and the legislative process, involving a mix of primary and secondary law-making procedures, by which substances are classified under the Act.

Controlled drugs – classification under the Misuse of Drugs Act 1975

The classification of a drug under the Act is determined by broad criteria concerning the risk of harm the drug poses to individuals or to society by its misuse. Drugs posing a very high risk of harm are classified Class A, those posing a high risk of harm are classified Class B and those posing a moderate risk of harm are classified Class C.[2]

More detailed criteria that must be considered in assessing the risk of harm are listed in section 4B(2) of the Act:

1. The likelihood or evidence of drug abuse, including such matters as the prevalence of the drug, levels of consumption, drug seizure trends, and the potential appeal to vulnerable populations.

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[1] Misuse of Drugs Act 1975 s 2(1) controlled drug means any substance, preparation, mixture or article specified or described in the First Schedule, the Second Schedule, or the Third Schedule to the Act; and includes any controlled drug analogue.

[2] Ibid., s 3A; s 2(1) “Class A controlled drug” means the controlled drugs specified or described in the First Schedule to the Act: “Class B controlled drug” means the controlled drugs specified or described in the Second Schedule to the Act: “Class C controlled drug” means the controlled drugs specified or described in the Third Schedule to the Act; and includes any controlled drug analogue.

2. The specific effects of the drug, including pharmacological, psychoactive, and toxicological effects.

3. The risks, if any, to public health.

4. The therapeutic value of the drug, if any.

5. The potential for use of the drug to cause death.

6. The ability of the drug to create physical or psychological dependence.

7. The international classification and experience of the drug in other jurisdictions.

8. Any other matters that the Minister of Health considers relevant.

Class A classification is limited to the most serious drugs requiring severe restrictions. The category has been described by Dr Bob Boyd, Ministry of Health Chief Advisor, as "reserved for substances that one doesn't want to see in the country *at all*, and to presume that somebody in possession is either going to harm themselves or somebody else *quite severely*."[3] Currently, thirty-seven substances are listed as Class A in the First Schedule to the Act; these include cocaine, heroin, LSD, phencyclidine ('angel dust' or 'PCP'), thalidomide, amphetamine substances (MDA, MMDA) and most recently methamphetamine. The penalties for offences involving Class A drugs extend to a maximum term of life imprisonment for manufacture, importation and supply offences.

Schedules 2 – 4 of the Act are divided into parts reflecting categories of comparable substances within a classification. These divisions are relevant where the Act distinguishes between schedules, and parts of schedules in relation to search and seizure powers which allow police to detain and search without a search warrant people reasonably suspected of possessing Class A, Class B Part 1, or Class C Part 1 drugs.[4] Similarly, provisions authorising statutory exemptions and licensed use of controlled substances differentiate between parts of schedules and therefore between substances of the same class.[5]

Class B drugs, listed in the Second Schedule to the Act, are divided into three parts. Class B Part 1 (B1) drugs are generally processed substances, including opiates with both therapeutic and abuse potential (e.g. morphine), as well as cannabis preparations (resin and oil as refined and concentrated forms of cannabis have a higher potency than the natural plant). Class B Part 2 drugs are mainly stimulants with less dependence potential than B1 substances; these include amphetamine, ecstasy (MDMA) and methylphenidate (Ritalin). Class B Part 3 includes methadone, pethidine and other drugs commonly used for medical purposes. Part 3 may also list drugs not yet used in New Zealand, but classified internationally.

There are seven categories of Class C drugs listed in the Third Schedule.

Class C Part 1 substances commonly used illicitly rather than medically, including cannabis leaf, fruit and seed, and

[3] Matthews, Philip 'The lost war on drugs', *Listene*r, May 19 2001, p. 21.
[4] See Search and Seizure provisions, Misuse of Drugs Act 1975, s 18(2) - (3).
[5] Misuse of Drugs Act 1975, s 8(3)(a). See substances listed in Part 6 of the Third Schedule. Also see Misuse of Drugs Regulations 1977, (1977/37), reg 3(1), 7(2).

	coca leaf.
Class C Part 2	substances that can be prescribed for therapeutic purposes but have a moderate abuse potential. The list includes codeine powder, codeine linctus and syrup.
Class C Part 3	partially exempted drugs, including pholcodine, that have less dependence potential than C2 substances.
Class C Part 4	includes barbiturates with medical uses.
Class C Part 5	substances that have medical uses and less dependence and abuse potential than C4. These include phenobarbital, barbiturates in combination, diazepam (Valium) and nitrazepam (Mogadon).
Class C Part 6	exempted drugs such as codeine and paracetamol.
Class C Part 7	controlled drug analogues (substances that have similar structures to controlled drugs); including so-called 'designer drugs' such as amphetamine analogues (MDEA) and pethidine analogues.

Schedule 4 lists precursor substances commonly used as ingredients in the manufacture of illicit substances. Part 1 of the schedule includes ephedrine and pseudoephedrine used in the manufacture of methamphetamine. Part 2 includes sulphuric acid and ethyl ether.

Drug offences and penalties

The Act provides a statement of liability for offending in relation to controlled substances and imposes different maximum penalties depending on the classification of the substance in question. The Act's main focus is to restrict the illicit use of controlled drugs, however it does allow exemptions for the appropriate use of drugs for mostly therapeutic and medical purposes.

While it is an offence to deal with any controlled drug without licence or authority, or pursuant to a statutory exemption,[6] specified health professionals may prescribe, produce, manufacture, supply, administer or possess controlled drugs, subject to any prohibitions, limitations, restrictions or conditions imposed by sections 22 to 25 of the Act or pursuant to regulations under the Act.[7] Licences may be granted approving the importation, exportation, manufacture, supply and administration of certain controlled substances, and the cultivation of prohibited plants.[8]

The following activities are prohibited by section 6 of the Act.

- importing into or exporting from New Zealand any controlled drug, other than certain specified exceptions;
- producing or manufacturing any controlled drug;
- supplying or administering, or offering to supply or administer, any Class A controlled drug or Class B controlled drug to any other person, or otherwise dealing in any such controlled drug;
- supplying or administering, or offering to supply or administer, any Class C controlled drug to a person under 18 years of age;
- selling, or offering to sell, any Class C controlled drug to a person aged 18 years or over;
- having possession of any controlled drug for the purpose of supplying, administering, or selling it.

Offences involving importation, manufacture or supply are punishable by imprisonment for life where the drug dealt with is Class A, imprisonment for a

[6] Ibid., s 6(1).
[7] Ibid., s 8(2).
[8] Section 14 sets out the restrictions on the kinds of licences that may be granted. Section 37(e) and (f) allows for regulations to be made conditionally allowing dealing with controlled drugs. The Misuse of Drugs Regulations 1977 (SR 1977/37) contains provisions relating to licensing, permissions, prescriptions and storage for controlled drugs.

term not exceeding 14 years for Class B controlled drugs, and imprisonment for a term not exceeding 8 years in any other case.[9]

Conspiring to commit any of the above offences is punishable by a term of imprisonment of up to 14 years for an offence involving a Class A drug, up to 10 years for a Class B drug and a term not exceeding 7 years in any other case.[10]

Except where licensing or statutory authorisation is provided, it is also an offence to:

- procure, possess, consume, smoke, or otherwise use, any controlled drug;
- supply or administer, or offer to supply or administer, any Class C controlled drug to any other person, or otherwise deal in any such controlled drug.[11]

A person is deemed to be in possession of a controlled drug for the purpose of supply where the amount possessed exceeds threshold limits for substances as described in section 6(6). It is for the defendant to prove possession for a purpose other than supply.[12]

Offences involving possession or use incur significantly lower penalties than those involving manufacture or supply, being punishable by imprisonment for a term not exceeding 6 months, or by a fine not exceeding $1,000 or both where a Class A controlled drug is involved, or by 3 months imprisonment or a $500 fine in any other case. [13]

Where a person is convicted of an offence involving a Class C drug under section 7(1) a judicial discretion to impose a custodial sentence is available only by reason of the offender's previous convictions or of any exceptional circumstances relating to the offence or offender.[14]

The cultivation of prohibited plants is an offence under section 9 of the Act.[15] The penalty for conviction on indictment is imprisonment for a term not exceeding 7 years. Alternatively, summary conviction of an offence may result in a term of imprisonment not exceeding 2 years or a fine not exceeding $2,000 or both.[16]

It is also an offence to supply, produce, manufacture or possess any precursor substance (as set out in Schedule 4) knowing that the substance is to be used in the commission of a drug offence.[17] Under section 12A the maximum sentence upon conviction on indictment is 7 years imprisonment. If a person is summarily convicted of an offence involving a precursor substance the Court

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[9] Ibid., s 6(2).
[10] Ibid., s 6(2A) - (3).
[11] Ibid., s 7(1)(a) and (b).
[12] For example, five grams or more of morphine; half a gram or more of cocaine or heroin.
[13] Misuse of Drugs Act 1975, s 7(2)(a) and (b).
[14] Ibid., s 7(2).
[15] Ibid., s 2(1). Prohibited plant means—
(a) Any plant of the genus *Cannabis*:
(b) Any plant of the species *Papaver somniferum:*
(c) *Erythroxylon coca* and *Erythroxylon novagranatense* (syn. E. *truxillense*) and every other species of the genus *Erythroxylon* from which a controlled drug can be produced:
(d) Any plant of the species *Lophophora williamsii* or *Lophophora lewinii*:
(e) Any fungus of the genera *Conocybe, Panaeolus*, or *Psilocybe* from which a controlled drug can be produced or which contains a controlled drug:
(f) Any other plant which is declared to be a prohibited plant by regulations made under this Act:
Cultivation of a prohibited plant is allowed within the terms of a licence issued under the Act.
[16] Misuse of Drugs Act 1975, s 9(2) and (3).
[17] Ibid., s 12A(1)(b) and (2)(b).

may impose a sentence of imprisonment up to 1 year or a fine not exceeding $1,000.[18]

In addition to any penalties imposed, every person convicted of an offence under the Act must forfeit all articles in respect of which the offence was committed.[19] An offender may also be ordered to surrender any money, which the Court is satisfied was received in the course of or consequent on the commission of an offence against section 6.[20] Similarly, any motor vehicle, aircraft, or ship, boat or other vessel which the convicted offender has an interest in, may be forfeited if the Court is satisfied that it was used in the commission of an offence against section 6 of the Act.[21]

Drug classification policy

The National Drug Policy (NDP) sets out the agenda for the development of strategies and programmes that prevent and reduce drug-related harm.[22] Three governmental committees support the policy's overall goal 'to minimise harm caused by tobacco, alcohol, illicit and other drug use to both individuals and the community'.[23] The Ministerial Committee on Drug Policy (MCDP) reviews progress in implementing the NDP, and decides on new policy initiatives.[24] The Inter-Agency Committee on Drugs (IACD) assesses the consistency of policies and programmes developed by government agencies.

One of the first steps in achieving the NDP's harm minimisation goal is undertaken by the third committee, the Expert Advisory Committee on Drugs (EACD).[25] The EACD, a statutory body established by the Misuse of Drugs Amendment Act 2000, advises the Minister of Health on drug classification matters following its assessment of a drug's potential to cause harm. The Committee's primary objectives are set out in the Act:

- To carry out medical and scientific evaluations of controlled drugs, and any other narcotic or psychotropic substances, preparations, mixtures, or articles.
- To make recommendations to the Minister about whether and how controlled drugs or other substances, preparations, mixtures, or articles should be classified; and the level at which any presumption for supply, as provided for in section 6(6), should be set for any substance, preparation, mixture, or article that is, or is proposed to be, classified as a controlled drug.
- To increase public awareness of the Committee's work, by (for instance) the timely release of papers, reports, and recommendations.[26]

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[18] Ibid., s 12A(3) and (4). Section 27 provides for a general penalty of imprisonment for a term not exceeding 3 months or a fine not exceeding $500 or both where an offence has no penalty specified.
[19] Ibid., s 32(1).
[20] Ibid., s 32(3).
[21] Under the Proceeds of Crime Act 1991 when a person is convicted on indictment of an offence punishable by a prison term of five years or more, the Solicitor-General may apply for either or both of a forfeiture order against property that is tainted in respect of that offence or a pecuniary penalty order against the person for benefits that he or she has derived from committing the offence.
[22] New Zealand Government, *National Drug Policy Part 1: Tobacco and alcohol, Part 2: Illicit and other drugs: a national drug policy for New Zealand 1998-2003,* Ministry of Health, Wellington 1998, http://www.ndp.govt.nz/policy/drugalc.pdf, (accessed November 2003).
[23] Ibid., p. 1.
[24] Current members of the MCDP (as at September 2003) are: Associate Minister of Health, Hon Jim Anderton (Chair); Minister of Customs, Hon Rick Barker; Associate Minister of Education, Hon Lianne Dalziel; Associate Minister of Social Services and Employment, Hon Ruth Dyson; Minister of Justice, Hon Phil Goff; Minister of Police, Hon George Hawkins; Minister of Maori Affairs, Hon Parekura Horomia; Minister of Social Development and Employment, Hon Steve Maharey; Associate Minister of Health, Hon Damien O'Connor; Minister of Corrections, Hon Paul Swain; Minister of Youth Affairs, Hon John Tamihere; Associate Minister of Maori Affairs (Social Development), Hon Tariana Turia; Associate Minister of Courts, Hon Margaret Wilson.
[25] The current membership of the EACD is Dr Bob Boyd (Chair) Ministry of Health Chief Advisor, Public Health Directorate; Dr Stewart Jessamine, Medsafe Senior Medical Advisor; Det Insp Gary Knowles, New Zealand Police; Andrew Coleman, New Zealand Customs; Mr Keremete Warbrick, consumer representative; Dr Keith Bedford, expert in toxicology; Assoc Prof Tim Maling, expert in pharmacology; Dr Helen Moriarty, expert in community medicine; Dr Geoffrey Robinson, expert in drug and alcohol treatment; Dr Douglas Sellman, expert in psychology. For EACD mandate see Misuse of Drugs Act 1975, s 5AA.
[26] Misuse of Drugs Act 1975, s 5AA(2).

Classification and reclassification is carried out on a case-by-case basis and the EACD may choose to examine the classification status of any substance, as well as having regard to referrals from the Minister of Health to consider a particular substance. Interested parties may also propose that the EACD considers a particular drug.[27]

The Act requires the EACD to advise the Minister of Health on a range of specific criteria for each substance (see section 4B(2) as outlined above) including international classification. New Zealand has ratified three United Nations international drug control treaties: the Single Convention on Narcotic Drugs 1961, the Convention on Psychotropic Substances 1971 and the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988. The main objective of the Conventions is to limit the use of narcotic and psychotropic substances to medical and scientific purposes. The classification of controlled substances by signatory States must be consistent with the classification decisions made under the Conventions by the United Nations Commission on Narcotic Drugs.

The EACD's evaluation of a substance culminates in a report to the Minister recommending the appropriate classification status for the substance in question.[28] Following Cabinet approval, the Minister may then recommend that the Governor-General, by Order in Council in accordance with the recommendation, amend the schedules to the Act, by classifying or reclassifying a particular substance.[29] However, before such an Order in Council can come into force it must be scrutinised by a select committee and approved by the House of Representatives.

An innovative approach to drug classification

The current drug classification process was introduced in 2000 by the Misuse of Drugs Amendment Act (No.4) to "provide for the expeditious classification of controlled drugs", as a response to the "expansion of the illicit drug market in New Zealand."[30] Prior to this change an amending Act, passed by the House of Representatives, was required in order to add to or change the list of substances contained in the schedules to the Act. The process was perceived to be time consuming, thereby limiting the government's ability to respond quickly to 'emerging drug threats', especially the apparent increase in the manufacture of illicit synthetic or designer drugs.[31] A new and somewhat complex approach involving a mix of primary and secondary law-making procedures was adopted instead, so that while the schedules remain in the Act they are now amended by Order in Council.

Under section 4(1) of the Act, an Order in Council may propose amendments to the schedules to the Act by:

(a) adding the name or description of any substance, preparation, mixture, or article to a schedule; or
(b) removing the name or description of any substance, preparation, mixture, or article from a schedule; or
(c) moving the name or description of any substance, preparation, mixture, or article from 1 schedule, or part or clause of a schedule, and

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[27] In 2003, the Health Select Committee's report on its *Inquiry into the public health strategies related to cannabis use and the most appropriate legal status* (August 2003), I.6C, recommended to the Government "that the EACD give a high priority to its reconsideration of the classification of cannabis", p. 49, http://www.clerk.parliament.govt.nz/Content/SelectCommitteeReports/i6c.pdf, (accessed November 2003). In its response to the report the Government stated "cannabis is among a number of substances that the EACD will be considering in the future", New Zealand Government, *Government response to the Health Committee report on its inquiry into the public health issues related to cannabis use and the most appropriate legal status*, (October 2003) A.5, p. 13, http://www.beehive.govt.nz/Documents/Files/Cannabis-Government%20Response.PDF, (accessed November 2003).

[28] EACD reports are available at http://www.ndp.govt.nz/committees/eacd/eacdapapers01.html, (accessed November 2003).

[29] See Misuse of Drugs Act 1975, s4 (1).

[30] Hon. Annette King (Minister of Health), NZPD (Hansard), 2000, Vol. 588, p. 6374.

[31] See comments by Hon. Georgina Te Heuheu (Associate Minister of Health), NZPD (Hansard), 1999, Vol 580, p. 19707-19708.

inserting that name or description in another schedule, or part or clause of a schedule.[32]

An Order in Council made under section 4(1), which has the effect of classifying, changing the classification of, or declassifying any substance, cannot come into force except in accordance with a commencement order made under section 4A.[33]

Once an Order in Council has been made, the Minister lodges a notice of motion seeking approval from the House for the proposed amendment. The notice of motion is referred to the Health Select Committee. The Committee may call for public submissions and must report to the House within 28 days of the notice being lodged.[34]

Sections 5 to 10 of the Regulations (Disallowance) Act 1989 do not apply to this process. The House must either approve or reject the Order in Council but cannot vary or modify it.[35] Where the Order is approved by resolution of the House, a commencement order (also an Order in Council) is then required to bring the Order in Council into force (see Figure 1 drug classification flowchart). The amendment of the relevant schedule comes into force 28 days after the date of the commencement order.[36]

While there are precedents for the amendment of primary legislation by Order in Council, a process combining delegated legislative instruments (Orders in Council) and primary legislative process (select committee scrutiny and a resolution of the House) remains a relatively unusual procedure.[37] One important feature to note is that while an amending Act is not required the process remains consistent with constitutional conventions that matters of policy and substance are dealt with in primary legislation, since introducing new substances into the schedules effectively creates new offences.[38]

Two Orders in Council have so far been dealt with under this new procedure. In 2002 the Misuse of Drugs (Classification of Fantasy) Order added the drug gamma-hydroxybutyrate (GHB), commonly known as Fantasy to Part 1 of the Second Schedule of the Act.[39] In 2003 the Misuse of Drugs (Changes to Controlled Drugs) Order 2003 reclassified methamphetamine as Class A, classified methcathinone as Class B Part 1, 4-MTA as Class B Part 2 and aminorex and pemonline as Class C Part 5 substances.[40] While it can be argued that the process is relatively efficient, an amendment to a schedule still takes a matter of months rather than weeks. For example, the EACD reported their recommendations on the classification of Fantasy in December 2001; the classification came into force on 31 May 2002. Similarly, while the EACD's

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[32] Misuse of Drugs Acts 1975, s 4(1).
[33] Ibid., s4(2).
[34] Sessional Order: Misuse of Drugs Orders
Resolved, That –
1. Any notice of motion to approve an Order in Council made under section 4(1) of the Misuse of Drugs Act 1975 stand referred to the Health Committee for examination;
2. The Health Committee must report to the House on any such notice of motion within 28 days of the notice of motion being lodged; and
3. No motion to approve an Order in Council under section 4(1) of the Misuse of Drugs Act 1975 be moved until either the Health Committee has reported to the House on the notice of motion or 28 days have elapsed since the motion was lodged, whichever is earlier. (5 September 2002).

[35] Misuse of Drugs Act 1975, s 4(3).
[36] The procedure set out in s 4A does not apply to technical amendments made under s 4(4).
[37] See Tariff Act 1988, s 11; Customs and Excise Act 1996, s 80.
[38] For further discussion see the Report of the Regulations Review Committee *Misuse of Drugs Amendment Bill (No.4),* 18 April 2000.
[39] SR 2001/383.
[40] SR 2003/47 and 2003/116. For more information on methamphetamine, see Parliamentary Library Background Note, 03-05, *Methamphetamine ('Speed' and 'P') in New Zealand,* http://www.clerk.parliament.govt.nz/Content/ResearchPapers/03-05Methamphetamine.pdf (accessed November 2003).

assessment of the reclassification of methamphetamine is dated October 2002, the drug was not reclassified as Class A until 30 May 2003.

On both occasions the Health Select Committee heard evidence on the classification of the substances in question from the Ministry of Health and the EACD. The Committee has yet to call for public submissions on an Order in Council under this procedure, possibly because the 28-day timeframe imposed by the Sessional Order does not allow sufficient time for the submissions process. While the Ministry of Health and EACD may either consult with or receive submissions from interested parties on proposals to classify substances, the level of public input into the legislative part of the process is limited.

Regarding possible changes to the procedure, the Health Committee stated in its report on the classification of Fantasy that the Ministry of Justice should be involved in the EACD's evaluation of substances, because of the sentencing implications resulting from the classification and re-classification of existing drugs.[41] This opinion was reiterated in the Health Select Committee report on the Misuse of Drugs (Changes to Controlled Drugs) Order 2003. The Committee acknowledged that the EACD membership included a New Zealand Customs Service representative, but stated:

> In earlier reports the previous Health Committee expressed a view that the Ministry of Justice should be involved in the Committee process because the scheduling of new drugs and the re-scheduling of existing drugs carry sentencing implications. We agree, and reiterate that this should be considered when the Act is next amended.[42]

Conclusion

Designed to be a "more efficient and evidence-based drug classification procedure",[43] the procedure introduced by the Misuse of Drugs Amendment Act (No.4) 2000 has improved to some degree the level of scrutiny given to the classification and reclassification of controlled substances. Previously, amendments to the schedules were most often contained in Law Reform bills and were subject to the usually lengthy legislative procedure involving three readings and a committee stage. As one of several miscellaneous amendments in such a bill the classification and reclassification of substances appears to have been subject to limited debate.

The latest EACD recommendation accepted by the Associate Minister of Health concerns pseudoephedrine; currently a precursor substance listed in Schedule 4 Part 1 of the Act. Pseudoephedrine products are commonly used to treat the symptoms of colds and allergies. The substance is also used as an ingredient in the manufacture of the Class A drug methamphetamine. The EACD's recommendation that pseudoephedrine be reclassified as Class C will result in increased penalties for offences involving the substance, especially with regard to illegal importation.[44] The EACD is currently reviewing the appropriate classification for ephedrine, useful in treating the symptoms of asthma and bronchitis, and a primary precursor substance in the manufacture of methamphetamine.[45]

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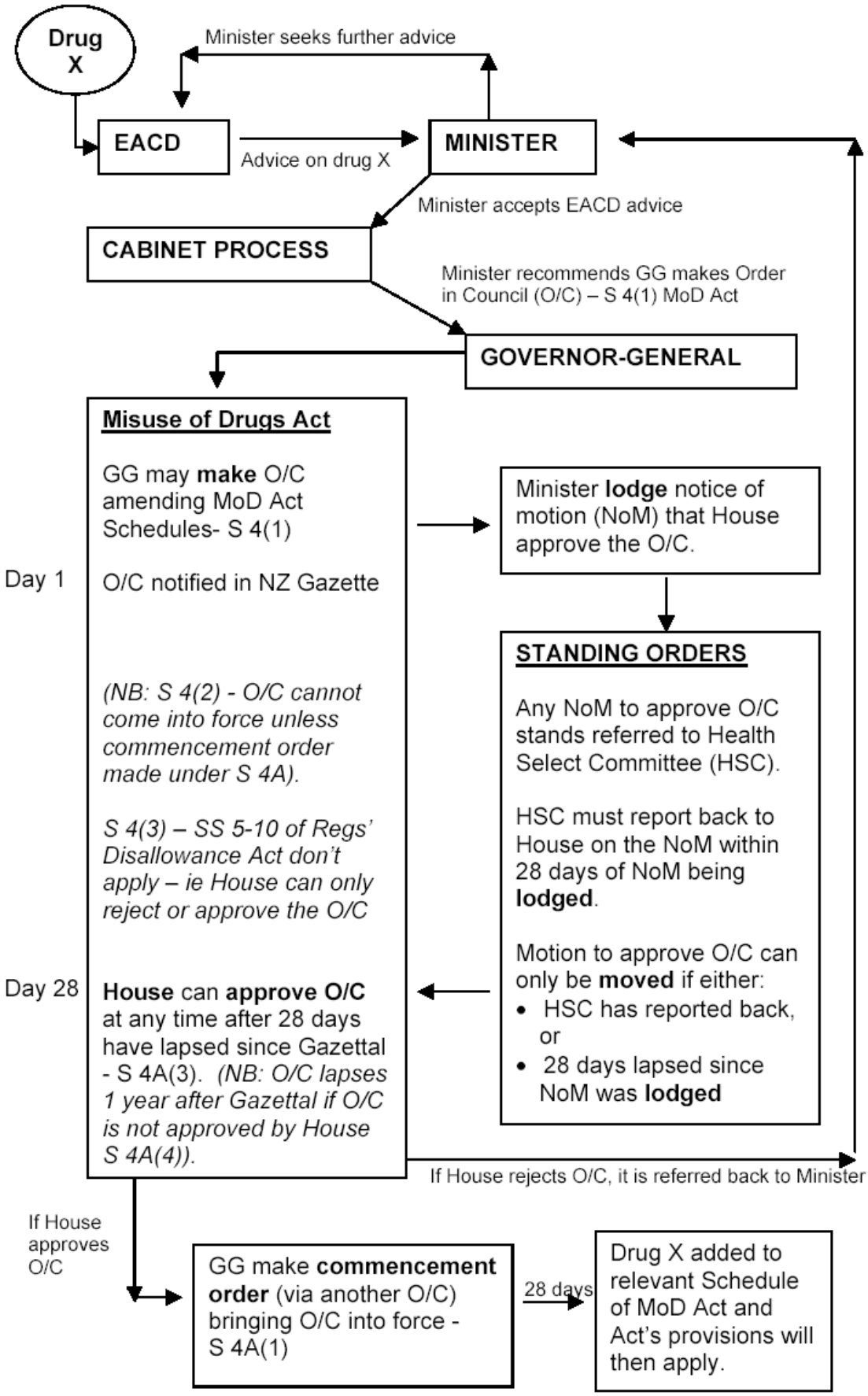
[41] Report of the Health Committee, 2002 AJHR I.22c *Misuse of Drugs (Classification of Fantasy) Order 2001* 513.
[42] Report of the Health Committee, (2003), *Misuse of Drugs (Changes to Controlled Drugs) Order 2003*, http://www.clerk.parliament.govt.nz/Content/SelectCommitteeReports/hedrug03.pdf (accessed November 2003).
[43] Hon. Annette King (Minister of Health), NZPD (Hansard), 2001, Vol. 599, p. 15466.
[44] See comments by Hon. Jim Anderton (Associate Minister of Health), NZPD (Hansard) 7 Oct 2003, Questions for Oral Answer, (uncorrected transcript) available at http://uncorrectedtranscripts.clerk.govt.nz/ (accessed November 2003).
[45] Press release, Hon. Jim Anderton, Associate Minister of Health, *Coalition's next step in fight against effects of dangerous drugs*, 7 October 2003, http://www.beehive.govt.nz/ViewDocument.cfm?DocumentID=18034 (accessed November 2003).

Figure 1: Drug Classification Flowchart: National Drug Policy Website;
http://www.ndp.govt.nz/drugs/drugprocessclassificationchart.pdf



Suggestions for further reading / links

Adams on Criminal Law, Wellington, Brookers 1992, Vol. 3.

Turkington, Gary L, *Garrow and Turkington's Criminal Law* Wellington, LexisNexis, 2003.

National Drug Policy website www.ndp.govt.nz (accessed November 2003).

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