

# matters of substance

AT THE HEART  
OF THE MATTER,  
NZ DRUG  
FOUNDATION.

Te Tūāpapa Tarukino o Aotearoa

Hawke's Bay ganging up on meth

Is America mellowing out?

Big tobacco spins it wide

Does alcohol make you fat?

May 2010



## It's your turn to shout

The Law Commission's work is done. If implemented, its 100-plus recommendations would overhaul New Zealand's liquor laws. Draft legislation will soon be considered by Parliament, and it's time for politicians to listen to the voices of communities, to those who face the consequences of alcohol misuse every day.




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

**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.

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

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Te Tūāpapa Tarukino o Aotearoa

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**THE GOVERNMENT'S** rejection of the Law Commission's proposal to raise alcohol excise tax flies in the face of common sense and incontrovertible scientific evidence.

The research may be complex but it is also irrefutable. Raising the price of alcohol reduces consumption – including among heavy drinkers and young people – and reduces harms such as car crashes, violence and disease. It also reduces the likelihood of young or moderate drinkers becoming heavy drinkers.

The often heard but mischievous sound bite about 'penalising the majority of responsible New Zealanders' is just cleverly constructed misinformation. New Zealanders who drink moderately will incur only minor cost increases from a 50 percent rise in excise tax. An average 330ml can of beer would cost just 17 cents more, and an \$11 bottle of wine would go up by just 96 cents.

In fact, alcohol is already costing us dearly – whether through delay in getting treatment at an emergency department flooded with intoxicated patients each weekend or through our tax dollars funding the frontline services mopping up the effects of this epidemic. (Alcohol-related issues suck up at least 18 percent of the total Police budget.)

It is therefore critical that

revenue from excise tax directly funds the mitigation of alcohol harms including prevention, treatment and rehabilitation services. We can learn from the experience across the ditch. In 1992, the Northern Territory put an extra 5 cent levy on every standard drink sold and used the revenue to fund a range of alcohol harm prevention and rehabilitation measures. Evaluation showed significant decline in alcohol-attributable mortality as a result.

The World Health Organization identifies raising prices as an ideal policy instrument for reducing substance harm. Our Government clearly understands this when it comes to tobacco, yet has chosen to ignore this advice when it comes to alcohol.

Of course, price alone won't solve the problem, which is precisely why the Law Commission says Government should adopt its recommendations as a package and not just cherry pick the least politically risky options.

The Law Commission's final report is comprehensive, balanced and firmly evidence-based. Raising excise tax is no magic bullet, but as part of a balanced package of measures, it will significantly contribute towards reducing the ongoing carnage from alcohol misuse plaguing our communities.

Happy reading, Ross Bell. ■

#### **Inaugural National Indigenous Drug and Alcohol Conference**

16–18 June, Adelaide, Australia  
The National Indigenous Drug and Alcohol Conference aims to help develop the capacity of those working to address indigenous alcohol and drug issues and associated harms in meaningful ways.

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

#### **Drugs, Alcohol and Criminal Justice: Ethics, Effectiveness and Economics of Intervention**

24–26 June, London, United Kingdom  
This Second European Conference of the Connections Project will discuss how the different components of drug and alcohol criminal justice interventions and treatments can be combined most effectively.

[www.connectionsproject.eu/conference2010](http://www.connectionsproject.eu/conference2010)

#### **Drug and Alcohol Nurses of Australasia 2010 Conference**

14–16 July, Surfers Paradise, Australia  
Drugs and Alcohol: Every Nurse's Business is the theme for 2010. Explore the role of nurses and their need to be aware of alcohol and drug-related issues and how to start tackling these appropriately.

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

#### **International AIDS Conference**

18–23 July, Vienna, Austria  
This is the premier gathering for those working in the field, policy makers and persons living with HIV to assess and evaluate new developments to move towards ending the pandemic. Rights Here, Right Now is the theme for 2010.

[www.aids2010.org](http://www.aids2010.org)

#### **Addiction Treatment Leadership Day**

22 July, Auckland  
These leadership forums bring together addiction workforce leaders from different functions: policy, planning, funding, training and education, service management and delivery, consumers and cultural leaders to collaborate on strategy and service delivery.

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

#### **Cutting Edge 2010**

22–25 September, Auckland  
2010 will be the 15th Cutting Edge Conference, New Zealand's most important alcohol and addiction treatment meeting.

[www.cuttingedge2010.org.nz](http://www.cuttingedge2010.org.nz)

#### **Public Health Association Conference: Tomorrow for Tomorrow's People**

22–24 September, Ngaruawahia  
The conference aims to bring together public health workers to share their stories of today to help build a healthy future for tomorrow.

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

#### **Involve 2010: Connect: Together We Are Stronger**

17–19 November, Auckland  
Involve provides a gathering where those who work with young people can enhance skills and strengthen connections to promote young people's positive health and development.

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

#### **APSAD 2010: Building on the Capital**

28 November–1 December, Canberra, Australia  
The annual conference of Australasian addiction treatment and prevention professionals will focus on new alcohol and other drug treatment, prevention and policy in the Asia Pacific.

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

#### **2nd Sport and Alcohol Conference: Finding the Balance**

9–11 February 2011, Auckland  
The relationship between sport and alcohol will be examined. Those interested will range from health educators and programme initiators at club level through to national sporting organisation representatives, from academics interested in sport/alcohol advertising to government bodies responsible for alcohol awareness, from athletes with first-hand experience to academics discussing potential performance issues related to alcohol.

[www.sportandalcohol.com](http://www.sportandalcohol.com)

#### **6th International Drugs and Young People Conference**

2–4 May 2011, Melbourne, Australia  
Themed 'Making the Connections', the conference will examine the complexity and interaction of factors that influence young people's lives, the growing importance of social media and technology in young people's lives today and will recognise and celebrate the role that young people play in addressing drug harm.

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

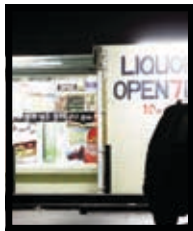




# It's your turn to shout

Kiwi attitudes to alcohol are in the spotlight following the Law Commission's release of 153 recommendations for liquor law reform. **Keri Welham** talks to those at the coalface about New Zealanders' relationships with alcohol and the damage it visits upon their communities.





“In homes where there’s a lot of alcohol, young people get very confused. They see it every day, and they need to know there’s another way.”

Barbara Te Kare



“We have 150 kids registered with us. Why on earth would we want to reinforce that this is okay?”

Tagaloa Taima Fagaloa

## The Social Worker

### Barbara Te Kare

Social worker at Tamaki College and member of the Glen Innes Drug and Alcohol Group

Barbara Te Kare says those opposed to alcohol price rises need to stop thinking about having to pay a little more for a glass of wine and start considering the positive impact a price rise could have in a household where alcohol is abused.

“That’s what I’d like people to think more about. In the end, we’ll have a better quality of life, especially for our kids.”

Te Kare is a social worker at Tamaki College. She says Glen Innes, where she has worked in various community roles over the last 33 years, is a decile 1 location with much state housing, but it’s also a community blessed with positivity and a vibrant collection of community agencies.

“There are a small number of people that cause the majority of the harm because of alcohol-related issues.”

She says alcohol instigates or accentuates a variety of social problems in Glen Innes. Te Kare says alcohol-fuelled domestic violence is a big problem, as are the drinking habits of parents whose hangovers render them incapable of getting up in the morning to get their primary-aged children off to school.

“In homes where there’s a lot of alcohol, young people get very confused. They see it every day, and they need to know there’s another way.”

There are many parks and green spaces in Glen Innes but parents do not let their children play in them because they have become too dangerous. Often, there will be groups of young people in their late teens binge drinking in the parks, and broken glass is commonly littered around playgrounds.

When a local stream was recently cleaned up, half the litter pulled out of it was alcohol debris – empty cartons and bottles.

Te Kare is concerned about the proliferation of outlets selling alcohol in her suburb and their proximity to schools.

“It becomes the norm.”

The Glen Innes Drug and Alcohol Group, which Te Kare has belonged to for about 18 months, relayed to the Law Commission its concerns about the ready availability of alcohol. The group also called for a liquor ban in public parks in community neighbourhoods and a rise in both the purchase age and the price of alcohol.

Te Kare says New Zealanders who are not living in an environment where heavy drinking is a concern may be opposed to a price rise for alcohol, but she hopes they will reconsider that stance because they can appreciate the potential benefits of making it harder for heavy-drinking parents and young people to abuse alcohol.

“People are worrying too much about themselves.”

## The Rugby League Club President

### Tagaloa Taima Fagaloa

Porirua City Councillor, Pacific Health Director, Capital & Coast District Health Board, Chair of the Ministerial Advisory Council to Pacific Island Affairs Minister Georgina te Heu Heu

Taima Fagaloa wants young people to know that Saturday sport and an after-match beer are not unquestionably woven together. The Porirua City Councillor is chair of St George Rugby League Club, the board of which has decided to ban alcohol at its home ground, Cannons Creek Park, before and during club games.

The ban has yet to be put to a full club meeting but initial feedback suggests the club’s 120 adult members support the effort to curb the drinking culture around their sport.

Until now, there has been a tendency for some spectators to bring alcohol to the grounds and for players to drink in the changing rooms or on the fields after the game. Recently, children’s Sunday league games had to be postponed until the changing rooms could be cleared of broken glass from the previous day’s drinking.

“We have 150 kids registered with us,” Fagaloa says. “Why on earth would we want to reinforce that this is okay?”

Assuming the motion gets member backing, opposing teams will be informed not to bring alcohol with them to St George home games.

The club has also broken the tradition





NZPA

“The whole experience we went through was very chastening. I don’t drink as much as I did when we started this project.”

Sir Geoffrey Palmer

of hosting a rowdy after-match function in its local bar following every game. Instead, it promotes selected social events throughout the season. Some individuals may still go for a drink after each game, but regular post-match drinking no longer has the club’s stamp of approval.

In 2008, Fagaloa successfully lobbied against a liquor licence application for a bottle store opposite Cannons Creek School. The shop was to be located between a fruit shop and a library. Community meetings drew up to 60 people (many of them representing other concerned community groups), and about 800 people signed a petition opposing the store. On the day of the application hearing, Fagaloa led about 150 noisy protestors from Porirua’s shopping centre to the District Court.

While the group’s submission to the hearing was argued primarily on the grounds of hours of trade, Fagaloa and others were concerned about the ease with which people could buy alcohol, the “normalisation” of putting bottle stores next to everyday conveniences such as libraries and takeaway bars, the advertising for “lolly-type” drinks, which children could plainly see as they came and went from school, and the density of alcohol outlets in a small community. At one count, Fagaloa says, there were 15 liquor outlets to service a community of 20,000.

“It has been a gloomy picture for us in East Porirua.”

## The Law Commission President

### Sir Geoffrey Palmer

Law Commission President and former Prime Minister of New Zealand

Sir Geoffrey Palmer is usually in bed by 10pm, but in the course of researching the reality of how alcohol is used and abused in New Zealand, the Law Commission President went out on night patrols with Police around the country until 4am. It was “carnage by night” he says.

“I understood the alcohol law. What I didn’t understand was the reality out there and how it has changed.”

In Hamilton, a group of students showed him a trio of bars known as “the Chlamydia Triangle”. They explained that patrons would drink until intoxicated in the first two bars, then have sex with random strangers in the toilets at the third bar. The next day they would have no memory of who they had slept with.

In Queenstown, Sir Geoffrey saw the council’s desperate efforts to clean vomit off the footpaths each morning to try and salvage the town’s pristine image for tourists.

“I don’t think that sort of thing enhances our civilisation. It certainly doesn’t enhance our tourism.”

Sir Geoffrey says the Police protect the masses from the reality of New Zealand’s drinking culture. Before he went out on the beat, he was as unaware as many other New Zealanders of alcohol’s true

impact on society.

“I can’t tell you it was a pleasant experience. I felt, is this what New Zealand has come to?”

On-the-ground research, such as the Police patrols, complemented the extensive work the Law Commission undertook over an 18-month review of New Zealand’s liquor laws. The commission’s report features 1,300 footnotes, 153 recommendations and draws on the sentiments of 50 public meetings and 3,000 submissions. The recommendations, which will be considered by Parliament, are intended to be bedded in over a 10-year timeframe.

“The whole experience we went through was very chastening. I don’t drink as much as I did when we started this project.”

Sir Geoffrey now drinks one glass of wine, three or four evenings a week. He says all of the researchers working on the liquor laws project have been similarly affected by what they’ve learnt and seen.

“It’s the drinking culture you’ve got to change. We have got here [in New Zealand] a very unfortunate situation, and we seem to have convinced ourselves there’s nothing we can do about it.”

At an ALAC conference in May, Sir Geoffrey said 83 people had been known to drink themselves to death in New Zealand since July 2007, 1,000 more had died from alcohol-related causes and many thousands had been injured as a result of their own or someone else’s drinking.



“Although it’s not a very Kiwi trait to confront friends over their problem drinking, it’s a cultural shift that this country needs. As a strategy, minding your own business doesn’t work.”

Major Lynette Hutson

Sir Geoffrey was Justice Minister when this country’s liquor legislation was last overhauled in 1989. Changes at that time included the liberalisation of laws to help develop New Zealand’s café and restaurant scene.

“I thought it would help make New Zealand a more sophisticated society.”

Those changes were appropriate and addressed vital issues for that era, but Sir Geoffrey says New Zealand is now a different country and significant social change in the interim has gone unchecked.

“Things have changed enormously. We did too much liberalisation too quickly, and we didn’t look at the consequences.”



## The Addiction Programme Manager

### Major Lynette Hutson

Salvation Army’s National Manager for Addictions and Supportive Accommodation

Lynette Hutson’s job encompasses all the Salvation Army’s work in mental health, homelessness and addictions such as to alcohol, drugs and gambling. While alcohol is an area of concern on its own, it also flows through each of these other areas of social need, exacerbating problems for those already struggling, Hutson says.

And it’s been a problem New Zealand has battled since the days of early European settlement, when alcohol surfaced as one of this country’s first social problems.

“We really haven’t made progress.”

Hutson says there is a double standard in New Zealand around how alcohol is used. “There’s one drink between being the hero and being the failure, the one everyone looks down on.”

Although it’s not a very Kiwi trait to confront friends over their problem drinking, it’s a cultural shift that this country needs, she says. As a strategy, minding your own business doesn’t work.

“People withdraw from that person, isolate them, and the problem gets worse.”

The Salvation Army estimates a person’s drinking problem has a significant negative impact on 20 others

around them, from family to employers to friends. Hutson says it upsets her to meet the young people whose parents are using Salvation Army services for drinking-related problems. Most appear haunted and startled.

Everybody has a level of vulnerability, she says, and if too many risk factors collide at one time, people who have never shown any predisposition to problem drinking can suddenly develop severe alcohol addictions. She has met successful, happy people, some of them holding positions of very high standing in society, whose lives have been shattered by an unfortunate set of circumstances and the alcoholism that grew out of their despair.

“There but for the grace of God go I,” she says.

Hutson would like to see an increase in taxes on alcohol, restraints around the number of liquor outlets in a community and alcohol taken off the shelves of supermarkets.

“It should never be so entwined with food and the necessities of life.”

She says, in New Zealand culture, there is a worry that you’ll be viewed as a “wowser” if you speak out against the easy availability of alcohol.

She takes heart in the recent rise in tobacco prices and the determination for significant change that this illustrated, but, she says, alcohol reform will be a much bigger fight.

“It’s more culturally entrenched.”





“I think, in New Zealand, we’ve had an acceptance of gross alcohol consumption and intoxication that I don’t think stands to our credit at all.”

Clive Geddes

## The Party-town Mayor

### Clive Geddes

Mayor of Queenstown

Queenstown is world-renowned as New Zealand’s party town, but the daily hangover can wear pretty thin for locals whose shopfronts are routinely fouled by vomit, whose windows are smashed in random acts of violence and whose early-morning sleep is shattered by the incessant, repetitive, gnawing screech of Australians chanting, “Oi, oi, oi!”

It was the need to balance the lifestyle of long-term residents, the expectations of tourists and the habits of party-hard seasonal workers that led Queenstown Lakes District Council through a tough period of small-town liquor licensing reform.

Clive Geddes has been mayor 9 years, but says the need to take a hard look at liquor licensing first arose around 12–15 years ago. The council’s district plan allowed 24-hour licences, and there were often inebriated people stumbling around the picturesque lakeside town at 8am or 9am on a weekday. Workers in the CBD would be greeted with urine or vomit in their shop doorways. Assaults and offences against property were on the rise.

There are 90 liquor licences for premises within a 500m radius of central Queenstown.

“By the turn of the century, it was becoming apparent that this high concentration of licensed premises... created a whole range of social and community problems in the CBD.”

The decision to tackle liquor licensing was a controversial and long road. The mayor drove through changes that took effect 2 years ago. Now, every liquor licence that comes up for renewal will be subject to new closing hours. Last drinks will be served at 4am, and all punters must be out by 4.30am – although exceptions have been made for well run, host-responsible, ticketed, one-off events.

So far, only five or six licences have come up for renewal, and Geddes says it is difficult to gauge a tangible change in terms of antisocial behaviour. (There were always only a handful of bars open 24 hours; the majority close between midnight and 3am.)

But the debate and resulting change in policy has seen a sizeable shift in attitude. The licensees and the council have joined forces with Police and public health providers to form a liquor liaison group. Together, they’ve instituted council-funded community guides who patrol the CBD on Thursday, Friday and Saturday nights. The guides intervene in about 30–40 situations a night where small incidents have the potential to blow up into assaults, fights or vandalism. The liaison group also made a

submission to the Law Commission, suggesting that liquor licensing hours be dictated by the service an establishment is offering to its customers in terms of host responsibility and security.

Queenstown has another problem with the young hospitality and ski industry workers who buy cheap alcohol from off-licences and supermarkets, drink at their flats until around midnight, then wander into town to socialise in bars. If they are too drunk, they are denied entry, which creates problems on the streets of the town.

As a non-drinker, Geddes admits it is sometimes difficult to be seen vigorously pushing for liquor licensing reform. Geddes has not had a drink since 1988. “I am one of those people that alcohol doesn’t sit comfortably with.”

But he says New Zealanders’ attitudes to alcohol need to change. He is dismayed by the ease of access to alcohol, community acceptance of drunken antisocial behaviour and sport’s heavy reliance on alcohol sponsorship.

“I think, in New Zealand, we’ve had an acceptance of gross alcohol consumption and intoxication that I don’t think stands to our credit at all.”

Geddes says he does not want to see a raft of draconian measures or over-regulation of liquor licensing. Rather, he’d like to see sensible regulation and a long-term view to changing Kiwi attitudes to drinking.



“Overall, we see kids not being so involved in other activities because they are spending more [time] drinking.”

Deb Fraser



“Staff are often frustrated by the distinct lack of remorse among the patients who have just monopolised their time for an entire nightshift.”

Dr Paul Quigley

## The Youth Addiction Service Manager

### Deb Fraser

Director of Dunedin Child and Youth Drug and Alcohol Mental Health Service Mirror Services

Deb Fraser works with young people who are tempted by ready access to alcohol that is “cheap as chips” and sold alongside everyday household items in supermarkets. Her team deal with children who, by their early teens, have already formed problematic relationships with alcohol and are facing life-long consequences. Mirror Services counsellors see young people who are facing charges of violence, have caused injury to others while drink-driving or have unwanted pregnancies as a result of drunken casual sex.

Fraser agrees with Law Commission President Sir Geoffrey Palmer who has spoken of a “sinking lid” among young people trying alcohol for the first time and developing drinking habits.

“More young people have access to alcohol younger than they would have in the past,” she says.

When the legal drinking age was 20, Fraser says young people were experimenting at 15 or 16. Now, with a legal drinking age of 18, many are drinking by 13 or 14 at the expense of other activities such as sport.

“Overall, we see kids not being so involved in other activities because they are spending more [time] drinking.”

Fraser says the earlier young people are introduced to alcohol, the more likely they are to experience problem drinking later in life. For this reason, she would support efforts to make alcohol more difficult for young people to purchase.

The biggest problem New Zealand faces in relation to alcohol is society’s acceptance – even celebration – of excessive drinking, she says.

“We still have an attitude that supports excessive drinking. That attitude is to get drunk as quickly as possible, without much thought about the consequences of that.”

Dunedin is particularly affected by the hard-drinking “southern man” culture and the excessive-drinking student culture.

Fraser says parental responsibility regarding teenage drinking seems to be lacking in New Zealand society. At adolescence, Kiwi parents tend to start backing off and allowing their children greater freedom when they should actually be taking a much closer interest in their children’s lives and offering more guidance.

## The A&E Doctor

### Dr Paul Quigley

Emergency Medicine Specialist and Clinical Toxicologist, Wellington Regional Hospital

Paul Quigley likes a beer. In fact, he’s a qualified beer taster. “I’m definitely not into prohibition.”

But he is sick of the strain drunk Kiwis put on the country’s hospital emergency department resources every weekend. Every Friday and Saturday night, the workload at ED at Wellington Hospital doubles as a direct result of alcohol-related injury and illness. The ward is over-run with young drinkers who have wet themselves, soiled themselves, fallen over and cut their heads. Some are in danger of choking on their own vomit and have to be closely monitored all night.

“They tie up a lot of nursing staff.”

Others, who may have broken bones or smashed-up faces after an alcohol-related assault, stalk around the ward thinking they need treatment more than anyone else, intimidating those who have come in for heart attacks, asthma or with sick children. Worryingly, some patients have been known to leave ED without being seen because of the frightening atmosphere the drunk patients create.

And then there are the alcohol-related car crashes. One in five fatalities on New Zealand roads each year is in an





“Many young people play truant from school to drink in alleyways and parks. They get up to no good, they urinate, they vomit, they get into scuffles, and scuffles can lead to worse things.”

Adele Hamilton

alcohol-related crash – about 130 deaths. The Ministry of Transport says, for every 100 alcohol or drug-impaired drivers who die, about 80 passengers and sober road users die with them.

Quigley says legal requirements mean ED staff have to hold on to drunk patients – sometimes requiring physical restraint and sedation – until they sober up or can be released into the care of someone sober. Unfortunately, with the drinkers who are just 14 or 15, their parents are often too drunk themselves to come and collect their children (a family environment of heavy drinking is one of the risk factors for a teen’s early drinking).

“In that very young group, that’s often the way.”

And when they sober up (deemed to be when they get down to the drink-drive alcohol limit or pass a variety of physical tests such as putting a finger to their nose), staff are often frustrated by the distinct lack of remorse among the patients who have just monopolised their time for an entire nightshift.

“There’s no regret.” Some of the younger ones are boastful. Even the adults in their 30s and 40s, who are a noticeable presence on the weekends of events such as the Martinborough Food and Wine Festival and the Trentham Races, don’t show any embarrassment over their lack of self control.

“We don’t find it funny,” Quigley says. ED staff work tight skeleton shifts on the weekend evenings because of funding and union restrictions.

And the impact of alcohol drags into the weekend afternoons as well. Quigley says Wellington Regional Hospital is looking at collating New Zealand-based research on hangovers. Overseas research suggests hangovers have a serious economic impact on weekend and Monday productivity. Quigley says emergency departments see a lot of sports and work injuries on Saturdays and Sundays among people who are hungover.

“Whatever you say about alcohol, it is not a sports-enhancing drug.”

Quigley says alcohol is no longer a treat. It is cheap and easily available. He says young people buy a bottle of Jim Beam and a very small bottle of Coke, mix it and drink it at home so they are intoxicated before they hit town.

The ED doctor says the biggest impact in changing New Zealand’s drinking habits will come from curtailing off-licence supplies, increasing prices and reducing the blood-alcohol limit from 80mg of alcohol per 100ml of blood down to 50mg.

## The Community Project Leader

### Adele Hamilton

Community Projects Manager at Otara Health

Adele Hamilton says Otara suffers under a proliferation of cheap alcohol outlets, even though people of all ages in the community have repeatedly called for the South Auckland suburb to go dry.

“Otara is strong about banning alcohol,” Hamilton says, quoting a survey where residents’ most popular suggestion for curbing alcohol-related crime was to close all liquor outlets in the suburb of 33,000-plus residents.

“A lot of youth come into Otara because they can get the cheap alcohol. They get intoxicated and make trouble. It exhausts our resources.”

Hamilton is in charge of community projects at Otara Health, a non-government organisation made up of community health workers, health promoters and community project teams. Hamilton estimates alcohol is a factor in up to 30 percent of the organisation’s wide-ranging work; from specific alcohol programmes, to projects aimed at neighbourhood support and Pacific health where alcohol crops up as a recurrent problem.

Hamilton says Otara Health’s survey, run to coincide with a Community Board initiative called “Alcohol is no excuse for



“When the producers of alcohol try to minimise the problem, they are talking through a hole in their head.”

Sergeant Al Lawn

bad behaviour”, also showed that, of all alcohol-related behaviour, Otara residents were most concerned about violence.

Casual drinking is rife in the Otara town centre, despite a council liquor ban. Hamilton says, from her central Otara workplace, she sees teenagers who have drunk themselves into a stupor when they should be at school. Many congregate outside liquor outlets.

Youth binge drinking is a growing problem, she says. Many young people play truant from school to drink in alleyways and parks. “They get up to no good, they urinate, they vomit, they get into scuffles, and scuffles can lead to worse things.”

Hamilton says, while the liquor ban has raised awareness and helped change attitudes, Police resources are too stretched to adequately enforce the ban and deal with the resultant trouble when it is broken.

Otara Health is a member of the Otara Gambling and Alcohol Action Group, which says alcohol is having a devastating effect on the community as it battles third-generation unemployment, domestic violence and a lack of life skills.

Hamilton would like to see the alcohol purchase age raised, the number of liquor outlets in communities reduced, a ban on alcohol advertising, licensees heavily audited to ensure they are compliant with all laws and by-laws, and a policy of strong community input into those by-laws.

## The Police Officer

### Sergeant Al Lawn

Officer in charge of the Canterbury Police Alcohol Strategy and Enforcement Team

Every week, between Thursday night and Sunday morning, Al Lawn sees a theft take place. He says it's the alcohol industry's product stealing Police officers and hospital beds away from New Zealanders who may have had their car stolen or have a worrisome niggle in their chest.

“We'll try to get there,” Lawn says, but it's more than likely the Police will be too busy loading an inebriated teenager into an ambulance or clearing the road after a drink-driving fatality.

“On a Thursday, Friday, Saturday night, most incidents involve alcohol. We run from one job to another.”

With 16 years of frontline Police experience, Lawn says he has seen a shift in recent years to much higher consumption of cheap, off-licence alcohol in private homes before young people head into town. He quotes research that shows the average person arrives at an on-licence establishment with 10–13 standard drinks under their skin. He also says 44 percent of alcohol in New Zealand is consumed in a drink-to-get-drunk mentality.

“It's nearly half the alcohol consumed. When the producers of alcohol try to minimise the problem, they are talking through a hole in their head.”

Lawn has five staff on the Canterbury Police Alcohol Strategy and Enforcement Team. They work on proactive measures, such as the successful move to a one-way door policy in Christchurch where, from 3am onwards, bars have elected to only let patrons out and not in. This has resulted in fewer people milling around the streets severely intoxicated at 6am or 7am.

Lawn's team has also worked on a blacklisting system in the student suburb of Riccarton where on- and off-licences have joined forces to slap month-long alcohol-purchasing bans on individuals who have been, in Lawn's words, “a dick” while drinking.

But alongside the proactive work, there is always a depressing amount of reactive alcohol-related policing.

One recent night, Lawn had to wait for an ambulance to collect a 16-year-old girl outside an after-ball function. She had an expensive dress, new shoes and spent 7 hours in hospital after she vomited raspberry-flavoured alcopops all over Lawn's car.

“There's a fine line between alcohol poisoning and death for a little one like her.”

The team also trawls through all fatal car accident files to assess what role, if any, alcohol played in the crash. One Canterbury hotel was found to be the scene of drinking before three fatalities in 6 months.

With the privilege of making money out of alcohol goes the responsibility of looking out for patrons, Lawn says.



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## “Alcohol is not a normal commodity. It’s a drug.”

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Lawn would like to see the price of alcohol go up, fewer off-licences and greater restrictions on the hours supermarkets can sell alcohol. He’d also like to eliminate all advertising of alcohol product pricing so outlets cannot compete on price.

“Alcohol is not a normal commodity. It’s a drug.” ■



## It’s your turn to shout!

The Law Commission has completed its comprehensive review of New Zealand’s liquor laws and tabled its report to Parliament on 27 April. The Government is expected soon to respond to the Commission’s 153 recommendations. We expect the Government will introduce a Bill proposing major reform to New Zealand’s liquor law.

This Bill will be the most significant chance in 20 years for individuals and communities to have their say about what sort of alcohol laws will better serve all our interests and reduce alcohol-related harm.

### Make sure your voice is heard:

- **Stay informed through our website:**  
[www.drugfoundation.org.nz/your-turn-to-shout](http://www.drugfoundation.org.nz/your-turn-to-shout)
- **Have your say** on the Drug Foundation and Alcohol Healthwatch blog:  
[www.ourturn2shout.org.nz](http://www.ourturn2shout.org.nz)
- **Read all 153 recommendations** in the Law Commission’s *Alcohol In Our Lives: Curbing the Harm*: [www.lawcom.govt.nz](http://www.lawcom.govt.nz)



## Quotes of Substance

“As a former MP, I know how powerful the alcohol lobby can be – the fridge in my office was constantly full of free beer.”

Former Act MP **Deborah Coddington** reveals one subtle manoeuvre used by the alcohol industry to influence New Zealand politicians.

“One can query whether the CEO of a firm that has made hundreds of millions of dollars out of peddling alcopops to teenagers is the ideal choice to become the civic leader of the city of Auckland.”

CAYAD worker **Denis O’Reilly** is critical of Rodney Hide’s appointment of Doug McKay, CEO of Independent Liquor, to the position of Chief Executive of Auckland’s new Super City Council.

“Ah, modern life! Your chips come ready-salted, pornography is freely available right there on your computer... and if you can’t be arsed mixing your spirits and splits, there are a bunch of folks who’ll do it for you.”

Nationwide liquor retailer **Liquorland** has described alcopops as “quite possibly mankind’s greatest achievement”.

“It won’t be our licensing laws shaming us internationally, Mr McCully, it will be the drunken behaviour down at tent city.”

Former Act MP **Deborah Coddington** takes a swing at the Government’s unwillingness to fix New Zealand’s liquor laws before the Rugby World Cup.

continued on page 28 ►

# Drug policy under Obama: substance beyond the rhetoric?

Despite pleasing indications that the US may be considering alternatives to the war on drugs, conflicting words and actions make any new direction on the part of the Obama administration ambiguous, argues **Allan Clear**.

Allan  
Clear



**SINCE** President Obama's election, America's Office of National Drug Control Policy (ONDCP) has been making noises about a change in its priorities and approach to illicit drug control, but the jury remains hung, as little of substance has emerged so far. There have been some cautious reasons for optimism, but recent developments do make one wonder.

The political appointees within the ONDCP give an indication of how this new approach may look. New Director Gil Kerlikowske was latterly Chief of Police in Seattle – a city with a large needle exchange programme in a part of the country that has integrated a harm reduction approach into its drug strategy and hosts an active drug reform community. New Deputy Director Tom McLellan is a well known drug treatment proponent.

Addressing the term 'war on drugs' was the first change. Kerlikowske declared it an unhelpful appellation and said changing the tack of the former strategy would be like altering the course of a massive oil tanker. Even before the appointments, the US publicly reversed its position on needle exchange by acknowledging that the science was clear and that it works. This was a very welcome 180 degree turn from the

previous administration.

That said, it also became clear that a broader harm reduction approach remained taboo. Harm reduction is a health-based approach that takes into account the realities of drug use. It actively eschews moralistic and punitive approaches, such as those epitomised by the war on drugs. For the new administration, a philosophy of inclusion remains beyond the pale.

The Commission on Narcotic Drugs (CND) is a high-level United Nations drug meeting during which declarations and resolutions are developed and passed down to the United Nations Office on Drugs and Crime (UNODC) in an effort to set global drug policy. The March 2010 53rd CND meeting in Vienna represented another marker on how the US would present its new face to the international community. Last year's meeting became a tempestuous event over the inclusion of the words 'harm reduction' in the major Political Declaration that climaxed the meeting. Although it's a consensus-driven event, 26 countries bolted at the close in protest at the ultimate exclusion of these two words. In the US, harm reduction ranks with socialism or free healthcare. It's incomprehensible that 'real' governments use harm reduction





President  
Barack Obama

as the designated approach to addressing drug use. To exclude this language is not only a denial of reality, but also a slap in the face of countries that have already embraced this approach.

As with pretty much all other progressive change movements, discussion and dialogue between camps under the previous US administration was non-existent. I remember leaving the 52nd CND meeting when an ONDCP staffer remarked that this was the first time that the US delegation had been allowed to meet with ‘drug legalisers’. Of course, within the ONDCP bubble, any group challenging the prevailing drug war paradigm is labelled a drug legaliser – a term that, according to US propaganda, has nothing to do with regulating drug markets and everything to do with selling crack to 10-year-olds. The drug legalisers that talked to the delegation in Vienna last year included organisations like the Harm Reduction Coalition, Human Rights Watch and the Washington Office on Latin America – all of which seriously critique the failings of US drug policies, but none of which have strategies to make drugs legal.

The 53rd CND promised to be a more convivial love fest than last year. We were promised a new approach and were watching to see how the US presented

itself. Could it be a uniting force or would it continue in its familiar, divisive approach? Things started looking up on the very first day, with opening speeches from Gil Kerlikowske and Tom McLellan. Both were eminently pragmatic, reasonable, knowledgeable – and devoid of war on drugs rhetoric.

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“In the US, harm reduction ranks with socialism or free healthcare. It’s incomprehensible that ‘real’ governments use harm reduction as the designated approach to addressing drug use.”

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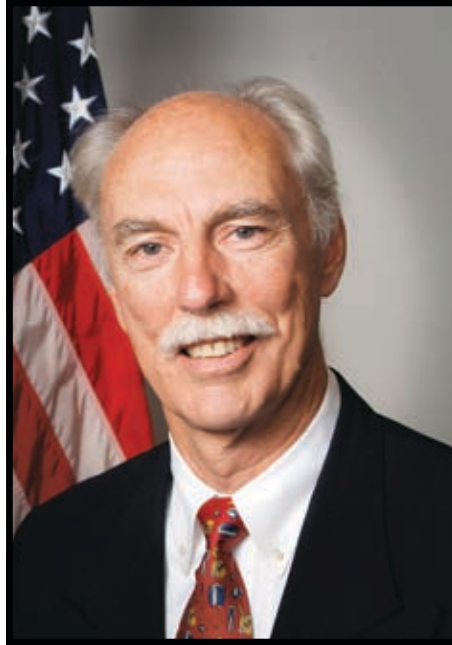
In fact, the US sponsored a resolution that may allow more access to pain medication for chronically or terminally ill patients. This may not seem like a big deal in the US, where patients in the last stages of illness are often provided with liberal amounts of pain medication, but this is not a global phenomenon. As a recent report from Human Rights Watch notes, 150 countries have no access to medical opioids or other effective pain medication. No morphine, no Fentanyl

– no nothing. For better or for worse, when it comes to global drug policy, what the US says often goes, meaning this resolution could have a truly positive impact on people’s lives worldwide.

It was also refreshing to hear Tom McLellan critique the shortcomings of the current US drug treatment system on the second day. In contrast to the usual rhetoric that places all the blame for failure on users and accredits all good news to the wonders of the current system, McLellan called for market driven reforms that would take into account the needs of drug users.

But here’s the rub. Despite McLellan’s talk of a market-driven system, the US is still averse to the inclusion of the words ‘people who use drugs’ in international resolutions and documents and continues to actively work for the removal of this language. Of course, that clause usually appears in the context of including drug users’ input into policy and service development. If the US is serious about addressing stigma, exclusion and discrimination against people who use drugs, shouldn’t it come up with a plan that doesn’t stigmatise, exclude and discriminate against them?

So, despite a seemingly realigned approach to drug policy under the new



Far left: Drug czar Gil Kerlikowske.  
Left: ONDCP Deputy Director Dr Tom McLellan.

administration, the US remains doggedly opposed to using the term ‘harm reduction’. This resistance comes even while the US explicitly supports many harm reduction practices. For example, the US statement regarding demand reduction reinforced support for needle

“ If the US is serious about addressing stigma, exclusion and discrimination against people who use drugs, shouldn’t it come up with a plan that doesn’t stigmatise, exclude and discriminate against them? ”

exchange as well as every intervention that appears in the UNODC, WHO and UNAIDS *Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users*.

That said, the US still does not put any level of support into interventions that it does not feel are geared towards decreasing drug use, such as safe injection sites and heroin prescription programmes, despite evidence they do result in reductions in the use of illicit drugs.

Overall, the public face of the US at the 53rd meeting of the CND was a reasonable one. I found myself more in agreement than disagreement with most of the statements and presentations. It was middle ground; not so much about the elimination of all drug use and more about a health-centred approach. However, the next and more meaningful step must be action.

The ONDCP is about to release its new drug strategy. At some point in its development, I participated in a 45-minute conference call with Director Kerlikowske and 10 or so drug reform groups who were invited to make three or four points towards the plan. On the one hand, it was a tokenistic and nonsensical gesture, but on the other, it was the first time that a diversity of input was actually considered – authentic or not. It’s hard to tell at this point whether the new approach is a cynical placation device or a more genuine but wary curiosity.

To compound matters, Tom McLellan has announced his resignation. He has denied a difference of opinion but claims he’s not cut out for government. This would come as no surprise if you’ve talked to him. He has an openness, whereas his praetorian guard of assistants and protectors have a

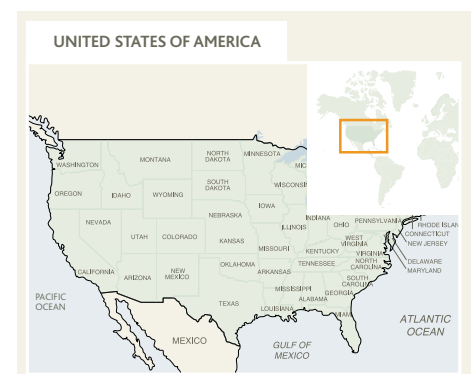
closed visage of paranoia and suspicion. No one really thought McLellan was the true ‘great white hope’, but he did signify a positive move for drug users.

Now, you have to wonder what will come next. Will the ONDCP step out of its comfort zone and move beyond an abstinence-based approach? Will there be some heft, money and political clout behind the rhetoric?

We shall see, but doubts grow. ■

This Guest Editorial references blogs Allan has written – to access those links and for other references, please visit [www.drugfoundation.org.nz/allan-clear-blog](http://www.drugfoundation.org.nz/allan-clear-blog).

Allan Clear is Executive Director of the US-based Harm Reduction Coalition [www.harmreduction.org](http://www.harmreduction.org).





# We're on your side

Black Power life member, former methamphetamine user and now, arguably, one of the country's most successful anti-P campaigners.

This is the story of Denis O'Reilly. It is also a tale of community and about how strange bedfellows like rival Māori gangs Black Power and the Mongrel Mob are working together to reduce demand for pure methamphetamine. By **Kim Thomas**.

Denis O'Reilly



**DENIS O'REILLY'S** mission was kick-started by the death of his friend Hone Day in 2003.

In his own words:

"Life was cool, busy and pretty low stress until... a friend [Day], a Black Power leader, took a knife and gutted himself in a bout of methamphetamine-induced psychosis. His death was a shock, both in manner and cause... the emotion of those days [during Day's tangi] fired my desire for action, kia whakarite, the desire to put things right."

Since Day's death, O'Reilly – a Pākehā with the distinction of being a patched Black Power member for more than 40 years – has taken an at times unpopular stand against methamphetamine within his gang and in support of like-minded leaders in the Mongrel Mob.

He has toured the country spreading an anti-P message and organised a series of concerts where music and free food is accompanied by support for kicking





“I spoke my heart and asked the gang leaders present... to allow this old fossil to strike back against this substance that had taken our friends.”

methamphetamine addiction. He's a vital part of a cutting-edge community initiative to make Hawke's Bay methamphetamine-free.

O'Reilly's involvement with methamphetamine began early in the noughties when he and other senior Black Power members were being wooed by methamphetamine suppliers.

"I was going through a low point, and here was this new stuff that made me feel good and rosy. I took to it like a duck to water."

Within months of starting using the drug, O'Reilly began to experience its negative effects.

"I absolutely understand, from personal experience, what an addictive drug it is. I started to become abusive, and my family noticed my behaviours were getting pretty odd."

The drug was also seriously affecting other Black Power members.

"We had a number of guys commit suicide. The Mob was experiencing a similar thing, their losses mainly being from heart attacks. I came to my senses. I remember holding my methamphetamine pipe in my hands and putting it in the rubbish bin. I said, 'Fuck it, that's enough.' I knew this drug was different. I realised it had the potential to cause some real problems."

The drug was causing very real problems for Hone Day.

"Hone had committed murder at 17. He was drunk and killed a milkman. Over his years in jail, he had an epiphany, and by the time he came out, he no longer drank or smoked and certainly didn't take drugs," recounts O'Reilly.

"He was strongly committed to his Māoritanga, and he was a fantastic coach. He had turned his life around and had a really bright future. He was appointed as the New Zealand Māori Rugby League Coach and started university studies.

"But Hone got seduced into trying meth. It seemed to help him with his studies, which were pretty full-on, but within a short time, he was exhibiting bizarre behaviours."

Day's friends recognised the danger methamphetamine posed and took him out of Auckland and away from his suppliers. For some time, he stayed clean, O'Reilly says.

Meanwhile, the drug was taking its toll on others, with more Black Power members committing suicide.

Day returned to Auckland to attend one of the tangi and started using P again. Within a short time, he was using heavily and took his own life.

At Day's tangi, O'Reilly and other senior gang leaders got together to talk



about methamphetamine.

“I spoke my heart and asked the gang leaders present... to allow this old fossil to strike back against this substance that had taken our friends, and in the moment, I won their agreement.

“We started thinking that more of our men had died encountering this substance than in the gang wars. It was the enemy.

“I said we need to move against this drug and start protecting our families.”

The gathering of Black Power chapter leaders gave O'Reilly a mandate to

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“We're trying to encourage people to figure things out for themselves and to self-identify the behaviours that impede a positive future for themselves and their families. We want to promote hope within a whānau.”

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campaign against methamphetamine, and he began travelling around marae for hui about the substance's negative effects.

In some quarters, O'Reilly's message was met with hostility.

“A few of the brothers would rather I shut my mouth about methamphetamine and would happily shut it for me. That tension is still there.”

O'Reilly's efforts within Black Power caught the attention of then Associate Health Minister Jim Anderton. O'Reilly and his team were funded to undertake a study for the Ministry of Health and visited methamphetamine users, distributors, their families and communities.

“We concluded that, rather than finger wagging and demonising users, a more productive approach was to be optimistic and let those struggling with the substance know ‘we are on your side’,” O'Reilly says.

“We're trying to encourage people to figure things out for themselves and to self-identify the behaviours that impede a positive future for themselves and their families. We want to promote hope within a whānau.”

That job is not always easy with methamphetamine readily available.

“When people are unemployed and desperate, there is the perception that there's lots of money to be made from P.

“Someone gets out of prison, wants to make some money selling methamphetamine... we can't really stop people selling. That's a reality...





“I am absolutely convinced we can not only have a methamphetamine-free Hawke’s Bay, but a methamphetamine-free New Zealand.”

Stellar Trust CEO Mike Williams

but what we can do is work hard to reduce demand.”

‘Socially conscious’ leaders from the major Māori gangs have played their part in demand reduction, O’Reilly says.

In March 2005, Black Power and Mongrel Mob national leaders came together for a wānanga or learning-focused hui in Hastings. The Sensible Sentencing Trust also took part.

“I think that event confirmed to us that community coalitions are the way to go in countering methamphetamine. When key leaders of both gangs are agreeing that the stuff is no good, then it gives permission to the wise and brave to take a stance. Similarly, when criminal justice hardliners like the Sensible Sentencing Trust are prepared to support such positive shifts, you can see change is possible.”

It’s not only New Zealanders who have supported O’Reilly’s mission. American rock legend Joe Walsh of the

Eagles has performed concerts promoting an anti-methamphetamine message in association with O’Reilly.

Walsh and O’Reilly met in the 80s when the Eagles’ guitarist and songwriter toured New Zealand. When the tour visited Waiohiki Marae in Hawke’s Bay, where O’Reilly lives, he took Walsh up to the ancient pā site of Ōtātara.

There, Walsh, a cocaine and methamphetamine addict, had an ‘epiphany’ that would lead to him going clean, and an enduring friendship was established between the two men, O’Reilly says.

Three decades later, Walsh offered to help in the fight against methamphetamine by staging a ‘Sinners Tour’. He performed at three concerts in 2004: at the New Zealand Parliament; Ōtātara Pā; and Hoani Waititi Marae in Auckland. During the concerts, Walsh told audiences: “Methamphetamine is evil. If you are involved in bringing it into the



“I have tried it. It is a dead end. It goes nowhere. It’s a demon, and it eats your soul from inside you. If you are doing meth, I say to you, no matter how awful things are, they will get worse beyond your wildest imagination. But you can come back, as hopeless as it looks.”

Joe Walsh

country or selling it or manufacturing it... you will eventually be responsible for people’s deaths.

“I have tried it. It is a dead end. It goes nowhere. It’s a demon, and it eats your soul from inside you. If you are doing meth, I say to you, no matter how awful things are, they will get worse beyond your wildest imagination. But you can come back, as hopeless as it looks.”

Late last year, O’Reilly and his supporters reflected on their progress. They decided the possibility of recovery that Walsh spoke about was key.

“We’d been on about the negative consequences of methamphetamine for a while and decided to change the emphasis to being on recovery. The Notorious chapter of the Mongrel Mob had shown a way forward by partnering with the Salvation Army and successfully running a 7-week residential recovery programme for 12 Mob families.”

O’Reilly says he and his team decided to use the Ōtātara Pā site as a healing space and start running concerts there.

Every February in Hawke’s Bay, there is a big local concert called the Mission Concert. The theme this year was Motown. O’Reilly says he decided to ‘come in on the shoulder’ of publicity about the Mission event and hold a ‘Māori Motown’ concert.

It was an alcohol-free, patch-free event, with a ‘you can beat methamphetamine’ message. Entertainers such as Frankie Stevens performed.

About 1,400 people, mainly families and those dealing with methamphetamine addiction, attended the event.

The Stellar Trust – which raises money for programmes aimed at reducing the use of methamphetamine – provided some sponsorship.

“With a foundation sponsor on board, we managed to convince others to put in modest sums. John Key sent a letter of encouragement,” O’Reilly says.

Paul Holmes, a Stellar Trust ambassador whose daughter Millie has battled methamphetamine addiction, spoke.

“He showed his heart, wearing it on his sleeve, and his sincerity reached every listener. His honesty reminded us that wealth and fame give no protection when meth comes visiting the whānau home,” says O’Reilly.

Paul Holmes says he just stood up and told them “our story” of meth.

“Our family went through 4, maybe 5 years of hell with our girl... the crowd she was mixing with seemed to change. Her behaviour became unusual and erratic. We had no idea what was happening. Until some months before her first arrest, I suppose. Looking back, I suppose, I just waited for the crash, for the train smash.

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“The people who showed up in such numbers that evening showed me there is real local interest in doing something about this evil bloody stuff.”

Paul Holmes

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It came one Sunday afternoon in a message from the Police that she was being held on serious charges and she wanted me to engage a lawyer.”

Holmes reckons Māori Motown was an “incredible event” for the community.

“The people who showed up in such numbers that evening showed me there is real local interest in doing something about this evil bloody stuff.”

He describes O'Reilly's work as “wonderful”.

“Policing can't fix the problem. It has to be done through community initiatives, through education. Denis is highly motivated.”

Buoyed by the success of Māori Motown, Walsh gifted O'Reilly US\$5,000 to continue running monthly concerts at Ōtātara with an anti-methamphetamine message.

O'Reilly says his goal for 2010 is to work with others in the Hawke's Bay

community to get help for individuals and whānau confronting methamphetamine addiction.

“Māori Motown has catalysed some excellent community action. There is a movement abroad in the Hawke's Bay, and I've attended three hui since, all of which propose a common methamphetamine-related agenda: wind down the hype and the demonisation of users; increase the clinical treatment and other addiction recovery services; and support whānau confronting methamphetamine.”

He is working with organisations such as the Stellar Trust, the local health board, community groups and addiction services.

Stellar Trust Chief Executive Officer Mike Williams says O'Reilly has been a “mentor” in the area of methamphetamine use and addiction.

“He's very concerned about methamphetamine and its effects,



particularly on young people. He's a skilled social activist and has experience of a person very close to him with a serious P problem."

Williams says O'Reilly is playing a major role in the methamphetamine-free Hawke's Bay initiative being devised.

The initiative is likely to involve billboards promoting the meth-free message and letterbox drops of information about what behaviours accompany methamphetamine use.

The campaign is also likely to educate communities about signs someone is manufacturing methamphetamine in their neighbourhood and to encourage them to report suspicious activity to Police, Williams says.

Methamphetamine users will share their stories in the media.

Williams says a key part of the initiative will be setting up a network

of support for users who want to give up and their families. This could range from providing users with a mentor who has experienced methamphetamine abuse to more intensive addiction rehabilitation services.

If the Hawke's Bay initiative is successful, it could be expanded to other parts of the country, Williams says. O'Reilly is likely to be involved in such a development.

He says the campaign against methamphetamine will be a long, hard haul, but a worthwhile one.

"I am absolutely convinced we can not only have a methamphetamine-free Hawke's Bay, but a methamphetamine-free New Zealand." ■

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O'Reilly writes a column *Ngā Kupu Aroha* (Words of Love) on [www.nzedge.com](http://www.nzedge.com).

Kim Thomas is a Christchurch-based writer.

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“Policing can't fix the problem. It has to be done through community initiatives, through education. Denis is highly motivated.”

Paul Holmes

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# Big tobacco hires whaling guy to astroturf

One vocal opponent of the tobacco tax increase has been the Association of Community Retailers (ACR), a group that describes itself as a “grassroots organisation” of “small, independent family-run retail outlets”. However, a few surface scratches reveal the group’s ‘corner dairies owned and operated by mum and dad’ membership to be a façade. **Keith Ng** suggests the deception has been so clumsy it borders on comedy.

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ACCORDING to the Association of Community Retailers (ACR), more expensive cigarettes mean dairies are more likely to get robbed. Seriously? It wasn’t worth robbing a dairy when cigarettes cost \$13.30 a packet, but at \$14.10 a packet, robbery suddenly becomes economically viable? This ridiculous argument was turned into ACR press releases, and the media ran with it.

However, the ACR’s lobbying campaign wasn’t really being directed by Murray of Murray’s Barber Shop and Beauty Salon in Timaru. Behind the scenes, was Wellington spin-doctor Glenn Inwood, who is internationally infamous as the spokesperson for the Japanese whaling industry. Inwood also works for Imperial Tobacco and is connected with the New Zealand Association of Convenience Stores, an industry group that represents Imperial Tobacco, British American Tobacco and confectionery brands like Cadbury and Tip Top.

The evidence of this connection wasn’t buried very deeply. *Scoop* journalist Rory MacKinnon saw articles freely quoting the ACR and became suspicious about who they were. He got me suspicious, and I found the ACR shared a PO box with Inwood’s PR firm, Omeka Public Relations. The ACR sent out its press releases using a company called SpinItWide and shared an office with them too. SpinItWide is owned by Glenn Inwood.

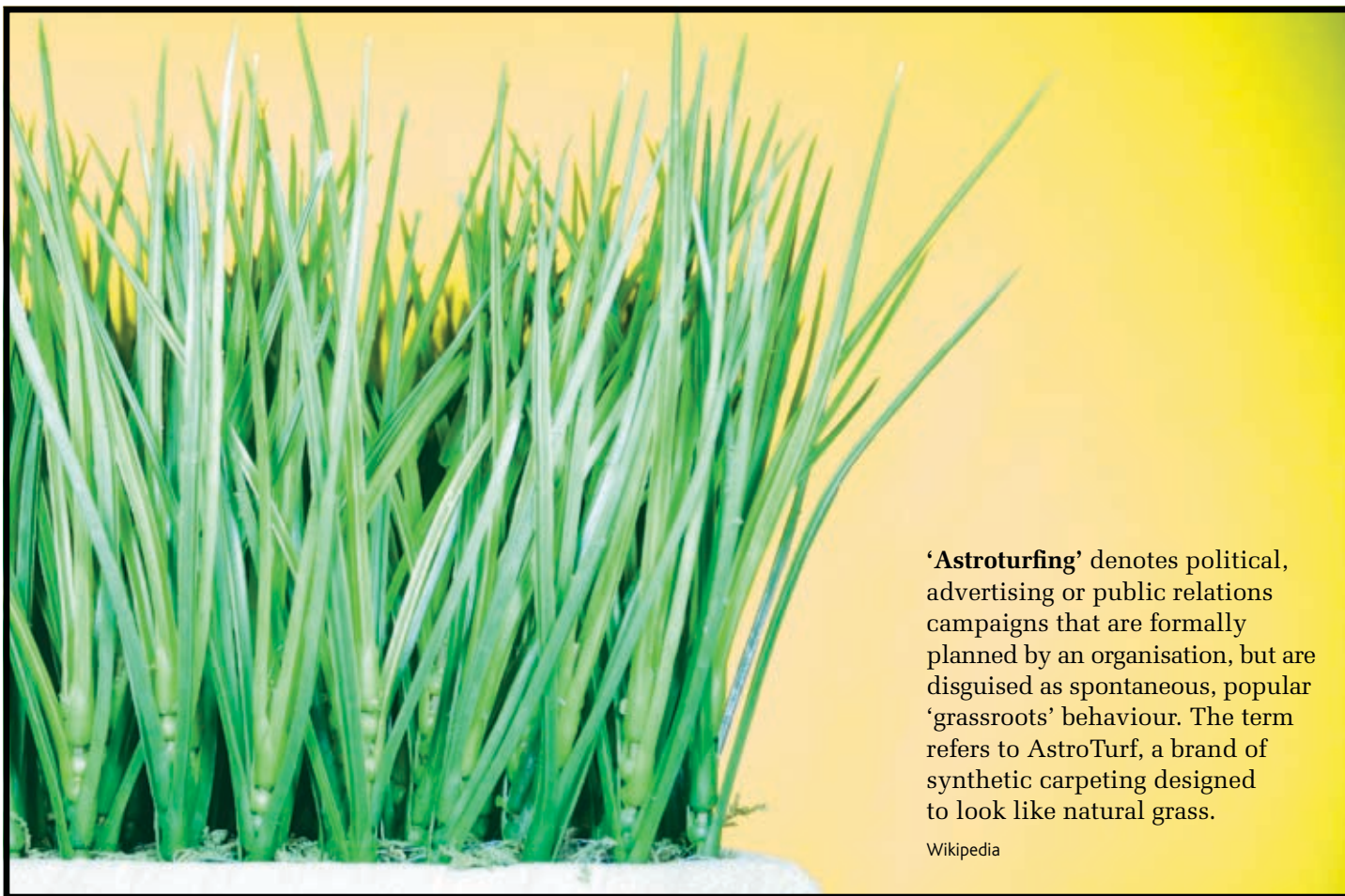
The next day, Green confirmed to *The New Zealand Herald* that Inwood helped set up the ACR. On National Radio, Green said, “The association doesn’t get any funding from Imperial Tobacco. Glenn might... he might get paid by Imperial Tobacco, but that’s his business.” Inwood told the same reporter that “Imperial Tobacco has not funded, or directly funded, the ACR”, but that he pays its cost.

The association’s money is supposed to come from its members – that is, small

retailers. Yet, when National Radio and *The New Zealand Herald* phoned the ‘members’ listed on the association’s website, most had never heard of it, and none said they were members. Despite the fact that nobody could find a paying member, the ACR had two part-time employees.

It was all a bit of a joke. Of course, Inwood *could* take money from Imperial Tobacco – and possibly others – with one hand, then fund the ACR with the other and claim that there’s no direct link between the two. Maybe he’s just a generous guy and smoking is a worthy cause.

Likewise, the ACR’s spokespersons Richard Green and Murray Gibson could say that they spent the last 3 years fighting on the same side as big tobacco because it just happened to coincide with their interests as smaller retailers. And if they get money from Inwood, well, maybe he thought they were good blokes and got them to help out on some



‘Astroturfing’ denotes political, advertising or public relations campaigns that are formally planned by an organisation, but are disguised as spontaneous, popular ‘grassroots’ behaviour. The term refers to AstroTurf, a brand of synthetic carpeting designed to look like natural grass.

Wikipedia

stuff. All we can do is laugh.

The good news is the ACR was active for a week and only managed to sneak into a handful of stories before it was snuffed out. It has been discredited, and Green

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“Of course, Inwood could take money from Imperial Tobacco – and possibly others – with one hand, then fund the ACR with the other and claim that there’s no direct link between the two. Maybe he’s just a generous guy and smoking is a worthy cause.”

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and Gibson have outlived their usefulness as mouthpieces for big tobacco. And the fact that big tobacco used the whaling guy to do their PR? Comedy gold.

The list of bad news is much longer.

ACR’s predecessor, the Stay Displays Coalition, was practically the same organisation. Founded in 2007, it was backed by Inwood and fronted by Green and Gibson. It claimed to be a grassroots organisation of small retailers while it lobbied exclusively for the interest of big tobacco. It made submissions to Select Committees, it lobbied Government, it claimed to be the voice of small retailers, it planted stories in the media.

It was the same people using the same tactics to push the same agenda as the ACR. In 2008, Mark Peck, then Director of the Smokefree Coalition, said he “strongly suspects the tobacco industry is providing support for the Stay Displays Coalition”. The media and everyone else continued to take Stay Displays at face value.

Stay Displays operated for 3 years.

What’s worse, Stay Displays changed into the ACR because it

wanted to address a wider range of issues: alcohol, chocolate and sweets, as well as tobacco, and it hired two new staff to do so. It looked to be gearing up to fight on a wider range of issues.

What might have driven this change? One of Inwood’s business associates is Carrick Graham, formerly of British American Tobacco. Graham represents the New Zealand Association of Convenience Stores. Its premium members are: British American Tobacco, Cadbury, Coca Cola, Bluebird, Herbert Morton, Imperial Tobacco, Tip Top, Mars, Nestlé and Streets.

They got sloppy with ACR, but don’t let that fool you. They can operate these astroturf organisations right under our noses, and it won’t be long till they try again – and they won’t be so careless next time. ■

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Keith Ng is a freelance journalist and author of the OnPoint blog: [www.publicaddress.net/onpoint](http://www.publicaddress.net/onpoint).

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# The slow death of the ACMD

As part of its drug law review, the Law Commission has recommended an overhaul of our Government's drug classification body – the Expert Advisory Committee on Drugs. Internationally, these independent advisory bodies play an important role by injecting scientific expertise into the often fraught politics of drug policy.

**Jeremy Sare** details how Britain's drugs advisory body, the ACMD, has been systematically undermined by petty politics.



IF THE UK's Advisory Council on the Misuse of Drugs (ACMD) were a vehicle, it would be a beat-up old VW camper van. Formerly sturdy, multi-functional and efficient, its successive owners' negligent behaviour has reduced it to a barely drivable wreck. Only a huge overhaul could now save it from its last ride to the scrapheap.

The Council has suffered from serial intellectual assault by politicians and commentators over the last 10 years. The public may well equate 'ACMD' with the word 'resignation' – there have been seven in as many months following the sacking of its Chair, Professor David Nutt, last November.

Of course, the Council wasn't always so maligned and marginalised. It was established on 1 January 1973 when the Misuse of Drugs Act 1971 first came into force. The opening words of Section 1 of the Act, "There shall be constituted... [an] Advisory Council", underlined its pre-eminence in all governmental considerations relating to drugs.

Home Secretary 'Sunny' Jim Callaghan, latterly Labour Prime Minister (1976–79), presented the legislation to Parliament in a cogent and confident speech. Callaghan, to his credit, recognised "the social, educational and medical approaches are as important as the legal". His studied and patient address to MPs contrasted markedly to the shrill and emotional tub-thumping of more recent holders of the drugs brief. They have invariably tied legal changes to the

illusory 'messages' they send out to young people.

Of the Advisory Council, Callaghan set a high ambition – it should have "a strategic planning role...for treatment, rehabilitation, education and research." In 2010, it carries out precisely none of those functions.

Ruth Runciman (ACMD member 1974–1995) recalled how the Council was held in much higher esteem in its early years. For one thing, they did not spend most of their time bickering with ministers about the classification of various drugs, but on considerably more weighty studies, aiming to actually address and reduce the impact of drugs on people's lives.

The majority of her tenure was governed by successive Conservative Secretaries of State, such as Michael Howard. But despite the Tories' notoriously robust views on criminal justice, they proved quite receptive to their experts' advice and were "always prepared to engage".

Baroness Runciman chaired the Council's three 'AIDS and Drug Misuse' reports whose recommendations had a major influence on drug policy across many countries. The pressures around drugs were not materially different then, but the Government's response on AIDS proved to be sound and humane.

She recently told *The Times*, "The [ACMD report] attracted considerable public and press hostility. Nevertheless, Margaret Thatcher's government, after some hesitation, took the bold step of



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accepting the ACMD's recommendations and implementing a wide range of harm reduction initiatives including needle exchanges. As a result, we now have one of the lowest rates in Europe of HIV among drug users."

What has been largely overlooked in the ensuing years is that these reports were not agreed by the Home Secretary but by the Health Secretary (Kenneth Clarke). The decline in the status of the ACMD can be traced precisely to the eventual dominance of the criminal justice approach to drugs policy. For a recent example, the debates on controlling mephedrone were carried through Parliament by Police Minister David Hanson.

The drafting of the Drugs Act 2005 proved to be a seminal moment for the ACMD. In October 2004, Prime Minister Tony Blair invited several senior Police over to No 10 Downing Street and seemingly asked them to spill out any half-baked suggestions for new tough laws on drugs. Not only were the ACMD not treated with equal respect, they were not even invited to comment.

It was not until the Bill had reached its Committee stage that ministers conceded, begrudgingly, they had a duty to consult the ACMD over the proposed, heavy-handed restrictions on magic mushrooms. A cursory email was sent round, but the Council's protesting responses were largely ignored.

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“There was a categorical rejection by ministers of a nuanced debate about the health and social risks and harms of drug use, because a ‘strong message’ had to be sent out to the public.”

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The Drugs Act evolved into a series of pointless, posturing measures aimed primarily at the tabloids prior to the 2005 election. These included additional penalties for dealing “in the vicinity of school premises”, a law that has hardly ever been utilised. The provisions have had next to no impact on policing, prevalence, treatment or drug education. It appears to

be the most dysfunctional Parliamentary Act of any recent government.

Blair gave way to Brown in 2007, and the new Prime Minister immediately made clear his intention to reverse the downward reclassification of cannabis. Unfortunately, he appeared oblivious to the ACMD's existence. He installed Jacqui Smith as Home Secretary to force this media-driven change, regardless of the scientific evidence or the well documented views of the experts. Something had to give.

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“The real problem for the ACMD is that it is required to provide scientific justifications for what are essentially political questions.”

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Former ACMD Chair Professor David Nutt said, “I think the downward spiral for the Council began with the mushrooms saga but got decidedly worse when Brown came into office and tried to get tough on cannabis. Jacqui Smith then took on this challenge, and the two of them lobbied aggressively against the ACMD for the full duration of her term. As soon as I tried to fight back, I was sacked.”

Dr John Marsden of the Institute of Psychiatry was one of a host of eminent academics to resign from the ACMD in disgust at Nutt's treatment.

He said, “There was a categorical rejection by ministers of a nuanced debate about the health and social risks and harms of drug use, because a ‘strong message’ had to be sent out to the public. The ACMD was rapidly heading in a pointless direction.”

Although the government tried briefly, like a negligent parent, to mend relations with its own drug scientists, clearly its heart was not in it. Its first test was controlling the new synthetic amphetamine mephedrone; it failed miserably.

The process was badly hampered by a fatal lack of expertise in the rump of the remaining Council. When the media demanded swift action, the ACMD was compelled by ministers to hurriedly

compile a report that was in parts quite shoddy and incomplete. It is the only ACMD publication I have read that is less than excellent.

I spoke to a current member who witnessed the whole sorry episode. The member revealed that the Council only had about 2 hours to consider the whole report and described the meeting as “rushed with little discussion... people were left a bit open-mouthed... shocked, amazed, baffled at the whole process.”

The confidence of the Council was hardly strengthened when the interim Chair, Professor Les Iversen, described as “very stressed”, was hauled out before the end to announce its findings to the voracious press.

A Home Office official, who wished to remain anonymous, summarised the Council's current predicament. “The real problem for the ACMD is that it is required to provide scientific justifications for what are essentially political questions.”

That may be something of a truism, but the collapse in standing of the ACMD can also be attributed directly to the denigration of independent scientific advice. This is an inevitable consequence of a government working to an agenda dominated by news management.

David Nutt's new group, the Independent Scientific Committee on Drugs (ISCD), is already a lap ahead of the ACMD in terms of expertise. Although it has yet to determine its relationship with government, the ISCD is clearly in a strong position to usurp the ACMD's intellectual authority on drug science. Nevertheless, the ACMD is still the statutory body, pending any future review of the Misuse of Drugs Act 1971.

Anyone in the drugs field would agree this decrepit old banger, the ACMD, needs full service and repair. But it would also benefit hugely from a transfer of ownership to the Department of Health where scientific truth can more easily co-exist with politics. Only something fundamental can prevent all the wheels coming clean off. ■

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Jeremy Sare is a freelance journalist based in the UK.

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# Moving on MODA: a proposed new approach to personal possession

The Law Commission is considering submissions on *Controlling and Regulating Drugs* – its issues paper on the reform of the Misuse of Drugs Act 1975. **Sanji Gunasekara** outlines some key points from the Drug Foundation's submission about a new approach to personal possession of drugs.

Sanji  
Gunasekara



**THE DRUG FOUNDATION** has long had an interest in dragging our 35-year-old drug law into the 21st century. We agree with the Commission that the Act is outdated and does not reflect current understanding of drug use and related health, social and economic harms. Debate relating to drug law reform tends to be influenced by ideology and political rhetoric rather than the best available evidence, and this has not helped the development of effective drug law.

Underlying our submission is the view that drug use should be viewed primarily through a health and social lens rather than a criminal justice one. As such, we welcome efforts at rebalancing our drug laws so that efforts to curb supply are better supported by measures to reduce demand and minimise harm. For decades, funding for prevention and treatment services has been woefully inadequate. Funding for these crucial areas must increase significantly if benefits from the proposed legislative changes are to be fully realised.

Any drug law reform in New Zealand must comply with our obligations under international conventions. But even within such a prohibitionist framework, there is flexibility to direct more people away from the criminal justice system and into assessment, education and treatment.

In our submission to the Law Commission, we outline several principles we believe should underpin a more effective approach to personal possession and use of drugs. Such an approach should not encourage drug use nor patterns of use that may increase harm: it should direct dependent drug users into education and treatment; it should reduce the adverse social costs of being apprehended for minor drugs offences; it should move supply of drugs away from large-scale, criminal, commercial suppliers; and it should free up Police and the courts to deal with more serious crimes.

The Drug Foundation believes a new approach to personal use for adults could combine aspects from an infringement scheme with aspects from a formal

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cautioning/referral scheme. This type of approach is known as ‘prohibition with civil penalties’ and is currently in use in various jurisdictions overseas including Western Australia (WA).

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“**The primary rationale for a differentiated response is to ensure that those who are in greatest need of assessment and treatment receive it, while avoiding overburdening the treatment sector with users who are not dependent.**”

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Crucially, we believe any response must differentiate between lower risk drugs such as cannabis (which tend also to have higher prevalence) versus higher risk drugs such as methamphetamine (with generally a lower prevalence). For lower risk drugs, we favour a mandatory infringement scheme operating beside a direct referral scheme for users of higher risk drugs.

Under our proposed scheme, the personal possession of all illicit drugs would remain illegal. Persons found in possession of small amounts of cannabis (and other drugs deemed to be low risk such as ecstasy) would receive an infringement notice and self-help resources. Fines would be proportionate to the offence, and all drugs would be confiscated. As an alternative to a fine, offenders could choose to attend an education session. Those not complying with a fine or education session would face an additional administrative fee but would not be prosecuted through the courts.

Those receiving repeated infringement notices within a stipulated period (for example, 2 years) are likely to have a dependence problem. We recommend such persons be required to complete a comprehensive assessment. Failure to comply would result in some form of sanction such as a diversion scheme.

Persons found in possession of small amounts of higher risk drugs such as methamphetamine or opiates would be required to attend a compulsory

assessment by a treatment professional at the first instance. Once again, failure to comply would result in a sanction that could take the form of diversion.

The primary rationale for a differentiated response is to ensure that those who are in greatest need of assessment and treatment receive it, while avoiding overburdening the treatment sector with users who are not dependent.

In general, users of higher risk drugs such as methamphetamine are more likely to be in need of assessment and treatment than users of lower risk of harm drugs such as cannabis and ecstasy. Recent research has shown that only 10 percent of those who use cannabis meet criteria for dependence at some point in their lives. Similar data from WA shows that possibly 0.2 percent or less of those with a cannabis use disorder are ever likely to be apprehended by the Police. Mandatory education of all adults apprehended with cannabis is therefore clearly not feasible or necessary.

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“**In Western Australia, the proportion of people using cannabis in the past 12 months decreased from 19 percent in 2002 to 12 percent in 2007.**”

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Of course, the level of compliance with an infringement/education scheme is integral to the viability of any such approach. Data from WA demonstrates that about 75 percent of those receiving infringements eventually complied with their penalty. There are also strong economic grounds to support such an approach. According to the WA Health Minister, “The Cannabis Infringement Notice scheme has also proven to be cost-effective, saving an estimated \$2 million over 3 years when compared with the alternative of minor cannabis offenders being dealt with by magistrates’ courts and clogging up the justice system.”

Concerns that this type of approach may lead to an increase in drug use appear to be unfounded. Following the introduction of the WA scheme in 2004, there were actually reductions in cannabis use. For example, the proportion

of people using cannabis in the past 12 months decreased from 19 percent in 2002 to 12 percent in 2007, a similar decline to that observed in other states across Australia. Notably, a higher proportion of the WA public believe that cannabis is harmful than did before the scheme came into place, refuting predictions that such schemes portray the message that cannabis use is not harmful.

For example, the proportion agreeing that ‘people usually have a good time when they use cannabis’ fell from 57 percent to 39 percent, and the proportion believing that ‘using cannabis once a month was not dangerous’ fell from 40 percent to 28 percent. Of course, it is essential that the implementation of such a scheme should be accompanied by a high profile public education campaign on the harms of drugs and the laws that apply. The scheme should also be subject to ongoing monitoring and review.

The Drug Foundation recognises youth are more vulnerable to drug-related harms than adults. As such, we recommend that all youth apprehended with drugs receive an intervention that couples a caution or warning with at least one mandatory educational session. This session would aim to increase knowledge and understanding of the harms associated with drug use and should be flexible enough to provide or refer those who need it for further assessment and counselling.

Our submission on the MODA review covers a range of issues beyond personal possession and use. Our other key recommendations include the need for a comprehensive review and improved process for the classification of drugs, a reorientation of enforcement resources towards large-scale commercial drug dealers and the need for much stronger regulation of non-conventional drugs to avoid a repeat of the party pills fiasco.

We also agree with the need to reform the Alcoholism and Drug Addiction Act 1966, another obsolete piece of legislation that is clearly inconsistent with the rights and protections in the New Zealand Bill of Rights Act 1990. ■

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Read our full submission online at [www.drugfoundation.org.nz/moda](http://www.drugfoundation.org.nz/moda).

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“Our marae are under attack... Many marae are bereft of kaumatua that should be there leading by good role models for our young. But they die prematurely from heart problems, diabetes, all sorts. It can all be related back to the impact of tobacco.”

Te Roopu Hauora o Te Arawa Chair Kiri Potaka-Dewes explains the impact of tobacco on marae throughout New Zealand.

“There would hardly be a case, particularly involving violence, that comes before the court that does not have alcohol as a factor.”

District Court Judge John Walker says alcohol or drugs contribute to 80 percent of cases before district courts and are rarely absent in serious violent offending cases.

“New Zealand’s drinking culture did not just happen. It has been created and sustained by those who profit from it.”

Waikato DHB Health Protection Advisor Ross Henderson says the industry deliberately targets the youth market, especially young women, with RTDs and with stronger and stronger products.

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## Govt back down on alcohol tax

THE GOVERNMENT immediately binned one of the key recommendations of the Law Commission’s meticulous 514-page review of this country’s liquor laws.

“National’s refusal to increase excise duty by 50 percent to cut alcohol consumption was a reminder that, although the passage of liquor legislation through Parliament has traditionally been subject to the conscience votes of individual MPs, party politics still rule when it comes to tangling with the vested interests of the liquor and hospitality industries,” *The Herald’s* John Armstrong said.

## Bloody idiots down on the farm



TWO MEN were arrested and summoned to appear in court in Queenstown last month for allegedly driving a tractor home after a night’s drinking. A resident heard his tractor being driven in a paddock and called Police.

The two men, 18 and 22, told Police they had been drinking at a friend’s place and had started up the tractor with the intention of driving home, 3km across town.

## Tobacco tax rise



SMOKERS have been hit with a tax rise that will see the average cost of a packet of 25s rise by \$1.10. Scheduled further rises will bump the price up by nearly \$5 a packet – or 30 percent – by 2012.

The increase follows recent lobbying by the Māori Party for stiff anti-smoking measures to be put in place and coincides with developments across the Tasman where a one-hit 25 percent rise has been announced alongside a ban on flashy packaging.

The New Zealand Government says the tax hike will save 300 lives by 2021 and encourage 40,000 of around 900,000 smokers to quit.

## Bid to ban booze buses

‘PARTY buses’ are dropping drunk and violent customers into inner Christchurch in such large numbers that Police say they are unable to deal with all the problems caused. They say, on weekend nights, about 1,000 drinkers are being ferried into the city after touring pubs on buses described as ‘mobile function centres’, and that the mobile nature of the buses made them difficult to police effectively. Drivers often struggle to monitor their passengers’ behaviour, they also said.

## Highest Easter road toll in 17 years

POLICE Inspector John McClelland said the biggest factors behind the worst Easter road toll in 17 years were alcohol and speed. Eleven people died on the roads over Easter weekend – the highest number since 1994. In the 7 days to 9 April, a total of 21 people died.

## Proposal to reclassify LSD a no-go

THE EXPERT Advisory Committee on Drugs recently looked at reclassifying LSD from a Class A to a Class B or Class C substance. It concluded that LSD was incorrectly classified based on the evidence of the risks and harms it poses. Nevertheless, Associate Health Minister Peter Dunne was quick to shoot the proposal down, arguing that the case for change was not supported by the whole Committee and that the arguments were theoretical.

## Cop caught drinking on the job

A POLICE officer from Gisborne has been snapped drinking beer out of a funnel while on duty at a music festival. The officer was on duty at Rhythm and Vines in late January when he was offered the beer by a group of merrymakers. District Commander Sam Hoyle said the officer, his direct supervisor and colleagues would be interviewed as part of an internal investigation and that the officer in question would not be stood down while the investigation was underway.

## British American Tobacco grilled by Māori MPs



Brigham, left, and Mei Riwai-Couch flank their coffin adorned with cigarette packages at the Māori Affairs Select Committee inquiry into the tobacco industry.

**IN MARCH**, British American Tobacco (BAT) – which controls 75 percent of all cigarette sales in New Zealand – put its case to the Māori Affairs Select Committee as to why it should be allowed to continue tobacco displays in shops.

Hone Harawira told BAT representative Graeme Amey that as many Māori died each year from tobacco as died in the Second World War.

“Six hundred Māori die every single year from tobacco, yet there is no recognition of that anywhere. There’s ample international and historical evidence that the tobacco companies have always targeted indigenous people and people of colour,” he said.

BAT argued there is nothing wrong with displaying tobacco in view of children because smoking is legal.

## New technologies may help smokers quit

**RESEARCH** from the University of Otago may soon lead to two nicotine replacement products – Zonnic and snus – becoming more commonly available in New Zealand. Both products are nicotine-filled sachets that, when placed in the mouth, allow nicotine to be swiftly absorbed. Results indicate that most smokers preferred Zonnic and snus to nicotine gum and that there were significantly fewer side effects. The research also

found that smoking was considerably reduced through the use of all three products.

## Funding lack kills youth health centre



NZPA/David Alexander

**CHRISTCHURCH'S** 198 Youth Health Centre closed its doors for the last time on 30 April. The centre had been providing sexual health, mental health and GP services for young people for 15 years. Founder and GP Sue Bagshaw says the centre was “starved to death” and had not had a funding increase in 3 years.

“We’ve always been under-funded. We’ve always made up the shortfall by community grants and trusts, but this year, it was just too big a shortfall,”

Health Minister Tony

Ryall said he would leave the problem in the hands of local health authorities.

“They’re already putting several hundred thousand dollars a year into the centre, and it’s best to leave it for the local people get the solution.”

## Bouncing to become more academic

**BOUNCERS** in Christchurch have been the first in New Zealand to require a hospitality security qualification. The city’s 45 inner-city bars adopted the new policy on 1 April 2010. Christchurch Police have been concerned about the ease with which anyone could become a doorman and questioned bouncers’ awareness of the Sale of Liquor Act.

To get accreditation, aspiring bouncers will first have to be trained in host responsibility, combating drink-spiking, use of force, how to deal with intoxicated people and self-defence.



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## Quotes of Substance

“The Act has not been comprehensively reviewed since its enactment 35 years ago, and a first principles review was needed.”

Minister of Justice **Simon Power** welcomes the Law Commission's Misuse of Drugs Act review.

“There's not a single, solitary chance that, as long as I'm the Minister of Justice, we'll be relaxing drug laws in New Zealand.”

Minister of Justice **Simon Power** rejects the Law Commission's Misuse of Drugs Act review.

“The misreporting of mephedrone deaths is a crass example of the potentially lethal alliance between press and politicians that, by default, ends in a ban that often creates far greater harms than those caused by use.”

**Danny Kushlick** from drug charity Transform explains how the media's constant drive to create a captivating – yet not necessarily true – story can scare politicians into implementing policies they know won't work.

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## Pilot programme targets after-match bingeing



A PILOT programme designed to turn around New Zealand's after-match binge drinking culture has recently been launched in Canterbury by Police, the Alcohol Advisory Council and Sport Canterbury. The programme is aimed at all levels – players, coaches and managers – and will include presentations from famous sportspeople, psychologists and Police.

Saracens Rugby Club Development Manager John Watson said, “[We’re] not going to come along and say ‘thou shalt not drink’. We just see it as being responsible citizens. It’s more just to learn about responsible behaviour.”

## Mephedrone makes it to Godzone

THE NEW European party drug mephedrone has found its way to New Zealand. Customs made 22 seizures between September and March, and all but one of the packages was posted to New Zealand from the United Kingdom. The odd one out came from China and was destined for Nelson. At 450g, it is the largest seizure to date.

## Air NZ's liquor-related racial profiling

AIR NEW ZEALAND has apologised for its crew manual, which profiled passengers by nationality and instructed flight attendants to watch out for Tongans because they want to “drink the bar dry”. It told flight staff that Tongan people were “softly spoken, reserved people”, but many could take advantage of free in-flight alcohol. It also said many young Tongan men looked older than they were. “If unsure, ask for ID. This will not offend them.”

The manual was used in 2008 for in-flight cabin crew training and also commented on Chinese, Samoan, Korean and Japanese people.

## Strong public support for lower limit



AT THE beginning of March, the Government announced proposals to reduce alcohol-related road crashes with a zero drink driving limit for under 20s and suggested a lower alcohol limit for adult drivers could also be in the works.

A Motor Trade Association poll found 50 percent think the drink-drive limit for drivers over 20 should be lowered. Thirty percent disagreed, and 20 percent were unsure. Another survey carried out by the Ministry of Transport in 2009 showed

85 percent support for an adult limit of 0.05 or lower – which equates to two or fewer drinks.

## More liquor outlets = more drunken incidents

RESEARCH carried out by the Population Studies Centre at Waikato University has come up with a model that relates the level of alcohol-related harm in an area to its number of liquor outlets. The research established that, in Manukau, an addition of a single extra off-licence was associated with an extra 60 to 65 Police events or incidents in the year to June 2009.

Each additional club or bar was associated with an extra 98 to 101 Police events or incidents, while each additional restaurant or café was associated with an extra 24 to 29. Density of clubs and bars was associated with higher levels of antisocial behaviour, dishonesty offences, drug and alcohol offences, property abuse, property damage, sexual offences, traffic offences and violence.

## Problem drinkers endorse call to limit alcohol consumption

PARTICIPANTS in a study of problem drinkers' attitudes say the overabundance of liquor outlets and the promotion of cheap liquor were among the main factors that contributed to their addictions.

“These people have an acute and intimate understanding on how factors like the proliferation of liquor outlets and cheap alcohol and its promotion can impact on people,” said Salvation Army Major Campbell Roberts.

*Under the Influence* is available at: <http://bit.ly/928X2Z> ■





## Rudd announces plain packaging plan



THE AUSTRALIAN Government has announced a world-first initiative that will force tobacco companies to sell their products in plain packaging from July 2012. The industry fears that, if this goes ahead in Australia, other countries would soon follow suit.

A British American Tobacco spokesperson said the company would take legal action if required.

"We would look at various things, including intellectual property rights, trademark legislation and remedies under international treaties."

Australian Prime Minister Kevin Rudd said, "This is a tough decision for the Government... It won't win the Government any popularity. The big tobacco companies will hate what we are doing... It is the right decision."

Meanwhile, British American Tobacco, Japan Tobacco and Imperial Tobacco are planning separate legal challenges against the British Government's plans to ban retail tobacco displays. The three companies are some of the world's largest tobacco producers and will argue the ban will increase black market tobacco trading which will harm small businesses.

## Ban causes mephedrone price to rocket

THE DEMAND for mephedrone shot up dramatically in the hours before Britain's official ban came into effect. In some cases, it was being sold for £3,000 per kilo.

Anyone now caught with the Class B substance potentially faces a 5-year jail sentence, and those dealing the drug could be put away for up to 14 years. The ban came about after a series of deaths were attributed to the drug, but no evidence has been found suggesting a direct link.

One dealer who had been retailing mephedrone legally told *The Independent* he had sold most of his supply to a single purchaser the week before the ban. When asked if he knew whether the buyer was a drug dealer, the distributor said, "Well, he won't be using it to feed plants, will he?"

## Toxic homebrew kills 15



FIFTEEN PEOPLE in northern India were killed and six others blinded after drinking poisonous home-brewed liquor during the Hindu festival of colours 'Holi'. Such deaths are commonplace in the province of Uttar Pradesh as few poor people can afford

the alcohol that is sold legally. Brewers increase the strength of the liquor by adding in pesticides and other chemicals. The sale of all alcohol has been banned in the western state of Gujarat where 120 died last year from drinking illegally brewed liquor.

## Mexico's drug war death toll: 22,700



THE BORDER between Mexico and the United States is a dangerous place. In mid-April, a leaked Mexican Government report said 22,700 had died over little more than a 3-year period.

Almost 19,000 people in Mexico have been killed in drug-related violence since 2006, which was the year conservative president Felipe Calderon was elected to power and sent around 50,000 troops and Police to support the US-led war on drugs.

The latest focus of attention is the border city of Ciudad Juarez where more than 400 have been killed so far in 2010. In one weekend during March, 50 people were murdered – including three linked to the US consulate – and in January, 16 youths were murdered at a party.

“God forbid, though, that we should turn into a nanny state! Society is nothing; people are nothing; far better for us to allow booze companies to pitch staggeringly dangerous drinks at vulnerable young people than for us to tolerate any restrictions on the rights of businesses to make money any way they choose.”

*Dominion Post* columnist

Linley Boniface on

Independent Liquor's new product Big Foot, an 8 percent raspberry lemonade and vodka concoction sold at \$15.00 for 2.5 litres; enough alcohol to cause death.

“Clearly, the service of alcohol was not in line with the broader road safety message.”

NSW Transport Minister

David Campbell ends a road safety campaign that rewarded alcohol to young drivers who pledged not to speed.

“Mr Power may have flushed his copy down the Beehive sewer, but that's no reason the rest of the country should not have an intelligent debate.”

*The New Zealand Herald* political commentator

Brian Rudman voices the disdain felt by many over the Government's initial reaction to the Law Commission's Misuse of Drugs Act review.

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## Quotes of Substance

“If... one accepts the idea that all of Mexican society benefits from the inflow of billions of American dollars (even though it also pays a price), then the Mexican state has not failed – it is following a rational strategy to turn a national problem into a national benefit.”

American political scientist **George Friedman** argues the Mexican Government may have a vested interest in the drug war.

“There are more controls over the sale and control of a tin of baked beans than there are for mephedrone.”

**Martin Barnes**, Chief Executive of the charity DrugScope, warns of the loss of control over the make-up of mephedrone that will inevitably result from Britain's recent move to ban it.

“That is potentially counterproductive to Government strategy.”

Associate Health Minister **Peter Dunne** voices concern over reports that some district health boards were cutting addiction treatment services due to budget constraints. ■

### Alcohol 'interlocks' introduced



UNDER new Queensland laws, those convicted of high-level or repeat drink driving will have to pay to get breath testing gadgets fitted to their cars. The legislation will be in force by Christmas. The 'interlocks' are a type of breath tester that is connected to the ignition that will only allow the car to start if a breath test records no alcohol. The devices cost about \$2,000.

### Aussie rules players cry over drug tests

THE AFL'S Medical Chief, Dr Peter Harcourt, says Aussie rules football players busted for illicit drug use often end up crying about it and are scared of what their mums will think. Dr Harcourt told the Australasian Drug Strategy Conference in March that about half the players caught a second time usually had some kind of mental health problem and the sport was often their only hope in life.

Dr Harcourt noted that illicit drug use in the sport was on the wane, and when it did occur, it was largely associated with alcohol. More than 3,300 random tests on AFL players have been done since the programme was first rolled out.

### Proposed 0.02 BAC limit rejected

MONASH University Accident Research Centre has rejected moves to slash the drink-

driving limit to 0.02. Its findings have been supported by the Royal Automobile Club of Queensland (RACQ), Queensland Police and the Australian National Party.

Gary Fites from RACQ said a blood alcohol reading of 0.02 was “almost equivalent to zero” and that “the risk of a crash between 0.02 and 0.05 is absolutely minute compared with the exponential increase in risk when you get to 0.08 and above”.

Transport Minister Rachel Nolan said not all ideas in the paper were feasible and that a 0.02 limit would have to be part of a national push.

### Afghanistan now top cannabis producer



ACCORDING to the United Nations Office on Drugs and Crime (UNODC), Afghanistan is now the world's biggest source of cannabis, producing 3,500 tons of hashish valued at an estimated £61m (NZ\$124,592,500) annually. Antonio Maria Costa, Executive Director of UNODC, warned that something needs to be done, as the Taliban is making millions through protection taxes paid by cannabis farmers and drug smugglers. He also noted that Afghanistan has, for some

time, been the world's top opium producer, and that this is the main reason cannabis manufacturing has so far been overlooked.

### States considering pot tax



A NUMBER of US states are considering whether they should legalise cannabis so that they can tax it to reduce their multibillion dollar deficits. So far, California has come the closest by putting a proposal on its November ballot. According to the California Board of Equalization (California's tax collection agency), a tax could raise the state US\$1.3 billion (NZ\$1.83 billion) annually. Supporters say the legalisation fight will be close and that there is a potential for conflict with federal law.

### Mass drug-case dismissals

AN ESTIMATED 1,000 drug cases will be dropped by prosecutors due to dubious goings on at San Francisco's scandal-ridden Police crime lab. The lab was shut down temporarily in early March amid allegations that long-time lab technician Deborah Madden had stolen cocaine evidence. Madden has yet to be charged, but a Police investigation is under way.

On 6 May, Police Chief George Gascón announced the lab would be closed down permanently and Police would use outside testers to assess narcotics evidence. ■

# Does alcohol make you fat?

Daylight saving is over, and the shorter colder days make snuggling on the couch with takeaways and a bottle of wine much more tempting than getting outside to exercise. The winter padding is setting in, and rising obesity prevalence figures suggest this padding will be permanent for many. Is our national weight gain related to changes in alcohol consumption? What effect does alcohol really have on our waistlines?

**ALCOHOL** is a known appetite stimulant, and people tend to eat more when consuming alcohol. At 29kJ per gram, it's also a high calorie beverage. One standard drink (100ml of wine, 30ml of spirits or 280ml of standard beer) contains 290kJ, about half the energy of a can of fizzy drink.

Theoretically, the potential for alcohol to increase weight is clear, but the evidence is surprisingly mixed. Some studies suggest calories from alcohol are more likely to cause weight gain in intermittent drinkers and in those already overweight than in heavy drinkers (the classic malnourished alcoholic). Others find alcohol is associated with weight loss in certain subjects.

This apparent contradiction is mostly because many of these studies are cross-sectional, looking at one point in time, and so cannot establish a temporal or causal link between alcohol consumption and weight. For example, an apparent association between higher body mass index (BMI) and 'abstainers' may be because overweight people have already stopped drinking for health reasons or to lose weight. More longitudinal studies are needed before firm conclusions can be made.

One recent and well publicised US longitudinal study found moderate alcohol consumption may help reduce weight gain in middle-aged to elderly women. However, before hitting the gin instead of the gym, it is worthwhile considering this study's many limitations.

Firstly, only baseline alcohol

consumption was used. The analyses did not take into account changing drinking habits over time. Secondly, participants self-reported their weight, which is

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**“ Randomly allocating individuals to abstinence or heavy alcohol consumption to observe health effects is unlikely to be acceptable to either individuals or ethics committees! ”**

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notoriously unreliable. Thirdly, the selected subjects were predominantly white, female healthcare professionals who were not obese at baseline. This means the results cannot be extrapolated to men, less advantaged or non-white women, or women who are already obese.

Interestingly, a British study of middle-aged men that did account for changes in alcohol consumption over time showed higher BMIs in those with the heaviest alcohol consumption, which may point to the importance of collecting comprehensive data for these complex studies and perhaps a stronger association between alcohol and weight for men.

In addition to the identified limitations of the US study, the most important drawback with such observational studies is the many additional reasons people may drink (or abstain) and

change weight that are unmeasured, such as personality, genetics, beliefs, health status and upbringing.

These confounding factors may make it appear alcohol is related to BMI, whereas the unmeasured factor is the real reason for the relationship. Unfortunately, observational studies are the best research tool for this question because 'gold standard' randomised experiments are not feasible – randomly allocating individuals to abstinence or heavy alcohol consumption to observe health effects is unlikely to be acceptable to either individuals or ethics committees!

But even if the results from the US study of women are true, what then?

A single observational study cannot be used to recommend alcohol as a diet tonic to women because any potential weight-loss benefits must be considered against increased risk of cancer, liver disease, injury and other well known harms from alcohol.

Whatever the evidence linking alcohol and BMI ultimately shows, it is worth remembering that alcohol has three major characteristics: it is a nutrient (energy source), a psycho-active drug and a toxin. Alcohol is not solely a source of calories, but also a potentially addictive and lethal substance, and for many people, the effect of alcohol on their bodies may be far less significant than its effects on their lives. ■

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For a full list of references, visit [www.drugfoundation.org.nz/mythbusters](http://www.drugfoundation.org.nz/mythbusters).

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# Cutting Edge 2010

Te toka tū moana

## 3D: Development Diversity Direction for a new Decade

**2010 Cutting Edge 3D** will be held on Thursday 23 September – Friday 24 September with workshops on Saturday 25 September. Venue: Rendezvous Hotel, Mayoral Drive, central Auckland.

**Cutting Edge** is the annual national addiction treatment conference, covering **alcohol, smoking cessation, other drug and gambling interventions**. The 2010 conference will be the 15th and will again be supported by the Alcohol Advisory Council and the Ministry of Health. Hosted by DAPAANZ, it is the gathering of around 400 practitioners, consumers, researchers, leaders, funders and planners, managers and policy writers, with pre-conference meetings (22nd), formal oral and poster presentations (23rd and 24th) and skills-based workshops led by keynote presenters (25th).

Those working in allied sectors of mental health, justice, corrections, primary health, education, and who have an interest in addiction interventions, are welcome.

**DAPAANZ associate and registered practitioners** can earn **25 points** for attending and **40 points** if presenting and all members will pay a reduced registration fee. For non-members, by joining DAPAANZ as part of your registration, the fee will cover you until 31 December 2011. Anybody with an interest in addiction treatment can apply to join DAPAANZ.

## Keynote Speakers

Keynote speakers confirmed to date are:

- **Richard Velleman**, Professor of Mental Health Research, University of Bath
- **Tame Iti**, (Tūhoe), alcohol and drug practitioner
- **Robert Williams**, Professor, Alberta Gaming Research Institute, Canada
- **Ross Bell**, Executive Director, New Zealand Drug Foundation
- **Dr Paul Quigley**, Emergency Medicine Specialist, Director of Emergency Medicine Training, Wellington Hospital
- **Dr Mark Wallace-Bell**, Lecturer and Health Behaviour Change programme co-lecturer, University of Canterbury
- **Trish Gledhill**, Executive Director, Kina Trust
- **Dr Grant Christie**, Auckland CADS
- **Majors Ian & Lynette Hutson**, Salvation Army

Registration opens end May 2010

For further details and to register:

[www.cuttingedge2010.org.nz](http://www.cuttingedge2010.org.nz)