

matters of substance

AT THE HEART
OF THE MATTER,
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FOUNDATION.

Te Tūāpapa Tarukino o Aotearoa

Giving it a BERL

Beating the breathalyser

Individual or industry responsibility?

What a mess in Mexico

August 2009

Alcohol in our lives

With stage one of its liquor review complete, the Law Commission has released a discussion paper outlining New Zealand's alcohol problems and posing key questions for public debate. But just how much can we rely on law to change our drinking culture?


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The NZ 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.

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Te Tūāpapa Tarukino o Aotearoa

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The Law Commission has spent the last year gathering information about the extent of New Zealand's alcohol problems. Stage one of its liquor review is now complete, and it's time for public debate on potential solutions.

- **Counting the cost:** The BERL report has put the social cost of alcohol and drug misuse at nearly \$7b per annum, but there are those who say the report has got things terribly wrong.
- **Tackling sport's alcohol culture:** New Zealanders play hard, and all too often they drink hard. Can anything be done to mend our boozy sporting ways?
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NZPA/Andrew Labbett

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Quotes of Substance

People keep saying stuff about drugs. Some of it's sensible, some of it's silly and some of it's just plain strange.



THE stakes are high across the board as a result of the Law Commission's liquor review. For the producers and sellers of alcohol, there's the pressing need to protect their bottom line; for society, there's the urgent need to reverse an increasingly dangerous drinking culture; for politicians, there's an important opportunity to step up and show leadership in a contentious and complex debate.

This review is a fantastic chance for New Zealand to advance towards better law and regulation over its most popular but damaging drug. Most of us agree the liberalisation of liquor laws over the last 20 years hasn't quite worked out as planned. In fact, the architect of current laws, Sir Geoffrey Palmer (then Minister of Justice, now president of the Law Commission) said exactly that to the recent ALAC conference: "Things did not turn out quite the way we thought in 1989."

Just as the designers of global prohibition didn't anticipate the massive criminal black market, neither did the Laking Review reckon on the significant harms to young people and the widespread social costs that would result from the Sale of Liquor Act 1989. This does not excuse the additional liberalisation in 1999; the authors of those changes had clear evidence of the harm of a liberalised alcohol environment. And today, we have even better evidence about the harms from alcohol and the ways we can minimise them.

The Law Commission review provides a wonderful opportunity for the contest of ideas about the most effective

solutions to fix our shameful drinking culture.

The industry (broadly defined) needs to end its mischief making; its commodity of trade is not an ordinary one and cannot be treated as such. Supermarkets cannot expect to be given the right to sell spirits. Producers must show greater responsibility about the types of products they make and how they are marketed. The hospitality sector needs to shut up about 'nanny state interventionism' and get on with demonstrating good hosting practice.

Public health advocates – who are confident about the evidence around effective law and regulation (and I count the Drug Foundation in this group) – have a responsibility to clearly articulate this to the community. Yes, we should raise awareness of the health and social harms from alcohol, but in a constructive not strident way.

It's true that laws and regulations cannot, in themselves, change culture, but they can go a long way towards shaping attitudes and behaviours (witness the rising harms resulting from increased commercial liberalism). Changes proposed in the review will help fast-track cultural change, which is what has occurred with tobacco (remember when you could smoke on planes?).

Ultimately, this review needs New Zealand communities to don the mantle for change – not industry and not the pointy heads. In the end, it's the public's voice the politicians will take most notice of.

Happy reading, Ross Bell. ■

Research and Values: The underpinnings of public health practice

1–4 September, Dunedin

The annual Public Health Association conference.

www.pha.org.nz

National Cannabis Conference

7–8 September, Sydney, Australia

The National Cannabis Prevention and Information Centre will be convening the first Australian National Cannabis Conference in 2009.

www.ncpic.org.au

SPINZ Symposium

10–11 September, Wellington

The SPINZ Symposium coincides with World Suicide Prevention Day on 10 September. This year's theme is 'Culture and Suicide Prevention in Aotearoa'. It has been chosen because, though suicide rates among Māori have declined, they have not matched downward trends in the general population.

www.spinz.org.nz

2009 Cutting Edge: Our place, our future

10–12 September, Wellington

The annual New Zealand addiction treatment sector conference.

www.cmsl.co.nz

Australasian HIV/AIDS Conference

9–12 September, Brisbane, Australia

The 21st Annual Conference for the Australasian Society for HIV Medicine will be held back to back with the 2009 Australasian Sexual Health Conference. The conference brings together the range of disciplines involved in HIV management including basic science, clinical medicine, community programmes, education, epidemiology and many more.

www.hivaidsconference.com.au

Australian Therapeutic Communities Association Conference

14–16 September, Canberra, Australia

The focus of the 2009 conference is on evidence-based practice within the therapeutic community and other settings in which we work. The conference themes are co-morbidity, indigenous cultural issues, families, youth and correctional settings.

www.atca.com.au

Australian Drugs Conference

1–2 October, Melbourne, Australia

The Australian Drugs Conference – Drugs in Hard Times – will look at the effects of tough economic conditions with a focus on the current drug policy climate and our ability to save lives and build resilience.

www.australiandrugsconference.org.au

Oceania Tobacco Control 09

4–7 October, Darwin, Australia

Hosted by Cancer Council Northern Territory, the conference theme is 'Reducing Inequality through Tobacco Control'. This is the peak tobacco control conference, attracting delegates from Australia, New Zealand and the Pacific Islands.

www.oceaniatc2009.org

Alcohol Interlock Symposium

25–28 October, Melbourne, Australia

The theme for the event is 'Knowledge Transfer: Taking Research to Practice' to encourage and support the implementation of evidence-based practices.

www.interlocksymposium.com

APSAD 2009 Conference

1–4 November, Darwin, Australia

The Australian Professional Society on Alcohol and other Drugs conference promotes the use of best practice approaches in the prevention, early intervention and treatment of alcohol and other drug problems.

www.apsadconference.com.au

International Drug Policy Reform Conference

11–14 November, Albuquerque, New Mexico

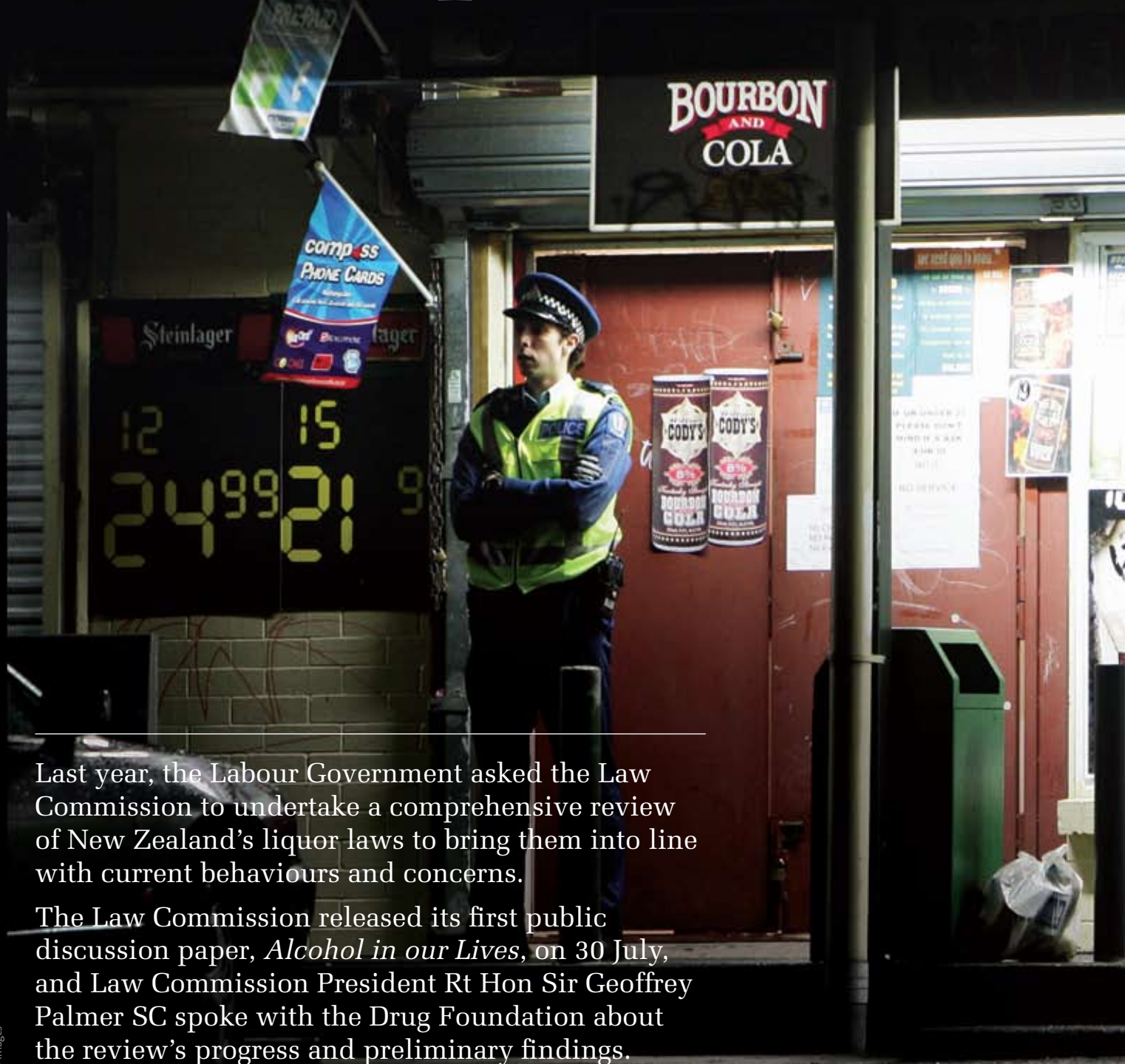
This will be an international gathering of people who believe the war on drugs is doing more harm than good. The conference will provide opportunities to learn and discuss alternative drug policy options around the globe and strategise for reform.

www.drugpolicyevent.org

Publicise your own event on our new-look website

www.drugfoundation.org.nz/events

Travelling to a better place



Last year, the Labour Government asked the Law Commission to undertake a comprehensive review of New Zealand's liquor laws to bring them into line with current behaviours and concerns.

The Law Commission released its first public discussion paper, *Alcohol in our Lives*, on 30 July, and Law Commission President Rt Hon Sir Geoffrey Palmer SC spoke with the Drug Foundation about the review's progress and preliminary findings.

A police officer stands guard outside a liquor store in the suburb of Takanini after the owner was shot by an armed intruder.



“What we need is for people whose own choices are driving what is happening out there to internalise these problems and modify their behaviour.”



NZPA/Ross Setford

A LOT has changed since the introduction of the Sale of Liquor Act in 1989. Back then, we didn't have the sophisticated environment for restaurants and cafés we have now. And while the proliferation of places to drink has had enormous benefits in terms of tourism and public enjoyment, it seems also to have contributed, at least in some measure, to the increased amount of alcohol we're consuming and the mounting social and health harms that result.

At the time of its launch, Associate Justice Minister Lianne Dalziel said the review would be wide-ranging and fundamental, and the terms of reference given to the Law Commission were extremely broad. Rather than a patching up of existing liquor laws, this would be a 'first principles' rewrite of New Zealand's alcohol legislation and policy framework.

Much of the work so far, Sir Geoffrey told us, has centred on recognising what the problem is. Why is it that 700,000

adult New Zealanders engage in binge drinking? Why do 20,000 of us each year get taken home in a drunken state by police or spend the night sleeping it off in a cell?

Preliminary consultations have taken place with key stakeholders such as the liquor industry, the addiction treatment sector, police and researchers.

Sir Geoffrey says, "One of the difficulties is that this problem has many different facets. The health effects of alcohol, for example, are probably worse than the general public realise. The World Health Organization has characterised alcohol as carcinogenic to humans, and I am sure many New Zealanders don't know that. The medical colleges tell us we should pay attention to these health effects, because they are serious.

"There's also the public order question. How can we prevent the problems that are brought on by excessive consumption of alcohol from

flowing through into criminal offending, where undoubtedly they do flow into, if left unchecked? There is a whole question about how the night-time culture in New Zealand is organised and how people behave in it.

“Then there’s the question of how people drink. Do they know the effects of what they are drinking? Do they know how much it is safe to drink? Do they know the alcoholic content of what they are drinking?”

Alcohol in our Lives also contains key policy options under consideration that could underscore legislation to help address these concerns. The public and all alcohol stakeholder groups are now invited to provide feedback on those options to inform the Commission’s final report, which will be released in 2010 and make recommendations to the Government. It will also contain draft legislation

However, Sir Geoffrey is quick to point out that we should not put all our trust in law.

“The law can’t change the drinking culture by itself. It can nudge it towards a more responsible direction, but what we need is for people whose own choices are driving what is happening out there to internalise these problems and modify their behaviour.”

And Sir Geoffrey has seen what is happening out there.

“At 10 o’clock at night, everything looks orderly and wonderful and the great middle class go home to sleep. But by 2 o’clock in the morning, it’s a zoo out there, it really is.”

As part of its consultation with stakeholders, Law Commission members have accompanied the police at night as they patrol difficult areas. It’s allowed them to witness firsthand just how the problems are manifesting.

The night he went out, he saw frequent fights, 17 arrests and a badly injured person too drunk to remember how he had been hurt.

He says we’re in danger of losing our dignity as a society.

“There is a developing habit of people drinking to get drunk. Then they throw up in disgusting circumstances, and their mates take pictures of them and put them on *YouTube* as if it’s some sort of right of passage to be admired. Well, we’ve always had youth problems with liquor – that’s nothing new – but what’s going on now seems to be behaviour of a sort that is actually different from what it used to be, and it’s a worrying trend.

“When you go through these places at 10 o’clock at night, everything looks orderly and wonderful and the great middle class goes home to sleep. But by 2 o’clock in the morning, it’s a zoo out there, it really is.”

Sir Geoffrey believes the problems really are worsening and that it’s not just that we have better understanding or reporting of what is happening. He says excessive drinking is an issue for men and women equally and that a new generation is now engaging in it with serious consequences.

“People need to think about how they are introducing their children to alcohol. They have to think what the effects of them as role models are. They have to think about parenting and about a whole range of things that they tend not to be thinking about, I’m afraid. Children learn by example, and some of the examples are not good.”

The liquor review process



The Law Commission released its liquor review report last month and is seeking public submissions until 30 October 2009.

A final report taking account of public submissions will be presented to Government in March 2010.

The Government is expected to introduce draft law during 2010, with an aim to pass the law by the end of that year.

The Law Commission has already signalled some of their preferences for change, including:

- only people aged 20 and over can buy alcohol at off-licences
- bars and clubs to stop selling alcohol at 2am, with some extensions to 4am for those with a one-way door policy
- powers for police to immediately close bars and clubs that breach liquor laws
- widening the grounds upon which a liquor licence can be cancelled
- giving greater regard to community concerns in granting a licence
- allowing the Liquor Licensing Authority to impose additional conditions on a licence for the purpose of reducing liquor-related harm
- increasing excise tax
- lowering excise tax on low-alcohol drinks
- powers for Government to ban some drinks on health grounds.

For more information

Visit the Law Commission’s website for the report:
www.lawcom.govt.nz

Register and have your say through the Law Commission’s online consultation site:
www.talklaw.co.nz

For further information about the review, current alcohol policy evidence and ways to get involved, visit the Drug Foundation’s liquor review page:
www.drugfoundation.org.nz/liquor-review

He also says that, as a society, we aren't equipped to deal with the alcohol problem. He talks of huge gaps in addiction interventions in New Zealand and says there is a dramatic lack of co-ordinated effort in the treatment area that needs to be addressed.

"District Court judges have told us there are no facilities to which they can send repeat drunk-drivers. There are no facilities for short interventions, which are often needed for the person to own their own problem. Long-term treatment facilities are very scarce and quite badly distributed, so far as the public is concerned."

“There is no point in trying to demonise the alcohol industry. That industry responds to public demand, and it is the public that is responsible, not the industry.”

He concedes, however, that improving treatment options is another area where the law can't wave a magic wand and get rid of troubles overnight.

So, if legislation can't work miracles or radically change our drinking culture, what role can it play?

Sir Geoffrey says the law can regulate. It can control who gets a licence and when, where and what they can sell. In doing so, it can make a significant contribution to change.

There are a few legislative levers available, and the first of these is raising the price of alcohol, which, the evidence suggests, will lead to decreased consumption. The Law Commission is keeping a close eye on Scotland, where a minimum price per unit of alcohol is being investigated. This may help solve a lot of the problems associated with young people and drinking, he says.

The other option to raise alcohol prices is by increasing the excise tax, which currently yields more than \$800 million a year in New Zealand. The primary purpose of that tax is to

minimise harms resulting from excessive consumption, but the Law Commission realises there is a lot of controversy over how far that tax can be pushed.

No less controversial is the matter of advertising. Does advertising increase consumption, or is it merely aimed at preserving market share for brands, as is contended by the alcohol industry? It's a contentious issue, says Sir Geoffrey, because the research isn't entirely clear, and important free speech issues are involved.

"Businesses, like anyone else, have the freedom to impart their information, and that freedom is protected by the law. So the question is whether there need to be further controls on advertising than those that currently exist and, if so, what they should be."

He also points out the benefits the alcohol industry has brought to New Zealand in that it employs a lot of people and makes a significant contribution to export earnings. He says the industry has been extremely obliging with the Law Commission by helping it understand the dynamics of the market and how its advertising works.

"There is no point in trying to demonise the alcohol industry. That industry responds to public demand, and it is the public that is responsible, not the industry. While there have to be curbs, we have to be sure we don't throw the baby out with the bathwater."

Greater enforcement options have also been suggested as potential solutions. These include reducing the blood alcohol content limit for drivers to .05, as they have done in Australia, and introducing spot fines for people drunk in a public place.

"This would mean people who have to be taken home by the police are actually paying something for that, because, at the moment, the police are operating an enormous free taxi service all round New Zealand."

While there is evidence that lowering the drinking age to 18 has had some adverse effects, particularly amongst young people in already vulnerable groups such as Māori and Pacific Island communities, he acknowledges that, in



Oli Scarff/Getty Images

Ex-pats in London celebrate Waitangi Day in typical fashion.

terms of public policy, this will be a hard genie to get back into the bottle. Perhaps some form of compromise is possible.

“We will be suggesting that a split age might be acceptable so that at 18 you can drink at supervised and licensed premises but you can’t buy from off-licences until you’re 20.”

The Law Commission is critical of the current Sale of Liquor Act, which allows pretty much anyone to gain a licence to sell alcohol as long as they can prove they are of good character and will comply with local resource consents.

Sir Geoffrey says the Act was set up in 1989 under the hypothesis that the amount of licences granted has no impact on consumption.

“There needs to be a wider but specific group of grounds upon which a licence can be denied. There has been 20 years of research since the Act came into place, and our view now is that, in some circumstances, on some occasions, in some neighbourhoods, it does make a difference to consumption.”

He personally favours continuing with the Liquor Licensing Authority, but thinks the scope of its powers needs revisiting to give local communities a greater say in what happens with liquor outlets in their neighbourhoods.

So, having specified what it admits are difficult issues and controversial potential solutions, the Law Commission is now in listening mode.

“We’ve reached the end of the first half of the review, which was, ‘What is the problem? What are the possible solutions? What is the relevant information?’ We now hand that over to the public so we can get back views, submissions and careful analysis, and so we can get both popular and expert opinion,” Sir Geoffrey says.

He cites prohibition as an example of why it is so important that the public is heavily involved in the debate about liquor laws.

“Public policy has to be generated by the public. You can’t pass laws that are unacceptable and that people will scoff at. Prohibition in the United States was designed to remove the harms from

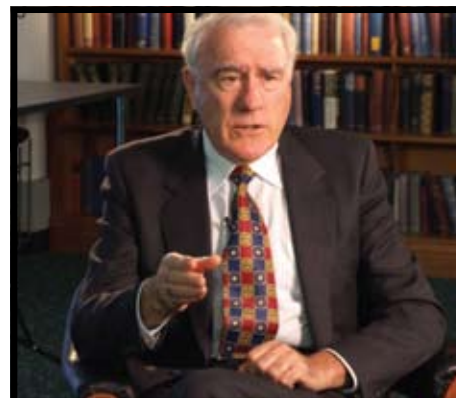
“Prohibition was designed to remove the harms from alcohol. It probably did improve people’s health, but it was not accepted by the public. It induced an enormous criminal industry, and you’d never want to go down that road again.”



NZPA/Ross Setford



Sea&See/Kos Picture Source/Getty Images



NZPA/Cullen Smith



alcohol. It probably did improve people's health, but it was not accepted by the public. It induced an enormous criminal industry, and you'd never want to go down that road again."

To facilitate public feedback, the Law Commission will use a variety of means. One is the 'Talk Law' website where visitors can download a copy of *Alcohol in our Lives*, participate in forum discussions, answer quick surveys and send in online submissions or comments.

The Law Commission has been at pains to write the report in accessible language so both the media and the public can understand and debate what it says without needing specialist knowledge or skills.

The Commission will also be meeting face to face with individuals and interest groups around New Zealand to discuss the issues it has raised before it formulates its final recommendations to the Government in a final report in March 2010. Depending on Government decisions, it should then be possible to introduce a Bill to Parliament before the end of 2010.

But, according to Sir Geoffrey, even

that new legislation – whatever form it takes – should not be seen as the end of the road. Though this will be a lengthy and thorough review, it is still one fraught with difficulties.

"Finding the right balance between freedom and responsibility is like walking a tightrope. You can fall off very quickly if what you are proposing isn't acceptable to the public. It will take a long time to change the culture. I think in some ways this needs to be seen as a milestone on a journey.

"We need to be optimistic. We're travelling to a better place – we haven't got there yet, but we could." ■



On your conscience

In their first report to Parliament on the Review of Regulatory Framework for the Sale and Supply of Liquor, the Law Commission suggested that political parties end the practice of conscience voting on liquor legislation

It argues that removing conscience voting would encourage parties to have clearly defined alcohol policies for voters to consider, while facilitating greater policy accountability to the electorate, and would remove unpredictability in making effective alcohol law.

"Conscience voting can produce laws that are unclear and ineffective. All sorts of changes can be made to a Bill when a conscience vote is held because the House is in a state of free-for-all," says Law Commission President Sir Geoffrey Palmer.

"Alcohol laws are simply too important to subject them to the vagaries of the conscience vote. Standard party-based voting

will produce laws that are more consistent and durable."

In response to this, the Drug Foundation invited all political parties to declare whether they will agree to the Commission's suggestion. Here's what they said:

National

No response.

Labour

Leader Phil Goff advised the Drug Foundation that the Hon Darren Hughes, Labour's Chief Whip, will respond to our query on behalf of the Labour Caucus. No response received from Mr Hughes.

Greens

"I can confirm that the Green Party intends to take a party-based vote on alcohol Bills currently before Parliament and on those

likely to result from the Law Commission review." – Metiria Turei, Co-leader.

Māori

"The Māori Party has always suggested there should be a variety of strategies, both legislative and non-legislative, to reduce the overall supply of alcohol to young people to limit their drinking and its associated harms.

"We have consistently voted along the lines of kaupapa – believing that alcohol misuse limits whanaungatanga, can impact on whakapapa; and destroy kotahitanga.

"The Māori Party supports the view of the Law Commission that parties should use party-based voting on alcohol law, not conscience voting." – Hon Tariana Turia, Co-leader.

Act

No response.

Counting the cost

Are arguments for an increase in alcohol taxes being based on substandard economic research? Or are opponents of a hike misusing an economics paper to make their point? **David Young** examines the controversy over the BERL report on the costs of alcohol.

BEFORE the Law Commission made any official recommendations on the future of New Zealand's liquor laws, public debate had already started.

The independent provider of advice to Parliament on laws that need reforming, updating, or developing seldom attracts mainstream criticism. Its careful recommendations are generally backed by considerable intellectual heft.

However, the Business Roundtable's Roger Kerr and National Party-aligned blogger David Farrar are among those who criticised the Law Commission, after President Sir Geoffrey Palmer suggested in a speech that liquor tax hikes could be up for discussion. Kerr and Farrar have based their criticism on the arguments from Canterbury University economist Eric Crampton.

The Law Commission was asked by the Labour Government to review all alcohol laws last year.

Palmer – Minister of Justice when the Sale of Liquor Act 1989 was passed – said, “The central issue is whether the pendulum has swung too far in the direction of liberality.”

In his speech on 24 April in Nelson, he made it clear the Law Commission

will find that it has.

Palmer noted – as many experts in drug harm have pointed out – that alcohol would be classed as a Class B drug under the Misuse of Drugs Act 1975 if it were treated on its merits. He said harm minimisation must be the prime object of any new law, balanced with the need for any regulatory controls to be efficient and effective.

“**The central issue is whether the pendulum has swung too far in the direction of liberality.**”

Law Commission President Sir Geoffrey Palmer

Palmer outlined the “dramatic findings” of a research paper commissioned by the Ministry of Health and the Accident Compensation Corporation, *Costs of Harmful Alcohol and Other Drug Use*.

He said the report – written in March by private firm Business and Economic Research Ltd (BERL) – found that the

total social cost of alcohol and drug misuse for 2005/06 was calculated at \$6.881 billion (\$4.794 billion was attributed to harmful alcohol use alone), up to 50 percent of the social costs could be avoided and half of all alcohol was consumed in a harmful manner.

Palmer concluded, “We have sufficient evidence to consider whether some of the costs isolated in the BERL report should be internalised to the liquor industry. I doubt that such a proposition will be met by great enthusiasm, but it does seem to me that the taxpayer should not be asked to shoulder as much of the burden as is currently being met from public funds.”

It appears this comment in particular attracted the attention of Crampton, who says he was surprised to see Palmer using the BERL report. From his first look, Crampton had concluded, “It couldn't really be used for policy analysis.”

Crampton began criticising the BERL report and its use by the Law Commission on his popular economics blog, *Offsetting Behaviour*. He wrote a commentary on the matter in *The Press*, and eventually, with fellow economist Matt Burgess (Research Associate at the

Institute for the Study of Competition and Regulation), published a 42-page referenced review of it. This effort was not funded by any outside organisation, but was enough to attract attention from reporters, bloggers and pundits.

What is the BERL report, and why has it become so controversial?

The Ministry of Health's National Drug Policy Team Leader, Chris Laurenson, says BERL was asked to measure "in economic terms, the aggregate costs to New Zealand society... of the abuse of alcohol and other drugs."

“Crampton claims BERL has committed basic mistakes like double-counting and using multipliers inappropriately. BERL rejects that criticism.”

BERL was asked to provide costs of alcohol from the perspective of wider society and from the perspectives of government and business.

It was asked to look at what the Ministry calls 'tangible' costs: "the cost of consequences to the health and welfare systems; productivity consequences in the workplace and the home; crime, law enforcement and criminal justice; road accidents; fires; environment; research and prevention."

It was also asked to examine 'intangible' costs: "the cost of loss of life, pain and suffering and the costs of consequences to the wellbeing of family/whānau."

The Ministry of Health suggested BERL use accepted guidelines for estimating the costs of substance abuse that have been endorsed by the World Health Organization, which it did. The report was also subject to peer review from the co-authors of the framework.

Much of Crampton's criticism is technical. He claims BERL has committed basic mistakes like double-counting and using multipliers inappropriately. BERL rejects that criticism.

But he also makes broader criticisms – and it is these that have been taken up by Kerr and Farrar, who oppose higher liquor taxes.

Crampton says the much-touted finding of a \$4.8 billion 'cost' of alcohol is exaggerated and meaningless.

To put this figure into some context: in 1996, economist Nancy Joy Devlin found the cost of alcohol-related harm varied from \$1.4 to \$4 billion (although she stated she was looking at "a relatively narrow range of alcohol-related effects"). A year later, Brian Easton looked at social and economic costs and reached an eye-watering figure of \$16 billion.

Crampton's complaint is that BERL's number is too high because it included many private costs in its study, which do not hurt society itself, so should have been 'netted out' to make the results meaningful.

One example he cites is reduced labour productivity as a result of alcohol consumption. Drinking too much will diminish an individual's output at work. Crampton says that the reduction in productivity should be seen as a private cost, because an individual is less likely to get a promotion or a salary rise.

BERL argues that lower productivity should be seen as a social cost, because lower output will impact on colleagues, and even on society through lost taxes. It points out that "a computer does not keep writing by itself when you have a sick day. Nor may resources be freed up for others to use if a person turns up to work hung-over."

Crampton criticises the inclusion of other costs that BERL has tallied, including the value of forgone unpaid household work, the production and distribution costs of alcohol and reduced output because people are away from work.

He also takes issue with BERL's definition (which follows World Health Organization categories and Australian alcohol guidelines) of harmful drinking as the consumption of 1.8 pints of beer or more and BERL's categorisation of all drug use as harmful.

BERL assumes that all consumption it defines as harmful is irrational. In economic terms, this means drinkers and drug users are incapable of realising that the personal costs from their activity are higher than the benefits. The economists also assume that those engaged in harmful

behaviour obtain no benefits (such as enjoyment) from their actions that would counteract or reduce the costs.

In Crampton's view, even a harmful drinker gains benefits – such as enjoyment – from their first few drinks that would roughly balance the excess costs imposed by later drinks.

Crampton's arguments are similar to those he used in a review in the *Medical Journal* last year about Des O'Dea's report on tobacco taxes. Arguing that smokers gain personal benefits from their activity, he commented that even though "one may suffer adverse health consequences from smoking, this does not mean that the smoker didn't enjoy smoking" and said that the benefits enjoyed by smokers should not be subject to substantial discounting.

He also has concerns about the Drug Harm Index, published last June by BERL for the New Zealand Police. He hasn't subjected it to a similar review, but notes that "it counted costs of drug enforcement regimes as a cost of harmful drug use rather than as a cost of prohibition and counted no benefits of consumption to users."

He says he would be "surprised if the results of a thorough 'fisking' would not be similar to the results on alcohol, other than that there are no offsetting tax revenues in the case of prohibited substances."

In the case of the BERL report, Crampton argues that a "policy-relevant report" should either count all the costs and weigh them against benefits (a cost-benefit study, which is a much bigger, more expensive task than the consultants were actually set) or count only the external portion of those costs, to identify the impact on society.

Crampton cites approvingly a report written by Felicity Barker of Treasury in 2002, which did what he argues the BERL report should have done: netted out the costs that fell on the individual.

Barker's conclusion was: "In 1999/00, the amount of revenue collected from the tax on alcohol was \$580 million. This is near the mid-point of the estimated bound of the external tangible costs of alcohol. Thus, the current rate of excise tax can be justified on externality grounds."

Crampton himself attempted to net out what he sees as the privately borne costs in the BERL report. This involved reverse-engineering BERL's numbers. He concluded this reduced the total costs of alcohol by 40 percent to \$2,955.1 million, of which the "policy-relevant" net external costs of alcohol (basically crime, healthcare costs and road crashes) amount to just \$146.3 million, or less than 5 percent of BERL's \$4.8 billion figure.

After seeking comments from BERL and others on mistakes and misinterpretations in his review, Crampton later reworked the numbers, and, instead of a net external cost, came up with a net external benefit from alcohol of \$37.8 million.

🔥 All of this would simply be a relatively inconsequential, academic argument between economists, if it were not for the political dimension: the Law Commission's use of the BERL report in a speech suggesting higher liquor taxes. 🔥

In an online response, BERL says Crampton fundamentally misinterprets the study's brief and, on this basis, employs an inappropriate framework for his analysis.

"The project brief was not to assess benefits, nor to provide policy analysis. The brief was to quantify the costs of harmful use of alcohol and other drugs using an internationally recognised method."

Crampton responds: "It would have been pretty simple for BERL to have added in a section tabulating the external portion of costs while doing all of their other tabulations; it's been a lot of work to instead reverse-engineer those numbers."

For their part, the BERL economists criticise Crampton for using a "a non-verifiable argument": that all drinkers are rational and, thus, if someone consumes a good, the private benefits must equate or exceed the costs.

"We would suggest," write BERL, "that it is nonsense to argue that a drunk driver who wraps themselves around a power pole has made a fully informed, rational choice that is consistent with their long-term welfare and should be of no concern to society."

The economists point out, as an example of Crampton's "worldview", that he had assumed drinkers would fare worse in the labour market, even in the absence of harmful drinking.

They also drew attention to his argument that "alcohol saves many more lives than it takes and has health benefits well beyond the point where BERL says harm starts and all benefits stop", which they said was a value judgement that "would not have been appropriate for an independent study such as ours."

Crampton rejects notions of being influenced by a particular worldview. He says the only "goggles" he uses to examine research are those of an economist.

All of this would simply be a relatively inconsequential, academic argument between economists if it were not for the political dimension: the Law Commission's use of the BERL report in a speech suggesting higher liquor taxes.

From an economist's perspective, so-called 'Pigovian taxes' are designed to internalise the external costs to society. If something has large social costs, there is a clear economic argument for taxation.

Recall Palmer's comments in Nelson: "We have sufficient evidence to consider whether some of the costs isolated in the BERL report should be internalised to the liquor industry."

Crampton claims – in arguments that have been echoed by anti-tax hike commentators – that "an underlying paternalistic argument [is being] covered in the garb of economics and presented as the result of the application of scientific economic method."

He is annoyed that BERL has not publicly told the Law Commission that the research provided only a pure cost approach and couldn't usefully be compared with tax revenue.

"While BERL does note in the report that their measure is cost only, it would be

pretty easy for someone to miss that bit for all of its talk of 'net costs' and welfare."

Since the public discussion started, BERL has not actually argued for its report to be used as a standard economic case for higher liquor taxes. Nor has it defended the Law Commission's use of it.

Lead author Adrian Slack has commented: "In terms of forming policy... it gives you some direction on where are the biggest problems, where should we focus" and has noted that the report was not prepared for the Law Commission.

"As with anything that enters the public domain, it is the consumer's right to interpret it as they see fit and for them to take responsibility for their reaction to it, not for the author to manage their response to it."

At the Ministry of Health, Laurenson says that the report "makes an important contribution to understanding the cost to society of harmful alcohol consumption", and it is using the report "to provide advice to Government on alcohol-related harm and ways to minimise it."

Crampton worries that government organisations "appear to commission reports with the purpose of lobbying" and argues that a ministry favouring higher taxes or a tougher regulatory regime would request a report that tallied all social costs, rather than just external costs.

And the Law Commission itself has stayed largely above the fray. Palmer recently told the *National Business Review*, however, that, on 22 May, he sought advice from Treasury and an independent economist on 'issues' in the BERL report. This, he pointed out, was long before the report by the two economists Crampton and Burgess (although it was actually after Crampton's *Press* article and blog postings started.)

Palmer has recently expanded on his views about the economic case for liquor tax changes in the Law Commission's public discussion paper. Its call for higher taxes on alcohol means this debate is only likely to get louder. ■

David Young is a freelance journalist.



Sandra Teddy/Cetty Image

Tackling sport's alcohol culture

Mixing sport and too much alcohol has long been a New Zealand pastime. **Kim Thomas** looks at the challenges for those trying to break the harmful trend, and some initiatives offering hope.

“There’s no point saying binge drinking is bad and then giving under 16s a slab of beer when they’re best on the ground.”

Australian Drug Foundation Australia
Executive Director John Rogerson

A FEW social drinks after the game – it’s the Kiwi way. But you know there is a problem with alcohol and sport when the players turn up drunk.

That was a common occurrence in Gisborne rugby league competitions a few years ago.

Tairāwhiti Rugby League Association Secretary Sarah Leach says, “At the beginning of games, you used to have half the team drunk or out of it on dope.”

Three years ago, the Association decided things had to change. It needed a new PA system and heard funding was available from the local district health board – with a few strings attached.

The board gave them \$5,000 for their sound system and administration costs on the condition they ban smoking on all club fields and in clubrooms.

It gave the Association more money in the second year of their agreement for banning drinking and drug taking from the time its parks opened to until games finished.

In the three years since signing the agreement, Leach says the Association has definitely kept its end of the bargain.

The club uses its new PA system to announce its parks’ smokefree status, and Māori wardens remind people who have smokes or drinks that they are not allowed.

The Paieka Whalers is the most compliant of all Tairāwhiti Rugby League Association clubs.

Leach says, before the agreement, virtually all players drank heavily and smoked cigarettes and marijuana.

Now, only three players continue to smoke.

In the past three years, the Association has received up to \$10,000 a year from the district health board, which it used to train referees and coaches, buy uniforms and equipment, and pay for players to travel.

Leach says the agreement was slightly easier to uphold because many of the Tairāwhiti clubs do not have

licensed club rooms and players usually went elsewhere for after-game entertainment.

The ones that do have clubrooms now open for a few drinks and speeches before encouraging players to go home to their families.

Leach says the scheme was not initially welcomed by many players.

“People were so against it because it wasn’t what rugby league was known for. It has a reputation for heavy drinking, drugs and smoking.

“We still get moans and groans, but we have to abide by our agreement.”

Attitudes to sport and alcohol are hard to shift. The combination is ingrained in generations of New Zealanders, brought up with rugby, racing and beer.

The after-match function is often as keenly anticipated as the game itself. And while a few socials at the club can boost team and community spirit, they can quickly and easily lead to uncontrolled consumption, fuelling all sorts of problems.

Even at the top of the game, there are numerous examples of players’ dangerous binge drinking.

Think All Black Doug Howlett’s post-World Cup drunken car jumping episode or cricketer Jesse Ryder’s altercation with a Christchurch bar toilet window.

Alcohol damages young sportspeople and their communities too. Every weekend, young players are involved in brawls, drink-driving accidents or alcohol-fuelled domestic abuse.

Peter Shaw is a former policeman who now works as a liquor licensing officer for the public health team in Canterbury. He has seen his fair share of the down side of alcohol and sport.

Shaw says, at the highest levels of sport, players engage in initiation rites involving excessive drinking.

Many club members provide alcoholic drinks to younger players as rewards for a good performance, and drinking sessions in clubrooms often go on into the early hours.

Shaw says, with all the best intentions, good clubs sometimes find

themselves flouting licensing laws and having irresponsible practices relating to alcohol, particularly with inexperienced or untrained bar staff.

In these situations, licensing officers try to work alongside clubs having problems rather than take a punitive approach. Shaw says this has seen most clubs improve their behaviour regarding alcohol in the past decade.

In Australia, authorities are applying a more co-ordinated approach to the issue in the form of the Good Sports programme, developed by the Australian Drug Foundation.

The programme has run successfully in parts of Australia for at least 10 years.

Australian Drug Foundation Executive Director John Rogerson says, in the past decade, there has been much debate in the media about top sporting heroes falling from grace after binge drinking sessions.

“A lot of the sports are looking at their brand and what the community is making of it because of players’ behaviour. You now get sports clubs strongly addressing these issues with the players. My concern around all of this is they are actually missing the point. What they are seeing as a player issue is actually the culture of sport, which supports heavy, binge drinking.”

The solution is building a positive attitude to drinking at grass roots level, Rogerson says.

This involves educating sports management, the people who work behind clubroom bars, supporters and sponsors.

“There’s no point saying binge drinking is bad and then giving under 16s a slab of beer when they’re best on the ground. That’s not something that sends a real clear message to parents or players.”

The Good Sports programme involves accrediting clubs at different levels to become more responsible hosts.

The first stage may involve helping a club get a liquor licence and understanding basic healthy attitudes towards alcohol.

At higher levels, it involves helping clubs develop a safe transport strategy

“The older players are often respected mentors but they don’t realise it. What they do can have a really positive or negative impact on younger players.”

Kerry Lancaster

and making sure everyone who serves alcohol is trained in responsible service.

The programme also helps clubs secure funding from sources other than the alcohol industry.

“We’re not kidding ourselves,”

Rogerson says.

“We know the drinking issue is hard for volunteer clubs, which is why we’re committed to supporting them deal with it.”

A recent survey of the Good Sports programme showed it had cut the number of drinks people consumed at participating Australian rugby league and cricket clubs and lowered the percentage of players involved in risky drinking by at least 10 percent.

A concept similar to the Good Sports programme was introduced to New Zealand in 2006 by Sport Canterbury, and named Club Mark.

Lorraine McLeod is the Club Mark co-ordinator at Sport Canterbury.

She says the programme is based on the premise that, in order to be successful and healthy, a club needs to be well run.

Minimising harm from alcohol is one small part of the Club Mark programme.

At the most basic level, it might involve help getting the appropriate licence for a club with a fridge in the corner from which club management sell beer, McLeod says.

“We ask them to have food available, not to serve underage people and generally encourage them to obey liquor licensing laws.

“Most clubs want to be good clubs, but the liquor licence is like a driver’s licence. They might have got one a while ago, but, like most of us, might not necessarily pass if we were tested on it today.”

Good Sports was picked up by ALAC and ACC in 2007 and trialled in different parts of New Zealand.

Andrew Galloway, ALAC’s Supply Control Project Manager, says the appeal of the Club Mark programme was helping clubs minimise harm from alcohol and become more family friendly.

Disappointingly, the Club Mark programme did not work as well as its sponsors had hoped, he says.

Many clubs found Club Mark came with too much paperwork and had too many health outcomes to achieve, such as being smokefree, sun-smart, trying to prevent injury and minimising harm from alcohol.

“We got a bit lost in New Zealand (with Club Mark compared to the Good Sports programme) because we made it too broad and with too many outcomes. It became a bit of a box ticking exercise rather than focusing on the positive things it was trying to achieve.”

ACC and ALAC funding for the Club Mark programme was discontinued after its first year, but some clubs, such as ones in Canterbury and Nelson, still continue with it and get alternative funding.

Galloway says, despite Club Mark being stopped, there are a range of other things being done around New Zealand.

ALAC is working with public health officials and organisations such as councils and police to ensure there is no dangerous drinking when thousands of people flock to watch World Cup Rugby games at venues around the country in 2011.

“If there was a free-for-all with alcohol, these places with hundreds of people, some of them hanging out there all day, could turn very nasty,” Galloway says.

A national working group has been set up for managing alcohol rules during the Rugby World Cup so places set up for people to watch games will abide by the same rules.

On a smaller scale, some clubs and organisations around the country are adapting their own initiatives – like the Gisborne league approach – to minimise harm in the sporting world.

In Canterbury, a group of police officers has developed a programme using senior members of sports clubs.

Constable Kerry Lancaster is part of the region’s newly developed police Alcohol Strategy and Enforcement Team, as well as being a keen sportswoman.

She has played at high level competitions in squash, tennis and netball, and her brother, Stephen Lancaster, is a former Canterbury Crusader.

Lancaster and her colleagues are developing a programme called Say Now, which should be implemented in sports clubs around Canterbury next winter.

Say Now involves training respected members of sports clubs to impart positive messages about alcohol to younger players.

“It might be old school club member Bluey, who says to players skulling beer, ‘Hey guys, pull your heads in’.”

The mentors will attend seminars and listen to a range of people such as recovering alcoholics or Super 14 and champion netball players who have got into strife with alcohol.

Lancaster says the programme aims to work on an unconscious level.

“The older players are often respected mentors but they don’t realise it. What they do can have a really positive or negative impact on younger players.

“Every year in sports clubs, you have a new set of young people coming through, so hopefully we can make a difference to a lot of people.”

She hopes the positive messages about drinking will be extended to include “not going home and bashing the missus” or getting into street brawls.

The Say Now team looked at a range of different programmes, including Club Mark, before deciding on its scheme.

“Club Mark is a huge undertaking for a club. They need to have a person full-time running it, and only a small part of it is related to alcohol.”

The Say Now programme requires little financial investment and effort from clubs, as mentors are already part of the organisation, Lancaster says.

Although the programme has been set up by police, they will fade into the background once mentors are trained.

“We are enforcement. It’s not appropriate for us to be seen to be involved in it. We want people in the clubs to take healthy messages on board about alcohol, so, slowly but surely, the culture changes for the better.” ■

Kim Thomas is a Christchurch-based journalist.

It's our loss

In the last *Matters of Substance*, we brought you the story of how the Cannons Creek community successfully opposed a liquor licence application.

Similar opposition by the small Christchurch community of Halswell has been less successful, but a strong statement by the Liquor Licensing Authority did send a warning shot across the alcohol industry's bows. **Lianne Dalziel** was present at the Halswell hearing.

Lianne Dalziel



I SAT in the back of Courtroom 2 of the Christchurch Environment Court on 5 December last year as members of the Halswell community fought a valiant defence against the incursion of yet another off-licence outlet into their small suburb.

It was not easy for the two members of the community who appeared in front of the Liquor Licensing Authority (LLA) representing those who had signed a petition opposing the outlet. They had to personalise their opposition to the suitability of the applicant, which was not something they wanted to do. He was their local supermarket operator and a nice enough man – but it was a matter of principle.

He already had an off-licence for the supermarket to sell wine and beer, and the proposed bottle store would be directly facing an existing hotel bottle store. It was 'enough is enough' for the residents' association that organised the petition and argued that supermarkets, venturing into hard liquor and using their considerable purchasing power, would sell cut-price spirits and ready-to-

drink spirits (RTDs) to young people. They also raised concerns about 'loss-leading' – a retail industry practice wholly unsuited to the sale of liquor and already allegedly occurring with the sale of wine and beer in supermarkets.

During the hearing, the Licensing Sergeant examined the applicant about his stance on 'loss-leading', and I think, to his credit, he admitted he would do so if forced to by competition. It was the wrong answer in a legal sense, but the right answer in terms of exposing the serious challenge commercial imperatives make to the objectives of the Sale of Liquor Act.

Although Halswell did not win its fight against this licence – it was granted for a year, and I know the community will watch what happens when it opens – they did win this strong statement by the LLA about loss-leading:

"We believe that the retail initiative known as loss-leading (that is, advertising and selling goods at less than cost, in order not only to attract customers to the store, but in the process sell more products) needs to be looked at more

“Most licensees understand they are dealing with a drug, and that they have a duty under the Act to help promote the reduction of liquor abuse.”

Judge Unwin

seriously by licensees. If a licensee uses liquor to loss-lead, then he or she is stimulating and not meeting demand. Where liquor is involved, it is not good enough for a licensee to say (as they do) that they have to continue with this business practice because of competition.

“Most licensees understand they are dealing with a drug and that they have a duty under the Act to help promote the reduction of liquor abuse. In our experience, loss-leading helps to promote the abuse of liquor. In future, examples of loss-leading by an off-licensee will be treated as an indication of lack of suitability.”

The retail industry has been at pains to deny the practice of loss-leading, but this decision has finally shaken it into action. Foodstuffs wrote to me advising that, in line with its new alcohol policy, it will not be selling alcohol products below cost – although I note they still think that is OK when it is to get rid of obsolete or short-dated stock. It is extraordinary to think it is only the threat of losing its licence to sell liquor that has seen this result.

It isn't just loss-leading that is the problem. The industry has huge discounting opportunities, and the stories of the market power they bring to bear on smaller producers are legendary.

As the LLA has highlighted, the very object of the Sale of Liquor Act is undermined by loss-leading, and it is time it was prohibited in law. We wouldn't have to do this if the supermarkets had been responsible, but they haven't been. Everyone knows that bottle store owners cannot buy beer from wholesalers cheaper than they can from their local supermarket and that some wine labels are no longer stocked by boutique wine shops because they cannot compete with supermarket prices.

I had thought the proliferation of off-licences was the major problem until it was pointed out to me the quantities involved in supermarket sales and the reduction in prices that occurred as a result.

The community is demanding that Government take steps to reduce the harm caused by liquor, so now that we have this admission from the supermarkets, the ball is squarely in the Government's court to resolve this once and for all. ■

Lianne Dalziel is the Member for Christchurch East and the Labour Party Spokesperson on Justice and Commerce.

It's time for the facts to get in the way of a good story

Liz
Read



Blame for New Zealand's binge drinking culture is often levelled at the alcohol industry, which is accused of deliberately encouraging irresponsible and excessive consumption. Nothing could be further from the truth, argues **Liz Read**, Corporate Affairs Director of Lion Nathan New Zealand.

HAVE you heard the latest party trick? Known as 'Edward Wine-hands' and high fashion among Otago University students, it involves blokes taping a bottle of wine to each hand. The trick is they can't relieve themselves (at least not without third party help) until they've drunk both wine bottles dry. By necessity, there comes a point where they must speed up their drinking in order to avoid making a public disgrace of themselves.

The origins of this fad are worth exploring.

There is no advertisement, in-store promotion, billboard or wine label instructing students to indulge in this kind of 'game'.

No doubt the students bought the wine locally and would have searched out the cheapest price. But again, that in itself did not precipitate such banal behaviour.

By a process of elimination, that means the students came up with the idea all by themselves.

With such resourcefulness and ingenuity, it's no wonder these young undergraduates will someday likely rise to the top of their chosen professions – many in medicine, no less.

So who is to blame?

The question of who or what to blame for the way some people drink is the topic

du jour. There is no scarcity of opinion, much of which lays responsibility squarely with the liquor industry.

Yet the tale of the Otago students' drinking exploits helpfully illustrates that to blame the industry is to miss one crucial fact: the way we drink has most to do with who we drink with and the nature of the occasion, and far less to do with the availability, price or marketing of the alcohol we drink.

When a group of women head out on a hens' night, they do so each having accepted and, in fact, predetermined that they will probably get drunk. However, the group will probably take steps to ensure the safety of their membership throughout the occasion. They won't drive, they'll make sure they eat, they'll stick together in a group and won't let any of their party 'stray', and they'll make sure they all get home safely. The next day, they'll undoubtedly be unproductive, and they will probably, and uncharacteristically, crave protein-rich foods like pies and burgers.

Their intentions are deliberate – each person who chooses to join the group knows they will have a 'big night out' and willingly accepts the consequences. The nature of the occasion and who they're with drives their drinking behaviour.

A few years ago, I spoke to a group of recent Otago University graduates – all women. I asked them how they measured a good night out and what drove their drinking behaviour. They told me they go out not to socialise, but to get drunk. And they said their measure of a good night out was when everyone in the group had drunk enough to throw up. They were quick to point out they wouldn't dream of drinking the same way when they returned to their home towns.

The nature of their drinking was a factor of the city they chose for their undergraduate studies, and all were likeminded in their attitudes and behaviours – behaviours, it would seem, unique to that lifestyle and (hopefully) confined to that time in their lives.

Some commentators suggest that industry calls for greater individual drinker responsibility are a convenient way to deflect attention from their own irresponsible and unethical practices.

Many would say that, through subtle messaging and advanced 'marketing science', the industry is indeed entirely responsible for the misuse of alcohol by young people.

Furthermore, they would assert that driving shareholder value means our sole motivation is to encourage people



Dominion Post/Andrew Corrie

to drink more so we can sell more and thereby make more profit.

Let me correct these assertions, at least from Lion Nathan's perspective.

Individual responsibility vs industry responsibility

Alcohol is the world's most ubiquitous legal drug, and while most people drink responsibly most of the time, when alcohol is misused, it causes harm to individuals, families and communities.

So it is appropriate there is regulation to control its production, promotion, sale and supply and that there should be tough penalties for producers and retailers who break the law.

Contrary to the view that we enjoy enormous commercial freedoms, our business is already one of the most heavily regulated in New Zealand. We are regulated in terms of what we can produce, how we can label and market it, where and when we can sell it, how much we can sell it for and to whom we can sell it.

In addition, at Lion Nathan, we have our own Code for Responsible Marketplace Activity, and where we feel the law does not sufficiently support responsibility, we take our own position. For example, we do not produce single-serve RTDs above two standard drinks, and we do not produce energy-based RTDs.

However, we do broadly believe there need to be more incentives for liquor retailers to act responsibly and the penalties for not doing so should be sufficient to deter illegal sale and supply.

But, by the same token, there need to be more incentives for consumers to take responsibility for their own drinking behaviour.

The consequences of anti-social and irresponsible drinking should be a deterrent to the behaviour. Incentives to drink responsibly and penalties for not doing so should be tougher. For example, why should a person who injures themselves when drunk be eligible for ACC?

Further regulation of producers and retailers will not reduce alcohol misuse in New Zealand. The best way to reduce binge drinking and alcohol misuse is to make it socially unacceptable to drink to the point of drunkenness and to ensure the negative consequences of drinking excessively outweigh the positives.

Alcohol marketing – genuine problem or easy target?

At Lion Nathan, we take our commitment to marketing our products responsibly very seriously, and we work hard to ensure that the way we promote, package, distribute and sell our alcoholic beverages is always done lawfully and responsibly.

We have no commercial interest in marketing our products to people who are not legally able to buy them – that is, people under 18. Actually, older drinkers are more profitable because they have more disposable income and aspire to drink premium alcoholic beverage brands, which sell at higher prices.

Our liquor advertising is about influencing brand choice and **not** increasing per occasion or total consumption. The purpose of our advertising is to influence consumers to choose our brands when they're buying alcohol. This is no different to the advertising of, say, shampoo – where advertising doesn't ask people to wash their hair more often, just to choose one brand over another.

Quite simply, when they buy alcohol, we want people to choose our brands

more often than other brands. The sophisticated ‘marketing science’ we’re so often accused of employing isn’t any more sophisticated or scientific than that of any other manufacturer.

Volume vs value

Lion Nathan wants to drive a high quality, high value liquor market. We want consumers to choose our brands and to be prepared to pay more for them.

Our salespeople are bonused on profit, not volume. This means they aim to sell less of a higher priced product to a customer than more of a lower priced product – that way, our retail customers make more money too.

We know that increased retail competition sometimes drives retailers to use price promotions to drive foot traffic. Lower prices have been shown to drive increased purchasing by consumers, which can lead to increased per-occasion consumption.

We partner our retail customers to differentiate themselves from the competition in ways other than price discounting and price promotions – for example, improved store layout and lighting, great service, specialist knowledge, great entertainment, excellent food and so forth – and we never support trade promotions involving our beverage brands if they breach ASA codes or any of our own internal standards.

It is commonly thought that producers like Lion Nathan control the retail price of alcohol. That is not true. Liquor retailers set the price at which alcoholic beverages are sold. We are able to recommend a retail price, but by law, we cannot stipulate a price – either maximum or minimum – and under the Commerce Act, nor can we withhold supply from a retailer if we consider their retail pricing to be irresponsible.

Big doesn’t mean bad

In my experience, the bigger the liquor producer, the more responsible they are in their business practices. They’re in the business for the long haul not the quick buck and they understand that most consumers are no different to most shareholders – they vote with their

feet if they’re not impressed with the way a company or brand conducts itself.

That is certainly our attitude at Lion Nathan. As a forward-thinking corporate with a commitment to the long-term sustainability of our business, we are very aware that all our stakeholders – be they shareholders, the communities in which we operate or the people who work for us – have expectations that we will operate in a way that is socially, environmentally and economically sustainable.

Our long-term future depends on us operating in a way that is about making our world a more sociable place and about reducing the misuse of alcohol.

Working together is better

Most New Zealanders drink responsibly most of the time. Alcohol misuse is not an epidemic. Nor is our company made up of nameless, faceless ‘barons’ whose moral compass is so awry as to derive profit from encouraging misuse.

Yet sadly, some groups and commentators reject entirely the notion of working in partnership with us and dismiss outright even the possibility that we share their objective of reducing misuse. Such attitudes reflect a denial that the world has moved on and, thankfully, aren’t universal.

At Lion Nathan, we actively pursue social and environmental responsibility because of nothing more sinister than a genuine interest in being responsible corporate citizens and contributing to a better society for all. That’s how we maintain our position as an employer of choice, and that’s how our brands remain some of the most adored in New Zealand.

To simply call for more regulation of producers and retailers is to deny the reality of life in the 21st century and the power of social culture.

No amount of further industry regulation will change the attitudes and behaviours of those university students who dreamed up the ‘Edward Wine-hands’ party-trick. Working together to change the drinking behaviours that New Zealanders accept as the cultural norm just might. ■

Quotes of Substance

“It is vital that this discussion document is read and discussed in every home, every workplace, every community and even every pub, so that we are clear about the facts of the matter. We must own the problem as a nation and find the solutions together.”

Hon Lianne Dalziel, Labour Justice Spokesperson.

“We still strongly believe that minors should only be allowed to consume alcohol under the direct supervision of their parents or lawful guardians, and we support raising the purchase age from off-licensed premises to 20.”

Murray Clearwater, Institute of Liquor Licensing Inspectors.

“Many New Zealanders don’t appreciate just how chaotic it gets late at night in many of our cities, because they are at home in bed. Police have to actually deal with the violence, disorder and crashes caused by drunks.”

Chris Cahill, Police Association.

“The Law Commission’s report provides a useful starting point, but the genuine debate it is seeking will only be successful if the extremists and zealots at both ends of the spectrum, who have been too strident and dominant for too long, shut up and let the view of real New Zealanders be heard.”

Hon Peter Dunne, Associate Minister of Health.

“We know from first-hand experience that alcohol is not the benign harmless drug that the liquor industry would have people believe.”

Major Campbell Roberts, Salvation Army

continued on page 23 ►

Busting alcohol policy myths

This year is a particularly significant one for alcohol policy in New Zealand. Amendments to the 20-year-old Sale of Liquor Act are currently at select committee stage, and the Law Commission is conducting its comprehensive alcohol law review. Acceptance is high that alcohol-related harms are significant, and there's a high level of media interest in proposals to mitigate those harms.

So there's a lot being said about alcohol policy right now, and Mythbusters are here to help with a special edition that separates the straight talking from the fast talking.

AS with any complex health and social issue, the debate relating to effective alcohol policy has been characterised by the frequent brandishing of half-truths, scare mongering and, at times, deliberate misinformation. At stake, after all, are the profits of an industry worth tens of millions of dollars annually. The discourse on alcohol policy also taps into deeply rooted philosophical beliefs regarding individual freedoms and the extent to which they may be curbed by government intervention.

We think it timely to draw attention to some of the often heard myths around alcohol policy. We have identified several spurious claims commonly made by those opposed to making alcohol more expensive and less available. These claims have been grouped under six common 'myths', which Mythbusters here refutes.

1

MYTH: Alcohol consumption is a matter of individual responsibility.

2

MYTH: We should not penalise the entire community for the drinking behaviour of a problematic minority. Alcohol policy should focus on the minority groups that are most at risk, such as youth and binge drinkers.

3

MYTH: Raising prices has no effect on heavy or binge drinkers.

BLAME for our binge drinking culture is more often directed towards the irresponsibility of users than the producers and marketers. The constant refrain from the industry is that, if people took more personal responsibility for themselves, the harms associated with their product would be mitigated. Industry is supposedly only there to help responsible people enjoy themselves and fulfil their chosen lifestyles. Those who call for increased prices and tighter restrictions on availability have even been labelled 'health Nazis'.

This claim overlooks important factors about alcohol itself and the environment in which it is consumed, both of which can have a strong influence on individual decision making.

Firstly, alcohol is an addictive substance. Addiction and dependency seriously impair the ability to make rational decisions. Secondly,

consumers find themselves in an environment in which several millions of dollars are spent on alcohol marketing. The messages are very clever and subtle, come via a variety of media and draw on the best marketing science available. They exploit human needs, which are most intensely expressed in youth. These include the need for inclusion as part of the 'in crowd' and the need to feel grown up. Marketing tactics used by the alcohol industry appear very similar to those formerly used by the tobacco industry. There is now strong evidence that alcohol marketing promotes a culture of drinking and has a reinforcing effect on young people's drinking.

Another important aspect to keep in mind is that harmful alcohol use is rarely an individual problem. Rather, it impacts on family, friends, neighbours, work colleagues and, ultimately,

society as a whole. Alcohol is a contributory factor in a wide range of social problems including crime, violence, family breakdown, child abuse and child neglect. The concept of 'passive drinking' to capture the damage done to the innocent when people drink too much is useful in this regard. Focusing on individual responsibility for a problem with far-reaching consequences across society is short-sighted and ignores the obligations governments have to protect the most vulnerable.

Far from being health fascists, those who advocate for greater restrictions on alcohol availability and increased prices are champions for those whose lives are blighted by alcohol-fuelled disorder, violence and abuse.

THIS is a common myth actively pushed by industry and with some notable success. When the Chief Medical Officer in England called for a minimum unit price for alcohol, the proposal was instantly dismissed by Prime Minister Gordon Brown, who said, "We don't want the responsible, sensible majority of moderate drinkers to have to pay more or suffer because of the excesses of a small minority."

Contrary to the widely held misperception, alcohol harms are not confined to the heaviest drinkers in a population but are much more widespread. For example, recent research from Finland found that the majority of problems occurred in 90 percent of the population consuming moderately, compared to the 10 percent of the population drinking heavily.

In addition, the purported cost to moderate drinkers of measures such as raising the price of alcohol has been greatly exaggerated. Recent modelling in the UK has shown that setting a minimum price of 50 pence per unit would likely increase the average weekly spend on alcohol of moderate drinkers by only 23 pence per week, but would decrease the consumption by underage and heavy drinkers by 7.3 percent and 10.3 percent, respectively.

Overwhelming, evidence demonstrates that efforts to reduce the burden of harm from alcohol need to reach the majority of drinkers and not just the high-risk groups. The World Health Organization (WHO) says population-based policies can have a protective effect on vulnerable populations and reduce the overall level of alcohol problems. It has recognised

the need for both population-based strategies and interventions and those targeting particular groups. A WHO-sponsored review of 32 alcohol strategies found the most effective alcohol policies included restricting availability and raising price, drink-driving laws and brief interventions for hazardous and harmful drinkers. By contrast, the least effective policies included education in schools, public service announcements and voluntary regulation by industry. It concluded that, if the less effective measures are used, they should form part of a comprehensive, population-based strategy.

THIS myth is widely disseminated by certain sectors and frequently cited in media reports. Yet the evidence shows the opposite is true. Price increases and a set minimum price have a much greater effect on heavier than on lighter drinkers, with modest or only small extra financial cost to lighter drinkers.

When all other factors are equal, increased alcohol prices generally lead to decreased consumption and vice versa. At-risk groups such as youth and heavy drinkers are

particularly sensitive when it comes to pricing. Recent research from Scotland, for example, found that overall consumption decreased following a tax increase that exceeded the cost of living, and heavier drinkers cut down the most. There is also good evidence to show that policies that increase alcohol prices delay the start of drinking, slow young people's progression towards drinking large amounts and reduce the volume of alcohol consumed per occasion.

The relationship between alcohol price and consumption has been extensively evaluated and forms the basis for the WHO's recommendation that raising price (along with restricting availability) is among the most effective measures to decrease harms from alcohol. On the basis of the overwhelming body of evidence to date, we are confident that higher prices will lead to a reduction in alcohol-related harms across society.

4

MYTH: It is important to work with industry when formulating alcohol policy.

THIS is a call often made by the liquor industry and its allies. Variants include the much touted lines that 'we are all in this together' or 'we need to involve all the stakeholders when formulating policy'. Unfortunately, this argument does not stand up against closer scrutiny.

The supposed commonality of interest between public health and the alcohol industry is difficult to reconcile with the direct correlation that exists between overall volume of consumption and levels of alcohol-related harm. Furthermore, the majority of alcohol consumed in New Zealand is done so in the context of excessive or harmful drinking. It is naïve to believe the industry would voluntarily support measures to reduce overall consumption when this would clearly undermine profits.

At the very heart of the matter is a fundamental conflict of interests between public health and pursuit of profits. Recognising this, a WHO Expert Committee has recommended that the global public health body continues its practice of no collaboration with the alcohol industry. Governments should take a similar stance when it comes to formulating policy.

However, engaging in a dialogue with industry on specific ways to reduce harm is an entirely

different matter to collaborating on policy. It is reasonable (and necessary) to engage industry when it comes to matters such as working to provide safer drinking environments.

Alcohol producers are well organised and effective lobbyists for industry-friendly policies, both nationally and internationally. There are many parallels between their strategies and tactics and those of the tobacco industry. A major focus is to campaign against effective strategies and for ineffective strategies.

Another industry tactic is to instil doubt about non-industry research. A recent disclosure of hitherto unpublished documents provides a revealing insight into how the alcohol industry operates. It shows that industry holds grave concerns that alcohol will be viewed through a public health lens in the same way as tobacco and has invested in co-ordinated strategies to divert attention away from programmes it perceives will do the most damage to its interests. Among the measures it has opposed most strongly are tax increases, controls in advertising and sponsorship, health warnings and tough policing, especially on drink-driving. According to the lead author of this paper, "although [the alcohol industry] don't want to be seen in the same way as big tobacco, they're going down exactly the same path."

5

MYTH: Legislation can't change our drinking culture.

WHILE legislation alone won't change our drinking culture, its role in shaping behaviour should not be dismissed out of hand. Our view is that legislation has a crucial role to play in influencing the drinking environment, which is currently oriented towards ease of access and excess. We also believe there are important

parallels that can be drawn from the success of anti-smoking legislation, where a substantial culture change has occurred following the enactment of smokefree legislation. There has been a significant shift in attitudes towards smoking in public places since the smokefree legislation.

6

MYTH: We should not interfere with the market by artificially setting minimum alcohol prices and restricting marketing.

ALCOHOL is no ordinary commodity. It is an addictive substance that can lead to long-term dependence. It is associated with a range of acute and chronic health harms and has been classified by WHO as a Class 1 carcinogen, alongside asbestos, formaldehyde, mustard gas and plutonium-239. Were it to go before the New Zealand Government's Expert Advisory Committee on Drugs, it would be classified as Class B (High Risk).

Alcohol's association with crime and violence is well known. To argue it should be treated

like any other commodity and then rely solely on market forces to determine supply and demand is therefore absurd.

Governments have a duty to protect and promote the public good. Setting minimum unit price levels and/or increasing excise tax are a very effective means of reducing alcohol-related harms. Marketing contributes to the uptake and spread of alcohol use and the consequent spread of harm. Regulation of marketing to mitigate these harms should be a core national response. ■

Let's offer treatment!

While we all sit around in meeting rooms, at conferences and in universities talking, writing and thinking about treatment, have we forgotten the 3 percent of the adult population or more that sits around wondering how to dig themselves out of the hole that is their addiction? In this edition's guest editorial, and in the spirit of constructive debate, **Michael Bird** offers 'a quaint solution to an old problem'.

I CAME back from this year's International Harm Reduction Conference feeling motivated to write constructively about treatment as a solution to alcohol and drug problems.

In the past, I confess, I have found myself writing things about this topic that were less than constructive.

Strangely, the topic of drug and alcohol treatment is oft overshadowed by discussions around harm reduction, research into the why of addiction, those in the justice system, workforce development and, most recently, policy, the law and the evil empire.

I acknowledge that treatment is not the beginning, middle and end of it all. I understand the challenges, costs, silo mentality and prejudices that impact on the timely and appropriate delivery of treatment to those most in need.

What I do not understand is the

apparently blinkered view the treatment sector itself sometimes displays around the availability of treatment (particularly residential), the delivery of treatment outside the main centre and a fixation with developing the workforce at the cost and peril of actually putting 'clients' in front of clinicians.

I find it ironic that we need to have a workforce with postgraduate qualifications when all our beloved research tells us that the key determinant to treatment outcomes is the 'relationship' between clinician and client. Maybe we all need to gain postgrad qualifications in having relationships – I know I could do with one!

And while we're on the subject of research, what is this fixation we seem to have with evidence? The evidence says this so have to keep doing that. It is within my AOD lifetime that evidence has come so vehemently to the fore, and

Quotes of Substance

“If we keep doing what we've always done, we'll keep getting what we've always got. We have to make bold changes, now.”

Rebecca Williams, Alcohol Healthwatch.

“I condemn anyone who says that a vote for mild restrictions on this dangerous drug is for prohibition. Sensible control is not prohibition, and pretending they are the same is irresponsible and distorted.”

Progressive Party Leader **Jim Anderton** speaking in support of the Liquor Enforcement Bill.

“It would be an enormous economic stimulus if we stopped wasting so much money arresting and locking people up for non-violent drug offences and instead brought in new tax revenue from legal sales, just as we did when we ended alcohol prohibition 75 years ago during the Great Depression.”

Jack Cole, Executive Director of Law Enforcement Against Prohibition (LEAP) suggests the answer to the US's economic woes is to legalise and tax cannabis.

“The panel recognises that, the courts' approach to sentencing for supplying drugs has been driven by the desire to provide a deterrent effect. However, there is no evidence to show that lengthy sentences have the desired deterrent effect and research suggests that drug barons are more concerned about the loss of their assets than the threat of imprisonment.”

The **Sentencing Advisory Panel** (UK) in a consultation paper relating to sentencing for the most commonly committed drug offences.

continued on page 31 ▶

I can remember thinking two things: firstly, if it was all about evidence then I would never be able to do the work I do in the field; secondly, one day, we will wake up to the fact that, if we only look back at the evidence, we can never really move forward.

For the first time the other day I heard the evidence concept tempered to its rightful place, by Professor Anne Roche who said, and I paraphrase, that we can never innovate if we rely on evidence alone; that we must have the courage to trust our good judgement if we are to be innovative. We have the power of rational thought, logic and practice to guide us as we move forward.

It's way past time we moved forward.

The Law Commission has released its consultation document, *Alcohol in our Lives*.

While logic would suggest that treatment is not really in the ken of this process, it is with obvious concern and passion that the poor availability of treatment, especially residential treatment, has been vehemently highlighted by our colleagues at the Law Commission.

And that's just for alcohol. I think we need to take that as a slight slap in the face for the treatment sector and not quietly do the most famous of Kiwi tricks – try to blame it on our masters.

Have I mentioned P yet?

Well, one quick jab. We have been prancing around talking about P as though we knew something, all the time missing the opportunity to exert some influence by putting our stamp on the media storm already in place. So what happens instead? People with a desire for attention, disguised as concern, sweep the floor of the P debate. 'Suckers', is all I can say about us.

And I wonder about the wisdom and value of spending what little political and media attention we manage to get pillorying the 'vile liquor industry' and touting 5+ as if it were the answer to all our problems. If it is all about the industry, how come so many people become addicted to other substances and behaviours?

What I suggest, to myself first and anybody that wants to have a think about what I am saying, is maybe a 12+

plan. I personally find 12 points much more palatable than five.

1. Be brave.
2. Innovate.
3. Stuff the evidence; let's dance.
4. Stop asking why.
5. Get with the what and how.
6. Don't blame them.
7. Take responsibility.
8. Residential treatment is good.
9. Therapeutic communities are NOT the only form of residential treatment.
10. Look outside Auckland when talking treatment.
11. Say yes to solving problems (P).
12. Your idea here...

That's 12, and I have only made a start.

In closing (thank you to the bored, frustrated, pissed off and incredulous who have read this far), I have something to say about promotion (of course). Treatment is no ordinary commodity and maybe it poses a 'wicked problem' in the health sector.

The challenge for treatment delivery is that many of those needing it would rather stick hot needles in their eyes than admit they need help. They will often do everything else and blame every other illness (including mental illness) before seeking or accepting treatment.

My solution is to promote treatment as a sensible, available, useful, practical, timely and friendly option, explaining what it entails and, if you like, destigmatising it to those who want and need it.

I am not suggesting destigmatisation as with the mental health model. This is not mental health in that sense. I'm saying, let's promote access to treatment across the country at all levels of severity and need.

Of course there needs to be treatment services to go to, but let's not hide behind that old kernel. If the obvious demand is there, it will be a LOT easier to build capacity.

Let's all get back in the treatment waka, please. More people to more treatment, thank you. ■

You can comment on Michael's guest editorial on our new-look website, www.drugfoundation.org.nz, or directly to Michael at letsoffertreatment@narrative.org.nz.

Making sense of Mexico's 'drug wars'

The gruesome headlines have become all too familiar: beheadings, mutilated corpses and human remains found in barrels of acid. The fallout from Mexico's so-called drug wars continues unabated. The international media remains fixated on sensational incidents while reinforcing simplistic notions about the causes. **Sanji Gunasekara** looks at what is really going on in Mexico and why.

A man lies dead next to a federal police car in Monterrey, Mexico.

AP Photo



Sanji
Gunasekara

SINCE December 2006, more than 10,000 people – police, soldiers, gangsters and civilians – have died across Mexico in shootouts, bombings, assassinations, kidnappings and torture that evoke scenes from the worst of Iraq. Yet, curiously, there has been little serious attempt to understand how and why things got so violent. Getting to grips with what is happening in Mexico, the 12th largest economy in the world, requires an understanding of the political, economic and social context underlying the violence, including a close look at the role played by the US.

Drug trafficking through Mexico is nothing new, with small-time gangs having long trafficked marijuana and heroin across the border. Ironically, it was US success in shutting down

Colombian cocaine smuggling routes through the Caribbean that saw Mexican gangs move into cocaine and, in the process, become enormously powerful cartels.

This occurred in the context of significant domestic political upheaval as Mexico sought to make the transition from long-term domination by the

“Much of the violence stems from what is essentially a ‘turf war’ between rival cartels in a contest for the lucrative drug trafficking routes... and driven by the US’s insatiable demand for drugs.”



AP Photo

Police officers gather next to a dead man killed during a shootout in Monterrey, Mexico, Tuesday, 14 July 2009. In the northern city of Monterrey, six gunmen were killed in crossfire with federal police, three of whom were wounded.



AP Photo/Alexandre Meneghini

Seized weapons from alleged members of the Beltran Leyva drug cartel are taken away by a federal agent.



AP Photo/Russell Chan

A Mexican Navy sailor stands guard as seized drug is burned in the port town of Progreso, Mexico. At least a ton of cocaine found inside frozen sharks was incinerated by the Mexican Navy.

Institutional Revolutionary Party (PRI), to a more pluralist and democratic state. Old systems of patronage and protection were shaken up, and the drug cartels swiftly exploited the weaknesses of the state, most notably an ineffective police force, fragmented legal system and flawed judicial system.

Much of the violence stems from what is essentially a 'turf war' between rival cartels for the lucrative drug trafficking routes, worth an estimated US\$30 billion annually and driven by the US's insatiable demand for drugs. In the border city of Juarez, for example, the Sinaloa and Gulf cartels battled to wrest control from the homegrown Juarez cartel.

Corruption has been a major impediment to the struggle against the cartels, and it extends to the very highest levels. In 2008, a former federal anti-drug czar was arrested and charged with taking US \$450,000 to feed intelligence to a major drug cartel. In May this year, 27 high-ranking officials, including 10 mayors, a judge and an aide to the state governor of Michoacan, were arrested on suspicion of collaborating with drug

trafficking gangs.

"Faced with the carrot of bribes and the stick of death, even the most incorruptible is going to be cautious in executing operations against the cartels," notes Stratfor, a global intelligence organisation.

In response to the rising crime and drug-related violence, President Calderon launched a full frontal war on crime at the end of 2006.

🔥 Worryingly, there are strong signs the US administration continues to support a hard-line war on drugs in Mexico. 🔥

Central to his strategy was the deployment of 45,000 soldiers and 5,000 federal police officers. The policy was associated with a spike in violence as the drug cartels escalated attacks on each other and anybody else who stood in their way.

Critics have argued that deploying the army to stop the violence was like

throwing gasoline on a fire or swinging a baseball bat at a hornets' nest. Calderon also stepped up efforts to reform the police, courts and local government, a process expected to take several years.

The escalating violence in Mexico has prompted increasing concern in the US, which has stepped up efforts to protect its borders. In 2008, the US pledged US\$1.4 billion towards the Merida Initiative, a security co-operation and assistance project for Mexico and other countries in Central America. Under this project, Mexico is receiving Blackhawk assault helicopters and surveillance aircraft, as well as training in policing, forensic, penal and judicial practices.

A recent report by the US military named Mexico and Pakistan as the two nations most likely to undergo "rapid collapse" with serious ramifications for homeland security. Although these claims were widely derided, the drug-related violence in Mexico is still viewed primarily through a security lens in Washington. President Obama's first meeting with a foreign head of state was with President Calderon, where the two



AP Photo/Guillermo Arias

Packages containing marijuana are displayed to the media in Tijuana, Mexico. About 2,920 kilograms of marijuana were seized during an operation at the Tijuana-Mexicali highway.



AP Photo/Agencia Quadratin

Police found the bound, blindfolded and tortured bodies of at least a dozen people.



AP Photo/Alexandre Meneghini

Alleged members of the Beltran Leyva drug cartel are presented by federal agents in Mexico City.

leaders pledged to explore even closer security co-operation.

During a visit to Mexico earlier this year, Secretary of State Hillary Clinton admitted for the first time that US demand for illegal drugs and its role as chief supplier of military-style assault weapons were fuelling the wave of

“Mexico has just approved a Bill decriminalising the possession of small amounts of all drugs for personal use. How this will impact on the violence is unclear.”

violent killings in Mexico. This appears to mark a significant change in attitude from one of finger pointing to one of shared responsibility for a bilateral problem.

But worryingly, there are strong signs the US administration continues to support a hard-line war on drugs in Mexico. Arizona Attorney General Terry Goddard, an aggressive advocate of

attacking the narcotics trade in Mexico, says, “By supporting the Calderon administration in their fight with the cartels, we’re keeping it from becoming a fight on US soil.”

During her recent visit, Clinton promised Mexico more money for additional assault helicopters and gave Calderon’s militaristic approach a ringing endorsement. A US narcotics control report even concluded that “the increase in violence may be due to the success of President Calderon’s aggressive anti-crime campaign.” US doublespeak has led one journalist to conclude that, “Obama’s government is sending the message of health for Americans, war for Mexicans.”

At the core of the violence is the issue of economics – or more specifically, prohibition economics. According to Sanho Tree, a drug policy analyst from the Washington-based Institute for Policy Studies, it is existing policies that have made drug trafficking such a lucrative endeavour. The war on drugs has eliminated competition and attempted to constrict supply while demand remains constant, thereby

driving up prices and profits for remaining traffickers.

“We are never going to make the problem go away by making drugs more valuable,” he says.

Furthermore, Tree says the drug economy evolves under Darwinian principles, becoming more efficient, innovative and adaptive with time.

Of the violence in Mexico, Tree says, “It was utterly foolish of Calderon to get in the middle of a cartel turf war. Those people are all about making money, and the violence isn’t going to decline until the cartels reach a *modus vivendi* among themselves. There are rumours they are trying to do that; they want the killing to stop so they can get back to business.”

Compounding matters are the huge socioeconomic inequalities in Mexico. Many involved on the lower rungs of the drugs trade just want to escape the poverty that afflicts half of Mexico’s 104 million people. Despite having the fourth highest number of millionaires in the world, over 20 million survive on US\$2 or less per day.

As a party to the North American Free Trade Agreement and one of the



AP Photo/Javier Verdin

Police officers stand around a bullet-riddled police vehicle in which an officer was slain after unknown gunmen opened fire on at least two police stations in Acapulco, Mexico, 8 June 2009. Two police officers were shot dead and two others were injured in the attack, which came two days after a four-hour battle that left 16 gunmen and two soldiers dead.



AP Photo/Alexandre Meneghini

Seized weapons from alleged members of the Beltran Leyva drug cartel, back, are presented by federal agents during a press conference in Mexico City.



AP Photo/Guillermo Arias

Army soldiers stand guard by US citizen Eduardo Morquecho, aka 'El Lalo', as he is shown to the press, along with drugs, guns, and equipment seized from him during his arrest in Tijuana, Mexico, 10 July 2009.

largest US trade partners, Mexico is particularly vulnerable to the financial crisis. Some activists argue that Calderon's war on drugs and the militarisation of Mexican society is part of an attempt to forestall a mass mobilisation against growing economic inequality and political corruption. Rather than deploying the military on the grounds of public security, they argue that what are needed are better policies in housing, education, healthcare and employment, and for the US to implement more effective demand reduction strategies.

Despite the two faces of US drug policy, the mood across Latin America appears to be shifting decisively in favour of reform. The Latin American Commission on Drugs and Democracy, convened by former presidents of Brazil, Colombia and Mexico, argues that prohibition has failed and has called for a broad debate about alternative strategies.

Interestingly, Mexico has just approved a Bill decriminalising the possession of small amounts of all drugs for personal use. How this will impact on the violence is unclear. Given the

continued voracious appetite for illicit drugs across the border to the north, the overarching legal framework of global prohibition and continued US support for Calderon's militaristic approach, many fear the violence on the streets of Mexico is set to continue.

Mexico is not a failed state. It is a tragic case of the results of failed policies – on both sides of the border. ■

Sanji Gunasekara is the Drug Foundation's Senior Policy Analyst.



Driving high: Findings from the Great New Zealand Drug-Driving Survey

Are New Zealanders driving high to avoid getting caught driving drunk? What do people think about their ability to drive under the influence of various drugs? Will roadside drug testing make any difference? To find answers to these and other questions, the Drug Foundation recently conducted the Great New Zealand Drug-Driving Survey. **Kate Hammond** reports on initial findings.

Substances we ask about

- Alcohol
- Cannabis
- Amphetamines/
methamphetamines
- LSD/hallucinogens
- Ecstasy
- Cocaine
- Ketamine
- GHB type substances
- Heroin
- Methadone
- Other opiates (morphine,
codeine, homebake)
- Prescription stimulants
(Ritalin, methylphenidate,
dexamphetamine)
- Benzodiazepines (Valium,
Serapax, Temazepam)
- BZP party pills
- BZP-free party pills
- Substance combinations
(two or more substances
taken on the same occasion)



Kate
Hammond

TRY THIS. Stand up, raise one leg off the ground in front of you while keeping your raised leg straight. Keep your arms by your sides and count to 1,030, starting from 1,000. Don't hop, keep your arms down, keep your foot elevated, don't wobble, keep counting.

This is one of several tasks you could be asked to perform on the roadside from December this year if a police officer suspects you are driving under the influence of an illicit drug or prescription medicine. The passing of the Land Transport Amendment Act in June means police will have the power to conduct a compulsory impairment test (CIT) on drivers.

Failure to satisfactorily complete a CIT is taken as evidence of impairment, and the driver is then required to provide an evidential blood sample. Detection of any quantity of drugs in the blood will result in a charge of driving while impaired and with evidence in the bloodstream of a controlled drug or prescription medicine.

The introduction of the Land Transport Amendment Bill (No 4) into Parliament inspired the Drug Foundation to find out more about drug-driving in

New Zealand. With funding from the Interagency Committee on Drugs, we launched an online survey of drivers and asked about their drug-driving behaviour, attitudes and understanding. Nearly 1,200 New Zealanders logged in to anonymously tell us whether they had ever driven under the influence of illicit, legal or prescription drugs, what they thought about drug-driving and whether they felt roadside drug testing was a good idea. The research will help inform the development of prevention initiatives and resources. The following is a brief overview of just some of the key findings from the study. You can download the full report from www.drugdrivingsurvey.org.nz.

Driving under the influence

We wanted to get an idea of how big a problem drug-driving might be, so drivers were asked whether they had driven under the influence of a variety of illicit, legal and prescription drugs in the previous 12 months. Almost a quarter (24.5%) of drivers admitted driving under the influence of cannabis. In fact, cannabis-driving was more prevalent than drink-driving (21.4%) (margin of error 2.9%). Driving under

the influence of alcohol mixed with other substances (11.6%) was the next most common drug-driving behaviour, usually involving alcohol and cannabis (69.7% of drug combination drivers). Driving under the influence of substances other than cannabis or alcohol was relatively uncommon, with between 0.2% and 5.6% of the sample having done so.

Overall, males were more likely to have drug-driven than females, but this difference was only statistically significant for alcohol, cannabis and drug combinations. The frequency of substance use also seems to be linked with the likelihood of drug-driving. For 13 of the 16 substances surveyed, the more often a drug was used, the more likely the user had driven under its influence in the previous 12 months. This would suggest that frequent or dependent drug users could be at increased risk of drug-driving. Addressing dependence issues could therefore be an important part of drug-driving prevention and treatment.

Effects of drugs on driving ability

We were interested to know what drug-drivers thought about the effects of their own drug use on their driving ability, so we asked about the last time they drove under the influence of the drugs. There was considerable variation in the way they perceived different drugs affected driving ability. All poly-drug-drivers thought their driving was 'a lot worse' the last time they drove under the influence of a drug combination. However, for most other substances, drug-drivers reported 'no change' in their driving ability.

As the most prevalent drug-driving group, cannabis drivers' perceptions of drug impairment were of particular interest. The majority (56.4%) of cannabis drivers reported there was 'no change' in their driving ability after using cannabis, with approximately equal numbers reporting their driving was 'slightly worse' (19.3%) and 'slightly better' (16.4%).

These varied perceptions reflect the complex nature of cannabis impairment. However, as evidence grows and we learn more, it is becoming clear that cannabis has a detrimental effect on driving ability. Researchers who have

examined blood samples from injured or deceased drivers after crashes have found that drivers with evidence of active tetrahydrocannabinol (THC) in their blood are more likely to be at fault.

Experimental studies of cannabis impairment involving simulators or on-road driving tests have produced consistent evidence for cannabis impairment. Drivers in these studies, who were dosed with cannabis, were more likely to drift or weave across lanes, have slower reaction times, have collisions and drive more slowly. Suggestions that slower driving might compensate for cannabis impairment have been refuted. In fact, drivers under the influence of cannabis cease to compensate for their impairment well before the impairing effects of cannabis have worn off.

“ Almost a quarter of drivers admitted driving under the influence of cannabis. In fact, cannabis-driving was more prevalent than drink-driving. ”

Our finding that respondents recognised the negative impact of multiple substance use on their driving is consistent with other research. The most commonly reported substance combination, alcohol and cannabis, has been demonstrated to be the most prevalent and impairing combination in other studies. Relatively low doses of alcohol and cannabis have a cumulative effect, creating greater impairment than either drug alone at the same doses, and alcohol appears to neutralise the effect of reduced driving speed associated with cannabis alone. This indicates that alcohol/cannabis combinations create a 'worst of both' situation in terms of driving impairment.

What did respondents think about drug-driving in general?

Our study also aimed to evaluate what drivers thought, felt and knew about drug-driving in general. We asked respondents to rate how safe or dangerous they thought it was to drive

under the influence of all the different drugs surveyed on a scale from 1 (safe) to 5 (dangerous). All substances were rated at the dangerous end of the scale. However, there was some variation between drugs. Cannabis was rated as the least dangerous substance, while alcohol was the substance rated as most dangerous for driving.

We also looked at how drug users who had driven under the influence of drugs in the previous 12 months rated the risks compared with drug users who had not driven in the past 12 months. Drug-drivers perceived the effects of drugs to be less dangerous for driving than drug users who had not driven under the influence. Understanding why some drug users choose to drive under the influence and others do not could be key to designing prevention programmes. Changing drug users' attitudes towards the risks of drug-driving might influence their drug-driving behaviours.

So what does this all mean?

One of the key findings from our research was that driving under the influence of cannabis was the most common drug-driving behaviour within our sample, even more prevalent than drink-driving. The majority of cannabis drivers perceived no change in their ability to drive when under the influence, while some even thought their driving was slightly better. We know from increasing amounts of research evidence that driving under the influence of cannabis is a road safety issue. The prevalence of this behaviour, paired with cannabis users' attitudes towards driving under the influence in this study, indicate that cannabis driving might be the drug-driving behaviour of most concern for road safety in New Zealand.

Drug-drivers appear to evaluate the risks of drug-driving differently from drug users who do not drive under the influence. Figuring out why and how these two groups of drug users have different attitudes towards drug-driving could be the key when designing effective drug-driving prevention initiatives. ■

Kate Hammond is the Drug Foundation's Researcher.

Medicinal marijuana bid fails



NZPA/Andrew Labett

THE Green Party's three-year campaign to allow cannabis use for medicinal purposes has come to grief in Parliament. The party's Bill was voted down on its first reading, 86–34 on a conscience vote.

The Bill's promoter, Metiria Turei, pleaded with MPs to let it through to the Health Committee, which could hear evidence of how cannabis eased the suffering of seriously ill people.

"Many people already use it, and they live in real fear of the law. Sick and vulnerable New Zealanders are being jailed. Let MPs hear their stories, let these people have their say," she said.

Under the Bill, seriously ill people would have been able to apply for a cannabis card, issued on a doctor's authority and registered with the police, which would allow them to grow small amounts for personal medicinal use.

However, National MP Jonathan Coleman, a doctor, said it would bring cannabis into mainstream society. He said doctors would be swamped with demands for cannabis cards from people insisting they were seriously ill and needed it for pain relief.

"You can't make out it is a good thing, we need less drugs in society."

Labour Health Spokesperson Ruth Dyson said the prescription drugs were "horrifically expensive", and although there were problems with the Bill the select committee should have a chance to consider it.

Dear old Danby's dealing days are done

GREAT GRANDMOTHER

Dawn Danby, 71, has been sentenced at Tauranga District Court to a year's home detention and 300 hours community work on charges of growing, selling and possessing cannabis for supply.

Now, police also want to take her Paeroa home. They want it forfeited to the Crown at a proceeds of crime hearing.

Danby, a typical grandmother with walking stick and glasses, said the prospect of losing her home was "like a bad dream".

"It is ridiculous. It's crazy and out of all proportion."

Despite her convictions, Danby maintains she never sold cannabis or helped kick-start other growers' crops by selling them plants she had cloned.

She said she and her co-accused, 64-year-old Douglas McKinney, her boarder for 23 years, needed the dope for pain relief.

Danby said she had not tried cannabis until she was 66 and only did so because conventional medicines did not work on her after an operation failed, leaving her "riddled with pain".

"I needed instant pain relief, and you don't get that with anything. You take paracetamol or something and it takes half an hour. You take cannabis and it works within 15 seconds if inhaled."

During her trial, police said if Danby and McKinney had not sold any cannabis over the last 13 months, they would have had to have smoked more than 8,300 cannabis joints, which was almost 20 a day.

In sentencing Danby, Judge Rollo said the most telling piece of evidence police collected was her diary, detailing harvest yields as far back as September 2004, growing methods, tick-lists of customer debts and payments, and lists of products used to boost growth.

Lying Man?

CLAIMS by an employee of Zion Wildlife Gardens that Lion Man Craig Busch smoked marijuana while handling lions have been categorically denied by Mr Busch.

Carpenter John Davis, who worked at the park, said he would resign if Mr Busch was re-instated as an employee.

He was giving evidence at an Employment Relations Authority investigative meeting into Mr Busch's dismissal – which was unfolding while a handler at the wildlife park was mauled to death by a white tiger.

Mr Davis made the drug claims while being questioned by Mr Busch's lawyer, Daniel Erickson. He said Mr Busch was sitting down with the lions when he last saw him smoking marijuana.

When asked by Mr Erickson whether he complained to his employer about Mr Busch taking marijuana, which was a serious health and safety issue, Mr Davis replied, "He was the management."

“Our provisional view is that current sentencing levels sometimes go beyond the levels that are justified by the seriousness of individual offences. We have compared them with the starting points for other serious crimes such as rape and grievous bodily harm and we want to know what other people think about comparative levels of sentences.”

Andrew Ashworth, Chairman of the Sentencing Advisory Panel (UK).

“Although post-decriminalisation usage rates have remained roughly the same or even decreased slightly when compared with other EU states, drug-related pathologies – such as sexually transmitted diseases and deaths due to drug usage – have decreased dramatically. Drug policy experts attribute those positive trends to the enhanced ability of the Portuguese Government to offer treatment programs to its citizens – enhancements made possible, for numerous reasons, by decriminalisation.”

Glenn Greenwald, in the Cato Institute 2009 report, *Drug criminalisation in Portugal*.

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Health warning over Champix

HEALTH AUTHORITIES have issued a new warning on the mental health risks of the quit-smoking pill Champix, which was introduced to New Zealand in 2007.

More than 3,300 people were prescribed the drug, which contains varenicline, in the first year of its use.

There were 22 reports of people experiencing depression for the first time after taking Champix. Other psychiatric and neurological symptoms were also reported, and in three cases, people taking the drug thought about suicide.

The majority of the new cases of depression were probably caused by the tablets, according to the Intensive Medicines Monitoring Programme, which collected the data from pharmacists and doctors.

Dr Stewart Jessamine, Group Manager of the Ministry of Health's Medsafe unit, said the findings reflected international experience.

"Since the introduction of Champix to New Zealand, there have been additional warning statements around neuro-psychiatric side effects in particular. We knew from clinical trials it could cause these side effects.

"The international consensus of major drug regulators was that the benefits outweighed the risks, but patients should carefully read the information supplied with the product."

All Blacks trained to deal with social risks



THE All Blacks are being taught how to avoid unwanted attention from women in bars and how to behave if someone passes them a P pipe.

In a sign of the times, the New Zealand Rugby Players' Association has gone on the front foot to avoid potentially embarrassing headlines and has hired risk management company Core Dynamics to educate players about the pitfalls of public life.

Sessions include role-plays and practical help, such as being shown what drug utensils look like.

"Players have already told me they are being put in potentially compromising positions at parties and in other social settings where drugs are present," said NZRPA Chief Executive Rob Nichol.

"We have been teaching our guys about the dangers of alcohol for some time. But we thought it would be prudent to move with the times and make sure they have the tools to make good decisions."

Nichol said the players had made sensible decisions to leave when they became aware fellow partygoers were in possession of illegal drugs.

"We spell out the consequences to them and it's then up to them to make sensible choices. So far so good."

David Tomoana of Core Dynamics also works with cricketers and netballers and said rugby players were taught to recognise danger signs and how to avoid getting themselves in a jam.

"One hour they are gladiators, a half hour later they are expected to be model citizens. It's not an easy existence, so they need as much help as they can get."

P use appears to be levelling out

P USE is levelling out but ecstasy use is increasing in New Zealand, new research suggests.

In the annual survey of frequent drug users, the Illicit Drug Monitoring System reported an increased wariness among users of methamphetamine-based drugs, including P.

IDMS lead researcher Dr Chris Wilkins said, "Methamphetamine is no longer the new drug on the block and users of that drug know that it can lead to problems."

Methamphetamine had also become more expensive. The price of a gram of the drug increased from \$610 in 2006 to \$698 in 2008.

Secondary research echoed the respondents' belief that the use of P was levelling out. The New Zealand National Household Drug Survey showed methamphetamine use in the past year had not changed.

The study also revealed that more New Zealanders were using ecstasy, which is easier and cheaper to buy.

Dr Wilkins said there is a perception ecstasy is less addictive and a safer

recreational drug. However, he warned of the added risk to ecstasy users of an impure product, which made the effects of the drug unpredictable.

"People should be aware... that what they are taking may not be pure ecstasy but a mixture of methamphetamine, ketamine and BZP."

Dr Wilkins said that, while the ban on BZP had been a success – with fewer drug users reporting its use – research was needed into whether the ban had resulted in increased use of other drugs.

Teen smoking at new low

THE number of teens puffing on cigarettes has dropped to a record low, an annual survey of smoking habits shows.

But the survey report warns that new smokefree policies are needed as the impact of existing regulations fades and the reduction in teenage smoking rates slows.

Action on Smoking and Health's Year 10 Snapshot Survey 2008 shows a record 61 percent of year 10 pupils (14- and 15-year-olds) nationwide have never tried smoking, compared with 32 percent in 1999, when the survey began.

In Wellington, the figure was even higher, with 66 percent of pupils saying they had never smoked.

The number of regular teen smokers also dropped nationally to 12 percent, from 29 percent in 1999, while 7 percent were smoking daily.

Associate Health Minister Tariana Turia said she was encouraged by the survey results but the high rates among Māori teenagers, especially girls, made it only "a good news story... not a

great news story”.

Nearly one in three Māori girls was a regular smoker, while 22 percent smoked daily. She would be looking into what could be done to bring those figures down.

Gene test for lung cancer



SMOKERS can now take a test to predict their risk of getting lung cancer, using world-first technology developed by Kiwi researchers.

The test, which will cost \$275, was developed from research carried out by Associate Professor Robert Young and Auckland University colleagues.

But smokers who find themselves at the lower end of the risk scale have been warned they should not see it as an excuse “to happily go on smoking”.

Dr Young said the test, which goes by the trade name Respiragene, combined clinical risk factors, such as age, chronic obstructive pulmonary disease and family history of lung cancer, with DNA obtained through mouth swabs.

“Research suggests many smokers have an ‘optimistic bias’, believing bad outcomes happen to other people rather than themselves. The majority of smokers do not think they are at risk of lung cancer.

“There is no such thing as low risk. Everybody should quit and there are some people at the very high-risk end.”

After more than 30 years of smoking, 67-year-old Alan Conlon had his “fingers crossed” that he wouldn’t get lung cancer, but the Respiragene test has identified him as very high risk.

Mr Conlon took the test last year as part of the research, and a follow-up CT scan revealed a suspicious nodule on his lungs. A second scan three months later found it had not changed but Mr Conlon intends to keep up regular testing.

“They effectively saved my life. It’s my long-term goal to live to 100.”

Turia wants to roll a tax rise



NZPA/Ross Setford

A TAX RISE on roll-your-own cigarettes is needed to combat youth smoking rates, Associate Health Minister Tariana Turia says.

Speaking at the Māori Tobacco Intelligence Summit in Wellington, the Māori Party co-leader also proposed bans on the placement of tobacco products near tills and duty-free tobacco, and a review of quit-smoking programmes.

About 50 percent of Kiwi smokers use roll-your-own tobacco, and Turia said she was “unconvinced” targeted programmes were reducing smoking rates.

“I want to know whether high-quality cessation support services across the health

sector are actually having direct outcomes in reducing smoking rates. My deeply held suspicion is that the more effective approach would be to reduce tobacco supply in the first place.”

Quit Group, the charitable trust that runs Quitline, welcomed Turia’s comments.

Quit Group Executive Director Helen Glasgow said the support line helped more than 53,000 New Zealanders in their attempts to quit smoking last year. However, there was no “magic bullet” for quitting.

Roll-your-own cigarettes dangerous money-savers

ROLL-YOUR-OWN smokes could be even more harmful than factory-made cigarettes because people suck them harder and more efficiently, Christchurch research indicates.

In the first comparison between the two types of smoking using people rather than smoking machines, the study suggests rollies are “apparently no less and possibly more dangerous” than factory-made cigarettes.

Public health specialist Dr Murray Laugesen and his co-researchers found roll-your-own smokers inhaled 28 percent more smoke per filtered cigarette, even though the rollies contained less tobacco.

“Whereas a smoker of factory-mades lets a lot of the smoke go up in the air, these roll-your-own smokers suck like crazy and don’t let so much be wasted,” Dr Laugesen said yesterday. “They’re getting more value out of the tobacco – and more harm.”

The study, using cigarette holders containing flow meters, compared 26 people who usually smoke rollies with 22 who usually smoke factory-mades.

In their paper, the researchers said rollies accounted for nearly a third of tobacco used in New Zealand.

Boy in coma after drinking litre of spirits



A 13-YEAR-OLD boy was sent to hospital in a coma after downing a one-litre bottle of 35 percent proof Jagermeister at a snow sports junior training camp in Wanaka.

In what is believed to be a peer-pressure drinking incident, the boy consumed an amount equivalent to 28 standard drinks.

Wanaka police were investigating an alleged theft of a bottle of alcohol from the bar of a backpackers. Constable Greg Nolet said reports indicated the boy had drunk the bottle of spirits after it was produced by another boy.

“People at some stage needed to be held responsible for the consequences of peer pressure,” he said.

Research into Kiwi drug knowledge

THE Ministry of Health has commissioned research into attitudes and knowledge about illegal drugs in New Zealand. The research, carried out by consultancy

Quotes of Substance

“Cannabis is a gateway drug... a gateway to becoming President.”

Sanho Tree from the Institute of Policy Studies, says every US president since 1993 has admitted using cannabis.

“This sudden desire to fix up loss-leading is because they don't want the public to look at their practices.”

Labour's Justice Spokesperson **Lianne Dalziel** comments on decisions by leading supermarket companies Foodstuffs and Progressive Enterprises to stop selling alcohol below cost as a 'loss-leader', after claims the cheap deals lead to alcohol abuse. She said independent bottle store owners had told her they could buy beer more cheaply from their local supermarket than from their regular wholesaler.

“The ADF makes its own policy decisions and decides which issues it will promote, and when it will do so. We have advocated action on RTDs for several years and we have supported the present government's excise on [the category] because we think it is worthwhile.”

Australian Drug Foundation National Policy Manager **Geoff Munroe** denies the body is actively promoting the Australian Federal Government's RTD tax hike bill to secure funding increases.

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firms Acqumen and UMR, included interviews with and surveys of both experienced drug users and the general public.

The research sought to understand how New Zealanders viewed illegal drugs, the reasons why people used drugs, the risks and harms associated with their use and the level of knowledge about their impacts.

The report highlights public concern about drug use and found the majority of those surveyed viewed drug misuse as a community issue requiring active community support rather than an individual problem.

The two drugs most commonly identified were cannabis and methamphetamine, with 94 percent of those surveyed considering methamphetamine to be the most harmful drug in New Zealand. There was a perception that people were starting to use drugs at an earlier age and that drugs were readily available to young people.

Parents saw themselves as important in passing on information to their children and called for accurate information on drugs, how to identify if their child had a problem and where to get help.

The research forms part of the development of a demand reduction programme for illegal drugs, which aims to improve public awareness of, access to and utilisation of resources that seek to reduce the demand for and harms from illegal drugs.

The report is available at the National Drug Policy website: www.ndp.govt.nz.

Otago waiting lists



A LACK of services for Otago offenders with low-level drug and alcohol problems threatens the integrity of some sentences and could put public safety at risk, a Dunedin District Court judge says.

Judge Stephen O'Driscoll called on Community Alcohol and Drugs Service (CADS) and probation service staff to explain why there was a six-month waiting list and what was being done about it.

CADS representatives told the court that people with milder problems were having to wait because increased referrals and more methadone clients had put pressure on the service.

Judge O'Driscoll said most people who passed through the criminal justice system had problems with alcohol and/or drugs, but it was meaningless sentencing someone to get help when help was not available.

“And there's a public safety issue when you have drink-drivers who say they want help and assistance but they can't get any. Their motivation is highest when they are facing court action.”

CADS Manager Tony Martin told Judge O'Driscoll the service was overstretched.

A 25 percent increase in referrals this year and more than 300 people on its specialist methadone programme – when it was

only funded for 238 – meant CADS had to concentrate on those with the more serious problems.

People with mild problems needed help too because they could still alter their behaviour.

“We are turning away the very people we could probably do the most qualitative work with,” he said.

Tiny pill may deal to P

DESPERATE addicts could be given new hope in their battle to kick P.

Researchers hope methylphenidate, a drug being trialled on the North Shore, will work in a similar way to methadone on opiates, or nicotine on nicotine, and ease P addicts' cravings.

Waitemata District Health Board Knowledge Centre Director Wayne Miles says he is eager to shed light on how to beat a P addiction.

“The people that I've seen, they're desperate. Many have tried to stop, but back it comes. And yet they have an awareness it's ruining their lives.”

So far, about 20 addicts have signed up for the trial being run by Miles and his team. They take either methylphenidate or a placebo drug every day, which is administered in pill form. A urine test every week is used to check for the presence of methamphetamine in their system.

Several drugs have been trialled in an effort to counter methamphetamine addiction, but none so far have produced results.

Mr Miles's trial is part of a follow-up to a successful methylphenidate trial by Finnish researcher Jari Tiihonen.

It found patients given the drug had significantly fewer amphetamine-positive urine samples than those who were given a placebo.

Killer drivers on drugs will go free – daughter



A WOMAN whose mother was killed by a driver on drugs says 90 percent of fatal crashes involving drugs will not be prosecuted under new legislation.

She went on a 140-hour hunger strike to protest against what she says are apparent loopholes – one hour for each person killed by drugged drivers on New Zealand roads each year.

Rachael Ford's mother, Mary Radley, died in a crash in 2004 after a drugged driver ploughed into her car at Koromiko near Picton.

The man admitted driving under the influence of methadone and benzodiazepine, a tranquillising drug he had obtained illegally. Mrs Ford said that, under the new crime of driving while impaired by drugs, set out in the Land Transport Amendment Bill before Parliament, he would not be punished for driving under the influence.

Prosecutions for drug driving, except for Class A drugs, are not possible without a driver impairment test and a blood test, but drivers hurt in an accident cannot be made to take the impairment test.

Mrs Ford said New Zealand should follow other jurisdictions, Australia included, where impairment testing was not necessary for a conviction of driving under the influence.

"A forensic scientist can testify... there's also confessions... like in my mother's case, and witness statements. It just involves a little bit more police work."

Transport Minister Steven Joyce could not explain why benzodiazepine had been left out of the law.

"That's the way the Labour Government drafted it, and that's how it came back from the select committee, but I will have to check whether that was intended."

National has promoted the Bill as a way to strengthen road safety laws by creating a crime for driving under the influence of drugs. It replaces the old test of being incapable of proper control of a motor vehicle.

Cigarette price cuts "underhanded and cynical"



CIGARETTE companies are using 'loopholes' in legislation to cut prices and reverse smokers' quit rates, anti-smoking groups say.

Action on Smoking and Health Director Ben Youdan said the recent lowering of the price of some brands at the bottom end of the tobacco market was an "underhanded and cynical attempt to discourage people from quitting smoking".

It is illegal for individual retailers to discount cigarettes, but supply companies can make country-wide price adjustments.

Tobacco giant British American Tobacco (BAT) said its national price cut was in response to similar moves by competitors. However, BAT's main competitor, Imperial Tobacco, told Radio New Zealand it had also lowered its prices as a result of moves by the competition.

Mr Youdan said it is typical that neither company is willing to take responsibility for increasing the number of customers they are going to be killing this year.

A complaint had been laid with the Ministry of Health, he said.

Debate over P DVD



WHANGAREI retailer Brett Sawyers, who was taken hostage by a female P addict shot dead by police last year, plans to send a hard-hitting DVD to 55,000 Northland homes to educate families about the effects of methamphetamine.

The DVD, titled *Welcome to the Ice Age*, is made by former police detective Mike Sabin, who runs Methcon, an anti-methamphetamine consultancy.

The project will cost about \$400,000, and the men see it as a ground-breaking effort that will make Northland a leader in methamphetamine

Colbert:

“Ethan, you say we should legalise drugs and that would solve all of our problems. Go on, sell me the idea of giving weed to my kids...”

Nadelmann:

“Nobody wants to give anything to your kids... but 50 percent of Americans are saying treat [marijuana] like alcohol... We should have the debate.”

Colbert:

“Treat it like alcohol? You can't compare alcohol to drugs. Alcohol is not a drug. It's a delicious liquid that makes you exciting and courageous.”

From *The Colbert Report*:

an interview between Stephen Colbert and Ethan Nadelmann, Executive Director of America's Drug Policy Alliance.

“We have created a licensing system that essentially privileges the individual economic interest, and literally any idiot can get a licence.”

Victorian Police Chief Commissioner Simon Overland criticises the Australian state's liquor licensing regime that seems oblivious to any correlation between alcohol availability and harm.

prevention education.

The DVD features interviews with former meth addicts and medical and health experts and includes graphic images of the effects of the drug, taken largely from US media campaigns such as the Montana Meth Project.

However, Drug Foundation Executive Director Ross Bell said the idea was a waste of money, did not provide solutions and could possibly be counter-productive.

A recent critical review of the Montana Meth Project in the peer-reviewed journal *Prevention Science* found that the organisation had grossly misrepresented its findings. Far from being successful, the campaign was actually associated with increases in the acceptability of using methamphetamine and decreases in the perceived danger of using drugs.

“Mike Sabin’s eagerness for a hard-hitting drug education DVD reflects his ongoing denial of the research evidence about the effectiveness of graphic social marketing. This is unfortunate but perhaps understandable. Mr Sabin may call himself a drug educator, but he is first and foremost a businessman. The Methcon Group, of which Mr Sabin is Managing Director, is a commercial enterprise that seeks to make profits from providing drug education, advice and training programmes relating to methamphetamine.

“In these difficult economic times, we should ensure that precious resources are spent on solutions that have been proved to be effective, not on the misguided hype of vested interests.” ■

Doing digital drugs



WE all know music can alter your mood. Sad songs can make you cry. Upbeat songs may give you energy. But can music create the same effects as illegal drugs?

Videos of people claiming to experience the high of digital drugs are popping up all over *YouTube*. Their ‘dealer’ is a website called i-Doser.com. It features downloadable doses of notorious drugs, claiming each will give the user a high through binaural brainwave technology.

Lisa Sanders, Assistant Professor at the University of Massachusetts, says these binary tones have been used for years to induce meditation and treat anxiety, but can they actually induce a psychedelic high?

“All of our experiences affect our brains just like chemicals affect our brains, so it’s not impossible, but given the evidence that’s out there now, I’d say it’s very unlikely.”

The digital drugs, known as ‘i-dosers’, come in many varieties. Some purportedly mimic the effects of LSD, crack, heroin and other hard drugs. Some are of a sexual nature or even supposedly simulate heaven and hell.

They’re certainly a cheaper alternative. A dose of digital LSD, for example, costs just US\$4.50 (NZ\$6.99).

Health group seeks tougher drink laws

A new Australian lobby group is pushing for tighter rules on alcohol advertising to combat the AUD15 billion cost of heavy drinking.

The 21 public health groups forming the National Coalition for Action on Alcohol Harm met in Canberra yesterday and pushed for a suite of changes to the alcohol industry.

The new group is pushing for a volumetric tax, labelling it a ‘harm-based tax’, which would be dependent on alcohol volume, but with special provisions for alcohol products that cause particular harm.

The group also has alcohol advertising in its sights following recent controversies including the VB sponsorship of the Australian cricket side, which this month farewellled all-rounder Andrew Symonds following booze-related controversies.

This month also saw the launch of *Skinny Blonde* bottles that reveal a naked woman as the temperature of the product rises.

“If you look at some of the adverts, some clearly breach their own guidelines about not associating alcohol with success, sexual success, business success,” said National Drug Research Institute Director Steve Allsop.

But the alcohol industry played down the need for regulatory change. A spokesperson for Foster’s Group, Australia’s largest alcohol producer, said most consumers enjoy in moderation and most alcohol producers behave responsibly.

“We welcome the combined efforts and seek to be part of the solutions, to address the potential negative impacts of alcohol misuse.”

The meeting came as Health Minister Nicola Roxon’s office released figures casting doubt on claims about the lack of effectiveness of the tax made by alcopops producer Independent Distillers.

The distiller said sales of hard liquor rose 17 percent while beer sales were up 8 percent following the introduction of the tax. But Ms Roxon’s office cited budget papers showing alcopop sales fell 35 percent and overall spirits fell 8 percent.

Can amphetamines help cure cocaine addiction?

WHEN methadone was first proposed as a treatment for heroin addiction, it sounded like a pointless gambit – sort of like substituting vodka for gin. That’s enabling addicts, critics said, not helping them.

But over the years, methadone treatment has proved more successful than any other heroin-addiction therapy in getting people off illicit drugs and lowering HIV transmission rates, crime and death among users.

That success has got researchers wondering whether addiction to other drugs – namely to the stimulants cocaine and methamphetamine – could be curbed by substituting a chemically similar alternative.

“It’s an idea that really does need to be rigorously evaluated,” says Frank Vocci, Director of Pharmacotherapy at the National Institute on Drug Abuse (NIDA). “But right now, there is more

discussion than data.”

To date, research has been mixed but intriguing. The best-studied drugs so far are dexamphetamine, a form of amphetamine contained in anti-hyperactivity drugs, and modafinil, used to treat narcolepsy.

One British study followed 60 stimulant addicts who were treated with dexamphetamine compared to 120 heroin addicts being treated with methadone. In both groups, about two-thirds of patients stopped injecting over 10 months.

Another trial in Australia followed 30 cocaine injectors, 16 of whom were treated with dexamphetamine and 14 with a placebo. Cocaine-positive urine tests in the dexamphetamine group fell from 94 percent to 56 percent, while the placebo group showed no change.

But there are reasons why stimulant maintenance treatment has not been studied more extensively. For one, high doses of amphetamines can cause brain damage, psychosis, heart attack and stroke. The consequences of high-dose use are important, since addicts in treatment often try at least once to use illegal drugs on top of their maintenance drug.

Another problem is that stimulants appear to increase users' desire subjectively, rather than satisfying it. While a heroin high is calming and lasts for several hours, cocaine and amphetamine feel different. As actor Robin Williams, an admitted ex-user, put it, “Cocaine makes you feel like a new man, and the first thing the new man wants is

more cocaine.”

It produces excitement, not relaxation, and the concern is that a maintenance drug would have the same escalating effect.

The newer stimulant drug modafinil does not carry the same addiction risk as amphetamines, making it a promising alternative as a maintenance drug, but it's also less effective in treating the most severe addictions.

Carter to harvest coca as peanut-picking payback



AFP/Getty Images

JIMMY CARTER has accepted an invitation from Bolivian President Evo Morales to go pick coca on Morales's farm in the Chapare. The stop was part of a nine-day trip to Latin America by the Nobel Peace Prize-winning former US President.

Morales, a former coca grower union leader, launched the invitation amidst smiles at a press conference following a private meeting with the ex-President, saying that he had a long friendship with Carter, who had invited him to pick peanuts on his Georgia farm.

Carter is scheduled to be back in Bolivia in December. At that time, Bolivia will be undergoing general elections in which Morales is seeking re-election until 2015.

Bolivia is the world's third-largest coca producer, behind Colombia and Peru. Under Morales, the country has embarked on a policy of

‘zero cocaine, not zero coca’, which has brought it into conflict with the US and with the United Nations' international drug control apparatus.

China executes 20 to celebrate UN anti-drug day

REPORTS say at least 20 people were executed in China on 26 June, the UN's International Day Against Drug Abuse and Illicit Trafficking. On this date, China has traditionally executed and sentenced convicted drug traffickers to illustrate its resolve in fighting the scourge.

Meanwhile, Chinese police have destroyed six tonnes of heroin, opium and hemp smuggled in from Afghanistan and Pakistan. Courts across China handled more than 14,000 drug-related cases between January and May, up 12 percent from the same period last year. Nearly 6,400 people have been convicted of drug crimes and received sentences ranging from five years in jail to death.

State media reports cited authorities saying ‘designer’ drugs such as methamphetamine, ecstasy and ketamine were emerging as a new and dangerous segment of the drug market. The drugs were gaining popularity among newly affluent young Chinese who viewed such substance use as a status symbol.

Meanwhile, Iran has also recently hanged 20 people for drug trafficking. The semi-official Fars news agency reported more than 700 kilos (1,540 pounds) of drugs, including heroin, cocaine and opium, were seized from the

20, who were aged between 35 and 48.

According to human rights group Amnesty International, Iran applied the death penalty to 346 people last year, carrying out more executions than any other country apart from China.

Obama signs tobacco regulation Bill



US President Barack Obama has signed into law legislation giving the Food and Drug Administration (FDA) authority to regulate tobacco products for the first time.

The new law – supported for years by health, education and religious organisations, while being opposed by many groups affiliated with the tobacco industry – enables the FDA to control the manufacture, promotion and sale of such products as cigarettes and chewing tobacco.

The Southern Baptist Ethics and Religious Liberty Commission and other advocates for the new law applauded the Bill's enactment. Vice President Barrett Duke described the signing as “an historic event”.

“We're delighted we've finally been able to come to this point where the FDA is going to be regulating tobacco and tobacco products in the same way they regulate what is in macaroni and cheese and just about everything else people consume today.”

Quotes of Substance

“There is not sufficient evidence [e-cigarettes] are safe products for human consumption.”

Timothy O'Leary,
Communications Officer
at the World Health
Organization's Tobacco Free
Initiative in Geneva.

“I have had too many [politicians] tell me privately that they agree with allowing medical use [of cannabis] even as they indicated they would have to vote against it. No matter how necessary humanitarian and cautious the Bill, they don't want to be seen as 'pro drugs'. I can't resist commenting that this doesn't prevent them attending drug-glamorising events such as the Air New Zealand Wine Awards.”

Nandor Tanczos says he is angered and disgusted at the uninterested and vicious cruelty of New Zealand MPs after Parliament voted overwhelmingly to “keep prosecuting sick people for therapeutic use of cannabis”.

“I was smart enough to use pot and not get caught, and now I am on the Supreme Court. If you were stupid enough to get caught, that's your problem. Your appeal is denied.”

Clarence Thomas,
Supreme Court Justice, USA.

In remarks before he signed the Bill, Obama cited the devastating effects of tobacco use in the United States: 400,000 deaths a year from related illnesses; an annual healthcare cost of about \$100 billion; and 1,000 new smokers under the age of 18 each day.

The President spoke of his own struggle to stop smoking.

“I was one of those teenagers, and so I know how difficult it can be to break this habit when it's been with you for a long time,” Obama said.

Among its provisions, the new law will:

- limit the advertising and promotion of tobacco products
- crack down on tobacco sales to minors
- prohibit candy and fruit-flavoured cigarettes
- ban the use of such terms as 'light' and 'low tar'
- require larger health warnings on tobacco packaging and in advertising
- mandate tobacco companies to reveal the contents of their products
- empower the FDA to require such changes as the reduction of nicotine and the removal or reduction of other harmful products.

Indigenous prisoners: solutions for a broken system

DESPITE government investment to reduce incarceration, indigenous Australians have continued to fill Australian correction systems at alarmingly disproportionate rates, making up almost one-quarter of Australian's prison population and over half

of juveniles in corrective institutions.

The National Indigenous Drug and Alcohol Committee of the Australian National Council on Drugs (NIDAC) has released a paper calling for action to address this 'disturbing problem', revealing indigenous adults are 13 times more likely to be in prison than other Australians.

Associate Professor Ted Wilkes, NIDAC Chair, says, “It is clear current initiatives simply aren't enough. It is widely known there is a strong link between harmful alcohol and drug use, offending rates and poor health. A major rethink is needed, and unless we address these issues, a lifecycle of offending can perpetuate and span across generations.”

The paper recommends individual education support funds be launched for every indigenous young person and the eligibility of current diversion programs be changed to enable indigenous people greater access to alcohol and drug treatment instead of prison.

Ted Wilkes said, “Treatment is simply far more effective in terms of outcomes and costs than imprisoning people. It provides people with a chance of recovery, which would mean less re-offending.”

The paper's long-term recommendations include: funding community-based indigenous youth wellbeing and activity centres with links to education and health services; developing a national AOD campaign for indigenous Australians to reduce demand and supply; establishing a 'break the

cycle' network of indigenous-specific residential rehabilitation centres for courts to utilise as a viable alternative to incarceration; and developing a strategy to train and establish a specialist indigenous workforce of psychologists, doctors and nurses.

“Nice people take drugs” goes global



DRUGS and humans rights charity Release accused advertising regulators of censorship after its campaign posters were withdrawn from London buses.

Despite the fact that not a single complaint was received from the public, Release was told the strapline 'Nice People Take Drugs' had to be removed or altered to temper the message.

However, the campaign has now attracted worldwide attention for its truthful message about contemporary drug use and its constructive attempt to engage politicians in a desperately absent debate.

It has become the subject of bloggers, journalists and drug policy activists worldwide. Supporters are being asked to get together at famous landmarks to recreate the slogan using flash cards that can be downloaded from the Release website.

A deck of cards has also been produced featuring a number of prominent politicians who have admitted

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to using drugs yet are still willing to criminalise others who have similarly experimented with substances such as cannabis.

Release Chief Executive Sebastian Saville said the Nice People Take Drugs campaign is about getting people to think about drug use in our society and for politicians to stop being so frightened of having an open debate on how to more effectively deal with the current situation.

"I believe the time has come where potential leaders of our country have much to gain from real honesty about drug use in the UK, including their own drug use."

View pictures and the deck of cards at www.release.org.uk/nice-people-take-drugs.

Addictions prompt painkiller policy plea



DOCTORS' groups are urging a radical rethink of how opioid drugs are supplied and controlled, amid evidence of a surge in the number of Australians addicted to prescription painkillers.

The current situation – in which potent opioid painkillers such as morphine and oxycodone can be freely prescribed by GPs while the addiction treatments methadone and buprenorphine are highly regulated – is irrational and puts lives at risk, according to a report set for formal

submission by Government.

The Head of Addiction Medicine at the University of Sydney, Paul Haber, found the number of Medicare-funded prescriptions of oxycodone, known by the brand name OxyContin, had quadrupled across Australia since 2000 to 1.6 million in 2007.

"You have to wonder if we had that much unrelieved pain," he said.

"But if access to such medicines was restricted, you would be sending a message to patients and doctors that giving out painkillers is bad, and legitimate users would inevitably miss out."

He said people could remain on opioids long-term without adverse health effects if the dose was stable, but some required escalating doses, putting them at risk of overdose.

Head of the Alcohol and Drug Service at St Vincent's Hospital Alex Wodak, who is also an author of the report, said oxycodone overdose deaths in the US had overtaken those from heroin, and Australia was now prescribing the drug at a similar rate to the US.

Lost bag quite a blow!

HERE'S a piece of lost luggage whose owner is unlikely to make a claim.

Customs officials in London say someone left a suitcase packed with 20kg of cocaine on a Heathrow Airport carousel.

Investigator Stuart Robinson said authorities had yet to identify who the bag belonged to after it arrived on a flight from Mexico.

Journos biggest boozers, poll finds



MEDIA workers are the heaviest drinking professionals in England, each consuming the equivalent of more than four bottles of wine or more than 19 pints of beer a week, according to government research.

People in the profession drink an average of 44 units a week, around double the recommended limit, a Department of Health survey has found.

The NHS recommended maximum alcohol consumption for men is 21 to 28 units a week – three to four units a day. For women, the maximum is 14–21 units a week – two to three units a day.

Media workers also drink 10 units more a week than the next heaviest drinking professionals – IT workers – who are closely followed by service-sector workers at 33 units, and people in finance, insurance and real estate at 29 units.

People working in education, transport and travel are the country's most moderate drinkers, consuming an average of 24 units a week, although that is above the recommended limit for women and around the maximum for men.

Nearly a third (29 percent) of media and IT workers and a quarter of those in the finance sector said they sometimes felt pressured to

Quotes of Substance

“We should stop using the metaphor about the war on drugs. People look at it as a war on them, and frankly we're not at war with the people of this country.”

Gil Kerlikowske, the Obama administration's new Drug Czar, says he wants to banish the idea that the US is fighting 'a war on drugs', a signal the administration will follow a more moderate stance favouring treatment over incarceration.

Mr Kerlikowske added that he doesn't support efforts to legalise drugs. He also said he supports needle-exchange programmes, calling them "part of a complete public-health model for dealing with addiction".

“While we were sitting there, the guy we're buying from is smoking pot and his toddler comes over and he blows smoke in the toddler's face. You go home at night, and you think of your own kids and your own family and you realise the depth of the problem.”

US Drug Czar Gil Kerlikowske's career began as a Florida undercover officer during the 1970s. This incident spurred his thinking that arrests alone wouldn't fix matters.

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Quotes of Substance

“There is no medical drug in use today that is without risk or potential for adverse side-effects, so it does not make sense to avoid the debate over medicinal cannabis any longer... Compassion is critically important here and that requires that New Zealanders have access to the most effective treatments available, even if that treatment is cannabis.”

Drug Foundation Executive Director **Ross Bell** on why Parliament should proceed with a Member's Bill on medicinal cannabis. ■

drink by their colleagues.

Ben Willmott, a Senior Policy Adviser at the Chartered Institute of Personnel and Development, said the findings showed how office culture could adversely affect alcohol intake, particularly in industries where entertaining clients or colleagues involved drinking.

Australian Rugby League "living in a fairy world"

AUTUMN'S Four Nations Rugby League series started in earnest with Australia's outrage that they may not be able to spread the message of Victoria Bitter into France during the tournament.

Geoff Carr, Chief Executive of the Australian Rugby League (ARL), thundered in the latest issue of *Rugby League Week* magazine: "We have a contract with VB which we take very seriously and have every intention of honouring. I don't know how this is going to be resolved."

You would have thought that someone at the ARL might have noticed France's ban on the use of sport to advertise alcohol since it was introduced four years or so ago.

Maybe they did but still assumed that the mighty Kangaroos would be exempt from a law that has forced such sporting small-fry as Liverpool FC to remove the beer logos from shirts for Champions League fixtures in France, and that sees rugby union's Heineken Cup known as the H Cup in France.

It seems a bit bizarre, too, that Australia allows its

national team to advertise beer, given the litany of alcohol-related problems the game has endured over the last few years.

"Every time a rugby league player behaves badly, he behaves badly because he's affected by alcohol," Wayne Bennett noted shortly after his resignation as the Kangaroos' coach in 2005.

"If coaches and journalists and officials think we can continue to have a culture in our game of drinking to excess, then they live in a fairy world."

The VB sponsorship, and, for that matter, the XXXX logos that plaster the Queensland dressing room for every State of Origin fixture, suggest the fairy world lives on.

Aussie smokers happy to pay



SMOKERS support higher prices for cigarettes when the money is used to stop more people starting, the Public Health Association of Australia says.

The anti-smoking group backs a proposal before the Federal Government to raise the excise tax on cigarettes, which could push the cost of a packet of 30 above \$20.

"Tobacco tax is the single most effective way of reducing smoking," said the Association's president, Mike Daub. The second was public education.

The Government has hinted that it supports such measures, reiterating the "significant" social, health and community costs of tobacco abuse.

"The National Preventative Health Taskforce has targeted tobacco as a priority, and its report will assist the Australian Government to reduce smoking rates," said a spokesperson for Health Minister Nicola Roxon.

The taskforce also recommended plainer packaging for cigarettes to dull their appeal. That was opposed by tobacco companies, which said moves to stamp out advertising violated competition principles.

Mr Daub said the industry's opposition was a signal the measures would work.

World Drug Report 2009

IN preparation for International Day Against Drug Abuse, the United Nations Office on Drugs and Crime launched its World Drug Report 2009 on 24 June. The report provides detailed production trend estimates on trafficking and consumption in the opium/heroin, coca/cocaine, cannabis and amphetamine markets. For the first time, it includes special sections on the quality of drug data available, trends in drug use among young people and police-recorded drug offences. It also discusses the formidable black market for drugs and how the international community best can tackle it. Download the report at www.unodc.org/unodc/en/data-and-analysis/WDR-2009.html. ■

Blown away: Defeating the breathalyser

Mythbusters have some bad news for drivers keeping breath mints in their glove box for that special occasion when they're invited to speak into the machine. Drinking and driving is bad enough, but if you think you can beat a breath test, you're even more of a bloody idiot.

HIGH PROFILE enforcement is an important component of laws designed to reduce the harms from drinking and driving. Breath alcohol testing gives police a quick and relatively non-invasive way of detecting whether people are driving under the influence of alcohol. Yet, almost immediately since their introduction, people have claimed to be able to defeat such tests.

In one of the more unusual cases, an Alberta, US, courtroom heard how a 28-year-old man, who was stopped on suspicion of driving while under the influence, ate his underpants in the belief they would soak up the excess alcohol in his system. Arresting officer Constable Bill Robinson says he heard "some ripping and tearing" from the back of his vehicle.

"I looked in the back and he was tearing pieces of the crotch of his underwear out and stuffing them in his mouth," he testified.

The accused was eventually acquitted because he had passed the breath test, but we doubt eating his undies was a contributing factor.

In Ontario, Canada, a 59-year-old suspected drunk driver tried to foil a police breathalyser by even more bizarre means – stuffing his mouth full of faeces. He had been taken to the police station for testing, where he grabbed a handful of his own waste "and placed it in his mouth, attempting to trick the breathalyser machine", according to Sergeant James Buchanan of the South Simcoe Police. It didn't work. The machine registered two readings of more than twice the legal blood alcohol limit, and the man was charged with drunk

driving. In 2003, our friends at Discovery Channel's *Mythbusters* tested various commonly suggested ways to defeat a breathalyser, including eating breath mints, sucking on a penny, eating an onion and drinking mouthwash. None were found effective.

Underlying many spurious claims is a lack of understanding about how testing devices work. Although breath mints might mask the odour of alcohol on the breath, they do nothing to affect blood alcohol concentration (BAC), the only thing that really matters. Alcohol shows up in the breath because it is absorbed into the bloodstream rather than being digested. As blood flows through the lungs, some of the alcohol moves from the lungs' alveoli into the air. The amount is directly related to BAC and can be measured accurately during exhalation.

Three main types of breath testing devices are in use – those that detect alcohol by a chemical reaction producing a colour change, those relying on a chemical reaction in a fuel cell and those using infrared spectroscopy.

Interestingly, substances that may have a theoretical basis for reducing breath alcohol concentration were not tested in the Discovery Channel episode. These include a bag of activated charcoal concealed in the mouth, an oxidising gas to fool a fuel cell type detector or an organic interferent to fool an infrared absorption detector.

However, none are likely to be practical, let alone guaranteed to work.

"I'm not sure that activated charcoal would remove much of the alcohol from a person's breath," says Dr Richardson of

the University of Saskatchewan's Department of Pharmacology.

"You would have to be blowing into the breathalyser through a mouthful of activated charcoal. The authorities wouldn't allow this. They don't even allow you to chew gum during these tests."

Failure to fool a breathalyser doesn't mean that testing devices are always 100 percent accurate. Small false positives have been recorded immediately after the consumption of various foods and soft drinks, and after the use of mouthwash.

Breathing patterns also have an effect. According to Michael Hlastala, Professor of Physiology and Biophysics and of Medicine at the University of Washington, "The most overlooked error in breath testing for alcohol is the pattern of breathing."

He says that alcohol concentration in the first part of a breath is much lower than the equivalent BAC, whereas that in the last part of a breath is much higher.

In real life, false positives are rare. A recent New Zealand study of paired blood and breath alcohol concentrations in over 11,000 drivers found a false positive rate of only 0.14 percent.

In light of the available evidence, we conclude there is no reliable and practical way of defeating a breath alcohol test.

But getting arrested is not the biggest risk of driving intoxicated – it's getting killed or killing someone else. The best way to beat a breathalyser? Don't drink and drive. ■

Like a drink?

Kia ora, fakalofa lahi atu, talofa lava, kia orana, malo e lelei, ni sa bula vinaka and welcome.

Like a drink?

Do you find it difficult to **stop** once you start?

Bad shit often happen when you drink?

Ever come round in **A&E**?

Drinking got you in trouble with the **law**?

Suffer monster **hangovers**?

Drinking causing trouble with **whanau**?

Drinking getting in the way of **work**?

Never seem to have any **money**?

Do you want too change your drinking habits?

If you can answer yes to **any** of these questions you may have a problem with your drinking.



Like a Drink? has been produced for people who have experienced some issues with their drinking and are toying with the idea of making some changes.

Find out more:

how it works

Still unsure?

take the
SELF ASSESS TEST



alcoholdrughelpline
0800 787 797
Te kai a te rangatira he korero

thought of the day

contact or comment

tell your story

Kia Kaha, Kia Kaha, be strong.

Above is the front door to the latest Alcohol Intervention Tool from ALAC – *Like a drink?*

You can view this exciting site at www.likeadrink.org.nz

Like a drink? showcases the real stories of eight young New Zealanders as they talk about their experiences with alcohol – funny, gruesome, sad and hopeful.

The site offers interactive self assessment tools, encouragement to change and linkages for seeking further help. It offers insights into a wide range of subjects, topics and themes. **Like a Drink?** provides an opportunity for site visitors to work through issues at their own pace, identify with the people on the site and realise that they too can move forward and make changes.

It's engaging, stimulating and accessible – and it's anonymous.

This resource is the newest innovation in the suite of early intervention resources developed by the Alcohol Advisory Council of New Zealand. It stems from the recognition that there is a group of hazardous drinkers in the community who find it difficult for many reasons to access help for their drinking problems.

We value your feedback and comments, please forward them to:
comment@likeadrink.org.nz

ALCOHOL ADVISORY COUNCIL OF NEW ZEALAND
Kaunihera Whakaturapa Waipiro o Aotearoa

