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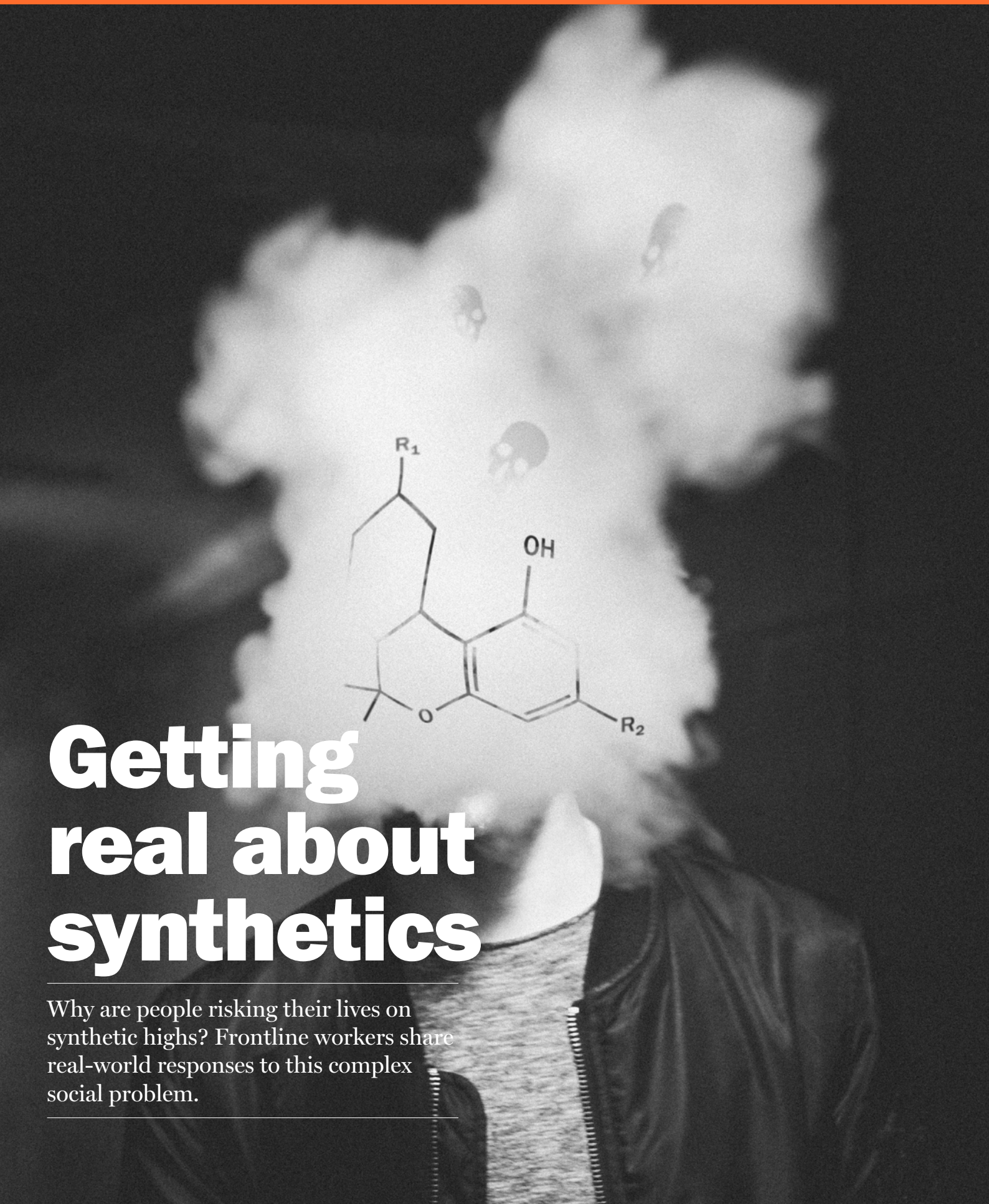
AT THE HEART OF THE MATTER, NZ DRUG FOUNDATION.
Te Tūāpapa Tarukino o Aotearoa



Getting real about synthetics

Why are people risking their lives on synthetic highs? Frontline workers share real-world responses to this complex social problem.

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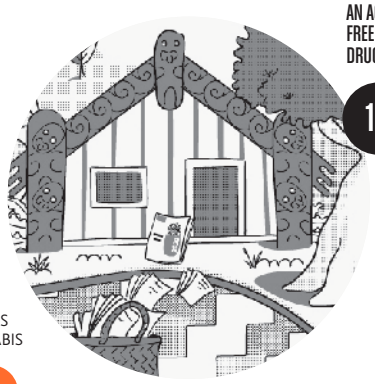
89%



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Become a member

The New Zealand Drug Foundation has been at the heart of major alcohol and other drug policy debates for over 20 years. During that time, we have demonstrated a strong commitment to advocating policies and practices based on the best evidence available.

You can help us. A key strength of the Drug Foundation lies in its diverse membership base. As a member of the Drug Foundation, you will receive information about major alcohol and other drug policy challenges. You can also get involved in our work to find solutions to those challenges.

Our membership includes health promoters, primary health and community organisations, researchers, students, schools and boards of trustees, policy makers, and addiction treatment agencies and workers.

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or visit our website.

www.drugfoundation.org.nz

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THE DIRECTOR'S CUT

Prime Minister Jacinda Ardern refused to sign up to President Trump's War on Drugs statement at the United Nations General Assembly last month. We applaud her for that stand, but her position – that drugs should be treated as a health issue – must be demonstrated with real action back in New Zealand where we face some current challenges.

ROSS BELL
Executive Director

Trump has issued a call to re-weaponise the drug war. This prompted Human Rights Watch to warn that, if this approach influences global policy, we can expect a return to the worst abuses of the drug wars (bulging prisons, unsafe communities, corrupt governments). This seems likely, as illustrated by Philippines President Duterte's murderous actions.

Choosing to stand with a number of progressive-thinking countries, New Zealand did not sign, with Ms Ardern saying, "We want to do what works, so we are using a strong evidence base to do that." This positioned us apart from Trump – a point not lost on global media.

The Prime Minister's statement is consistent with New Zealand's global position over the past few years. As former drug policy minister Peter Dunne noted, he had made similar comments when representing New Zealand at UN drug policy forums.

This shifting tone is an important way to send a message to society about the need to show compassion and support to individuals and families struggling with drug problems.

Politicians now need to be very careful that their fine words aren't made empty platitudes by a failure to follow up with practical and significant actions that genuinely "treat drugs as a health issue".

The government has a chance to prove this. It is currently considering how to respond to two big issues: the need for short-term, rapid responses to address the current synthetic drugs public health emergency and the longer-term, systemic transformation of prevention, harm reduction, and treatment interventions recommended by the Mental Health and Addiction (MH&A) Inquiry.

In our cover story, frontline health and social service agencies describe solutions they consider would immediately reduce the harm and deaths from synthetic cannabinoids (see our diagram of what this should look like on page 13). None of these proposals include greater Police powers and tougher penalties, yet sadly this is one of the first actions the government is likely to pursue as it classifies substances as Class A within our obsolete drug law. Is this one of those "Remuera solutions" Winston Peters warned us against?

Emma Espiner's article (page 27) outlines an economic cost-benefit analysis by Shamubeel Eaqub on our model drug law – Whakawātea Te Huarahi. This provides a strong justification for drug law reform combined with significant investment in health interventions, which should help guide the government's decision making on responding to the MH&A Inquiry recommendations and as it constructs its inaugural Wellbeing Budget.

The PM made us proud on the world stage, but with 45 recent deaths from synthetic cannabinoids, the need to turn her good words into deeds has taken on greater urgency.

SOCIAL

@PHILQUINN 60 odd deaths caused by government policy, and the solution? Push the synthetic cannabis market further underground, and users further out of reach from the help they need. This is madness, people. Sheer madness ... OCT 8

@TOMSCOTTYGB brand new announcement to announce that i have a new announcement dropping tomorrow night that will announce a new announcement coming soon ... OCT 1

@STUART_NASHMP If anyone doubts that the war on drugs simply hasn't worked read @johannhari101 Chasing the Scream. Fantastic read and evidence based ... SEP 25

@LINCOLNABE123 Can we please borrow the NZ PM for a few months to sort out the idiots running Australia ... SEP 25

@YNOTVANCE Words are nice, action is better ... SEP 24

@GBAKER When I hear zero tolerance (or "war on drugs") I think racism. Cos, evidence ... SEP 21

@VLCNZ One government policy helped another government policy that helped another government policy that helped another. One big revolting shit-storm of nasty. Welfare, Housing, Justice, Mental Health ... SEP 20

KEY EVENTS & DATES

26 FEB	**Cannabis conundrums and other drug policy challenges University of Otago Public Health Summer School, Wellington Otago PHSS course nzdrug.org/otago-phss-course**
14 – 22 APR	**62nd Session of the Commission on Narcotic Drugs (CND) and High-Level Segment, Vienna, Austria**
29 & 30 APR	**Cannabis and Public Health Forum, Ottawa, Cananda cpha.ca/cannabis-and-public-health-forum**
28 APR – 1 MAY	**26th Harm Reduction International Conference, Porto, Portugal hri.global/conference-2019**
13 – 15 MAY	**5th Australian & New Zealand Addiction Conference, Gold Coast Seaworld, Australia, addictionaustralia.org.au**
22 – 24 MAY	**13th International Society for the Study of Drug Policy conference, Paris, issdp.org**

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NZ.

01 NORTHLAND'S TE ARA ORANGA WINS AOD INNOVATION AWARD

Te Ara Oranga's groundbreaking Northland partnership between Police and community services won Matua Rakiʻs supreme Workplace Innovation Award at the Cutting Edge addictions conference in September.

The successful project has been moving people into treatment much more quickly – responding within 24–48 hours instead of up to three weeks. The specialist Police methamphetamine team focuses on both supply and demand by targeting dealers for enforcement action while referring people with addiction problems to health services. Community outreach workers try to engage people in treatment while offering support to whānau who may also be suffering.

Northland District Health Board is already planning to expand treatment facilities and is waiting on a response to a request for long-term funding of the programme.

02 Evidence talks

TWO LAWYERS were put to the test recently when a High Court judge asked them to deliver proof either way that longer prison sentences have a deterrent effect.

The defence brought research showing there is none – the Crown turned up with nothing.

Justice Matthew Palmer's sentencing of two methamphetamine dealers took place not long after the Prime Minister's Chief Science Adviser's report that found "no evidence of the supposed 'deterrent' effect of harsher sentences". However, in the end, he suggested the Court of Appeal and Supreme Court were a better forum to hear such a challenge and sentenced Chevonne and Riki Wellington to seven and 13 years respectively.

03 Cannabis laws out of touch – Annual poll

89%

SUPPORT LAW CHANGES FOR MEDICINAL CANNABIS

SUPPORT FOR changing our outdated cannabis laws has continued to rise, showing the law is out of touch with public opinion. Our annual Curia poll revealed a solid 67 percent of Kiwis who responded were in favour of change, while support for medicinal cannabis was through the roof at 89 percent.

Asked how they would vote if the referendum on legalising cannabis was held tomorrow, responses were almost evenly divided (48 percent to 48 percent) – and that's before any proper education campaign. Executive Director Ross Bell said the results sent a strong message to MPs. "There will be widespread disappointment if Parliament fails to listen."

67%

IN FAVOUR OF A LAW CHANGE FOR PERSONAL POSSESSION

65% 2017 **64%** 2016

04 Medicinal cannabis update

PATIENTS ARE disappointed in the lack of progress on the Medicinal Cannabis Amendment Bill since the Health Select Committee failed to reach a consensus back in July.

Drug Foundation Policy Manager Kali Mercier says she is surprised there is still no sign of the draft regulations or any indication what their contents might be. The promised expert advisory panel has yet to be announced, and there has been no consultation with civil society experts.

"This means patients still have no idea what to expect from the new legislation. It's simply inexcusable that, after all this time, the needs of these vulnerable people are still being ignored."

05 NZ rejects US, Trump-led War on Drugs

PRIME MINISTER Jacinda Ardern's refusal to join 130 countries backing US President Donald Trump's War on Drugs last month attracted almost as much media attention as did baby Neve's attendance at the UN.

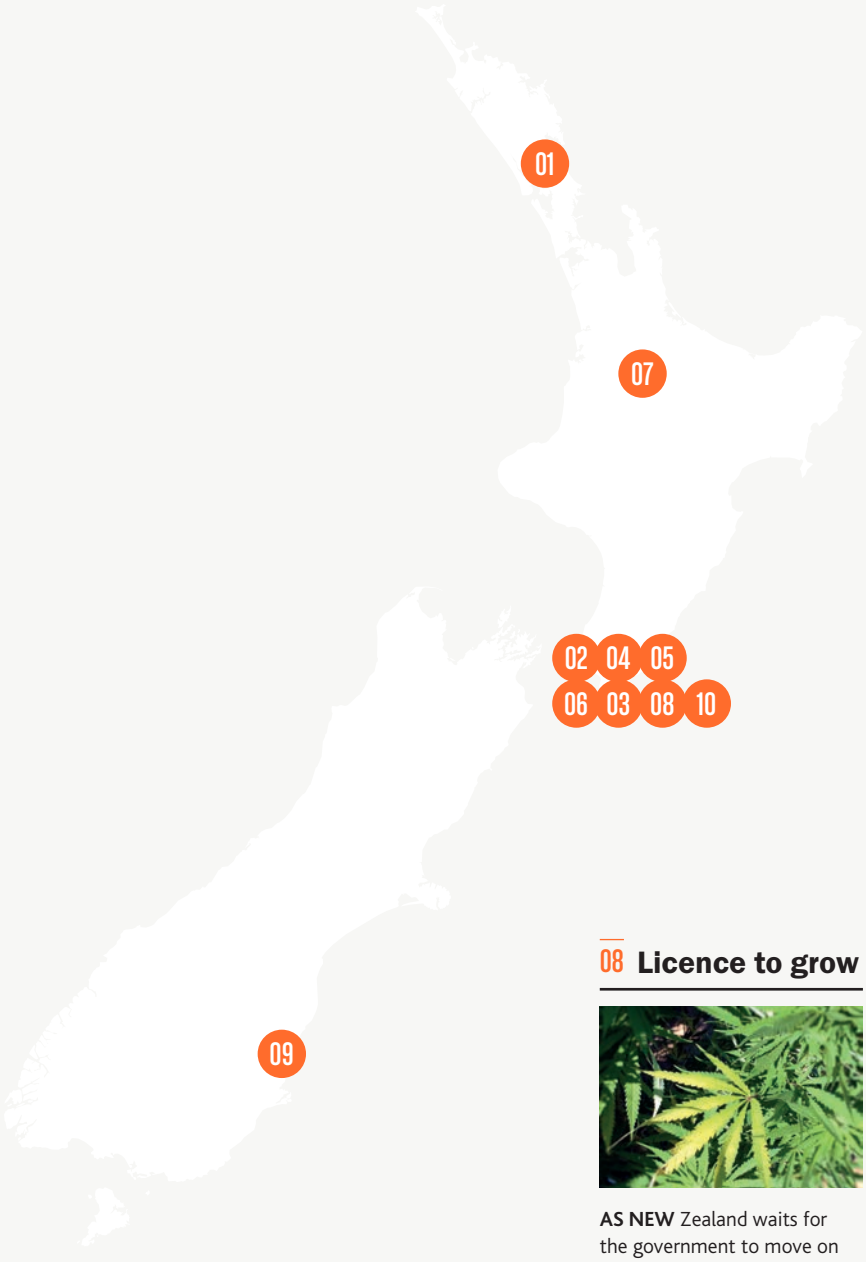
Joining Netherlands, Spain, Norway, Germany and Brazil in refusing to sign the "Global Call to Action on the World Drug Problem", Ardern told international media that New Zealand prefers to follow an evidence-based health approach. Critics of the document say the wording reinforces anti-drug rhetoric while omitting essential human rights considerations – leaving the door open to punitive measures. The Global Commission on Drug Policy accused the US of pressuring countries to sign.

06 Justice summit

A TWO-DAY Criminal Justice Summit, held in Porirua in August, was billed as a first foray by the government to heal the broken justice system.

Prime Minister Jacinda Ardern opened the event, asking attendees to share their experience and expertise to help the government move forward. She said prisons were a "moral and fiscal failure" and that building a new prison every two to three years was unacceptable. Te Uepū Hāpai i te Ora – the Safe and Effective Justice Advisory Group has been tasked with canvassing a range of ideas to inform the government's response.

More than 700 policy experts, academics, advocates, victims, ex-prisoners and frontline justice workers attended the summit. Victims and offenders were invited to speak, with some pointing out that offenders are often victims themselves.



07 "The opposite to addiction is connection"

JOHANN HARI, best-selling author of *Chasing the Scream*, spoke about the importance of social connection at the Cutting Edge addictions conference in Rotorua in September.

Speaking on his newly released book Lost Connections, Hari said loneliness in western societies has led to an epidemic of despair, depression and anxiety – which is at the heart of addiction. Most people would agree on the goals of good drug policy, he said – they just disagree on the means to that end. "We have to see that, all around the world, drug policies that treat people with compassion ... have seen much better outcomes. At some point, we have to start following the places that have succeeded and stop following the places that have failed."

08 Licence to grow

AS NEW Zealand waits for the government to move on medical cannabis legislation, Hikurangi Enterprises has become the second organisation in the country to be granted a licence to cultivate cannabis for research purposes.

Company founder Manu Caddie said there was still more research and development required before cultivation could begin in earnest. However, with significant investment backing already secured, they would soon start building high-tech greenhouses and processing facilities near Ruatoria.

The company has already commissioned clinical trials to start next year for the first New Zealand-made cannabis medicines.

09 Binge-drinking students more socially admired

FORGET MODERATE drinking if you want to be socially acceptable at university these days. That's the alarming conclusion of a recent University of Otago study, which found the amount of alcohol students drink has a direct correlation with how they're perceived by their peers.

The study by Dr Kirsten Robertson found that heavy drinkers were viewed as positive and sociable, while those who limited or abstained were mocked. The only acceptable excuse for not taking part appeared to be an unavoidable commitment the following day – so Robertson suggested volunteer work, employment or sport could act as a positive barrier. She said the government should intervene with public policy measures.

10 Defence Force taking a Stand for harm reduction

DRUG FOUNDATION Executive Director Ross Bell has congratulated the New Zealand Defence Force for embracing new solutions to substance misuse in the armed forces.

The Drug Foundation has been working with the Defence Force for the past two years, investigating and designing new approaches to alcohol and drugs in the workplace. Newly-launched campaign STAND is far more supportive than past strategies, marking a new commitment to long-term culture change.

Director of Defence Health Brigadier Andrew Gray said impairment was a significant risk. "Substance misuse is incompatible with service and there will always be consequences. But we'll be placing a far greater emphasis on promoting health, preventing impairment and improving access to support services."

World.

01 LAUNCH OF GCDP REPORT

How do we move on from prohibition? Controlling drugs through regulation is the only way forward, says the Global Commission on Drug Policy in a new report.

Launched in September, *Regulation: The Responsible Control of Drugs* called for governments around the world to take control of drugs away from illegal markets. Commissioner and former President of Switzerland Ruth Dreifuss said prohibition has allowed criminal organisations to control the whole chain of drugs, and this has caused every region in the world to suffer.

See our summary of the new Global Commission report, p24.

02 Good news for shy octopuses

IF YOU give ecstasy to a socially awkward octopus, it will get "floaty" and amorous.

The usually asocial California two-spot octopus tends to avoid other octopuses or react aggressively when encountering one. Noticing that the antisocial behaviour stopped during mating, scientists wondered if a neuromechanism could be the cause and tested whether MDMA could make the creatures more social.

The results were remarkable. The octopuses appeared "floaty and relaxed", hugging a pot that contained another octopus. The study has implications for MDMA therapy for social anxiety in adults with autism.

03 Police accused of scaring would-be pill testers

A FORMER head of the Australian Federal Police has joined the call for pill testing after two people died at a Sydney music festival.

Speaking at the launch of the Ted Noffs Foundation's Take Control campaign, Mick Palmer said the "zero tolerance" approach was not working.

Angry festival-goers had earlier accused Police of scaring people away from drug-checking tents at the ill-fated Defqon. One festival-goer claimed via social media that they were followed and questioned by Police after buying testing kits. Greens State MP David Shoebridge said it was a "real concern" if Police were preventing basic harm-minimisation measures from being implemented.

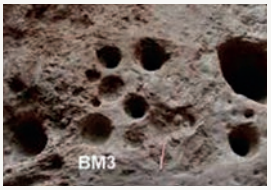
04 Green light for cannabis in Canada

CANADA HAS just made history, ending 95 years of cannabis prohibition. Health experts and business investors alike will be watching, as will the rest of the world.

The new law allows adults to carry and share up to 30 grams of dried cannabis, and to grow a maximum of four plants per household. Use is strictly 18-plus - however, with many rules being set at a provincial level, some regions have raised the minimum age to 19.

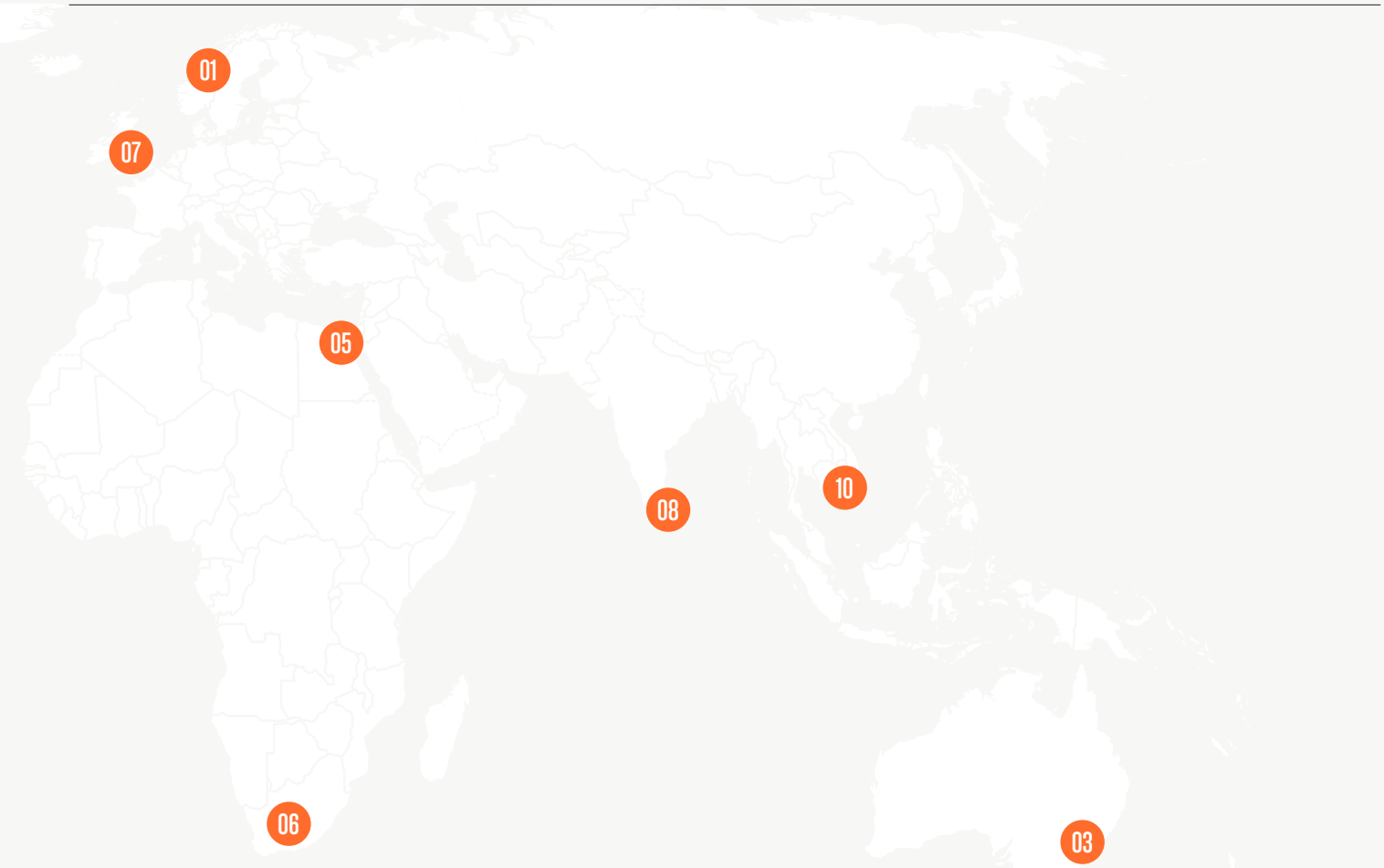
The Government's official advice is to "start low and go slow". They advise consumers to avoid smoking the drug or mixing it with alcohol, to only use in a safe and familiar environment – and to store it securely out of reach of children.

05 Prehistoric ale



THE FIRST beer was always thought to have been brewed 5,000 years ago, but a recent discovery suggests the ancient art of brewing is positively prehistoric.

Researchers have found the world's oldest brewery, complete with 13,000-year-old beer residue, in a prehistoric cave near Haifa in Israel. They were able to recreate the ancient brew by germinating the grain and fermenting it with wild yeast – producing a thick, somewhat weak brew by today's standards. The findings suggest beer was not necessarily a side product of making bread as previously thought.



06 Dagga OK in the home

SOUTH AFRICAN cannabis smokers were celebrating after the highest court in the land ruled that it's unconstitutional to ban the use of 'dagga' in the home.

Rastafarian Garreth Prince and Dagga Party leader Jeremy Acton brought the case, which was appealed by multiple government department heads who wanted use of the drug to remain illegal.

Confirming a 2017 Western Cape High Court ruling, the Constitutional Court made a final judgment that refusing people the right to smoke dagga in their homes is against their constitutional right to privacy. However, Justice Raymond Zondo made it clear there would be no smoking in public, and supply remains illegal.

07 Spike in drug deaths blamed on conservative politics

DRUG REFORM advocates were blaming the government's punitive approach for a rise in drug-related deaths in England and Wales, following the release of new figures by the Office for National Statistics.

The report, published in August, shows the rate of drug-related deaths hit a new high of 3,756 in 2017. Drug advocacy organisation Release said the upsurge began when Theresa May's Conservative Party came into office in 2010. Executive Director Niamh Eastwood condemned the party's stubborn refusal to abandon the War on Drugs, "punishing people … instead of implementing compassionate, evidence-based policies".

08 Sri Lankan president vows to reinstate the death penalty

THERE HAVE been no executions in Sri Lanka since 1976 – but inspired by the "success" of Philippine president Rodrigo Duterte's War on Drugs, the government has vowed to reinstate the death penalty.

Local media reports say 19 drug offenders whose death sentences had previously been commuted to life would now face execution by hanging.

President Maithripala Sirisena justified the move, claiming the country was a transit route for drug smugglers, leading to an increase in violent crime. The EU has threatened trade sanctions if Sri Lanka goes ahead with its plan.

09 Cannabis convictions could be wiped

MORE THAN 218,000 Californians could have their cannabis convictions wiped out or downgraded under a new law.

The state's Senate passed a Bill in August that would force California's Department of Justice to review the records of any cannabis convictions that could be eligible for recall, dismissal or redesignation under current cannabis laws.

Once the Bill is signed into law, state officials will have until 1 July 2019 to complete a list of eligible cases for recall. Prosecutors will have a year from that date to decide which cases they will challenge.

10 Seven die after Vietnam music festival

SEVEN PEOPLE died and five others were left in a coma from suspected drug overdoses at a Vietnam music festival in September.

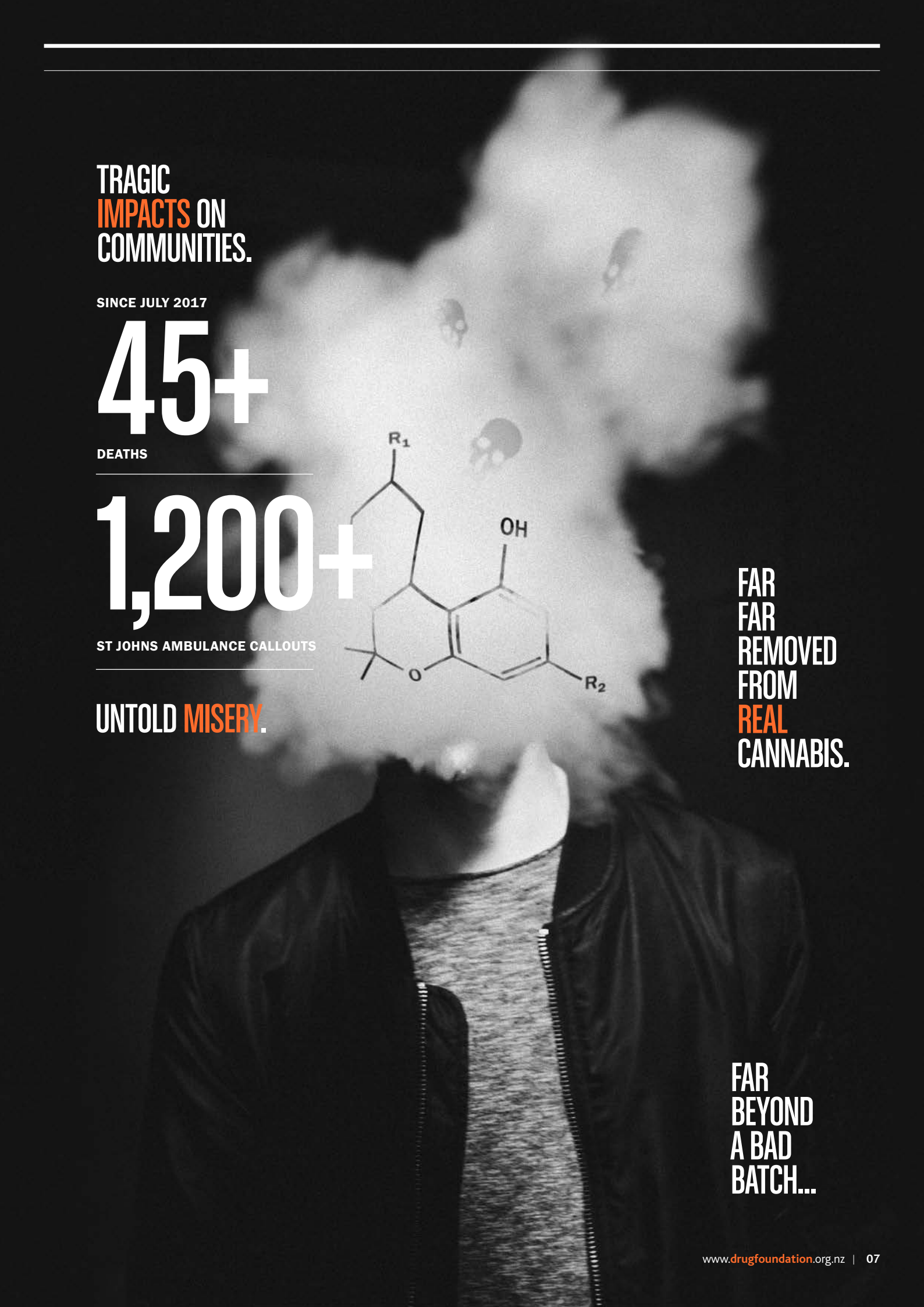
Local media reported Police seized suspected drugs from the popular Trip to the Moon dance music festival. According to reports, all the people who overdosed tested positive for drugs, but officials did not confirm what drug that was.

Around 1,600 people die each year from overdoses in Vietnam, with heroin and methamphetamine the most commonly used substances.

Getting real about synthetics

Naomi Arnold takes another look at our alarming death rate from synthetic cannabinoids and at some real-world responses from people working at the frontline. She renews the call for an early warning system but says we also need a more compassionate social approach that tackles why some of our most vulnerable roll the dice with this deadly substance in the first place.

NAOMI ARNOLD


TRAGIC
IMPACTS ON
COMMUNITIES.
SINCE JULY 2017
45+
DEATHS
1,200+
ST JOHNS AMBULANCE CALLOUTS
UNTOLD MISERY.
R1
OH
O
R2
FAR
FAR
REMOVED
FROM
REAL
CANNABIS.
FAR
BEYOND
A BAD
BATCH...

St John Medical Director Dr Tony Smith.

Photo credit: supplied

> **“It’s clear synthetic cannabinoids are causing more harm than any other drug and education is urgently needed on the drug’s propensity to kill.”**
>
> DR TONY SMITH

July 2017 came with the shock news that seven sudden deaths in Auckland were linked to synthetic cannabis, and by September, that number had jumped to 20. *Matters of Substance* published several stories on the issue, calling it “an extraordinary spate” of deaths.

A year later, and things are even worse. The coroner now says 40–45 people have lost their lives to synthetic cannabinoids. That’s a huge jump on two deaths in the five years previous.

So what do we do now to tackle this urgent, increasingly deadly problem?

Some responses are already afoot. Back in July, Acting Prime Minister Winston Peters said urgent cross-party action was required, directing the Ministers of Health, Police, Customs and Justice to work on it together.

So far, several of the deaths are subject to a continuing joint inquiry, and no decisions have yet been made about a hearing.

“All of these cases have been assigned to Coroner Morag McDowell,” a spokesperson says, “to ensure all of the available information is before one coroner who can then liaise with other agencies.”

They say the office is working closely with the Ministry of Health, Police, district health boards, ESR and pathologists to identify the substances involved, and coroners will be providing updates as part of their role to prevent harm to the public. One approach has been to work with emergency departments to help them recognise when they are dealing with a synthetic cannabinoid and not another drug.

However, while the reports and discussions continue, people will still use – and die from – synthetic cannabis, and the impacts are seen daily by ambulance staff, medical staff, NGOs and community groups. What do those on the frontlines think the government should do in response?

Many of those spoken to for this story echoed the Drug Foundation’s ideal short-term response checklist, released in early August: fund central coordination of an urgent cross-agency response, focus on practical treatment and harm reduction interventions and implement an early warning system to coordinate information between Police, Customs, hospitals, ambulance staff, treatment providers, NGOs and ESR.

St John Medical Director Dr Tony Smith says it’s clear synthetic cannabinoids are causing more harm than any other drug and education is urgently needed on the drug’s propensity to kill. He says that, on the scale of individual harm that recreational drugs cause, synthetic cannabinoids come out on top.

> **“From an ambulance perspective, of the patients we are going to, this drug is causing more deaths than any other.”**

“On a scale of 0 to 10, some [recreational] drugs are low and some are high in terms of risk,” he says. “I would say this drug is a 9.5 in terms of the danger of dying from it – and unexpectedly dying from it.”

Every person in cardiac arrest who St John has attended has been unable to be resuscitated.

“We haven’t had a single survivor yet from cardiac arrest following smoking synthetic cannabinoids. What we don’t know is why one person can consume drugs from the same batch and be absolutely fine and the next person consumes the drug and just drops dead.

“We don’t know how many people consume it, so we can’t say that one in 1,000 people will die or one in 10,000

> **“We’re not naïve enough to think people are going to suddenly stop consuming drugs tomorrow, [but] the message we are continually sending is, ‘This drug is dangerous, when you take this rug you roll a dice’. And, unfortunately, we are seeing people roll a dice, and the dice comes up that they’re going to die.”**
>
> DR TONY SMITH

Vicki Macfarlane, addiction specialist and the lead clinician of Waitemata District Health Board’s Medical Detoxification Service.

Photo credit: supplied

people will die … but we can put it into perspective with other drugs such as opiates like fentanyl, heroin and GHB [fantasy]. From an ambulance perspective, of the patients we are going to, this drug is causing more deaths than any other.”

St John receives about 30 callouts a week from people all over New Zealand who get in trouble after using it, with the biggest concentration of those in Auckland and particularly in the CBD. Those affected are from “all walks of life”, from teenagers through to people in their 60s.

Smith says St John would support measures that reduced the chances of people being able to buy it and also strongly support measures that educated people about the danger associated with these drugs.

“We’re not naïve enough to think people are going to suddenly stop consuming drugs tomorrow, [but] the message we are continually sending is, ‘This drug is dangerous, when you take this drug you roll a dice’. And, unfortunately, we are seeing people roll a dice, and the dice comes up that they’re going to die.”

For Vicki Macfarlane, addiction specialist and the lead clinician of Waitemata District Health Board’s Medical Detoxification Service, one of the biggest needs she sees is getting a drug-related warning system in place soon, so if people are arriving at emergency departments suffering effects from synthetic cannabinoids, it can raise the alarm.

“We need a better way of monitoring the numbers of people coming to various services and a really clear way of keeping track of who’s coming,” she says. “Ideally, we need a better way of identifying what substances people have been using. At the moment, it’s really slow and happens after the fact. Everyone responds after the crisis has already happened, and there is a lack of coordination in the response.”

She also wants to see treatment options improved to deal with the limited support currently available and examining in depth why people use such drugs.

“We need more information about why people are using it, how they are getting it and why they chose synthetic cannabis and not something else.”

She adds that it’s important for government to look at the social issues around the drugs – who is developing problematic use and how we can support those populations.

That’s backed up by Dr Nick Baker, a paediatrician and Nelson Marlborough Health Chief Medical Officer. He says any government policies to reduce drug harm should be focused on ensuring children have the best possible start to life to break the cycle of drug abuse.

“There are common journeys run by people who do end up badly affected by substance abuse,” he says. That can start before birth with poor antenatal care, which turns into parents unable to bond with their child “because they’ve never been bonded to themselves”.

“And so the baby has an infancy of adversity and doesn’t get warm fuzzies from having cuddles because they don’t get cuddles. They get warm fuzzies from [other] outlets,” he says.

“Better supporting parents to know how to relate to their infants and trying to get infants through their first 1,000 days in a better condition will actually have some impact on our long-term drug and alcohol usage.”

He says, as a paediatrician, it’s devastating watching cycles repeat.

“I might be caring for a young person who’s been subjected to child abuse, whose parents are drug and alcohol users, and they are having their own baby by the age of 15–16 who will in turn be subjected to domestic violence and drug and alcohol abuse, who will have their own baby thereafter. So breaking the cycle is pretty important stuff.”

Baker says the right approach would be thinking about “the whole spectrum of prevention”, remembering that starts with the unborn.

Moira Lawler, CEO Lifewise Trust, Auckland.

Photo credit: supplied

> **"We deal with people who are using very dangerous drugs because of their poverty levels, so you can't really talk to them about their wellbeing unless you're prepared to discuss their poverty."**
>
> MOIRA LAWLER

"How do we best support mums having control over their own fertility to try and move towards every child being a wanted child? Then how do we support infants growing up so that they do not continue the cycle?"

That is what acts as the fence at the top of the cliff – further interventions later in life are the ambulance at the bottom.

"Sure, we can try and fence the cliff edge with legislation, but if the cliff edge is less attractive then you don't need quite as strong fences. I think that would be one of my pleas: early intervention and giving people growing up a purpose in life."

Baker agrees with Macfarlane in saying agencies need to share information better – "joined-up intelligence" that is ahead of the play and able to protect the community as problems emerge.

"What prospective surveillance is there in New Zealand to notice early if we do start to get a surge of young people experiencing sudden death? And how does Police intelligence share this with the National Poisons Centre and emergency departments? How does the emergency department share this with other groups? We've got to keep those feedback loops going, which try to help our community understand where the real hazards lie."

That could also include screening people when they meet with health services for any reason – asking the right questions, directing them to the right support.

He also cites the success of Red Cross programme Save a Mate, which has been widely used for alcohol.

"Something really important is peer awareness," he says. "When do you call an ambulance for your mate?"

However, despite anecdotal and media reports that people are using synthetic cannabis in place of the cannabis plant, he doesn't favour improving access to cannabis itself.

"I think much more importantly we should be trying to support people who are often in the most deprived circumstances so that life is really worth living. I know from reviewing the deaths of young people who have died from substance abuse, particularly volatile solvents, that often it's an escape from intolerable things. It hides the hunger pains, it hides the distress, it hides the unemployment. It masks the purposelessness of life."

Out in the community, Lifewise Trust CEO Moira Lawler does favour decriminalisation. If she were Prime Minister tomorrow and could implement an emergency synthetic cannabis response, she would take away all penalties and exclusion of people who are unwell or using drugs. She says those only further hurt people who are already "completely on the margins".

Together with Auckland City Mission, Lifewise runs a housing programme in Auckland, and Lawler says it's time to take away the narrow lens that considers substance abuse in isolation. Instead, policymakers should consider what will best suit someone's entire physical, mental and emotional wellbeing.

"People need access to services that can wrap around what they need right then," she says. "Not a queue of linear services: 'You can have that, then this, then the next thing'.

"We work with people every day who have developed an addiction as a result of their homelessness, so you really can't discuss their addiction unless you are prepared to discuss their homelessness," she says.

"We deal with people who are using very dangerous drugs because of their poverty levels, so you can't really talk to them about their wellbeing unless you're prepared to discuss their poverty."

She says evidence shows a harm minimisation approach – which in part accepts that drug use exists along a continuum and is an inevitable part of society – is what's most likely to help people improve their wellbeing, as opposed to compliance-based approaches. But although clinicians understand it, 'harm minimisation' is not a term that's

Dr Nick Baker, a paediatrician and Nelson Marlborough Health Chief Medical Officer.

Photo credit: supplied

> **“These are the consequences of a system that lacks flexibility and responsiveness.”**
>
> MOIRA LAWLER

widely understood by the public, who see it as a soft option.

“I think it’s part of the culture we’ve grown over the past couple of decades – [that] the person who is on the margins of society has somehow done something to achieve that status. So we have that blaming culture.”

In fact, she says, people with addictions are our most vulnerable and probably have been since childhood. But because the system doesn’t understand the complexity of their situation, they’ve ended up the most unwell and the least likely to be housed.

“These are the consequences of a system that lacks flexibility and responsiveness.”

Fixing that means listening to those who have drug addiction – having “a whole-person conversation”.

“The thing that’s critical – and sounds like common sense but is not taken into account in the policy framework – is really listening to people who are living with addiction and getting their sense of what’s most likely to be effective,” she says.

Society tends to look at drug addiction as a single issue, when in fact it can be just one factor in a host of life problems. Benefit amounts are “unliveable”, and Lawler says in all cases of addiction, lack of housing should be addressed first, without preconditions of access such as abstinence. Ideally, housing would be given within days and then choice and flexibility offered in support. Addressing drug use can come later and should focus on asking the person what they need.

“What do you need to have opportunities to contribute to the community? Which, in our experience, people want to do. How does a service come to them and understand the complexity of their lives and what they’re dealing with, rather than expecting that person to fit into a system not geared to deal with complexities.

“Sometimes that is construed as people turning a blind eye or somehow being complicit in people’s substance use, and that’s absolutely not what it’s about. It’s about understanding what’s most likely to be effective and doing that.”

It’s also important to give people access to community-based mental health and addiction services that can help them in their home rather than require them to move somewhere else.

“Providing support before someone is really acute is really important,” she says. “Lots of people start using cheap substances available to them, self-medicating because they can’t access the mental health support they really need.”

She says those services are rationed because they’re so poorly funded, and the people Lifewise helps are very quickly excluded from them.

“That’s because they often present as unwell, non-compliant, confused. They are quite quickly either excluded or trespassed, and they just fall off the list. That’s a rights issue in terms of their right to access appropriate care.

“In some ways, it’s the same services we have now. They’re just incredibly poorly resourced and, as a result, very sharply targeted. We need to resource what we know already works well so that it can do more.”

She says, ultimately, a governmental War on Drugs approach will fail, as it has in the past.

“I think the debate about the drug is how we use legislation to prevent people selling it or using it. Though I really understand why people want to stop something so heinous, there is very little evidence that you can legislate drug use out of communities,” she says.

In fact, she doesn’t know a single country that has been able to do that.

“Except where countries have been bold enough to manage supply themselves as governments.”

New Zealand should at least be closely observing those processes and what they achieve, she says.

In Auckland, where the synthetic cannabis problem is very keenly felt, one

> **“This needs input and action not just from Justice and Health, but housing, education and youth development, the Ministry of Social Development, Oranga Tamariki and the Ministry of Business, Innovation and Employment.”**
>
> JANETTE SEARLE

Health Minister David Clark is awaiting advice on what practical steps the government can take.

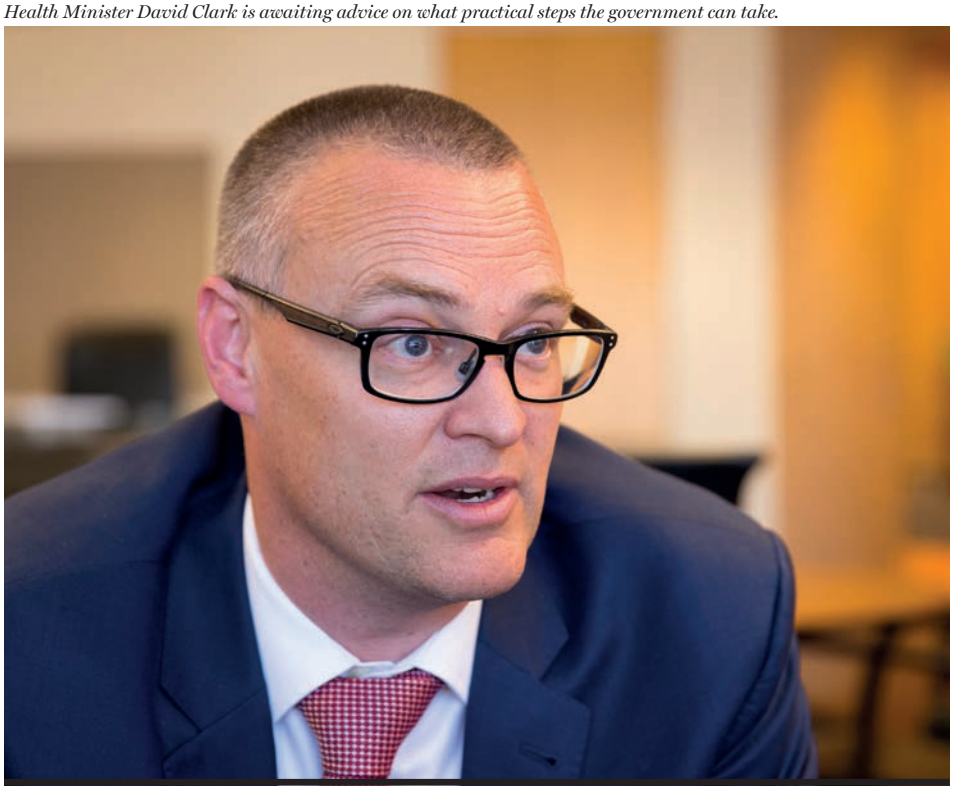


Photo credit: Mark Mitchell for the NZ Herald

community response has been the A @ W Collective Impact Initiative, which is focused on improving educational outcomes for young people in West Auckland, including reducing the barriers to education for the community’s most at-risk young people.

In mid-July 2017, the team held a communication day to discuss the increased use and impact of synthetic drugs on young people in the community.

Establishment and Development Manager Janette Searle says one of the challenges faced by the community, particularly the Police, is the impact of policy, laws and regulations on synthetic drugs.

“At the moment, [they] limit what they can do from a Police and legal perspective. This means suppliers are still on our streets, and while they are there, we will always have an issue.”

A @ W is working to connect people in synthetic cannabis hotspots around the country to share learning, knowledge and resources to help everyone address the problem, and Searle says a cross-sector response at all levels is needed for real change. That includes local and national government as well as grassroots community responses.

“That’s what we’re trying to do in West Auckland,” she says.

“Work more collaboratively to support each other and strengthen the work we’re all doing and then work collectively to address the gaps we have in supports, services, information and resources.”

She says the government’s responsibility is to ensure policy and regulation supports the elimination of the drug from communities and reduces its harm.

“That role of enabling also extends to their ability to enable those working in the community to address the challenges and drivers that contribute to drug and alcohol use.”

Sometimes that means additional funding, but more often it’s providing the flexibility in contracts and funding to respond to the needs of the community in the way that best suits it. It also means ensuring practice and policy match.

“Government also has a responsibility to ensure it includes this as a focus across its whole,” she says.

“This needs input and action not just from Justice and Health, but housing, education and youth development, the Ministry of Social Development, Oranga Tamariki and the Ministry of Business, Innovation and Employment.

“Real change will only happen when they are working together as effectively as possible – which means moving beyond silos, communicating both ways more openly and then supporting each other to do the work.”

She echoes other voices in saying synthetic cannabis is a health, social, cultural, economic and justice issue all at once, which is what makes it such a difficult problem to tackle.

“That is why we’ve included all those sectors into the working groups we’ve established to try and address the issue in our community,” she says.

“By ‘cultural issue’, I don’t mean ethnicity, but rather the culture that has developed within parts of communities that normalises drug use.”

For example, one experience A @ W noticed was that some young people had an uncaring response to those who used the drug and then collapsed. They called them “weak” and “not able to take it”, walking off rather than helping.

“So we’ve been trying to focus some of our key messaging around looking out for your mates and how to care in both acute and general situations,” Searle says.

“That won’t fix it totally, but it’s a start.” ■

Naomi Arnold is a Nelson based journalist.

In a nutshell: a synthetics crisis response

There is no single, silver bullet to fix the synthetics crisis. Instead, it will take a combination of actions aimed at everything from an individual level to broader system change. This diagram reflects early thinking on what is needed over coming months and years. It is based on feedback gathered from organisations working at the frontline, and consultation with health services.

Resource: nzdrug.org/synthetics-crisis

Big Cannabis is rising high

With medicinal cannabis legal in the majority of states and more and more legalising recreational use, opportunities now abound for a wide variety of new entrepreneurs and established big business. **David Young** looks at some of the regulatory challenges that have arisen from this and what the US and other jurisdictions are doing to face them. There may also be lessons for New Zealand.

DAVID YOUNG

Photo credit: Fluence Engineering

The legal North American cannabis industry is feverish with investments, mergers and acquisitions. Cannabis is so hot that one of the fastest-growing businesses in the USA today is the *Marijuana Business Daily*.

"Some people feel like they missed the big wave for investment, but I'd argue in many cases it's just getting started," says *Marijuana Business Daily* Editor and Vice President Chris Walsh, with the zeal that seems to be a defining feature of those in the industry.

For entrepreneur Giadha Aguirre de Carcer, "This is one of the fastest emerging markets in the world, and the opportunities just continue to flourish."

Those opportunities extend to Aguirre de Carcer's own analysis company New Frontier Data (she calls it "Bloomberg for Cannabis"), which is attracting venture capital investment and recently acquired the *Hemp Business Journal*.

The industry's growth is fuelled by new markets opening for business and by sustained growth in existing markets. In the USA, 30 states plus the District of Columbia (DC) have now legalised medicinal use, and nine states plus DC have legalised adult-use cannabis. In Canada, adult-use dispensaries launch on 17 October. There is an expectation that deregulation will continue within the USA and beyond, meaning hordes of new legal consumers.

According to New Frontier Data's projections, the entire North American legal medicinal and adult-use market in cannabis is worth some NZ$17 billion today and will reach NZ$45 billion by 2025. The US market will achieve compound annual growth of nearly 14 percent. By 2020, the largest US state markets for legal cannabis are projected to be California, Washington, Colorado, Massachusetts, Oregon, Florida and Michigan. Due to their large populations, the medicinal markets in Florida and Michigan will rival the fully legal markets in Oregon and Massachusetts, despite having only legal medicinal programmes in operation.

Aguirre de Carcer describes dramatic changes since she became involved in the industry in 2014. In the first wave, wealthy individuals with a personal passion for cannabis would write cheques worth US$25,000–100,000 to invest in cultivation enterprises.

"Some people feel like they missed the big wave for investment, but I'd argue in many cases it's just getting started."

By 2016/17, the average investment had grown to between US$250,000 and US$1 million, and groups of investors were banding together.

Today, the cheques are even bigger and "the proposition is much more sophisticated. We are entering 'investment 3.0'. Now you're seeing investment in high-tech, in services, in software and in scientific patents."

In other words, firms like *Marijuana Business Daily* and New Frontier Data are themselves at the cutting edge of the industry's expansion, further from the cannabis plant itself.

Growth is being driven right now by the imminent Canadian deregulation of adult-use cannabis, following a model that Ryerson University School of Management instructor and cannabis entrepreneur Brad Poulos calls a "mix of capitalism and nanny state".

Canadian licences for cultivation and processing are being issued federally.

"It's an onerous, year or two-year long process," he notes. However, provinces get to decide their own market retail approach. Some are setting up provincially owned stores (the same model used in Canada to sell alcohol), and others are allowing private enterprises to take over.

"The focus is absolutely on harm reduction. It's still a highly restricted and highly regulated market. It is by no means the 'wild west'," Poulos says.

"According to New Frontier Data's projections, the entire North American legal medicinal and adult-use market in cannabis is worth some NZ$17 billion today and will reach NZ$45 billion by 2025."

Regulations will restrict the number of stores that can be owned by one business. In Ontario, where Poulos is based, any licensed producer can have a single store, located with a production facility. The rules are designed to reduce too much vertical integration.

"I'm not a huge fan of too much government interference, but when the industry is nascent like this one, I think it's not a bad idea. After that, they need to take their hands off and let the market work."

Poulos notes that the model leaves gaps for the illicit market. At least for now, there will be no cannabis lounges. "That's a concern. We don't have the equivalent of a bar."

Weighing up the Canadian Government's approach on the eve of adult-use stores opening, Poulos would "give them a B or maybe a C-plus. There's more that could have been done at the federal level to increase the chances of competition and let more smaller companies into the game."

Huge companies already dominate the Canadian cannabis industry. The three largest firms – Canopy Growth Corporation, Aurora Cannabis and Aphria – are together valued at more than $22.5 billion.

Photo credit: flickr.com/photos/GoToVan

Canopy alone is worth more than $15 billion. The company's stock regularly trades well over 100 times its revenue. Those canny enough to purchase shares when Justin Trudeau won the Canadian premiership with a mandate to legalise marijuana have seen returns worth $50 on every dollar.

Canopy already has some 2.4 million square feet of licensed growing capacity. When the dust settles and Canada's licensing process is complete, it is set to be the nation's first or second-biggest grower, capable of producing some 500,000 kilograms.

This vast potential points to a possible shake-up in the future. Some observers predict there will be a glut of cannabis within several years. Even with foreign medicinal-use markets buying up Canada's surplus, the potential oversupply will make it particularly hard for smaller Canadian growers that can't achieve the same economy of scale as huge corporate players. This will repeat the experience already seen in several US states, where oversupply contributed to prices plummeting, and smaller growers gave up licences.

Consolidation around a small number of large companies is a mixed blessing for the industry, says Walsh.

"The rise of big businesses has brought about more innovation, and it has spread cannabis to areas it wouldn't have spread to if were just small businesses. But the problem is that a lot of the 'mom and pop' type operations have been blocked out. Companies like Canopy are doing a phenomenal job of growing, but that's making it harder for those without a lot of resources."

A pivotal investor in Canopy is the Fortune 500 alcohol giant Constellation Brands, the largest US beer importer measured by sales. In total, it has invested more than $6.21 billion, giving it an aggregate stake of 38 percent. Canopy's CEO calls the investment "rocket fuel".

And Constellation is far from alone. Big Tobacco, Big Alcohol and Big Pharma have discovered the cannabis industry. This year, pharmaceutical titan Novartis, alcohol firm Molson Coors Brewing and two tobacco companies, Alliance One International and Imperial Brands, announced deals with cannabis businesses.

There are sound reasons why each industry wants to be part of the cannabis story, says Aguirre de Carcer.

"Tobacco has not experienced consumer growth in decades, and there is huge stigma around smoking. The industry already has the infrastructure in place, including the cultivation, production and packaging know-how, to make a lateral move into cannabis."

"The rise of big businesses has brought about more innovation, and it has spread cannabis to areas it wouldn't have spread to if were just small businesses."

For alcohol, it's "less about survival and more about expanding revenue in an industry where they can leverage existing infrastructure".

This is especially relevant in the recreational, adult-use market, where products like THC-infused beverages can expand companies' offerings.

And pharma companies "have been looking at this for longer than many of us realise", Aguirre de Carcer says. She points to pressure in the US market to move away from opioids, along with the huge potential from cannabis-related medicine.

This has the potential to shape the industry. To put the size into context, Constellation Brands alone has annual revenue of US$9.34 billion. Big Alcohol, Big Tobacco and Big Pharma not only have scale but have been known for aggressively (and sometimes underhandedly) working to change legislation and public debate in their favour. Indeed, Big Tobacco worked for decades to suppress research into smoking-related harm.

So are these investments going to be positive for cannabis users and the industry? Aguirre de Carcer reserves judgement.

"All of our predictions are data-based, and there is not enough data for us to make a prediction."

However, the public health ramifications certainly worry RAND Drug Policy Research Center Co-director Beau Kilmer.

"From a health perspective, we worry about how legalisation will affect tobacco smoking," he points out.

"If a tobacco company gets involved with cannabis, it could be as a way to get people to consume more tobacco. That has serious implications. There's money to be made from cannabis, but there's an awful lot more money to be made from having more tobacco smokers."

He notes that, in Canada, for-profit cannabis companies can be entangled commercially with tobacco and alcohol companies. He thinks it's something other countries should think twice about.

More broadly, Kilmer worries that a free market-based deregulation model sets up the conditions for large, vested interests to work against public health goals.

"If you allow big companies to be involved, they get most of their money from heavy users. It's the 80:20 rule: 20 percent of users account for 80 percent of consumption. If the marijuana companies take the lead of the alcohol industry, they will work hard to create and maintain those heavy users. We have to be concerned about creating an industry that could be incentivised to lobby against regulation and taxation to maximise profits."

So far, despite large amounts of money being invested, there are few signs that the industry has developed sophisticated legislation-shaping ability. Walsh says that real lobbying power hasn't arrived in North America – but it is on the way.

"Companies aren't investing in lobbying to the degree businesses in other industries are. The industry is able to create awareness in Washington DC, but it hasn't been able to push through major changes yet. In Canada, that could change very quickly now you have multi-billion dollar companies. You have the arrival of mainstream giants like Constellation Brands that will bring that sophistication to that industry, so you will probably see that in Canada."

Kilmer points out that, for nations like New Zealand yet to deregulate, the range of options is broader than just choosing between prohibition and a rampant free market. He favours consideration of what he calls "middle-ground options". One of these is to be found in the US capital.

We hear a lot that roughly 20 percent of the US population lives in states that passed ballot initiatives allowing for-profit cannabis. What doesn't get as much attention is that Washington DC passed a ballot initiative in 2014 for a 'grow and give' model.

Under the system, home production is permitted, personal use is tolerated (anyone is allowed up to 2 ounces) and growers can give cannabis away.

This has led to a unique and hazy 'grey market'. Some entrepreneurs seek to avoid (at least the spirit of) prohibition on sale by selling cookies that are delivered with a "free gift" of marijuana. Subscribing can bring discounts.

Pop-up markets are commonplace, with sophisticated social media presences, operating out of homes, bars and (for a time) even the building occupied by the Washington Post.

One lounge in downtown Washington recently offered three floors of edibles, smokable flowers, wax and other cannabis products, available as free "gifts" for customers making an appropriate donation. The lounge was subsequently closed by Police, but charges against organisers were abandoned – and other pop-ups proliferate.

In this grey market, some users confuse lounges and delivery services with legal conduits.

And although there is very little data, the 'grow and give' model appears to have left plenty of room for illicit sales. Former DC resident Vita Santa Mamita says, "I don't use the pop-ups or delivery services, because that pushes up the cost. Purchasing an eighth would be eight times the price compared to just buying direct from my dealer."

Aside from the grey market confusion and lack of scope for regulation, the bigger problem with the DC model, at least for the government, is that it does not create revenue through taxes. An alternative that does is a government monopoly.

This isn't possible for US states because of federal prohibition. If a state created a monopoly for production or distribution, it would be forcing state employees to violate federal law.

However, it exists in Uruguay. The cannabis market there is highly regulated, with just two licensed producers, consumer prices set by the government and controlled distribution. There are three ways Uruguayans can obtain cannabis: by purchasing it from one of 12 pharmacies, home grow or as members of cannabis clubs. In a country of 3.4 million, there are 22,000 registered purchasers, 83 registered cannabis clubs and 8,200 registered home growers.

Challenges have included confusion about the law from the Police, demand exceeding supply and poor access to finance that has even led to pharmacies abandoning selling cannabis. (Banks won't lend to the sector because of a US law prohibiting American banks from working with partners involved in controlled substances. Banks have refused to even maintain accounts for pharmacies.)

Looser regulations could mean a more active, entrepreneurial market – but Uruguay appears more concerned with maintaining strict control.

In doing so, it could be taking a leaf from studies into alcohol, which show that government monopolies are better for public health. A government monopoly leads to an increase in retail price because product innovation is slower. Higher prices are seen as important in reducing harm, especially among young people.

Kilmer notes, "Uruguay's market is heavily regulated, and it has taken a while to get up and running, but their model is very different from the for-profit model – and it is one of the middle-ground options."

Whatever deregulation model might eventually be pursued in New Zealand, Kilmer argues data should be collected now.

"You need to collect the data as soon as possible, because one of the problems we're running into in the USA is that our data infrastructure is fairly weak."

That makes it challenging to monitor evolving cannabis use – a gap the market is trying to fill through companies like New Frontier Data.

Aguirre de Carcer says, "Governments are using various approaches without centralised repositories for data, and they don't agree how to categorise a product or strain. We are the only big data company in cannabis because it's ridiculously hard. There is a lot of noise and misinformation."

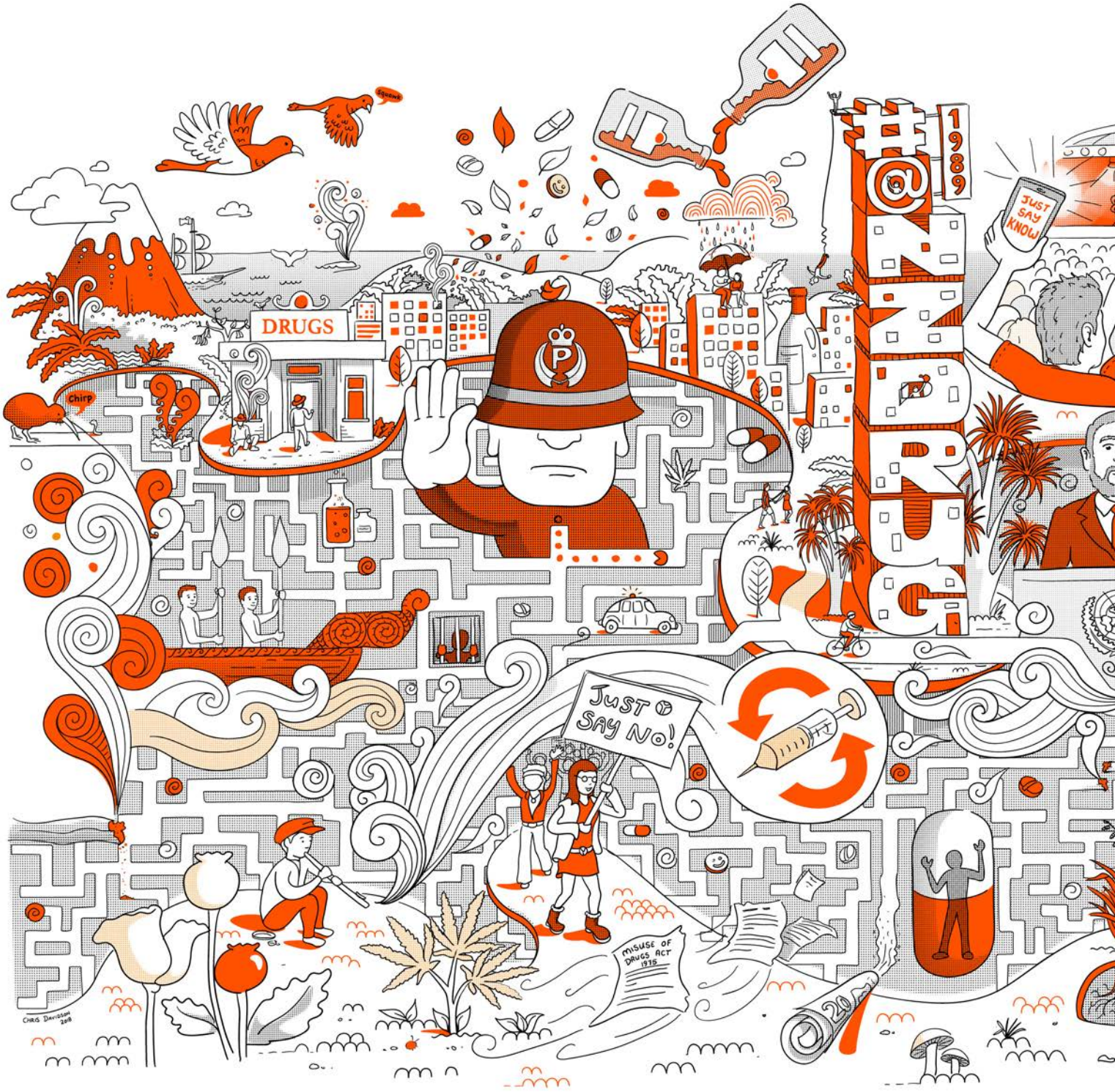
Amid the noise, there is more buzz about cannabis than perhaps any other industry in North America. And the industry is looking to deregulation in nations like New Zealand to further expand the market.

"As a global industry materialises, there will be opportunities across the board," says Walsh.

"This train is not going to slow down."

David Young is a kiwi writer based in Washington DC.

An Aotearoa free from drug harm
E mahi ana ki te whakhoro Aotearoa i ngā hē ā tarukino.



The opposite of addiction isn't sobriety. It's connection.
Johann Hari

We need to remember that treatment works. For every dollar we spend on treatment we save $7, and that treatment ultimately turns people's lives around.
Dr Marianne Jauncey

FROM NZ DRUG FOUNDATION'S NEW STATEMENT OF STRATEGIC DIRECTIONS 2018-2022.
READ: NZDRUG.ORG/STRATEGY-18-22

He pai te tirohanga ki ngā mahara mō ngā rā pahemo engari ka puta te māramatanga i runga i te titiro whakamua.

Whakatauāki

If you think just for a minute how would you want your son or daughter to be treated if they developed a problem with drugs, then the way forward becomes very, very clear.

Tuari Potiki

The best place in the world to be a child

After the Hāpaitia te Oranga Tangata summit in August, **Dennis O'Reilly** started thinking about how to address the wicked criminal justice problems we face. He turns to the past, and muses on community, from the tranquility of Pā Waiohiki, Ahuriri.

DENIS O'REILLY

Can't we just get on with it? It's over there. Ready, fire, aim. We can improve calibration as the shots land.

I've just come back from Wellington to our little kāinga at Waiohiki with an expanded contemporary policy lexicon. The community development shibboleths and adages from the 1970s have been dressed up in new clothes. The millennials who are developing policy arising from the reviews of the education, welfare and criminal justice systems are discovering the bloody obvious, but can't bring themselves to say "bellbottoms".

Aotearoa's complex and paradoxical social problems, which we once described as problematic, are now called wicked. Wicked used to mean evil, sinful, immoral, wrongful, iniquitous or corrupt. Mind you, on reflection, many social sector policies inflicted on poor communities over the past three decades have been exactly that.

Old-school references to Tofler, Drucker, Handy, Alinsky and Putnam have been supplanted by nods to Friedman (Thomas not Milton), Sen and Sinek. Praxis, action, reflection is now called theory of change. Treasury describes the interface between community, state and economy as a woven mat, a whāriki of wellbeing, comprised of four strands of capital: human, natural, fiscal and social, necessary to both enable and bind us together. Don Brash will doubtlessly bristle at the Māori metaphor – in economics for goodness' sake!

In preparation for our nation's first ever wellness budget, business and community leaders and followers alike are being exhorted to embrace complexity, to take a collaborative and systemic approach and to be prepared to risk failure in overcoming the gorgon-like social issues of our time. While there are tentative efforts by central government policy wonks to comprehend the biology of communities and to appreciate that they are dynamic organisms, the overriding response tends to eschew organic systems thinking, and policy responses primarily remain mechanistic.

The belief seems to be that it is possible to gather multi-sectoral data from especially high-cost populations (such as gang communities) and, by applying appropriate predictive algorithms, identify evidence-based interventions that will be effective in targeted communities and produce value-for-money outcomes. Results will be aggregated and metrics displayed on a wellness dashboard.

You can keep up with the kōrero by attending regular seminars on community-led development and staying tuned to

In the 1980s government programmes provided meaningful work opportunities by the van load.

Credit: Evening Post (1983), published with permission from Alexander Turnbull Library, Wellington, N.Z

Deloitte's State of the State articles. You can get the inside running through reading comprehensive papers on the Treasury Living Standards Dashboard from Kōtātā Insight and discussion papers from Treasury's Office of the Chief Economic Advisor and, doubtlessly, other analysts. It's all great work if you can get it.

Meanwhile, back at the coalface of community, despite the Criminal Justice Summit, despite apologies to Housing New Zealand meth-hype victims and despite affirmation that Aotearoa will continue to primarily treat illicit drug use as a health issue, plus ça change, plus c'est la même chose. Regardless of accelerating climate change, practical implementation of fresh social policy insights and demonstrations of political will remain glacial.

We need to mellow out, wear bellbottoms, apply insights from the experiences of the 1970s and 1980s, adjust for the contexts of the day and just get on with it. Take the NEETs conundrum. One in eight rangatahi aged between 15 and 24 is neither earning nor learning. Yes, we have Mana in Mahi, and it's a damned good initiative too. It will suit some, but it's individualised, and there are great pools of rangatahi, the nefs on the couch, who, in this period of their life, are highly affiliative. They want to be in groups. This was understood by the 1981 Committee on Gangs, which established the Group Employment Liaison Service to facilitate group work and was further endorsed by the 1987 Ministerial Inquiry into Violent Offending – the Roper Report.

Earlier this year, Minister of Employment Hon Willie Jackson asked me to give him some ideas to address the problem. I told him, "We can do it by the vanload, Willie. Take a team of seven, add two reserves, appoint a captain from within the team, add a coach and a manager. It's called a vanload. I see vanloads of Recognised Seasonal Employer workers in Hawke's Bay heading out to pick apples or whatever, and I reckon we could do the same for our youth, whether itbe picking fruit, building roads, erecting kitset homes or planting trees for uncle Shane."

We observed back in the 1970s and 1980s that, as rangatahi participating in group work skills development programmes developed confidence, good work habits and skills, they were more inclined to enter the mainstream workforce as individuals.

"Oh," says Willie, "we love your ideas Den, but you freak my officials. They reckon you're a bit out there. It's the gang thing, Den, the gang thing!"

Well I am out there, Willie. That's the point. And too damned right it's the gang thing. While youth criminal prosecutions

"You can't successfully conflate what is essentially poor behaviour arising from the consequence of post-colonialism and the social and economic marginalisation of Māori communities with the phenomenon of transnational crime."

inthe general population are down by 25 percent since 2013, the trend of criminal prosecution of Māori youth over the decade has increased from 49 percent in 2008 to 64 percent in 2017. Either we enrol these clusters of disengaged rangatahi Māori in pro-social activity or someone else will for anti-social purposes – and they are.

As always, the New Zealand gang scene is dynamic. Gang numbers are on the rise among a generally young cohort. When one crew aggressively recruits, other crews respond. The unanticipated consequence of Kiwi gangsters being expelled from Australia and sent back home has meant the unwelcome importation of new attitudes, networks and criminal skills. We are now witnessing wealth accrual through purposeful crime. Our current problems with methamphetamine are one outcome.

There can be difficulties in separating out the valid social and economic aspirations of gang members and the criminal offending of gang members. Criminal offending by gang members isn't necessarily organised or purposeful and can be spontaneous. For instance, over half of serious crimes of violence committed by gang members are acts of domestic violence.

A few years back, Ministry of Social Development analysts concluded that gang-related households were violence ridden and a shitty place to bring up kids. Moreover, it was judged that these households consumed more than their fair share of welfare benefits for little appreciable positive outcomes. A multi-agency response was developed in the form of a Gang Action Plan.

It was to be centred around a Gang Intelligence Centre hosted by New Zealand Police. The idea was that agencies would identify gang members and their progeny and then feed data about them into the intelligence centre. Once assembled, this

The Matipo Community Development Trust is an uplifting example of resilience along the infinite zig-zag pathway.

Photo credit: Matipo Community Development Trust

“If we are to collaborate to realise the Rt Hon Jacinda Ardern’s vision to make Aotearoa the best place in the world to bring up a child and be a child, then gang-connected households might be a good place to start.”

data was to be used to inform agencies and thus enable delivery of co-ordinated wraparound services. The logic model proposed that these inputs would result in a reduction of gang-related harms and an increase in gang-whānau pro-social achievements.

At some point, what seemed to be a pretty straightforward mission collided with a problem of another form altogether, namely the need to tackle transnational organised crime. This imperative became part of the Gang Action Plan. I suggest that these are a different order of things. You can’t successfully conflate what is essentially poor behaviour arising from the consequence of post-colonialism and the social and economic marginalisation of Māori communities with the phenomenon of transnational crime.

Liberating potential requires a different mindset from countering pathology. But old habits die hard: the unhelpful Police prejudice towards gangs identified by Justice Roper in 1987, the fog of Police Blue Vision described by Jarrod Gilbert in 2013 as existing when Police uphold a belief regardless of the evidence against it and the unconscious Police bias against Māori admitted by Commissioner Mike Bush in 2015 ended up with gangs being considered as synonymous with organised transnational criminal groups. The War on Drugs morphed into the War on Gangs.

This blurring of the original logic for the Gang Action Plan, fixation on organised crime and subsequent loss of focus on gang-whānau-home life has subsumed a noble cause. After all, if we are to collaborate to realise the Rt Hon Jacinda Ardern’s vision to make Aotearoa the best place in the world to bring up a child and be a child, then gang-connected households might be a good place to start.

And how would you do that? Well, doing away with labelling might be a start. Make gang affiliation irrelevant, focus simply on behaviours. Call organised crime what it is and deal with it wherever it rears its head – be it fraud in commerce, fixing harness racing, conspiring to hide dirty deeds by the clergy or, predictably, drug dealing by gang members. Split the crime-fighting activity out from the social developmental effort.

Accept that answers to wicked problems sit within each and every community and that they will be unique in design and delivery. Realise that perfect is the enemy of good and that best practice is an illusion. Settle simply for better practice and better outcomes than you were getting before, and keep on improving relentlessly.

Appreciate that there is risk and ambiguity in dealing with gang-whānau. Do your best to mitigate risk by transparency and good governance.

“Accept that answers to wicked problems sit within each and every community and that they will be unique in design and delivery. Realise that perfect is the enemy of good...”

In the 1970s, we began to realise we needed to build our action responses on entities that included gang leaders and members but that were separate from the chapter. Hence, the work co-operative movement of the 1980s – which, at its zenith, had well more than 2,000 members – was usually founded on a marae or hapū structure or a sports club or an especially constructed charitable trust. We'd try and engage non-gang 'straights' from the community, such as a local padre or a local body member as members of the governance team, and we'd engage the most conservative accountancy firm in town to oversee the books.

In the upcoming 2019 wellness budget, Treasury will be looking for value for money – ROI, return on investment.

At the community interface, we realise that the real thing to track is the Lovemark, the emotional quotient in an investment of discretionary effort. The metric is ROA, return on aroha. Altruism, that contribution of voluntary effort, is driven by the belief that "my effort counts". It creates a multiplier effect. This multiplier builds social capital and seeds amongst others in the community the desire to contribute towards better outcomes.

On the gang side of town, it's always a zig-zag pathway. There will be slips and lapses. When that happens, no matter how dark things look, kia kaha! In the words of the song, pick yourself up, dust yourself off and start all over again. We are in the infinite game.

If you want an uplifting example of resilience along that infinite zig-zag pathway, take the Matipo Community Development Charitable Trust in Whanganui. It's based in the city's poorest and possibly most troubled community. The Trust was fostered by the Whanganui Black Power President, the late Craig 'Rip' Rippon, after the tragic death in 2007 of baby Jhia Te Tua that happened in a gang-related drive-by shooting in Puriri Street.

Rip was an example of a desistor – a man who had turned his life around. He wanted to build a bridge between gang and community and to create a future where his grandchildren enjoyed education and sustainable employment. Rip enrolled mainstream community leaders in his vision. They established a community garden and training programmes.

But he's also symbolic of the Lovemark that can be tracked, the aroha that can multiply and build social capital, dust itself off when the worst occurs and simply get on with the altruism again.

In 2015, Rip acted to ensure the return of a stolen puppy to its rightful owner. Typically, as in many of these tragic instances, perpetrator and victim were related by whakapapa. Regardless, intoxicated as they were, the perpetrators became incensed at Rip's intervention. They came to his home and beat him to death.

Many organisations would have buckled at this further tragedy, but the Matipo community leadership and Rip's whānau determined to follow through on their intergenerational vision. They developed the gardens, continued courses in horticulture and built a shade house and a tunnel house.

Now a new tragedy has occurred in that community. In August 2018, a young Mongrel Mob member Kevin 'Kastro' Ratana, another relative to many in the community, was shot dead in the same street as Jhia, just around the corner from Matipo Street.

Again, the dark clouds of fear and revenge threatened to derail the Matipo efforts. But a kaupapa that is good and true can be extraordinarily resilient.

Pro-social leaders came to the fore. The community dusted itself down, and their pro-social efforts continued. They have been recognised. On 25 September 2018, the Matipo Community Development Charitable Trust won the Trustpower Supreme Community Award for the Whanganui District.

If we are to solve wickedness in Aotearoa, however you use the word, let's get on with it. Have confidence in your own good sense. Take small steps and accept small wins. Do it by the vanload and remember that all we need to achieve is an outcome better than before.

E koutou ngā mate, ko Jhia, ko Rip, ko Kastro, haere, haere, haere. Kia takototi koutou tonu i roto i te korowai o te rangimārie o mātou whaea Papatūānuku. Let the loss of your lives not be in vain. Let us help each other overcome our prejudiced perspectives and negative behaviours. Let the pain we experience when we remember you energise us all to work for the wellbeing of our communities. Let Aotearoa be the best place in the world to be a child. Tihei mauri ora! ■

Denis O'Reilly was the original Detached Youth Worker (1977) and has had a long history in community development. He held senior roles in community employment services and is currently a trustee of the Consultancy Advocacy and Research Trust, Wellington.

The report was released on Mexico City on 24 September 2018.

Photo credit: Global Commission on Drug Policy.

Global leaders call to regulate drugs

Drug Foundation Policy and Advocacy Manager **Kali Mercier** gives a brief rundown of a recent Global Commission on Drug Policy report and its implications for the War on Drugs abroad and potentially here at home.

KALI MERCER

New Zealand's recent deaths from synthetic cannabinoids are deeply tragic and should never have happened. A September Global Commission on Drug Policy report shows how they are also, sadly, part of a repeated pattern of harm caused by the international illegal drug trade – and by the international responses to that trade.

Taking a world view free of political agenda can provide a fresh perspective, especially when it comes to the hot potato issue of drugs. The Global Commission has a stunning cast of esteemed movers and shakers, including 12 former heads of state (one of whom is our own Helen Clark). Its report, *Regulation: The Responsible Control of Drugs*, is unambiguous – rather than continuing with our failed global War on Drugs, we need to regulate criminal black markets out of existence.

Whether by chance or strategy, on the day the report was launched, Donald Trump called for all countries to sign up to a statement doubling down on enforcement approaches. Our Prime Minister took a principled stand and refused to sign. Instead, she emphasised New Zealand's commitment to following an evidence-based approach and treating drug use as a health issue.

The Global Commission argues that demand for drugs has always existed and will always exist. If this demand is not satisfied through legal means, it will inevitably be satisfied by the illegal market. It points out that, despite the unimaginably huge resources put into enforcement, illegal drugs are now the world's largest illegal commodity market, estimated back in 2005 to turn over a whopping $320 billion – which would mean they make up nearly 1 percent of total global trade.

The illegal drugs market is, of course, completely unregulated, ruthlessly profit motivated and unrestrained by the rules and accountability that guide legal economies. Drug producers are incentivised to increase the potency of products to maximise their profit margins, making drug use ever more dangerous. As an example, during alcohol prohibition, consumption patterns moved from beer to the much more harmful moonshine. In the same way, opium use has been supplanted in many countries by heroin use and now fentanyl. This process is visible in our own country where early-wave synthetic cannabinoids have been replaced by much more dangerous compounds. Sadly, the result has been 40 deaths from synthetics during the past year.

"Accept that answers to wicked problems sit within each and every community and that they will be unique in design and delivery. Realise that perfect is the enemy of good..."

The Commission sets out how the global system is actively undermining the rule of law in developing countries and hindering economic progress. Illegal drug markets promote money laundering, corruption, violence and instability. Poor communities are caught in the crossfire between the need to scrape out a living and repressive government crack-downs.

One example given in the report comes from an indigenous coca grower in Bolivia. Until Evo Morales came to power, her community faced "extreme violence, murder, the imprisonment of so many young men from our community, and the abuse of women. This was our day to day reality … The military would come into our homes at any time of night and day. We were constantly being sprayed with gas."

Her family continued to grow coca despite the hardships because they had no other means of subsistence.

"The report is careful to emphasise that regulation is not the same as liberalisation. The purpose is not to make drugs more freely available, but rather to minimise the harm they cause."

By contrast, the Global Commission sees regulation as a form of "responsible risk management" by government:

> *"When compared with policy responses to other risky behaviours – such as dangerous sports, unhealthy diets or unsafe sex – it is punitive drug prohibitions that are 'radical' policy responses, not regulation. Drugs should be regulated not because they are safe, but precisely because they are risky."*

What exactly do they mean by "regulation"?

The report is careful to emphasise that regulation is not the same as liberalisation. The purpose is not to make drugs more freely available, but rather to minimise the harm they cause. The Commissioners list a range of different possible approaches to regulation. For example, the riskiest drugs could be prescribed by qualified medical professionals to people with drug dependencies. Day clinics in Switzerland that prescribe heroin are a good example of this approach.

Another option is pharmacy-only supply, where a trained pharmacist can serve as gatekeeper and provide consumers

with medical advice and referral to help where needed. This might include additional controls such as requiring purchasers to get a licence or rationing the amount each person may buy. As an example, in Uruguay, cannabis is sold from pharmacies with monthly purchase limits for each consumer. It's early days for this system and there have been teething problems, but it will be an interesting one to watch.

A third option is sales from licensed stores – most suited for drugs on the lower-harm end of the spectrum. Controls would need to be put in place on price, packaging, marketing and sales to minors. Cannabis retail stores in Canada are a great model for this. Each province has a slightly different approach, but all put public health considerations firmly before profit. This system went live on 17 October, so we'll have to wait a bit to find out the impacts.

As an example of the success of regulation in reducing health harms, the Commission points to tobacco. Harm from tobacco use, while still huge, has been steadily decreasing in countries such as ours due to controls on price, packaging, marketing and availability plus public health education – only possible in a legal market.

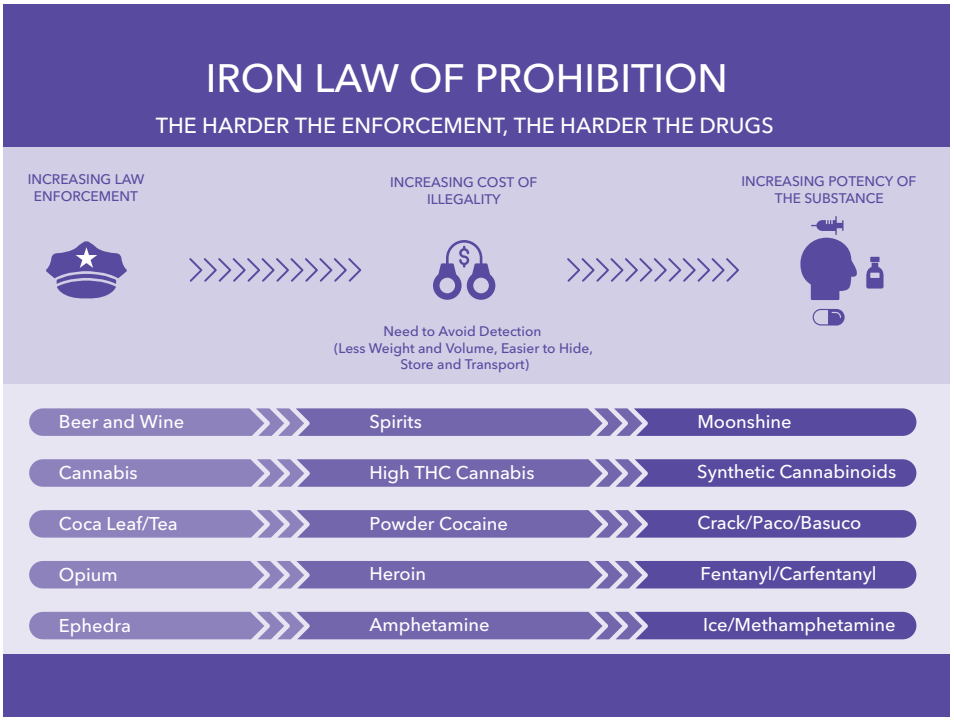
What could this mean for New Zealand?

Well, the Commission suggests taking a cautious and incremental approach. We could start by regulating cannabis – which we have the chance to do in the upcoming referendum. We should also remove criminal penalties for drug use and instead guide people towards health assistance if they need it.

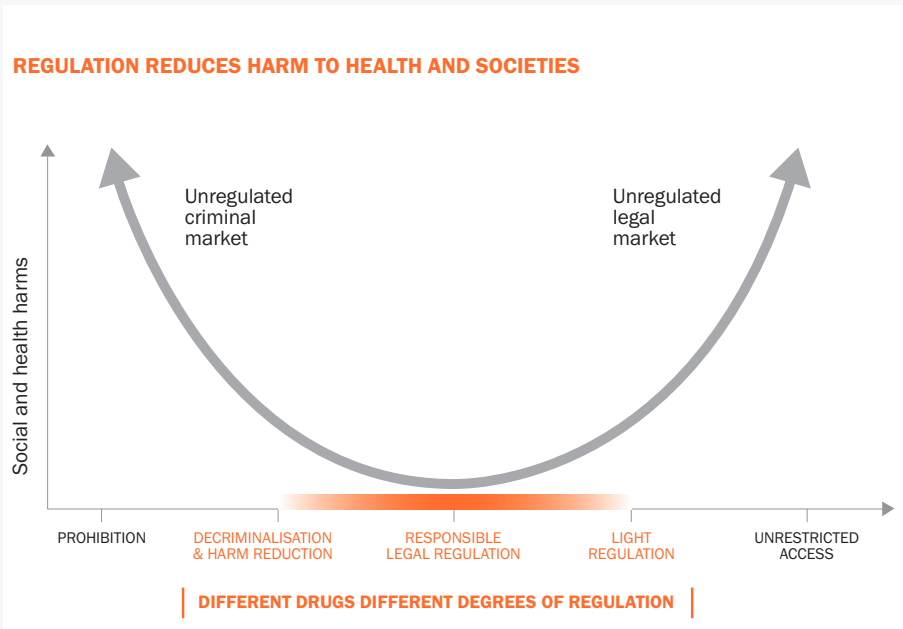
We also want to see a selection of lower-harm psychoactive substances regulated for sale to steer people away from the really bad stuff. We've tried this before in New Zealand, but for various reasons, the legislation ran aground. We should try it again and this time get it right.

Let's face it – the Global Commissioners have all been around the block a few times. They're not afraid to say what needs to be said. We should sit up and listen. ■

Kali Mercier was a member of the expert review panel that provided feedback on the draft report.



The "Iron Law of Prohibition"—a term coined by cannabis activist Richard Cowan in a 1986 article titled "How the Narcs Created Crack"—proposes that "as law enforcement becomes more intense, the potency of prohibited substances increases."



This illustration captures the case for regulation. The spectrum of policy options runs from an unregulated criminal market at one end through to another effectively unregulated market in which products are legal with unrestricted access. The most responsible approach lies between these two extremes.

Costing drug policy options

Economist Shamubeel Eaqub of Sense Partners spoke to **Emma Espiner** about a new report that makes the case for a health-based approach to drug policy as not only the most compassionate but the best economic choice for Aotearoa.

EMMA ESPINER

What did you set out to achieve with this report?

The War on Drugs hasn't worked. We can see the cost of getting it wrong everywhere in our society. We wanted to know what is the alternative? Is there a different way of doing it, and would we be better off? We wanted to know the impact on governments who foot the bill and the impact on society because, ultimately, the cost is borne by all of us.

We have been waging this war for decades. We're sending people to prison, shutting people out of labour markets, limiting the future potential of our young people. These are things we know – the cumulative effects of this futile war. Yet when a new problem arises, like what we're seeing with synthetic cannabis right now, the first response is criminalise it and punish people even harder.

In this report, we lay out what we're spending on policing, enforcement and punishing people and we ask what if we did it differently? What if we imagined a different future where things could be better?

You looked at both the decriminalisation of all drugs and the legalisation of cannabis in this report. Why did you separate the two?

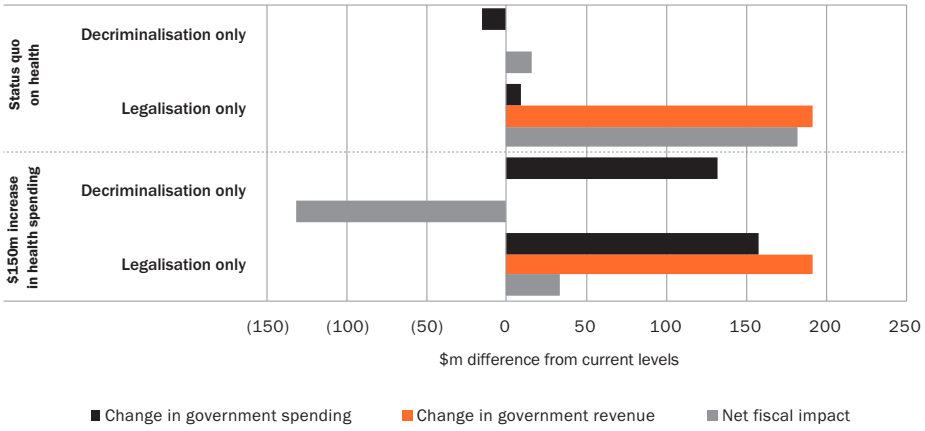
We based our report on Whakawātea te Huarahi, the New Zealand Drug Foundation's model drug policy. This model proposes that the use and possession of all illicit drugs is decriminalised but that supply will remain illegal. It also proposes the legalisation of the use and supply of cannabis and a significant investment in harm reduction, treatment services and drug education. You will see from the report that our final recommendation is a combination of all three elements.

We found that both approaches would be beneficial from both a fiscal and a social perspective. Decriminalisation alone would make society better off by around $34–83 million a year, primarily through reduced criminal justice costs ($27–46 million a year).

Unfortunately, decriminalisation alone won't pay for the increased costs associated with the boost to drug and alcohol harm-reduction services and drug education, which we have estimated at $150 million and $9 million respectively. We know that at least 50,000 additional people would access health services for drug use if they were available right now. That's going to cost a lot.

> **When a new problem arises, like what we're seeing with synthetic cannabis right now, the first response is criminalise it and punish people even harder.**

Figure 1: Conservative estimates of the impact of drug policies on government finances



Notes: Decriminalisation and legalisation both improve the government fiscal position, because the criminal-justice-based system is more expensive than a health-based approach. The savings would not be enough to fund a necessary increase in prevention, education and addiction treatment services. Legalisation of cannabis would provide the necessary increase in revenue.

This is where the legalisation of cannabis comes in. Our report suggests that approximately $190–250 million a year would be delivered to the government through the legalisation of cannabis and the establishment of a regulated market. It's worth noting that our findings align with those of Treasury in 2016, and in fact, we've been slightly more conservative than that in our estimates. Not only that, but the investment in health services we've proposed is needed to keep up with current demand – regardless of what we do with drug law reform.

> **If you're going to put synthetics into the schedule and expect it to somehow reduce harm, why not chuck alcohol in there as well? Alcohol causes immense health and social harm.**

Did you experience any challenges in collecting data on the impacts you consider under social costs?

It is difficult. We're trying to quantify the benefit of reduced harm to people who, through this pointless criminal justice approach to drug policy, have seen their opportunities to thrive reduced. There are existing estimates of the social costs. For instance, the Ministry of Health puts the cost of drug harm and interventions at $1.8 billion, $890 million of which was community harm – estimated from indicators such as people's willingness to pay for harm-reduction services, acquisitive crimes and estimates of investments in organised crime. But it doesn't adequately capture the loss of opportunities over the life course for those penalised for drug use. This is a notoriously difficult area, and I think you'll find that the social impact costs we've estimated would be very conservative.

Were you personally convinced by this argument for reform?

Yes. Decriminalisation with legalisation of cannabis must be the way we do it. There are two reasons. The compelling evidence from Portugal is that decriminalisation works – but only if you put comprehensive supports around it. This isn't confined to drug and alcohol harm-reduction services, it's everything – supporting people into housing, job-seeker support, educational opportunities. But I'm a pragmatist and I appreciate that there's no way we're going to get funding for the support services we need unless we present our government with a way to pay for it.

You mention evidence, and unfortunately, drug policy has been an evidence-free space. It's much easier politically to be seen to be 'tough on crime' than to do the evidence-based thing. It's not like we don't know the science or the history. If you're so unconvinced, just get on a plane and go to Portugal. Just go and have a look!

So you don't have any sympathy for the Minister of Health signalling that he wants to put synthetics into the drug schedule as a Class A?

No. It's inconsistent with the supposed health-based philosophy around these issues. The schedule is not linked to harm in any way. This is the whole ad hoc approach that's gotten us to where we are now. If you're going to put synthetics into the schedule and expect it to somehow reduce harm, why not chuck alcohol in there as well? Alcohol causes immense health and social harm.

When I think about synthetics, I think it's a lesson to us in how we manage any new drug policy. The synthetics problem has come out of bad legislation and a

At least $225million in social benefits (to individuals, community and government) will result from increased health and harm reduction spending of $150million

SHAMUBEEL EAQUB
Economist

regime that became so difficult that we drove everything underground. It's a good warning about why it's so important that we get this right.

Establishing a market for cannabis makes sense from a cost perspective, but what about the argument that this would be a new and tacit endorsement of a drug? Not only that, but it could become subject to the same sorts of marketing and inducements for use that we've seen in tobacco and alcohol.

You're not wrong, but I suggest you think about relative harms. We shouldn't pretend that any drug does not have the potential to cause harm, but we should think about the scale of the harm and whether the alternative – what we have right now – is any better. What we've got right now is an unregulated market worth more than $500 million a year, entirely oriented around the criminal underground. And despite this, most New Zealanders have tried cannabis, so it's not even as if the criminal association makes it difficult for people to access cannabis. It just makes it more dangerous for people to get it.

If we bring cannabis into a regulated marketplace, we can control price, quality and potency and we can tax the activity, returning approximately $190–250 million to the government every year.

> **"The compelling evidence from Portugal is that decriminalisation works – but only if you put comprehensive supports around it."**

How much do we move the dial with this activity for those most hurt by our current policy settings? I can see that a regulated cannabis market might improve the lifestyle of someone sitting in Grey Lynn who can go out for a coffee and a joint and have a nice time, but what does this do for whānau in areas where the harms are a lot more significant? How do you put equity into the equation?

The big part of removing the harm from those communities is by taking the criminal element away. I agree – having access to a regulated, legal cannabis market probably isn't going to make much of a difference to those families. But they will notice a difference when the criminal elements are taken away.

In your report, you've noted the steady decline in convictions for drug use over time. This is consistent with a recent analysis that suggests Police have been quietly liberalising their approach to drug use and possession. Some might say this is enough of a change, but I look at that approach and the evidence of racism in the criminal justice system and I'm less confident that asking the Police to exercise their discretion in an equitable manner for all people who use drugs irrespective of their skin colour is going to be enough.

Absolutely. This is why we need to legislate. There needs to be clarity about this sort of thing or else unconscious bias or whatever you want to call it will persist.

There also still needs to be a strong social safety net for everyone. This policy isn't going to fix entrenched intergenerational poverty, a lack of secure employment options or educational pathways. But we do know that the existing approach is making things worse, and we can't in good conscience allow that to continue.

Note: Sense Partners' report Estimating the impact of drug policy options was commissioned by the New Zealand Drug Foundation , the NZ Needle Exchange Programme and Matua Raki.

Emma Espiner is an Auckland based writer.

RESOURCE

nzdrug.org/economic-report

Good data, the devil and the details

At some stage before the next election, New Zealanders will take part in a referendum about cannabis legalisation or decriminalisation. While it's hard to predict what the outcome will be – we don't even know yet what the question will be and that will be important – it does seem like some steps towards strictly regulating cannabis are inevitable. Worldwide trends have become too numerous and compelling to ignore. **Rob Zorn** digs deep.

ROB ZORN

Those favouring legalisation and regulation claim to have a lot of evidence and want change because they believe it will reduce drug harm by taking control and supply out of the hands of criminals and gangs, ensuring products sold are safe and informatively packaged, providing a point of contact where help with addiction and misuse can be offered, removing criminal convictions for curious young people and moderate users and raising tax revenue that could be spent on education and treatment.

The problem is, if we did legalise, how would we know whether all these great things were actually happening? How would we know important things like how people are changing their drug-taking behaviour and where they are buying their cannabis from? And, in a wider context, how will a legalised and regulated market affect the economy?

Other countries and American states have realised the importance of capturing really good data so they can monitor health and economic trends after legalisation. A number have put monitoring systems and trend analysis mechanisms in place that may or may not be working well but that at least we could learn from.

We'll look at a few shortly, but the point right now is that, no matter how good the data collection after a law change, its usefulness is diminished if there's little or no baseline data prior to the law change to compare it to. It's a problem many other countries and states that have legalised are finding they're up against.

With them and for us, of course, the problem is that fear of prosecution or other repercussions mean a lot of people won't tell all about their drug use when surveyed. Secondly, the monitoring we have been doing so far in New Zealand wasn't really set up with eventual legalisation or decriminalisation in mind. It's a bit half-pie, infrequent and inconsistent.

The annual New Zealand Health Survey, for example, only looks at prevalence data (last year use) for cannabis and methamphetamine. This doesn't really give us much of an idea about how frequently, heavily or harmfully people are using – and it tells us nothing about any other drug use. Every few years, the survey will include some additional indicators about harmful use, method of use and help-seeking behaviours, but it completely ignores things like problems with the law, mental health issues or injury.

What we need is a comprehensive package of drug indicators to monitor things like patterns of consumption, harmful use, negative life impacts, criminal justice-related statistics, attempts to cut down or stop and whether treatment demands are being met. We need that regularly for all drugs, whether legal – alcohol, tobacco and potentially cannabis – or illegal, such as ecstasy, methamphetamine, synthetics or opioids, and we need it now.

Canada has set up baseline collection and more

Canada – a country we should watch because its legalisation process has many features that are likely to be emulated here – has put in place the centralised Cannabis Stats Hub database. This uses crime reporting surveys, tobacco, alcohol and drug surveys, mental health surveys and gross domestic product records to provide up-to-date statistics on the health, justice and economic implications of legalised cannabis use that governments and other agencies can use to detect trends and problems, then deal with them.

The site invites Canadian consumers to submit information about their last purchase to help the hub monitor price estimates. This would be easily emulated here in New Zealand where data from the same sorts of local surveys used in Canada is combined with frequently updated data from consumers.

In fact, we could go a step further and hold yearly, well publicised, funded surveys where people using drugs could answer all sorts of nitty-gritty questions about what they're using and how much, where they're getting their drugs and what implications drug use is having in their

lives. Online surveys are good for protecting anonymity, they're cheap to run and the data they produce is easy to crunch. Even if we don't change our drug laws, we'd still have useful health and economic data the government and agencies could use to target drug-related interventions and spending.

Back in 2016, with legalisation already looming, the Canadian Centre on Substance Use and Addiction embarked on a research agenda to provide evidence-based advice and analysis on the health impacts of cannabis. Among its first steps was identifying data sources and research opportunities. They found that certain questions and considerations – what they termed "cross-cutting issues" – arose consistently.

The first of these was the inconsistencies in the methodologies, measured outcomes and contexts of existing studies on cannabis harms, which made it difficult to draw meaningful conclusions. The second was the obvious fact that it takes a long time to determine the long-term impacts particularly around "causality and the permanence of observed effects". Third was the identification of gaps in sources of data and that input into what should be collected was essential from all stakeholders. Special mention was made of the need to capture data from the emerging cannabis industry and from stakeholders such as young people and their families.

Washington State measures cost-benefit of legalisation

When voters in the US state of Washington passed Initiative 502 (I-502) in 2012, part of this legislation legalising adult use of cannabis included a direction to the Washington State Institute for Public Policy (WSIPP) to conduct benefit-cost evaluations examining outcomes related to public health, public safety, substances use, criminal justice, economic impacts and administrative costs and revenues. WSIPP was required to produce reports on these outcomes in 2015, 2017, 2022 and 2032.

The WSIPP study also drills down to examine effects of the law change on things like traffic safety, education and school disciplinary actions and workplace safety and productivity.

The 2015 report dealt with the research agenda, and the second report (2017) was concerned mainly with "cannabis abuse treatment admissions" and compared Washington to non-legalising states and with how local differences in the amount

"When voters in the US state of Washington passed Initiative 502 (I-502) in 2012, part of this legislation legalising adult use of cannabis included a direction to the Washington State Institute for Public Policy (WSIPP) to conduct benefit-cost evaluations..."

of legal sales affected amounts used, treatment admissions and drug-related criminal convictions.

We could pause to point out the second report finds that treatment admissions were not affected by I-502 enactment and that amount of sales had virtually no effect upon the research outcomes generally. But the important thing to note, and perhaps to copy, is the long-term focus of the Washington research agenda – the requirement to report and update data over decades as the full effects of I-502 implementation are better understood.

There are other studies comparing legalising and non-legalising American states that we could learn from. For example, "In the weeds: a baseline view of cannabis use among legalizing states and their neighbours", published in *Addiction* in 2016, compared recreational versus medical use in two states that had legalised (Washington and Colorado) with two states that had not at the time (New Mexico and Oregon).

Anticipating legalisation, recruitment for the study began in 2013 and eventually ended up with a knowledge panel consisting of some 50,000 members that was regularly refreshed with new members. The study report covers the responses of 2,100 of these participants over several months (using internet-based surveys and three-minute phone calls) and looks closely at how patterns of use changed with legalisation for both recreational and medicinal users, where they were sourcing their cannabis and whether that changed and things like how much cannabis use in both populations was being combined with alcohol use.

The study found that only a small percent of cannabis users regularly combined their use with alcohol (12 percent) – "an issue of particular concern for those opposed to legalisation". However, the finding that one in five recreational users combined the two substances – and very few medicinal users did – meant public health campaigns to discourage simultaneous use could be better targeted.

Future WSIPP reports will look more closely at the economic impacts of a legal cannabis market, and efforts are being made to standardise data reporting and make it consistent so that comparators make more sense and a more reliable understanding of the economic impacts can be gained. One of the issues to be looked at, for example, will be how to better target and spend the money and resources now being used for enforcement and justice approaches.

These are exactly the sorts of things we need to know if we're considering legalisation or decriminalisation, and it would seem sensible to be organising consistent, comprehensive and both short-term and long-term studies now so we can know how best to target interventions and resources to minimise harm across the spectrum when we legalise or decriminalise cannabis along with other drugs.

Of course, decriminalising all drug use would really help data gathering because it would remove a lot of barriers to how people share information about their activities that are currently illegal.

It will take some time before all New Zealanders accept that change is OK, but perhaps an even greater tragedy would be if we listened to the short-sighted views of any who oppose setting up good data gathering now because they believe all drugs should be illegal forever. Such a view may be doomed in the long run, but it could still do a lot of harm and leave us poorly prepared for when legalisation or decriminalisation happens here. ■

Rob Zorn is a Wellington-based writer and editor.

FURTHER READING

Cannabis Regulation: Lessons Learned in Colorado and Washington State, November 2015, Canadian Centre on Substance Abuse.

Pacula et al., In the weeds: a baseline view of cannabis use among legalizing states and their neighbours, *Addiction*, June 2016.

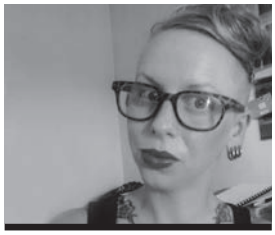
I-502 Evaluation and Benefit-Cost Analysis: Second Required Report, September 2017, Washington State Institute for Public Policy.

Preparing the statistical system for the legalization of cannabis, September 2017, Statistics Canada.

Improving our data for better health outcomes: Tracking drug trends and harm, July 2018, New Zealand Drug Foundation.

Once an addict always an addict, right?

If you struggle with one substance, you'd struggle with any substance – and for the rest of your life, right? In this first of what will be a regular column, **Chloe King** uses her own addiction and recovery experience to issue a forthright challenge to some of the common 'armchair diagnosing' beliefs and terminology we may have inherited from AA.



CHLOE KING

Author and harm reduction advocate Jenny Valentish wrote a salient article on the death of celebrity chef Anthony Bourdain for Australia's ABC – Anthony Bourdain's toxicology report showed little alcohol, but rumours persist. In it, she responds to media speculation (based on absolutely no proof) that his death must be connected to his decision to continue drinking after kicking a heroin habit in the 1980s.

Valentish writes, "Anthony Bourdain, who died on June 8, said he hadn't used heroin for decades and was always frank about his decision to still drink.

"Yet several publications have diagnosed him as an 'alcoholic', a label he never used, and speculated a connection between his drinking and suicide."

Never underestimate the righteous judgement calls the media and everyday people will make against anyone who dares try a different model of recovery than committing to AA (Alcoholics Anonymous) and The Big Book.

One of the most poorly framed but widely syndicated op-eds in response to his death was written by Jo Ann Towle and asked, "Can we talk about alcoholism and Anthony Bourdain?"

Seriously, can we not?

Towle writes in cringe-worthy and totalising language: "When you're an addict, it's highly risky to keep one drug on board."

He had respect and fear of the "hard drugs", but according to her, his respect ended with the sauce.

Firstly, there is mounting evidence that cross-addiction is bullshit. As the lead therapist at Alltyr Clinic in Minnesota Ian McLoone said, cross-addiction is a myth.

"What we know from the evidence is that this simply doesn't hold up under scientific scrutiny," he told the Tonic website.

And secondly, Towle is labouring under the fallacious belief that once an addict, always an addict. This is also a widely held, shared and entrenched myth within AOD (alcohol and other drugs) communities, both here in Aotearoa and in countries like America.

I've been very open about my own addiction issues with alcohol, and I can't tell you how many times people have carelessly tossed this line at me as if they have a clue or have done any solid research into addiction and recovery. It wasn't just Towle who took to the internet to unmercifully and cruelly condemn Bourdain's drinking. The well known American essayist and poet Mary Karr criticised Bourdain's drinking in a series of tweets that attributed his suicide to his continued consumption of alcohol: "... [his suicide] was avoidable if people

Anthony Bourdain.

Photo credit: flickr.com/photos/annaustin

didn't give him a pass for being a drunk just because he was 'healed' from using heroin."

His toxicology report showed there were only trace amounts of alcohol in his system when he died. Alcohol and drugs can, and do, compound mental health issues, but they aren't the cause. They are the correlation that is often connected with trauma such as sexual assault or gendered abuse and violence. Reducing someone's suicide to their past or present addiction issues, I believe, dangerously oversimplifies the deep and very complex reasons people become suicidal in the first place.

When I first reached out for support, more often than not, I was told that I must surrender to the unregulated AA model of abstinence, commit to the 12-step programme and follow each step with military precision or I could look forward to an early death or – at the very least – no real hope of ever getting sober. When I admitted myself into respite for social detox last year, I had a very positive experience, but there was also some problematic thinking floating around that I couldn't ignore. One clinician told me that, in her experience, if an addict "doesn't find God and stick to the AA model" then "relapse is inevitable".

I walked away from this conversation quietly muttering to myself, "But what about the science?" This same clinician echoed Karr's tweets saying that addiction is progressive and nearly always fatal. (I want to add that this clinician also gave great advice and support. However, we all hold our own biased and sometimes unhelpful views.)

> **"Never underestimate the righteous judgement calls the media and everyday people will make against anyone who dares try a different model of recovery than committing to AA."**

The thing is neither this clinician's, Towle's nor Karr's assertions are based on any hard evidence, just their theories. The Recovery Research Institute at Massachusetts General Hospital undertook a massive study into addiction and recovery in 2016. It sampled more than 25,000 people who identified as having a moderate to serious substance abuse issue, and half of those who responded said they recovered from addiction without formal treatment or external support. Only 46 percent of those who had overcome serious addictions to alcohol and/or drugs identified as being in recovery. That means 54 percent rejected the idea that addiction is a lifelong disease.

The conclusion drawn from this survey was that "tens of millions of Americans have successfully resolved an AOD problem using a variety of traditional and non-traditional means".

If some people want to flagellate themselves for having addiction issues and find solace in viewing addiction as an essential part of their identity, that is their cross to bear and path to walk. But that isn't the path I want or should be forced to walk down. I choose to pull away from models that keep me in a state of sickness and place me in purgatory if I relapse. I choose holistic models that include harm reduction – models that are regulated, unlike AA. In her article, Valentish points out that the disease model might be more harmful than helpful for some of us.

"While this disease model might be a comforting confirmation to people who identify with it – and who are sober – for those who are not sober, it suggests they have failed. In the case of these headlines, it also suggests death is inevitable," she wrote.

Moreover, the NAAA (National Institute on Alcohol Abuse and Alcoholism) has released new evidence that challenges the myth that abstinence is the only recovery model that truly works.

"Twenty years after onset of alcohol dependence, about three-fourths of individuals are in full recovery; more than half of those who have fully recovered drink at low-risk levels without symptoms of alcohol dependence," they say.

This evidence flies in the face of Towle's, Karr's and the clinician's theories.

I want to make it very clear that no one has the sanctimonious right to label another person an alcoholic or an addict. These two words are fired like bullets from a gun at those with addiction issues. Only those who are struggling with addiction get to determine the language that best describes their own journey with addiction and recovery. It is my life and my right to determine how I frame my addiction issues, and if you disagree with my stance, then I don't think we can be friends.

People want feel-good recovery stories. They want stories where the person who has battled addiction gets clean and sober from every legal or illicit substance, finds God, never relapses, only drinks herbal tea and purified water, practises mindfulness and does hot yoga every morning. Namaste day. Amen. Case closed.

People generally want me to say that, since going into detox and getting support, I am clean and sober and that I never touch a drink or a drug. Sorry to disappoint but I've decided to undertake a form of harm reduction that puts boundaries in and around my drinking. I hope to move towards abstinence from alcohol in the coming months, but I will not abstain from all substances. Much like Bourdain, my battle has been with one substance and one substance only.

But once an addict, always an addict, right?

Not even close. ■

Chloe King is an Auckland-based writer and community activist who also advocates for hospitality workers and those on welfare.

Panelists at the 2018 Harm Reduction conference spoke about the origins of needle exchanges, and how they saved lives.

Needle exchanges at 30: Looking back, moving forward

Photo credit: supplied

As the programme celebrates its first 30 years, New Zealand Needle Exchange Executive Director **Kathryn Leafe** takes us back to the Programme early days of needle exchange in New Zealand, detailing its successes over the following years, how far we've come, and what's still left to do.

KATHRYN LEAFE

There are many reasons to be a proud New Zealander including New Zealand's principled stand at the recent UN meeting in New York and refusal to sign Donald Trump's declaration for a renewed war on drugs. Another is the often little known fact that we were the first country in the world to introduce a nationwide state-sponsored needle exchange programme.

It was controversial at time.

"I do not think it is possible to have the perfect solution... when the position is... a balance of awfulness," said Health Minister Dr Michael Bassett as he introduced the legislation to Parliament early in 1987.

To understand this comment we have to roll back the clock to the mid 1980s and to this "balance of awfulness". HIV/AIDS had arrived and was rapidly becoming a major concern in New Zealand. They were scary times and those in the gay community, sex workers and injecting drug users began to mobilise to protect their own and others' health. There was a real sense of urgency.

"Drug users who share used needles and syringes are a group at extreme risk of contracting AIDS," said Dr Michael Cullen during the bill's second reading. He was not wrong, needle sharing was common and equipment was hard to come by.

Ben (not his real name) describes the reality of the time:

"We had to look for needles and syringes in rubbish bins; even the dumpsters behind veterinary clinics. That's pretty dangerous using needles used on animals. It was easier to get the drugs than it was the needles."

These were extraordinary times and the fear of the potential impact of AIDS was very real. It was also a time of change in New Zealand; homosexuality and sex work had been decriminalised. These groups played a central role and Bill Logan recalls how, "We realised we needed to include and address the needs of needle users, so we started to advocate for needle exchange… it just made sense". On 17 December 1987 the sale of needles and syringes to people who injected drugs by medical practitioners, pharmacists

“Wouldn’t it be fitting if in our 30th anniversary year the political will existed to make naloxone widely and freely available.”

and other authorised representatives became legal.

Looking back, there can be no doubt that today we owe a huge debt to the activists and pioneers in the drug using community. There are many like Ben who have no doubt that the introduction of needle exchange saved their life.

“I can’t tell you how grateful I am. I wouldn’t be alive now if it wasn’t for the needle exchange programme, there’s no doubt about it.”

But, it wasn’t just the activists who brought this change about. There were also the politicians whose open-mindedness and determination to stem the threat of AIDS made needle exchange provisions possible. The battle was also fought by health professionals, who not only advocated for the scheme, but were prepared to risk professional sanction in supplying equipment prior to it being legal to do so.

Today in New Zealand, HIV prevalence among people who inject drugs stands at just 0.2 percent. This makes the needle exchange programme one of our country’s most successful public health initiatives. To put this figure into context, international prevalence of HIV among people who inject drugs is 13 percent. This success can largely be attributed to the early introduction of needle exchange.

Just as with Ben, needle exchange has saved countless lives and we owe a debt of gratitude to the men and women who paved the way for the programme as it is today. There are too many to name in this editorial but at our conference in October we acknowledged the many contributions and formed our own roll of honour.

The needle exchange programme has done more than just save lives, it has also transformed lives. Needle exchanges are an essential point of contact with communities who will infrequently access mainstream health and social services, a community in which criminalisation, stigma and discrimination have a massive impact. Needle exchange in Australia and New Zealand led the development of peer-based approaches. This non-judgemental approach, empathy and acceptance of meeting people where they are at, has built a bridge with many and enabled them to develop in ways that may not have seen possible, including the creative arts, politics, business, marketing and health services.

Dr Magdelena Harris, currently an associate professor at London School of Hygiene and Tropical Medicine put it this way:

“I am so proud of New Zealand! It is important that peers continue to lead and be meaningfully involved at all levels of needle exchange for the service to remain responsive to the needs of its community. I can credit my early involvement with Dunedin Intravenous Organisation to the wonderful peers who were running it at the time – they sparked my passion for harm reduction which continues to the present day.”

So what do the next 30 years hold for those who inject drugs and how will we meet those challenges?

This is a very real question and one that needs to be responded to with the same passion, conviction and determination that activists, politicians and health professionals brought to the table in the 1980s. Of course, the challenges we face have changed since then but the core precepts remain.

In the late 1980s the Ottawa Charter, with its commitment to the involvement of key populations and focus on the need to both protect and promote health within marginalised groups, was ground-breaking. Today, these principles are taken for granted and have been extensively developed. We’re now in Ottawa Plus times. Peer involvement is seen as essential in service delivery, and not just needle exchange. Lived experience is now far from something to be hidden by those working in mental health and addiction services.

Today the needle exchange programme is one of the largest employers of peer workers. As current or former injecting drug users there is a credibility and unique sense of trust with the community. Our task now is to develop and enhance this relationship further, building the capacity to respond to new challenges our community faces.

“I am so proud of New Zealand! It is important that peers continue to lead and be meaningfully involved at all levels of needle exchange for the service to remain responsive to the needs of its community.”

DR MAGDELENA HARRIS

These challenges include changing drug patterns and populations. The injecting scene in the past was largely opioid based. Today, while methadone remains the most injected drug, methamphetamine and steroids are increasingly prevalent. One of our challenges is to make sure the equipment we distribute and the information we provide meets these changing needs.

New Zealand led the way in in establishing a national programme but it wasn’t until 2004 that a free programme was introduced. Prior to then it was user pays. Today 15 percent of distribution remains users pays, and free equipment is still based on an ‘exchange’. So, our challenge is to move forwards and upscale distribution levels; the evidence base is clear on this.

Needle exchange is also about so much more than the provision of new needles and syringes. One of the critical success factors of any exchange is the engagement and relationships built. Through this engagement we can provide linkage to other services, health care and social supports.

Finally, naloxone. In New Zealand we are not experiencing the overdose crisis overseas, but overdose deaths are happening and overdose in entirely preventable. The needle exchange programme is an obvious channel through which to ensure naloxone is widely available in our community.

Despite the Medicines Classification Committee decision in 2016, we are still waiting. To quote our Canadian colleagues, “While you talk, we die”.

Wouldn’t it be fitting if in our 30th anniversary year the political will existed to make naloxone widely and freely available. ■

Living Sober 3.0

It's the people behind Living Sober that make it succeed says Lotta Dann.

Photo credit: Film for Change

Lotta Dann reckons she's a work in progress and so is the online community she manages, Living Sober.

Author, mum of three, blogger – and no longer a boozy housewife – Mrs D, as she's known to the Living Sober community, wrote her first blog in 2011 when she made a commitment to end her unhappy love affair with wine and share her journey to help others do the same.

Her down-to-earth humorous posts were so popular they led to a book and inspired the creation of Living Sober, billed as "the friendliest place to talk honestly with others about your relationship with alcohol". These days, it gets around 80,000 hits a month. And that's the problem.

"From the day I launched it, we had people flooding in there," Lotta says. "And they stayed there. Now, it's completely outgrown itself. It's way beyond anything I ever imagined."

Frustrating technical difficulties were put down to overloading, and the decision was made to rebuild the website. This led to a whole makeover with an updated look.

"We wanted a more robust back-end, but we also just wanted our space to be a bit nicer, a little more modern, a bit fancy even."

But the strength of the community is the people, and that will never change, she says.

"What makes it so powerful is the kindness, the understanding of the people who use it, the way everyone treats each other."

Lotta admits she gets as much out of the Living Sober community of peers as her many followers do.

"I stay happily sober solely with online support. I need Living Sober as much as it needs me."

The new site goes live at the end of November.

Living **Sober**

Jenny Valentish

Jenny Valentish is a journalist and novelist, as well as board director for SMART Recovery Australia and a consultant at the National Drug and Alcohol Research Centre. Her 2017 book *Woman of Substances* is part memoir and part investigation into the relationship between gender, trauma and addiction and was nominated for a Walkley Book Award.

Q What has the reception been to *Woman of Substances*?

A The engagement in the book has been more intense than I could possibly have imagined. I get lots of private messages, but a good barometer is a site called Goodreads. The readers often wrote heartfelt essays, which says to me that women had been feeling left out of the dialogue about addiction. In Australia, the press went on solidly for about four months. 'Women + drugs' – it's a no-brainer for content.

Q What role does patriarchy play in women's addiction? How do women face more difficulties in both drug culture and treatment?

A This is such a huge question. Probably half the book goes towards answering it. I avoided feminist language like 'patriarchy' in the book because, for a lot of women, it represents an exclusive, academic club they're too busy surviving to join, but certainly the slant is feminist. Originally, I just thought I would be the female case study in a book about addiction, but the more research I did and the more people I talked to, the more politicised I realised the topic is.

Women often use substances as a way of reclaiming control over their bodies. They use them to numb trauma and/or facilitate falling into a routine of retraumatising the self, to assert strength and be seen as one of the boys – I tried my hardest to avoid the phrase "internalised misogyny" but I may have dropped it once! And then there's research and treatment, which is seen as being gender neutral, but doesn't often consider the experiences of women. The media also stigmatises female drug users more than men, or at least it does if the woman is a parent.

Q Do you think there is a case for women-only treatment?

A Definitely. Most women who get to the point of seeking treatment will have experienced sexual abuse or assault or domestic violence or all the above so may not feel safe in mixed-gender groups or may be recognised as potential prey. That said, if I was in my teens or early 20s, I would have much rather been in a mixed-gender group, but I guarantee disaster would have ensued. At the very least, a gender-specific service is just less complicated.

Q What is the rationale for trauma-informed care?

A What trauma-informed care even means is a bit shadowy – it's not like CBT [cognitive behaviour therapy] where it's a specific form of therapy. It could mean as little as understanding that most clients who seek professional help – men as well – have a background of trauma and understanding the protective role drugs initially played for those people and having the phone numbers of local sexual assault services at your fingertips, or it could mean specifically training staff in how to counsel clients with trauma.

Q Why do people get caught up on abstinence being the best route to recovery?

A In a way, abstinence is the easier route because it's all or nothing and there are more support options, such as AA/NA. To try and let substance use naturally recede and to not be the number one priority in a person's life requires adding lots of positives into their life – connection, better relationships with families, other interests. But while we often hear the rock-bottom-to-redemption stories of abstinence, I think people would be surprised at how many people want to explore other options. I started a closed Facebook group for women who want to talk about substance use. I assumed the people signing up would be on a sobriety mission, but they're often not. Definitely everyone wants to worry less about their use and have it be more manageable – but where do non-sober people go to discuss that? There are very few places.

I'm on the board of SMART Recovery Australia, and that's one place where you can go to meetings without necessarily having the end goal of abstinence – as long as you're not affected by substances during meetings.

Q What insights from your own recovery journey will most help others?

A Perhaps the fact that, if someone can get enough support – and I should acknowledge here that I had lots of advantages, like a supportive family and not trying to escape an abusive relationship – quitting substances is a very rare opportunity in life. It's the opportunity for a new beginning and to really tackle all the things that have needed fixing. You don't have that kind of impetus when you're just plodding on with life without a big scary change to force your hand. After eight years of not drinking, I did reintroduce alcohol carefully last year, and so far so good. So, I don't know if I can claim the mantle of 'recovery'. I read in Matua Raki's Real people share their recovery stories booklet that one guy prefers the term 'discovery'. I like that, too. ■

Woman of Substances is available from a good bookseller near you.

SYMPOSIUM

Cannabis Conundrums and Other Drug Policy Challenges:

What it will take to reduce drug harms in Aotearoa New Zealand

Ngā panga e pā ana ki te Cannabis me ētahi atu wero kaupapahere pūroi

New Zealand is on the cusp of making some big decisions about drugs. We need to get them right.

With an unprecedented number of drug overdoses from synthetic cannabinoids in the last year, and a list of problems with current drug law a mile long, there is an overwhelming case for drug law reform. It's essential that public health and human rights principles guide the introduction of new legal and practical responses to reducing drug harms.

Register now for this one-day symposium to be held as part of the Public Health Summer School.

The day will cover:

- Current drug law and how we ended up where we are now
- International examples of drug law change, including Portugal and Canada
- A model for a public health approach to drug law reform, including perspectives on Māori equity, human rights and protecting vulnerable populations from harm
- How we can protect and enhance wellbeing through drug-related education, prevention, treatment and regulation.

This event will be convened by the NZ Drug Foundation, featuring Kali Mercier, Policy & Advocacy Manager and Ross Bell, Executive Director, with invited guest speakers.

For more information, visit **otago.ac.nz/uowsummerschool**

Tuesday
26 February 2019

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