



# matters of substance

AT THE HEART  
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FOUNDATION.

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The little community that could

Taking on the industries

Harm reduction – a help or a hindrance?

May 2009

## Coping with the crunch

As the global financial crisis starts to hit home, will more New Zealanders drown their despair in alcohol and drugs? Studies and reports may be mixed so far, but treatment agencies are getting ready for the flood.


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## Become a member

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

**You can help us.** A key strength of the NZ Drug Foundation lies in its diverse membership base. As a member of the NZ 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.

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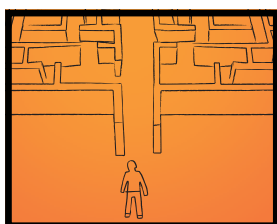
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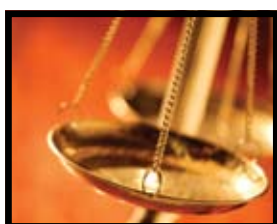


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**WHAT** would people who use drugs, or people in recovery, or those in communities impacted by drugs and drug policy think of the global community's recent efforts? Underwhelmed would be my guess.

In 1998, political leaders set themselves the brave target of achieving a "drug free world" by 2008.

I have no problem with aspirations – after all, wouldn't we all love world peace? But 10 years on, meeting recently in Vienna to assess their progress towards their goals, I believe our political and diplomatic leaders have been hugely irresponsible. They've neglected any honest assessment of progress towards the objectives they themselves set. Instead they've engaged in mutual back-slapping while ignoring the realities of human suffering around the world – much of which is caused by their own policies.

If public health is supposed to be the first principle of drug control, where was the assessment of progress towards health goals at the Vienna summit? There was none. Instead, strenuous efforts were made by some member states to resist proposals to improve access to harm reduction services or increase access to pain relief medication.

The acquiescence of the Commission on Narcotic Drugs (CND) reinforces many member states' decisions to maintain medieval prohibitions on proven life-saving health interventions, such as opioid substitution

therapy and needle exchange programmes (see Mythbusters for more).

The CND also persists in its mythmaking about success in controlling worldwide drug supply. They argue 100 years of prohibition has "contained" the world's drug problem. This is despite evidence showing illicit cocaine production has increased in the Andes and record opium crops are being sourced from Afghanistan. And while drug use does appear to have stabilised or declined in parts of the developed world (including New Zealand), indicators strongly suggest increased use and harm in the regions of Africa and Asia, and in populous countries like Russia and China.

One significant highlight did emerge from the Political Declaration. This was the recognition that global drug control efforts must be taken in full conformity with international human rights law. For too long the world has seen systematic and egregious abuses of human rights in the name of drug control (witness the extrajudicial killings in Thailand, drug-related executions in China and Singapore and failures to provide evidence-based addiction treatment in many parts of the world).

It is good that even the CND, for all its many weaknesses, can agree that the humanity and dignity of people who use drugs must be protected. Ross Bell. ■

#### Youth Week

22–31 May, Nationwide

Youth Week 2009 is about getting adults to show their aroha by making time for young people and young people making time for others.

[www.youthweek.co.nz](http://www.youthweek.co.nz)

#### World Smokefree Day

31 May, Worldwide

Give quitting smoking a go, or support those who want to quit.

[www.worldsmokefreeday.org.nz](http://www.worldsmokefreeday.org.nz)

#### International Day against illicit Drug Abuse and Illicit Trafficking

26 June, Worldwide

This UNODC campaign aims to raise awareness of the problem illicit drugs represent to society.

[www.unodc.org/unodc/en/about-unodc/26-june.html](http://www.unodc.org/unodc/en/about-unodc/26-june.html)

#### Community action and youth development workshops

22–23 June, Auckland;  
25–26 June, Wellington;  
and 29–30 June, Christchurch

The Drug Foundation is excited to announce these fabulous training opportunities by US Youth Leadership Institute (YLI) director Maureen Sedona. YLI is a San Francisco community-based organisation that helps build communities where young people and their adult allies come together to create positive social change by promoting best practices in the field of youth development. To register your interest and for more information contact catherine.milburn@drugfoundation.org.nz.

#### Thinking Drinking 3

5–7 August, Brisbane, Australia

This conference is for those wanting to develop solutions to the risky drinking culture in Australasia. A key outcome sought is an agreed agenda for change to unite, support and guide all efforts to reduce alcohol-related harm.

**ADF** Australian Drug Foundation  
• preventing drug problems •

[www.adf.org.au](http://www.adf.org.au)

#### Hoodie Day

12 August, Nationwide

Held on the United Nations International Youth Day, Hoodie Day aims to challenge and break negative stereotypes associated with youth.

[www.youthweek.co.nz](http://www.youthweek.co.nz)

#### Research and Values:

##### The underpinnings of public health practice

1–4 September, Dunedin

The annual Public Health Association conference.

[www.pha.org.nz](http://www.pha.org.nz)

#### National Cannabis Conference

7–8 September, Sydney, Australia



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

[www.ncpic.org.au](http://www.ncpic.org.au)

#### 2009 Cutting Edge:

##### Our place, our future

10–12 September, Wellington

Register your interest now for the annual New Zealand addiction treatment sector conference.

[www.cmsl.co.nz](http://www.cmsl.co.nz)

#### Australian Therapeutic Communities Association Conference

14–16 September, Canberra, Australia

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

[www.atca.com.au](http://www.atca.com.au)

#### APSAD 2009 Conference

1–4 November, Darwin, Australia

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

[www.apsadconference.com.au](http://www.apsadconference.com.au)

#### Register your own event at

[www.drugfoundation.org.nz/events](http://www.drugfoundation.org.nz/events)



A black and white photograph of a hand holding a coin over a stack of coins on a dark surface. The background is blurred, showing what appears to be a piece of fabric or paper. The lighting is dramatic, highlighting the textures of the coins and the hand.

# Coping with the crunch

Will the recession and the resultant economic pressure it puts on New Zealand families drive more Kiwis to drink and illicit drug use? International scholars are uncertain and media reports are mixed, but local social agencies are convinced that, in times of extreme financial stress, many New Zealanders will create further havoc in their lives with increased binge drinking and drug use. **Keri Welham.**



**AMIDST ALL** the woe of the global recession, there may be a wholesome silver lining. Some research suggests our lives may be pared back, stripped of some of the most destructive elements of high-octane, high-stress 21st century life, returned to a simpler pattern of home life, balanced work hours, exercise and healthy, home-grown food.

Recession might be just the cure your battered body and weary mind needs. But, for a group of New Zealanders already struggling, or entering unfamiliar marginalised territory, the recession could be the catalyst for a slide into addiction.

New Zealand is battling recession as the global financial crisis hits industrialised nations around the world. When an economy contracts, people lose jobs, investments plummet and homeowners with too little fat in their budgets can lose their homes.

What impact do these financial stresses have on the health of a population – specifically mental health? Perhaps during lean economic times, people do have time to take better care of themselves. If so, they may build stronger family or community networks and emerge less likely to drink and use drugs. Or does economic distress make a person more vulnerable to substance abuse?

Internationally, so-called ‘vice-industries’ are issuing mixed reports on their fortunes as disposable incomes dwindle.

But social agencies dealing with the marginalised and the desperate say the

anecdotal evidence is unequivocal. Their workloads are starting to increase as distressed New Zealanders self-medicate with alcohol and illicit drugs.

The recession coincides with a time of significant focus on alcohol and illicit drug use in New Zealand. Two pivotal pieces of New Zealand legislation are under review by the Law Commission. The first, the Misuse of Drugs Act, is being reviewed and changes to the act could include updating the classifications of illicit drugs. Simultaneously, Law Commission President Sir Geoffrey Palmer is leading a sweeping review of laws pertaining to sale and supply of alcohol.

An economy is deemed to be in recession when its gross domestic product declines in two consecutive three-month periods, as the New Zealand economy and those of many other industrialised nations did in 2008. The United States’ sub-prime mortgage crisis combined with high oil and food prices and bailouts in the spluttering US automobile industry to create a financial crisis that is now reverberating around the world. It has claimed major banks and financial institutions, and stripped thousands of jobs out of industrialised economies. New Zealand faces falls in the value of investments such as property and shares, cuts to services and rising unemployment as government departments, State-owned enterprises and struggling private businesses carve staff numbers.



“New Zealand experienced a spike of suicide deaths during the Rogernomics era when New Zealanders saw employment opportunities evaporate.”

Merryn Statham

In times like these, what happens at home? How does a recession impact on the wellbeing of a population? The short answer is that the result is a mixed bag. Let's start with the good.

There is a small body of international research that looks at possible relationships between the health of an economy and the health of a population.

Research suggesting economic downturn was good for your health started to emerge in the 1970s. Some of the earliest studies were later discredited as being technically faulted, but 25 years later, robust studies throughout the first half of this decade threw up similar results: deaths decrease as the economy shrinks.

In 2000, a leading researcher in this area, Christopher Ruhm, compared US unemployment rates with health statistics from 1972 to 1991. Ruhm found a 1 percent increase in the state unemployment rate coincided with a decrease in the total mortality rate of 0.5 percent. German research in 2004 produced broadly similar results.

A substantial study by Jose Tapia Granados, published in 2005, assessed data across 96 years of US economic history and considered various groups, ages and causes of death. Tapia Granados's study presented strong evidence that deaths fall during periods of recession. He pinpointed some of the possible reasons for the flipside of this phenomenon – higher death rates during economic boom times: “Expansion of

traffic and industrial activity directly raising injury-related mortality, decreased immunity levels (owing to rising stress and reduction of sleep time, social interaction and social support), and increased consumption of tobacco, alcohol and saturated fats.”

Ruhm suggests hazardous working conditions and job-related stress are prevalent when an expanding economy demands longer hours, accelerated production and an increased number of inexperienced workers. Similarly, in times of industrial growth, a worker may be subjected to greater levels of traffic congestion and pollution, which adversely affect general health. Work demands may lead to adoption of less healthy lifestyles. Ruhm shows severe obesity, smoking and physical inactivity accompany periods of temporary economic growth. A family may find there is less time for healthy home-cooked meals and exercise. Grant Miller, Assistant Professor of Medicine at Stanford, puts it like this: “The value of time is higher during good economic times. So people work more and do less of the things that are good for them, like cooking at home and exercising; and people experience more stress due to the rigours of hard work during booms.”

Now for the bad news: in one crucial area, the research provides a telling exception. In Tapia Granados's study and others, deaths by suicide rose in times of economic distress.

In November last year, the US

Suicide Prevention Resource Centre considered the impact of the recession on mental health and, in particular, suicide. It reported: “A strong relationship exists between unemployment, the economy and suicide. A common ‘chain of adversity’ can begin with job loss and move toward depression through financial strain and loss of personal control. In fact, this chain leads to myriad financial, social, health and mental health outcomes – all of them negative.”

It continued: “Unemployment (and resulting financial strain) is associated with depression, substance abuse problems and marital turmoil, all of which are independently linked to suicide risk.”

Suicide Prevention Information NZ (SPINZ) Director Merryn Statham says researchers have established a “modest” link between unemployment and suicide, best illustrated in New Zealand by a spike of suicide deaths during the Rogernomics era when New Zealanders saw employment opportunities evaporate.

There is a more clearly defined and recognised link between mental distress and the temptation to use alcohol and illicit drugs to numb the symptoms of that distress. “Self-medicating compounds the mental distress and that's when we see a dramatic increase (in suicidal behaviour).”

Statham says people using greater quantities of alcohol or illicit drugs in response to distress can create negative



“Historically, some people turn to drugs and alcohol as a medication to their woes.”

Tim Harding

consequences in employment and relationships.

This sentiment echoes a 2005 Australian Ministry of Health review, which stated: “Some of the life events that precede serious suicidal behaviour appear to be generated by an individual’s own behaviour. Specific life events (separation, serious family arguments, financial problems and unemployment) often appear to arise from problems with alcohol.”

The New Zealand Ministry of Health’s Maria Cotter, Team Leader for Mental Health Promotion, points to international research from the last 14 years that shows job loss or financial loss can increase a person’s risk of mental health problems such as anxiety and depression.

“Both unemployment and inadequate employment are associated with increased depression. Exposure to life stresses, such as problems with employment and finance, also increases the risk of suicide.”

An English study of the association between debt and psychological wellbeing revealed that, mortgages aside, heads of households with high debt were significantly more likely to report psychological distress.

Given the government’s concerns about the impacts of the recession on New Zealanders’ mental health, the Ministry of Health has re-launched its website [www.depression.org.nz](http://www.depression.org.nz) with newly created content to provide

practical self-management information for people experiencing depression.

Statham is encouraged by anecdotal feedback that suggests more people are seeking help for distress; a move that demonstrates a level of healthy resilience. These people are recognising they don’t have the resources to manage the levels of stress and anxiety they are experiencing.

Beyond the links between recession and stress, the research gets a lot more difficult to decipher. On the topic of alcohol and illicit drug use during tough economic times, the picture is complex and sometimes contradictory.

As far as alcohol is concerned, it appears overall drinking decreases during a recession while problem drinking escalates.

Research published in the *International Journal of Addictions* in 1986 explains that reduced income might stop some people from drinking or encourage them to drink less, or the stress of unemployment may lead to self-medication with alcohol. Even those who keep their jobs may experience a change in drinking habits. As they work longer hours or find themselves under more pressure, they may increase their alcohol consumption or binge drink in a bid to combat stress.

Perhaps the most succinct analysis was provided within a 2001 study of more than 700,000 US respondents. This study found an economic downturn was associated with a reduction in

overall drinking, but that a recession saw binge drinking increase. The estimated increases in the prevalence of binge drinking during recessions were marked, with a 5 percent increase in unemployment inducing an 8 percent increase in the probability of binge drinking. Binge drinking increased even in those who remained employed during economic downturns, leading the authors to conclude that stress was a major contributory factor, rather than an increase in leisure time.

Subsequent research found overall drinking decreased in bad economic times – mainly due to changes in the consumption of existing drinkers rather than from people taking up or quitting drinking. Additionally, the authors showed that the decrease was concentrated among heavy consumers, with light drinking actually rising.

A 2006 Finnish study found that an improvement in economic conditions produced a decrease in alcohol-related mortality, with a 1 percent increase in the employment rate leading to an approximately 2–5 percent decline in alcohol-related mortality.

In the news media, the story of recession-era drinking is split between reports of mega-breweries’ profits plummeting, and tough economic times coinciding with increased sales.

In an editorial in January, the *New York Times* revealed SABMiller, the second-biggest brewer in the world, had reported a 1 percent drop in volume



“Middle and high-income earners are worried about losing homes that are now worth less than they paid for them.”

Raewyn Fox



“Some farmers do say they’ve had real drug and alcohol issues with their staff.”

Don Nicolson

shipments in the last three months of 2008, compared with a year earlier. The paper said SABMiller’s lager volumes in Europe fell 1 percent, led by a 22 percent drop in Russia. In the United States, volume sales of its MillerCoors joint venture with Canada’s Molson dropped 2.3 percent.

Meanwhile, Danish brewer Carlsberg announced it would cut about 275 jobs in Europe. Diageo, which makes recognised brands such as Cuervo tequila and Guinness, put on hold an \$840 million expansion of beer production in Ireland. The British Beer and Pub Association reported that pubs were struggling across the country as beer sales fell to their lowest in 70 years.

However, in New Zealand, recent statistics show that sales of alcohol remained steady throughout 2008, dipping only slightly in the December quarter.

And the United States handbook and directory publishing company Beverage Information Group says alcohol consumption grew in 2008 off the back of higher sales of off-premise, value-priced spirits, beer and wine. But beer imports fell by 1.2 percent – just two years after they were growing at a rate of 12 percent annually – and wine imports dropped by 1.7 percent. The company, which publishes beer industry handbooks, attributes these falls to the recession, the weak value of the US dollar and a grape surplus in Australia.

Highlighting the contradictory

information on this topic, the *New York Times* followed its earlier picture of woe in the beverage industry with details of a 2006 survey of alcohol consumption among some 4,500 Scottish men. This survey found the unemployed consumed about 40 percent more alcoholic beverages than the employed and were 75 percent more likely to binge drink. In Russia, deaths by alcohol poisoning jumped by nearly 300 percent after the economy went into a tailspin in 1992.

When it comes to illicit drugs, the picture is no less difficult to unravel. Efforts to get a clear idea of illicit drug use during a recession are hampered by the fact such drug use is illegal and therefore more difficult to track.

The only internationally recognised study the New Zealand Drug Foundation could locate on illicit drug use and recession used data from the 1997 US National Longitudinal Survey of Youth to estimate how teenage substance use (including marijuana, cocaine/hard drugs and alcohol) varied with changes in the economy.

In terms of marijuana use, a 1 percent increase in the unemployment rate was estimated to increase the prevalence of annual marijuana use by 4.1 percent. The comparable increase for cocaine/hard drug use was 1.2 percent.

The author also found evidence to indicate teenagers were more likely to sell drugs in weaker economies; a fact that may explain higher use during economic downturn.

In February, the *Irish Times* reported that the Family Support Network, which helps families of drug users, was braced for an increase in work as a result of the recession. National Co-ordinator Sadie Grace said there was a well-established link between economic recession and drug use. Dublin had witnessed epidemic levels of heroin addiction in the 1980s and this had been attributed to the social deprivation and marginalisation experienced at the time.

“In these times of great economic difficulty such an experience could be repeated, and there is a risk that drug services will fall victim to cutbacks and hinder the progress that has been made over recent years,” she told the paper.

No matter what conflicting messages the scholars reveal, social agencies are convinced the recession will only spell bad news for the health of New Zealanders.

Addiction treatment service CareNZ, a non-government organisation that counsels people with drug and alcohol problems, has noticed the recession is starting to feature in the behaviour of clients.

Chief Executive Tim Harding, who is also Chair of the New Zealand Drug Foundation, says, historically in times of recession, demand on counselling services increases.

“We’re starting to hear in [clients’] stories that the economic condition is affecting their lives and therefore their substance abuse.”

Harding says he expects CareNZ may see an increase in client numbers as the recession and resultant money problems lead to depression, relationship breakdowns and, eventually for some, substance abuse.

“Historically, some people turn to drugs and alcohol as a medication to their woes.”

Salvation Army case workers are already noticing recession-related anxiety among their clients. National Manager for Addiction and Supportive Accommodation Lynette Hutson says alcohol and drug use are rising as a direct result of financial tension.

“Contrary to the belief [that], in tough times people might reduce this behaviour, our information is... people are using alcohol and drugs more... because they are stressed.”

Not only is the recession driving up harmful use of stimulants among drug and alcohol programme clients, but a high level of self-medication has also been noted among clients accessing budgeting and counselling services.

There has also been a noticeable change in the demographic of the Army’s clientele. A new breed of clients is coming through: once secure in their jobs and now unexpectedly unemployed,

they are lacking the resilience of those who have lived with the threat of joblessness for a lot longer.

“Now there are people who have relatively recently had to go on a benefit and they have got less resilience. They have never faced this sort of thing before. It’s new territory. They deteriorate faster.”

One client had bought an expensive home in recent times but had since lost his job as a highly-paid professional and was likely to lose his home. He and his wife had two small children and Hutson said the man was not making good decisions. He was drinking heavily on a daily basis and using marijuana.

“He had probably dabbled in drugs and alcohol, [and] suddenly it’s become something he needs to overcome the tension.”

The New Zealand Federation of Family Budgeting Services has experienced a deluge of enquiries from struggling Kiwis since Christmas. Chief Executive Raewyn Fox says there has been a significant shift in clientele from the low-income households that have been the Services’ base clientele since the Federation was established in 1960, to middle and high-income earners worried about losing homes that are

now worth less than they paid for them. The surge in need had not been evenly spread across the country, with marked increases in communities where many jobs had been lost.

Fox said the services had not reported increased concerns about clients’ alcohol or illicit drug use to the Federation as a result of the recession, and in going through the budgets of those seeking financial advice, alcohol was not usually a big issue. Problems caused by money spent on gambling and smoking were more prevalent.

The farming industry offers a snapshot of communities beset with inherent stresses. How do farmers cope with random floods and drought, fluctuating meat and wool prices, a complex regulatory environment and the isolation of life on the land?

Federated Farmers of New Zealand National President Don Nicolson says rural communities sometimes feel very isolated because their times of economic distress are often at odds with the rest of the economy. Around Gisborne and Wairoa, farmers are into their third year of crippling drought, but for the first two and a half years of that hardship, they were suffering alone as the rest of the economy boomed.

## What happens to drinking and drug-taking habits in times of natural disaster?

More than 170 people died in Victoria’s most deadly bushfires in February this year, and a further 500 were injured. A deadly combination of weather conditions north-east of Melbourne led to a series of firestorms, burning over 4,500 km<sup>2</sup>. The single most deadly day, February 7, is now known as Black Saturday; the day of Australia’s highest ever loss of life from bushfires.

An estimated 7,500 people were left homeless as fires, fanned by 100kph winds and temperatures in the high 40s, wiped out several rural towns and communities.

Faced with that unprecedented level of widespread devastation, Victorian and Australian social services saw the full range of responses to stress and trauma.

As happened with Ash Wednesday 24 years earlier, when 28 people died in Australian bushfires, it is assumed some of those affected – whether immediately or at a distance – will have turned to alcohol and drugs as a form of self-medication.

A report by the South Australian Health Commission looked at the 12 months after the 1983 Ash Wednesday bushfires and concluded the fires had had a significant effect on the mental health of 30 percent of the population in the area.

One respondent said marriage difficulties had been brought about by her partner’s drinking after the fire.

“My problems are caused indirectly – the result of my de facto’s increased drinking since the

fire. He will not admit this to himself – but I find it difficult to cope with.”

Associate Professor Michael Baigent is a clinical psychiatrist with a strong interest in depression and associated drug and alcohol problems. He is a clinical advisor with the Australian national depression initiative Beyondblue.

While Beyondblue says it is too early to assess the extent of self-medicated alcohol and illicit drug use after Black Saturday, Baigent took the precaution in the days after the most deadly blaze to warn people could feel drawn to alcohol to help them deal with the trauma.

“In some ways, alcohol can offer some temporary release at these times and the

Hamish Cave, Federated Farmers Gisborne/Wairoa Provincial President, says droughts are all-consuming but, despite the strain, he hasn't craved alcohol.

"To be honest, I'm feeling a fair bit of pressure. We are into our third year of drought, but I haven't felt inclined [to drink]. It's very difficult to look past your boundary fence. You need to be on your game."

Farming communities present very unique environments for the stressed and distressed, far from social services, isolated and totally bereft of the anonymity in which some city dwellers take solace. In recognition of this, a network of Rural Support Trusts is being extended nationwide to provide emotional support for farmers and their families during a tragedy or dire economic times. North Canterbury Rural Support Trust Head Dorothy Oakley says there are farmers under "tremendous strain" and her counsellors – all of them retired farmers – talk to vulnerable people around the kitchen table, suggesting professional counsellors when the level of stress is out of their league. At that level, Oakley says she is yet to see any additional stress created by the recession or any evidence of farmers drinking more or taking illicit

drugs in response to the pressure.

Nicolson, a sheep farmer who lives near Invercargill, said rural communities had changed in recent years as smaller farms were absorbed by corporate farmers and old established families made way for shorter-term contractors.

"The old days where you knew your neighbours [have] gone."

While there are no longer district dinners or batches of scones to welcome new arrivals, rural communities can still recognise a struggling farmer. Nicolson says the most common sign is a sudden deterioration in the presentation of a farm: stock standing in well-grazed paddocks longer than usual, unkempt hedges and lawns and a general deterioration in the look of the farm were indicators a farmer was struggling to find motivation to stay on top of basic maintenance and daily chores. Animal welfare issues – where stock were maltreated through neglect – are also seen as an indication that a farmer may be struggling with a mental illness such as alcoholism.

Nicolson says increased alcohol and drug use during tough economic times are certain to occur – "I'll guarantee it's there. People do imbibe more than otherwise," – but he believes most

owner-operator farmers would be inclined against spending money on self-medication when they are faced with tight balance sheets. But if it's free, like last year's Tui Drought Shout at the brewery in Mangatainoka, farmers are happy to be bussed across the district for a free one-off drinking session.

Nicolson says illicit drug and alcohol use among farm workers has emerged as a real concern. The Federation has developed a workplace drug and alcohol policy to assist farmers to support their staff.

"Some farmers do say they've had real drug and alcohol issues with their staff."

As lamb prices climb from last year's woeful slump, it seems farmers are again out of sync with the rest of the economy. In urban centres where house prices are falling and in small towns where job losses have axed any sense of stability, the potential impact of the recession on a population's health is just starting to become evident. ■

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Keri Welham is a Wellington-based journalist.

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occasional drink of alcohol is not going to hurt anyone. However, drinking large amounts in order to try to overcome memories of what happened can certainly lead to problems and should be avoided.

"If people are feeling distressed, it's much better that they react by trying to do something to help the situation – by making a donation or getting involved in some way. They should try to talk to their colleagues and friends about it, but it's not a good idea to try to avoid the situation through alcohol or other substances."

In the latest Suicide Prevention Australia newsletter, Chair Michael Dudley said the bushfires were an added blow for Victorians on top of the global economic crisis.

"The relationship between economic stress and suicide has been well documented... It's worth noting that risks to mental health will affect many people who would not usually attend mental health services – people for whom the extra stress of financial concern tips the balance. Many Australians will be particularly vulnerable right now."

The Victorian Human Services Department's fact sheet on stress after emergencies says it is normal to exhibit an increased desire for stimulants such as sugar, alcohol, tobacco and coffee.

But the state government's health and wellbeing service says those who are grieving should specifically avoid drugs such as alcohol. "They may temporarily dull your pain but cause other health and behavioural difficulties," the service says on its website.

In the wake of the fires, there has also been recognition that onlookers who were not immediately affected but felt a strong sense of empathy could also be vulnerable to higher levels of alcohol and drug use.

The Australia Capital Territory's (ACT's) government urged Canberrans emotionally affected by the bushfires, and the memories they evoked of their own devastating fires in 2003, to consult their GP.

ACT Chief Psychiatrist Dr Peggy Brown said those traumatised by the fires might turn to excessive or more frequent use of alcohol or drugs in an effort to cope with the trauma. ■

# Through the maze: **Healthy drug law symposium**

On 18–19 February 2009, the New Zealand Society on Alcohol and Drug Dependence and the New Zealand Drug Foundation hosted an international drug policy symposium at the Museum of New Zealand Te Papa Tongarewa in Wellington.

**OVER** 100 people attended the invitation-only two-day event. Twenty-seven experts spoke and delegates debated and discussed significant global and local drug law and policy challenges.

Over the next few pages we publish essays from three symposium presenters, along with photos of the action.

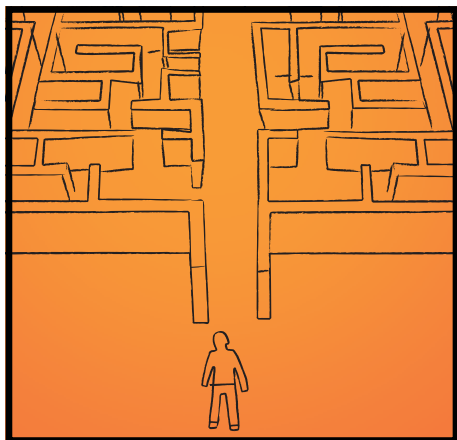
Short videos of other presenters are now available on the Symposium website, as are PowerPoint presentations and more photos. A DVD of the Symposium is available on request.

[www.healthydruglaw.org.nz](http://www.healthydruglaw.org.nz) ■

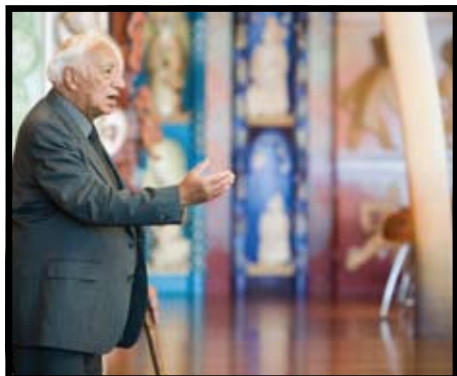
ESSAY

1

STOP MAKING SENSE  
JEREMY SARE



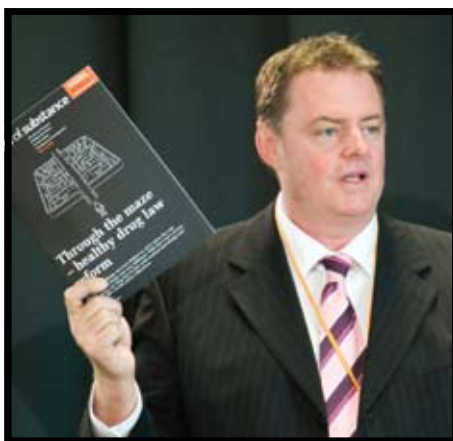
An opportunity to understand more about the maze of drug legislation and issues.



Ngāi Tahu kaumātua Kukupa Tirikatene welcomes conference attendees onto Te Papa marae.



Nuno Maria Roque Jorge, President of the International Federation of NGOs for the Prevention of Drug and Substance Abuse, and Drug Foundation Executive Director Ross Bell.



Drug Foundation Chair Tim Harding: "The problem we face is that sound policy is not always popular or, for that matter, obvious."



Twenty-seven experts spoke on global and local drug issues.



Mike Trace, Chair, International Drug Policy Consortium: "Crackdowns aimed at reducing drug availability miss the heart of the problem."

ESSAY

# 2

WHERE DO WE GO FROM HERE?  
A CONSTITUTION FOR DRUG  
CONTROL SCOTT BURRIS



ESSAY

# 3

DRUG LAW AND  
THE YOUTH COURT  
ANDREW BECROFT



“Relaxing the current laws  
on cannabis is not on this  
Government’s agenda.”



Associate Minister of Health Hon Peter Dunne:  
“Relaxing the current laws on cannabis is not on this  
Government’s agenda.”



Professor Margaret Hamilton, Australian  
National Council on Drugs: “Alcohol problems  
of endemic proportions.”



“Judge a strategy on its  
capacity to harm as well  
as do good.”

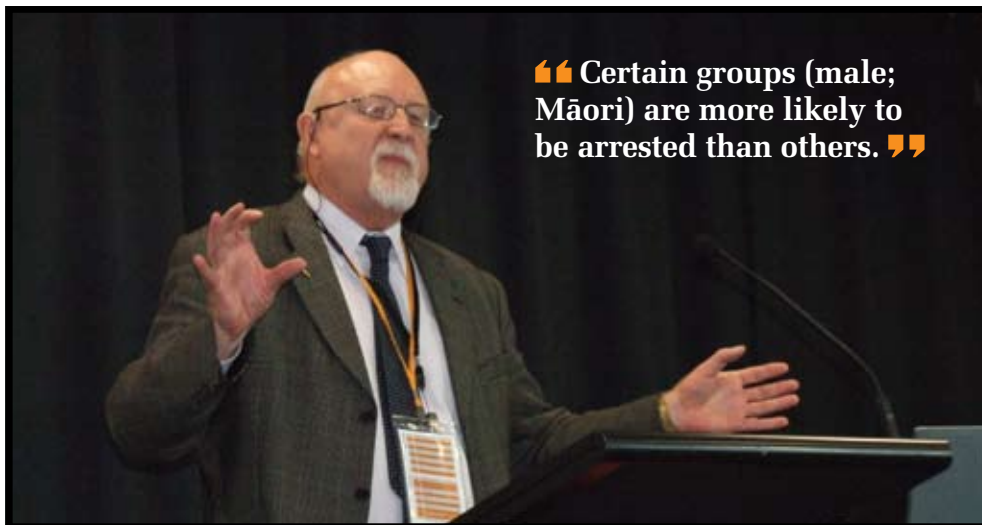
Steve Allsop, Director, National Drug Research  
Institute, Perth: “Judge a strategy on its  
capacity to harm as well as do good.”



Deborah Peterson Small, Break the Chains and  
Māori Party MP Hone Harawira.



Charles Henderson, NZ Needle Exchange,  
and Michael Bird, NSAD Trustee.



David Fergusson, Executive Director, Christchurch Health and Development Study:  
“Certain groups (male; Māori) are more likely to be arrested than others.”



Robin Room, The Beckley Foundation: “That  
which is prohibited cannot be easily regulated.”



Principal Youth Court Judge Andrew Becroft:  
“Abuse of drugs and alcohol is a major issue  
for the overwhelming majority of young  
people appearing in the Youth Court.”



New Zealand Society on Alcohol and Drug Dependence

**AT THE HEART  
OF THE MATTER,  
NZ DRUG  
FOUNDATION.**

Te Tūāpapa Tarukino o Aotearoa



An international audience listened intently to all 27 speakers.



Deborah Peterson Small, Break the Chains: "Before this century is over, people will talk about drug prohibition the way we talk about alcohol prohibition; a stupid, failed idea..."



Rob Pope, Deputy Commissioner, New Zealand Police, with Warren Young of the Law Commission.



Gino Vumbaca, Australian National Council on Drugs: "Prisons are poorly equipped to provide positive treatment outcomes."



Founding Drug Foundation Chair and inaugural Life Member Professor Sir John Scott with Denis O'Reilly.



Twenty years at the heart of the matter hasn't always been a piece of cake.

**.1.2.3**

ESSAYS FROM THE SYMPOSIUM ▶

ESSAY

1

JEREMY SARE

# Stop making sense



In January 2004 the UK downgraded cannabis from Class B to Class C, which meant lower penalties and fewer arrests for possession. In January 2009 that decision was reversed, even though scientific advice had not changed significantly and cannabis consumption was falling.

**Jeremy Sare**, former Head of Drug Legislation in the British Home Office and one-time Secretary to the Advisory Council on the Misuse of Drugs, looks at the reasons behind this policy U-turn.

**THE** British Government's decision to reconsider the classification of cannabis was made in 2001 with a number of aims.

Firstly, then Home Secretary David Blunkett argued that lowering the classification of cannabis would prevent thousands of young people receiving criminal records for what many see as a relatively trivial offence. There would be a presumption against arrest for those 18 and over.

Secondly, the significant resources employed in enforcing cannabis possession laws could be better deployed on Class A drugs such as heroin and crack cocaine.

Thirdly, the Government was preparing to launch a significant drugs education and advice campaign, known as Frank ([www.talktofrank.com](http://www.talktofrank.com)). Categorising cannabis as a Class B drug alongside potentially lethal drugs like amphetamines and barbiturates undermined the credibility of drug messages. As focus groups showed at

the time, many young people who chose to smoke cannabis occasionally or semi-regularly would not consider taking harder drugs.

These are good reasons, and the vast majority of officials, NGOs and police organisations considered lower classification a sensible development in UK drug policy. So what changed and how does the Government justify the policy reversal?

One significant change the current Home Secretary, Jacqui Smith, has relied heavily on is the shape and size of the UK cannabis market which, it is argued, has increased crime and the likelihood of mental illness for heavy users.

Imported Moroccan hashish, which used to dominate the market, has given way in large part to local hydroponically grown skunk marijuana, which is much less risky to produce and higher in THC (tetrahydrocannabinol) with very low traces of CBD (cannabidiol). These are the yin and yang of the cannabis

experience – the THC is the frantic, paranoid element, whereas CBD provokes the mellow, lethargic features.

Studies indicate the harms from cannabis can accumulate the younger the user starts, the more regular the use and the higher THC content. But in recent years the risks to all cannabis smokers have been exaggerated by the media beyond all proportion. The Advisory Council on the Misuse of Drugs (ACMD), which advises the British Government, has been required to publish three separate cannabis reports in the last six years and each has come to the same conclusion: the causal link between cannabis use and developing psychosis is weak and can in no way justify a re-classification of the drug.

Nevertheless, the Government has decided “it believes” there is a strong causal link between cannabis and the development of schizophrenia. Ministers also announce there is “growing

evidence” of this link even though their own scientific advisers say the link is small and unchanging.

The rise of the home-grown market has attracted criminal entrepreneurs and the scale of domestic cannabis production has escalated as imports have fallen. The second justification for the Government’s strategy is to “drive police priorities to encourage them to crackdown on cannabis factories.”

This reasoning does not stand up to scrutiny. Each Chief Constable of Police is operationally independent of the Government and can deploy police resources in his or her force area depending on which drug presents the biggest social problem. In the UK the penalties for producing Class B or Class C drugs are identical – 14 years imprisonment – so changing the classification of cannabis back to B can have no bearing on police priorities.

A third justification is that those involved in growing cannabis are “quite often using trafficked labour.” However, in 2008, Drugs Minister Vernon Coaker was asked in Parliament how many cases of trafficked labour the police had found running cannabis farms. His answer was ONE.

Ministers and senior police now often repeat the mantra of how this legal change is “sending out a strong signal to young people”. However, there is no evidence whatsoever that changing classification or increasing penalties deters use. The All Party Parliamentary Science and Technology Report from 2007, *Making a Hash of It*, concluded: “We have found no solid evidence to support the existence of a deterrent effect despite the fact that it appears to underpin the Government’s policy on classification.”

So it is a depressing situation we find ourselves in. After a brief period of enlightened policy, we are now re-entering the irrational and ignorant world we spent 30 years extricating ourselves from. How did we get to this position?

In mid 2007 Gordon Brown succeeded Tony Blair and, to demonstrate his different style

of leadership, made headline announcements on direction changes on various policies such as cannabis despite opposition from the Government’s own advisory body.

The Government is advised by the ACMD which has now drawn up reports on cannabis in 2002, 2005 and 2007. All the reports had almost identical conclusions; cannabis is harmful, and very harmful to a few, but nothing like as harmful as other Class B drugs such as amphetamines.

Professor David Nutt, Head of Psychopharmacology at the University of Bristol and Chair of ACMD, said in 2007, “The idea that reclassification upwards will do anything to reduce psychosis is naive and runs the risk of perversely inflicting even greater suffering – through increasing criminal sanctions – on vulnerable individuals already afflicted with mental illness.”



“However, there is no evidence whatsoever that changing classification or increasing penalties deters use.”

Jeremy Sare

When the law on cannabis was relaxed in 2004 there was a £1M media campaign to explain the main changes around presumption against arrest. A sustained media onslaught on the cannabis policy resulted, particularly from papers who had been calling for this specific legal change. For tabloid journalists, the issue is perfect for creating fear through use of anecdotal cases, highly selective application of statistics and outraged opinion.

For example, *The Sun* reported in November 2008 that two men in their late teens carried out an horrific and seemingly motiveless attack on a

pensioner living in South London and implied the cannabis joint they had smoked was to blame, despite also referring later in the article to the men drinking over 10 pints of strong lager and plenty of spirits.

*Daily Mail* columnists have waged a personal campaign against cannabis re-classification to Class C. They have carried out character assassination on ACMD members and portrayed scientific evidence in a highly partial manner. Over-reaching the bounds of reason, they have even suggested it should be a Class A drug alongside crack and heroin as a substance of equivalent harm.

To bolster this unfounded and dangerous statement one included advice from a child psychologist friend that she would rather her 16-year-old daughter take heroin than smoke cannabis. The logic, if you can call it that, is that there is treatment for heroin addiction available (i.e. methadone), but once you get cannabis psychosis you are finished.

Eventually these assumptions about cannabis psychosis began to be believed at Government level. Our present Home Secretary makes public pronouncements about the growing evidence of a causal link between cannabis and mental health problems despite the three ACMD reports mentioned earlier that said the link is weak.

New Zealand is embarking on a review of its Misuse of Drugs Act. The road to a rational coherent drug policy is a difficult one; there are very many distractions and political obstacles to overcome. But hard as it might be, you must be true to your own convictions and stress the importance of evidence over ideology. A messed up drug policy is more than just an intellectual annoyance. An incoherent strategy allows falsehoods to become established opinion and damages people’s lives too. ■

Jeremy Sare is currently a policy consultant working for the Beckley Foundation’s Cannabis Commission. He also works as a freelance journalist. [www.beckleyfoundation.org/policy/cannabis\\_commission.html](http://www.beckleyfoundation.org/policy/cannabis_commission.html)

A copy of this article is available online at [www.drugfoundation.org.nz](http://www.drugfoundation.org.nz).

ESSAY

2

SCOTT BURRIS

# Where do we go from here? A constitution for drug control



Drug control in the form of prohibition – or the ‘War on Drugs’ – has been a spectacular failure, argues American Professor of Law **Scott Burris**. However, he says the alternative is not to abandon drug regulation altogether, but to figure out a better way.

In this article he sets out the principles of a new constitution of drug policy that may help proponents find unity and serve as a bridge to a new system, across which we can move in a rational and effective manner.

ENGAGING with the conundrum of drug policy is a humbling experience. Even as a law professor – a professional supposed to know everything about everything – I feel embarrassed to offer advice. But my being conservative and humble will not do any good, so for the next 1,200 words or so I am going to prescribe. I won’t claim to be right, but I hope I will be wrong in stimulating ways.

Where do we go from here? That prohibition has failed is an evident and increasingly urgent fact. We see the failure in communities decimated by incarceration yet still vulnerable to terrible levels of drug-related harm. We see it in the booming drug business hardly constrained by all our suppression efforts. We see it in the dramatic destabilising role of drugs in nations like Mexico. We see its geopolitical force in the role of opium in the war in Afghanistan.

Prohibition has failed, yet one may reasonably tremble at the prospect of

abandoning it. After all, what alternatives do we have? Decriminalising marijuana? Prescription heroin? Some vague notion of an end to prohibition with a nod towards 1930s America? Each is either too unspecific or far too narrow to reassure.

We should reject magical thinking about drugs. We should accept the evident truth that virtually all drugs can be used with benefit, if only pleasure, and that they can cause harm.

We can recognise that some drugs are more individually harmful than others, but that even small harms multiplied by widespread use can have enormous social consequences. We can recognise that the effects of drug use, negative and positive, are a function not just of a drug, but also of a genome, a psychology and an environment. We may therefore speak urgently of an end to prohibition, but we cannot speak seriously of an end to drug control. We’re already investing enormous resources in regulating

currently legal drugs, and if we make more drugs legal, we will require even more control.

There are compelling reasons to regulate drugs of all kinds and substantial technical and political challenges in designing and implementing those regulations. A post-prohibition drug control policy will be a policy of taxes, licences, quality standards, sale and access limitations, medical supervision, effective enforcement, demand reduction interventions, supply control, workplace policies, drug treatment systems and – if we're truly honest – comprehensive efforts to address the environmental and psychosocial drivers of high levels of pathological drug use.

We will be trying to use these tools in tricky ways to push consumption towards lower intensity, less harmful drugs; to reduce harms caused by control without unleashing the harms of greater accessibility. There's quite a job of regulatory development to be done, but the straightjacket of dichotomous ideological argument has limited progress in taking on these tasks.

So where do we go from here?

We could focus on the international drug conventions and the agencies and assemblies in Vienna, and demand change. But until we get a better blueprint, until we have experience and tested models, the demand for change remains unconvincing.

There is only one course along which new drug policies can emerge and that is through national experimentation and its horizontal diffusion from country to country. For this experimentation, no change in the international conventions is really needed. There is room within them for New Zealand and countries like it to pursue innovative modes of control without significant hindrance from Vienna. Someday, the conventions will need to be amended, but that will be a fruit of successful change, not its first cause.

So where do we go from here to begin this process of change?

We need ways of thinking about drug control that can guide us through

a period of social learning, politics, reform and evaluation. For some, the guiding idea is a fuzzy image of a new, post-prohibitionist regulatory scheme, but I am dubious that anyone really has a clear idea of what that system would look like. This makes it difficult to convince anyone outside the choir that there is a viable alternative to prohibition.

The ideas we need could, I suggest, take the form of guiding principles, a sort of constitution of drug policy to help us move from one regime to another – a broad template for a radical change in direction, but also the bridge that connects the old system with a new one and across which we can move towards change in a deliberate and rational fashion.



**“Prohibition has failed, yet one may reasonably tremble at the prospect of abandoning it. After all, what alternatives do we have?”**

Scott Burris

Here are some articles that could underline such a constitution:

1. The object of drug control is public health:
  - the minimisation of harm caused by pathological drug use
  - the optimisation of the benefits of therapeutic drug use
  - drug use that does not cause harm is of no consequence
  - abstinence is an instrument but not a goal of drug control policy.
2. The harms caused by drug control regulation must be considered in assessing the harm caused by drugs:
  - drug control policies can and do cause significant harm
  - it is the net harm – drug harm + regulatory harm – that measures the efficacy of a drug control strategy.

3. Regulation of illicit use must be balanced with access to beneficial drugs:

- a basic goal of control should be to assure safe access
- a system that controls drug availability but affords insufficient access is failing.

Drug control policy must learn from the evidence.

Drug control has only a limited capacity to address problems of which drug use is merely a symptom

- the greater the prevalence of pathological drug use in a population, the greater the likelihood that drug use is itself a symptom of deeper social deficits
- drug control regulation must be integrated into comprehensive responses to social determinants of mental and physical illness. Where do we go from here?

The Māori elder who welcomed us had it right: reconciliation is a good start.

We need to reconcile everyone who is concerned about drugs and their effects, regardless of their current prescription for change. Conflict about means should not prevent people from working with each other towards the same ends.

Once we are speaking constructively, we need to reconcile our policies with reality, and by that I mean with the evidence. We need to reconcile those whose drug use harms themselves and others with the better angels of their natures. The stigma and demonisation – and the hypocrisy they reflect – must end.

Where are we going?

Well, let's hope we can go forward, instead of going in the same old circles. ■

Professor Scott Burris is Director of the Public Health Law Research programme, a newly established \$US19 million research programme exploring legal and regulatory solutions to pressing health challenges. [www.publichealthlawresearch.org](http://www.publichealthlawresearch.org).

A copy of this article is available online at [www.drugfoundation.org.nz](http://www.drugfoundation.org.nz).

ESSAY

3

ANDREW BECROFT

# Drug law and the Youth Court



The connection between youth offending and drug and alcohol use cannot be denied, contends Principal Youth Court Judge **Andrew Becroft**, and this is a non-negotiable source of concern for the courts. While dealing with young offenders' drug and alcohol issues is complex, requiring a whole-of-community approach, judges must uphold their duty to eliminate illegal drug use by young people.

**ALCOHOL** and drug use are part of the personal stories of most young offenders in New Zealand. International criminological and drug literature also supports the view that young people who use illicit drugs are more likely to engage in criminal activity.

Further, McAllister and Makkai report that their study shows a clear link between the age at which a young person first tries marijuana and the likelihood they will engage in antisocial behaviour. Worryingly, the age at which young New Zealanders are first using cannabis is dropping.

Youth Court judges and those within the wider youth justice system must be alive to the influence substance abuse and dependency can have on why a young person has come before the court. Courts must also understand the options for helping young people and their families turn their lives around, while still holding them accountable.

Young people in New Zealand aged 14–16 commit approximately 31,000 offences annually. Around three-quarters of this offending is diverted away from court and into the community through police diversion programmes, warnings and family group conferences.

Only about 4 percent of the 7,000 offences by young people brought before

the courts each year are reported as drug offences. However, most young offenders fit a common profile involving unhealthy use of drugs and alcohol. In probably 20 percent of cases, patterns of drug and alcohol use amount to chronic dependency.

His Honour Judge John Walker estimates that 80 percent of young people appearing in the Youth Court have alcohol or drug issues that are connected with their offending. He believes that, by the time these 15- and 16-year-olds come to court, their dependency is well established, with many having histories of use that started when they were as young as 10-years-old. These young people are often in households where drug and alcohol use is a normal part of life.

Judge Walker labels drug and alcohol problems as an underlying cause of young offending. In his view, responding to this issue in order to reduce youth crime requires a multidisciplinary, interagency, whole-of-community attack.

New Zealand researcher Kaye McLaren has looked at risk factors for youth offending and whether they can usefully be addressed by interventions. In her 2000 paper she groups problems that lead young people into crime into five broad categories. Drugs and alcohol

appear as risk factors in four of these. This suggests that drug and alcohol risks are widespread to the extent that they appear in every facet of a young person's life. They are difficult for the young person to avoid and they are difficult for the authorities and the community to deal with 'criminogenically' because anything other than a comprehensive approach is unlikely to remove the connection between the young person's offending and their use of alcohol and drugs.

It is uncontroversial to say that dealing with young offenders' drug and alcohol issues is complex. A recent study of young people attending treatment services in New Zealand showed that young people present with a range of needs including mental health issues, criminality, family conflict and disengagement from school. The study reported over half of the sample had criminal convictions and over a quarter had spent time in a youth justice residence. When the same sample was narrowed to include only the more serious day and residential patients it was discovered that 80 percent had been convicted of a crime and 45 percent had been incarcerated.

The study also threw up concerns about the co-morbidity of dependence

on two or three of the substances surveyed (nicotine, alcohol and cannabis) and a worrying gap in treatment opportunities for girls with dependence issues. Other comments from the authors included:

- a perceived reluctance amongst providers to record psychiatric diagnoses
- a high rate of discharges from treatment programmes for disciplinary reasons
- a tendency (internationally) for adult treatment services to be simply modified for young people, rather than specialist programmes being created that take a more positive youth development approach.

Beer and cannabis appear to be the most common drugs used by young New Zealand offenders and, in our view, the two most important factors influencing this are price and availability. The amount of beer available to buy in New Zealand is about 330 million litres per year, which is the 15th highest volume in the world, slightly behind the United States and Spain.

Of the half of New Zealand young people (aged 12–17) who drank alcohol in the year prior to the 2004 Health Behaviours Survey, an average of more than 12 percent drank large amounts of alcohol at least weekly.

The incidence of heavy drinking amongst Māori young people was measured at almost double this average. That Māori continue to be over-represented in all youth justice measurements and statistics is of great and ongoing concern to all judges.

Amongst all those young male drinkers surveyed in 2004, between half and three-quarters had alcohol bought for them by family or friends, and up to a quarter tried to buy alcohol from wine shops, wholesalers, dairies, supermarkets and sports clubs.

Cannabis is also widely used by young New Zealanders appearing in the Youth Court. There is evidence of new hybrid strains of cannabis, which has meant a significant increase in the potency of this drug. Also, the age at which cannabis is first used in the

population is dropping, and the numbers of young people aged 13–16 using cannabis for the first time is increasing.

Fortunately, methamphetamine is not yet a widespread problem facing the Youth Court. ‘P’ is seen only sporadically thus far, and it is our view that any increase in young people using this drug would signal a major social catastrophe.

Given the reality outlined above, the Youth Court in New Zealand is forced to take drug and alcohol use and dependency very seriously. Making young people accountable for their actions and restoring their self-esteem and links to the community is much easier in an environment where drugs and alcohol are not major distractions.



“For the Youth Court, the debate between ‘harm minimisation’ and ‘total abstinence’ is rather academic.”

Andrew Becroft

Drug and alcohol treatment for young people requires youth-specific intervention approaches. Thankfully, outpatient youth drug treatment programmes catering for young offenders, such as those supplied by WellTrust in Wellington, are available in most major metropolitan centres. Residential treatment services are still lacking, however. Many areas of the country are not supplied with any of these services, delivered either residentially or for outpatients. This lack makes the job of the Youth Court extremely difficult.

One significant Youth Court initiative designed to address the effects of drugs and alcohol on the process of youth justice is the Christchurch Youth Drug Court. This specialist court is based on principles of therapeutic jurisprudence

and designed to enhance the opportunities for collaborative multi-agency work with young offenders.

Young people with moderate to serious substance issues are screened by on-site specialists and referred to the Youth Drug Court. The Drug Court Judge spends more time with the young person in each appointment and takes a more active role in monitoring the young person’s progress through their treatment and community work. The court has shown good results in terms of reduced re-offending and reduced drug and alcohol use.

While the link between drugs and offending is complex and not always causal in an obvious way, the use of illegal drugs is a non-negotiable source of concern for the court. For the Youth Court, the debate between ‘harm minimisation’ and ‘total abstinence’ is rather academic. Youth Court judges cannot resile from their duty to eliminate illegal drug use by young people and to assist in the elimination of the illegal supply of alcohol to young people by family and friends.

Beyond that, our mission to oversee joint processes of accountability, restoration and rehabilitation for each young person will only succeed if comprehensive youth-specific drug and alcohol services are made more widely available.

If the enacting of healthy drug laws was enough to ensure that dependent young people received all the treatment they needed to return to society in a positive way, then the Youth Court could rightly be seen as the last word in therapeutic jurisprudence.

The reality is, however, that the court desperately needs the support of other agencies and community providers to give young offenders the best chance of not completing the graduation to the adult courts. ■

His Honour Andrew Becroft was appointed Principal Youth Court Judge of New Zealand in June 2001.

A copy of this article, with references, is available online at [www.drugfoundation.org.nz](http://www.drugfoundation.org.nz).



## Not in our neighbourhood

In an inspiring example of grass roots advocacy, a small community has shown that, where there's unity and determination, incredible things can be accomplished.

**Rob Zorn** talked to Taima Fagaloa about how Cannons Creek may have pulled off something quite unprecedented in successfully opposing a recent liquor licence application.

A hundred people marched to oppose the liquor licence application.

**WHEN** Bhaveeni Dahya filed an application to open yet another bottle store in Cannons Creek in late 2008 – right across the road from the local primary school – the small Porirua suburb breathed a collective sigh of apprehension.

Many believed the community was already being ravaged by the destructive effects of alcohol, such as violence, vandalism and truancy. Three local shops had been caught selling alcohol to girls as young as 15 and two of these had been prosecuted twice.

Their fears that another outlet would only increase alcohol's availability and related harm, especially to families and children, were realistic. Associate Justice Minister at the time, Lianne Dalziel, had referred to liquor licences as a privilege that could be taken away. It seemed, however, that such licences were easier to get than to lose, and the grounds upon

which communities could object were limited.

Concerns about alcohol had already led to the formation of the Porirua Alcohol and Drug Cluster earlier in 2008, comprised of several local health and social agencies along with national organisations such as ALAC.

In April 2008 the Cluster had organised a hui to discuss how to address alcohol harms in Porirua and settle on key objectives such as advocating for raising the purchase age and minimising the number of suburban liquor outlets. As a result, the Cluster was well-poised to spearhead a community response to Dahya's application when it came.

Key Cluster member and City Councillor Taima Fagaloa grew up in Porirua East and is no stranger to the destructive effect alcohol can have on communities, families and children.

In her 20s, alcohol was a big part of her own life. Many of her friends regularly drank heavily, and the results were sometimes unpleasant, especially for children.

“Back then life was all about hard work and parties at the end of the week to relax. We used alcohol a lot. It brought us together and helped us unwind as a group,” she says.

In the early 90s she was working as a care and protection social worker and often found herself in the Family Court speaking about the impact alcohol abuse was having on children.

“I started to think there must be other ways we can achieve the same happy feeling alcohol brings or other ways to stop ourselves becoming depressed. It’s especially important as our kids grow up and start to head for that environment where alcohol is such a big part of life.

“The population in Porirua is very youthful and I thought, ‘If we don’t do something about this now, we are going to have some major, major problems.’”

The Cluster called a public meeting to discuss the application and the community response was “frankly amazing.” More than 60 people attended, representing 41 different organisations, and they quickly determined to work together to oppose it. It was decided they would prepare a submission to the Liquor Licensing Authority supported by a local petition, which eventually achieved 700 signatures.

The submission argued two main points: that the proposed store’s opening hours: would increase availability of alcohol in Porirua by four hours per week (until midnight on Friday and Saturday nights) and that there was already an existing liquor store just 500 metres away selling top-shelf spirits.

It quoted evidence from several reputable reports that increased availability and outlet density have direct correlations to liquor consumption and therefore to alcohol harm.

On 8 December, the day of the hearing, more than 100 people marched in support of the Cluster to the District Court buildings chanting, “No more bottle stores.” In fact, so many people

turned up to the hearing that the judge had to halt proceedings and order more chairs for the gallery.

The Cluster was well organised and had invited a number of concerned and credible experts to present evidence about the inevitable harm another outlet would cause.

Dr Stephen Palmer, from Regional Public Health, presented a GPS map of Porirua East to show where all the liquor outlets were and how they related to social demographics such as Māori, Pacific and low income populations. He told the court that Porirua East experienced some of the poorest health outcomes in the country and alcohol was a “key contributor”.

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**“The population in Porirua is very youthful and I thought, ‘If we don’t do something about this now, we are going to have some major, major problems.’”**

Taima Fagaloa

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Taima says his presentation was extremely persuasive about the negative impact another liquor store might have.

Youth worker Fa’amatuaianu Poutoa said alcohol was a “tool of engagement” into crime and violence for the city’s youth.

“I am here because this has serious consequences for our young people. If you place another liquor store in Cannons Creek, then you might as well place a bigger police station there as well.”

Ms Dahya’s father, Billy Dahya, who owns a bottle store in Waitangirua, had been handed a two-day suspension of his liquor licence the day before the hearing for selling alcohol to an underage girl twice. The store’s manager, Limoni Atatangi, was suspended for six weeks for the breaches.

Senior Sergeant Steve Sargen indicated to the court that police may therefore have grounds to challenge the licence later if Billy Dahya became involved with the proposed store.

Ms Dahya did not attend the hearing, saying she needed to study for her law exams, but she was represented by a liquor law specialist who argued that the number of outlets in an area was not grounds for rejecting an application. He said the authority could only turn it down if the applicant was not a fit or proper person.

This was the approach the community had anticipated with some nervousness because, in strictly legal terms, it is quite true, and they could only hope their incredible show of united community opposition would be noted and their spokespeople listened to.

Judge Unwin’s response to Ms Dahya’s representative was encouraging: “My immediate reaction is to suggest it’s up to your client to prove his or her suitability... That’s not going to be easy in [her] absence.”

In fact, when the ruling came on 11 January 2009 and Ms Dahya’s application was declined, Judge Unwin said he had been overwhelmed by the public opposition to the liquor store and agreed the social impacts were going to be adverse and not in the best interests of the community.

Judge Unwin’s further comments suggest the authorities may have reached a turning point in the granting of liquor licences.

“We used to refute arguments that an establishment of an off-licence would lead to an increase in liquor abuse... Experience has persuaded us that such consequences are realistic.

“For many retailers, liquor has become another product to be marketed for maximum profit, with very little acceptance of social responsibility. Therefore we believe the time has come to look more closely at applications such as the present one.”

These remarks are conclusive and fire a warning shot across the bows for future applicants. In fact, after the Cannons Creek result, an application facing similar opposition in Roskill South was withdrawn before it reached court.

But the question of how much the united community opposition helped the reaching of this turning point is a good one.

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“If you place another liquor store in Cannons Creek, then you might as well place a bigger police station there as well.”

Fa'amatua'inu Poutoa

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Porirua City Councillor Taima Fagaloa tells protesters they should not accept negative social impacts on their community.



Taima Fagaloa

Taima believes doubt about the applicant's suitability may not have been as important without that impressive show of unity and force.

“The key is that you just can't do it alone, but when people come together and work hard for a shared goal, they become powerful and can bring about real change. This was something that had never really been done before.”

She says people can sometimes be a bit apprehensive when speaking out about alcohol because of their own pasts, but they shouldn't be.

“I used to drink a fair bit myself, so it feels like a contradiction, but actually, we're the ones who should be listened to most. We've seen what alcohol does firsthand.”

She says it's important not to judge

and that the issue isn't about telling people not to drink.

“It's about encouraging social responsibility and removing the harmful consequences of the saturation of liquor stores in our communities.”

Stopping this new liquor store has not solved alcohol abuse problems in Cannons Creek. No one thought it would. But it has done more good than you might at first think.

It's a wonderful example to other communities as to what they might achieve, but more important still is the example set for the community's young people by the passion and commitment of those in Cannons Creek who care so much about their futures. ■

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Rob Zorn is a Wellington-based writer.

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# Should I stay or should I go?

What sort of young people in New Zealand need or use youth-oriented AOD treatment services and what factors affect their retention or early dropout? **Ria Schroder** describes a recent National Addiction Centre study into how our addiction treatment services for young people could be improved.



IN this ALAC-funded Youth Retention Study, designed to look at ways of improving alcohol and other drug (AOD) treatment for youth in New Zealand, we were concerned about two main issues.

Firstly, despite knowing we needed to work towards improving AOD treatment services for youth, we realised there was not a great deal published about the types of young people who attend these services. Consequently, we wanted to generate a profile that would help identify the types of young people accessing treatment and their needs.

Secondly, we wanted to better understand why some young people drop out of treatment early. In most countries in the world, New Zealand included, ensuring that young people are in treatment long enough to receive

adequate treatment is an ongoing issue because high numbers of young people leave earlier than is recommended.

To achieve these aims we collected file data for 184 randomly selected young people who had attended one of eight youth AOD treatment services during 2003 or 2004. The data included age, gender, ethnicity, source of referral, substance use and mental health diagnoses, treatment duration, presence or absence of criminal convictions and time spent in correctional facilities or under the care of Child, Youth and Family Services (CYFS).

We also interviewed 79 of these young people using a structured interview format that enabled us to gather information about current and past mental health and substance use

diagnoses, socio-demographic details and reasons for staying in or leaving treatment.

The eight treatment services involved in this study were selected from a possible 11 services in New Zealand at the time that met the criteria of being either a youth-specific AOD treatment service, an AOD treatment service with a youth-specific stream or a general youth mental health service with an AOD stream. These services included two mainstream day and residential services, one mainstream outpatient service, one Pacific outpatient service, one kaupapa Māori outpatient service and two kaupapa Māori residential services. The services were situated in Auckland, Hamilton, Hawke's Bay and Christchurch.



These two sources of data allowed us to build the picture we needed. An article presenting the full profile of youth attending AOD treatment services in New Zealand was published in the *Australian and New Zealand Journal of Psychiatry* in 2008 and an article presenting the full data on factors associated with treatment drop-out will be published in *Drug and Alcohol Review* later this year.

In short, however, our study showed that young people attending treatment ranged in age from 13 to 20 years (median = 16 years). The majority were male (62 percent) and represented three main ethnic groups: European (51 percent), Māori (37 percent) and Pacific (8 percent). These young people presented with a range of complex needs including substance use and mental health issues, criminality, family conflict and disengagement from school. Fifty-six percent had criminal convictions, 41 percent had spent some time in CYFS care and 54 percent were reported to have a co-existing substance use and mental health disorder.

#### **Factors associated with treatment drop-out**

The median length of stay for youth in treatment was 2.7 months for those attending day/residential services (n=42) and four sessions for those attending outpatient services (n=37). Seventeen percent of participants from day/residential services dropped out of treatment early (within the first month) and 32 percent of participants from outpatient treatment services dropped out of treatment early (before the third session).

Fixed client characteristics such as age, gender, ethnicity, substance use and mental health diagnoses were not found to be associated with treatment retention. However, a number of dynamic client characteristics such as motivation and readiness were.

Participants were more likely to drop out of treatment early if they reported less internal motivation and greater external pressure to engage in treatment. They were less likely to have set abstinence as a goal for their substance

use and less likely to expect treatment would help them make changes in their lives and in relation to their substance use specifically.

A number of programme-related variables were also found to be associated with treatment drop-out. A highly significant association was found between participants' perceptions of being involved in goal setting and treatment retention. Participants were significantly more likely to drop out early if they felt they had failed to set or had not been included in setting clear treatment goals. They reported fewer positive experiences with treatment staff in terms of feeling safe, comfortable and supported and being able to express themselves openly and honestly.

#### **Discussion and conclusions**

The findings of this study provide a unique profile of young people attending youth-specific AOD treatments in New Zealand and indicate that youth presenting to all services have a range of complex needs. Such information is useful in informing treatment planning and funding and ensuring service development occurs to specifically meet the complex needs of this client group.

Further, the findings support previous research indicating that fixed client characteristics are not sufficient to explain youth retention in AOD treatment. The emergence of dynamic client characteristics and programme variables as factors associated with treatment retention highlight the importance of interaction between clients and staff in treatment programmes as well as the potential for service providers to influence client engagement and retention and contribute to positive client outcomes.

By being aware of dynamic client characteristics and programme variables that may impact on treatment retention, service providers are more empowered to work alongside any young person that comes to their service. ■

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**Dr Ria Schroder is a Research Fellow at the National Addiction Centre, Christchurch.**  
[www.addiction.org.nz](http://www.addiction.org.nz)

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# It's not OK to kill your customers



The next stage in New Zealand's tobacco control battle needs a greater focus on where the heart of the blame lies. It's time to tackle the industry, argues **Ben Youdan**.

**THERE** are few things more destructive than smoking. If worldwide smoking rates continue, the World Health Organization estimates cigarettes will kill 1 billion people in the 21st century. That's four times the number killed last century in wars, man-made famine, genocide and political oppression, yet a multi-billion dollar industry that peddles poison is permitted to operate as a legitimate business.

If we are to get really serious about eliminating harm from cigarettes, we need to think about how we control the product and its manufacturers. Tobacco control policies have a long history of concentrating on the smoker. We have successfully controlled second-hand smoke and where people can smoke through workplace bans. Huge sums are spent advertising smoking's risks via pack warnings and multimedia campaigns. Tobacco tax increases have created disincentives to spend cash on smoking and we have some of the world's best quit smoking services.

All this has contributed to declining

smoking rates, yet we continue to make life difficult for ourselves by competing for the smoker's attention with an industry that is more market savvy and better resourced and co-ordinated than public health. Blame and accountability for tobacco damage need to shift to these companies and their freedom as a legitimate business must be restricted.

Contrary to the claims of the tobacco industry, tobacco in New Zealand remains relatively unregulated. There is very little control over product contents and where tobacco can be sold.

Bizarrely, we have greater regulation over how clothes are made than we do over cigarettes. For example, the smoke from an average cigarette yields almost double the amount of formaldehyde legally acceptable for children's clothing. There is public outrage and product recalls if a clothing company exceeds a certain level, yet we never see a recall on tobacco.

One line of attack is to target the product. Cigarettes are carefully designed and manufactured to addict.

The Royal College of Physicians in London ranked the addictiveness of nicotine in cigarettes above both cocaine and heroin. Although nicotine itself does not pose any major risk, cigarette manufacturers have spent many years refining incredibly efficient ways of delivering it to the brain via the cigarette. It reaches a smoker's brain within seven seconds, providing fast relief from withdrawal symptoms. The drawback is that the smoke in which the nicotine is delivered is incredibly dangerous to the body.

There are other safer ways to get nicotine such as medicinal nicotine replacement therapies (NRT) like patches and gum. There are also safer 'recreational' forms such as oral tobacco pouches called snus and electronic cigarettes that deliver nicotine without the harmful smoke. While our ultimate goal is for people to quit, if we are serious about reducing tobacco-related harm, we must accept that some people are content to be addicted, and we can help them to be so far more safely.

## Quotes of Substance

“Albert Einstein defined insanity as doing the same thing over and over again and expecting different results. So far in Vienna, the meeting appears to have been struck by a similar affliction.”

**Mike Trace**, Chairman of the International Drug Policy Consortium, describes the process of the Vienna meeting. Trace said the new UN declaration “will do nothing to help the millions whose lives are destroyed by drug markets and drug use – and, depressingly, we can all book our seats for 2019 to go through this charade again.”

“It was always unrealistic to expect UN member states to reject the drug control status quo, but we should be disappointed that the new global declaration has ignored the reality of drug use and harm in today's world.”

Drug Foundation Director **Ross Bell** sums up the pronounced frustration of many delegates at the UN Commission on Drugs and Crime in Vienna.

“This very clearly comes up with our conclusion that there is no indication that it has made any difference. We basically seem to be marking time on the spot.”

**Carel Edwards**, Head of the European Commission's Anti-Drug Unit, when asked at a news conference whether the UNGASS campaign had failed.

“By making a statement against harm reduction, the Vatican has indicated that its moral objection to drug use is more important than its commitment to the sanctity of life.”

**Release**, the UK-based drugs and legal advice charity, comments on the Vatican's objection to harm reduction strategies. The Vatican's statement said using drugs was “anti-life” and that “so-called harm reduction leads to liberalisation of the use of drugs.”

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However, in New Zealand there is a paradoxical regulatory system whereby the most harmful form of nicotine (the cigarette) is the least controlled, while the safest form (medicinal quit treatments) are subject to the most stringent safety tests and regulation.

For example, it took a year for an already Medsafe-approved NRT to go through the regulatory process of changing the brand name. In contrast, a tobacco company can introduce a new cigarette product tomorrow without any regulatory control. As for the other recreational nicotine products, nobody can quite decide what to do with them, so they are either banned or a blind eye is turned.



Tobacco policy needs a more sensible approach to nicotine. The current situation of harm maximisation, where the most dangerous form of nicotine delivery is the most accessible, needs to be replaced with an approach that penalises the most harmful and favours the safest.

We need to have greater control over how the tobacco industry operates. This so-called ‘legitimate business’ derives its profit by addicting people to a product it knows will kill half its consumers. These companies are responsible for the tobacco epidemic and more work is needed to hold them accountable.

The Australians are far better than us at doing this. When ‘light and mild’ descriptors were banned there, the industry was forced to pay \$5m towards educating the public about harm. Here, the pathetic response was a slightly stern letter from the Commerce Commission telling them they might get in trouble. When tobacco widow Janice Pou's case against British American Tobacco failed, the public had little sympathy for her cause.

Progress in controlling the industry has been slow. For example, banning the retail display of tobacco is taking years even though we know the ban will work. Why else are tobacco companies sinking large sums of money into groups such as the New Zealand Association of Convenience Stores to front campaigns to keep New Zealand's deadliest drug advertised like any ‘normal’ product in 10,000 stores nationwide. It's astonishing that, nearly two decades after tobacco advertising was banned, we still allow it to be promoted alongside the confectionery!

Policies that break tobacco companies' relationship with the consumer are vital. Retail display bans and plain packaging are important ways this can be achieved. Making the industry pay the costs of implementing such policies sends a strong message that they are to blame.

Other options include capping the number of retail outlets for tobacco, reducing quotas for the amount of product that can be sold, excluding tobacco from free trade agreements and tightly controlling how it reaches the market.

Policy makers need to realise that the tobacco industry can never be a good corporate citizen. It needs to be treated with extreme prejudice for engineering and marketing a product that is unique in the rampant level of harm it causes.

We can be proud of New Zealand's progress to date in tackling smoking. It's now time to turn a corner and take the industry on. ■

**Ben Youdan is the Director of Action on Smoking and Health (ASH) New Zealand.**  
[www.ash.org.nz](http://www.ash.org.nz)

# True to themselves: excessive commercialisation and the alcohol industry



We all know New Zealand has an alarming binge drinking culture, but who's to blame? **Doug Sellman** argues that not enough attention is paid to the role the alcohol industry plays in keeping Kiwis liquored up.



Doug  
Sellman

MY interest in the commercialisation of alcohol stems from a long-standing academic interest in the question: “What causes alcohol addiction?” The simple answer is “regular heavy drinking”, which begs the follow-up question: “What causes regular heavy drinking?”

The answer to this question has to do with multiple, interacting genetic and environmental factors. At the turn of the century and the start of human genome mapping there was bold hope that diseases such as alcoholism might be reduced to a number of identifiable variant genes that could be dealt with pharmacologically. This hope has become strangled, however, by research indicating much greater genetic complexity than previously understood. There could be hundreds of genes underlying alcohol dependence.

Attention has therefore turned to the environment, which, 20 years ago, seemed to be so complex, compared with the new genetic hopes, that it was almost not worth thinking about. However, the tide has turned and there is a resurgence of interest in environmental factors, one of which is the way alcohol is marketed, advertised and sold. The more commercialisation existing around a drug within a population, the more that drug will be used by members of that population.

Blame for the binge drinking culture that exists in New Zealand is more often directed towards the irresponsibility of the users than the producers and marketers of alcohol. The mantra drummed out by the industry in various guises is that if people took more personal responsibility for themselves,

## Quotes of Substance

“Here’s an idea, why doesn’t Gordon Brown concentrate on resurrecting our dying economy, rather than on slightly changing a law that will have no effect on the people who take cannabis?”

London blogger **Maddy** on Transform’s blog website.

“Things have gone from bad to worse; there is no possibility of an honest discussion now. Anyone who sticks their head above the parapet and calls for a rational consideration of the drug laws gets it shot off and kicked around by a horde of lunatics.”

British Labour MP **Austin Mitchell** on recent drug classification debates in the UK.

“All of France? No, the glum France that has replaced the glorious ‘Liberty, Equality and Brotherhood’ with ‘Prevention, Precaution and Public Health’.”

French journalists **Denis Saverot** and **Benoit Simmat** on the French health authorities’ recent preoccupation with tackling the drinking culture. Their 2008 book is titled *In Vino Satanas!* (The devil is in the wine), a play on the Latin saying ‘in vino veritas’, which means ‘in wine there is truth’.

“I’ve got to be honest and say I thought he was better known for blasting the pound out of the ERM [European Exchange Rate Mechanism] but I’ve now learnt of his desire apparently to have everyone smoking weed.”

Prime Minister **John Key** learns of global financier and philanthropist George Soros’s support for drug law reform. Soros’s Open Society Institute contributed funding for the International Drug Policy Symposium.

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the harms associated with their product would be mitigated; they are only there to help responsible people enjoy themselves and fulfil their chosen lifestyles.

But there are a number of things to do with its product that the alcohol industry prefers to not be upfront about with the New Zealand public. Rather than facilitate subtle blame at the problematic end users while it exploits the enormous commercial freedoms available in the service of its international shareholders, I suggest the alcohol industry needs to use its considerable power and influence more responsibly in terms of its customers – ordinary New Zealanders who choose to drink alcohol.

For example, alcohol has been classified by the World Health Organization as a Class 1 carcinogen. This means it has been demonstrated to be “definitely carcinogenic” and sits in a list alongside asbestos, formaldehyde, mustard gas and plutonium-239. Why doesn’t the industry inform its customers that if you drink alcohol you increase your risk of a variety of cancers, most particularly cancers in the mouth, voice box and oesophagus? There is at least a doubling of the risk of cancer of the breast if you drink a bottle of wine a day.

It is also now well-known that the alcohol industry targets young people in its advertising. It uses very clever and subtle messages through a variety of media and formats, drawing on the best marketing science available. For instance, it exploits human needs, which are most intensely expressed in youth, as part of its promotion of alcohol. These include the need for inclusion as part of the ‘in crowd’, the ‘winners’ and the need to feel grown up. These marketing tactics appear very similar to those of the tobacco industry.

Further, ‘ready to drink’ alcohol was long denied by the alcohol industry to be targeting minors through its sweet flavour. However, these lies have now been exposed by industry insiders who have gone public with the truth.

Finally, some of our New Zealand research was published last year in the internationally peer-reviewed *Journal of Psychopharmacology* demonstrating that

if alcohol was examined by the New Zealand Government’s Expert Advisory Committee on Drugs using the same criteria it uses to classify new recreational drugs, it would be classified as a Class B drug [Class A (Very High Risk), Class B (High Risk), Class C (Moderate Risk)].

Professor David Hawkes has outlined what a socially friendly industry would look like. It would promote alcohol in a truthful way and not make false associations, encourage over-consumption or target vulnerable populations. It would not deliberately cultivate intoxication as part of the sale and serving of its product or subvert public education messages and public health policies enacted to ensure the safer use of its product. Instead it would acknowledge that its product is potentially dangerous and should not be regarded as a commodity sold as cheaply and as freely as cabbages to an ever expanding market.

There are at least five regulatory changes required that would together make a real difference in decreasing regular heavy drinking in New Zealand. These are supported by the best scientific information at hand and are as follows: increase the price, increase the purchase age, decrease advertising/marketing, decrease accessibility (including supermarket bans) and increase drink-driving surveillance. Finally, there needs to be an increase in intervention opportunities for problem drinkers.

The Law Commission is currently engaged in a ‘first principles’ review of the full range of New Zealand’s liquor laws and the new National Government, to their credit, has encouraged an earlier than expected reporting of recommendations.

Sir Geoffrey Palmer is heading this review. Watch this space. ■

**Doug Sellman is Professor of Psychiatry and Addiction Medicine at the University of Otago, Christchurch.**

A copy of this article, including references, is available online at [www.drugfoundation.org.nz](http://www.drugfoundation.org.nz).

# Methamphetamine harm in New Zealand

Recent findings by the Illicit Drug Monitoring System reveal that, while younger frequent users of methamphetamine experience significant harms from their drug use, the effects are even worse for older users. **Chris Wilkins, Paul Sweetsur and Richard Griffiths**

**THE** Illicit Drug Monitoring System (IDMS) was established in 2005 to provide timely research on trends in drug use and drug-related harm in New Zealand. The findings from the IDMS are intended to inform appropriate responses to drug-related problems and to assist in the development of effective drug policy.

In the February 2009 *IDMS Research Briefing* we investigated how the age of frequent methamphetamine users affected the magnitude and types of drug-related harm they suffered. We

found older frequent methamphetamine users were more likely than their younger counterparts to experience a range of harms from their drug use, including ending personal relationships, damaging friendships, getting into financial debt and experiencing reduced life opportunities (see table).

This is likely to reflect the fact that the older frequent users used methamphetamine more frequently, were more likely to inject and were more likely to be dependent on the drug than their younger colleagues.

Studies in other countries have found that higher frequencies of amphetamine use, higher amounts of amphetamine used per session and intravenous administration of amphetamine are all associated with greater harm among amphetamine users.

The greater harm experienced by the older frequent methamphetamine users illustrates the potential social benefits of getting these drug users into drug treatment programmes and preventing younger users from continuing to use methamphetamine.



## Drug-related incidents among frequent methamphetamine users in the past six months by age

Drug-related incident	Frequent methamphetamine users under 25 years (n=30) percent	Frequent methamphetamine users 25 years or older (n=80) percent
Argued with others	73	79
Lost your temper	73	73
Had reduced work/study performance	77	64
Did something under the influence of drugs and later regretted it	67	65
Took sick leave/did not attend classes	62	61
Couldn't remember what happened the night before	60	54
Damaged property (you)	60	53
Had unprotected sex	60	40
No money for luxuries	57	70
Passed out	57	39
Upset a family relationship	50	64
Stole property (you)	50	41
No money for food or rent	48	55
Damaged a friendship	47	74
Got into debt/owing money	47	69
Ended a personal relationship	43	64
Got arrested	43	48
Physically hurt someone else	43	39
Got a traffic ticket	38	36
Spent some nights sleeping rough (i.e. living on the streets)	37	40
Sacked/lose business/quit study course	35	29
Had a car crash	31	12
Had sex and later regretted it	30	33
Charged with a driving offence (e.g. DIC)	27	22
Were kicked out of where you were living	23	34
Physically hurt yourself	23	31
Overdosed on drugs	13	23
Were sexually harassed	3	14
Were sexually assaulted	0	11

However, that older frequent methamphetamine users experienced more harm than younger users should not distract us from the findings that show that even the younger frequent users reported suffering serious levels of harm from their drug use, and the negative consequences of methamphetamine and other drug use can be experienced from the very first episode of use.

Due to their natural lack of life experience and general impetuosity, younger frequent methamphetamine users were more susceptible to certain types of harms, such as participating in unsafe sex and involvement in vehicle crashes.

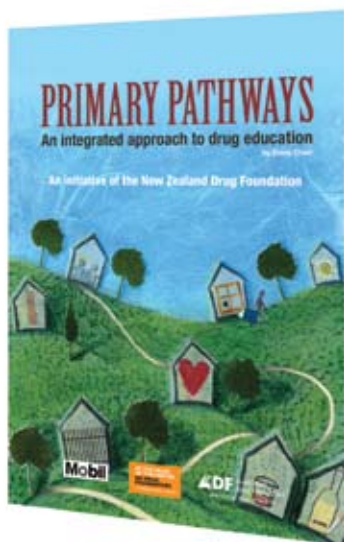
Older frequent methamphetamine users were more likely than younger frequent methamphetamine users to have used opioids (i.e. heroin and methadone) and to have injected methamphetamine and other drug types. This may indicate an increasing convergence between frequent methamphetamine use and traditional opioid use as frequent methamphetamine users age.

It is unclear at this point whether this is due to the fact that some opioid users, who tend to be older drug users in New Zealand, are increasingly taking advantage of the greater availability of methamphetamine or, alternatively, older frequent methamphetamine users are turning to opioid use to 'come down' from the stimulant effects of methamphetamine and also choosing to inject their drugs to enhance effects and economise on costs.

Amphetamine use has been implicated in the spread of intravenous drug use in Australia for these reasons. This is an issue that demands further research if we are to address the impact methamphetamine may be having on levels of opioid use and intravenous drug use in New Zealand in the near future. ■

All IDMS reports can be obtained from the National Drug Policy website, [www.ndp.govt.nz](http://www.ndp.govt.nz), or from SHORE, [www.shore.ac.nz/projects/idms\\_study.htm](http://www.shore.ac.nz/projects/idms_study.htm).

A copy of this article, with references, is available online at [www.drugfoundation.org.nz](http://www.drugfoundation.org.nz).



**Primary Pathways** One of the strongest concerns for all communities is ensuring their children lead safe lives so they can reach their full potential. Whether we're a parent, teacher, health professional, police officer or the local shopkeeper – we all place the highest priority on protecting our children.

In today's world, the threats to children's safety are extensive. While burns, falls and other potential injuries have been with us for generations, obesity, depression and social isolation are more recent concerns, as are the potential dangers from alcohol and other drug use. There are many dangers resulting from substance use by children and young people, or through use by their parents or others in their communities.

Schools play an important role in addressing these issues. Over time, we have come to understand that any curriculum initiatives in this area need to be embedded in a school policy that addresses alcohol and other drug use. We also know that any effective classroom initiatives are best conducted by teachers as part of an integrated learning programme.

Based on those understandings, the Drug Foundation has produced a new resource to support primary schools teaching good drug education. *Primary Pathways: An integrated approach to drug education* will assist primary teachers to work with their pupils in a manner that is integrated and age-specific. It begins with the premise that alcohol and other drug use is, to a greater or lesser degree, part of the pupils' world.



They will be influenced by it in some way, and the issue cannot be ignored. Communities rate alcohol and other drug misuse as a social issue of major concern, but parents rate it even higher!

*Primary Pathways* focuses on each child's sense of self-worth while developing their life skills through building resilience and fostering connectedness to each other and the community. It provides good advice to schools and teachers on how to approach alcohol and other drug issues and includes practical learning activities linked to the health and physical education curriculum.

We are very grateful for the valued support from Mobil New Zealand who assisted with the development of this resource.

The *Primary Pathways* manual is **FREE** for primary schools and educators (\$50 including GST for others). For enquiries and orders, email us at: [admin@drugfoundation.org.nz](mailto:admin@drugfoundation.org.nz).

**AT THE HEART  
OF THE MATTER,  
NZ DRUG  
FOUNDATION.**

Te Tūāpapa Tarukino o Aotearoa

## Quotes of Substance

“Oh boy. I was the fun police. I was the nanny state. It wouldn't work, they said.”

Progressive Party MP **Jim Anderton** describes the National Party attacking his decision several years ago to increase excise tax on 'light alcohol' drinks abused by teenagers – in the range 14–23 percent alcohol by volume. Anderton claimed there was an 80 percent decline in the quantities of 'light alcohol' drinks released for sale, and overall alcohol consumption went down by half a million litres after the excise duty was increased.

“I know lots of people that take cocaine three nights a week and get up and go to work every day, no problem at all.”

British popster **Lily Allen's** interview remarks had caused brouhaha in the media. Allen later issued a public statement saying she in no way condones drug use.

“You wouldn't send paedophiles to work in an area where there were lots of children... so why shouldn't we limit people who have a very bad health habit?”

**Peter Beaumont**, Head of the Northern Territory branch of the Australian Medical Association, has lashed out at nicotine-addicted doctors and nurses, saying they should not be allowed to work with children or in indigenous communities. “We should have a situation where a non-smoker should get the job over a smoker.”

“I don't really care whether its George Soros or Mickey Mouse that supports the conference, I'm not going to be changing my position on that.”

Prime Minister **John Key** said he did not mind that the Open Society Institute supported the International Drug Policy Symposium, because the Government “just simply does not support the decriminalisation of marijuana.”

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## Quotes of Substance

“Regrettably, the law does not allow that; any sympathy I might have has to be put aside.”

A District Court judge explains the situation to the wheelchair-bound Graham Coote, charged with cultivating marijuana. Coote became a paraplegic after a logging accident 10 years ago and turned to cannabis for pain relief because he did not like the side effects of the methadone prescribed to him.

“We do not want the responsible, sensible majority of moderate drinkers to have to pay more or suffer as a result of the excesses of a small minority.”

UK Prime Minister Gordon Brown rejects setting minimum alcohol price per unit

“Many Cabinet Ministers, including the Home Secretary, have admitted experimenting with cannabis at university. Had any of them been arrested for this youthful indiscretion, there is no chance they would have become Members of Parliament, let alone in the Cabinet. Gordon Brown says he has never smoked cannabis – I for one believe him.”

Jeremy Sare, former Head of Drug Legislation in the British Home Office and one-time Secretary to the Advisory Council on the Misuse of Drugs, speaking at the Healthy Drug Law Symposium held in Wellington, February 2009.

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## New Zealand News

### New Zealand rejects alcopop tax

NEW ZEALAND'S Ministerial Committee on Drug Policy has concluded there is no international evidence supporting targeted taxes on RTDs (ready to drink alcohol) leading to reduced alcohol harm after looking at a Ministry of Health report. They say overseas experience shows decreased RTD consumption leads to increased consumption of other liquor. The ministers gave more credence to alternative curbs such as minimum pricing per standard drink and limits on the number of standard drinks per bottle.

Despite Australia's Health Minister Nicola Roxon saying that the alcopop tax measure was working far beyond original expectations, legislation validating the tax failed to pass in the Australian Parliament on March 19. Ireland, France, Germany, Switzerland and some US states have targeted alcopops with increased taxes in a bid to cut consumption by young drinkers.

### Drop in smoking “doubtful”

THE Ministry of Health says that, since 2003, there has been an almost 5 percent decrease in the number of people smoking daily – from 22.8 to 18.1 percent of the population.

But researcher Dr Murray Laugesen says the falling number of smokers is “incompatible” with statistics showing an increase of more than 296 million cigarettes sold in the same period.

“For the New Zealand Health Survey result to be

compatible with cigarette volumes, remaining smokers would have to buy 30 percent more cigarettes per day.”

Dr Laugesen says other comparative surveys on smokers show just a 1–1.5 percent drop. National Tobacco Programme spokesperson Karen Evison said the Ministry was confident of the “robustness” of its survey data.

### Young treatment seekers profiled



CHRISTCHURCH'S National Addiction Centre has investigated the profile of young people (between the ages of 13–19) attending AOD services.

They found young people attending AOD treatment present with a range of complex problems including alcohol and drug use, mental health issues, criminal convictions, family conflict and disengagement from school. A particular area of concern emerging from the study was the apparent under-reporting of mental health and substance use diagnoses in treatment files. See “Should I stay or should I go”, page 23.

### Our particular poisons

THE University of Otago has provided a comprehensive breakdown of data on drug use in New Zealand after analysing more than 12,000 interviews of people aged 16 or over. Key findings were:

alcohol is the most commonly used drug, with 94 percent of the population having used it; tobacco has been used by nearly 51 percent of people; cannabis has been used by 41 percent; cocaine is much less commonly used (4.2 percent) while opioid use (heroin and morphine) is uncommon (2.9 percent).

Prescription drugs have been used for non-medical purposes by 6 percent and nearly 10 percent have used other drugs such as LSD or glue.

Results are similar to those for Australia and the US for all drugs except cocaine which is four times as likely to have ever been used in the US (16.2 percent).

### Most smokers support smokefree



OTAGO University research shows the majority of smokers support measures to increase the control of tobacco. Measures include banning retail tobacco displays (60 percent support), extending smokefree laws to outdoor eating areas (78 percent) and council playgrounds (68 percent) and increasing tobacco tax (59 percent) – as long as the extra revenue is used to promote healthy lifestyles, including helping smokers who want to quit.

## Parihaka: peace on pot?



A MĀORI warden described the recent Parihaka Peace Festival in Taranaki as “a hotbed of drug and alcohol use.” Imelda Mauriri claimed children as young as 10 or 11 years old were smoking cannabis at the festival and said the peace there was mainly drug-induced.

But a WellTrust counsellor, Tommy Sygrove, who has appeared at the festival twice with his band, Tommy, said such claims made a mountain out of a molehill.

“I think it is the old saying that a few individuals gave the party a bad name.”

Mr Sygrove said he saw less intoxication at Parihaka than at other big events around the country.

## Alcohol review fast-tracked



THE Law Commission is fast-tracking its alcohol legislation review to July 2009, at the request of Justice Minister Simon Power. The review, instigated by the previous government, is looking at all aspects of alcohol laws including purchasing age, supermarket sales, extended sale hours and

links with health and crime.

Sir Geoffrey Palmer, who is leading the review, said a public discussion paper will outline the nature and extent of the problems and pose the key questions for public debate.

“The central issue is whether the pendulum has swung too far in the direction of liberality and the availability of alcoholic drinks and, if so, what measures can be adopted to combat the situation and limit the harm that it causes,” he said.

## Too close for comfort



CANNABIS alternatives, previously sold in retail outlets under brand names such as Spice and Dream, have been deemed “substantially similar” to tetrahydrocannabinol (THC) and are therefore being treated as a Class C controlled drug.

ESR testing commissioned by the Ministry of Health found the products contained the 1,1-dimethyloctyl homologue of the substance CP 47,497, a synthetic substance substantially similar to the main active component of cannabis.

“Given the ESR’s findings, retailers need to stop selling these products. I have referred the matter to the Ministry

of Health, the police and Customs to take the appropriate actions,” Associate Health Minister Peter Dunne said.

“I am also cautioning those who may use this substance that using any drug involves risk, but the risks in this case are further exacerbated by the fact that very little is known about the toxicity of this substance.”

The substance has already been banned in countries such as Germany, the US and Canada.

Questions have been raised about whether the products fit with the definition of a controlled drug analogue in New Zealand legislation. ESR scientist Keith Bedford said that it is possible science and the actual law may be at odds in this case as the application of the science in the legal and regulatory framework is not necessarily straightforward.

At least one party pill retailer is refusing to stop selling the product. Hemp Store manager Chris Fowlie says American research disputes the argument that the substance in Spice is a Class C drug. He says the product is without the classical cannabinoid structure, it is not an analogue and so it is not illegal.

## Government says no to ‘out of sight’

THE Government has confirmed it will not be introducing legislation to ban retail tobacco displays, for the moment anyway. A report from the Health Select Committee recommended new legislation to force retailers to have tobacco products stored out of sight.

“I can’t be convinced that you need to walk into a bar for the first time at three o’clock in the morning to have a drink. It just seems to me that the range of hours that we’re making alcohol available are very, very wide.”

Justice Minister **Simon Power** on New Zealand’s alcohol review.

“This behaviour is quite typical of the party pill industry or the legal high industry – that the ingredients listed on the packet are often not what’s inside the packet.”

Drug Foundation Director **Ross Bell** on the legal high Spice sold in New Zealand shops without any regulation.

“This attitude raises the critical question of why society tolerates – indeed encourages – certain forms of potentially harmful behaviour but not others such as drug use.”

**Professor David Nutt**, the UK Government’s top drug adviser, said taking ecstasy was no more dangerous than what he called “equasy”, or people’s addiction to horse riding. Nutt said equasy caused more than 100 deaths a year, while ecstasy use was linked to about 30 deaths a year. He later had to formally apologise to Home Secretary, Jacqui Smith.

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## Quotes of Substance

“This was the best opportunity – the best in a decade – to make significant headway in tackling under-aged drinking and in reducing harm across the country.”

**Geoff Munro**, Policy Manager of the Australian Drug Foundation, believes the Liberals, Nationals and Senator Fielding have failed young Australians by abandoning the alcopop tax.

“John Key said there’s no international evidence that removing tobacco displays would affect smoking rates. Clearly the National Government has capitulated to the tobacco lobby, favouring their interests ahead of the national interest.”

**The Green Party** on the Government’s failure to ban tobacco displays.

“The mum and dad family retailers around New Zealand thank the National-led Government for the commonsense approach to the display of tobacco products in dairies and convenience stores.”

**The Stay Displays Coalition** was clearly happy about the decision not to ban tobacco displays. ■

But Health Minister Tony Ryall noted the Select Committee reported that evidence could not directly link the banning of displays with decreasing smoking rates.

“The Government will consider any options, including legislation, if international or domestic research gives us a compelling case that it would lead to a significant decrease in tobacco use,” he said.

Labour MP Iain Lees-Galloway now plans to introduce a bill to ban retail tobacco displays.

### Smokefree compromise



**NELSON** City Council has decided to make the city’s sports grounds and playgrounds smokefree – a compromise on the idea suggested by the Nelson Marlborough District Health Board to ban smoking in public parks.

Wairau Hospital Smokefree Coordinator Brenda Chilvers and DHB Health Promoter Miraka Norgate said the aim of the campaign, which several councils around the country have adopted, was to help future generations grow up in an environment where smoking was not normal behaviour.

However, it was still unclear where the policy’s funding would come from. Councillor Gail Collingwood asked whether smokers might

be forced on to footpaths and city areas if they were discouraged from smoking in parks.

“In a park people can sit in their groups and I don’t have to go near them,” she said.

### It’s how old we’re drinking

**NEW** Australian drinking guidelines recommend no alcohol for under 18s and ALAC supports the move. Chief Executive Gerard Vaughan says ALAC’s advice to parents is to try to delay their children starting to drink for as long as possible.

The University of Otago has found that, if young people use alcohol or other drugs before the age of 15, the risk of damaging their health into adulthood more than doubles.

The Australian guidelines recommend no more than two drinks a day for both men and women, no more than four drinks on a single occasion and zero drinking during pregnancy. ALAC recommends no more than six drinks for men and four for women on a single occasion, and no more than 21 for men and 14 for women a week, plus at least two alcohol-free days a week.

### Alcohol abuse may lead to depression

**EXCESSIVE** alcohol drinking may increase the risk of depression, a long-term Otago University study has found. Led by Professor David Fergusson, the study involved a group of 1,055 New Zealand children who were monitored over 25 years.

“At all ages, there were clear and statistically significant trends...

Individuals who fulfilled the criteria for alcohol abuse or dependency were 1.9 times more likely to also fulfil the criteria for major depression,” the researchers wrote.

### Men worried about their drinking

A **BIG** increase in the number of calls to the Alcohol Drug Helpline in January was fuelled by men worried about their own alcohol addiction, according to Cate Kearney, Chief Executive of the Alcohol Drug Association of New Zealand, which runs the Helpline. Call volumes for January (1,486) were 19 percent higher than the 1,251 calls received in January 2008.

“It seems a lot of callers came back from the Christmas holidays realising they had a problem and they needed to do something about it.”

Kearney said this confirmed that the biggest addiction issue in New Zealand continued to be alcohol, despite constant headlines about the use of P.

### Sting snaps 82 drink-drivers

**EIGHTY-TWO** North Shore drivers were found to be over the legal alcohol limit during a police crackdown over a weekend in March. More than 12,000 drivers were tested and 11 of those caught were teenagers under 20.

Senior Sergeant Rod Fraser, of North Shore police, said in one location, on average, every sixteenth driver was over the legal limit and every fifth driver had consumed alcohol. ■



## Aussies spit tax



**THE** Australian Senate has axed a tax on alcopops it introduced in April 2008. The Government will now have to return to distillers the \$290 million in revenues it has collected from the 70 percent price rise.

The Government introduced the tax to discourage young, particularly female, drinkers bingeing on the sweetened beverages, but lost the vote to validate the tax after Family First Senator Steve Fielding joined the Coalition who reject it as a “tax grab” that has failed to work.

Senator Fielding voted to quash the tax after the Government rejected his demand for a ban on alcohol advertising during sports programmes in family viewing hours. “The Government has missed an ideal opportunity to break the link between alcohol and sport,” he said.

Health Minister Nicola Roxon said the tax cut would mean that the sweetened spirit drinks that cost about \$5 a can would now cost closer to \$2.

## New approach called for in Latin America

**THE** Latin American Commission on Drugs and Democracy recently assessed the unwanted effects of repressive policies regarding the ‘War on Drugs’ in Latin America and has concluded they are “further than ever

from the announced goal of eradicating drugs.”

The Commission’s proposals for more efficient and humane strategies, presented in the document *Drugs and Democracy: Towards a Paradigm Shift*, are based on three main guidelines: treat drug use as a public health issue; reduce consumption through information and intervention; and focus on enforcement against organised crime.

## Fear drives pharmaceutical abuse in Iraq



**THE** *New York Times* has reported that prescription drug abuse has significantly increased in Iraq due to war anxiety and a lack of regulation.

Iraqi soldiers and police officers have also turned to drugs to ease the stresses of their jobs. In particular, they are abusing Artane, a medication used to treat Parkinson’s disease that can have euphoric effects when taken in high doses.

“They believe Artane allows them to become courageous,” said one doctor. “They take it so that there is no anxiety, no fear, and so they can break down doors and enter houses without shame.”

No clear figures have been provided but one Iraqi soldier estimated that one out of three soldiers in his army unit

takes Artane or other drugs while on duty.

## Ketamine new drug of choice

**KETAMINE** is increasingly replacing cocaine as the substance of choice among Britain’s recreational drug users, according to charities and experts. Use of the drug, known as ‘Special K’ or ‘Raver’s Smack’, was found to be on the rise in nine out of 20 areas surveyed by the charity DrugScope.

Ketamine’s popularity is growing due to its price – a gram of ketamine costs £20, half as much as the same amount of cocaine – and the fact that it is seen as a ‘safe’ and ‘clean’ drug.

However, Professor David Nutt ranked ketamine as the sixth most dangerous illegal drug available – more harmful than ecstasy and cannabis. The mistaken belief that the substance is risk-free is encouraging more young people to try ketamine and to take it in increasingly higher doses.

## Positive results from Sativex study

**GW PHARMACEUTICALS**, the developer of Sativex – an experimental cannabis-derived medicine for multiple sclerosis – has announced positive data from a small clinical trial. The ‘withdrawal’ study of 36 patients who had been taking Sativex for more than three years showed that those who remained on treatment reported better relief from spasticity than those taking a placebo. The findings further support requests from the UK Medicines Regulator for possible approval of Sativex.

GW Pharmaceuticals said there was no evidence of a withdrawal syndrome in patients who stopped taking Sativex.

## Concern over e-cigarette sales

**UK** Ministers are being urged to restrict the sale of ‘electronic’ cigarettes amid fears they could be harmful. Retailers say they are a healthy alternative to real cigarettes because their users can inhale nicotine without tar, tobacco or carbon monoxide. But trading standards officers say children could buy them and be exposed to dangerous levels of the drug.

Regulation advisers want their sale restricted to over 18s and warning labels to be required. Last October, some retailers were reporting sales of over 1,000 of the £40 starter packs a month. Tests by trading standards officers found some products would normally need the label “highly toxic” because of their nicotine concentration.

## California mulls cannabis tax

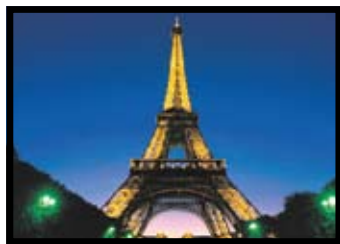


**A MEMBER** of California’s state assembly wants to make California the first state to tax and regulate recreational marijuana. Tom Ammiano says it is time to reap some state revenue while putting a damper on drug use by teens, cutting police costs and even helping Mother Nature.

Mr Ammiano's measure essentially would replicate the regulatory structure used for alcohol, with taxed sales barred to anyone under 21. He said it would allow police to focus on more serious crimes while keeping marijuana away from teenagers and ensuring the lands used for growing crops are not drained.

By some estimates, the proposal could mean upward of \$US1 billion in tax revenue each year, which could come in handy, considering California's \$44 billion budget deficit.

### France to raise drinking age



**THE** French National Assembly has passed an amendment to ban the sale of alcohol to anyone under 18. The move is part of an effort to tackle the rise of binge drinking in a country known for a relaxed attitude towards a little libation. Violators will face fines up to €7,500.

Currently, anyone 16 or older can order beer and wine in bars. Bartenders rarely ask to see ID cards in France, but that would change if the Bill passes. The Government said the number of alcohol-induced hospitalisations for minors under 15 grew 50 percent between 2004 and 2007.

### Synthetic drugs trail tool launched

**THE** United Nations Office on Drugs and Crime (UNODC) has launched an online report

highlighting developments on the global synthetic drugs scene. It compiles snapshots of drug seizures, laboratories uncovered, usage and new trafficking trends.

"This is a quick and easy tool for governments and law enforcement agencies to follow emerging challenges related to synthetic drugs," said UNODC Manager, Jeremy Douglas.

"What is unfolding is disturbing, with the problem expanding and spreading. It is cropping up in some unexpected locations,"

In Reykjavik, Iceland, for example, police and Europol dismantled an illicit amphetamine laboratory sophisticated enough to manufacture its own precursor chemicals.

"It is clear that use of synthetic drugs is growing both in developing countries and in parts of the west," Douglas says.

Read the full report at [www.unodc.org/unodc/en/frontpage/on-the-synthetic-drugs-trail.html](http://www.unodc.org/unodc/en/frontpage/on-the-synthetic-drugs-trail.html).

### Gordon Brown rejects minimum prices for alcohol



**UK** Prime Minister Gordon Brown rejected controversial proposals from the Chief Medical Officer to establish a minimum price for alcohol, which would double the price of many beers and spirits. Brown said he would protect the interests of the

"sensible majority of moderate drinkers" when responding to proposals from Sir Liam Donaldson that a minimum charge of 50p per unit of alcohol be imposed on beer and wine.

Meanwhile, Scotland is planning to introduce minimum alcohol prices which could come into force by the end of the year. It would make Scotland the first country in Europe to introduce minimum pricing, which would be accompanied by a ban on certain drinks promotions.

### Ecstasy victim's parents speak out

**A** GRIEVING Queensland couple who lost their daughter to ecstasy on New Year's Day have pleaded with young people to stay away from party drugs.

Neville and Gerry Bebendorf, both high school teachers, are mourning their eldest daughter, whom Mrs Bebendorf described as "a beautiful, fragile person who touched many hearts." Rosanne Bebendorf died after taking two tablets allegedly bought at a nightclub on New Year's Eve. Police believe the pills that apparently killed Ms Bebendorf were among a bad batch of drugs circulating in southeast Queensland that left three others in hospital.

The tragedy comes as research by the University of Queensland shows ecstasy has overtaken speed as the second most popular drug in the southeast, behind cannabis. But despite a widespread belief ecstasy is harmless, experts warn it can cause heart attacks, strokes, seizures and psychosis.

### China's mobile death chambers

**CHINA** is innovating in the death market with a fleet of execution buses in which convicts are efficiently and cleanly put to death by lethal injection.

Now executions can be ordered and carried out by courts in towns and villages around a particular province, with executioners and medical staff shuttling between different jurisdictions. Authorities say the initiative is a deterrent against crime.

"This procedure is a must," said Mr Zhang, from the marketing department of Jinguan Auto, who did not wish to give his first name. "So far the company has sold 10 of the vehicles."

Criminals are tied hand and foot to a stretcher in the bus, then injected with a cocktail of lethal toxins. The bus also features a video monitoring system to ensure executions comply with state rules.

The execution bus also makes it easier to use organs from prisoners for transplants, with doctors and nurses on hand to make sure they are transferred swiftly.

One reason why executioners wanted a different method was because many of those killed were drug traffickers, and were said to have HIV/AIDS. Executioners said they were worried they would become infected by spraying blood.

In China 68 crimes, including drug offences, carry the death penalty.

The makers of the van say sales are steady and urge any foreign governments interested to get in touch. ■

# Ignorance isn't bliss – the harm reduction debate

“Harm reduction increases the likelihood that drugs will be available...

It increases the drug harm that results from it. It decreases the efficacy of police and disempowers parents and the community.” **New Zealand ‘war on drugs’ zealot**

“So-called harm reduction leads to liberalisation of the use of drugs.” **The Vatican**

IGNORANCE is all too common in drug policy discussions, but it's something we could do without, especially when it comes to life saving health interventions such as needle exchange programmes and opioid substitution therapy.

In the lead-up to the March UN drug policy meeting, the scale of individual, institutional and member state ignorance knew no bounds when various players sought to undermine the importance of harm reduction programmes which have proven critical to addressing drug harm.

A very small minority of member states even succeeded in striking references to harm reduction from the Political Declaration agreed at the High Level Segment of the 52nd meeting of the Commission on Narcotic Drugs.

It is estimated that 15.9 million people inject drugs in 158 countries and territories around the world. Up to 10 percent of all HIV infections occur through unsafe injecting drug use and evidence suggests that over 3 million people who inject drugs are living with HIV.

International evidence strongly supports harm reduction interventions as effective methods of preventing HIV transmission and improving the lives of injecting users.

This evidence has been compelling enough for harm reduction to receive endorsement by a raft of high level organisations such as the United Nations General Assembly, UNAIDS, the UN Office of Drugs and Crime, the World Health Organization and many others.

At least 84 countries (including

New Zealand) explicitly support or provide harm reduction programmes such as needle exchanges, opioid substitution and drug consumption rooms. Further, the Legal Affairs Section of the UN Drug Control Programme has declared harm reduction programmes legal under international drug conventions, authoritatively refuting continued allegations by obstructionist governments that harm reduction is incompatible with treaty obligations.

While there is not a formal, internationally agreed definition of harm reduction, most commentators agree on its key features: a focus on harms rather than use; a pragmatic and achievable approach; an assumption that drugs are part of society; an underlying public health framework; and the use of an evidence base to evaluate interventions in terms of net harm.

In a systematic review of needle exchange programmes, the Drug Policy Modelling Programme (DPMP) concluded, “The body of evidence is very strongly weighted towards their effectiveness and cost-efficiency.” New Zealand needle exchanges have been world leaders in limiting HIV infections among injecting drug users.

Studies and clinical trials have found the provision of needles does not cause a rise in drug use or injection. In the US, federally funded reports conducted by the many reputable organisations such as the National Commission on AIDS and the Centers for Disease Control and Prevention have all concluded that needle exchanges reduce the transmission

of HIV while not increasing drug use.

Far from “disempowering communities”, as critics claim, studies have also found needle exchanges highly successful in reducing the rate of unsafe disposal of injecting equipment in areas where they operate.

Tony Trimingham, Head of Australia's Family Drug Support, says harm reduction interventions support the otherwise powerless families of drug users because they focus on helping rather than punishing those affected by drugs. “I'd rather my child was drug-dependent than dead, because while there's life there's hope,” he says.

Evidence suggests a number of public health and community benefits of supervised injecting facilities, including prevention of overdoses, reduced transmission of blood-borne viruses and better access to medical, welfare or treatment services.

Many critics argue that harm reduction has iatrogenic effects. Needle exchanges, for example, encourage users to inject more and result in greater numbers of new initiates to injecting. However, the DPMP review concluded: “Fears that harm reduction ‘sends the wrong message’ have no evidentiary basis.”

In light of the overwhelming supportive evidence, Mythbusters struggles to understand how the Pope, some member states and others can maintain such ignorant views of harm reduction. Surely everyone's interests are best served when people who use drugs are provided high-quality, effective health services. ■



BRISBANE • QUEENSLAND • AUSTRALIA

5 – 7 AUGUST 2009

The Australian Drug Foundation is pleased to announce that the latest in the popular Thinking Drinking conference series, **Thinking Drinking 3: Action for Change** will be held in Brisbane, Australia from Wednesday 5 – Friday 7 August 2009.

**Thinking Drinking 3: Action for Change** will build on the outcomes of Thinking Drinking 1 (2005) and 2 (2007) and will provide a valuable opportunity to review, examine and debate the current evidence and best practice on addressing the drivers of drinking culture. The key outcome sought is an agreed Agenda for Action to unite, support and guide all our efforts to reduce alcohol-related harm.

**KEY ISSUES TO BE CONSIDERED INCLUDE:**

- Pricing and taxation
- Safer drinking environments
- Indigenous issues
- Emerging evidence
- Alcohol and the prevention agenda
- Role of local government
- Marketing and promotion
- Community engagement
- Sport and alcohol

This conference will be relevant and useful for those concerned with policy change, health, welfare, liquor licensing and enforcement, community education and development, and more.

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