Matters of Substance.

AUGUST 2020 | Volume 31 Issue No.1 | www.drugfoundation.org.nz

AT THE HEART OF THE MATTER, NZ DRUG FOUNDATION.

Te Tūāpapa Tarukino o Aotearoa

The Transformation Issue

Covid-19 has turned out to be the great disrupter of our time. How we respond to it is up to us. Could the pandemic and its social consequences usher in a new way of doing things, from addiction services to welfare?

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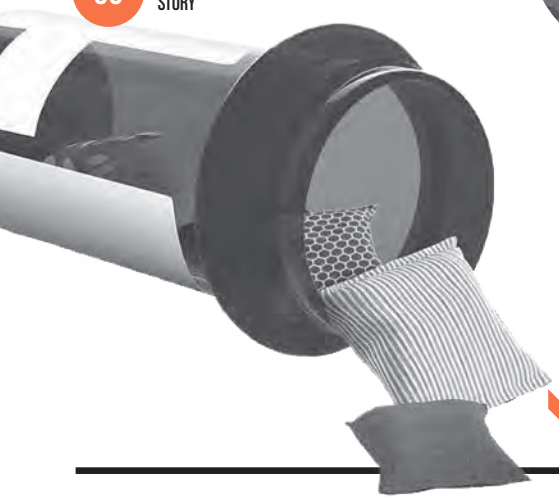
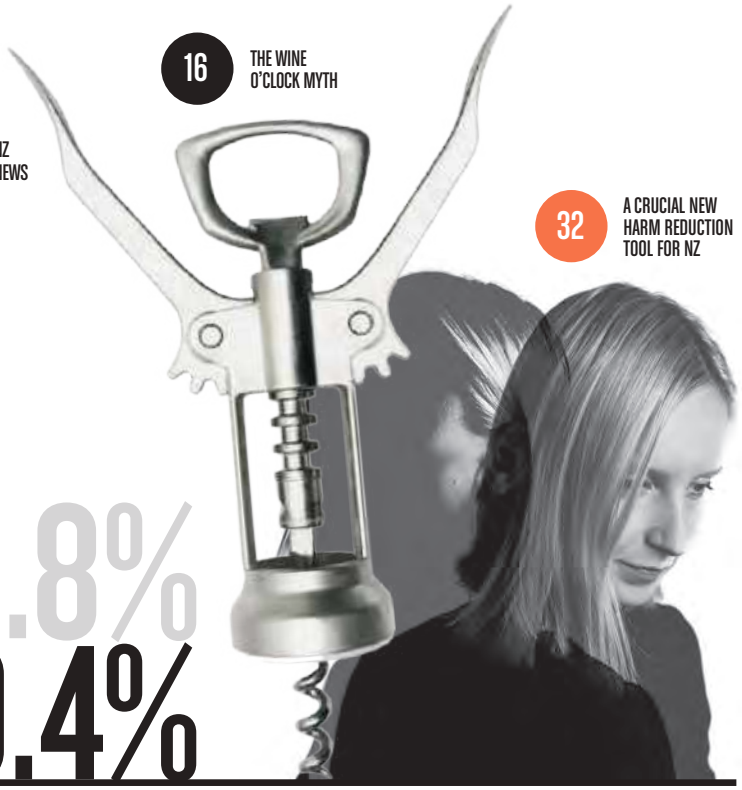
What we've learned from a crisis: Covid-19, the coming recession and the addiction sector





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FEATURES

@ NZDRUG NEWS EXTRA

Dear Reader,

In a whole other lifetime, January 2020, we began to review the future of our print magazine. We asked: where does it fit with the Drug Foundation's communications mix? Is print still sovereign? Or should we go entirely digital? Can we find a way to tell stories in a more timely way? To more people? In more formats?

Not surprisingly, these big questions were set aside as we responded to immediate challenges thrown up by the Covid-19 pandemic. Yet they're now more relevant and pressing than ever before.

We're not sure where answers to these questions will take us. What we do know is that it's vital people can get up to speed on the nuances of harm reduction and drug policy. Publishing in depth stories and analysis is an important part of this. Our deliberations about the future of the mag begin with an open slate. You'll be the first to hear as our path becomes clear.

Stephen Blyth
Communications Manager

www.drugfoundation.org.nz

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THE DIRECTOR'S CUT

ROSS BELL
Executive Director

Of course our cover story in this jubilee issue is about Covid-19. It had to be! There is no other issue of the day with such magnitude. (Yes, October's cannabis control referendum is a massive event for the country, for drug policy progress and for the Drug Foundation, but as we head once again into tighter levels of lockdown at the time of writing this, it's Covid-19 dominating our attention.)

New Zealand's response to the Covid-19 challenge has been lauded globally, and quite rightly too. We have been collectively so thankful for the stunning political and public health leadership shown by Jacinda Ardern and Dr Ashley Bloomfield. We each deserve a high five (conducted with an appropriate degree of distancing) as members of the Team of 5 Million.

The importance of a robust public health system has been demonstrated, and previous underinvestment in public health over a long period has exposed a legacy of bad political decision making. The opportunity we now have to embed equity-focused population health approaches must not be missed. This includes a resolute commitment to tackle the social and economic determinants of health. This must be a top priority of the new government formed after the General Election.

Our cover story is about the many ways the addiction treatment sector stepped up to the challenge of Covid-19. We always knew we had it in us, but it took this crisis to force our services to respond. We found new ways to engage people who use our services, and we created new avenues to reach a broader range of people who might need some help. The sector must be very deliberate to maintain and expand these new innovations. I know our sector colleagues are up for it, and they deserve our thanks for their responsiveness.

Our friends in the back offices of the Ministry of Health also deserve thanks and recognition for their massive efforts to support the sector's response. This included securing funding for new approaches and for giving certainty for services in these very uncertain times, not to mention doing all this while juggling their own family situations. The new government must create a moment when these overworked, anxious and stressed public sector workers can rejuvenate.

My biggest heroes during this time have been the team here at the Drug Foundation. The minute Jacinda Ardern outlined the new lockdown levels, people here asked, "What will this mean for people's alcohol and drug use, what help might they need and how can we provide that?" Within days, they had created new advice and resources about managing withdrawal, helping family members and more, and within two weeks, we launched our Best Bubble mass media health promotion campaign (see page 36).
(We also created and launched our cannabis referendum campaign during this period, but someone will write that book another day.)

My staff are kind and compassionate people, with hearts to help others. I am immensely proud of what they achieved, and I cannot express enough my thanks for their support and everything they did during this hard, stressful and uncertain time.

SOCIAL

@KevinHague The change of General Election date is sensible. The voting period now aligns with Bird of the Year, which should make things easier for everyone ... AUG 17

@3RachelNZ3 Voting no in the cannabis referendum is your choice BUT that means nothing will change, no-one will be safer. No harm minimisation. It's putting your hands over your eyes [nothing to see here] pretending people don't use cannabis when they do. The war on drugs = massive failure ... AUG 8

@KevinInWaikanae Never used drugs, not likely to. But will vote yes in referendum. Needs to be health issue not criminal ... AUG 11

@Natasha91582296 "It's already been effectively decriminalised; police decide at their discretion if someone gets a slap on the wrist and goes home to their family or if they'll be charged. However, young Maori men are still over-represented in arrest numbers and therein lies the problem..." – Twitter users discuss the current state of cannabis drug law ... AUG 9

@RoryReckons If you want to know how bad the medicinal cannabis situation is. My doctor in Dunedin asked me if I knew how to get it illegally for her other clients, specifically cancer patients. The law doesn't work. Legalisation will fix this problem ... JUL 22

KEY EVENTS & DATES

MAY–JUL	**Key dates: Cannabis Legalisation and Control Bill webinar series recordings. nzdrug.org/3axcwBa**
12–16 OCT	**Agents of Change Summit, San Diego, USA. agentsofchangesummit.com**
4–6 NOV	**European Harm Reduction Conference 2020, Prague, Czech Republic. harmreductionconference.eu**
7–9 DEC	**6th Australian & New Zealand Addiction Conference, Surfers Paradise, Australia. addictionaustralia.org.au**
2–4 JUN 2021	**Balancing the system: International Society for the Study of Drug Policy (ISSDP), Aguascalientes, Mexico. issdp.org/**

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NZ.

01 COVID IMPACT ON DRUG USE

New Zealand's illicit drug market is likely to see higher prices, reduced availability and decreased purity as a result of Covid-19, according to a report by Drug Information and Alert obtained by the *NZ Herald* under the Official Information Act.

Supply fall-offs for methamphetamine were expected in the short term due to the effect of Covid-19 on supply chains and travel, the report said, with price increases sure to follow. There was also likely to be a reduced amount of MDMA in the country, though the drop-off was expected to be less than that of methamphetamine.

02 Māori support legalisation

A HUGE MAJORITY of Māori voters say they will vote yes in the upcoming cannabis referendum according to recent polling, and a further 84% of general respondents say they believe prohibition has failed to limit cannabis access and use.

72% of Māori support legalisation compared with 56% of the general population, the Horizon Research poll found. The results likely reflect the disproportionate effects Māori have suffered under prohibition, Paul Manning, CEO of Helius Therapeutics, which commissioned the research, told Newshub. "Māori understand the opportunities cannabis legalisation will bring – creating jobs and boosting regional economies, while taking a health-based approach to reduce harm."

03 40-year longitudinal study – support a yes vote

THE DIRECTORS of the Christchurch and Dunedin longitudinal studies say our cannabis laws are not fit for purpose.

Writing for The Spinoff, Christchurch Health and Development study director Joseph Boden said both he and the Dunedin study's director believe cannabis should be treated as a health issue. The studies show prohibition has not reduced cannabis use and that being arrested or convicted did not stop people using cannabis. The Christchurch study found that Māori were three times more likely to be arrested or convicted for a cannabis offence, showing that prohibition is enforced in a racially biased way.

04 Medicinal regulations come into effect

REGULATIONS PAVING the way for quality medicinal cannabis manufacturing came into effect in April, after being announced in December last year.

The new regulations would allow local cultivation and manufacture of medicinal cannabis products. However, patient advocates still think the regulations are too restrictive. In an opinion column for Newshub, medicinal cannabis user advocate Rebecca Reider said many patients are still unable to access affordable products that work for them, and many see full adult use legalisation as their only hope for meaningful access.

05 Pregnancy warning labels on alcohol now mandatory

IT IS NOW required by law for all alcoholic drinks to come with a pregnancy warning label in a bid to reduce the number of babies born with foetal alcohol spectrum disorder.

Food Safety Minister Damien O'Connor says that, while companies had been voluntarily adding their own warning labels to some products, the lack of consistency in the type, colour, size and design reduced the effectiveness of the message.

The move, which has been pushed for here since the 1990s, is a win for those who want to see the alcohol industry better regulated.

06 Alcohol and tobacco use over lockdown

A SURVEY conducted by Nielson for the Health Promotion Agency found that, while some people drank more frequently over lockdown (most commonly due to boredom or anxiety), overall, more people were drinking less often – especially young people, Māori and Pasifika.

The study found that a quarter of smokers were smoking more than usual while a third were smoking less. One common reason cited was not wanting to use either substance around family members, including children. A third chose to smoke less due to fears it would increase their risk of catching Covid-19.

07 Cannabis could boost government coffers by $490 million a year

LEGALISING CANNABIS could boost the government's coffers by as much as $490 million a year, reports RNZ.

The massive windfall estimate is based on research by the New Zealand Institute of Economic Research (NZIER), which puts tax on cannabis at 25% and is modelled on an assumption the legal market will displace the illegal market entirely. "It may take some time to achieve that, but if legal cannabis is safe and the price reasonable, findings from countries which have legalised cannabis tell us that people will make the switch," NZIER Principal Economist Peter Wilson said.

08 Roadside drug testing

ROADSIDE DRUG testing will be rolled out in New Zealand by 2021, the government announced late last year. The initiative has the support of the AA, whose road safety spokesperson called the move "fantastic". The law change will give Police enhanced powers to conduct drug tests at roadside testing stations, like those currently used to stop drunk driving, Stuff reported.

Drivers who test positive will be fined and stopped from driving for a minimum of 12 hours, with the possibility of facing criminal charges. 95 people in 2018 were killed in preventable crashes where drugs were involved, Associate Transport Minister Julie Anne Genter said.

09 CBD oil and schizophrenia

A JOINT STUDY by the University of Auckland and Dr Graham Gulbransen has found that CBD oil could help treat anxiety, chronic pain and schizophrenia.

Research examining the medical records of 400 patients at Dr Gulbransen's clinic, Cannabis Care, found that CBD oil, taken over four weeks, significantly improved their self-reported quality of life.

Senior author Professor Bruce Arroll said CBD had low side effects in most patients and could markedly ease symptoms in a range of conditions. He told RNZ the results indicated there was a need for more clinical research into the therapeutic potential of medical cannabis.

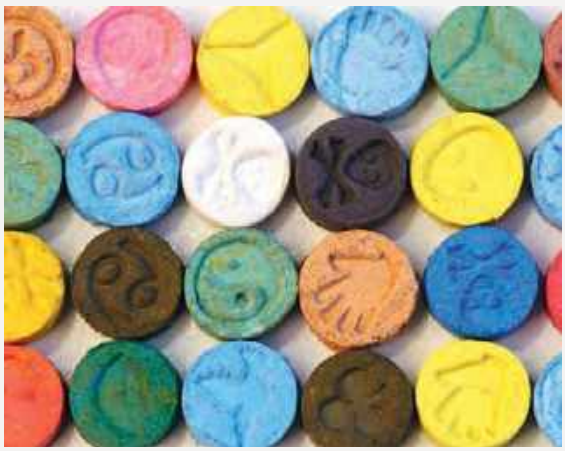
10 Vaping/ e-cigarette regulations pass

A BILL regulating the sale and use of e-cigarettes and vaping devices will see tightened age restrictions, advertising bans and rules around sale and purchase.

Under the Smokefree Environments and Regulated Products (Vaping) Amendment Bill, which passed on August 5, vaping is now banned from smokefree areas. Dairies are only allowed to sell three flavours: tobacco, mint and menthol. Other flavours will be available at licensed vape stores.

Associate Health Minister Jenny Salesa told RNZ the Bill considered the role vaping can play in helping people quit cigarettes (which is more harmful) while discouraging non-smokers from starting to vape.

World.



01 CORONAVIRUS DIDN'T STOP ILLICIT DRUG USE

The coronavirus pandemic could exacerbate harm for drug users, as times of crisis often see a rise in the use of alcohol and other drugs.

Although data is scarce, a new report from the European Monitoring Centre for Drugs and Drug Addiction strongly suggests that cannabis and opioid use increased during lockdown, with people citing boredom and anxiety as reasons for using more frequently. Lockdown has also caused the 'night-time economy' to shut down, resulting in less use of party drugs like MDMA and cocaine.

Meanwhile, US health officials are concerned that more opioid users are injecting alone while in isolated lockdown.

02 Cocaine trade disrupted

CORONAVIRUS COULD completely change the cocaine trade, reports *The Washington Post*. The price of coca has dropped by as much as 73% in parts of South America, due to sealed borders and restricted global transit.

Other parts of the supply chain have also been broken, including access to precursor chemicals. Experts say this could completely alter the cocaine trade for years to come, although the crash may be only temporary. Indigenous farmers who depend on coca leaf for income may also take a hit and fear they could be targeted by governments attempting to disrupt the cocaine trade.

03 US cannabis survey shows strong support for legalisation

GLOBAL PUBLIC opinion and data company YouGov has found that, in US states where cannabis has been legalised, a majority of citizens support the move.

32,000 Americans were asked whether they believe legal marijuana has been more of a success or failure, with most classing it as successful overall. Support was particularly strong in Colorado, among the first to legalise in 2012. Maine was the only exception, with fewer than half viewing the change as successful. Adult cannabis use is legal in 11 states: Washington, Oregon, Nevada, California, Colorado, Michigan, Illinois, Massachusetts, Maine, Alaska and Vermont. More are considering the move this year.

04 Sophisticated smugglers' tunnel unearthed

US$30 MILLION worth of illegal drugs was seized in a secret tunnel under the San Diego border last September. *The New York Times* reports that the stockpile of cocaine, methamphetamine, heroin, cannabis and fentanyl was found in a cross-border tunnel used by smugglers linking the United States with Mexico.

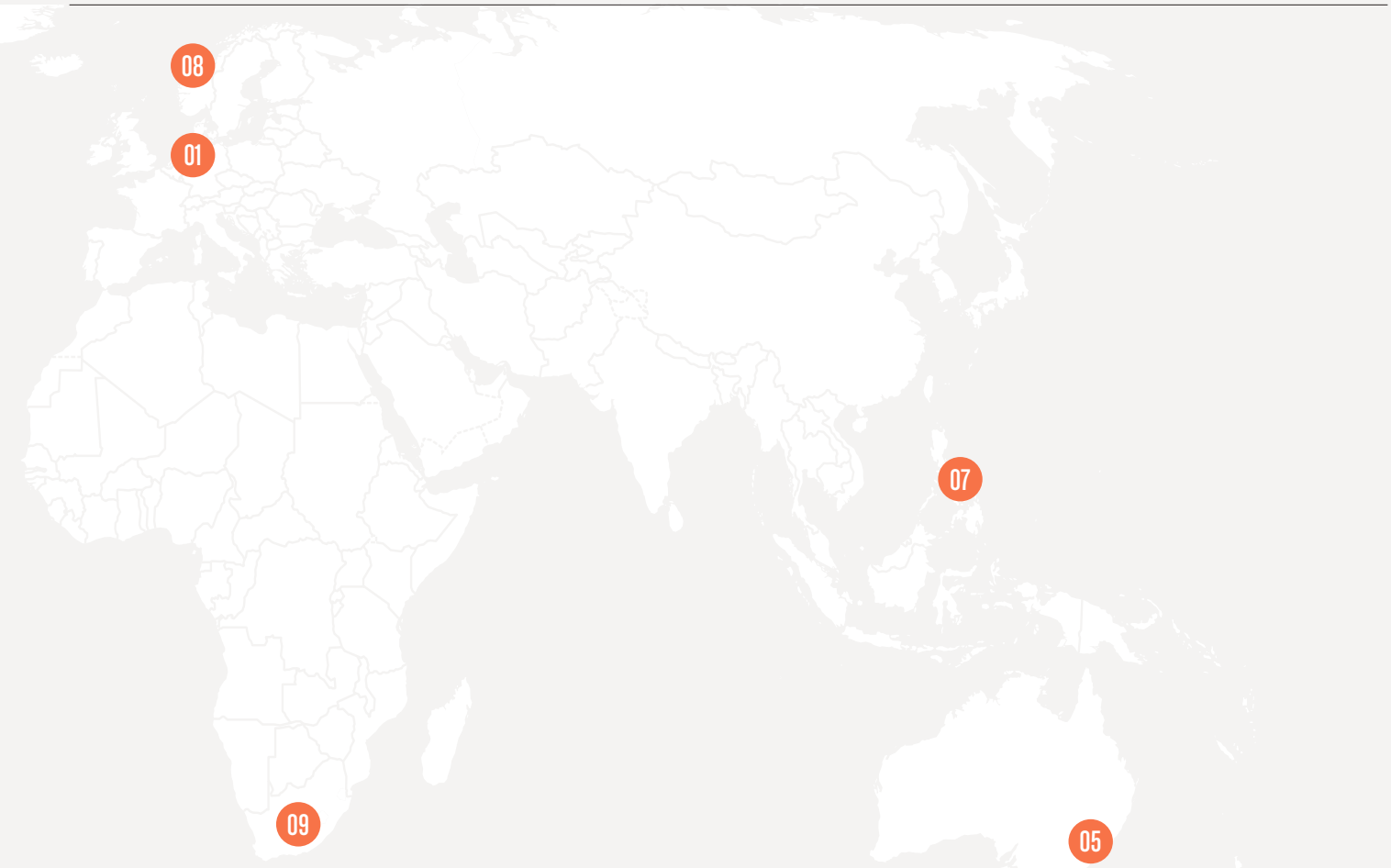
The sophisticated passageway had ventilation, lighting and an underground rail system, with US authorities saying the operation shows "the determination of drug trafficking organizations to subvert our border controls and smuggle deadly drugs into our community". Federal agents called the seizure one of the largest single hauls of illegal drugs in recent memory.

05 Cannabis legal in Canberra

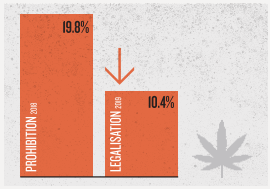
IT'S NOW LEGAL for Aussies living in the nation's capital to possess up to 50 grams of cannabis and grow up to two plants.

New laws passed in the Australian Capital Territory in September went into action this February. The ACT Government called the laws an "evolutionary change" but received some pushback from Australia's Federal Health Minister and Chief Medical Officer, neither of whom supported the law change.

ACT Attorney-General Gordon Ramsay maintained people who used cannabis would be more likely to seek help under the new laws.



06 What's been happening in Canada since legalisation



A REPORT looking at the effects of cannabis legalisation in Canada a year after the law changed is full of positive early results. Statistics Canada data released early this year showed cannabis use had nearly halved amongst 15–17-year-olds since the drug was legalised in 2018, down from 19.8% to 10.4%.

The report found no increase in past three-month use for 18–24-year-olds, typically the heaviest users. While data showed an overall population increase, it did not indicate higher daily use, and the highest rates were amongst older age groups, which have fewer risk factors than vulnerable young people.

Read more in our feature article on page 20.

07 UN report slams Duterte's War on Drugs

PHILIPPINES PRESIDENT Rodrigo Duterte's War on Drugs has committed enormous human rights violations against its own citizens, according to a report submitted to the UN Human Rights Council in late June.

Tens of thousands of people are believed to have been killed with impunity in the five-year War on Drugs, with some estimating more than triple the official government death toll of 8,663. Extra-judicial killings and violence were said to be sanctioned at the highest level. Blocked from entering the Philippines, the UN investigation relied on victim and witness testimonies as well as information gathered from hundreds of documents, civil society and government sources.

08 Norway first to decriminalise

NORWAY WILL be the first Scandinavian country to decriminalise drugs after the majority of its Parliament, the Storting, backed the change in 2017.

Based on the Portugal model focusing on treatment rather than punishment for drug use, the decision from the then right-wing coalition government came as a surprise. A government spokesperson emphasised at the time that drugs were not being legalised, but the consequences for using them would no longer be criminalised.

A working group was due to report back to the government late last year, and further announcements have yet to be made.

09 South African tobacco ban backfires

A TOBACCO BAN in South Africa put in place in March as part of the country's efforts to fight coronavirus appears to be backfiring spectacularly, *The Guardian* reports. Fears that smokers were more prone to Covid-19 prompted the ban, but the move has seen a surge in cigarette smuggling, particularly from neighbouring Zimbabwe.

Despite a border fence, there are more than 200 illegal entry points into South Africa where cigarettes are being sold from under the counter in shops or from people's homes. One Zimbabwean saw it as an exciting opportunity: "I am even failing to meet the demand, these are exciting times," he told *The Guardian*.

10 US Navy warships

FOR THE FIRST TIME in five years, the US navy has sent warships to Venezuela to try to catch cocaine smugglers and disrupt the drug trade, but there are questions about whether it's worth the effort.

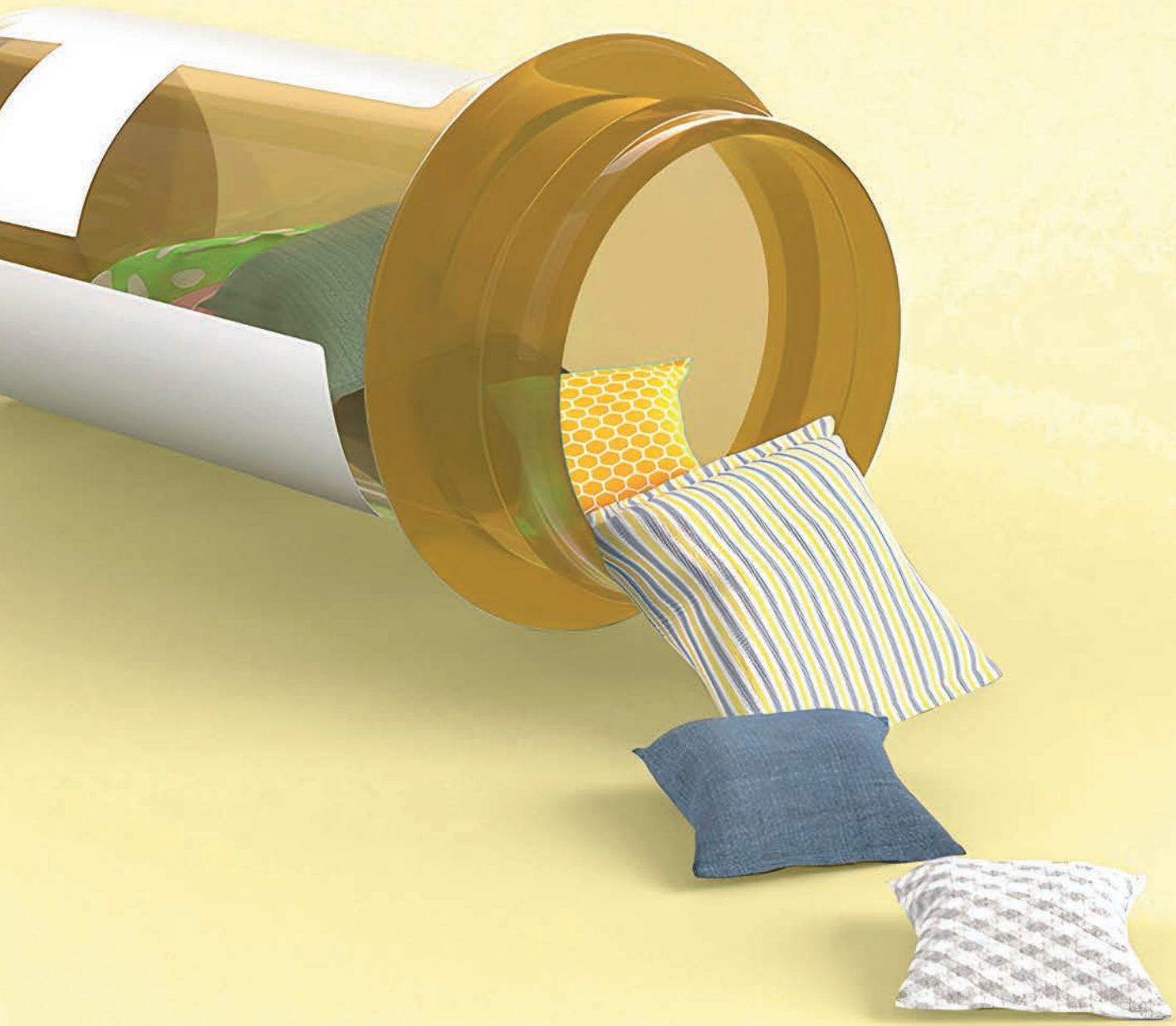
According to a report by non-profit investigative organisation InSight Crime, the US$15 million mission (launched in April) has been called an expensive "overkill". Naval operations expert Bryan Clark said that, while Navy ships can react quickly to counterdrug intelligence, they are not an effective deterrent to typical drug smuggling in go-fast boats. A US Southern Command spokesperson said drugs transiting Venezuela had increased 50% in recent years.

What we've learned from a crisis:

Covid-19, the coming recession and the addiction sector

Lockdown and the continued impacts of the coronavirus have already changed the way the addiction sector operates. As we head for what will likely be a lengthy recession, what lessons has the sector learned from the crisis so far, and what are the plans and fears for the future for those working within it?

TESS NICHOL



Prime Minister Jacinda Ardern.

Photo credit: AP Nick Perry

> **"Alcohol and drug addiction recovery services around the country have been under pressure, fragmented and lacking consistency for a long time."**
>
> JACINDA ARDERN

"Alcohol and drug addiction recovery services around the country have been under pressure, fragmented and lacking consistency for a long time." It was a statement few working in the sector would disagree with.

Made by Prime Minister Jacinda Ardern in July while announcing $32 million of funding for alcohol and drug addiction services in Napier, both Ardern's words and the funding boost itself could be interpreted by the cautiously optimistic as a sign Covid-19 won't lay waste to long-overdue plans to significantly boost funding in the sector, which kicked off with the well-received inquiry report into mental health and addiction *He Ara Oranga* in 2018.

For the slightly less hopeful, there are already fears these plans will not be realised, as the sector readies itself along with the rest of the country for what could be a lengthy recession. Some economists are warning that, despite the current situation looking less grim than initially forecast, we should expect a "W-shaped" recovery. Another slump will come as the wage subsidy expires, and disruptions in the global economy will continue to affect New Zealand domestically well into next year and beyond, even if we have continued success in eradicating the coronavirus domestically.

For those working in addictions, a recession creates two threats that, while separate, feed off one another: funding freezes and more people seeking help for harmful drug and alcohol use. At the same time as the government of the day is likely to be looking to cut back on its spending, people who have been out of work, stressed and struggling are more likely to develop harmful habits with alcohol and drugs (the immediate impact of a crisis like lockdown or the pandemic is more mixed in how it affects people's substance use). This is broadly the lesson learned from the global financial crisis (GFC) in 2008, although there are difficulties with quantifying cause and effect exactly.

That said, the sector is sitting in an interesting space right now. The months spent working from home earlier this year have changed the way parts of the sector deliver services as well as revealing certain structural inequities clients are dealing with, which need to be addressed. While holding concerns for how the next months and years might play out, there is also a sense among those in the sector that the challenges of lockdown have shaken things up in a good way.

LESSONS FROM LOCKDOWN: THE OPPORTUNITIES AND LIMITATIONS OF DIGITAL SERVICE PROVISION

In a survey of the addiction sector conducted in May by Te Pou, nearly three-quarters (73%) of respondents said benefits experienced in lockdown related to adapting service delivery, for example, exploring virtual one-on-one sessions or online support groups. Other benefits cited were improved flexibility for sector workers and clients and improved collaboration between services. There is a general sense that the sector has made huge strides in embracing digital technology, tapping into previously unexplored potential.

"The addiction sector had been tentatively exploring how they could reach and engage people through technology for years," Ben Birks Ang of the Drug Foundation says. "This situation meant that the sector needed to move quickly, and we ended up with the most online support being available for people with addictions in our history.

"We heard stories from AA and New Zealand groups who were used to seeing small groups of people from their local community, and then suddenly they were connected to larger groups of people from around the country."

Sue Paton, Executive Director of Dapaanz, the professional association for people working in addiction treatment.

Photo credit: Supplied

> **“... we ended up with the most online support being available for people with addictions in our history.”**
>
> BEN BIRKS ANG

There was also a sense of becoming more connected with local iwi.

Richard Taylor, who works in mental health and addiction for the Ministry of Health, says the shift is incredibly encouraging. “It’s [supporting people online or over the phone] something the health sector generally has talked about for a long time but never done on this scale - and what we’ve got now is practice in making it possible.”

Sue Paton, Executive Director of Dapaanz (the professional association for people working in addiction treatment), sees the quick adoption of entirely new systems as confirmation of the resilience and flexibility of the sector and those who work within it. “The addiction sector really stepped up in terms of adapting and innovating in terms of connecting with people during lockdown”.

For example, people from deprived rural areas often face access barriers. They may have to travel an hour and a half to see someone, but they can’t afford to run a car and there’s no public transport where they live. The realisation during lockdown that many clients were open and responsive to video meetings or phone calls was a positive discovery, and the sector will be looking to lock in those gains by supporting communities to develop digital practice where it doesn’t yet exist and also develop more flexible practice amongst the workforce, Taylor says.

> **“... that was a real shock in terms of the inequality and the poverty people were living in.”**
>
> MARION BLAKE

The pivot to digital wasn’t without its problems though. Those with addiction issues are not infrequently dealing with other structural inequities, and like dye splashed over white crayon, lockdown starkly revealed problems service providers hadn’t necessarily grappled with before.

Something as simple as having access to a topped-up phone was not the case for every client. The response within the sector was to provide as many clients as possible with phones and data packages, but there wasn’t always the funding available within services to provide this help. And despite its seeming ubiquity in modern life, not everyone has reliable internet access. The 2018 Census showed there were still more than 200,000 houses in New Zealand without internet access – a statistic that correlates with low income.

Te Ara Oranga, a Northland DHB service that partners with Police to make health interventions in cases where people are struggling with meth use, noted the mid to far north of the country was particularly impacted by lack of internet access. Access to services during lockdown was provided in these areas mainly by phone, although patchy mobile reception and clients’ access to phones was also an issue. During lockdown, community resources such as computers at local libraries were not available, meaning lack of access from a personal phone or computer became a more pronounced issue.

In the Te Pou survey, lack of access to computers, phones or phone data for clients and the addictions workforce was the most commonly mentioned challenge during lockdown, with more than half (65%) of respondents citing it as an issue. “People knew [some clients] didn’t have a lot of money, but I think that was a real shock in terms of the inequality and the poverty people were living in,” says Marion Blake, CEO of the community sector support organisation Platform.

There was also evidence as soon as lockdown started of real food poverty amongst clients (or whaiora), so support workers started delivering food parcels to those in need. New systems were developed to do what needed to be done

> **“Any time there’s some kind of crisis event, the impact is always on already vulnerable citizens and communities.”**
>
> SUE PATON

Marion Blake, CEO of Platform, a community sector support organisation.

Photo credit: Supplied

immediately irrespective of what people’s normal jobs were.

During lockdown, some whaiora were scared. They weren’t clear on when they could leave their homes, and they didn’t want to get sick. Some wouldn’t answer the door to workers checking in, thinking they had to wear a mask even if they were standing two metres away. Clear communication was needed, which wasn’t necessarily reaching some people via government messaging. Service workers were not only helping with addiction treatment or delivering phones and food, they were also reminding people to keep washing their hands and managing some clients’ feelings of deep isolation.

> **“... we’re not going to app our way out of a crisis.”**
>
> MARION BLAKE

“Any time there’s some kind of crisis event, the impact is always on already vulnerable citizens and communities,” Paton says. “The addiction sector at the moment is not set up to really support people more holistically. But I do wonder, moving forward, if we do need to think quite deeply as a sector about social justice issues and what our roles are in these issues.”

Taylor makes a similar point. He says mental health and addiction services have to be conceptualised within a broader context to address social inequity – something the government’s Psychosocial and Mental Wellbeing Recovery Plan, created in response to the pandemic, also acknowledges. “There’s an old saying that mental health and addiction is everybody’s business, and actually we’re talking about social determinants of health.”

Blake points out that, despite the opportunities digital services offer, “we’re not going to app our way out of a crisis”. The plan now should be about expanding the toolkit, not replacing the tools we already have. Digital alternatives for traditional service delivery could be appealing (especially amidst worries of future funding freezes) because they were often cheaper, but to rely too heavily on digital as a catch-all solution would be a mistake.

There’s a risk too that service providers could latch on to cheaper alternatives without considering whether they were really better for clients, Paton says. Yes, some clients, particularly young people, preferred online services and actually felt more connected using them. Others felt a phone call was less intrusive than a home visit, “but it’s not everybody’s cup of tea”.

> **“... it gave people the time to slow down and think about what they want from their life.”**
>
> ANNA NELSON, SOCIAL WORKER

LOCKDOWN AND SUBSTANCE USE

In terms of its impact on substance use, lockdown was a mixed bag: some people actually benefited from the disruption while others struggled. Sue Hay of the Salvation Army Bridge in the Northland region said, against all expectations, “tangata whaiora who had already engaged with us prior to lockdown, on the whole, reported they had done better under lockdown conditions. They were able to avoid contact with peers and associates who would normally encourage alcohol and other drug use. One used medically directed quarantine to self-detox off methamphetamine.”

A Te Ara Oranga spokesperson says this had also been the case for some of its clients, who reported using methamphetamine less during lockdown, possibly because of lowered expectations, less day-to-day stress and the social draw of drug use virtually disappearing.

Richard Taylor, Ministry of Health.

Photo credit: Supplied

“If you’ve got a guy who’s lost his job, he’s lost his income, he’s lost his mana, he’s really stressed out because he’s got his partner and three kids – there’s a minority of people that will lash out.”

SUE PATON

However, other whaiora experiencing a stressful lockdown relapsed after struggling to cope. Anecdotally, several programme managers reported hearing there was more trouble accessing drugs during lockdown, and drug seeking became more obvious during a period where people were expected to stay inside their homes and keep their distance from one another.

Anna Nelson, a Wellington social worker who manages an outpatient clinic, says that, among the general population, lockdown would have been like an extended version of New Year for some people. “You’ve had time to think about what your future holds and what you want with your life, and I guess it gave people the time to slow down and think about what they want from their life.” For people already seeking treatment, lockdown had variable effects, but some clients saw a really positive impact. “Given the heightened anxiety generally in the public going into lockdown, the surprise for us was some of our clients were like ‘phew’. There was a relief – no one coming over, no expectations to go out and see people. For people with social anxiety, it was a nice break, and for some, that decrease in anxiety led to a decrease in substance use.”

Hay reports good engagement rates with clients over lockdown, noting that engagement was “perhaps higher than if tangata whaiora were engaged in normal life. There were not the usual barriers to access support in Northland in terms of transport, childcare or other competing demands from whānau or work.”

Although referral numbers for that service are higher now than pre-Covid, it’s hard to know yet if this reflects increased demand or simply represents those who would have presented during April and May, she says. “It’s too soon to make predictions regarding future demand trends.”

This variability in responses is also borne out in a survey conducted among the general population by Nielson for the Health Promotion Agency, which found one-fifth of respondents increased their drinking over lockdown, one-third decreased their drinking and just under half reported no change. This survey and another taken by the Drug Foundation in New Zealand during lockdown, as well as a study by the European Monitoring Centre for Drugs and Drug Addiction in June, show that, among people whose substance use has increased since the Covid-19 pandemic began, the main drivers were anxiety and boredom. The most common substances used in these cases were alcohol and cannabis, although some areas of Europe showed an increase in methamphetamine use.

“... we’re also trying to reach people earlier so that challenges can be dealt with before they get bigger and more complex to resolve.”

RICHARD TAYLOR

WHAT A RECESSION MEANS FOR SUBSTANCE USE AND THE ADDICTION SECTOR

There’s no one story for how people’s substance use is affected by life events. It’s more like a multiple-path story with nearly infinite potential outcomes. Because of how we each individually respond to stress, it’s possible that, for one person, a crisis (like a global pandemic) would prompt them to stop drinking entirely, while for another, their recreational drug use might increase under pressure. Some people will respond to the long-term stress of a recession (losing a job with reduced chances of getting another one or keeping a job but witnessing multiple rounds of redundancies) by increasing their substance use, and it’s over this longer period that harmful use can entrench itself as addiction. People more vulnerable to this are likely to have already been regular substance users. Maybe they’ve always used alcohol as a social crutch, or perhaps they’ve smoked cannabis to relax for years but now find they rely on it more and more frequently. On the other hand, people who use alcohol very infrequently (maybe they have a wine or two a couple of times a month) tend to respond to actual or threatened financial instability by using substances even less frequently.

Ashley Koning, addiction specialist.

Photo credit: Supplied

> **“It’s going to be much more attractive to rehome nice white middle class families than it is for people with substance use who live on the margins.”**
>
> MARION BLAKE

Increases in things like domestic violence, petty offending and driving offences are often reliable indicators that harmful substance use is increasing in the wider community, addiction specialists say. When there’s a crisis, the most vulnerable are hit hardest, and a minority of people will lash out as a result, Paton says. “We know these crisis events escalate issues we already have in society. Some people don’t have access to the resources, they’re already in a position where they have less access to resources, they’re [already] more likely to come into contact with Police. Then potentially losing a job, being locked down, it adds stress.

“If you’ve got a guy who’s lost his job, he’s lost his income, he’s lost his mana, he’s really stressed out because he’s got his partner and three kids – there’s a minority of people that will lash out.”

Ashley Koning, an addiction specialist with more than 30 years’ experience in the sector, says the tell-tale social trends take a while to appear, and whether they will after this crisis depends in part on how bad unemployment gets. “If that 10% figure [of unemployment projection is reached], then we’re going to see this stuff kick in in six months to a year.”

The recession won’t only impact the addiction sector in terms of increasing people’s substance use – recall that some people choose to stop drinking or using drugs when money gets tight. It’s possible there will also be an increase in treatment seeking as people become unable to afford drugs such as meth any longer and instead look for help to kick their habit. “That’s possibly likely to have an impact on mental health services as well, because often the treatment seeking manifests as things like depression or anxiety.”

Not everyone who stops drinking will seek treatment, and some will use online tools like the forum Living Sober or local NA or AA meetings instead of seeking more serious interventions like residential treatment. Taylor says the addiction sector was already thinking about how to expand services to offer more to people who don’t need full-on intervention like residential treatment but want a hand getting their substance use under control. “It was clear from He Ara Oranga that people weren’t accessing the help they needed until they got to a crisis.”

> **“You’ve got services who are expected to do more, because people are particularly unwell because of the circumstances and the stress.”**
>
> SUE PATON

If communities can be supported to be resilient and help is offered to treat people’s anxiety and depression for example, it is possible to intervene before addiction sets in, Taylor says. While there is inherent good in helping people before their needs escalate, there is a secondary benefit in that it reduces demand on more intensive services, many of which are limited, and ensures these specialist services are available when people need them. “Yes, services need additional support and we have funding coming through, but [with He Ara Oranga’s guiding principles, we’re] also trying to reach people earlier so that challenges can be dealt with before they get bigger and more complex to resolve.” Initiatives including increased peer support within communities and more widely available counselling were all part of the plan to make this shift.

This is important, as the sector as a whole will struggle to cope with even a 10% demand increase, Koning says. He points to the He Ara Oranga report as proof of service workers’ claims they are already working at full capacity and beyond. Part of the issue is also that there are not enough people training to work in the addiction sector, which limits the effect of increasing services even if money is allocated for this. “There isn’t a not working addiction workforce out there. We’ve got to grow the workforce, which does mean training people.” The Ministry of Health has addressed this issue with the Mental Health and Addiction Workforce Action Plan 2017–2021, and there was

allocation in this year's budget to train new counsellors, although this was not addiction specific. Addiction practitioners who have a counselling degree would need an additional addiction qualification (plus supervised experience as an addiction practitioner) before being registered as an addiction practitioner.

Increasing the workforce requires not just funding but addressing stigma about addiction within the wider medical community, Koning says. He also recommends tapping into the potential of the peer workforce and thinks the government could encourage this through schemes or incentives.

FEARS AND HOPES FOR THE FUTURE

There was a general consensus that the addiction sector runs more or less on the smell of an oily rag even in good times and that government belt tightening during lean times has typically been experienced as more of a freeze or pause on any increase in funding rather than cuts to funding for services.

Those working in the sector generally held the view that the crisis of Covid could well redirect funding previously earmarked for addiction services in next year's Budget to other areas – a disappointing, if understandable, outcome. Optimism and hope that followed the government's 2019 commitment to He Ara Oranga has now faded slightly for some. Taylor holds a more optimistic view, pointing to the $32 million funding boost in July as a good sign and committed increases to funding from Budget 2019.

Covid presents an ever-changing environment, but nevertheless Taylor says that "we're looking at the model of care for alcohol and other drug services and part of that is looking to guide our current and any future investment in the best way possible."

The Psychosocial and Mental Wellbeing Recovery Plan, published in mid-May by the Ministry of Health, is also encouraging in that it makes many references to the importance of wellbeing in the post-Covid recovery. On page 17, the report states: "COVID-19 has presented additional challenges for the mental health and addiction sector, with the transformation called for by He Ara Oranga now even more critical [emphasis added]. Many wellbeing stakeholders recognize the opportunity presented by COVID-19 to pause and re-evaluate to ensure this transformation is relevant to our current circumstances."

One part of the report outlines addiction and mental health support as a specific focus area: "Strengthen primary mental health and addiction support in communities … While this work was under development prior to COVID-19, increased mental wellbeing needs due to the pandemic will elevate the importance of this focus."

Further down it reads: "Kaupapa Māori services, designed by and for Māori, will be expanded. Effective evaluation and workforce support will supplement this focus area. Services will be designed collaboratively, including input from people with lived experience of mental health and addiction services."

Paton is cautiously hopeful this is a good sign with regards to future funding, and it meets the expectation of Northland's Te Ara Oranga organisation that the government must continue to "promote confidence that mental health and addiction is still a priority".

During the recession following the 2008 GFC, Paton remembers how people seeking addiction treatment from various programmes or organisations were showing up with more complex needs than usual – they were more likely to have co-existing mental health issues or problems with unemployment or housing, they were more likely to be suicidal. "You've got services who are expected to do more, because people are particularly unwell because of the circumstances and the stress," she says. This can mean it takes them longer to go through treatment, which has the knock-on effect of making it more difficult to get people with less-complex needs into treatment before their problems accelerate.

Blake proposes a theory that the wider impact of Covid-19 could actually be good for funding because more middle-class people may start seeking treatment for the first time. The sector was expecting an increase in mental distress in the short and medium term and to see it from "a very different population".

"We're seeing it from people who have had jobs, who have got housing security at the moment, although that becomes vulnerable as people don't have so much money. I think because it is a different population, we will see different responses from the system. Many of the issues that people who have had jobs and are now unemployed are raising is exactly the same thing people who have been unemployed for a long time have raised."

Her fear is that help will arrive but be distributed inequitably, and the most vulnerable among us will be shunted to the back of the queue. Long-standing efforts to get people with complex mental health and addiction needs into homes and jobs may be deprioritised in favour of "relocating baristas", she worries. "It's going to be much more attractive to rehome nice white middle class families than it is for people with substance use who live on the margins."

This is one way a recession can undo good work. "A lot of us have worked very hard to raise the profile of people living with chronic mental illness and addiction issues," Blake says. The discussion now is on general wellbeing and distress, which shifts the focus away from those who are acutely unwell to a wider group of the population – a group it is much easier to assist. The Te Ara Oranga spokesperson also points to the possibility that those struggling with recent unemployment may themselves deprioritise addiction treatment during a recession.

It's possible new systems will be put in place to help the newly unemployed and distressed middle classes, while the mental health and addiction system for people with complex needs remains "chaotic" and underfunded. "These are entrenched social issues, and they're not going to go away in the blink of an eye," Blake says. "Our addiction services are small, they are unsupported. We've got to find different ways of doing things."

Like so many parts of life post-Covid, the sector will have to wait and see what the 'new normal' looks like. ■

Tess Nichol edits and writes for *Matters of Substance*. She is based in Auckland.

Stigma, drug use and welfare in the time of Covid

It's up to us, the public, to make sure the government looks after our most vulnerable in a recession, writes activist and former Greens MP **Sue Bradford**.

SUE BRADFORD

We live in unsettling times. Perhaps we've dodged the worst of Covid-19 thanks to sharp action on the health side of the crisis, but there is no question we're facing possibly the worst recession – or depression – since the 1930s.

Recessions are not a good time to be unemployed or homeless or a person who uses drugs – or all three at once.

To take one of the most recent examples, in the wake of the 2008 global financial crisis, the National Government determinedly unrolled a sequence of punitive welfare reforms aimed at cutting costs no matter the consequences for those affected.

Defaulting to austerity budgeting is a typical neoliberal response built on the back of historical prejudice against those who are already society's most vulnerable. Under austerity, propaganda campaigns are rolled out saying the country can no longer afford welfare at current levels, in effect

> **"... the threat of the drug test lurks as a pervasive psychological threat to all people who use drugs who find themselves inside the welfare system."**

“... welfare levels are still far too low for survival. Queues at foodbanks are lengthening across the country.”

“It is way past time that the needs of some of the most stigmatised and vulnerable groups in our society ... were given priority ...”

blaming and consequently punishing unemployed people, beneficiaries, people who use drugs and the sick and disabled for the situation in which they find themselves.

This is exactly what National did following recommendations from its 2011 Welfare Working Group aimed at reducing the number of working-age beneficiaries by 100,000 within 10 years.

One of many punitive reforms was the 2013 introduction of a drug-testing regime, which meant that those who refused to undergo a drug test when required for certain jobs or who failed a drug test would have their benefit reduced partially or completely.

Seven years and a change of government later, this policy is still in force. As recently as August last year, Prime Minister Jacinda Ardern and Social Development Minister Carmel Sepuloni were still backing the system, despite having opposed it while in Opposition.

In the year to June 2019, beneficiaries were put forward for around 40,000 jobs requiring drug tests. Beyond the comparatively low number of those actually sanctioned, the threat of the drug test lurks as a pervasive psychological threat to all people who use drugs who find themselves inside the welfare system.

Despite the upcoming cannabis referendum and recommendations from the 2018 Welfare Expert Advisory Group (WEAG) to the contrary, there is no sign of an easing up on the drug testing of beneficiaries. Of the many detailed recommendations made by the WEAG, the Labour-led coalition has made only three minor changes, leaving the same punitive welfare structure bequeathed by National substantively in place.

Then Covid-19 arrived. In late May, Finance Minister Grant Robertson announced that people made unemployed because of coronavirus after 1 March will receive weekly payments of $490 per week for 12 weeks. This is great for those who qualify, as $490 per week is almost double what you get on the standard 25+ Jobseeker Support allowance of $250 per week.

The downside has been the deliberate creation of a new two-tier benefit system – one for people made jobless due to Covid and one for the rest. All those already out of work or sole parents or on Jobseeker Support because of sickness or disability are made to feel quite literally worth less than those who qualify for twice as much. The period of this double standard runs through to October – rather convenient given the September election date.

Although benefits were lifted by $25 per week shortly after Covid hit, welfare levels are still far too low for survival. Queues at foodbanks are lengthening across the country.

Emergency housing has been provided to many of the street homeless because of the pandemic, yet the state housing waiting list has hit a record 18,000. This is just the tip of the iceberg in terms of actual homeless numbers, and there is no sign that public housing building rates will catch up with real need any time in the next four years or longer.

The fear or actuality of job loss, income reduction and homelessness creates massive stress. For people who use drugs, recession can be a time of even greater social exclusion. It’s easy to use more when trying to cope with boredom, anxiety, depression and poverty. Even if the drug of choice has become too pricey or is not available, the temptation to shift to another can be strong. Access to adequate addiction support and rehabilitation services remains as dicey as ever.

With a general election coming up soon, we should be putting as much pressure as possible on all political parties for major reforms, accelerated by the urgency of the economic impacts of Covid-19. In this area, this is what I reckon we should be campaigning for:

- Implementation of the recommendations of the 2018 Welfare Expert Advisory Group, ideally integrated with the implementation of a guaranteed basic income for all. This should be set at a level that is enough to live on and be paid regularly in cash on an individual basis regardless of relationship status. There should be supplementary add-ons for children, old age and disability. Such a system should be well run and non-judgemental and paid for by higher taxes on wealth and profit.
- The immediate end to drug-testing sanctions within the welfare system. Work and Income, education providers and employers across all sectors should work together to constructively help current or former drug users to access quality training, education and employment. The use of drug tests and criminal records involving drug use as a blunt instrument of job discrimination should stop now.
- A hugely accelerated state, community-based and tangata whenua house-building programme is needed, alongside the introduction of a law making affordable, healthy, secure housing a statutory right for all regardless of health, family and income status.

It is way past time that the needs of some of the most stigmatised and vulnerable groups in our society, who are disproportionately Māori and entangled in a complex web of structural discrimination, were given priority over the demands of big business, property investors and rich white men’s sports.

The time of Covid is an opportunity for transformational change. It is up to us to demand the empathy, courage and common sense required from those who seek our votes in September – and to keep working for it afterwards should they fail, once more, to deliver. ■

The Wine O'Clock Myth

Sobriety advocate and author Lotta Dann's new book is tackling the way women drink. She talks to **Ruth Nichol** about how the alcohol industry specifically targets women and why that matters.

RUTH NICHOL

“What I’m trying to do with the book is to open people’s eyes to how ubiquitous alcohol has become and how it’s not harmless.”

Lotta Dann.

Photo credit: Catherine Cattanach

Sobriety and recovery advocate Lotta Dann is getting political. For the last six years, Dann, community manager of the Living Sober website, which is run in partnership with the NZ Drug Foundation, has put her energy into providing a safe, supportive online community for people who want to change their relationship with alcohol.

“My primary focus has been on talking to people who are stuck and miserable right now.”

With almost 11,000 members, Living Sober provides a place for people to talk and bond as they grind their way through the different stages of getting sober. “It’s a community of peers. None of us are experts, we’re not trained and we come in there and talk about how we feel.”

Dann has also written two books, *Mrs D is Going Without* and *Mrs D is Going Within*, both deeply personal and honest accounts of what it’s like to go from being a boozy housewife downing a bottle of wine a day to being completely alcohol-free.

But until now, she has focused on the internal process of getting sober, the challenges of giving up booze and the many rewards that come from doing so.

In her previous two books and on her popular *Mrs D’s Blog* on the Living Sober website, she’s avoided political discussions about the status of alcohol in society, the laws and regulations around it and the ways in which the liquor industry – what she calls Big Alcohol – works hard to make sure we keep all keep drinking.

That’s changed with her latest book, *The Wine O’Clock Myth*. It explores women’s drinking habits, and it takes a critical look at how the easy availability and widespread promotion of alcohol – including on social media – targets women and promotes a damaging “Wine Mum” culture.

“What I’m trying to do with the book is to open people’s eyes to how ubiquitous alcohol has become and how it’s not harmless. There are two sets of readers. The first is people like me who are going to feel strengthened by feeling understood. I’m hoping there will also be another set of readers who are able to moderate their drinking but who will have their eyes opened and can see it’s a bit crazy that we’re living in this alcohol-saturated environment.”

She hopes that, if the second group can get a better understanding of how hard it is for the first group to moderate their drinking, they might be more receptive to the idea of greater restrictions being placed on the sale and promotion of alcohol.

“I do think that alcohol should be taken out of supermarkets and there should be more curbs on the marketing messages that allow alcohol to be pushed.”

In her ideal world, one of those restrictions would involve changing the law that allows alcohol to be sold in supermarkets. “I do think that alcohol should be taken out of supermarkets and there should be more curbs on the marketing messages that allow alcohol to be pushed.”

It’s not a fight she’s about to take on herself – “at the end of the day, I’m still just a sober housewife” – but she would happily back others seeking such a change as a way of signalling that alcohol is an addictive drug that needs to be treated with caution. She realises, though, that it’s unlikely to get much popular support.

“I would like the law to be changed but I understand how hard it would be. I’ve heard people describing it as like putting the toothpaste back in the tube.”

“I would like the law to be changed but I understand how hard it would be. I’ve heard people describing it as like putting the toothpaste back in the tube.”

“I’m a woman, and I hear from women constantly. I know the effect it’s having on us, particularly emotionally, and it devastates me.”

Dann is also critical of Big Alcohol’s focus on drinker education and personal responsibility as the solution to excessive drinking. She says it’s a victim-blaming approach based on the false premise that anyone can moderate their drinking if they are armed with information about the size of a standard drink and safer drinking levels.

That may work for people whose brains are wired in a way that means they will never become addicted to alcohol, says Dann, but it won’t work for people like her whose brains are wired differently. “Knowing what a standard drink was wouldn’t have made a blind bit of difference to me.”

And while we’re on the subject of Big Alcohol’s failings, she says it’s also time for the industry to acknowledge that alcohol causes cancer. Women who drink two-thirds of a bottle of wine a day are 60% more likely to develop breast cancer than non-drinkers.

“The science is unequivocal now. Epidemiologists will tell you it causes cancer, which is another reason to treat it with a bit more caution, not just for the good of people who are struggling but also for moderate drinkers.”

Dann decided to focus on women in *The Wine O’Clock Myth* partly because she is more familiar with the problems many women experience with alcohol, both from her own experience and from her work with the predominantly female membership of Living Sober.

“I’m a woman, and I hear from women constantly. I know the effect it’s having on us, particularly emotionally, and it devastates me.”

But she says there are also differences in the way alcohol affects woman and in how it is marketed to them. While women generally drink less than men and are also less likely to be hazardous drinkers than men, for various biological reasons. they are also more likely to be damaged by alcohol than men. Women’s generally lower body weights and higher proportion of body fat mean that, if a man and a woman drink the same amount, the woman’s blood alcohol will almost always be higher, putting her at greater risk of harm.

Women are also the target of social media campaigns promoting the use of alcohol. “The liquor industry really sets its sights on women, and it does that through social media. As an expert I interviewed in Scotland told me, women are a massive untapped market. They haven’t tapped us out yet – they know there’s more to be done.”

She says jokey memes aimed specifically at women – such as “I need a hug … e bottle of wine” or “I cook with wine, sometimes I even add it to the food” – have become a shorthand for fun, camaraderie and relaxation. And as she knows from personal experience, these kinds of memes, as well as Instagram posts by social media influencers and Facebook posts showing women friends enjoying a glass of wine together, help to normalise the use of alcohol.

“I just felt wretched in terms of guilt and emotional disconnection, and that’s what saved me.”

When her first child was born 15 years ago, Dann was grateful for the support she got from other mothers online. But the online world had a big downside too: “It also helped enable and support what was in my case quite problematic solo drinking. I was online and alcohol was everywhere.”

As she writes in *The Wine O’Clock Myth*, “I was drinking alone but there’s

no doubt I felt supported and encouraged in my solo habit by all the Wine Mum content pouring from my computer."

During those years, opening a bottle of wine at 5pm and having her first glass made Dann feel connected to the adult world. It also helped her relax after a hard day wrangling children and work responsibilities and trying to meet the impossible demands of "doing it all".

"Alcohol works in the moment, it releases dopamines, it does what we want it to. We're humans and we like feel-good chemicals."

But as those first two glasses turned into another two and then a whole bottle, the feel-good factor was soon replaced by other, less pleasant feelings.

"The first couple of drinks relax you, and you get that dopamine hit. Then the depressive effects kick in, the slurred speech and the muddled thinking and the slow reactions."

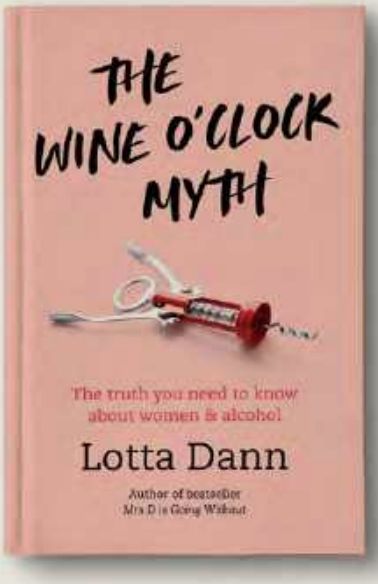
Dann managed to cope with the physical effects of her excessive drinking, but it started to take an increasingly heavy emotional toll. "I just felt wretched in terms of guilt and emotional disconnection, and that's what saved me."

For her, the turning point came in September 2011 when she woke up one morning at 3am after drinking nearly two bottles of wine the night before and remembered that she had hidden the empty first bottle so her husband wouldn't know how much she had drunk. She was so horrified at what she had done she decided to quit drinking. Almost 9 years later, she's a happy sobriety advocate who, rather than pouring herself a wine at 5pm, slips into a pair of comfy trousers. Other relaxation triggers that work for her include lighting a scented candle or listening to a favourite album while she cooks.

Some of the 10 women whose stories about their relationship with alcohol feature in *The Wine O'Clock Myth* have had similarly happy endings. But some of them are still drinking and often quite heavily. Dann says that, while everyone has the right to choose to drink alcohol, she wants to make it easier for people to choose not to.

"I want to help create an environment that is more honest and truthful because it would make it easier for people who are struggling to put their hands up and ask for help." ■

Ruth Nichol is a Wellington-based journalist.



AN EXTRACT FROM THE *WINE O'CLOCK MYTH*:

If I had a dollar for every time someone who has changed their relationship with alcohol said 'If I can do it, anyone can', I'd be a very rich woman. Those words are so frequently uttered by people who have stopped steadily drinking they've almost become meaningless. Which is a shame given it's such a powerful and compelling statement. Just seven short words, but used in this context they are drenched in meaning. They convey pride and power, but also a measure of incredulity, almost as if the person uttering them can't quite believe what they've done in turning their lives around. Why not? Because they genuinely thought they'd never be able to do it.

Most of us who have quit drinking used to think our booze habits were so deeply ingrained we'd never shift them. We couldn't imagine life without our 'best friend', alcohol. We were terrified at the thought of resisting cravings, socialising sober, celebrating events and dealing with emotions in the raw for the rest of our lives. Perhaps we also thought our mental-health issues were too difficult to manage, or our childhood trauma too awful to get over. Whatever the circumstances surrounding our drinking, most of us genuinely thought it would be impossible to change things, and that we'd never sort it out. Until, that is, we did.

Eventually I found it on the morning after my last-ever binge. A little glimmer of hope came to me through floods of tears when I had that monumental thought, *The problem isn't me*. The problem is the alcohol. I seized on that glimmer of hope, used it to tap into the tiny amount of strength I had remaining, and made my decision to quit. It was utterly terrifying. Truly, deeply terrifying. But I held onto my little inner glimmer of hope, and boosted it with the vague notion I had that it was possible to become a happy non-drinker. This I'd gleaned from looking at the occasional famous person I knew had quit. As tragic as it sounds, I'd see former drinkers like Rob Lowe and Keith Urban on the red carpet on E! channel and notice they seemed really happy. I knew they'd both quit their nasty drinking habits, yet they seemed content, smiling like life without alcohol was okay. How they'd done it, I had no idea, but they showed me that it could be done. I thought, *If they can do it, I can too.*

That's the other thing to grasp onto if your personal hope and sense of self isn't quite there yet, and your inner strength is shot. Look around and find some lamplighters—people who have quit drinking and don't appear miserable. There are so many. Look for famous celebrities like I did if you must. Look for local television personalities or media stars. Look for people writing books (like this one!), sharing posts and photos on social media, and articles and blog posts on recovery websites. Look around in your real life—you may be lucky enough to have a role model in your extended family or community. Look for us and look hard at us. None of us are miserable about our non-drinking status. We're not bereft; we're just living. We've all done the hard work, we've all got to a comfortable place, and we all want nothing more but to shine a light and show others the way. Follow us on social media, get our books, listen to our podcasts, join our online communities. And constantly remind yourself, if we can do it, anyone can. Anyone.

The sky didn't fall

Canadian cannabis legalisation 18 months on

Attitudes about cannabis use are changing as legalisation brings more education opportunities and fears about drug harm fade.

TESS NICHOL

UK researcher Harvey Slade of the Transform Drug Policy Foundation.

Photo credit: Supplied

> **“It’s not this fun new illegal drug, it’s just something you can buy from a shop like alcohol or tobacco.”**
>
> HARVEY SLADE

As a general rule, people like what they know. The status quo, however imperfect, is at least observable, and we tend to prefer sticking with it over change. The cannabis legalisation debate in New Zealand involves many hypotheticals. What if children accidentally consume edibles? What if heavy machinery operators come to work stoned? What if there’s a dope shop on every street corner? While it’s entirely reasonable to pose questions like these when discussing the pros and cons of legalisation, what is possible can sometimes be given more weight than what is likely, simply because it’s difficult to imagine how all the variables might apply in real life.

We’re lucky in New Zealand therefore to have Canada and parts of the United States (although Canadian law hews closest to our current draft legislation) as a guide to see what legalisation actually looks like in practice so far. And while there have definitely been road bumps and lost opportunities in Canada, none of the worst predictions or fears about legalisation, particularly in relation to drugged driving and youth use, have come to pass.

Eighteen months since recreational use of cannabis was made legal in Canada, the general consensus is that the sky hasn’t fallen. The phrase, aimed indirectly at the Chicken Littles who were either genuinely worried or ideologically opposed to legalisation, is repeated by almost every person spoken to in the course of interviewing for this story, including international drug policy experts and a Canadian Police chief.

So if the sky didn’t fall, what did happen? Simultaneously, a lot and very little. An entire industry was established via growing operations and retail stores, which were established swiftly but not without teething problems – more on that later. Hundreds of millions of dollars of tax revenue was collected across federal and provincial governments, and a not inconsiderable number of people tried cannabis for the first time. But for most people, most of the time, life is unchanged.

Data from Statistics Canada has shown that, while there were initial increases in cannabis use in the first quarter since legalisation, in the year since, there has been no sharp rise in levels of consumption. Figures have even suggested that consumption rates among those aged 15–17 have fallen by nearly half since cannabis was legally regulated, from 19.8% to 10.4%. Like New Zealand, Canada had high rates of cannabis consumption prior to legalisation. Although we will need to see the data over a longer period to get a fuller picture of how legalisation has affected use rates in all age groups, UK researcher Harvey Slade posits the initial drop may at least in part be because, once a drug is legal, it loses some of its allure. “People may find it interesting for a couple of months, but there’s a normalising change. It’s not this fun new illegal drug, it’s just something you can buy from a shop like alcohol or tobacco.” Slade recently wrote a report for Transform Drug Policy Foundation about the effects of legalisation so far using a range of data including that released by Statistics Canada.

Concern among Canadians that people would be stoned at work has “dropped considerably in the year and a half since legalisation” after there was no noticeable increase in such incidents occurring, Slade says. Where relevant, workplaces put in place policies laying out expectations around cannabis use as they have in the past with alcohol. The fact this concern has dropped markedly since legalisation shows people are scared of deviating from the status quo, Slade says, “but what they forget is that cannabis is already hugely widely available, this has just changed the way it’s sold, changed the way its regulated, and that makes [cannabis] that much safer”.

British Columbia Police Chief Mike Serr describes a similar pattern regarding fears about drugged driving. Serr, who has

> **“Before it was legal, it was actually quite difficult to talk about cannabis or even research cannabis in ways that might suggest it’s anything other than harmful.”**
>
> STEPHANIE LAKE

held his position in the town of Abbotsford, British Columbia, for the last five years, says fears about increases in drugged-driving offences was a particular concern for Police chiefs prior to legalisation, but the feared spike never came. “There has not appeared to be a significant increase in drug-impaired driving or accidents related to drug-impaired driving we have found.” This doesn’t mean drugged driving is not an issue, it just means legalisation has not led to an increase in its occurrence.

Stephanie Lake of Canadian Students for Sensible Drug Policy (CSSDP) says she would expect in the long term to see reduced rates of drug driving overall so long as there is sustained public outreach and education about drug harm. Canada has been using a portion of new cannabis taxes to invest in education and evidence-based harm-reduction campaigns, with drugged driving being a significant area of focus. The CSSDP also received a government grant to roll out their “sensible cannabis education toolkit” into more Canadian schools and campuses (although that roll-out is currently partially hampered by Covid-19).

The education toolkit contains a set of guiding principles for implementing a well-rounded cannabis education. Harm reduction is a big focus, with additional focuses on fostering trust between young people and their parents, teachers or other trusted adults and non-judgemental, inclusive messaging tailored to a range of ages, ideally delivered by a trained facilitator. In particular, the toolkit aims to provide relevant information for young people who have tried or are using cannabis. This includes being realistic about why people might want to use the drug and discussing perceived benefits. While educators don’t want to encourage young people to use cannabis, black and white messaging that doesn’t line up with people’s experiences can make young

Stephanie Lake of Canadian Students for Sensible Drug Policy.

Photo credit: Supplied

> **“... none of the worst-case scenarios have been realised.”**
>
> REBECCA JESSEMAN

people, especially teenagers, less trustful. If someone is told cannabis is dangerous only to try it with no issue, they may disregard advice about using more harmful drugs, Lake says.

The kinds of nuanced conversations that build trust and properly inform young people are more possible under legalisation now that conversations about previously illegal behaviour are out in the open. “Before it was legal, it was actually quite difficult to talk about cannabis or even research cannabis in ways that might suggest it’s anything other than harmful,” Lake says. “It’s helped us come up with a better and more nuanced way of designing education around cannabis.” There was a “fear-based” approach to cannabis education, and when so many young people are trying it anyway, that approach isn’t effective.

It’s not just young people in need of education. Serr says anecdotally he’s heard of many people in their 40s and 50s trying cannabis either for the first time or for the first time in several decades – sometimes recreationally, sometimes therapeutically or for pain relief. In fact, the biggest growth in use has been in this older demographic.

The lower use risk guidelines, endorsed by the Canadian Mental Health Association, Canadian Medical Association, Canadian Public Health Association and others, is a shareable, easy to digest public health initiative advising people to, among other things, limit their use, start slow and low in terms of THC content and avoid smoking it if possible. Lake has noticed an increase in harm-reduction messaging since legalisation and believes the change has meant Canada can’t avoid the conversation any longer or pretend cannabis use isn’t happening.

Canadian researcher and leading cannabis expert Rebecca Jesseman, Policy Director at the Canadian Centre on Substance Use and Addiction, hammers home the point that it’s crucial to recognise there hasn’t been much of an increase in cannabis use since legalisation. “The good news story is none of the worst-case scenarios have been realised,” Jesseman says, referring to fears about spikes in youth use and drug-impaired accidents on the road or at work.

Where Canada did slip up was rushing through the legalisation process

Mike Serr, British Columbia Police Chief.

Photo credit: Supplied

“Our best tool is to direct the consumer away from the illegal markets and give them more choices and more reason to be in the legal market.”

MIKE SERR

too quickly, resulting in a roll-out of retail stores that was “not as strategic” as it could have been, Jesseman says.

Legislation was passed in July 2018, and by October 2018, stores were allowed to open. What followed next in many places was months of patchy supply, irritated customers and questions around the quality of the legal product being sold. What was perhaps not considered is the fact cannabis has a growing time – you can’t manufacture it overnight. That lead time is compounded if you consider the need to ensure steady supply as well as time for testing and tweaking strains to make sure what’s on the market is as safe as possible. The first six months or so of legalisation in Canada was characterised by stock shortages and insecure supply. Jesseman says ideally the finer points of legalisation and regulation would have been hashed out over the course of a year or so.

Jesseman happens to live around the corner from a cannabis retailer in Ottawa and recalls the rush of interest when stores first opened. Cars clogged her street, and people could be seen queueing up outside, but for the first few months, they were often left disappointed. “A lot happened in a fairly short period of time, and certainly when we saw a lot of challenges early on, it was around the production and distribution networks and that’s what contributed to a lot of the stock shortages, which unfortunately did result in a lot of stores that opened but didn’t have anything on the shelves.” They had to cut back on hours – not ideal for any business – and some customers felt pretty dissatisfied.

Retailers need time too to train staff and security and to secure access to distribution networks. Part of staff training is about teaching people how to spot someone impaired by cannabis, which can have less obvious ‘tells’ than drunkenness. This training has also been rolled out amongst Police, who are trained to spot signs of impairment, usually to try and figure out if drivers are under the influence.

So far, there hasn’t been a complete switch to the legal market, with some people still buying their cannabis from dealers they have existing relationships with. People who use heavily in particular seem to be slow to change their habits, Serr says. This may be because they favour certain strains or THC levels. “The newer consumers, that doesn’t bother them, but the connoisseurs, they like the illegal brands,” he says. “It’s like if you drank Budweiser beer all your life and then someone says you have to drink this beer.”

“Someone who uses it recreationally on the weekend is not being criminalised or barred from ... travelling internationally.”

MIKE SERR

While not everyone has switched to the legal market yet, the number of people who choose to buy cannabis legally will likely rise as supply issues are sorted out once and for all and the choice of what’s on offer legally broadens. “Our best tool is to direct the consumer away from the illegal markets and give them more choices and more reason to be in the legal market,” Serr says. He sees the legalisation of edibles as a win in this regard. New Zealand’s current draft law will eventually allow the sale of edibles, though these will need to be approved by the regulatory authority on a case by case basis which is perhaps an indication that the legalisation process requires flexibility and the ability to adapt after the initial law is passed.

What legalisation has done is free up Police time to pursue more socially harmful drug crimes such as fentanyl production and distribution. Serr is also glad that recreational users are no longer at risk of being criminalised. “They are not having this impact on their lives moving forward. Someone who uses it recreationally on the weekend is not being criminalised or barred from, for example, travelling internationally.”

Despite the bumpy start and further criticisms about lack of equity in licences and market share domination, Slade still says we should consider the process on the whole a success – although with lessons to learn from. “It’s less than two years since cannabis has been legalised, but already we’re seeing the development of a new market that’s extremely public health oriented and has captured a decent chunk of supply already.” ■

Growing pains

How cannabis impacts pain relief

Dr Bronwyn Thompson from the University of Otago discusses the effects and limitations cannabis has for treating pain and why she believes patients will benefit from legalisation.

DR BRONWYN THOMPSON

Relying on cannabis as the solution for pain relief is like thinking the cure for Covid-19 is going to arrive tomorrow. Pain is complex, and there's no simple answer to it. The research into the correlation between cannabis use and pain relief is currently patchy at best, meaning it's hard to draw strong conclusions about general impacts of cannabis use on pain relief. While it's not clear that cannabis and cannabis-based products are always effective for managing pain, there is evidence to suggest it can cause anxiety reduction, better sleep (which is important for overall wellness), some euphoria and a placebo response based on expectations cannabis will help. Importantly, clinicians currently don't know who is best advised to try cannabis to help manage illness, leaving us in a situation where legalising for adult use might be the most pragmatic way forward for many people.

The legislation regarding cannabis-based medications for pain is clear: they are not the first option for persistent pain because there are other more-effective drugs available (although some people won't respond to these). Pain relief of any kind for our most troublesome pain problems, like neuropathic pain or fibromyalgia, is not very good. Pain is complex, and our understanding of pain is incomplete. In the case of arthritis pain, a recent review in the *New Zealand Medical Journal* found there are only two studies of cannabis-based medications in humans. While one study found that Sativex helped with pain in rheumatoid arthritis, this was only when compared with placebos and not with standard (non-cannabis) options. In other words, cannabis hasn't yet shown

> **Relying on cannabis as the solution for pain relief is like thinking the cure for Covid-19 is going to arrive tomorrow.**

strong effects on pain, and existing research is often not done well or not carried out in humans.

For a medical practitioner to prescribe cannabis-based medications, they need to feel sure the benefits will outweigh the harms, know it won't interact badly with anything else a person is taking and know that it is effective. Pharmaceutically produced cannabis medications are a known quantity, but the pain relief from these products is not effective for everyone and the financial cost is high. The prescriber's signature is on the form, and they're accountable for the clinical decisions they make. If a doctor isn't convinced that cannabis-based medications are safe or helpful, they're not likely to write a prescription. If it costs too much, the person getting the prescription may not have it filled. Access to this group of products is therefore limited.

Currently, our legislation doesn't allow for the plant to be prescribed for pain because we have no way of establishing plant quality or composition, and the other aspects a doctor needs to account for also can't be established. This means many people who would like to try cannabis-based products for pain find it difficult to access – and very expensive.

Under the new proposed legislation for adult cannabis, the situation will be different. The draft legislation requires vendors to establish the THC content of the products they sell, there must be quality-control measures in place and access to the products will be strictly regulated for young people. These requirements mean that those adults who find the whole plant helpful for their pain will have a way to obtain it without needing a prescription. They will be able to select a product via trial and error to see which product suits them and their situation. Knowing the THC and CBD content, for example, will mean that a person can select something that promotes better sleep (poor sleep creates the context for worse pain the following day) or something that is more uplifting and energising for use during the day. Those who find cannabis products like

> **If a doctor isn't convinced that cannabis-based medications are safe or helpful, they're not likely to write a prescription.**

tinctures, drops, oils or edibles helpful will be able to try these out without needing to work through the range of other pain relief medications first. Of course, because cannabis-based products also have side effects (nausea, dizziness, anxiety, blood pressure changes), some people will try them out and decide it's not worth continuing.

Another benefit of the draft legislation for adult use of cannabis is that people who currently don't tell their family doctor they use cannabis because they're afraid of the legal implications will feel more able to. Doctors will be able to discuss possible side effects and interactions with other drugs such as sleeping medications, blood pressure medications and alcohol (all of which are known to interact with cannabis). People who find cannabis products helpful for their pain will be spared the need to seek prescribed cannabis-based medications, because general cannabis products will be available at lower cost – much lower than existing pharmaceutical cannabis medications. Doctors will then be able to focus on reducing the harms of cannabis use, especially on younger people.

So what can people expect from cannabis when it comes to pain relief? Research shows that, for neuropathic pain, the kind of pain most studied, a combination of both THC and CBD provides the best pain relief effect.

THC alone doesn't have as strong an effect on pain as a combination of both THC and CBD, because the two compounds have a synergistic effect. THC can increase anxiety, does effect mood temporarily (euphoria) and is the only substance in the plant known to have a pain-relieving effect.

CBD on its own doesn't change pain intensity, although it has an effect on anxiety. Anyone living with persistent pain will know how stressful that is, so the benefit of CBD may be in reducing anxiety rather than pain. CBD may also reduce inflammation, although the data on this is not conclusive.

Together, THC and CBD can enhance sleep, and this might be an important effect for people with pain, although researchers aren't sure of long-term effects on sleep quality.

Cannabinoids are any of the substances found in the cannabis plants and derivatives created in a laboratory. Cannabis refers to the whole plant in dried form. Cannabis-based products refer to natural derivatives from the cannabis plant, such as cannabidiol and THC. Cannabis-based products are products made on a commercial basis to a consistent quality-controlled standard and can include edibles tinctures, and oils, while cannabis-based medications refer to pharmaceuticals produced in quality-controlled laboratories and not necessarily directly from the plant in the case of THC (CBD can't be synthesised so comes from the plant).

When thinking about using cannabis for pain relief, it's important to know that the research into cannabis is of very mixed quality. Many studies include only people who have already used cannabis, so these studies probably underestimate how many will experience unpleasant side effects. Many studies are short term, maybe a few days to a week, but persistent pain is just that – persistent. If people need to use cannabis long term, it needs to work well for the long term. Many studies don't define the type of pain problem – neuropathic pain, for example, is not the same as the pain from a wisdom tooth extraction! And finally, in the best studies for neuropathic pain, the reduction in pain intensity is very small, and the effect on what is important for people, like being able to do things in everyday life, is often not measured at all. This means that, while legalising cannabis and cannabis products will make it more widely available at lower cost, it's possibly not the panacea people want it to be. At the same time, voting yes on the referendum will make it far more accessible for those people who want to try it out for their pain and to manage their illness more generally. ■

Dr Bronwyn Thompson (PhD, MSc (Psych), DipOccTherapy) is the Academic Coordinator for the Postgraduate Programmes in Pain and Pain Management at University of Otago. Her research interests are in the lived experiences of people living with persistent pain and in developing interprofessional team education for pain management.

The Chief Science Adviser's expert cannabis panel.

Photo credit: Supplied

Science Advisor lays down facts on referendum

A new report from the Prime Minister's Chief Science Advisor makes key findings supporting the Drug Foundation's view that legalisation is the best public health response to cannabis use in Aotearoa.

The Chief Science Advisor has released a report weighing up the pros and cons of cannabis legalisation, which will be a useful resource for people still figuring out which way to vote in the referendum or anyone who wants to understand the science and likely impact of legalisation in our country.

The report was informed by a diverse panel of researchers and clinicians and addresses many areas of concern raised during the debate over legalisation, including equity outcomes in the criminal justice system and failures of the status quo to both limit the use of cannabis or effectively deal with drug harm.

> **“... despite the fact cannabis is currently an illegal substance, most people have tried it ...”**

One finding emphasises that, despite the fact cannabis is currently an illegal substance, most people have tried it, many people occasionally use it and getting a cannabis conviction doesn't stop people from continuing to use it.

Furthermore, our current laws cause harm when people who use cannabis are criminalised – more harm, in fact, than using cannabis itself. The report details how a low-level cannabis conviction can have a snowball effect on the justice system. For example, having a prior conviction influences whether a person is bailed or remanded in custody, therefore exposing a person to prison time. The stigma of being exposed to the criminal system or prison can affect someone for the rest of their life.

The effects of this are unevenly felt in Māori communities. In Aotearoa, systemic racism in the justice system means that Māori are more likely to be arrested, sentenced and convicted for drug offences, including cannabis-related crimes, the report says. This in turn exacerbates inequality and social problems.

Despite the health-centred approach Police are now required to take when it comes to prosecuting for drug possession after changes to the Misuse of Drugs Act 1975 last year, the way the law has historically been applied suggests that “this law change may not address social inequities as much as legalisation of cannabis could”, the report says.

Legalising cannabis could have important positive impacts for tangata whenua in particular, because it would “formally address the bias in the justice system by placing Māori on a substantively equal footing with other citizens regarding cannabis use”.

The report also notes that more is currently spent on enforcement than harm reduction (such as prevention efforts or professional help like treatment programmes). Under legalisation, there would be the opportunity to reroute funding into harm-reduction programmes. The report also finds that, where cannabis is legal, people are more likely to seek help, including lower-risk users (getting in early before cannabis use becomes harmful), because of reduced social stigma around use and because they don't fear prosecution.

While most people who use cannabis don't experience harm, there is fear among some opposed to legalisation that it would see an increase in drug harm. However, the evidence from overseas suggests that, while it's still relatively early days, rates of use after legalisation have generally stayed the same as when cannabis was illegal and only increasing slightly within select subgroups. The report also notes that it's generally accepted that cannabis does much less harm than alcohol and tobacco in society, and the risk of becoming addicted to cannabis is low compared with other major drugs.

Although we can look to case studies like the US, Canada and Uruguay to see what effects legalisation have had, the change has happened so recently that it's hard to draw accurate conclusions. This impacts on how surely we can say legalisation has impacted areas of concern like traffic fatalities or mental health. However, New Zealand's approach with the development of the Cannabis Legalisation and Control Bill has been to take a cautious approach, which leaves room to develop and review regulations over time with a view to reducing any harmful and unforeseen effects that legalisation may have.

> **“Legalising cannabis ... would formally address the bias in the justice system by placing Māori on a substantively equal footing with other citizens regarding cannabis use.”**

> **“... cannabis does much less harm than alcohol and tobacco in society, and the risk of becoming addicted to cannabis is low ...”**

Key findings from the report

- The social harms from our current cannabis laws disproportionately fall on Māori communities and exacerbate inequality and social problems.
- For people and communities disproportionately affected and criminalised under punitive drug regimes, criminalisation of cannabis use causes more harm than cannabis use itself.
- Getting a cannabis conviction doesn't stop people from continuing to use cannabis.
- Currently, the government spends substantially more on cannabis enforcement than cannabis-focused prevention or professional help services through the health system.
- It would be easier to support lower-risk use of cannabis if it was legalised.
- If legal, more people may seek help and more help should be available.
- Where cannabis has been legalised for recreational use, rates of use have generally maintained the pre-legalisation patterns, remaining stable or slightly increasing in select subgroups. ■

RESOURCE

pmcsa.ac.nz/topics/cannabis/

Way forward charted at Tūturu Summit

The Drug Foundation has launched a school-based programme aiming to change the way schools approach drugs and alcohol. **John McRae** attended the Wellington Summit this February.

JOHN McRAE

On a week when government ministers were locked in urgent talks over a different health crisis, educators met at Parliament to address the impact of alcohol and other drugs on our rangatahi. 160 delegates from across the country attended the Tūturu Summit, sharing their learnings about harm minimisation through effective, school-wide approaches.

Many of the schools and agencies represented at the Summit had helped to create Tūturu, a co-creation of the NZ Drug Foundation, educators and health professionals, and overseen by the Ministry of Education, Ministry of Health, Health Promotion Agency and NZ Police.

Although Tūturu's focus was initially on young people, alcohol and drugs, it quickly developed a broader view.

"As we rolled out Tūturu, it rapidly became apparent that we needed to be looking at the wider role of schools in helping young people make good decisions about the things they do in their lives," says Jim Matheson, Drug Foundation Board member.

"So the focus of Tūturu moved from substances to the core purpose and role of school – and that has to be about helping kids learn for a future in which they have the skills, knowledge and attitudes to look after themselves."

Over the 2 days of the Summit, several schools involved in the pilot shared their journey in adopting change. Some had joined Tūturu because of an immediate need to address issues of alcohol and other drugs in their school populations. Others

became involved as part of a longer-term strategy to improve student wellbeing.

"We'd reached a point where we decided to ask for external help," says one deputy principal. "We had the idea that we might find an expert who could tell our whole assembly that drugs are bad, drugs are dangerous and for losers. We hoped that this might convince students. Instead, we were referred to Tūturu and learned there was no quick fix."

All pilot participants soon arrived at the same conclusion – that student wellbeing could not be treated as an add-on or extra part of a school's work. Wellbeing had to be central, embedded in the curriculum and the day-to-day business of the school.

Schools used the Tūturu reflection tool to assess what they were doing and what areas might require attention. The reflection tool takes a comprehensive view:

- It addresses a school's values and how visible these are in everything from policies to teaching plans.
- It considers levels of student connectedness. What strategies are being used to promote connectedness across the whole student population, both in and out of class?
- It asks how the school affirms the mana of Māori students and uplifts Māori voices.
- The tool asks what wellbeing initiatives operate in the school, what data is collected and how it is used. It considers the place of student voice in the school and how that informs the school's health and wellbeing practice.
- In terms of alcohol and other drug education, schools consider how effective, pedagogically sound and extensive it is.
- The tool addresses school support systems and their links to outside agencies.
- Finally, it asks whether the school is focused on building a positive environment.

Each Summit presenter addressed one or more of the factors, describing how they had grappled with change to arrive at a better place.

Huntly College students described their school's focus on cultural shift to build positivity, increase connectedness and enhance student voice.

"At our school, students can be authentic, be themselves and find something to do that they love," said a young presenter.

"School's a really positive place," added another. "Teachers aren't caught up on distractions, like whether your uniform is perfect. What's important to teachers and students is whether you are doing OK, whether you're in class and an engaged learner."

"Our school is a school for leaders," said one student as others nodded. "At Huntly College, students play a big part in deciding what happens, including what we learn."

This championing of student voice was a recurring theme of the Summit, beginning with Judge Andrew Becroft's opening address.

"If we really want to improve education outcomes, we need to get input from the people it affects most directly – children and young people," said the Children's Commissioner and shared a student quote: "I am a library. Quiet but filled with knowledge. It's dumb that I'm not asked."

Moves to embed health and wellbeing in the wider curriculum were described at the Summit. While schools may have begun their Tūturu journey with discussion around alcohol and other drugs, they soon began to think quite strategically about how to weave wellbeing throughout the school. At Otago Girls' High School, a decision was made to enhance the amount of planned learning around wellbeing at years 9 and 10.

"We made a deliberate decision to start early," says Assistant Principal Bridget Davidson. "Rather than waiting, we wanted our younger students to start grappling with the issues so they could develop understandings and critical thinking skills."

In response to schools making curriculum change, Tūturu has worked to develop resources.

"We've certainly seen value in the curriculum-based approaches," says Matheson. "We have developed resources for use in various subjects. Some help teachers to feel competent in talking to kids about things outside their subject area. We now have a suite of resources that help teachers have better conversations about drugs and alcohol."

Davidson says the Tūturu resources have been invaluable. The school has often modified them to suit its own context or used ideas as a basis for the development of a local resource.

The Tūturu Summit focused strongly on schools building responsiveness to the needs of Māori students, who are disproportionately represented in negative wellbeing figures.

"We had the idea that we might find an expert who could tell our whole assembly that drugs are bad, drugs are dangerous and for losers. We hoped that this might convince students. Instead, we were referred to Tūturu ..."

A NEW ZEALAND DEPUTY PRINCIPAL

Kataraina Davis, a specialist in youth development and cultural competence, challenged those present to analyse what they knew about their Māori students and how strongly a Māori perspective was represented in the kaupapa of their schools. She asked that schools actively create places where rangatahi feel a sense of belonging, where their mana is uplifted and their voices heard. She reminded the audience that Māori conceptions of leadership and health are different from mainstream views and have to be woven into the fabric of the school.

Alongside issues of school curriculum and culture, the Tūturu Summit placed considerable emphasis on building pastoral pathways for students that would help them learn self-management skills. Integral to this is the role of the classroom teacher, creating a space where young people can bring their whole selves into the conversation. Always, however, classroom teachers operate within a highly developed pastoral care structure. These vary according to the differing contexts of the schools.

Richard Talbot from multicultural Aorere College in South Auckland described the operation of a web of pastoral care within the school. Teachers and students are supported by deans, guidance counsellors, social workers, nurses and an attendance officer. These on-site professionals partner with a range of outside agencies to provide specialist assistance.

"Our teachers know their students well, and we encourage them to let us know of any concerns that arise," says Talbot. "If students are out of sorts, withdrawn, have low mood or anger, teachers let us know, and we work to support the student. We don't expect teachers to take lone responsibility, but they are a vital part of pastoral care."

Judge Andrew Becroft speaking at the Tūturu summit.

Photo credit: NZ Drug Foundation

In response to schools' need, Tūturu has developed some support plan templates for schools to use. These templates might involve student critical thinking, restorative practice and include regular review and next steps. They may involve work with agencies and engagement with family and whānau.

Ben Birks Ang, Deputy Director – Programmes at the Drug Foundation, says that, even if students initially deflect, saying they're fine, the fact that they are asked if they're OK by two or three teachers increases the likelihood of them reflecting on their wellbeing while feeling part of a supportive community.

Pilot schools and service providers both agreed that the Tūturu philosophy is the correct one – alcohol and other drug education has to be part of a whole-school approach to student wellbeing. That means wellbeing must permeate the curriculum and the day-to-day operation of the school.

Achieving this is not simple. In some contexts, attempting to rehabilitate students rather than exclude them has reputational risks for schools. Waiheke High School Deputy Principal Tony Sears says that he's hopeful implementing Tūturu will convince the community that the school is not soft on drugs.

"Rather, we want them to see that we are caring and restorative and, where we can be, inclusive and engaging."

While community doubts have to be confronted, the leadership and teaching staff in the school must also be convinced that the programme isn't yet another demand on time and workload that will take them away from 'core business'.

"Tūturu has been quite successful in shifting those perceptions," says Matheson. "It has shown that it's not about doing more, but about changing how you do things. It's about making young people's wellbeing the core business and building curriculum and culture that demonstrates that."

Growing success can only be achieved by a core of committed and visionary leaders who build a large, committed team around them. It is not enough to have a few people driving the change. Staff turnover and high workloads are the greatest threat to the programme in the early period of adoption.

At Otago Girls' High School, parts of the programme were strategically spread across the senior management team, and groups of teachers from across the curriculum were brought on board. Nevertheless, Davidson says that, if the school was to start the roll-out again, she would have school-wide professional development early on to grow understanding and enthusiasm more quickly. While change takes time to become embedded in the fabric of a school, students respond to changes quickly, she says.

All participants acknowledged that, particularly in the early period of the roll-out, Tūturu workers attached to each school provided invaluable support and coaching.

"Tūturu is a genuine pilot," says Matheson. "We don't go in with ready answers to everything. We start with an approach and work with schools on how to apply it in their particular context."

"The regular meetings are very helpful," says Davidson. "They're always affirming. We chat about how things are going and what we might try next. Having that local alcohol and other drug service provider person is critical."

In parallel with the piloting of Tūturu, research has been undertaken. Early findings show that schools involved in the pilot have made deep changes and that the changes are making a positive impact for students. The challenge now, according to Matheson, is to identify what are the keys to success. As the programme grows, should some parts be given more weight than others, and most critically, can the successes of Tūturu be spread across the whole schooling system?

"We know that's not easy in the New Zealand context," he says. "Taking successful innovation from a few places and making that a general thing has long been a problem." Matheson says that the recent release of the draft National Education and Learning Priorities (NELP) is a cause for some optimism, as the document states that wellbeing is fundamentally entwined with learning. The priorities also promote the voice of learners and whānau and make it incumbent on schools to remove any barriers that may impede access to education.

"What Tūturu has been saying is now being reinforced by a shift in the national expectations for schools. They're not in place yet, but they are signalled, and that could be very helpful in moving schools down the road towards adopting a wellbeing focus." ■

> **"It's about making young people's wellbeing the core business and building curriculum and culture that demonstrates that."**
>
> JIM MATHESON

RESOURCE

tuturu.org.nz/

Balancing harm

A recent move to make "poppers" prescription only has led to a backlash from within New Zealand's gay community, with some worried restricted access to alkyl nitrites will do more harm than good, but how to resolve the issue is far from cut and dried.

A decision to regulate alkyl nitrites, a class of substance used most commonly as a sex aid for gay and bisexual men, has caused a seemingly intractable tension between the gay community and medical regulators. Both insist they want the same outcome – a reduction of harm – but hold opposing views on how best to achieve this.

Advocates in the gay community are hoping the decision to make alkyl nitrites, known colloquially as poppers, prescription only will be reconsidered. They say the decision was made too quickly, that the social context poppers were used in wasn't properly understood and that alternative substances are more likely to cause harm. Meanwhile, Medsafe, which made the decision on the recommendation of the Medicines Classification Committee (MCC), says it is required to regulate the substance as it is used therapeutically and is potentially harmful.

Alkyl nitrites are a class of substances used mainly by men who sleep with men. They are not ingested but inhaled and have a relaxant effect on the smooth muscles of the anus for receptive intercourse as well as for providing a short-lived euphoria and increased arousal. Amyl nitrite has been regulated in New Zealand for some time, but two other nitrites within the class of substances, isopropyl nitrite and n-propyl nitrite, were found to be unscheduled in New Zealand during a review in March, sparked by Australia's move to ban the substances. The MCC's standard practice is to consider harmonising with Australia, which in this case meant reviewing the Australian changes to alkyl nitrite classification and, instead of banning them, reclassifying them as prescription only.

Because studies have shown isopropyl nitrite and n-propyl nitrite in particular can cause damage to the eyes in some instances, the MCC recommended the entire class of substances should be made prescription only, which effectively ended the easy access the gay community had to the substances. Poppers had previously been routinely sold over the counter at sex stores and sex-on-site venues as 'leather cleaner' or VHS cleaner', which was both an important revenue stream for those sites and a way many users felt comfortable accessing the substances. In submissions made in response to the recommendation, venue owners have pointed out that many men who use poppers are not 'out' and do not want to ask their doctors or pharmacists for the product.

> **"... there is a perception gay and bisexual men's sex lives are being unfairly regulated ..."**

Submissions were sought and received from the public (including from organisations such as the Drug Foundation and the AIDS Foundation who advocated against restriction, citing the potential for this to cause harm), but the MCC's usual consultation process was delayed due to lockdown and the current decision was made without further public input.

MCC Chair Andi Shirtcliffe says that, because poppers are used for therapeutic purposes and come with some risks, they are considered medicines and under New Zealand's regulatory framework all medicines are required to be regulated. "Being defined as a medicine enables clear information on their use, warnings and precautions to be disseminated as well as ensuring that the products are of good quality, safe and effective. It also provides an opportunity to 'normalise' these products as medicines rather than as illicit or underground products."

The opposition to the decision has two main prongs. First is that, on a practical level, there are no prescription formulas available in New Zealand and there may not be for some time. Advocates are concerned people may instead use more readily available alternatives like ethyl chloride or gamma-hydroxybutyric acid, known as GHB, both of which have a higher potential to cause harm than alkyl nitrites because they either do not have the same relaxant effect or they have a greater psychoactive effect. The second is that there is a perception gay and bisexual men's sex lives are being unfairly regulated and that they were not properly consulted on the issue, despite the fact many feel the community has been successfully self-regulating use for years with minimal harm.

Community advocate Mark Fisher of Body Positive, a non-profit organisation committed to helping men living with HIV, has raised concerns the regulation was effectively criminalising a gay practice. Dr Peter Saxton, a senior researcher at the School of Population Health at the University of Auckland, thinks Medsafe could have been more wary of discrimination in this instance. "Harmful effects of poor regulation aren't excusable regardless of the intentions behind them," Saxton says. "Poppers play an important role in sexual intimacy and pleasure for our community." Over a third of the gay community are current poppers users, and knowing this, "regulators should tread carefully".

A second consultation on the matter had been conducted in July, but at the time of writing, the minutes of that meeting had not been released. MCC Chair Andi Shirtcliffe has offered to meet representatives of the stakeholder groups to discuss the issue. ■

A crucial new harm-reduction tool for New Zealand

A new online harm-reduction tool has been rolled out by Police, Customs and the Ministry of Health, with help from the Drug Foundation.

It's great to be celebrating yet another step forward in government-supported harm reduction with the launch of High Alert – a national drug early warning system.

What is High Alert?

High Alert collects a broad range of drug-related data and can provide a national alert or warning if a particularly harmful substance is circulating. This is a joint effort led by the National Drug Intelligence Bureau (made up of Police, Customs and the Ministry of Health) and a range of community and government partners that regularly encounter and respond to drug-related harm, including the Drug Foundation.

What is the purpose of early warning systems?

Early warning systems are designed to detect dangerous, new or contaminated substances within the illicit drug market. These systems can work at a range of levels – an early grassroots example occurred way back at Woodstock (1969) with a loudspeaker announcement to "avoid the bad 'brown acid'". More formal early warning systems are the government-backed Drug Information and Monitoring System in the Netherlands or the user-generated Pill Report online system. In New Zealand, KnowYourStuffNZ has been providing alerts based on festival testing, which have circulated rapidly and extensively within festival communities.

Early detection of harmful changes in the drug market enables faster and more-effective responses to reduce or prevent drug-related harm. Crucial information – what to look out for, safer dosage, what to do in an overdose – can be quickly shared with those to whom it matters most. People who use drugs can look online and then make more-informed (and often safer) choices around their drug use.

Early warning systems also improve the ability to respond to acute drug-harm incidents. The more emergency responders know about a substance, the more effective the response can be. An example is the case of n-ethylpentylone, a synthetic cathinone detected in New Zealand in 2018, which is a much more dangerous substance than MDMA (which it is normally sold as). People using the drug often did not know what they had taken, and emergency responders where not prepared to support the high levels of psychosis they encountered, nor were they aware of the longer time required for effects to subside compared to other drugs. High Alert would enable knowledge for both the community as well as those responding, hopefully reducing both the incidence and severity of drug-related harm.

"Early detection of harmful changes in the drug market enables faster and more-effective responses to reduce or prevent drug-related harm."

How does a decision about an alert get made?

Analysts from the National Drug Intelligence Bureau make an initial assessment based on any data received and recommend one of four actions: alert, notification, article or monitor. Alerts are the highest threshold, involving widespread media reporting and sharing of harm-reduction advice. Alerts are used when there's a high public health need – such as Fentanyl being found in the opioid supply. Lower-threshold concerns can be monitored, put into an article on High Alert or turned into a notification where information is distributed through partner networks but not to the general public. The decision on which action to take is revised when new information is received and considered by an expert advisory group.

How does High Alert work alongside drug checking and other initiatives?

High Alert gives people wanting to use drugs and those involved in harm reduction a heads up on what to look out for. It's also a platform that drug-checking organisations can publish information on – another weapon in the harm-reduction arsenal. If new synthetic cannabinoids – which were responsible for over 60 deaths in the past few years within New Zealand – (re)emerge, High Alert will help us to prepare more effectively in our response. Knowing about a specific cannabinoid at the border helps to prepare messaging for the community and medical advice. Once a synthetic cannabinoid is detected within the community, warnings can be shared regionally or nationally, with consistent advice and up-to-date best information.

"High Alert gives people wanting to use drugs and those involved in harm reduction a heads up on what to look out for."

Using the example of high-potency MDMA found at New Zealand festivals last summer, High Alert would enable earlier warnings over certain pill types and for people to be cautious of or even avoid purchasing before going to the festival. This system allows us to act sooner and hopefully prevent drug-related harm.

How did we get to this point?

The Drug Foundation has been advocating for a national early warning system since 2012, and an early warning system was a key activity named in the National Drug Policy 2015–2020. There were a few false starts with various iterations, but it's great to see High Alert launch with a strong focus on community partnership and public accessibility. An interesting element of High Alert is the ability for user-generated reports as well as the more news-oriented style for some of the information delivery.

High Alert will continue to develop and refine as new substances are detected and responded to. ■

RESOURCE

Website: highalert.org.nz
For email updates: highalert.org.nz/subscribe-to-updates

Happy hour, heavy drinking and hope for the future

In a deeply personal reflection on his childhood and the alcohol-soaked environment he grew up in, **Eugene Carnachan** describes how drinking impacts so many Māori families, the intergenerational harm it causes and how he imagines a different kind of future.

EUGENE CARNACHAN

A lot of kids growing up in Māori homes and communities are familiar with immediate and wider whānau, whānau friends and friends of friends gathered for a "garage party". Hell, we may have coined the phrase so common garage parties were – and still are.

When I was a kid, a mate of mine took to calling these parties "happy hour".

"Happy hour!"

Listening outside the garage door as a child, one heard the chinking of full bottle on bottle as people farewelled yet another to join the 8, 9, 10 already downed. One heard the laughing of people enjoying themselves as the humour flowed almost as quickly as the inu waipiro. One heard the strumming of a guitar with gusto to the obligatory Bob Marley song. One heard the loud conversations between songs engaged in with equal gusto. Alcohol induced emotions converging with the feel-good vibe, the music, the moment.

"Happy hour!"

One remembers the change. And boy did it happen quick. In a hāngī hot second. When the drunkenness passed from having a semblance of control to none. Not a sliver. Not an iota. Nil. The point when unfiltered words fell out of people's mouths. When violence flowed like the spilled bottles strewn across the garage floor. Something was said or done, and someone else took exception to it.

> **"And boy did it happen quick. In a hāngī hot second. When the drunkenness passed from having a semblance of control to none. Not a sliver."**

And it's on!

The offended party yelling incoherent threats they could not articulate through their drunkenness if their life depended on it. But inebriated anger really needs no translation. Raw, unfiltered, uncoordinated alcohol-induced anger let out of the cage is recognisable anywhere in the world.

One remembers people screaming for calm. Others for blood. Others just screaming. One remembers the sounds of tables and chairs flying as actions escalated to match the threats. One heard the thud of a glass bottle on skull, more screaming, more threats. One remembers a man restrained, another carried in the opposite direction. And so happy hour again spirals into minutes of madness.

> **“Physics applied to a garage party: what goes up must come down.”**

Physics applied to a garage party: what goes up must come down.

People who moments before were peaking at the crescendo of their good time singing “One love, let’s get together and feel alright” are now trying to render each other violently unconscious. The night that started with a few beers ends in blood and tears. But it never really ends. Next week, rinse and repeat, people in a rush to get back to that happy place and push last week into the recesses of one’s memory attic.

That’s the inherent problem with drinking, problem drinking, intergenerational problem drinking, the normalisation of intergenerational problem drinking. It becomes embedded in one’s culture. It compels people to ignore the obvious, the tariff, the deficits created and instead keep doing as one always has.

By osmosis, it simply becomes life. The ubiquity of drinking in our Māori communities is unfortunately … ubiquitous. That was not always the case. Like many things we as Māori partake in, alcohol consumption was a learned behaviour that took time to become rooted within our communities.

Māori were one of the few cultures to have not developed psychoactive substances. Early Europeans noted that alcohol wasn’t appealing to the Māori palate. Joseph Banks, a botanist who travelled aboard *Endeavour* with Captain Cook from 1768–1771 wrote of Māori “water is their universal drink”.

The first sustained use of alcohol among Māori was by those who had prolonged contact with Europeans on ships, especially at the port of Kororāreka from the 1820s. In this region were hardened seafarers, whalers pioneering a new way of life in a new land. But that new way of life included old ways. A hard desolate way of life gave rise to hard drinking, a life without boundaries or social mores.

From this unseemly start, the British population began to increase beyond Kororāreka. Twenty years later, the Treaty of Waitangi was signed and the British population grew, then burgeoned – as did the availability of alcohol. In this same epoch, Māori were violently forced from their lands. In a few decades, they went from a merchant class controlling the trade of flour, flax and agricultural produce to tangata whenua without whenua, the underclass – a place we Māori have sat in New Zealand society since. Unfortunately, problem drinking is linked with social disadvantage. The data around this is strong. Māori, like Indigenous Australians, First Nations Canadians and Native American Indians, feature disproportionately in alcohol harm-related statistics.

The downstream effects of the presence of this ngārara within our communities is telling. One in five traffic offences are caused by alcohol, one in three crimes of violence involves alcohol. Alcohol is involved in one in two serious crimes

> **“The ubiquity of drinking in our Māori communities is unfortunately … ubiquitous. That was not always the case.”**

of violence, one in three cases of family violence, one in four property offences and one in five sexual offences. Māori are disproportionately represented as both perpetrators and victims of these crimes.

It’s devastating.

The statistics around the adverse health effects of drinking on Māori are also telling, and one in particular stands out. A 2007 study looked into the outcomes of alcohol consumption in New Zealand. They found the death rate for non-Māori per 100,000 was 14. For Māori, it was 34 deaths per 100,000.

Dire.

There is no more graphic or pointed illustration of how our drinking habits are affecting whānau Māori. Some of our parents, cousins, aunties, uncles, husbands, wives and friends are quite literally drinking themselves to death.

I live in hope that most if not all whānau Māori can imagine a life that doesn’t revolve around inu waipiro at

> **“Māori, like Indigenous Australians, First Nations Canadians and Native American Indians, feature disproportionately in alcohol harm-related statistics.”**

every turn. I have met one such whānau in which it does not. The Pene whānau nō Waitākere. Rawiri and Kohe were once addicted to alcohol and drugs. Each got clean, changed the course of their lives, committed to that course, met each other, started a relationship, committed to each other in marriage and had kids. Children who were raised in a home where there was no drinking, no use of drugs. The Pene whānau are an incredibly close-knit whānau. A whānau brought up around Kohe and Rawiri’s professional lives working within the alcohol and drugs rehabilitation sector. Their kids who range in age from children to young adults are bilingual, speakers of te reo Māori and English, aspirational. Children raised never having sat outside a garage listening to happy hour turn to minutes of madness, never having seen beer turn to blood and tears. They don’t carry the traumas of being a user, an observer.

I hope that, as we progress in the 21st century, Māori social inequities will be addressed. Māori involvement in these discussions and in fact driving these conversations is essential – and to be frank, we have to be. We need to come up with new normals, new ways and best practices within whānau, within hapū, within iwi, within all of our communities that better manage our relationship with alcohol. Ways of being that work towards insulating us from the harms that are visited upon our whānau on a daily basis across Aotearoa. ■

Last year, the Drug Foundation and Te Rau Ora, an organisation dedicated to strengthening Māori health and wellbeing, announced a partnership with a new approach to workforce development and addiction through an integrated model of prevention.

Eugene Carnachan recently joined the Drug Foundation’s communications team and will be working closely with Te Rau Ora.

New campaign spurs drinking rethink

During lockdown, the Drug Foundation launched the successful Best Bubble campaign encouraging Kiwis to re-evaluate their relationship with alcohol.

Lockdown might stop the spread of coronavirus, but it doesn't stop people using substances. At the start of New Zealand's lockdown, stories were flooding in about liquor stores recording 1800% spikes in business as people stockpiled alcohol for the weeks ahead. The Drug Foundation also heard that some people were drinking more frequently and earlier in the day as their daily schedules cleared from usual obligations like work or the school run. This increase in alcohol consumption was new for many people, who didn't see themselves reflected in alcohol campaigns speaking about addiction and long-term harms.

The Drug Foundation team realised these people didn't necessarily want or need to seek help – some people we surveyed didn't even see their increased alcohol intake as a solely negative thing, saying it was helping them get through the stress of lockdown.

We also found that communication approaches focusing on problems such as alcohol harm tended to produce the opposite effect to what we wanted and instead led to reduced compassion and increased fear or blame. We wanted people to simply reflect honestly about their behaviour during this intensely stressful time. The result was Best Bubble, an online campaign that ended up reaching more than two-thirds of New Zealanders in the 25–54 age group.

Best Bubble aimed to build a sense of shared experiences at a time when most people were stuck within the silo of their homes and encouraged people to shape their bubble life to be what worked best for them by doing less of the things that add more household strain, such as excessive alcohol use, and more of the things that really make them happy and healthy, like watching movies, exercising or playing a game together.

This work was part of the government's psychosocial response to Covid-19 and was complemented by a second campaign that shared advice on how to use more safely, manage withdrawal symptoms, stay in recovery or support others who use alcohol and other drugs. Both campaigns were based on research about how people engage with information after a disaster and were supported by a partnership group including the Ministry of Health, Te Hiringa Hauora, Te Rau Ora, the Drug Foundation and others.

We adjusted Best Bubble as New Zealand expanded its bubbles from households, to groups of 10 and finally to a country bubble. Although the campaign is no longer actively running, it has helped us at the Drug Foundation to evolve how we prevent alcohol and other drug harm by moving away from emphasising harms.

There were many useful insights gained from this campaign about how to help people reevaluate their drinking. We're hoping to use this information in new campaigns as part of the psychosocial response to Covid-19 in New Zealand. Watch this space! ■

RESOURCE

drugfoundation.org.nz/covid-19/

David Hanna

Wesley Community Action Director

David Hanna has been a long-time champion of community-led solutions. The work of Wesley Community Action, of which he has been Director since 2005, spans a full range of programmes challenging social disadvantage. Over the past three years, this has included nurturing 'P' Pull, which grew out of Waitangarua and is now a national movement. New funding was allocated in June this year.

Q How will funding impact your organisation's ability to support the NZ 'P' Pull movement?

A It will reduce the very high risk of burn-out and enable NZ 'P' Pull to plan with some confidence that they have resources to support initiatives. A key gain will be access to training and support for people working in isolated communities.

Q What does NZ 'P' Pull offer that other programmes don't?

A NZ 'P' Pull is not a service. It's a community-initiated movement run by people with direct experience who have amassed practical expertise in how to support people dealing with the impacts of P. This approach means that many people feel safer and more open to come along to a walk-in rather than other treatment options. There's no pressure on people – they determine the pace.

Q What does it mean to be embedded in the community?

A It's the community who sits around the table: grandparents, young adults, rangatahi, ex-users, users, uncles and aunties, young parents. The walk-ins are hosted by a community member, and there's no criteria to access. This is the only initiative that mixes these diverse groups.

Q What does it look like to let the community determine the direction?

A Generally, it's exciting. It brings to the table a whole part of our community that is frequently excluded. It can look a bit messy, but that's OK. The challenge is to identify that which is critical and non-negotiable and that which is flexible and optional. It requires a new mindset and set of skills for conventional providers of government services. This can be challenging but also highly rewarding.

Q What are your worries for how social services might be provided in a post-Covid world?

A There's always the risk that government agencies will move to be more prescriptive post-Covid. But NZ 'P' Pull, being a social movement, is in a safer position to keep true to its kaupapa. Wesley Community Action's role is to manage the interface between communities and government systems. Experience has made us wary of promises of 'co-design', which often lead to the same old service-oriented outcomes.

Q When you wrote in a recent opinion piece that "the real experts are the people who want change", what did you mean?

A This is central to a person-led approach. The person seeking change is the expert in their lives. No one else knows them better than they do. Therefore, any step towards change needs to be based on this expertise and grow out of this knowledge. This doesn't mean professional workers and experts aren't needed – they are. Their expertise is to connect the person with their own knowledge and capacity and host a process that helps them determine what 'better' looks like for them.

Q You also argued that sections of society referred to as 'vulnerable' are often in fact very resilient. What kinds of structures aid or entrench vulnerability?

A Resiliency requires stress to be formed. A person-led approach doesn't totally remove the stress or vulnerability. Rather, it supports people to grow their capacity in responding to stress. This is essentially all about learning. Well-meaning approaches can 'colonise' people whereby the key worker drives the process and removes the opportunity for people to learn and grow. This approach actually heightens their vulnerability. There is a tipping point (different for everyone) where too much stress becomes toxic. Public policy solutions that reduce poverty and inequality are essential. Housing First is a great example of the integration of these two strands.

Q The concept of mutual aid has gained traction during the pandemic. How does this model differ from charity?

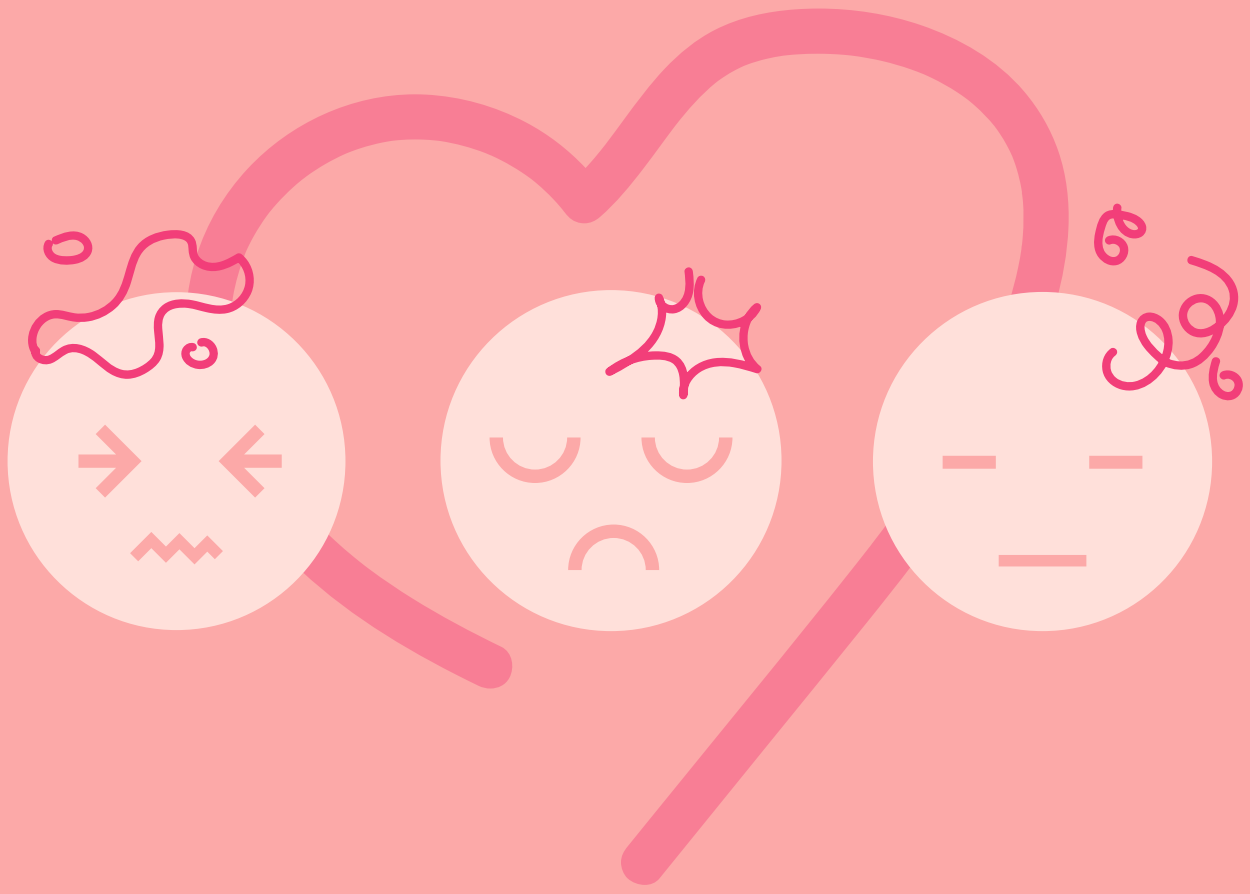
A Mutual aid models are person and community-led, like NZ 'P' Pull. The ownership and direction is driven by the people seeking the change. Charity is fickle – easily turned on and turned off. Mutual aid initiatives are more sustainable because power and knowledge reside and grow in the community instead of remaining with the charity and funders. There's no one best approach. We need to learn how they inform each other.

Q Does this gain in momentum feel exciting to you?

A It's exciting and also frustrating. Wesley is involved in many forms of mutual aid such as NZ 'P' Pull, timebanks, savings pools and fruit and vegie co-operatives. But despite mutual aid models being the most effective, they're the hardest to fund because they don't fit the dominant funding criteria.

Q Are we close to reimagining the way communities can receive and give support nationally?

A We're only in the very early stages of this transformation process. Covid and the growing ecological consciousness have the potential to foster greater connections and sharing between people working from this kaupapa. The time has come to stop asking for permission and to let go of our organisational or sector egos. The role of the local community will be more central. ■



It's OK to think honestly about your alcohol and other drug use.

Have you noticed a change in your alcohol or drug use since lockdown? This could be a good time to reflect.

Find out more at drugfoundation.org.nz/covid-19

Drug Help

AT THE HEART OF THE MATTER, NZ DRUG FOUNDATION.
Te Tūāpapa Tarukino o Aotearoa