Matters of Substance.
MARCH 2019 | Volume 30 Issue No.1 | www.drugfoundation.org.nz

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

Legalisation: the chance to right wrongs

New Zealand has an open opportunity to observe many other jurisdictions that have legalised or decriminalised cannabis and learn from their mistakes. Will we?

Legalisation: the chance to right wrongs

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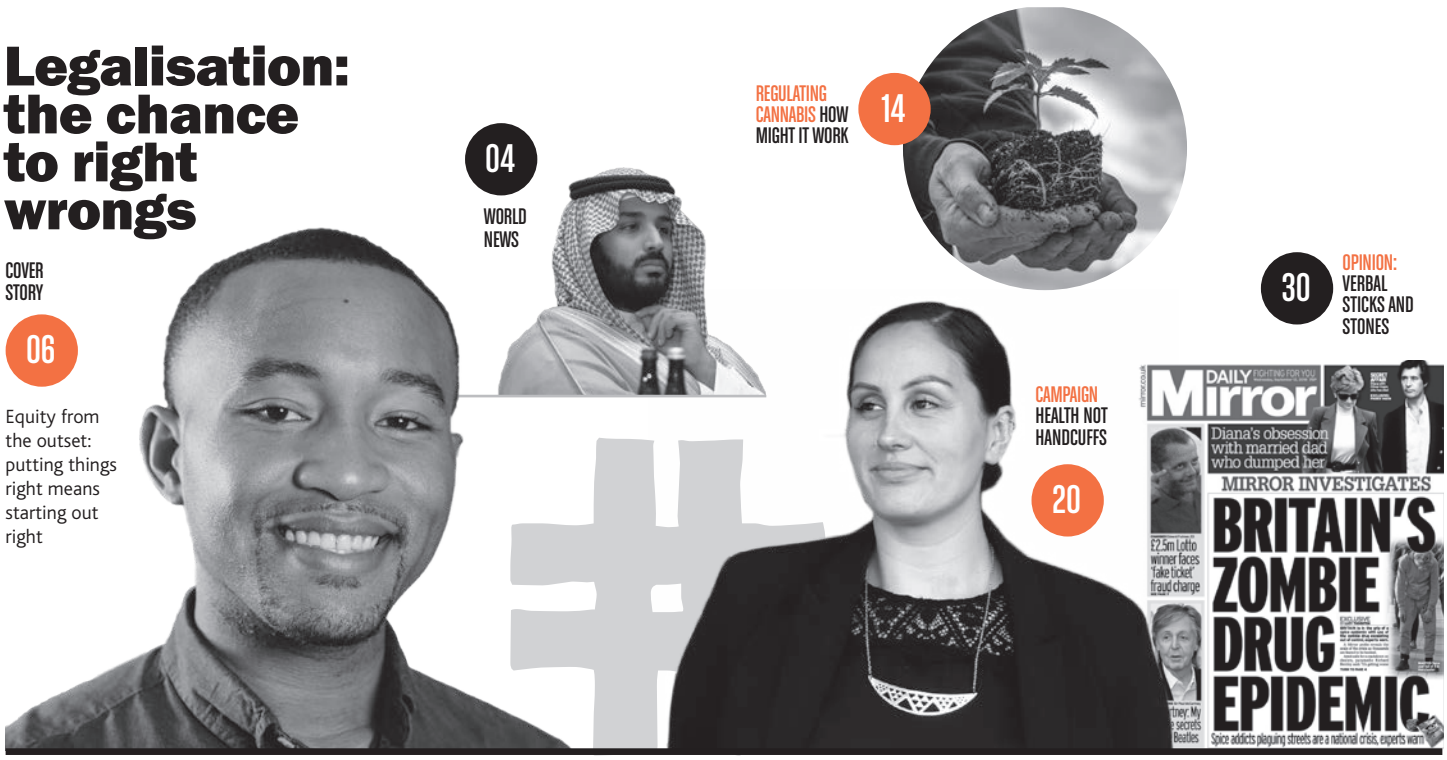

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Become a member

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

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

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

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MATTERS OF SUBSTANCE
March 2019
Vol 30 No. 1
ISSN 1177-200X

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THE DIRECTOR'S CUT

A

ROSS BELL
Executive Director

conservative lobby group campaigning for a "no" vote in the cannabis referendum tweeted something the other day expressing concern about the establishment of a commercial cannabis market. Their tweet said #peoplebeforeprofits.

I couldn't agree more.

There is legitimate concern that a commercialised, liberalised, for-profit market driven by large economies of scale would undermine public health and public safety outcomes. New Zealand has long experienced this with our alcohol and tobacco markets. A loosely regulated industry left unchecked would aim to increase use, especially heavy use.

But it doesn't have to be that way. And there's no sign that the government is intending to design a market for big business. In fact, the signs are pointing in the opposite direction, with Justice Minister Andrew Little saying he wants to start with maximum regulation and control.

So I'm not worried about the design of the regulations, which I'm sure will have strict control over things such as marketing, product potency and purchase age.

What does worry me is the time the government is taking to be clear about its intentions, cognisant that there is a lot of work to be done prior to next year's referendum.

In a best-case scenario, the policy grunt work should have started a year ago. New Zealand could have established a Canadian-style taskforce to engage us all in the design of the model. We could have run new ways of consultation, such as a citizens' jury, to seek consensus on any sensitive matters.

There's still time to get this right. The first step is to agree on high-level principles and objectives. Are we reforming our law for public security, to promote good public health or to increase tax income for the government? Answers to those questions will then drive the policy work in a clear direction.

We've made a start. While the government is yet to outline its policy objectives for cannabis regulation, the article by Kali Mercier (page 14) provides some initial high-level principles and explores policy solutions the government could consider.

The government also needs to decide how it will phase in any reforms. Even if the "yes" vote is a majority at next year's election, cannabis won't be legal the very next day. Instead, the government will need to give itself time to get health and enforcement systems into place.

We could make a quick start by allowing modest home growing and then introduce a non-profit "social club" model. Careful and measured implementation of a licensed cultivation and retail market over the medium term will ensure New Zealand doesn't repeat the mistakes of the legal high law.

To start the ball rolling to design this phased approach, the government needs to draw upon a range of experience and expertise and not just limit the work to a handful of policy officials. Academic researchers, health professionals, local government regulators, frontline Police, civil society representatives and people who currently cultivate and consume illicit cannabis should be involved in the design process. If New Zealand voters decide to regulate cannabis, the government must ensure it does it well.

SOCIAL

@ReganJGregory New Zealand driven by evidence and reality where Australia is governed by sensationalism and fear. You have to praise @nzdrug for their brave devotion to evidence-based drug strategy reform. ... FEB 20

@JimmyNeesh I'd like to personally congratulate @_chloeswarbrick on self control beyond the level of any mere mortal. I'm making it halfway through this interview before flipping the table and storming out. ... FEB 18

@JeffreyWJordan The government is about to seize $14B from El Chapo... does this mean Mexico can actually pay for the wall now?! LOL ... FEB 13

@WestJet We recommend that you pack the marijuana in an air-tight container in your carry-on and allow an additional 30 minutes for security screening. You are not permitted to smoke or use a vaporizer on board the aircraft. ... 3 JAN

@RawiriMJ Public reporting of "police discretion" is required. Has police "discretion" ever been systematically applied to benefit Māori? Good smoking ban but the state needs to restrain the police forces. ... FEB 10

@Dan_Adams86 Suddenly, once everyone is having the same conversation about HOW to legalize, miles of common ground emerge between former adversaries. The unifying theme is that both groups are anti-"Big Marijuana." ... JAN 30

KEY EVENTS & DATES

28 APR – 1 MAY	**26th Harm Reduction International Conference, Porto, Portugal hri.global/conference-2019**
13–15 MAY	**5th Australian & New Zealand Addiction Conference, Gold Coast addictionaustralia.org.au**
22–24 MAY	**13th ISSDP Conference, Paris www.issdp.org/**
18–21 SEP	**Cutting edge 2019: looking back, moving forward, Auckland cuttingedgeconference.org.nz**
6–9 NOV	**International Drug Policy Conference 2019, St Louis, USA**

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NZ.

01 DRUGS ACT CHANGES NEED URGENT HEALTH FUNDING TO ENSURE SUCCESS

The government has announced a welcome change to the Misuse of Drugs Act, which will expand the use of Police discretion for drug offences.

Drug Foundation Executive Director Ross Bell called it "the most significant, positive change to our drug law in over four decades". However, he cautioned the amendment would need to be accompanied by urgent, major investment into drug harm reduction, prevention and treatment services.

The amendment will also give Police stronger powers of search and seizure to target suppliers of synthetic drugs, though reclassifying the two main types as Class A under the Act. More than 65 deaths have now been linked to synthetic cannabinoids since June 2017.

02 Festival drug checking promise for next summer

THIS SUMMER, the New Zealand Government upped the ante on festival drug checking. As Australian politicians wrung their hands and called for a tough approach to stop young people overdosing, Police Minister Stuart Nash announced he would like to legal drug checking in place by next summer.

Nash accused his Australian counterparts of avoiding reality, saying the "tough on drugs" approach doesn't work. "We know young people are taking [drugs]," he said. "We have to be pragmatic about it and not bury our heads in the sand."

03 New report highlights drug policy trends

A NEW Drug Foundation report released in January highlighted New Zealand's shocking number of deaths from synthetic drugs while outlining what we're doing well and where we can improve.

State of the Nation 2018 is a snapshot of how Aotearoa New Zealand is dealing with drugs. It tell us that up to 50 people have died from synthetics, that too many young Māori men are being convicted for low-level drug charges and that demand for addiction treatment is rising.

Policy Manager Kali Mercier says the majority of harm is shouldered by a few. With better information, the government can make better decisions about where to invest public funds.

RESOURCE

Resource nzdrug.org/SOTN-2018

04 Medicinal cannabis law passed

REACTIONS WERE mixed when the government's medicinal cannabis amendment passed its final hurdle in Parliament last December.

The Bill provides a statutory defence for people at the end of their lives using illicit cannabis until a legal regime is established. However, that defence will not extend to caregivers or people with a debilitating illness.

The Bill, which passed into law in December, requires regulations setting up a legal market to be under way within one year. A group of experts has been appointed by MoH to advise on the best way to go about this. Health Minister David Clark says a wider range of medicinal products will become available over time.

05 Three new beds: money well spent

THE PROCEEDS of crime have helped pay for three new beds at Northland's only addiction detox unit, bringing the total number to eight.

In 2017, Te Ara Oranga, a joint initiative between Police and Northland DHB, was allocated funding for a 12-month pilot from the Proceeds of Crime Fund. A portion of that was directed to expand responsive treatment at Dargaville Hospital's Timatanga Hou.

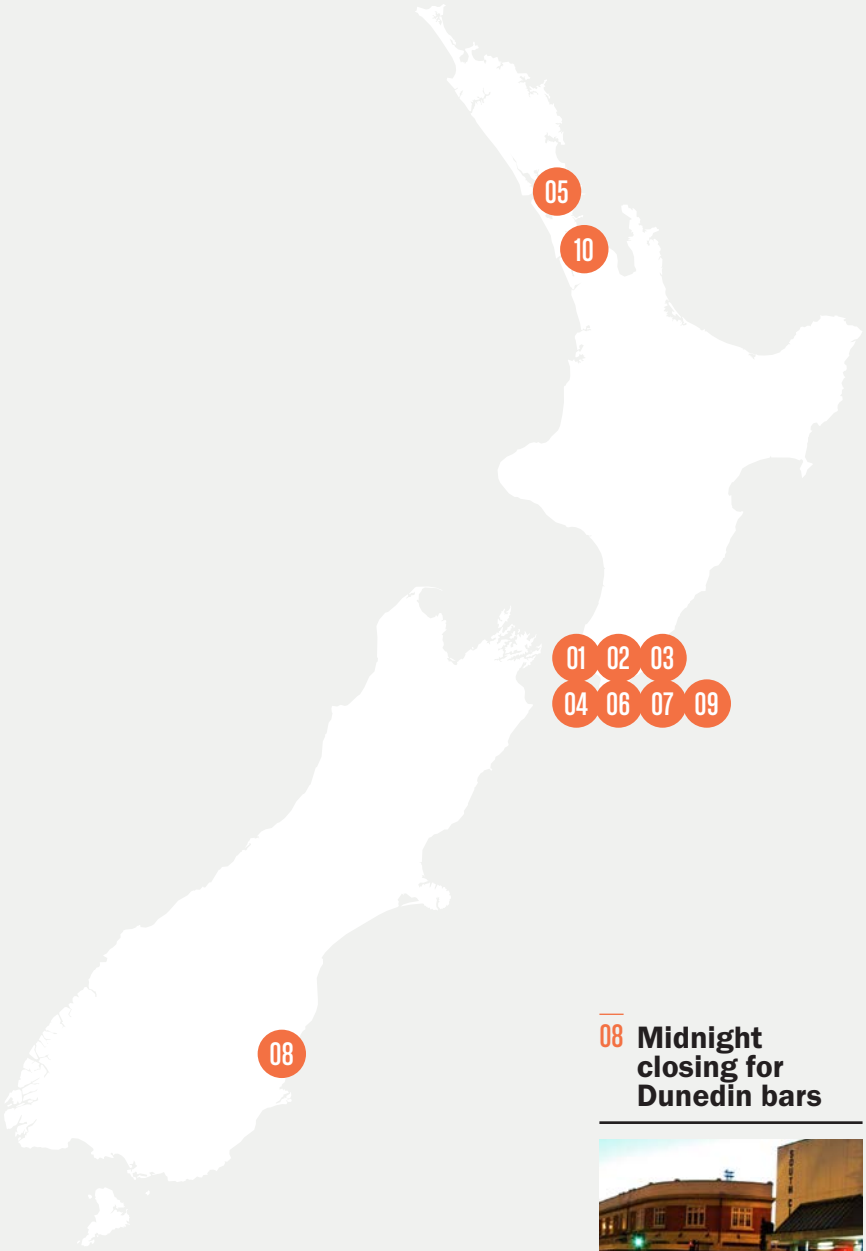
Since then, more referrals from Te Ara Oranga have seen the waiting time increase from 2–4 weeks to 6–8 weeks. The new beds will allow the service to work towards 200 discharges per year, reducing the waiting time back to manageable levels.

06 Lifesaving treatment for 50,000 hepatitis C patients

TENS OF thousands of New Zealanders with hepatitis C can finally receive a free lifesaving treatment after PHARMAC agreed to fund the expensive drug Maviret in December.

Maviret is almost 100 percent effective. However, it's estimated that 60 percent of the 50,000 New Zealanders with hepatitis C have no idea they have the disease – so the next step is to locate them as soon as possible.

Hepatitis Foundation NZ Clinical Director Alex Lampen-Smith hopes stigma will not hold people back from being tested. "It's really about saying, 'Hey, look, it doesn't matter how you got it, let's get you cured, let's get you feeling better'."



07 Call for Māori voice in reform

A recent Horizon poll showed that 75 percent of Māori support changing our cannabis laws. Shared by *The Hui* on Māori TV, the results of the poll were discussed by an impressively well-informed panel, which included our chair Tuari Potiki and board member Khylee Quince.

We know that Māori communities have been bearing the brunt of the War on Drugs for more than 40 years, with Māori disproportionately represented in prison statistics.

As we head towards the 2020 referendum, the Drug Foundation has called for Māori to be central in designing a new regulatory model for legal cannabis, which includes a harm-reduction approach and economic justice for Māori communities.

08 Midnight closing for Dunedin bars

A NEW alcohol policy for Dunedin could force bars outside the city centre to close their doors by midnight.

Dunedin City Council says premises will be classified on a case-by-case basis. Those required to close at midnight could apply for permission to stay open longer for special events.

The city's Local Alcohol Plan was drafted in 2014 and attracted 4,262 public and industry submissions. Six appeals were raised, none of which related to maximum hours for residential bars. It will come into force on 1 February.

09 Mental Health & Addictions report – time for action

THE MENTAL Health and Addictions Inquiry report, released in December, recommended that the government take strong action on alcohol and other drugs, including removing criminal sanctions for personal drug use and providing a broader range of health interventions.

The Drug Foundation joined other health, social justice, housing and church-based organisations in an open letter to Prime Minister Jacinda Ardern calling for a funding boost and a focus on long-term change. The government responded to these and other calls by announcing a new health-focused approach to drug use.

10 New study into the lives and sexual practices of gay men

AN IMPORTANT new study is under way that aims to understand how sexual practice, drug use, mental health, friendship and connection affect Aotearoa/New Zealand's gay community.

The Flux Study asks gay and bisexual men to participate in a detailed confidential survey about their experiences to understand how choices and behaviours affect their lives and the lives of those around them.

The Drug Foundation's Samuel Andrews is playing a lead role in the study, which is funded by the Australian Research Council with support from the University of Auckland and the New Zealand AIDS Foundation. At last count, 550 men had completed the survey.

World.

01 FAR-RIGHT PRESIDENT SPARKS FEAR OF BRAZILIAN WAR ON DRUGS

Drug reform advocates have expressed concern that Brazil's newly elected right-wing President could follow in the footsteps of Filipino President Rodrigo Duterte.

A former artillery unit captain and vocal Duterte supporter, Jair Bolsonaro has publicly expressed support for Police killings of people suspected – never mind convicted – of drug trafficking.

Opponents claim his policies are "ideologically rooted in broader social bigotry". Comments during his election campaign included publicly disparaging women, gay people and indigenous Afro-Brazilians, as well as fondly remembering the military dictatorship.

02 Taking stock: lack of UN progress criticised

IT'S ALMOST 10 years since the UN set a 2019 target to eradicate the illegal drug market, but international experts say there has been very little progress since.

This month, the international community will meet in Vienna for its first stocktake of the UN Office on Drugs and Crime's 2009 plan and to formulate a global strategy for the next 10 years. The International Drug Policy Consortium released a shadow report in January, which indicated that, far from being eradicated, the scale of drug cultivation, production, trafficking and use has increased "exponentially" around the world.

03 Belarus MDMA death highlights danger of prohibition

THE DEATH of a young woman from an MDMA overdose has fiercely divided the people of Belarus.

The woman was with seven friends when she took the fatal dose. Those friends are now facing up to five years in prison and activist group Mothers 328 is demanding much harsher penalties.

Advocacy organisation Legalize Belarus argues that her death was effectively caused by prohibitionist laws, which deter people from seeking help. Not only was Diana unaware that MDMA is dangerous when mixed with certain antidepressants, her friends were too afraid to call an ambulance for an hour after she fell ill.

04 Court battle to prevent supervised injection site

AS PREPARATIONS progress for America's first supervised injecting facility, Philadelphia's federal prosecutors have launched a legal challenge against the non-profit organisers, Safehouse.

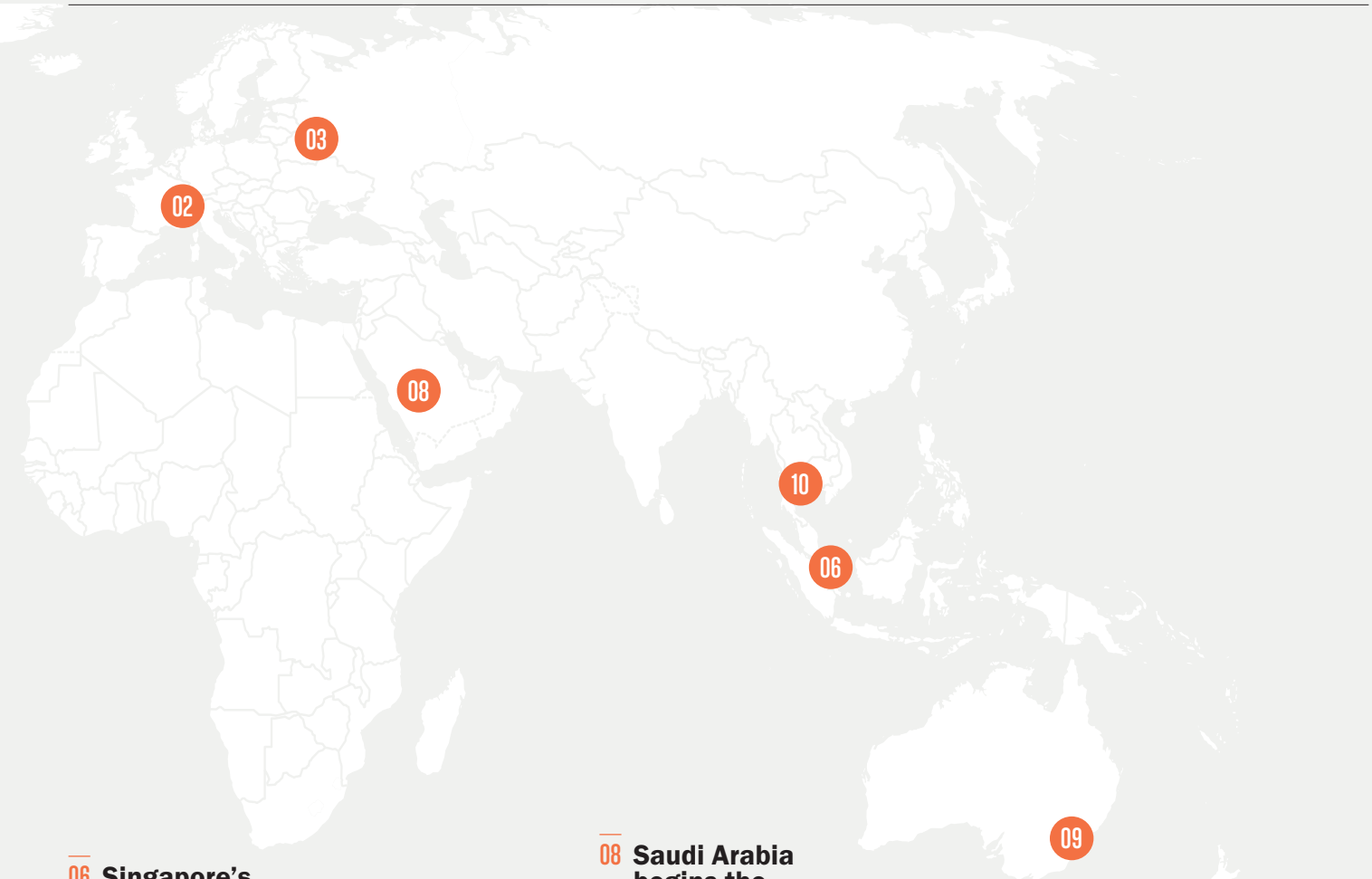
The complaint is based on a section of the Controlled Substances Act introduced during the 1980s crack epidemic, which made it illegal to maintain a space for the purpose of making, storing, distributing or using an illegal drug.

District Attorney Larry Krasner, who had promised not to prosecute anyone associated with Safehouse, was dismayed by the federal government's action. However, US Attorney William McSwain said it was an "in-your-face illegal activity" that they had a responsibility to stop.

05 Caribbean islands welcoming cannabis reform

CARIBBEAN NATIONS agreed to review the status of cannabis in July last year and Trinidad and Tobago is first off the block.

Joining Jamaica, which decriminalised in 2015, state officials have just announced public consultation on legalising the drug, ahead of plans to decriminalise in June. Prime Minister Keith Rowley says there are no plans to legalise yet, but authorities are consulting with public stakeholders on the best method of reform.



06 Singapore's new drug laws outlaw harm reduction advice

AMENDMENTS TO Singapore's Misuse of Drugs Act will make it illegal to provide drug safety advice – with the threat of a maximum 10-year jail sentence and $10,000 fine.

Advocates say criminalising the provision of information on how to consume, produce, or sell drugs will stop people sharing lifesaving advice like how to dose appropriately, avoid transmitting infectious diseases and reduce the risk of overdose.

Those convicted of using drugs, or failing to provide a urine specimen, will be sent to a "rehabilitation" detention centre for up to four years – scarcely better than the revised five years in jail and physical beating with a cane.

07 Border tunnels undermine Trump case for US/Mexico wall

THE THIRD border tunnel in a month was discovered in January in Nogales, Sonora – just across the border from Nogales, Arizona.

Tunnels are increasingly used by smugglers to get around strict border enforcement, especially in areas such as Arizona, which have had physical barriers in place for years. Critics of US President Donald Trump's proposed wall routinely point to these tunnels as proof it won't deter drug or people traffickers.

According to the Associated Press, authorities have discovered more than 200 cross-border tunnels since 1990. Many are just shallow holes, but some are elaborate constructions with hydraulic lifts, water pumps and rail cars.

08 Saudi Arabia begins the year with three executions

AS THE New Year kicked in, three people were executed in Saudi Arabia for non-violent drug offences – with advocates questioning the legitimacy of their convictions.

Saudi Arabia's approach to drugs is based on a strict interpretation of Sharia law, which regards drug offences as a crime against God. Executions are said to have doubled under the rule of Crown Prince Mohammed bin Salman.

Harm Reduction International says the authoritarian kingdom is one of the world's most prolific executioners, with half those sentences carried out for drug-related offences. They claim abuse and corruption is rife and that many confessions, often the sole evidence, are extracted under torture or duress.

09 "Just test the damn pills"

HUNDREDS OF people marched on Sydney's Hyde Park in January to support festival pill testing.

The protest was held a week after the death of 19-year-old Alex Ross-King from a suspected overdose at the FOMO festival in Parramatta Park – the fifth fatality since September in NSW alone. Premier Gladys Berejiklian has been firmly opposed but with testing likely to become an election issue, says she would reconsider if she sees proof it could save lives.

The Royal Australasian College of Physicians has now joined the Australian Medical Association and the Royal Australian College of General Practitioners in calling for legal pill testing.

10 Thailand's medicinal marijuana gift

DESPITE SOUTHEAST Asia having some of the world's strictest drug laws, Thailand's junta-appointed Parliament has just legalised marijuana for medicinal use – calling the amendment of the 1979 Narcotics Act a "New Year's gift".

In a region notorious for its hardline approach and strict penalties, Thailand is the first Southeast Asian country to open up access to medicinal use. Recreational use remains illegal.

Legalisation: the chance to right wrongs

New Zealand has a golden opportunity to observe many other jurisdictions that have legalised or decriminalised cannabis and learn from their mistakes. **Tess Nicol** finds righting wrongs and closing gaps are best done alongside decriminalisation right at the outset.

TESS NICHOL

The LAPD pays a visit to the Beverly Center at the Longs Drugs.

Photo credit: FlickR www.flickr.com/photos/digablesoul/2208259221/in/album-72157603763006912

Manu Caddie, Managing Director, Hikurangi Cannabis Company.

Photo credit: Tess McClure

> **"I don't think it's something we need to rush into, and the beauty of being behind a few other places [is that] we can look and learn."**
>
> MANU CADDIE, MANAGING DIRECTOR, HIKURANGI CANNABIS COMPANY, RUATŌRIA

If New Zealand votes to legalise cannabis in 2020's binding referendum, we will have a unique opportunity on our hands. Creating a licit market from scratch means the government can legislate for particular outcomes, before the gates are open and the proverbial horse has bolted.

As it relates to harm caused by drug laws, this means there is an opportunity to legislate and regulate a legal cannabis market so that communities who have suffered under prohibition benefit economically and socially from the licit market.

A Drug Foundation survey of Kiwis in July last year showed 49 per cent indicated they would vote to legalise the sale of cannabis in the referendum, two percentage points higher than those who said they would vote against legalisation. These results indicate there is a good chance New Zealand could legalise cannabis sales in the near future.

This would mean following in the footsteps of Canada,where the government legalised recreational cannabis use in October last year, and a number of states in the US including Massachusetts, Washington and California, where legislation has been rolled out to legalise both medical and, more recently, recreational use. New Zealand can therefore look to these countries to see which models are working, and where we could improve in our own legislation should our government find itself in the position to do so, following the referendum.

The infant cannabis industry

Manu Caddie, Managing Director of the Hikurangi Cannabis Company in Ruatōria, reckons legalisation is likely, as long as the referendum question is worded well.

"They'll probably get it about right for the majority of New Zealanders to be able to say, 'Let's give it a go, prohibition hasn't worked and we need to try something else.' That's my read of the mood."

Hikurangi is purely focused on medicinal cannabis use, but Caddie is well placed to discuss how to achieve equity if recreational use is made legal, as Hikurangi has already considered issues such as whether or not to hire people with criminal records for low-level drug offences (they do).

Drug reform experts and industry insiders agree. Legalisation is a chance to repair harm to communities that have disproportionately suffered from what is often referred to as the "War on Drugs", that is, the policing of drug offences that has tended to occur in areas of high deprivation with majority racial minority populations. In New Zealand, that has often meant areas with a high Māori population.

A legal cannabis market has the potential to generate huge amounts of revenue in New Zealand, not just for the government through taxation but also for owners of private industry that grows and sells cannabis products. Already, the US market alone is worth some NZ$17 billion and growing. One report has estimated the legal cannabis market could be worth as much as US$146.4 billion globally by 2025 – but who will enjoy the lion's share of that profit?

Drug reform advocates from Canada and the United States say equitable economic outcomes from cannabis legalisation are a moral imperative, given the fact that most countries follow the same pattern where poor, racialised and otherwise marginalised people suffer most when drugs are illegal. They all recommend what amounts to a three-pronged approach to achieving equity: first, the records of people with low-level drug convictions should be wiped clean; second, those who have suffered through association with the illicit market (whether directly or through living in heavily policed areas) should be actively encouraged to join the licit market; and finally, a portion of tax revenue from

> **“In Canada ... we missed the boat on having these equity measures being front and centre of our move towards legalisation,”**
>
> TORONTO UNIVERSITY PROFESSOR AND DRUG REFORM ADVOCATE AKWASI OWUSU-BEMPAH

Akwasi Owusu-Bempah speaking at TedX.

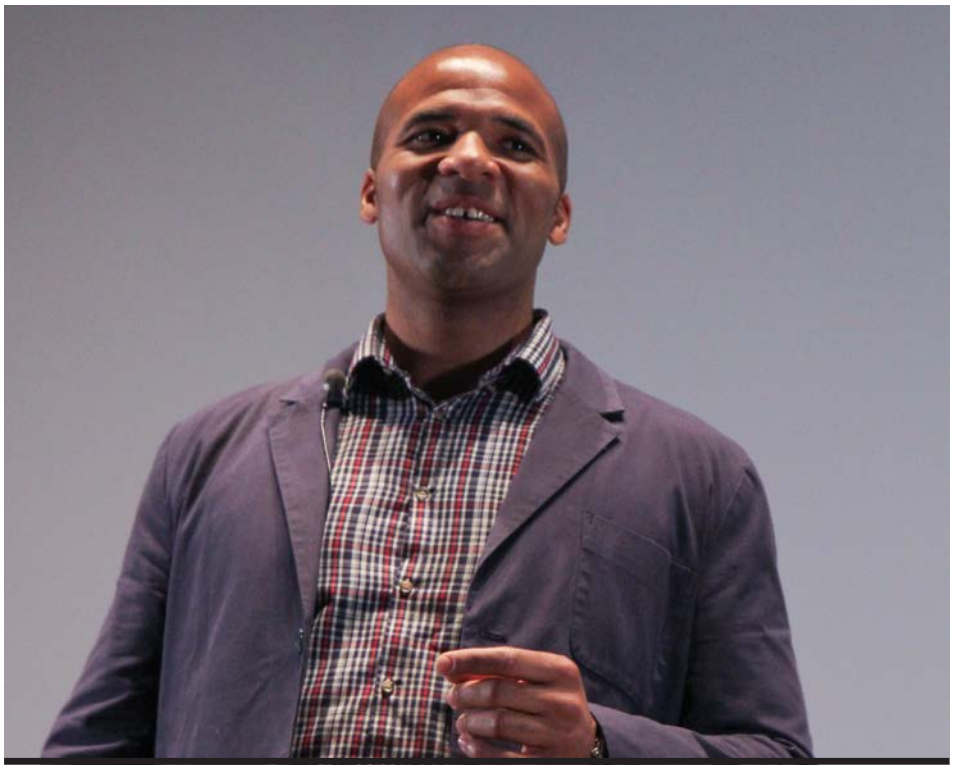


Photo credit: Pierre Rocquet

cannabis sales should be reinvested in areas that have been disproportionately affected by the War on Drugs.

Advocates have also cautioned that it is better to approach legalisation at a measured pace in order to anticipate and avoid as many problems as possible, as it’s harder to go back and fix mistakes than it is to make changes while the law is still being drafted.

“Have patience,” cautions Oscar Velasco, one of the few Latino business owners in Washington state’s cannabis industry.

“Really take the time to define what the structure [of legalisation] is going to be. The advantage New Zealand has is [that] they can be the wise person that learns from others’ mistakes. Do your due diligence, research, have conversations with people who have developed industries in other parts of the world.”

In New Zealand, drug policing has disproportionately affected Māori, particularly in high deprivation areas. Currently, 40 percent of people serving prison time for drug offences are Māori, despite only accounting for about 15 percent of the total population.

Māori are also more likely to suffer other drug harm, such as substance-use disorder, than the rest of our population. Legalisation offers an opportunity to help those with substance-use problems rather than criminalise that behaviour.

Criminalisation plays a big part in discussions about legalising cannabis. Toronto University professor and drug reform advocate Akwasi Owusu-Bempah says the Canadian Government has not indicated it’s willing to expunge criminal records for low-level drug offences, nor reduce felony convictions to misdemeanours.

“One of the unfortunate things that happened in Canada is we missed the boat on having these equity measures being front and centre of our move towards legalisation.

“We really need to see expungement of criminal records of people who have been convicted of offences that are no longer illegal. Our government has said it will consider pardons. [But] the criminal record still exists; it just indicates that person has been pardoned for an offence.” Importantly, it could be reversed.

“If another government should come in and decide legalisation was the wrong move, the criminal record could be reinstated, or if the person commits another criminal offence or if the person was deemed to be not of good character, and that’s rather subjective.”

Expungement is beneficial on both a practical level (criminal convictions can stop people from getting jobs they apply for or bar them from certain forms of government assistance such as housing), but it is also important philosophically.

“Expungement is the government admitting it was wrong and totally wiping clear any trace of that record.”

Owusu-Bempah says this and other missed opportunities have occurred because, in his opinion, the Canadian Government legalised recreational cannabis use with an eye to profit from licit sales and wasn’t so concerned about setting equity measures in place from the get go — something New Zealand should learn from.

“Although the government has had a few nods to the consequences of criminalisation, I don’t think that’s played a major role in their decision to legalise. I don’t think it was the fact maybe half a million Canadians have criminal records for cannabis possession.

“Your indigenous people get screwed like ours do, so I would hope this is one opportunity where they don’t get left further behind.”

Caddie says expungement should be a key issue in the legalisation debate, even though he acknowledges most Kiwis won’t be voting on the legalisation as a justice issue.

“I think it’s something we should be pushing for from the start, and it could be part of the legislation. What that looks like in practice, I guess there’ll be a continuum

California cannabis reform advocate Rodney Holcombe.

Photo courtesy Drug Policy Alliance, New York

> **"Here in the United States, the school-to-prison pipeline is so real, especially for low-income minorities."**
>
> CALIFORNIA CANNABIS REFORM ADVOCATE RODNEY HOLCOMBE

of severity in the convictions and potentially some will be able to be and others won't be — maybe possession and small-level cultivation could, but large-scale dealing wouldn't be eligible."

Californian advocates Deborah Peterson Small and Rodney Holcombe also spoke of the importance of expungement and removing or keeping people out of the criminal justice system as a first step towards equity, as California did when it legalised recreational cannabis use in 2016, a law that came into effect on 1 January 2018.

Small, who has been working in drug reform advocacy for the best part of 20 years, says expungement "makes a big difference in people's lives".

"California is the only state in the US that has specifically provided for record expungement." As soon as the law was passed, anyone with a cannabis conviction could immediately apply to have their record expunged or their charges reduced from a felony to a misdemeanour.

And under the new law, no one under the age of 18 can be criminalised for marijuana offences.

Holcombe says keeping youth out of the criminal justice system has a huge impact on safeguarding young people's futures and is a step he hopes to see replicated in other states as legalisation spreads.

"Here in the United States, the school-to-prison pipeline is so real, especially for low-income minorities. So removing that from the criminal system all together has been a really huge step and one in the right direction."

Terrible irony

Keeping youth out of the criminal system is also important when you consider criminal penalties for illegal activity involving cannabis possession or distribution can become more severe after legalisation. Owusu-Bempah says in Canada, it would now be technically possible for an 18-year-old non-resident to be deported for passing a 17-year-old a joint at a party because penalties regarding supplying cannabis to youth have increased in severity. He worries that existing disparities risk becoming further entrenched after legalisation if the consequences of heavier penalties aren't properly thought through. For example, the new law requires residents in Ontario to buy licit cannabis online using a credit card. "If you're poor and you don't have access to a credit card, that automatically means you can't buy it legally and have to continue with the black market."

Small adds that the poor can't afford to pay for cannabis if its price has been over-inflated through extremely heavy taxation (sometimes as much as 40 percent of the retail price of licit cannabis in California is made up of various taxes) and so the government's desire for raising tax revenue has to be tempered with acknowledging that high prices might push poorer consumers of cannabis back into the illicit market, thereby keeping their behaviour criminalised.

A terrible irony is, of course, that criminal convictions for drug offences can often impact people's employment opportunities — and without due diligence in the legalisation process, this could extend to job opportunities in the legal cannabis market.

All advocates spoken to agree drug convictions should not automatically be a barrier to entry into the licit market and have suggested that in fact it is worth considering whether to give people with cannabis convictions first dibs on employment opportunities. Small points out that if you exclude people who were engaged in the illicit market, they may not have many options left to earn income. "To the degree you have certain communities relying on people in these markets, once you legalise it you don't want to push them out of business and into more dangerous kinds of occupations."

Hikurangi Cannabis Company.

Photo credit: Thomas Teutenberg

> **“Expungement is the government admitting it was wrong and totally wiping clear any trace of that record.”**

The cannabis job market

Drug reform advocates say there needs to be a serious discussion about who is allowed to work in the industry and whether certain people, i.e. those with cannabis-related convictions, should be incentivised or prioritised for industry employment.

It is also important to take into account those who may not have ever been directly associated with the illegal cannabis market, but who have suffered from living in areas that were heavily policed as part of the War on Drugs. If your life was impacted by the War on Drugs, you should be given more opportunity than others to enter the legal market should you want to, Owusu-Bempah says.

Small suggested an incentive for already established businesses to partner with or preferentially hire people from communities who have been badly affected by the War on Drugs could be to introduce a scheme similar to something like fair trade, where businesses would be allowed to label their products so consumers would know they were buying product that gave back to marginalised communities.

In Oakland, California, half the total number of licences to grow and distribute cannabis are reserved for priority or equity licenses, which has attempted to tackle this issue with some success. Those who qualify for a priority licence are those who earn less than 80 percent of the city’s average income, have been charged with a cannabis conviction in Oakland over the past 20 years or have spent a decade living in a neighbourhood with disproportionately high rates of cannabis arrests.

Early last year, Massachusetts rolled out a similar state-wide equity programme with the aim of redressing inequalities caused by the War on Drugs.

Holcombe, who comes from Oakland, says this is something he believes the jurisdiction has got right, but that it perhaps doesn’t go far enough.

“One thing that California has really done differently than many jurisdictions is created a space for people who have been most harmed by the drug war to enter the legal cannabis industry to provide priority liceninsing, loans for start-up costs to get their businesses off the ground — there’s a lot of support being given to folks who have prior convictions or who have been adversely impacted, which is great.”

However he acknowledged how difficult it could be for those without access to capital to get into business, and thought not enough had been done to even the playing field.

“They just don’t have the capital — and in California, for example, things may cost up to a million dollars. You have a storefront you need to purchase, you have all of the licensing fees, you have to pay attorneys and consultants, so that compounds all those things and you’re really making it so prohibitively expensive for so many people that you’re not really achieving what we set out to achieve.

“There’s certainly more that needs to be done to ensure that it’s a representative industry, and right now, it doesn’t look to be the case at all. It’s mostly very wealthy white men engaging in the industry, so we need to think of ways to encourage folks who are in the industry to hire more people who are of colour, who are women, who are veterans or disabled. I think that’s a huge push that needs to happen.”

Corporate cannabis

In Canada too, big businesses have largely dominated the market. Owusu-Bempah thinks the government missed an opportunity by not introducing equity licensing schemes from the get-go.

Oscar Velasco lives in Washington state, which legalised recreational cannabis use in 2012 — one of the first places in the United States to do so. Originally from Mexico City, he’s one of the few Latino business owners in the market, which informs his opinions about the importance of equity.

New York Mayor Bill de Blasio announced the findings of a Cannabis Task Force on 20 December 2018.

Photo credit: Michael Appleton

"There are massive inequities in society in general for groups that are a colonised group and disenfranchised groups that exist in our society. This industry really does provide a mirror to that stratification of inequality in the marketplace," Valesco says.

To counter this, governments should devise schemes where smaller players are given access to both the capital and the knowledge that would allow them to enter the market.

"What you could do in lieu of handicapping those who already have capital, is provide a subsidy to those who do not. So effectively they would subsidise the business start up. It's not only about physical resources that are at play here, there are also theoretical resources – are the people in the market, are they business people already, do they have that experience?"

Success can be embedded in social standing – someone born in an area with good schools, to a family that owns a successful business or with enough money to send them to college to get a business degree already has an advantage over others, often the very people who have suffered under the War on Drugs.

"Given those factors, how do you mitigate [inequality]? – You provide education, you provide money."

Although Hikurangi is focused on producing cannabis for medicinal use, which was legalised in December last year, Caddie said he has heard of others preparing themselves to jump on opportunities should recreational use become legal too.

"Some of our crew in Ruatōria are definitely looking to set themselves up for a legal environment, and they want to do things right. It's like here's our chance to finally use something we're good at to have a legitimate income and a decent job. They're super keen to be part of a legitimate industry, and it's one of the few areas particularly for Māori where they can use their skills and have an advantage over the rest of the country."

To help them achieve that, Caddie suggests New Zealand looks to emulate priority licensing schemes and provision of start-up capital.

It is also worth considering limiting the number of licences allowed in the licit cannabis market, Valesco says. Washington state has had a licit market long enough that he is now starting to notice the effects of a saturated market: prices for cannabis are dropping and bigger companies are better able to weather this, while smaller companies seem to be folding.

Caddie has also raised concerns about supply outstripping demand if we don't regulate both the number of imports allowed into New Zealand and the number of growing permits given out.

"That's a way of making sure it doesn't get monopolised and centralised all growing under one massive greenhouse. If we go for the craft cannabis approach, then there's more opportunities for particularly Māori land owners or whānau to agree to have one or two or a group of whānau members to agree to grow on Māori-owned land." Limiting how many plants can be grown in any one part of the country would mean rural and low-income areas in high-deprivation parts of the country are more likely to benefit, he says.

Weed and the taxman

When it comes to taxing legal cannabis, the key is to get the balance right. As Small says, taxing licit cannabis too heavily pushes poor people back into the illicit market, but tax revenue from legal sales is a huge incentive for legalisation, both for the government and for those in the communities who have been harmed by strong-armed drug policing.

Owusu-Bempah and Small say a portion of tax revenue from cannabis sales should be reinvested in areas that were harmed by the War on Drugs, to fund programmes such as after-school care or job skills training or to build things such as community centres.

"I would like to see legal cannabis used to actively promote the health and wellbeing that have historically been harmed," Owusu-Bempah says. He believes some states in the US are modelling these issues better than Canada in the early stages of legalisation.

He wants to see "the reinvestment of tax revenue from the sale of licit cannabis into those very communities who were harmed by the War on Drugs. We spent a lot of money policing communities, and that's had a detrimental impact on the health of those communities. These are all things we're not doing [in Canada]." Funding for job skills programmes, community centres and after-school care facilities were examples of civic-minded projects revenue could be used for.

Small points out that areas with a heavy Police presence aren't desirable places to live or work and tend not to thrive.

"Communities that are heavily policed tend to have less business, have less invested in them because they're considered not that profitable."

In recognition of this, California last year passed a Bill earmarking a certain percentage of tax revenue from the licit cannabis market to put back into those communities.

"That fund is estimated to be US$10 million in the first year, US$20 million in the second year and so forth. And out of that money, at least 50 percent has to be spent in community-based non-profit community organisations to support education, drug treatment, mental health issues, etcetera."

In Portland, Oregon, US$150,000 from cannabis tax revenues was set aside to reinvest in minority-owned cannabis businesses, operated by people from the communities disproportionately impacted by prohibition.

Reparations

Valesco and Owusu-Bempah both mention the term 'reparations', and both acknowledge the term can be a politically charged one but say it's worth taking into account when defining what outcomes you want to achieve with legalisation.

"You have had this drug war that has evidently disenfranchised primarily indigenous and peoples of colour in whatever jurisdiction you're talking about, and fundamentally you're making a shift saying, 'Hey guess what, we've changed our minds and this behaviour that's been undertaken by people for decades, it's fine and legal'," Valesco says. "If this is normal, legal and encouraged behaviour, then all of the people who have been harmed by making this behaviour illegal have suffered [unnecessarily]."

Valesco believes Washington has benefited from the formulation of strong and vocal trade associations, which has meant stakeholders in the industry have had ample chance to have their say and influence regulations post-legalisation.

Caddie has suggested similar groups could be useful in New Zealand, in particular so that those who may not have the funds individually to access legal help when it comes to issues like intellectual property patents have support to make sure they are treated fairly.

"If there was an entity whose primary objective was to look after the interests of particularly breeders and growers. They've taken significant risks for themselves and their families growing over the years and there's been a real cost for many of them — many have done prison time or had their income taken away, the Police have confiscated the crop — so they're looking for some opportunity to have a legitimate income on an ongoing basis.

"We're worried about unscrupulous companies ripping people off by offering to characterise what they've got and then saying actually 'nah, it's not that great' or giving them a token remuneration."

Growers associations or trusts could be an answer, especially as many who have been involved in the illicit market are distrustful of authorities and unwilling to put their names on legal documents. A trust has the potential to provide legal protection while using a trustee as an intermediary.

Caddie wants good outcomes for everyone, which means building equity into the framework for legalisation.

"We do want to inform development and make sure it's the best regime for everyone concerned, and keep the public safe and healthy and provide opportunities for those who have been disadvantaged by prohibition.

"I don't think it's something we need to rush into, and the beauty of being behind a few other places, we can look and learn." ■

Tess Nichol is an Auckland-based journalist and former *NZ Herald* reporter. After a brief stint freelancing, she now works at *Metro* as a digital editor and staff writer.

CANNABIS REFORM WITH EQUALITY

There are myriad approaches to tackling fair cannabis legislation. It's early days, but some states and cities in the US have made a start.

CALIFORNIA

- On 27 September 2018, California Governor Jerry Brown signed the California Cannabis Equity Act.
- US$10 million was allocated in initial funding for the Act, to go into effect statewide in 2019, furthering the reach of similar programmes already running in Oakland and San Francisco. The funding will be issued as grants to help those without access to capital and start up small businesses.
- Oakland requires half of all licences to be equity licences, which prioritise those harmed by the War on Drugs. Last year, six equity-licensed businesses opened, and 600 people applied.

MASSACHUSETTS

- In July last year, the Massachusetts Cannabis Control Commission was working on a statewide plan for social equity, focusing on priority licensing for those disproportionately affected by the drug war.
- As of February this year, the process is yet to see a single business open under the scheme.
- Cannabis Control Commissioner Shaleen Title spoke at the 2019 North American Cannabis Summit, saying there was currently no path from the illicit market to the regulated one, and a lack of access to capital and other problems have hindered the state's equity efforts so far.

OREGON

- Municipalities in Oregon can choose whether to add an additional 3 percent levy on top of the 17 percent tax applied statewide to cannabis sales in Oregon.
- In Portland, residents voted in favour of the additional tax, and a third of that revenue is set aside to invest in small businesses in disproportionately targeted areas.
- Of the US$150,000 in tax revenue set aside in Portland last year, two US$30,000 grants were given to two local and black-owned businesses in January this year.

Regulating cannabis – a challenge we are more than up to

To legalise or not to legalise. It's often presented as a yes/no question, but in reality, there are countless policy options, each meeting a range of competing goals. **Kali Mercier** sets out some options and debates some of the key contentious issues.

KALI MERCIER

Despite the potential for getting lost in the detail, we think it will actually be pretty easy to come up with a coherent model that meets the most important goals of our communities. We've plenty of examples to choose from (and steer clear of) from jurisdictions that have legalised overseas. And we can also draw heavily on our own successes and failures in Aotearoa regulating alcohol, tobacco and psychoactive substances.

The government has announced that a referendum on legalising cannabis for personal use will be held alongside the 2020 general election. The referendum will be binding. And it will hopefully be backed up by a bill setting out the proposed regulatory model so people know the detail of what they are voting for. As the government designs the model, we will be doing everything we can to influence it from the perspective of our underlying principles for reform.

We'd like to see extensive consultation and public education programmes take place as part of this process. It's vital that we have the contentious debates early on to ensure the proposed model has wide-ranging public support.

Public health-focused principles for the regulation of cannabis

The best way towards a coherent model is to be clear upfront about the principles we want to follow. Once we have those in black and white, many of the policy choices that need to be made will follow logically. We're encouraging the government to lay out its principles for regulation clearly before it starts drafting anything. In the meantime, here are ours:

- **Keep health considerations central.** Choose a model that minimises the harm caused by cannabis use, especially to young people and those who use heavily or are dependent. Ensure access to healthcare for those who need it.
- **Protect young people,** through strict enforcement of purchase age limits, for example.
- **Prevent development of a Big Cannabis industry** with a lobby voice. This is essential if we want to keep health considerations rather than business interests central.
- **No advertising**, promotion or sponsorship of events.
- **Value community interests**, especially those of vulnerable groups, rural and/or Māori communities. By ensuring profits go to communities that have suffered under punitive drug laws, we can redress historical damage.
- **Build provision for education**, prevention, harm reduction and treatment into the model. Earmark taxes to support these programmes.
- **Don't create new criminal penalties** to replace old ones. Especially avoid criminal penalties for personal use and possession of cannabis.
- **Equity for Māori**. Whānau, hapū and iwi Māori, as Te Tiriti partners, need to be central in designing the regulations.
- **Choose the simplest bureaucracy possible**, while ensuring health-focused regulations are consistently enforced.
- **Minimise harm caused by drug driving** through public culture change and other measures.
- **Invest in healthcare over enforcement** – we need to flip the scales.
- **Start cautiously**, monitoring health and other effects as we go. Regulations can be loosened over time if desired.

Growing and selling cannabis

Public conversations about options for cannabis regulation often compare our current tough drug law with a completely free market. In fact, there are a range of responsible options in between these two extremes, flowing from completely non-commercial to highly regulated profit-driven options.

Non-profit/small scale

MODEL

No commercial sales. Simply allow adults to grow their own to use themselves or gift to others.

PROS AND CONS

This is currently the case in Washington DC, though they seem likely to allow legal sales in the future. The big advantage would be no industry lobby urging people to consume more or targeting new users. It would be the simplest system to administer, and it would reduce criminal convictions. On the downside, it wouldn't provide levers to improve public health nor impact the black market much. And it wouldn't generate taxes to help pay for health interventions.

MODEL

Non-profit communal models, such as cannabis clubs where people pool together to grow cannabis and distribute the finished product to their members.

PROS AND CONS

These exist in a number of countries, including Spain, Belgium and Uruguay. The model provides a route for non-commercial supply of cannabis, but it may also encourage increased use as people sign up to receive an ongoing supply. There are also equity issues as not everyone will be willing or able to join a club.

MODEL

Government or a public authority operates the whole supply chain or part of the supply chain.

PROS AND CONS

For example, in British Columbia, all the cannabis grown in the province comes through a central government warehouse. Most is then sold in government-run shops. It would be easy to ensure products meet quality requirements and keep the focus on public health. On the downside, it may not benefit small-scale producers as governments usually prefer to deal with fewer, bigger contractors. It would also be a lot of work for government and may not be a top choice for politicians.

Each of the options on the spectrum has advantages and disadvantages. If we do legalise cannabis here, the model we end up choosing will depend on how we balance competing goals and priorities. One of the key tensions will be around how we promote community development and reward small-scale enterprise, while also maintaining quality control over products. Another will be around the balance between public health and the profit driven market.

Public health – minimise the harm caused by drug use by encouraging people to consume less heavily, less frequently and put off consumption as long as possible in life. This means restricting the market by regulating what products can be sold, when, where and to whom. It means strict rules around sponsorship, advertising, packaging, health warnings and age limits.	VS	**Profit-driven market** – the goal is to increase consumption. The biggest profits can be gained by marketing to the 20 percent of people who use 80 percent of the product – these are also the people who suffer the most harm. Profit-driven markets actively lobby to reduce health-focused regulations. For example, the alcohol industry lobbies for longer opening hours for bars and off-licences, lower taxes and no minimum pricing. The more large scale and profit-driven a model is, the harder it will be to keep the central focus on reducing drug harm.
Community development – keeping growers small-scale to promote community development and redress some of the harms caused by prohibition.	VS	**Keeping the system simple** and easy to administer, with good quality control over products and strict regulations around packaging and labelling.

Finding a way to navigate these kind of tensions will be key to developing a cannabis model that minimises harm and promotes community development – but is also workable. Some of the issues that are already taking centre stage are whether or not we should allow people to grow cannabis at home, how we can ensure Māori equity, where to set the age limit and whether we should allow edibles and other cannabis products. We address each of these below, looking at the key tensions, and asking what we can learn from Canada and the USA.

Profit-driven/large scale

MODEL

Non-profit organisations operate the supply chain or part of it.

PROS AND CONS

For example, small-scale growers might send their crops to non-profit wholesale hubs for testing and packaging. The products could then be retailed through government or non-profit-run retail outlets. Hubs would provide the advantages of economies of scale, while also allowing profits to filter back to smaller-scale producers. The challenge would be to ensure any profits go where the community wants them to go and that a profit motive doesn't develop as communities become reliant on funding.

MODEL

For-profit businesses operate part or all of the supply chain alongside government and/or non-profits (a mixed market).

PROS AND CONS

Many Canadian provinces have chosen a version of this, where licensed producers and retailers are allowed to operate alongside government, with strict controls. The advantage is a more efficient market, but private companies will inevitably focus on increasing consumption at the expense of health considerations.

MODEL

A standard commercial model, with profit-driven growers, distributors, wholesalers and retailers.

PROS AND CONS

If there is political will, regulatory tools can be used to provide a strict focus on health priorities under a privately run model. However, industry will inevitably lobby to loosen regulations over time, at the expense of public health. This is the common model in American states that have legalised cannabis. A particularly worrying example is Nevada, which prioritises revenue gathering over other interests. Early cannabis sales there topped other states that have larger populations.

Should we allow home grow as part of a regulated market?

The question of whether or not to allow people to grow their own cannabis at home was one of the big topics in Canada before adult use became legal there last October. These are the key arguments either way:

Prohibit home grow because:

- products may be diverted to the black market
- plants are not subject to quality control or public health regulations – we can't focus as easily on reducing harmful use
- it would be difficult for police to enforce limits on plant numbers and size at home.

VS

Allow people to grow a small number of plants because:

- they will do this regardless of the law and it's better not to criminalise people
- home growing will decrease as legal products become available – most people would rather buy than grow anyway
- Police would enforce plant restrictions in the same way as they already enforce prohibition – no extra resources would be required, just a different rule on how many plants are allowed.

In Canada, the deciding factor became a question of equity. Some people will continue to grow cannabis despite the law, and they are likely to be some of our most vulnerable citizens. Is it right to penalise them for growing what is essentially now a legal product?

All Canadian jurisdictions except two decided to allow people to grow up to four plants at home, with strict rules in place, for example, including that plants cannot be visible from the street.

In contrast, Washington State prohibits home grow entirely.

In New Zealand, equity questions apply, especially for Māori and for people who use cannabis for health reasons.

Whichever way we jump on home grow, it's essential we don't apply criminal penalties to those growing for personal use.

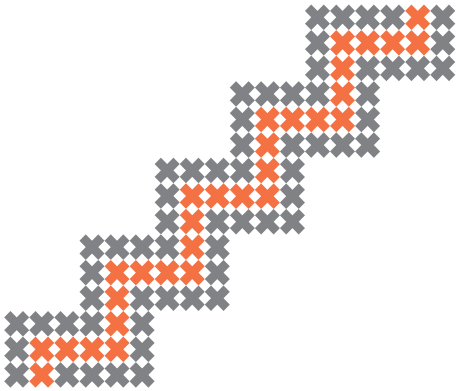
How do we ensure Māori equity?

As Te Tiriti partners, whānau, hapū and iwi Māori need to be front and centre in designing the regulatory model for legal cannabis. The Canadian experience shows us that indigenous communities need to be involved at every step to ensure a model that fits their needs.

Current drug penalties disproportionately affect Māori, and cannabis charges are often a pipeline into the criminal justice system. Adding insult to injury, Māori are disproportionately impacted by health harms from cannabis and also find it harder to access treatment, so a key focus of a cannabis model needs to be both guaranteeing equity and reducing harm.

We should ensure that the economic position of Māori communities currently involved in the illicit market is improved by regulation, not weakened. A model that favours community-based and smaller-scale regional and rural operations would enable those Māori communities that wish to do so to access opportunities.

We should also quash previous cannabis convictions and resist the urge to create new criminal penalties for those producing, using or selling cannabis outside of the new legal framework. Local authorities should be required to negotiate with Māori on the location of outlets, and Māori should get to decide how money set aside for healthcare is spent in their communities.



How should we decide on an age limit?

Where we decide to set the legal purchase age for cannabis is likely to have a big impact on public health. Young people are the most vulnerable to the negative health effects of cannabis so we want to make it harder for them to access. Equally, there are compelling arguments for setting the legal age at 18, so young people can benefit from the public health protections of a regulated market.

Set the age low, at 18 for example, to deal with the reality that young people already use and will continue to use cannabis. We don't want to keep criminalising young people.

Ensure all consumers are covered by the public health benefits of the legal system, such as portion control, health warnings on packaging and access to healthcare without fear of stigma. We can influence behaviour most easily inside a legal model.

VS

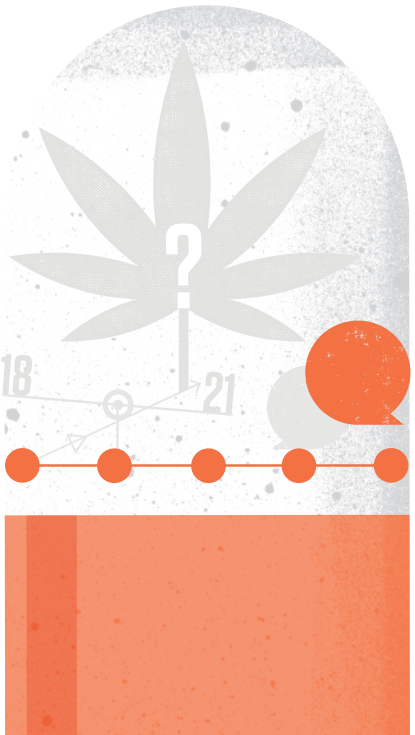
Set the age high, at 20 or 21, to align with research on the effects of cannabis on brain development. The longer we delay people from using cannabis the better, because brain development doesn't stop until the mid-late 20s.

We can see from our experience with alcohol that, the lower we set the age, the earlier people will start consuming and the greater the harms.

Canadian federal law requires a minimum purchase age of 18 years, but most provinces and territories have settled on a purchase age of 19 years to match their alcohol laws. Manitoba is the only exception, with a purchase age of 18 years for alcohol and 19 years for cannabis.

American states that have legalised cannabis all have 21 as the minimum purchase age to align with their alcohol purchase age.

If we were to align our cannabis purchase age with alcohol, we'd set it at 18. We could work to limit use by young people using techniques such as banning advertising and keeping prices high. However, there are plenty of good arguments that our alcohol limit is set too low, causing a lot of harm for individuals and communities. Thinking about the right age for cannabis use might help us clarify where we want to be with alcohol.



Do we allow edibles and other products?

Cannabis has moved on from its early days - the list of products now on the market overseas is limitless. The great thing is that we can plan for that, and legislate to get exactly the system we want to see. That might be just raw cannabis, or it might be a full range of food, beverages and concentrates.

Allow edibles and other products to move people away from smoking cannabis. Smoking is harmful to health, especially when combined with tobacco.

VS

Restrict the market to unprocessed cannabis – if not, you encourage people to use cannabis who otherwise wouldn't have especially young people.

Eating cannabis isn't great either. It can lead people to consume too much, too quickly, because it's hard to judge when you've had enough.

American states with legal cannabis contend with unlimited cannabis-based products, including edibles, concentrates and topicals. Most don't restrict the range of cannabis products available, though some prohibit products containing additives such as nicotine, alcohol or caffeine. Some of the more contentious products to hit the market from a public health standpoint include cannabis beer, coffee and lollipops.

In contrast, Canada is introducing new products to the market slowly so they can closely monitor any harms. They currently regulate raw and dried cannabis, with regulations on edibles and concentrates being developed now. The proposed guidelines will limit edibles to 10mg of THC per serving, with just one serving per packet.

However, Canada already had a booming black market in cannabis-based products to deal with. We don't. There are good public health arguments for keeping the range of products available in New Zealand to an absolute minimum, especially in the initial stages. One option is to start by allowing unprocessed cannabis only, with the possible addition of unflavoured oils and tinctures for vaping and drinking.

Other issues ... watch this space

This article focuses on some of the key issues that need adressing as we develop a regulatory model for cannabis that puts public health first. But there are many other issues we couldn't include here that will need careful thought. These include drug driving, how we deal with previous convictions, the intersection between personal use and medicinal use, how we tax and price cannabis, how we ensure harm reduction and treatment is adequately funded and how we monitor and evaluate the model as we go on.

Depending on the outcome of the referendum, we have an unprecedented opportunity to reduce the harm that prohibition has caused in Aotearoa. As we go forward, let's make sure we keep firmly in mind our goals. This is our chance to design a system that will minimise the harm caused by cannabis and other drugs, protect young people, increase Māori equity and keep people out of the criminal justice pipeline. It won't be perfect and will no doubt require tweaking over time, but we can ensure it's a significant improvement on what we have now.

Kali Mercier, Drug Foundation Policy and Advocacy Manager

INTRODUCING

He Korowai #AROHA

#HEALTH Not handcuffs

Imagine a future in which no-one is convicted of a minor drug offence, we can have honest, open conversations about the realities of drug use and everyone who needs help gets it. Such a future is within our grasp.

Right now, there is a real opportunity for our government to implement effective, health-based solutions to New Zealand's drug issues. The way it responds to the Mental Health and Addictions Inquiry recommendations and synthetics crisis will be crucial indicators, as will the way it handles the upcoming cannabis referendum. Public support will be vital if they are to make any genuine progress. That's why the Drug Foundation has joined with a group of other organisations to create a public education campaign – we're calling it Health not Handcuffs. Watch out for ways to get involved. We'll be launching our Health not Handcuffs website in early April, and on it you'll find a list of things you can do to help out.

Public support is vital for New Zealand to make genuine progress. It's time New Zealanders demanded that drug use is treated as a public health and human rights issue, not a criminal one. Join us to bring about change.

#HEALTH NOT #HANDCUFFS IS CALLING FOR THE FOLLOWING:

- Removing criminal penalties for drug use, possession and social supply and moving instead to a health referral model (decriminalisation).
- Developing a strictly regulated cannabis market (legalisation of cannabis).
- Putting greater (and more effective) resourcing towards prevention, education, harm reduction and treatment.

RESOURCE

Sign up to healthnothandcuffs.nz

INTRODUCING A FEW OF OUR HEALTH NOT HANDCUFFS PARTNERS

TANIA SAWICKI MEAD
DIRECTOR, JUSTSPEAK

It's clear that New Zealand's current approach to reducing harm from drugs is not working and the case for change is urgent. Too many people, particularly rangatahi Māori, are being punished as a result of drug addiction or use, rather than being supported through health services. The result is more harm to individuals, whānau and communities and a growing prison population.
We believe that treating drugs as a health issue is an essential step towards a fairer and more just society, and we're excited to be part of this movement for change.

SELAH HART
COO, HĀPAI TE HAUORA

Hāpai te Hauora unequivocally supports the reframing of the conversation around drug misuse to that of a health issue.
As Māori, in our homes, in our whānau and in our communities, we have seen how criminalising drug use has created harm across generations and compounded, not alleviated, the socioeconomic and mental health factors that underpin harmful drug use. If we shift the emphasis from punitive to compassionate interventions, we can prevent future generations being sentenced to the same fate.

We are joining the Health not Handcuffs campaign in support of drug reform that is committed to preventing and minimising harm to individuals, whānau, hapū, iwi and communities.

TRACEY POTIKI
TE RAU MATATINI

It's hard to get your head around the role and impact that drugs and the laws that guide them have within a community, whānau and iwi. As a recovering addict, I think about how my own substance abuse impacted on my life and how much worse it would have been to have a criminal record because of that drug use.

At the tender age of 24, I found my way to an addiction treatment facility, bewildered, hopeless and beaten. For me, it was the treatment experience that opened the door to a new world with potential, the beginning of a healing journey.

I give thanks daily – well most days ... for the care given during this period of my life.

I have always felt like I dodged a bullet when it came to encounters with Her Majesty's servants (Police and courts). However, many of my whānau, friends and associates were not so lucky – many ended up before the courts, in jail and others died – all needlessly.

I know they were like me and needed treatment, care, fellowship and compassion.

We stand by this campaign because we believe in Health not Handcuffs.

ROSS BELL
EXECUTIVE DIRECTOR
NZ DRUG FOUNDATION

The problems caused by drugs and by bad drug law are now well known and acknowledged. The burden falls heavily on young people and Māori.

It's past time for New Zealand to stop talking about the problems and to start planning a new response. The government says it wants to treat drugs as a health issue, which are fine words that we have no disagreement with, but actions must now follow.

But because of the politics of drug policy, for governments to act, they need to feel they have public support; evidence alone won't drive change. Health not Handcuffs is designed to give the government the social licence to act, to give them the confidence that those actions have widespread public support.

I reckon that support is there, but it needs to be unleashed. And Health not Handcuffs provides the perfect opportunity for you to put your hand up and show your support.

Health not Handcuffs founding partners:

TE RAU ORA
HĀPAI TE HAUORA MĀORI PUBLIC HEALTH
JustSpeak
AT THE HEART OF THE MATTER, NZ DRUG FOUNDATION. Te Tūāpapa Tarukino o Aotearoa
New Zealand Needle Exchange Programme
ActionStation people powered change
WELLINGTON COMMUNITY JUSTICE PROJECT

THE TRUTH WE ALL NEED TO HEAR

Portrait by Tabby Gabriel

Even the shortest prison sentence can be a life sentence for some.

Prison can completely change a person's life, the lives of their whānau and their future prospects. For many of those people, the cards were stacked against them before they ever walked through the gates.

So what does it feel like to be one of the thousands of Māori who are locked up in our prisons and who are so frequently talked about as a shameful statistic? Meet Tipene and Jess. Not as statistics, not as ex-prisoners. As New Zealanders like yourself, with a past that may be different from yours and hopefully a better future.

Kōrero Pono is a powerful exhibition by advocacy group JustSpeak, which gives voice to people with lived experience of the criminal justice system.

JustSpeak Director Tania Sawicki Mead says 77 percent of people currently serving a prison sentence have themselves been victims of family or sexual violence. "We can hear from these stories that the mass incarceration of Māori whānau and the pipeline from state care to prison have created a legacy of hurt and harm spanning many generations."

JustSpeak is asking all New Zealanders to think about how we can collectively change this narrative and create a society based on compassion and fairness instead of punishment.

TIPENE

Everything about me was impacted [by prison], my whole being, my whole belief system, my faith in the justice system, my faith in everything really. I felt physically sick by the amount of time they were trying to give me, I simply could not believe they were trying to pin me for five years for cannabis.

I kind of felt like what they were trying to do to me was more harmful than me supplying cannabis to anybody, they ripped me away from my family, put me in prison and subjected me to the lifestyle in prison. I thought that was a whole lot worse than me supplying cannabis to my mates. The biggest impact of course was the separation of family, having been the main caregiver for my children, [it] was huge. So for me to lose them, for them to lose me, it was the biggest impact I feel. Bigger than any prison sentence.

The biggest issue I found was that you could not be considered for parole unless you'd completed the Drug Treatment Unit [programme], which I thought was pretty crazy because rehabilitation in a negative environment like prison, under coercion, just doesn't work, it simply does not work. You change because you want to change, not because you are being ordered to by Corrections in order for you to get out.

I think the biggest impact is the stigma that comes with it, the discrimination that comes when you get out. I was unemployed

> **“Being punished is not working. And all you’re doing is exposing people to shit that’s going to give them PTSD… just going to prison is enough to give you PTSD.”**

TIPENE

> **“So I think that the more we put people in prison, the more society is impacted in a negative way because we are not, you know, offering a solution.”**

JESS

for three years after I got out. Applied for many jobs. Ended up becoming a solo parent again, but you know solo parent money is not that great and, yeah, I wanted to work, and I wanted to contribute and I wanted to pay for my kids to do things but I couldn’t get a job anywhere. New World, Maccas, and I tried all the the usual jobs. But the thing is I was always honest about my past – I’m a convicted drug dealer and I’ve spent time in prison – and I always say that quite openly. I’m sure that impacted on whether I got the job or not.

Being punished is not working. And all you’re doing is exposing people to shit that’s going to give them PTSD … just going to prison is enough to give you PTSD. The things that you see and some of the sounds that you hear. I’ve witnessed things in prison that I would never have seen on the outside ... seeing the type of level of violence and sexual assault is quite traumatic, actually. Can only imagine what those men are going through right now if they’re out.

It is clearly not working. I feel like I’m one of the lucky ones because I had the support, I had a house to go to and ultimately I ended up getting a job, so those are the three viable things you need in order to stay out of prison. Not everyone has that.

JESS

Before I went into prison the last time, I went to a treatment centre and I got clean off drugs and alcohol. So I was six months clean of drugs and alcohol when I went to court, and I think my court appearance was one of the most intense days of my life really … because I thought I would get home detention. So I went to court six months clean, had heaps of support behind me – people from the treatment centre and my family had come up to Auckland. I felt as though I was going to get home D. I had food in the fridge at home, and the judge on the day just did not look lightly on meth dealers and I ended up getting sentenced to four years in prison. Having done all that work and treatment I was really frustrated. And when I went into prison like ... in the first week, there was drugs available. So it wasn’t somewhere that was a healthy environment to go into trying to stay on the straight and narrow and I’m just grateful I did treatment before prison because the way that I felt after I got sentenced was enough that I would have picked up drugs I think at some point unless I had that behind me. And prison didn’t give me that, I got that from a treatment centre and the support that I developed before I went inside.

Whilst in prison, I would ask to go to drug treatment, you know, I was always going can you get me on this programme? Can you get me on that programme?’ And the programmes lady was really cool to me, and she did get me on lots of programmes. But then two weeks, maybe a month before my parole hearing, they finally decided they wanted to put me in DTU [drug treatment unit], which I find very ... I find it appalling really. That I wanted to do that for the whole time I had already been in jail then all of a sudden before my parole, they gave me the choice. Uhmm and that would have meant I would have had to go to Wellington for six months and it would have almost unsaid guaranteed my parole. But I made the decision not to. ... not to go into DTU and to go to parole and try to get out and I did get out. I was very lucky ... but that kind of thing, like, I don’t understand why we don’t have drug treatment units at every prison since 80 percent of prisoners have drug addiction issues. And if you’re begging to go to a drug treatment unit, I don’t think people should have to beg. I think it should be available. And it’s not even something that’s above and beyond for me. It’s something that is realistically gonna

Portrait by Zoe Hall

help. So yeah, I believe the limited access to programmes is also a punishment above and beyond imprisonment itself.

I don’t believe prison overall reduces reoffending. I think that going into prison is counterproductive to rehabilitation and living a productive life. So I think that the more we put people in prison the more society is impacted in a negative way because we are not, you know, offering a solution. We are not solving the problem by doing that. So I think it also gives society an illusion that they are safe when really it’s contributing to complete opposite to safety. I think it separates people, it creates an ‘us’ and ‘them’. It creates a divide between ... actually not people who have committed crime and those who haven’t – but those who have been caught for crime and those who haven’t. Because almost everybody I believe has committed a crime. Whether it’s like drunk driving, speeding, selling drugs, taking drugs. There are all things that we have done in our lives, and I wonder ... I think it would have been very different if everyone was caught.

Had I not done that treatment before prison then I think prison would have made it worse. I think I would have relied more on ... ah ... drugs, I would have relied on that more. Because I was in jail and I would have used jail as an excuse but luckily I had, you know, that option before I went in.

RESOURCE

The exhibition was on display at the Potocki Paterson Gallery, Wellington, last October. Now online at justspeak.org.nz/koreropono

Mental Health Inquiry

Change of direction needed

The Mental Health and Addictions Inquiry signalled a major direction change but provided no navigation rules. Who should plot the new course? Some interested people share their thoughts.

Sheridan Pooley

"… district health boards need to employ consumers in leadership roles …"

Sheridan Pooley, chair of Matua Raki Consumer Leadership Group, hopes this government will be the one bold enough to transform the system.

She says the Inquiry's recommendations on alcohol and drug laws repeat those made by the Law Commission in 2010 and 2011, but previous governments did not have the courage for law reform.

Her immediate priority is creating a road map for change. "We're in a bit of a tricky place right now because the Inquiry doesn't give a plan on how to move forward. The Ministry of Health should be holding the reins, but so far it has not inspired confidence with its response." She suggests the lead be taken by a new independent Mental Health and Wellbeing Commission equipped with more teeth.

Having worked at Community Alcohol and Drug Services in Auckland for many years, Sheridan has observed that providing a continuum of care is the most urgent priority. "We all need to look at where the work we do fits on the continuum and identify the gaps that need to be filled so that people have a range of options from go to whoa. For example, we've implemented new compulsory treatment laws but we don't have resources to provide significant continuing care to people after they've left residential care and they need that to sustain change."

"Also, district health boards need to employ consumers in leadership roles to work alongside managers and decision-makers at every step of the process to ensure significant culture change."

Vanessa Caldwell

“Just having meetings about change isn’t going to cut it.”

Dr Vanessa Caldwell, the head of mental health and addictions for Mid Central DHB, says the Inquiry gives DHBs and the Ministry of Health the mandate to transform the system so it meets the needs of the people it’s meant to serve.

The system is poised for change. “The DHBs and Ministry need to become enablers of that change, rather than controlling the process. We need to listen to people, understand what they need and then actually make that happen. It’s a big ship to turn, but I’m confident that once we’ve set a pathway and have some priorities set by the Ministry, we can absolutely do it. But it must be in partnership with others in the community,” she says.

Her top priority is seeing low-threshold services established in the community within the first year.

The former Matua Raki national manager says a number of training programmes are under way, which will have peer support workers trained and on the ground within four to six months. “Peer support workers must play a bigger role in our workforce because our business is about people supporting people,” she says.

Within three year, she’d like to see health and social well-being combined as a sector. Working from a whānau ora framework and pooling resources with other agencies such as Police, MSD and housing to work with people collectively within the context of their whānau and communities would achieve much greater results.

Kyle MacDonald

“... the most pressing change will be improving access to treatment.”

Psychotherapist Kyle MacDonald was pleased to see the Inquiry results were strikingly similar to the People’s Mental Health Review, which he co-led. He says the most pressing change will be improving access to treatment. “We need to get more people help sooner. The obvious way to do it is at the GP level, with counsellors operating alongside or connected to GPs’ practices. We also need to connect the system up so people don’t fall through the gaps between primary and tertiary care.” He says, although the Inquiry is light on detail, there are existing models that can be followed.

The *Nutters Club* radio show co-host believes the second most important change to come out of the Inquiry should be the formation of a fully independent and well resourced Mental Health Commission to oversee the sector.

Workforce development is the longer-term problem, he says. “There are lots of people working in private practice that could switch if money comes into the public sector. But we don’t have enough staff to add 20 percent to the system overnight. That will take 10 years and we have to start now.”

Sitting alongside this is the cannabis referendum. “If New Zealanders vote in favour of decriminalisation, it should result in significant culture change, which will give people permission to engage with treatment more openly. We’re hoping a renewed focus on a health approach will result in resources and attention coming to alcohol and drug treatment services,” he says.

Gabrielle Baker

“A more radical reform would allow for mana motuhake and Māori partnership from the outset.”

Gabrielle Baker (Ngāpuhi, Ngāti Kuri) is a public policy and Māori health expert whose focus is on creating a just and effective health system. She was initially hopeful when equity of access for Māori was one of three purpose statements for the Inquiry. “So when I read the report, there seemed to be a real disconnect. When you look at the substance and actual wording, in fact there’s very little for Māori,” she says.

“The report notes a shocking consensus of the need to change, yet it looks to refine rather than reform the structure. That’s not good enough. The system is doing what it was set up to do, and it’s not working for Māori.”

Gabrielle says the report focuses on social determinants of health. “While that’s positive, they need to go the extra distance and ask, ‘How do we do this in a way that’s pro-equity and anti-racist? How do we actively counter the negative impacts of colonisation and historical trauma?’ A more radical reform would allow for mana motuhake and Māori partnership from the outset.”

Short-term measures could include moving beyond traditional clinical mental health services and giving more of a role to Māori NGO providers, “but it’s going to be hard for Māori providers if they’re working against a system that doesn’t complement their activities,” she says.

“So there are some quick fixes to make the current system work better, but ultimately we need a different system.”

Synthetic cannabinoids — too many unknowns

As the harm from synthetic cannabinoids mounts, it has become clear that not enough is known about its effects, who is being affected and how to help them. **Nathan Brown** reports on a Drug Foundation-led information gathering and sharing exercise aimed at reducing harm quickly.

NATHAN BROWN

"Collapsed today and they had to call an ambulance, I was totally out of it," said a young man.

The man, aged between 19 and 24, was one of more than 60 who responded to a survey that New Zealand Police, Lifewise Auckland, Odyssey House Auckland and the Drug Foundation devised to gather insight into who is experiencing harm from synthetic cannabinoids and why.

"If the batch is good then it's OK," the man said. "I just space out for a bit and forget about shit. Lately, though, the stuff has been really bad. I get sick and have to throw up. Sometimes I just pass out completely."

It's grim reading. This response and others like it helped organisations understand what was occurring and went on to inform a set of recommended responses.

Death and acute harm from synthetic cannabinoids in Aotearoa New Zealand have piled up since mid-2017, but information is scarce. The Ministry of Health called on the addictions sector to change that and the Drug Foundation compiled the report.

Insights have formed a picture of who is using synthetics – and, perhaps more importantly, why. The profile of people using synthetic cannabinoids is similar to that of huffing – except it's not only young people. Back in 2017, there was a surge in use amongst young people, but greater publicity about the dangers saw that use drop significantly.

> **"If the batch is good then it's OK, I just space out for a bit and forget about shit. Lately, though, the stuff has been really bad."**

Recently, the people being harmed have spanned a range of ages – what they shared was a common experience of past trauma, difficult current circumstances and few incentives not to use such as employment, community or whānau connectedness.

For these people, the risk of death is not enough to stop using. For them, life feels bearable with synthetics – at least at first.

Insights tell us the people most at risk of acute harm from synthetic cannabinoids are men of varying ages with no stable accommodation who are not in work or study. Ambulance data shows that Auckland CBD, Porirua and Christchurch are most affected, with problems occurring in pockets. For example, Downtown Community Ministry in Wellington CBD has not seen the same number of people experiencing problems as neighbouring

> **“Attempting to address someone’s use of synthetic cannabinoids before ensuring they have somewhere to live is a waste of time and money.”**

Porirua, which continues to experience a high number of ambulance call-outs.

We also know that almost half of respondents have been hospitalised or experienced seizures in the past.

People described an addictive cycle. Synthetics create a powerful dissociative effect, many times stronger than cannabis but very short-lived. As the extreme high rapidly subsides, it is replaced quickly with unpleasant symptoms. The result can be compulsive redosing, which can rapidly lead to addiction and an increasing risk of overdose. Synthetics can have a very negative impact on people’s lives.

It was not only the Ministry of Health that was concerned about the alarming new problem. A group of 20 frontline organisations and experts facilitated by NZ Drug Foundation via online video conferences to share the challenges they faced when trying to support those most affected.

The gaps in knowledge soon surfaced. In one memorable early moment, there was a discussion about pharmaceutical treatments which could be used to ease acute reactions. Certain benzodiazepines are being used by ambulance staff as well as to support people during treatment. The discussion highlighted the unknown factors surrounding these new drugs.

Whereas some services knew about the deaths and acute harm, they had not experienced the same demand in their region. Others were overloaded and needed more tools and guidance to help people. All agreed that systemic social issues were a root cause underlying the harm we continue to see in New Zealand.

Synthetic cannabinoids help some people cope with compounding difficult circumstances such as past trauma, unemployment and homelessness because they offer a significant ‘bang for your buck’. They get people very out of it so they feel less pressure from life’s concerns – all at a price they can manage.

The immediate response must be to reduce the risk of acute harm and death among people who are using synthetic cannabinoids. That means telling people how to use them more safely. The Ministry of Health’s new discretionary fund, announced last December, will help direct resources to where they’re needed most. While the details of this are still being worked out, the Drug Foundation has asked emergency services what information people most need and put this into a flip-card, which can be ordered from the Drug Foundation website.

Emergency services said they had nowhere to refer people following an acute harm episode, so it’s clear that an intervention pathway and health referral system for synthetic cannabinoids is of the utmost priority. At the same time, frontline services told us they weren’t structured to respond to acute harm immediately. The best way to address this is with rapid referrals, outreach teams and individual follow-up.

However, these measures are little more than thumbs to plug shameful holes in our delivery of support. All services agreed that, if people’s circumstances remain the same, they will keep using these drugs.

Some people needed support for other problems not directly related to drug-use. Stable housing, for one, is critical. Attempting to address someone’s use of synthetic cannabinoids before ensuring they have somewhere to live is a waste of time and money. But accepting this also means recognising that change happens slowly and not always on a continuum. People who can’t immediately stop using synthetic cannabinoids or cycle in and out of use should not be excluded from transitional housing.

This report lays a path for the treatment sector to transform itself to meet the challenges presented by not only synthetic cannabinoid use but also the next harmful substance to inevitably surface. At the time of printing, approval was being sought from the Ministry of Health to make a detailed version of the report publicly available to the sector.

If one thing is certain, it’s that this will keep happening until there are some major systemic changes.

The young man who had reported collapsing after using synthetics on one occasion said things went downhill fast.

“It gets you hooked real quick, too. I need it every day now.” ■

Nathan Brown works for the Drug Foundation as Drug Demand Reduction Programmes Manager.

Government taking a health-based approach

This month, the government announced an amendment to the Misuse of Drugs Act which will enable Police to use greater discretion when deciding whether to prosecute for drug offences.

The Misuse of Drugs Amendment Bill targets suppliers of synthetic drugs, reclassifying two synthetics (5F-ADB and AMB-FUBINACA) as Class A drugs, and increasing police search and seizure powers. It will also create a new temporary drug classification category, which police hope will enable emerging drugs to be more easily brought under the Misuse of Drugs Act.

However, at the same time it offers support to people struggling with addiction by requiring police to consider whether a health-centred or therapeutic approach would be more beneficial than prosecution.

Police will receive comprehensive training and guidance to ensure the changes are effective.

Police Minister Stuart Nash said police would continue to prosecute people for personal possession and use “when appropriate”, based on the merits of each case.

Drug Foundation Executive Director Ross Bell called it “the most significant, positive change to our drug law in over four decades”. However, he warned that it would need to be backed up by significant extra funding for health and social services.

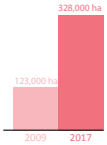
He said many regions have already been trialling alternative diversion and health referral schemes but they have been frustrated by a lack of support and funding.

“For this law change to be meaningful, the government urgently needs to invest resources into drug harm reduction, prevention and treatment services. Currently drug law enforcement receives over three times the funding that health services do, and it’s time the government switched the scales.”

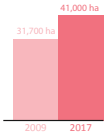
10 years of drug policy in Asia
How far have we come?

Illicit cultivation

↗167%
Afghanistan
opium poppy cultivation

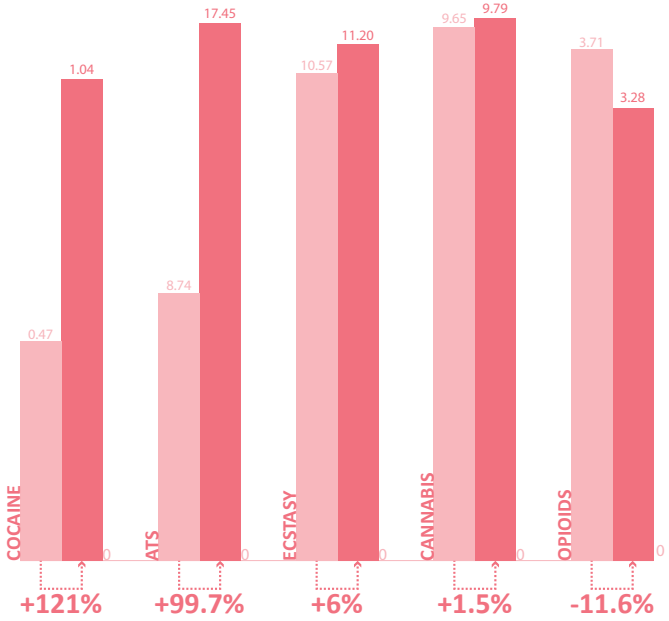


Myanmar
opium poppy cultivation
↗29%



Illicit demand

2011 | 2016 (numbers in millions)

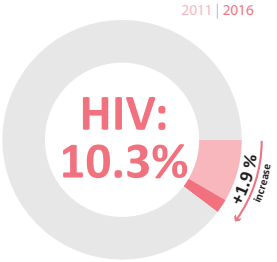


Drug-related health risks

Despite an overall decline of the HIV epidemic in the region, prevalence among people who inject drugs is on the rise

2011 | 2016

East and Southeast Asia

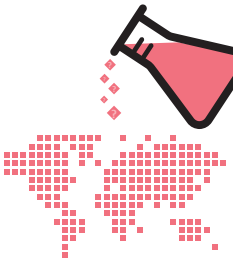


South Asia

Countries in Asia have some of the highest prevalence of HCV*/TB among people who inject drugs worldwide

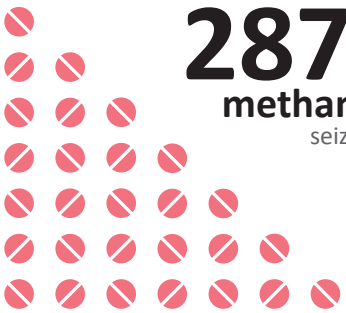
*Hepatitis C virus

New psychoactive substances



168 new psychoactive substances
reported in East and Southeast Asia between 2008 and 2016

Seizures

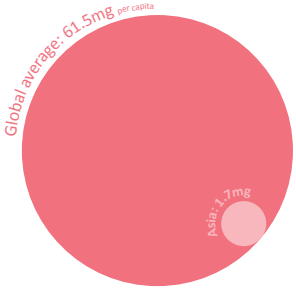


287 million
methamphetamine tablets
seized in East and Southeast in 2015

vs

3.1 million
seized in 2008

Access to essential medicines



75% of the world
remain without access to proper pain relief treatment

Asia's morphine per capita consumption
36x less than the global average

Despite punitive attempts to suppress drugs in Asia, production, use and harm are increasing. The Asia Report of the International Drug Policy Consortium finds that the death penalty is still widely in effect and there is a disturbing number of extra-judicial executions, but the news isn't all bad, with medicinal cannabis legalised in South Korea and Thailand. See nzdrug.org/idpc-asia-report for the full report

idpc International Drug Policy Consortium

Death penalty

16 countries in Asia

retain the death penalty for drug-related activities

= ½ the total number of retentionist countries worldwide

Killing with impunity

Medical cannabis

48 countries worldwide have allowed access to medicinal cannabis

In Asia, two countries so far have pioneered legislation in this regard

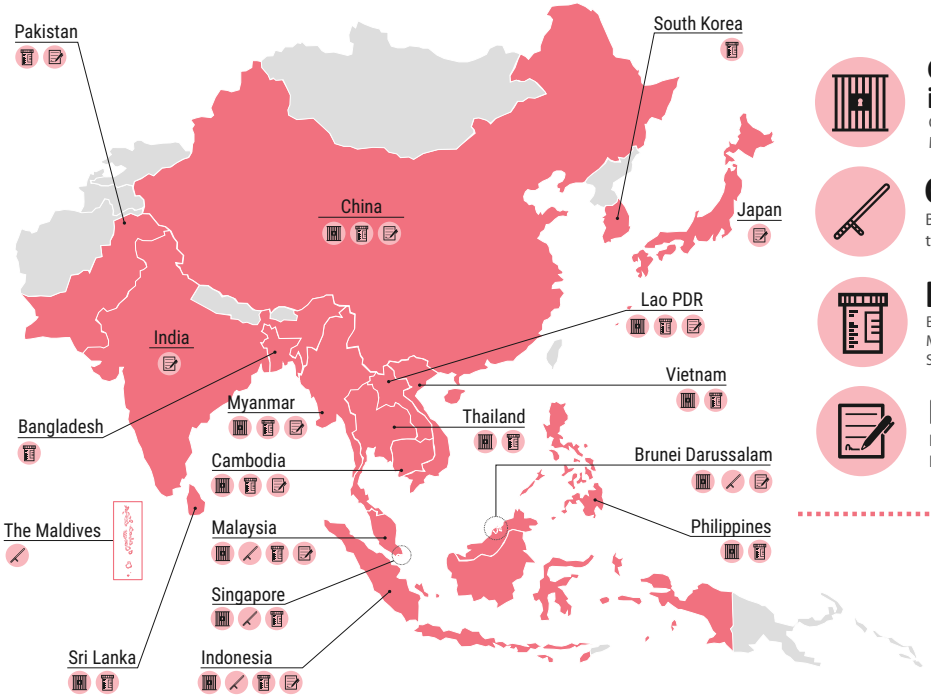
Alternative development

In the 1960s **Thailand** initiated efforts to address the underlying causes of opium cultivation, leading to:

- **Alternative sources of income** (before eradication)
- **Access to healthcare and public services** (education, electricity, clean water)
- **Environmental protection**
- **Small-scale businesses**

Alternative development requires addressing the socioeconomic vulnerabilities that push people into the illicit market

Torture and cruel punishment



Compulsory rehabilitation in detention
Cambodia, China, Indonesia, Lao PDR, Malaysia, Myanmar, the Philippines, Singapore, Thailand, Vietnam

Corporal punishment
Brunei Darussalam, Indonesia, Malaysia, the Maldives, Singapore

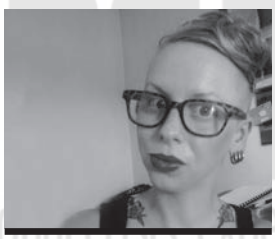
Forced urine testing
Bangladesh, Cambodia, China, Indonesia, Lao PDR, Malaysia, Myanmar, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Thailand, Vietnam

Mandatory registration
Brunei Darussalam, Cambodia, China, India, Indonesia, Japan, Lao PDR, Malaysia, Pakistan

Administrative punishment
can also amount to acts of torture or cruel treatment

You can't put fires out with gasoline

Words can convey more than their semantic meanings. They can casually denigrate, they can crush the vulnerable and they can be weaponised to ideological causes. Journalist **Chloe Ann-King** shares her reactions to what she reads and hears in the media and from the institutions charged with caring for people.



CHLOE ANN-KING

Over the last couple of years, a spate of clickbait articles has emerged using dehumanising language to describe people who have become drug dependent. Scaremongering articles nearly always focus on low socioeconomic communities. Meanwhile, little is said about the vices of the middle and upper classes. When reportage does focus on the illicit drug or drink habits of those who've snagged upward mobility, dehumanising and denigrating language is always sidestepped.

The BBC, in particular, has run article after article with "zombie" titles that nearly always focus on people from poor communities who are dependent on synthetic cannabis. Most recently, the BBC ran a documentary that concentrated on the impacts that synthetic cannabis, known as spice in the UK, has had on those living in a housing estate in Wrexham, Wales. My dad was from Cardiff, so I take an interest in how my people, especially those who are poor and addicted, are represented in the media. In the short documentary, people were presented as having no ability to control themselves as the drug takes over and destroys their lives.

"Drug abuse does not cause poverty; poverty is a cause of addiction."

There was no mention of how poverty destroys lives and negatively impacts people's emotional well-being and that clearly drug use in Wrexham is correlation and not causation. Drug abuse does not cause poverty; poverty is a cause of addiction.

The New Zealand Herald ran similar articles with degrading and hyperbolic titles such as, "Zombie apocalypse: An addiction crisis in America", which focused on opioid use in rural towns. It called the crisis a "national phenomenon" as if an opioid epidemic has appeared from nowhere and drug dependency does not have structural and root causes. The writer then went on to use the word 'demented' to describe people who are struggling with addiction.

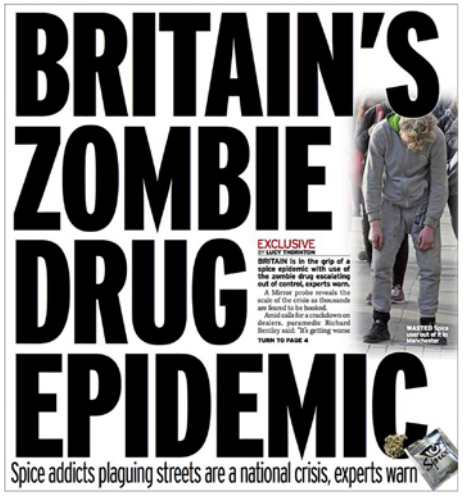
Stuff even ran an article on a mother who had written a book about her own son's battle with meth addiction, using the word to describe her son's behaviour. "I had watched my child turn into an incoherent zombie," she told Stuff. When family members use stigmatising, and dehumanising language to describe the people they love who are struggling with drug dependency, they are likely to be compounding the shame this person might already be feeling. They are increasing the emotional torment of someone who is already in pain.

There is damage caused by making people into their dependencies – using inescapable labels that vilify people struggling with and who are surviving addiction.

I can promise you that people who have dependency issues with (but not limited to) spice aren't coming for your tasty brains. They aren't going to rip your faces off while frothing at the mouth. But what some of us who have drug dependency issues (myself included) are coming for are your false narratives and reductive assumptions about who we are, what we are and what we do. Let's take a step back from the addiction and poverty myths and look at the facts.

There is little evidence that poor folk are responsible for most of the illicit drug use or that the rich are exempt from the destructive behaviours associated with dependency so intensely examined by media when they occur in poor communities.

The Conversation in Australia reported that people in paid work are more likely to take drugs (56 percent) than people who


BRITAIN'S ZOMBIE DRUG EPIDEMIC

EXCLUSIVE

Spice addicts plaguing streets are a national crisis, experts warn

> **We cannot change what we don't acknowledge. The language we use and labels we apply matter.**

are enduring unemployment (43 percent). These statistics were compiled by the Australian Institute of Health and Wellbeing.

Statistically recreational drug use tends to taper off when you are poor because, frankly, mostly we can't afford a steady stream of drugs. Having a job means access to money for MDMA, a regular supply of real weed or whatever tickles your fancy. When the choice is between kai or drugs, the recreational user is going to eat, a person with addiction issues may choose drugs or alcohol either way, but if there is no money well, drug dealers are not renowned for their generous or trusting natures, and there's always someone who does have the money and is willing to buy.

Unsurprisingly then, the rich can afford their vice of choice, and the middle classes can afford more than people enduring poverty.

The Guardian reported last year that the middle classes consume more drugs and alcohol than people who are living below the poverty line. The report, compiled by the Social Metrics Commission, compared the circumstances of those living above and below the poverty line. It found two-thirds (66 percent) of those who are comparatively well off have drunk to excess in the last year, compared with just 58 percent of the most deprived.

> **Long-term dependency is, more often than not, a symptom that someone is in deep pain both emotionally and spiritually. That kind of pain leaks into your bones.**

So where are the articles about the endemic drug and alcohol use among the rich? Why are we not concerned that they will run amok and terrorise their wealthy neighbourhoods? Where are their state-mandated drug tests to keep us all safe?

Way back in 2011, the Drug Foundation published a policy briefing paper in response to the then government's announcement proposing drug testing people on welfare. The paper strongly advocated against such testing, stating "Internationally, there is very little evidence for significantly higher rates of substance abuse among welfare recipients than non-welfare recipients when socio-demographic factors are controlled for."

I was personally threatened on multiple occasions with sanctions to my benefit if I failed a dole drug test. At the time, I'd been diagnosed with chronic PTSD, depression and anxiety. I wasn't able to work because my mental health was so bad. Once, a case worker asked me why I had PTSD. I explained that I'd been raped three months before. Her response? "That shouldn't hinder your ability to work." She also reminded me that I could be asked to submit urine for a drug test by WINZ and a potential employer, and if the test came back positive, I'd be subject to sanctions.

I walked out of that appointment feeling waves of humiliation wash over me. I walked into the nearest liquor store, bought two bottles of wine, found a park and sculled as much wine as I possibly could. Journalist Johann Hari, author of *Chasing the Scream* and *Lost Connections*, recently stated "We know that inequality increases a sense of humiliation and correlates with depression and anxiety, it can actually cause depression and anxiety."

The Drug Foundation recommendation went on to say "A recent review indicates that substance abuse among welfare recipients is not a major cause of continued welfare dependency."

Regardless of evidence that counters negative narratives around poor people or that drug testing people on benefits had no benefit to the people tested, the government funding them or to society in general, the government of the day pushed on with the welfare reform. These sanctions are now under review.

Radio New Zealand reported in 2017 that only 466 had failed the pre-employment drug testing out of about 30,000 tests since 2014, about 1.5 percent. The minister at the time said the results were proof of the success of the shame-based policy in curbing beneficiary drug use.

Imagine what would have been achieved had the taxpayer dollars spent on ferreting out those 466 people actually been spent on drug education or funding recovery respites/holistic rehabs or both.

What needs a major adjustment is our system — not poor people's attitudes or drug-taking habits. Poverty is a form of violence. Violence is traumatic. Poverty is traumatic. And what is one of the root causes of addiction? TRAUMA. It isn't hard to work this out. It shouldn't be unfathomable for government ministers to know that long-term drug dependency isn't a symptom of laziness or a moral deficiency.

Dependency does not mean you are a bad person, just like being poor doesn't mean you are lazy or lack ambition. It isn't a moral issue – it's a health issue, it's a spiritual issue and it's a social justice issue.

Long-term dependency is, more often than not, a symptom that someone is in deep pain both emotionally and spiritually. That kind of pain leaks into your bones. I've felt that pain. It's a type of pain that you never forget. It follows you. It haunts you. It never really leaves you.

The way we frame and talk about people who have drug addiction issues needs to change. In particular, the way politicians and journalists talk about those who come from low socioeconomic communities who have dependency issues needs to change. We cannot change what we don't acknowledge. The language we use and labels we apply matter. ■

Chloe Ann-King is studying for a Master of Human Rights at AUT. She is also a writer and a noted workers' and welfare rights activist.

Photo credit: Drägerwerk AG & Co. KGaA

Stoned at the wheel: is there a problem?

Will legal cannabis compound the carnage on our roads? **Naomi Arnold** examines proposals for dealing with establishing whether drivers are high or not and questions whether cannabis is a significant impairment anyway.

NAOMI ARNOLD

Does driving stoned increase your risk of a crash? If so, by how much? And how do we test for it? These are some of the tricky new questions raised when Justice Minister Andrew Little announced in December that a binding referendum on personal use of cannabis will be held at the 2020 election.

In the flurry of discussion since, one of the big questions is about driving while using drugs. Police, the Automobile Association, transport officials, MPs and commentators have all called for a roadside saliva test for cannabis, which some say would also deter people from using drugs and driving. If so, how effective are these tests at finding an answer to the big question: This driver may have used cannabis, but are they impaired right now?

As society increasingly acknowledges the War on Drugs has failed and cannabis turns more mainstream, New Zealand is not the only country struggling to answer these questions. Cannabis has steadily become legalised for medical or recreational reasons in many states across the United States as well as nationally in Canada late last year. Those countries are having the same conversations as us.

Currently, it's illegal to drive while impaired by drugs in New Zealand. Drivers suspected of this are tested at the roadside with the standardised sobriety field test, which involves performing tasks such as balancing on one leg, walking a straight line or accurately estimating when 30 seconds have elapsed.

Police officers can also measure pupil dilation and reaction to bright light. If they feel the driver has failed the tests, they can detain them for a blood sample. Any illicit drugs in the bloodstream means a fail, and recent numbers indicate between 300 and 400 drivers fail each year and have blood samples taken and sent for analysis. THC remains in the blood for just two to three hours after use.

We don't yet know to what extent and for how long cannabis affects driving response, judgement and skill and how THC plays a role in that. There is no linear relationship between THC ingestion and impairment. We also don't know how to detect a dose and response relationship between THC levels and crash risk. This makes a saliva test problematic. It's also not reliable enough to use in criminal prosecution.

Mary Jane McCarthy, Forensic Toxicology and Pharmaceuticals Manager, ESR.

Photo credit: ESR

Mary Jane McCarthy, Forensic Toxicology and Pharmaceuticals Manager at the Institute of Environmental Science and Research (ESR), says it's really important to note that the presence of a drug in blood, oral fluid or urine does not mean the person is impaired by that drug.

"The aim of current drug-driver legislation is to get impaired drivers off the road before they did any damage to others or themselves. However, the ability to test drivers for drugs is limited." Roadside screening tests are presumptive – i.e. not proven until a laboratory test is completed.

"The level of sensitivity and the possibility of false positives means that using testing at the roadside would be a risky practice. Environmental exposure or passive exposure to drugs, particularly cannabis and methamphetamine, are potential issues with oral fluid testing. Oral fluid testing does present benefits in terms of being able to distinguish better between recent and historical use, particularly for cannabis."

Other oral fluid screening kits can detect more drugs, including morphine, methadone, cocaine and some sedatives. The range of drugs detected by these kits is smaller than the range detected by analyses at ESR. Any positive findings from these screening kits require confirmation by laboratory testing.

"We also don't know how to detect a dose and response relationship between THC levels and crash risk. This makes a saliva test problematic."

ESR is working with New Zealand biotech company Auramer Bio on developing point-of-use drug testing technology for a number of drugs. Based on the design of aptamers (synthetic DNA) that can be designed to be very specific for target drugs, McCarthy says the aim of the work is to develop rapid and sensitive roadside testing using oral fluid. However, that would require a law change to allow it to be administered to drivers.

Though saliva testing can differentiate long-ago use from very recent use, it can't currently tell you if the person is impaired. Stanford School of Medicine addiction expert Keith Humphreys says the best technology at the moment is a blood draw and urine screen.

"[They] give valuable information about cannabis consumption, but that's not realistic at the roadside. There are mouth swabs that are pretty good at detecting recent use, but they only give a yes/no

Dräger DrugTest 5000.

Photo credit: Drägerwerk AG & Co. KGaA

answer; they don't tell you how much someone used and whether or not they are impaired."

However, urinalysis is problematic. Because THC dissolves in fat, it can stay in the body for up to a month after use, slowly being released. Regular cannabis users can excrete it over time in their urine, even if they haven't recently used the drug – meaning a person could get a conviction based on a urine test when they aren't stoned.

"There are multiple teams working on other technologies, some based on generic impairment measures, such as can you follow a moving dot on a laptop? And some specific to cannabis, such as exhaled metabolites. But it's a long way from these pilot technologies to reliable tests that courts will accept as authoritative."

Humphreys says there are also human rights issues to consider when roadside testing for cannabis. "Because it's hard to differentiate between someone who has used cannabis recently versus a while ago, there is a risk of unjust arrest and prosecution in cannabis-impaired driving cases." The American Civil Liberties Union declares the saliva tests intrusive and unconstitutional, and one US law expert estimated that those undergoing a saliva test could be on the side of the road for up to half an hour to get a result.

So it is still early days for saliva tests. In August 2018, the Canadian Department of Justice approved the use of the Dräger DrugTest 5000, a handheld machine that tests saliva for THC. It was the first saliva screening equipment to be used by law enforcement to test for THC, but there remain questions over its accuracy. Some Canadian cities, including Ottawa, have decided not to use it, and Royal Canadian Mounted Police authorities acknowledge they have issues.

For example, a study published in the Journal of Analytical Toxicology in 2018 examined the use of the device in Norway, comparing blood samples with the oral device. It showed that the machine required a Police officer to orally swab a driver for up to four minutes, and the sample could take up to 10 minutes to get a result. The driver also had to have not been eating or drinking for 10 minutes before a test. The test "did not absolutely correctly identify DUID (driving under the influence of drugs) offenders due to fairly large proportions of false-positive or false-negative results compared to drug concentrations in blood".

The study found that the proportion of false-positive results generated by the device, compared to the blood results, was 14.5 percent for cannabis and 87.1 percent for cocaine. It also found 13.5 percent of drivers with THC in their bodies above legal limits had false negatives.

A future option might be something less invasive such as a saliva swab, for example, a newish cannabis breathalyser called The Hound, recently introduced by Californian company Hound Labs. Its maker, Mike Lynn, told United States national public radio outlet NPR that it had taken them five years to overcome the obstacle of detecting THC in breath, saying it is "something like a billion times less concentrated than alcohol". Though his machine detects THC's recent presence in the breath (as opposed to prior use), it can't calculate the amount of THC consumed.

Another cannabis breath tester is being developed by Cannabix Technologies, which says its devices will target recent use of cannabis and "would be used to provide detection of THC at roadside and identify drivers under the influence of marijuana". However, these types of machines still can't detect actual impairment, as no one number can determine impairment in different people.

The best option for now may be still using what we have: first detecting impairment using visual and physical cues – an approach that, while denigrated by some as outdated, is backed up by research – and then testing to see if cannabis is present that could account for it.

However, University of Adelaide behavioural scientist Michael White says his research casts doubt on cannabis increasing the risk of crashing. At best, he says, studies have found cannabis increases the risk of crashing by 30 percent and adds that is potentially exaggerated due to various biases in the studies.

> **"… I end up concluding cannabis is not a big problem on the roads – and it might be no problem at all."**
>
> UNIVERSITY OF ADELAIDE BEHAVIOURAL SCIENTIST MICHAEL WHITE

"The best evidence is dose-response relationship; more of the drug makes you more likely to have a crash, but that evidence seems to be lacking for cannabis," he says. "I think you do have to look closely at the research, and when you do, I end up concluding cannabis is not a big problem on the roads – and it might be no problem at all."

Even if we do accept a 30 percent increase in crash risk, he says, you need to compare that proportionally to other risks. For example, the legal blood alcohol limit in Australia is the same as New Zealand's for drivers over 20 years old: 0.05 percent (0.05g of alcohol in every 100ml of blood). The risk doubles with every additional 0.05g – an increase of 100% of your risk of crashing.

"So cannabis has a risk that is way less than a legal level of alcohol," he says.

He adds that being a cyclist increases your risk of a crash more than 10 times the increase in the risk from using cannabis. Motorcyclists 30-fold. Speeding in a metropolitan area? Every 5kph above the speed limit doubles your risk of crashing, so driving at 75kph in a 60kph zone means your risk of crashing is multiplied by eight.

Then there's age. White looked at the amount at which cannabis impaired a person compared with age changes and found cannabis to be equivalent to about 10 years of age change. "As you get older, your driving-related skills fall off a bit as measured on highly sensitive laboratory tasks, but older people aren't more dangerous on the roads; not when you're comparing a 30-year-old with a 40-year-old.

"That means that, if cannabis users should be taken off the road, then 40-year olds should be taken off the road because they're 10 years worse than 30-year-olds," he says. "In comparison with a whole lot of other things, [cannabis] really is a tiny increase in relative risk." ■

Naomi Arnold is a Nelson-based journalist.

Host responsibility and drugs

Imagine you're managing a bar, and someone tells you they just saw a guy selling MDMA in the bathroom. Or a woman who seems quite intoxicated tells you she thinks her drink has been spiked. What do you do? A new suite of information by the NZ Drug Foundation and Health Promotion Agency could help.

People using drugs in a bar or nightclub are exposing themselves and others to risk, and a lot of the responsibility for managing that risk falls on the shoulders of licencees, managers and other staff. Despite this high level of accountability, there's never been much information about how to manage drug use in bars – until now.

It's not well known that licensees and managers have a legal and moral obligation to be responsible hosts to all customers – even those using illicit drugs. The very definition of intoxication in the Sale and Supply of Alcohol Act 2012 spells it out: Intoxication is "being observably affected by alcohol, other drugs and/or substances".

NZ Drug Foundation's Drug Demand Reduction Programmes Manager Nathan Brown says customers using illicit substances, particularly in combination with alcohol, expose themselves and others to all kinds of risks including injury from overdose or unsafe use, or the potential for assault or sexual assault.

Nathan says bar staff should be trained to recognise the risks and intervene confidently when they need to. Any issues left unchecked will eventually attract the attention of Police – jeopardising an establishment's licence. "So it's important for people in this industry to know the law and keep people safe."

To help licensees take a proactive approach to manage these issues, the Drug Foundation has produced a guide, video and infographic.

"New Zealand's outdated drug laws deter many licensees and managers from proactively addressing problems from drug use in a way that's responsible and fair," Nathan says. "This booklet aims to clarify what the law does and doesn't say and offers strategies to ensure problems are minimised.

"For example, a common misconception in New Zealand is that a nightclub can screen for drugs at the entrance with a physical pat-down. That's not true – security staff simply don't have the right to conduct this kind of physical search."

The Drug Foundation suggests that licensees incorporate substance use issues in their Host Responsibility Policy and Implementation Plan. This should express their commitment to reducing harm from substance use and outline how they intend to create a safe environment, handle substances safely, protect customer privacy and respond to substance or drug-related issues effectively. ■

Pauline Stewart

Pauline Stewart has been a registered psychologist for 23 years in the education sector and private practice. Six months ago the South Islander, who also has a business background in farming, decided to set up a new nationwide service for families supporting a whānau member with alcohol and other drug misuse.

Q Why did you see a need for a national support service for families?

A As a psychologist, I've seen the struggle families go through. It can be a long and challenging journey. Families need to build coping and resilience skills to stay involved. Despite the huge need, New Zealand doesn't have a nationwide organisation. I thought "if it is to be, it's up to me". I researched organisations around the world and was impressed with Family Drug Support Australia, set up 22 years ago by Tony Trimingham. He's been a great mentor.

Q What is your vision for Family Drug Support?

A Our vision is to be the first port of call for families needing support, no matter where they live in New Zealand. We've set up an 0800 helpline with trained volunteers able to take calls between 9am and 10pm, seven days a week. Calls are free regardless of where from or what kind of phone. We've also set up a website with a huge range of resources by experts and families with lived experience. Our Stepping Stones programme to help families deal with the emotional stress of supporting a whānau member starts in Christchurch in late March or early April. The programme's been run successfully for over a decade in Australia. The vision is to be able to run it in other main centres.

Q Why is it important to support affected family members?

A Family support is a key element in successful outcomes for people with alcohol and other drug misuse. Family members know the person they care about better than anyone else. They're invested in staying involved for a whole number of reasons: financial, emotional, physical and relational. Often there's been a family breakdown due to the trauma associated with alcohol and other drug misuse, so building those relationships back up again is very important. Having family involved provides hope and a support system. It's difficult to solve problems in isolation.

Q Why do family members need help to stay involved?

A Family members need to know the stages of change people go through in their journey so they can continue to give support even when change is challenging. For example, 80 percent of people who quit methamphetamine experience depression, so lapsing is really common. It's important for families to understand that so they don't throw the baby out with the bath water when there's a lapse. Research tells us that family members who seek help, even just a listening ear, feel relieved to experience understanding and support.

Q Do families also have to overcome stigma?

A Families trying to help a loved one often feel a huge amount of stigma. Being able to share the same concealed stigmas with other families often results in increased self-esteem and significantly lower levels of anxiety and depression because they no longer feel so alone.

Q What do family members often do wrong when trying to support loved ones?

A We never say families get it wrong, because they're doing the very best they can at the time, with the best of intentions. Initially, many families cope by denial and this comes with lots of emotion: anger, shame, blaming, chronic sorrow and the like. What follows are often rigid ultimatums, rescuing, attempting to control the situation, poor boundaries and brave faces. The easy-to-say things like 'rock bottom' and 'tough love' aren't worthwhile because there's a hundred rock bottoms and tough love is not love. Chaos is often experienced. Many families talk of their experience as like walking on a tightrope. About two-thirds along, you realise you need a balance pole. If you're not looking after yourself, it's really difficult to last the journey.

Q How does your background equip you for pushing FDS forwards?

A I also have a background as a business woman, which has given me a good understanding of governance and management. In the last six months, I've gained seeding funding from private donors to set up FDS as a registered charity with an experienced board, trained a group of support line volunteers and had a website built by Meta Digital and an excellent rostering system developed.

Q After six months, how are things going?

A Really well. Now we're up and running, our top priority is becoming well-known throughout New Zealand as the first port of call for families. I'm working hard alongside our cultural advisor to ensure we have a culturally appropriate service. Funding is also a focus. We're looking for ongoing funding. One of the recommendations of the government inquiry was to work with NGOs and families, so we're hoping there will be places that we can apply.

Q What help can your 0800 call staff offer?

A Our trained volunteers are not counsellors, but they're there to listen and help people find resources in their areas. There are lots of small groups dotted around New Zealand, but people often don't know how to find them. Our website contains a wealth of information that people can tap into any time they need from anywhere in New Zealand.

Pauline Stewart is the founder of Family Drug Support Aotearoa.
www.fds.org.nz | 0800 FDSupport

#HEALTH
Not handcuffs

Kākahungia te tangata ki te aroha, kaua ki te whakawhiu

Get healthy drug laws

We want to see drug use treated as a health and social issue. Let's make sure it happens.

120 REASONS

Share why you think our drug laws should change.

We're giving 120 Members of Parliament 120 reasons to change our drug law.

We're inviting New Zealanders to express in their own words why we should replace convictions for drug use with a health and social approach.

Once we get to 120 Reasons, we'll present what you say to MPs.

Help us collect reasons by:

- Uploading your own reason
- Encouraging whānau, friends and colleagues to share their reasons.

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