matters of substance

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Te Tūāpapa Tarukino o Aotearoa

Drug reform paralysed by politics
The cheaper the booze, the more you use
Breaking the silence around suicide
Sun, sand and harm reduction

May 2012

Wet in Wellington

Wellington is faced with a rising number of hurt and broken homeless people, many of whom are chronically addicted to alcohol. Meanwhile, overseas evidence increasingly suggests wet homes are an effective first step in getting help to these most vulnerable of citizens. Is it time to re-visit the wet homes issue in our nation's capital?

www.drugfoundation.org.nz

Photo by Sean Gillespie

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The Director's Cut

THE question of how best to manage the proliferation of new substances, such as synthetic cannabinoids and party pills, was answered with the Law Commission's brilliant review of the Misuse of Drugs Act tabled in Parliament this time last year. Quite simply, they said, reverse the onus of proof so the industry is forced to prove its products represent low risk of harm before they can be sold. Then, control sales under very robust regulations.

Drug policy minister Peter Dunne agreed with the Commission and has directed officials to develop those regulations. I understand draft regulations will be released for consultation next month. The question remains whether there's space on the government's busy legislative agenda to have the law enacted this year. It can't come too soon.

In the meantime, the minister's interim solution is to slap a 'temporary class drug notice' on a product banning its sale and supply for 12 months. Under this arrangement untested products still hit the shelves and remain for sale until the government acts – leaving the industry to milk the profit while preparing replacements for the products that are banned. This merry-go-round will continue until the Law Commission's proposal is implemented.

The minister has acknowledged temporary bans do not provide a sustainable solution because the industry moves faster and appears to have an unlimited number of new substances up its sleeve. Earlier this month, an industry insider told me he could have 40 products on the market within a month – all of them new, untested and unregulated.

New Zealand isn't the only country confronted by this. A European Union report last month said a new substance is detected in that region at the rate of one per week. A UK report in March found mephedrone's popularity has increased among clubbers since it was made a class B drug.

1970s thinking isn't going to solve this 21st century problem. This is now becoming more obvious to the global drug law making community. At its recent meeting, the United Nations Commission on Narcotic Drugs passed a resolution on the challenges posed by these new psychoactive substances. Sponsored by Australia and New Zealand, among others, the resolution recommends countries use consumer protection, medicines and hazardous substances legislation to protect public health. Notably, the resolution endorses a drug control model that doesn't follow the traditional prohibition route.

The Law Commission's regulatory model is probably the most sophisticated proposal currently on the table anywhere in the world. As New Zealand was the country that led the world in developing these products, it's our responsibility to be the country that implements a system of regulation that better manages the health harms they could cause.

Happy reading, Ross Bell. ■

Key Events and Dates

Cutting Edge
5–8 September, Wellington
Cutting Edge is the national addiction treatment conference covering alcohol, other drugs, problem gambling and smoking cessation. The 2012 conference will be the 17th.
www.cuttingedge.org.nz

2nd National Cannabis Conference
19 September, Brisbane, Australia
The conference theme is 'From Genetics to Practice'. The topic areas have been chosen to respond to the developing evidence base on issues such as cannabis and mental health. The conference will include perspectives from health, education, youth services and criminal justice sectors.
www.ncpic.org.au

Safety 2012 World Conference
1–4 October 2012, Wellington
The Safety 2012 World Conference is the 11th biennial, international conference on injury prevention and safety promotion, cosponsored by the World Health Organization. The conference will bring together the world's leading injury prevention and safety researchers, practitioners, policy makers and advocates to debate, discuss and share information and experience.
www.conference.co.nz/worldsafety2012

1st International Conference on Alcohol and Cancer
4–9 October, Chania, Greece
It has become increasingly clear that alcohol is a cause for a number of cancers. This meeting will be an ideal platform for interactions between basic scientists and clinicians in all major aspects of alcohol-induced carcinogenesis. In addition, the conference is aiming to attract young scientists and graduate students.
www.aegeanconferences.org

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No place like a home

Every city has its homeless people and Wellington is no exception – from brazen, blanketed **Ben Hana** to those shabby shufflers who live on the fringes and never quite meet your eye. Most are in pain, many are addicted, but almost all would give the rags off their backs for the dignity of a home.

Rob Zorn talks to Downtown Community Ministry about why Wellington has so many homeless and the barriers there are to getting them into housing.

Mourners at Ben Hana's funeral.

Photo by Sean Gillespie

BEN HANA, better known as Wellington's iconic Blanket Man, was nothing if not an enigma. Despite his open drug and alcohol use and occasionally lewd antics, many saw him as the capital's king of cruddy cool – a besmirched bastion of independence against the system. He insisted on doing his own thing (which really wasn't much at all) and his lean, brown body and skimpy loincloth lent him a form of scruffy suavity in the eyes of some.

To others Ben epitomised the plight of Wellington's homeless people – unable to cope with the demands of what most of us call normal life, resistant to many offers of help, beset with multiple addictions, and ultimately dying early and alone. As such, he was an abject object of either pity or loathing by many among Wellington's washed and well dressed.

The truth is Ben was both and neither, and this was all part of the mysteriously dualist persona he enjoyed. Some who knew him said he was highly intelligent, and others labelled him illiterate. He would refer to himself as a "dumb fuck", but would request books of "more than 500 pages" when in prison.

"Ben was one of the few people in Wellington without a home who truly didn't want one, and in this sense, he was very much unique. He had reached the point where he was beyond feeling he wanted or needed help."

Was he mentally unwell? An initial diagnosis by the Mental Health Ward at Wellington Hospital was that he was not,

but on the other hand, they reported significant improvements in his mental and physical health when he stayed there.

But, most unusually, Ben was one of the few people in Wellington without a home who truly didn't want one, and in this sense. he was very much unique. He had reached the point where he was beyond feeling he wanted or needed help. The media (and perhaps all of us in Wellington) had gifted him an identity that for him had value and currency. Typically for Ben, he enjoyed an enormous mana that no other homeless person had, while he completely lacked any insight into his own health needs or the harm his alcohol and cannabis use was doing him.

But Ben did accept some help behind the scenes. He may not have wanted a home with walls and windows, but he did intermittently use Downtown Community Ministry's (DCM's) services, banking his money with them and receiving help managing the few finances he had.

DCM works out of a small but cheery building hidden down a little alley behind the Wellington Opera House. It's run by a handful of committed staff and has been in operation since 1969.

The day I arrive to interview its director is one of two weekly food bank days. The air in the foyer is wafty with the aroma of 20 or more unwashed bodies, mostly brown and bearded. Some are chatting and laughing while they await an allocated food parcel. Some are glancing around furtively, and others are not looking anywhere but down.

Though varying degrees of hopelessness seem represented in the room, director Stephanie McIntyre tells me many of those present have pasts of abuse and trauma and advanced and untreated addictions in common. Many sleep rough on the streets at night.

Charity begins with a home

DCM's approach to Wellington's homeless people is firmly built on the 'housing first' principle. Quite simply, Stephanie says, the way to stop homelessness is to get people into homes.

"We don't make this dependent on whether or not they accept treatment, because the bottom line is getting people housed, and taking away a lot of the stresses they face on a daily basis is going to make them much more receptive to treatment. Leaving them on the street will just make them harder to reach."

But these are people who face some pretty solid barriers towards getting into housing. She tells me about the incredible stigma such people face. Who would want to rent a flat to a homeless addict? Many are carrying crippling debt from compounded fines or unwise borrowing, so there are doubts about their ability to pay even low levels of rent.

"Normally, they have to jump through several hoops and work their way through a continuum from being on the street, to some sort of boarding situation, to transitional housing, to full housing," Stephanie says.

"That's a lot of steps along the way, and these are people for whom any step is a challenge."

While homeless people have issues with extreme poverty, they often have little idea of what benefits they are entitled to, so DCM offers budgeting advice, helping them 'tweak' things so meeting their financial obligations becomes more manageable. It runs a trust fund where consumers can bank their money and receive financial advice.

DCM issues free food parcels on Mondays and Fridays. Applicants are first interviewed about why they have nothing to eat. Staff members take these talks as an opportunity to build relationships of trust with consumers and to try and form a whole picture of the problems each one faces. They give some consumers part-time work where DCM can sustain it – which usually includes cleaning, manning the food bank and so on.

To test the value of the food parcels, staff once attempted to live on typically donated items for a week. They noticed most were from the 'orange' food group – baked beans, tinned spaghetti, pasta and pasta sauces and so on. There was a clear and monotonous lack of protein or vegetables. Still, DCM's view is that, when people are in crisis situations, sometimes the best thing you can do is

"Many of those present have pasts of abuse and trauma and advanced and untreated addictions in common. Many sleep rough on the streets at night."

Downtown Community Ministry director Stephanie McIntyre

give them something to eat. No one should have to be hungry while having to deal with all this 'other stressful stuff'.

DCM also works to get homeless people access to health and addiction services. Most have not had their substance issues addressed. Some may have failed at abstinence programmes in the past and carry a sense of hopelessness about treatment. Many come from horrific backgrounds of abuse, trauma, grief and anger. But many are also in physical pain.

Visiting the dentist, for example, is something most of us would eventually if reluctantly do, but for homeless people, oral care is rarely a priority and hardly even an option. Many have teeth rotting out of their heads or have other untreated injuries and ailments.

"Putting all these things together, you have some massive addiction drivers," Stephanie says. "It's no wonder, so many of our homeless people self-medicate, which is why getting them into housing and to whatever services are available is so important, whether or not they accept treatment at first."

As I'm given the tour of DCM's facility, I can't help notice again that most of the faces I meet are brown. Forty-two percent of clients are Māori – a sobering statistic when you consider less than 12 percent of Wellington's population is Māori.

I ask what the most significant barriers are in helping Wellington's homeless people, and she tells me it's the external factors – the most significant being a crisis in affordable accommodation. There just aren't the flats available.

"There are all sorts of incentives for the rich to earn more, but we penalise our most disadvantaged. And when there's an increase in the minimum wage, these guys don't benefit at all."

And it seems there are many systemic problems that exacerbate the poverty trap.

"Should people get into some form of paid work, the most they can earn on a sickness or invalid's benefit in a week is $100 before their benefits get reduced by 70 cents for every extra dollar they earn.

"That's pretty demoralising. There are all sorts of incentives for the rich to

Ben Hana's funeral

Photo by Sean Gillespie

"We could quadruple what we are doing here and there still wouldn't be enough. Generally we see 130 or more clients each month, and a quarter of these are new. The number of people to support is growing, and it is already unsustainable."

earn more, but we penalise our most disadvantaged. And when there's an increase in the minimum wage, these guys don't benefit at all because the additional amount they can earn is locked in at that $100 level."

Siloed services

I ask whether there are enough services to go around, and I'm not surprised by the answer.

"We could quadruple what we are doing here and there still wouldn't be enough. Generally, we see 130 or more clients each month, and a quarter of these are new. The number of people to support is growing, and it is already unsustainable," Stephanie says.

But she's very clear that the last thing we need are new services. What we need instead is much better coordination and collaboration between the ones we already have.

After sleeping at the night shelter, for example, a homeless person could be at the soup kitchen for breakfast, then hitting Courtenay's drop-in centre, then visiting a health provider in the morning before attending DCM's food bank in the afternoon – before heading back to the soup kitchen.

"It takes a lot of energy for us all to work together to help a person because there aren't common systems in place to keep proper track of individuals' data.

"International evidence suggests 'active engagement' is the best approach, which involves building up a holistic profile of a person and not dealing with each of their issues in isolation.

"But the fragmented way we're currently doing things means a person may just be getting a little help here and a little help there, and often people fall into the cracks between the health, mental health and addiction treatment floorboards."

She says most organisations working with homeless Wellingtonians are committed to active engagement and do seek every opportunity they can to collaborate. DCM staff, for example, regularly visit the night shelter and are at the soup kitchen twice a week.

"Privacy issues are another potential barrier to sharing data, but when people see you're making a genuine attempt to help them realise their goals and improve their situations, they do tend to open up and give you their consent to share information."

“But the fragmented way we’re currently doing things means a person may just be getting a little help here and a little help there, and often people fall into the cracks between the health, mental health and addiction treatment floorboards.”

Getting back to Ben

And the second problem, of course, is that the services we do have are woefully under-resourced. Funding them better would not only help more people, it just might make some fiscal sense as well.

It would be interesting, for example, to add up the costs of keeping a guy like Ben Hana homeless. How much Police time did he take up being arrested so often for public drug taking or occasionally getting his wanger out? How much of the justice sector’s time was wasted issuing and pursuing warrants for court appearances – at which he rarely showed up? He spent several spells in jail and was hospitalised numerous times. How much did he cost Wellington City Council in administration time dealing with nuisance complaints? These are the hidden costs that accrue on top of the resources spent on street interventions and support from the agencies trying to help him.

Recent data from the US and Australia puts the cost of homelessness in the many millions – much more than it would cost to put these people in houses. So it seems like we’re actually paying through the nose to get the worst possible result.

When you get people into housing, health outcomes tend to improve and individuals spend less time in emergency departments, hospitals and jails. They commit fewer crimes, so take up less Police time and don’t rack up as many fines they can’t pay.

Stephanie accepts that times are hard and that more government funding is unlikely in the near future, no matter how much fiscal sense the ‘housing first’ principle makes.

“We’re a punitive society – and these aren’t popular arguments. Shifting the way governments and the public think about homelessness – that somehow the people affected have always themselves to blame for their situations – will take time.”

But she says there are plenty of supporters and we shouldn’t underestimate the power of philanthropy. DCM has a sizeable database of regular donors – people out there who definitely want to help.

A lot of these tend to be well informed people who want social change and who can understand the effects bad policy can have on those who’ve been dealt some “pretty shitty” hands. Some feel a moral or spiritual responsibility to

share their wealth, and others give from a "there but for the grace of God…" point of view.

A pretty shitty hand

While most homeless people helped into housing actually make a pretty good go at it, a few continue to face some insurmountable and unfair barriers.

Stephanie tells the story of a homeless person who finally jumps through enough hoops to get into a simple housing situation, but he's the sort of guy whose past and present can make him vulnerable in all sorts of ways.

He's finally been handed a little dignity and may soon be ready to start dealing with his alcohol problem, when the courts suddenly bail some of his past associates to his address. Maybe one has violence issues. Another has gang affiliations, so the place suddenly becomes party central in the most unpleasant of ways. Unable to deal with the situation, our tenant either gets led astray again, becomes a victim of violence or threats – or simply moves back out onto the street because it's all more than he can deal with. This seriously hurts his chances of getting back into housing in the future and probably results in him racking up even more debt around unpaid rent.

Enter the wet home

It's a hypothetical story, but I'm assured it's an example of the sort of thing that does happen. New Zealand doesn't have the project-based 'housing first' services where people like this guy, those with the most chronic of needs, can live together in a more positive environment that is decent, safe and with on-site services such as meals and healthcare.

This is exactly what wet homes are, but not everyone fully understands the terminology.

Most people's concept of a supervised wet home (or wet house) is akin to the injecting room concept for people who inject drugs, but the reality is almost completely the opposite. Wet homes much more resemble rest homes – and they're surprisingly successful.

A 2005–2007 Washington University study, published in the *Journal of the American Medical Association*, evaluated just how much 'housing first' interventions for homeless people with chronic alcohol problems saved in terms of social costs. Ninety-five participants were housed at a facility, and their use of healthcare and other services was measured over more than a year. Results were compared with the same costs for those on a waiting list.

"These are people unable even to contemplate a life without alcohol, but no situation is truly hopeless. By giving them dignity and some simple security, we may be able to get them to the place where they can make significant progress."

Participants had no expectations put upon them to reduce their drinking or engage in any form of treatment.

Nevertheless, the results were dramatic. Significant costs savings were found for housed individuals. After one year, the 95 participants had reduced their combined social costs by more than US$4 million. That equates to $42,964 per person per year. Meanwhile, it cost just $13,440 per year per person to administer the programme. Those housed for the longest periods of time experienced the greatest reductions.

A follow-up study showed that the housed individuals experienced significant reductions in their alcohol use and in the likelihood of drinking to intoxication over time. While none of the participants got truly sober, within 2 years, average consumption rates had fallen by 40 percent – down from 20 drinks per day to just 12.

The Washington University study results did not come out of the blue, and the authors were not particularly surprised by them. Successful wet homes in Seattle, Minnesota, Canada and Australia have reported improved health outcomes despite lack of curfews and, in some cases, allowing residents to drink in their rooms. In fact, the study was in part intended to address the main critique of 'housing first' programmes – that failing to require total abstinence not only enables addiction but actually makes it worse.

And you'd think it would. Give chronic alcoholics shelter, food and access to alcohol, and you'd assume they'd actually drink more. So why do wet homes seem to work?

Susan Collins, lead author and assistant professor of psychiatry at the University of Washington, suggested the reason was that participants in the study were happy to have a home and happy they no longer had to drink to stay warm or to forget they were out on the streets.

"These individuals have multiple medical, psychiatric and substance abuse problems, and housing that requires them to give up their belongings, adhere to curfews, stop drinking and commit to treatment all at once is setting them up to fail. The result is that we are relegating some of the most vulnerable people in our community to a life on the streets," she told *Time Magazine*.

Some argue that wet homes are cruel – the ultimate 'giving up' on these most vulnerable of our people. But, defenders argue, we are here talking about alcoholics whose situations are so hopeless that minimising their harm from drinking has to be the first priority.

Stephanie agrees. "These are people unable even to contemplate a life without alcohol, but no situation is truly hopeless. By giving them dignity and some simple security, we may be able to get them to the place where they can make significant progress."

No way in Island Bay

New Zealand came close to its first experiment with a wet home of this nature in 2009. Te Whare Oki Oki Trust had secured Capital & Coast DHB and Wellington City Council funding to establish a 6–8 bed wet home in Island Bay. The project was vociferously opposed by locals fearful for their women and children, but it was not this that led to its demise.

Te Whare Oki Oki Trust withdrew its application when Capital & Coast DHB demanded a 5-year funding plan in advance (rather than after the facility had been running for a year as originally agreed). They vow, however, that a wet home will go ahead in Wellington at some stage.

The withdrawal came as a blow to Stephanie and DCM, who provided the research used to help secure its approval and funding.

"Wet homes are not just the most sensible course of action, they're also the right thing to do ethically and morally," she says.

"These are not hardened criminals set on harassing neighbours or molesting children. They're the people who have long been destitute and vulnerable – people for whom it's about time life gave the smallest of breaks." ■

"Wet homes are not just the most sensible course of action, they're also the right thing to do ethically and morally... These are not hardened criminals set on harassing neighbours or molesting children. They're the people who have long been destitute and vulnerable – people for whom it's about time life gave the smallest of breaks."

Rob Zorn is a Wellington-based writer.

240 Albany Street

When Gary Mello, a candidate for the city council of Cambridge, Massachusetts, advocated closing the CASPAR homeless shelter on MIT grounds, he might've imagined it was an easy way to win votes.

The Cambridge and Somerville Program for Alcoholism and Rehabilitation (CASPAR) center at 240 Albany Street appears divisive. It's one of three facilities in Massachusetts to admit active and recovering drug users, sandwiched awkwardly between Cambridge tech companies and modern university housing blocks. It was built by MIT in 1979 and it leases the building to CASPAR, but this arrangement was set long before the university sprawled outwards and industry moved in.

The CASPAR facility, referred to locally by its street address '240 Albany Street', is a common target of local frustration. Each week almost, someone is arrested who turns in a 240 Albany Street address. And every time the Police log goes live on a local news site, the address alone spurs another round of scorching invective about driving the homeless from the neighbourhood. These alleged offenders are also not precluded from returning to the shelter.

But for Mello, the shelter wasn't such a good target. His stance was uniformly decried, and he limped to 16th out of 18 candidates for a spot on the nine-person city council. Because, in Cambridge, 240 Albany Street might represent a complicated problem, but local support and patience for the good that can come from it runs deep.

Angela Bowen is the front desk captain at the Warehouse Graduate Residence at MIT. She says the 240 Albany Street residents are most unpopular with parents of the students. Occasionally, shelter residents fall asleep behind the dumpsters and she has to call the Police. They are often disruptive towards the students but never violent.

Taking a walk through the neighbourhood, there's little actual dissent. Residents of the shelter stick out easily from the scientists and students. They gravitate each day towards nearby Central Square, a small hub of shops and restaurants near Harvard University. The president of the local business association, George Metzger, says that this causes some disruption but describes opposition to the shelter as isolated. MIT's community relations department says that it has been years since it had received its last complaint.

Places like Cambridge represent an exception to the trend in America. According to Neil Donovan, Executive Director of the National Coalition for the Homeless, nationwide there are "increasing efforts to criminalise homelessness".

There are 485 homeless people in the city, according to the 2012 Cambridge Homeless Census. Donovan estimates that 35 percent of homelessness can be directly attributed to substance abuse issues, while another 15 percent of this population can become situational users as a result of "the toxic effect of being homeless".

Facilities such as CASPAR provide this considerable section of the homeless population access to a bed and a gateway into detox services. Donovan concedes that opening new shelters like it nowadays is difficult. "There's a 'not in my backyard' stance. Communities tend to not want to get into this position and move to disallow new shelters on principle," he says.

The Cambridge Police Department has two Police officers who are engaged in homeless policing and outreach to educate community members. Officer Eric Helberg is one of the two officers who run this project. He acknowledges residual elements of the 'not in my neighborhood' mindset that Donovan raises and says that it afflicts some detractors of 240 Albany Street. Generally, though, he says people in Cambridge get that, if you shut it down, the problem would remain right there on the footpath.

On moving day in Cambridge in early September, students and parents were gingerly shuffling boxes into dorms on Albany Street. A man stumbled down the street, set apart by his weathered scowl and worn clothes, inching himself to 240 Albany Street.

It'd be easy to only see someone who is lost to society, but the shelter can be a place for happy endings. Wilfred Labiosa, the facility's executive director, wants people to remember this more than anything. "People do recover," he says.

James Robinson is a New Zealand freelance journalist based in Boston.

Risk factor

We don't talk about it. The media doesn't report on it. The stigma around suicide means we're too often kept in the dark as to what might lead someone to take their own life. The answer might surprise you. **Elle Hunt** investigates the link between New Zealand's high suicide rate and alcohol.

IN A TED talk given last year, JD Schramm of Stanford University spoke in favour of breaking the silence around suicide: "Because of our taboos around suicide, we're not sure what to say, and so quite often we say nothing."

Such a response is typical in New Zealand, even though suicide is a major public health concern. Around 540 suicides and at least 20,000 attempts occur every year, making it the largest cause of death by external causes seen by coroners. But because of its social stigma, the general public tends to be unaware of what factors can lead to suicide – and one is both easily accessible and socially acceptable.

Though there is rarely any one cause for suicide, the connection between alcohol and suicide has been established by numerous studies. In fact, alcohol is considered the second most significant risk factor of suicide, after depression – but this receives nowhere near as much airtime as other consequences of alcohol abuse, in part, because the media is restricted from reporting on individual suicides in too much detail.

The government has been criticised for its perceived inaction on suicide, with Community Action on Suicide Prevention Education and Research's (CASPER) calls for a Royal Commission of Inquiry into the matter to be established so far being ignored. "The fact is, there is absolutely no sense of urgency in government about the fact that 558 people are dying a year – 11 a week," CASPER founder Maria Bradshaw told Fairfax Media in February. "If it was anything else, it would be a national state of emergency."

Of utmost concern is New Zealand's high rate of youth suicide. Of the 500-odd suicides that occur here every year, between 20 and 25 percent involve people under the age of 25. The latest Ministry of Health statistics show 114 people aged between 15 and 24 took their own lives in 2009, and 93 of that number were male, meaning New Zealand has the highest male youth suicide rate of all 34 countries in the OECD (though discrepancies in reporting between countries temper those statistics).

> **"If it was anything else, it would be a national state of emergency."**

According to Dr Annette Beautrais, an eminent suicide researcher at the University of Auckland, consumption of alcohol can influence a person's decision to end their life in one of two ways.

"Amongst older people, it's likely to be the effects of long-term dependence," she says. "Their lives begin to deteriorate in many different ways, which ultimately and inevitably seems to end up restricting their life options."

It can take people who are dependent on alcohol years, even decades, to reach a point where suicide seems like their only option, meaning there are often a number of opportunities for intervention. The same cannot be said of the other way in which consumption of alcohol is conducive to suicide, in that its disinhibiting effects can lead people to end their life in response to a particular crisis.

This is particularly widespread among people under the age of 25, explains Dr Beautrais. "There's typically a lethal combination of some sort of social or precipitating crisis, plus intoxication and access to a lethal method."

The example Dr Beautrais gives is a teenage boy reacting "aggressively, impulsively and with anger" to seeing his ex-girlfriend out with one of his friends. "Suicide is an option he thinks of, but it's not necessarily associated with any long period of ideation. It's more like a reaction," she says. "It creates a tragedy that would not necessarily occur if he was not intoxicated."

Consequently, New Zealand's high youth suicide rate has been blamed in part on the prevalence of binge drinking in society, making the move to increase or split the minimum alcohol purchase age all the more vital a debate. "You have a large fraction of the youth population in a binge-drinking culture, therefore exposing themselves to that risk," says Dr Beautrais. "The fact that it's widespread... probably adds a significant number of suicides to the total that we would have if we didn't have that sort of culture."

This aligns with the findings of Swahn and Bossarte of the National Center for Injury Prevention and Control, published in the *Journal of Adolescent Health* in 2007, which found alcohol use among adolescents to be an "important risk factor for both suicide ideation and suicide attempts among boys and girls". Swahn and Bossarte concluded that increasing efforts to delay and reduce preteens' alcohol use could reduce suicide attempts.

Similarly, a study conducted by researchers at Harvard University's School of Public Health found an inverse correlation between the minimum legal drinking age and youth suicide rates of 48 contiguous American states, based on figures for the 20 years from 1970 to 1990. The study concluded that lowering the drinking age from 21 to 18 years in all states could increase the number of suicides in the 18- to 20-year-old population by approximately 125 deaths each year.

For these reasons, Dr Beautrais speculates that increasing the minimum alcohol purchase age to 20, or splitting the age between on- and off-licence premises, could "make a marginal difference" on the youth suicide rate here. Dr Doug Sellman, director of the National Addiction Centre, is in favour of increasing the purchase age across the board, arguing that a split age would be an "awkward and potentially confusing compromise".

Dr Beautrais is in favour of aligning law that governs the sale and consumption of alcohol with the New Zealand Suicide Prevention Strategy, but points out that legislation can only go so far in reducing the rate of suicide. What's called for is a cultural shift. Curbing the prevalence of binge-drinking behaviour in society would be a definite step in the right direction. But for as long as it's more taboo to talk about suicide than it is to drink to a point where it's a real risk, we've got our priorities wrong. ■

Elle Hunt is a Wellington-based freelance journalist.

Where to get help

Youthline

Support for young people and their families.
youthline.co.nz
0800 376 633

0800 kidsline – it helps to talk

Phone counselling for children aged 9 to 13
kidsline.org.nz
0800 543 754
(4pm to 6pm weekdays)

0800 What's Up

Counselling for children aged 5 to 18
whatsup.co.nz
0800 942 8787
(noon to midnight)

THE OWORD

Questions answered about sex, life and relationships
theword.org.nz

Depression Helpline

Counsellors who can find the right support for you.
depression.org.nz.
0800 111 757
(8am to midnight)

Politics and drugs

Helen Clark had been the Leader of the Opposition for less than a year when, in 1994, she expressed support for the decriminalisation of cannabis in an interview on 95bFM. The mainstream media response was swift and largely negative.

BUT she wasn't shrinking from that stance when I went to interview her for a hip magazine I was helping to edit at the time. She was frank and articulate.

"I've sent a series of letters to conservative newspapers all over New Zealand dealing with the fact that I haven't advocated the use of marijuana at all," she said. "But what I'm saying is, the law doesn't work and we can't actively publicise the health risks of drugs when there's a heavy stigma of criminality attached to them. It would be better to combine a de-emphasis on criminal penalties with a more upfront public health campaign."

She might, she conceded, have spoken up earlier on the issue.

"I had advice to say what I'm saying now when I was Minister of Health. And I looked at it and I thought, I need this like I need a hole in the head… But most of the things I was working on at that time I got through, and now I've been prepared to put my head up and say, actually, that's what the advice had been and perhaps we should have some debate about it."

She was interested to see how South Australia's 'partial decriminalisation' system for cannabis worked out, "but the problem is, it puts all the power in the hands of the Police – they decide who they'll divert. And that leaves plenty of scope for picking on people.

"And then there's the really difficult issue, of course, of the hard drugs. Because all the things that one says about the control of cannabis can be applied to that. What is the point of making a wretched heroin addict into a criminal? Aren't you better to address the problem of addiction?"

A review of the law was inevitable, she believed. And that was basically the last we heard from Helen Clark on the matter, at least in such frank detail. She never reneged on her stance, but it was hard to escape the feeling that the issue had returned to the 'bottom drawer'. She had elections to contest.

Meanwhile, the 1998 Health Select Committee inquiry recommended that the government "review the appropriateness of existing policy on cannabis and its use and reconsider the legal status of cannabis". Cabinet announced a year later that any such review would send "confusing messages to young people" and instead legislated a largely meaningless crackdown on smoking utensils. In 2003, another

"I've sent a series of letters to conservative newspapers all over New Zealand dealing with the fact that I haven't advocated the use of marijuana at all."

Health Select Committee inquiry urged broader and more consistent use of diversion in minor cannabis cases.

Last year, the Law Commission's proposal for (among other things) a warnings system for cannabis possession was swiftly shot down by Justice Minister Simon Power. Labour, emboldened again by Opposition, released a health policy that promised to "work towards greater opportunities for diversion from the criminal justice system into treatment for those found in possession of illicit drugs." Police Minister Judith Collins responded with almost the exact words of the National Cabinet 13 years before: the government could not be seen to be "soft on drugs".

It is not exactly that nothing has happened. The courts, and to some extent the Police, have taken matters in their own hands by discharging or

diverting more and more minor cannabis offenders – thousands of them every year. Effectively, the system is doing its best to route around the paralysis of the legislature – but without the tools that properly legislated reform would provide.

This is hardly just a New Zealand phenomenon. The political calculation, it is safe to assume, is that the electoral risk of moving on evidence-based drug reform greatly outweighs the potential gain. It's not a vote winner. Even the

"What is the point of making a wretched heroin addict into a criminal? Aren't you better to address the problem of addiction?"

Parliamentary Green Party wound up distancing itself from its best-known law reform advocate Nandor Tanczos, if not its reform policy.

The irony is that we have nearly all accepted the implicit case for public health over punishment by voting for leaders who themselves admit past illicit drug use – most notably, of course, Barack Obama – or who, like British Prime Minister David Cameron (supposedly captured as a loved-up 22-year-old in a 1988 rave video), dodge the question and plead the right to a "private past".

In 2001, as a state senator, Obama declared "we can't continue to incarcerate ourselves out of the drug crisis", and in 2004, he called the war on drugs an "utter failure". As a presidential candidate, he promised to let states have their way on medical marijuana. In office, he has presided over what *Rolling Stone* this year called a "government-wide crackdown on medical marijuana". Cameron's about-face – from 2005, when he openly countenanced "legalisation and regulation" and attacked politicians "posturing with tough policies" – has been, if anything, even more dramatic.

The world hadn't changed, and the advice certainly had not. But both men had reached the level where the debate can not be had. When will drug reform's glass ceiling shatter? I genuinely wish I could tell you. ■

Russell Brown is an Auckland-based blogger and presenter of *Media7*.

Quotes of Substance

"Ketamine seems to be getting more popular because you can get really mashed but feel OK to study the next day."

An **anonymous student from Cambridge University** suggests students should choose what drugs they take based on their study workload.

"We're not allowed to export certain products like land mines – we sign treaties to ban that – well, this should be in the same category."

Associate Professor for Public Health at the University of Otago in Wellington **Nick Wilson** explains why New Zealand, as a responsible nation, should not be exporting tobacco.

"We have relationships with a number of companies so we can make this movie. The simple fact is that, without them, we couldn't do it. It's unfortunate, but that's how it is."

Actor **Daniel Craig** explains why **James Bond** will be drinking Heineken rather than his usual martini after makers of the latest Bond flick signed a 45 million dollar deal with Dutch beer company.

"We have not provided enough support to those in recovery, and we have too often employed harsh rhetoric that divides instead of unites."

Opening statement from US drug czar **Gil Kerlikowske** at the 55th UN Commission on Narcotic Drugs in Vienna.

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THIS YEAR FEBFAST RAISED OVER

$107,000

FOR ORGANISATIONS WHO HELP OTHER ORGANISATIONS THAT WORK WITH YOUNG PEOPLE.

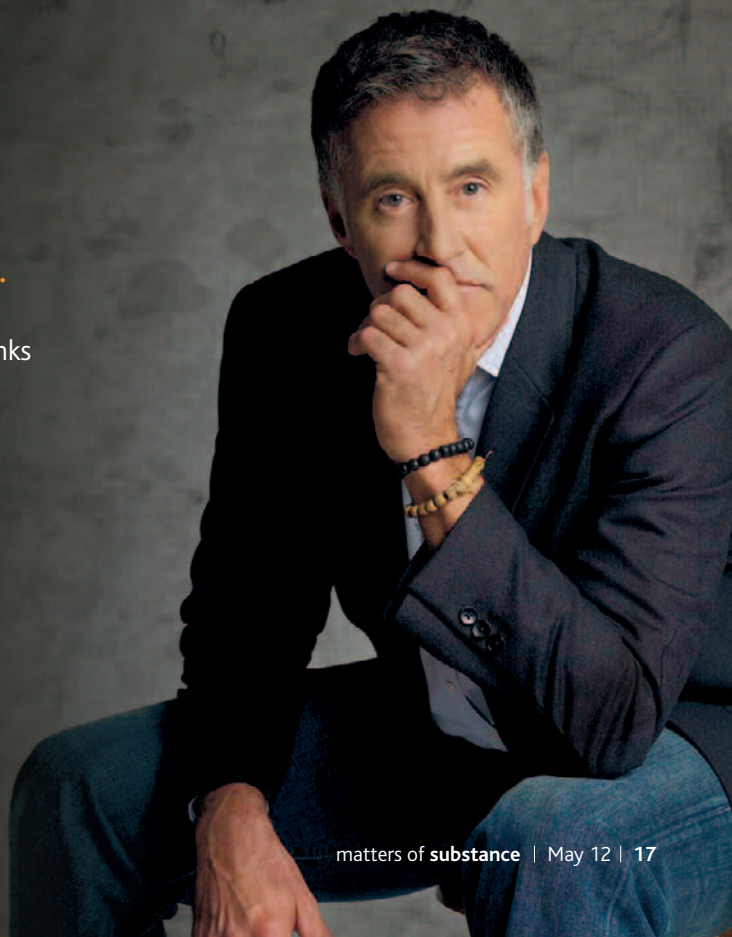
UN GOODWILL AMBASSADOR ON DRUG DEPENDENCE AND TREATMENT AND CARE

→ **CHRIS KENNEDY LAWFORD'S VISIT COINCIDED WITH FEBFAST. HE'S BEEN IN RECOVERY FOR 26 YEARS, WHICH PUTS FEBFAST INTO PERSPECTIVE.**

Our FebFast Ambassadors also played a huge role. So thanks Guy Williams, Scott Waldrom, Jackie Blue, Metiria Turei, Jay-Jay Feeney and everyone else.

We would like to thank all the awesome FebFasters who pushed pause for the month as well as everyone who donated to the cause.

Here are some of the highlights from the month. Hope to see you back FebFasting next year.



Fixing the cost of alcohol

The abuse of alcohol in New Zealand is casting an ugly shadow across our long white cloud. Though it rejected some of the Law Commission's recommendations towards alcohol reform, the government did agree to investigate minimum pricing. **Catherine McCullough** looks at overseas evidence and assesses how well minimum pricing might work here.

Catherine McCullough

ALCOHOL causes a huge amount of harm in New Zealand. Most stems from those who are overindulging – either long term or in binge-drinking sessions. The evidence shows the cost of alcohol has an impact on how much people drink. Heavy, harmful and young drinkers tend to seek out the cheapest types of alcohol. What's more, access to a large supply of cheap alcohol increases the likelihood people will drink regularly and consume more.

Given that drinking levels are linked to price, one way of reducing alcohol consumption and related harm is to make alcohol more expensive. There are a number of ways this could be achieved. The Law Commission's recent review on alcohol recommended a 50 percent increase in the excise tax on alcohol to achieve a 10 percent average increase in retail prices. The government has rejected this recommendation. The Law Commission also recommended investigating a minimum pricing scheme, and the government is doing this.

What is minimum pricing?

Minimum pricing sets a 'floor price' per standard drink (10 g of alcohol) and makes it illegal to sell alcohol for less than that. This would not raise the price on all alcohol. Lots of products already cost much more than the minimum price is likely to be, especially if you are buying them from a bar. However, a minimum price will drive up the cost

> **“Teenagers are particularly sensitive to price, so raising the cost of alcohol can also help reduce teenage binge drinking. Comparisons of tax rates and prices across US states show increases of as little as 10 cents a drink are reflected in lower levels of domestic violence, sexually transmitted infections and road crashes.”**

of those drinks that are high in alcohol relative to their cost, such as cheap spirits, cask wine and some ciders.

Let’s say the rate was set at $1.20. A 750 ml bottle of wine with 13 percent alcohol content has 7.7 standard drinks so could not be sold for less than $9.24. Not really much of a change there. However, a 3-litre cask of wine with 12.5 percent alcohol content contains 30 standard drinks so could not be sold for less than $36 – more than twice the current retail price.

What does the evidence say?

Most of the evidence regarding alcohol pricing is based on taxation policies. What this research shows is that, as prices rise, alcohol consumption tends to fall, and with it, the harms that stem from drinking. Higher alcohol prices can both reduce the amounts consumed by heavier drinkers – by about 1 percent for each percentage rise in price – and help prevent moderate drinkers becoming heavier drinkers. Teenagers are particularly sensitive to price, so raising the cost of alcohol can also help reduce teenage binge drinking. Comparisons of tax rates and prices across US states show increases of as little as 10 cents a drink are reflected in lower levels of domestic violence, sexually transmitted infections and road crashes.

Given minimum pricing would increase the price of some alcohol, we would expect to see some of the same results.

What’s more, minimum pricing provides less ‘wriggle room’ for retailers than taxation policies. Fixing a floor price prevents retailers from circumventing or undermining the price increase through discounting and below-cost sale strategies. It is also better than taxation at linking the disincentive (price) with the harm (unit of alcohol).

However, given minimum pricing policies have only been introduced in a few countries and generally only recently, there is limited research on how well they work. The research that does exist tends to be based on modelling rather than evaluation of

Quotes of Substance

“I’m not somebody who believes that legalisation is a path to solving this problem.”

In a presidential election year, **President Barack Obama** treads carefully while speaking at the Summit of the Americas.

“This is among the most paternalistic, professionally insulting concepts I’ve seen in all my years of service, and I’m not sure I will submit.”

An **anonymous columnist for a military blog**, who identified himself as an active duty naval officer with more than 10 years of service, issues a scathing critique of a military scheme to ban US soldiers drinking in war zones.

“We have never medicated our troops to the extent we are doing now… And I don’t believe the current increase in suicides and homicides in the military is a coincidence.”

Bart Billings, a former military psychologist and combat stress expert, comments on a nearly eightfold increase in US military drug use since 2005.

“Students believe it is normal and expected to get – in the words of one of my colleagues – wasted as quickly as possible.”

Auckland University of Technology Professor **Andrew Parsons** comments on a study showing students would just pay more to drink the same amount if alcohol taxes increased.

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practice. Although Canada has had minimum pricing policies in place since the 1990s, the only research evaluating the impact of these policies is currently being undertaken.

The most substantial work to date has been conducted in the UK by the University of Sheffield. Researchers there were commissioned by the UK Ministry of Health to systematically review the impact of a range of alcohol pricing policies on alcohol consumption and related harms. Their modelling looked at the population as a whole and found certain prices did have an impact on consumption and harm levels. While too low a threshold had little impact, the most effective price range was between £0.40 and £0.70 per unit of alcohol.

They estimated a £0.50 price per unit of alcohol would reduce consumption by 6.7 percent. While that may not sound like much, over a 10-year period, this equates to an estimated 3,060 fewer deaths, 97,700 fewer hospital admissions and savings of £9.7 billion. This includes 42,500 fewer crimes, 424,400 fewer sick days and 25,900 fewer people unemployed in the first year.

When comparing minimum pricing to more general increases in alcohol prices, the Sheffield researchers found minimum pricing was much better at targeting hazardous and harmful drinkers. These drinkers tend to consume the most alcohol, so reductions in their drinking would translate to a greater reduction in overall consumption and harm levels. Their work also showed different policy options were likely to have different effects on different populations. In their modelling, young binge drinkers were less affected by minimum pricing policies than drinkers in general.

> **“...minimum pricing was much better at targeting hazardous and harmful drinkers.”**

Recent local modelling found price increases up to 25 percent had little impact on the buying behaviour of young people. It also showed consumers compensate for changes in price by switching to cheaper options. It should be noted there is insufficient research around substitution as a response to minimum pricing, either from one type of alcohol to another or from alcohol to other intoxicants. Furthermore, as the Sheffield researchers admit, there is no way of knowing how retailers will respond to minimum pricing with changes of their own.

Would minimum pricing work in New Zealand?

It's always difficult to know whether policies will translate from one context to another or from theory into practice, though the weight of available evidence suggests the implementation of a minimum pricing policy is likely to reduce overall alcohol consumption and related harm. The size of the reduction is difficult to estimate, but even a small effect is likely to make a big difference. However, minimum pricing is not a magic bullet and is likely to have different effects on different populations. New Zealand is likely to be far more successful in reducing the use and misuse of alcohol across the spectrum if minimum pricing is introduced alongside a wider suite of policies.

For starters, without the recommended increase in the excise tax on alcohol or other similar measures, the additional revenue gathered under minimum pricing goes to the alcohol producers. In Canada, the state is the retailer, so this is not an issue. However, in New Zealand, this would be a lost opportunity for government, where even a small price increase is likely to result in significant additional revenue. That revenue would go a long way towards funding other harm-reduction activities, such as treatment, prevention or education. Perversely, if left in the coffers of the alcohol industry, it could be spent on measures designed to increase alcohol consumption (for example through increased expenditure on marketing). ■

Catherine McCullough is a senior adviser at the New Zealand Drug Foundation.

Reducing drug harm in Fiji

A Kiwi living in Fiji examines the Fijian Police drug unit's multipronged effort to reduce drug-related harm in their communities, beginning with a brief history of drug use in the island nation.

Jacob Quinn

Setting the scene

Drug use is not new to the beautiful Fijian Islands. Alcohol, kava and cannabis are part of daily life for many there. Illicit drugs are much less common, although Fiji Police believe their use is on the rise. Because of its location as a major port in the heart of the Pacific, the country faces both illicit drug trafficking and increasing use, especially among the young.

Traditionally, ethnic Fijians – known as iTaukei – and indo-Fijians (who make up around 37 percent of Fiji's 827,900 people), as well as the myriad of other ethnicities that form Fiji's colourful, at times, strained multiculturalism have used various forms of psycho-active drugs during their rituals and ceremonies. Indentured labourers and riley seafarers brought marijuana and hemp traditions from India and elsewhere when they arrived to work the sugar plantations and to trade.

Like it is throughout the Pacific, kava (the beaten down root of a narcotic pepper plant mixed with water) is widely consumed by iTaukei, and over time, indo-Fijians have also adopted kava-drinking rituals.

As the sun sets over Fiji, the ubiquitous 'clank' sound of kava being stomped into a fine dust can be heard as young men pound the 'grog' in preparation for the evening's drinking session around the Tanoa bowl. Like elsewhere, kava drinking is still a male-dominated affair in Fiji, although by no means exclusively so.

Cannabis grows easily in Fiji's sunny, wet climate. Many of the country's 322 islands, coated with coconut trees, tropical forest and thick vegetable patches, are difficult to access or patrol, creating ideal conditions for growing and cultivating the plant. Increasingly, marijuana is used as a cash crop, particularly during times of economic

“...drinking kava every day can be fatal for young people. It makes them lazy, they don’t work, then they follow the easiest path in life and then it invites [the use of] other drugs.”

hardship or financial strife within a community.

Gateway and harder drugs

Assistant Superintendent Sakeo Ganivatu is the head of the Fiji Police drug unit based in Central Division HQ in Suva. He says smoking cannabis and sniffing glue are the most common forms of illicit drug use in Fiji. Drug use exists everywhere in Fiji – it is not something confined to the bigger urban centres.

“It is in rural areas just as much as in urban areas,” he says.

I asked him if harder drugs were also an issue in Fiji. Sakeo says they are increasingly coming into the country.

Sakeo believes that kava and alcohol are gateway drugs. He says their use “gets young ones into substance abuse” and establishes harmful patterns of behaviour. He explains that drinking kava every day “can be fatal for young people. It makes them lazy, they don’t work, then they follow the easiest path in life and then it invites [the use of] other drugs.”

I asked Sakeo about people using kava and alcohol together, having heard anecdotal reports of this.

“Generally, you would drink grog one night, alcohol the next, rather than together,” he says. However, he did think kava and alcohol combine to carry serious social costs and is concerned with the link between them and violent crime.

Fiji Police work with communities on causes of drug abuse

Assistant Superintendent Sakeo Ganivatu comes across as a kind man with a big heart. He believes the best way to reduce drug use – he’s mostly talking about cannabis, glue sniffing and alcohol here – is through improving the overall environment that people live in. This means targeting a range of community-based programmes that address social, economic and educational shortfalls.

Sakeo and his team have done a lot of work with squatter settlement communities in Suva. He recruited around 20 volunteers to do a survey of the inhabitants of the squatter area and, from that data, created a plan to help them.

He wants kids to have alternatives to sitting around sniffing glue, so one of his initiatives was to get young people playing more sports in safer environments. There was nowhere (other than on the road) for the kids to play, so he has been trying to get bulldozers in to clear a rugby field for them.

His team has worked with local communities to improve other social

and economic conditions. Sakeo's team advocated for road construction in areas where lack of resourcing and transport has caused isolation and made bad situations worse for people.

They have also been involved in giving workshops on parenting and with the establishment of a fish farm project. With this suite of measures, Sakeo hopes to keep young people away from glue sniffing and cannabis – a goal made more achievable with the community's and schools' direct involvement and support.

Pilot 'pride and self-discipline' programme in schools

Sakeo was keen to talk to me about his Catch Them Young programme, which kicked off in June 2011. He says the in-school component of it has been a huge success in reducing drug-related complaints from teachers to Police, and he wants it rolled out all over Fiji.

Piloted at Gospel Primary in Samabula, Suva, the programme was designed to be the school-based element to complement the other community-based programmes on offer. Targeting year 7 and 8 students, Catch Them Young uses Police or military style drill techniques such as marching. Sakeo says these drills are the "types that cadets do" and aim to "instil [self-]discipline" in the kids.

This aspect of the programme is not about punishment – it's about pride. Sakeo explains that, eventually, the kids graduate the programme in a ceremony that involves a display of their newly honed Police drills. He says the idea of it "is to teach them how to resist temptation and increase discipline". He says there was a rapid drop in the number of kids in year 7 and 8 caught with drugs – down to zero.

Before you baulk at the concept, keep in mind that Fiji is a country with a proud military culture and tradition. Giving kids an opportunity to emulate drills while marching in a uniform might seem odd to a New Zealander, but in Fiji, this type of activity is deeply associated with respect and tradition. It is not surprising then that the approach has so far been a success.

The programme includes an awareness element where Police officers present to students on the dangers of drug use and how they can affect their lives and school work. Sakeo's team presented the pilot programme to the Fiji Police Commissioner who signed it off for expansion all over schools in Fiji. The challenge they now face is to find a way to resource the programme, as it had been run so far by volunteers from the Police drug unit, an already under-resourced outfit.

Little known about party drug scene

Sakeo told me the drug unit simply does not have the resources to monitor drug use in Fiji's numerous late-night clubs and pubs. I know from personal experience, as an expatriate living and working in Suva, that the nightclubs seem to never shut. An early morning cab ride through downtown displays a confronting array of drunks and party-goers just wrapping up their evening's entertainment, just as you are off on the early flight to Nadi.

Sakeo does not know the full extent of illicit drug use, as few statistics exist. What he could tell me was that more women are being caught with drugs, especially since the early 2000s, where a small spike in arrests was observed. Prior to this time, there were very few drug-related arrests of women.

The numbers still remain low. Statistics provided by Fiji Police show that just five women were arrested for drug-related offences in the first quarter of 2011, with two arrests for the same period in 2012. This is despite the same data set suggesting that 88 percent of Fiji's population are engaging in drug use of one form or another.

Sound statistical information is rare when it comes to drug use in Fiji and, unfortunately, so is funding for the drug unit's community and in-school programmes. Fortunately, the same could not be said for the dedication and enthusiasm shown by the unit and its volunteers. ■

Jacob Quinn, from Hamilton, New Zealand, is a communications officer and freelance journalist living and working in Suva.

Quotes of Substance

"The New Zealand government wants to make the country smokefree by 2025, but I think it should be by 2020. 2025 seems a little short-sighted."

Kiwi comedian **Rhys Darby** on *7 Days*, TV3, 27 April 2012.

"As yet, they had not encountered anyone who had been injured falling out of a tree."

Dunedin City Council gardens and cemeteries team leader **Alan Matchett** on youth playing a drinking game called 'Possum' where a person climbs a tree with a box of beer and cannot come down until they finish their beer and/or fall out.

"We are working hard to nip it in the bud."

Head of the Eastern District Organised Crime Unit senior sergeant **Mike Foster** on the discovery of over 1,000 cannabis plants in the Hawke's Bay.

"There was zero drug testing, period, done by the ASP. Here were just too many guys that wouldn't pass."

The Association of Surfing Professionals media director **Melissa Buckley** on their policy toward drug testing.

"There is something very rotten at Rimutaka."

Canterbury University criminology professor **Greg Newbold** on the discovery of a Corrections officer smuggling drugs in and out of Rimutaka prison. ■

Electronic cigarettes

Electronic cigarettes, or e-cigs, are a relatively new technology. They're designed to look like ordinary cigarettes and they closely mimic the tobacco-smoking experience.

The case for the introduction of e-cigs

E-CIGS have got to be a healthier alternative to ordinary cigarettes, which contain thousands of harmful chemicals including 43 known carcinogens and more than 400 nefarious toxins. None (or very few) of these are present in e-cigs, so it's a no-brainer, really. Sure, they still contain nicotine, but that's relatively harmless. It's the particulates and chemicals in tobacco smoke that make smoking such a health hazard.

For the same reason, e-cigs don't compromise the health of passive smokers. They only produce an odourless vapour, which is virtually chemical-free. Nor do e-cigs produce any of the negative physical symptoms associated with cigarette smoking, such as stained teeth, dry skin, halitosis and impotence.

E-cigs are also an effective cessation tool. Users can choose to reduce the concentration of nicotine in their cartridges, which allows them to wean themselves off their addiction. E-cigs also emulate every aspect of traditional smoking better than any other cessation tool on the market. This means quitters are more likely to stick with them than with less satisfying gum or patches.

E-cigs don't require lighters or matches so you don't risk burning your house down if you leave them unattended. They are also cheaper than traditional cigarettes, which cost around $16 for a pack of 20. The cost of a single nicotine cartridge, which allows the user to 'smoke' the equivalent of 30-40 ordinary cigarettes, is usually around $6.

Finally, e-cigs have none of the negative aesthetic consequences of traditional smoking. An ordinary cigarette produces a lingering, offensive smell and can affect the user's senses of taste and smell. Because the substance inhaled is a form of concentrated steam, there are no offensive smells or diminished senses.

There seems little doubt e-cigs are a healthier and a more effective cessation tool than anything else we have at present. Perhaps they should be subsidised alongside traditional nicotine replacement therapy products.

You decide

Should New Zealand introduce e-cigs?

Vote online
www.drugfoundation.org.nz/viewpoints

A BATTERY in the device heats a solution of water and nicotine into vapour. The user inhales the vapour, which recreates all the aesthetic sensations of smoking, including taste, feel and exhalation.

Some, even in the tobacco control sector, are hailing e-cigs as a better quit-smoking alternative to nicotine replacement therapy (such as gum and patches). Others warn e-cigs are still potentially dangerous and may not be the boon they purport to be.

In this edition of Viewpoints, we present the arguments on each side.

The case against the introduction of e-cigs

E-CIGS are a relatively new technology, so while many of the harmful chemicals in traditional cigarettes may not be present, there is so much we don't yet know about them. Few studies into the safety of e-cigs exist that weren't funded by the manufacturers themselves.

Manufacturers are not required to list the ingredients in their products, and with no overseeing body regulating their production, they can add whatever chemicals they want. Because they're not technically a tobacco product, e-cigs aren't required to carry health warnings, and they don't come with clear instructions for use.

America's Food and Drug Administration (FDA) conducted a series of tests on the most popular brands of e-cigs and found a number of toxic chemicals were present, including various nitrosamines (powerful carcinogens found in tobacco) and key ingredients in antifreeze.

Furthermore, a study published in the December 2011 issue of *CHEST* found e-cigs had immediate adverse physiologic effects such as impeded blood flow, peripheral airway flow resistance and oxidative lung stress. These are the same sorts of big and scary words we tend to hear associated with tobacco smoking. The jury may be out on whether e-cigs are as harmful as tobacco, but it's well and truly in on them still being dangerous.

E-cigs are also often touted as an effective cessation tool, but there is little evidence to back this up. If anything, a device that replicates the smoking experience so authentically is more likely to reinforce smoking behaviour. The whole point of quitting is to break the body and mind of pleasing associations with smoking

In fact, the FDA suggests such an accurate simulation of cigarette smoking could not only act as a gateway into tobacco smoking for young people, it could also reactivate the habit in ex-smokers. It also detected nicotine in the majority of e-cig products labelled as nicotine-free, meaning users weaning down to these products are actually and unknowingly having their addictions maintained. Perhaps that nicotine is there by mistake. The other possibility is that at least some e-cig manufacturers studied at the same ethics schools as tobacco company bosses.

They may not accidentally set your sofa on fire, but e-cigs can cause immediate physical damage. The FDA found many e-cig cartridges leaked, potentially causing toxic exposure to nicotine. And more immediately, a man in Florida recently had an e-cig explode in his mouth, knocking out his front teeth and damaging part of his tongue.

We regulate and restrict products until we know they are safe for good reason. E-cigs may seem a tempting alternative to smoking but they're not all they're cracked up to be, and we can't even be sure they're not a worse alternative until we know more.

Let's not be like that guy in Florida. Let's not get too blown away. ■

No way to behave

Eliot Ross Albers and **Rick Lines** argue that top-level back-tracking and censorship at the UN Office on Drugs and Crime suggest the organisation has become more concerned about protecting its Executive Director than with evidence-based HIV prevention policy.

STRONG leadership, the involvement of those most affected and freedom of expression are crucial to HIV prevention. They are absolutely essential when dealing with controversial and sensitive topics such as intravenous drug use and sex work. However, last March, our organisations were censored by United Nations (UN) staff in order to shield UN Drug czar Yuri Fedotov from criticism in front of his governing body.

Our concerns? A clear lack of leadership on HIV prevention for intravenous drug users and the misrepresentation of agreed UN HIV prevention policies in official documents submitted to the UN Commission on Narcotic Drugs (UNCND).

We were told by senior UN staff we could criticise the UN Office on Drugs and Crime (UNODC) but not its Executive Director Mr Fedotov. We were also told we could raise concerns about the way HIV policies had been represented by the UNODC in its submission to the UNCND, but we could not connect this to Mr Fedotov's clear ambivalence towards such policies, even though the document was in his name.

This is absurd and akin to being allowed to criticise the UK Home Office in Parliament but not the Home Secretary, or the US Federal Emergency Management Agency (FEMA) in Congress but not its Administrator, even if, as we suspect here, the concerns stem directly from the leadership of the agency.

Two years ago, when the position of the UN drug tsar became vacant, we were open about our opposition to the appointment of Mr Fedotov, a Russian career diplomat. Our view was this move would reward the Russian authorities for a legacy of neglect, human rights abuse, suppression and death in the context of HIV. We also feared Russian influence, so negative in regards to HIV, would seep into UN policies.

Here we come to the offending part of our statement.

To mark World AIDS Day 2011, our organisations, along with other prominent HIV/AIDS groups, wrote to Mr Fedotov expressing concerns about obvious back-tracking on concrete statements that supported the basics of HIV prevention among intravenous drug users – needle exchange programmes and opiate substitution therapy (OST).

The UNODC takes the lead in the UN system (as part of UNAIDS) for HIV prevention among this population, so our letter was, as we saw it, of utmost importance. Unsafe injecting accounts for 30 percent of new infections outside sub-Saharan Africa, and in Russia, intravenous drug users represent 78 percent of the 1 million HIV cases in the country.

In our letter, we called for clarity from Mr Fedotov, but got no comment. Instead, we received a confusing reply from another senior staff member, which avoided the pointed questions we asked. This is part of an on-going pattern in

UNODC Executive Director Yuri Fedotov

which Mr Fedotov has refused to answer questions on specific HIV prevention measures since taking office.

Indeed, one of our questions to Mr Fedotov was whether he would make a public statement at the UN drugs summit in Vienna. However, there was no mention of HIV/AIDS in his opening speech during the UNCND, and when questioned about it on Twitter, he said his mention of health implied HIV.

It is this clear discomfort with stated UN policy on HIV prevention that seeped into Mr Fedotov's report on the subject submitted to the UN Drugs Commission.

The very words 'needle exchange' and 'opioid substitution therapy' seemed taboo and buried under euphemisms such as 'sterile devices' and 'pharmacological interventions'.

Worse, an agreed package of HIV prevention interventions, to which the UNODC is a co-sponsor alongside UNAIDS and WHO, was misrepresented to downplay OST and raise the prominence of abstinence-based drug treatment instead.

When quizzed on this, the UNODC claimed it was an editing error, but the entire document is shaped by this relatively subtle change, with HIV prevention throughout being posited as a subset of drug dependence treatment. This is effectively to change the nature of HIV prevention strategies away from agreed evidence-based approaches and towards interventions for which there is no evidence of effectiveness.

Neither of these events went unnoticed by governments.

Some UN member states were furious about the censorship of civil society and made this known. Others were angry about the change in agreed policy and demanded a correction in front of the entire Commission, which was given.

But it was the Russian delegation that, on the final day of the Commission, challenged our intervention and called into question our ability to speak at such events. The is the same government that shut down a Moscow-based HIV prevention website a few months ago for criticising government policy and the same government whose record on HIV prevention and criminalisation of OST led us to come out against the appointment of Mr Fedotov in the first place.

"Some UN member states were furious about the censorship of civil society and made this known. Others were angry about the change in agreed policy and demanded a correction in front of the entire Commission, which was given."

Our experiences in Vienna confirm the concerns we had 2 years ago about Mr Fedotov's appointment. The UNODC is now an agency uncomfortable with its own HIV mandate and acting to defend itself and its Executive Director from criticism because of it.

This is no way to beat HIV and no way for a UN agency with responsibility for HIV prevention to behave. ■

Eliot Ross Albers is the Executive Director of the International Network of People who Use Drugs (INPUD)

Rick Lines is the Executive Director of Harm Reduction International (HRI)

Booze tax won't faze students

AN Auckland University of Technology (AUT) study has shown cranking up the excise on alcohol won't be enough to get binge-drinking university students off the sauce.

The study, regarded as the first of its kind, tested how much money New Zealand and Australian students would pay for alcohol. It found they were happy to pay more for the same number of drinks and would simply buy more if the strength of the alcohol was reduced.

"In this particular piece of research, the price was increased by as much as 25 percent, with no significant change," said Andrew Parsons, Associate Professor of Retailing at AUT.

"What we found is that taxation is going to have to be very, very high for it to actually work."

And unlike anti-smoking campaigns, he said, the government was sending mixed messages about alcohol that were an "insidious" endorsement of student norms about the acceptability of getting wasted.

DMAA banned

DMAA (1,3-dimethylamylamine), the latest high-profile compound used in party pills, has been banned in New Zealand as of the start of April under the temporary notice scheme.

Associate Minister of Health Peter Dunne said that DMAA was the first substance other than a synthetic cannabinoid to be banned using the new system.

While 25 compounds have been restricted using temporary notices, the rate at which new herbal highs are coming to the market is not slowing down.

Alcohol bill back in June

THE Alcohol Reform Bill is set to come back to Parliament for its final reading in June, Justice Minister Judith Collins announced recently.

Minor changes to the bill will restrict ready-to-drink beverages and stop small convenience stores selling alcohol.

Green MP Kevin Hague was cynical of the motives and timing of the government's announcement.

"It doesn't make the major impact it needs to on price, hours and availability, which are the things that make the big difference," Mr Hague said.

Activist gets off cannabis charges

A WOMAN caught growing 62 cannabis plants to help her husband relieve the phantom pain he suffers following a double amputation has succeeded in having her charges thrown out.

Victoria Davis, a former Tasman mayoral candidate, said she only grew the drug to help her husband's suffering, and the judge agreed.

She was upset she had been made to go to court, believing she should have been given Police diversion as a first-time offender. Police had not supported that as they "unfairly" saw the offence as too serious, she said.

She told Police it was the first time she had grown the drug, and it was the only drug effective in treating her husband's pain. There was no suggestion the cannabis was being grown commercially.

She said she was totally opposed to any young person taking any drugs or drinking alcohol, but she had felt compelled to help her husband.

New Zealand Drug Foundation Executive Director Ross Bell said research showed most New Zealanders saw drug use as a health issue rather than a legal issue, and the Davis decision was a case where the court could show some compassion.

The judge said he did not believe he was setting a precedent with his decision as the facts of the case were special and spoke for themselves.

Alcohol warnings to pregnant women

PREGNANT women are set to be at the heart of a new warning campaign on New Zealand and Australian alcohol products to be phased in over the next 2 years.

The change comes after Australia and New Zealand's Legislative and Governance Forum on Food Regulation agreed to introduce labels warning of the risks of drinking while pregnant.

There are many known risks to the health of unborn babies affected by alcohol, including miscarriage, stillbirth, and the risk of lifelong defects such as foetal alcohol spectrum disorder. Internationally, 600 babies are born every year with foetal alcohol spectrum disorder – an irreversible form of brain damage.

Alcohol Advisory Council (ALAC) Chief Executive Gerard Vaughan said the warnings were a start but did not go far enough.

"To be effective, health advisory labels need to be linked to the advice women receive from doctors, midwives and other health professionals."

Medical resources published by the Ministry of Health to advise doctors on what to tell patients say "there is no known safe amount of alcohol to consume at any stage of pregnancy" yet about 30 percent of pregnant women in New Zealand still drink alcohol, according to their data.

Random drug tests by 'stealth'

TWO companies have had employee dismissals based on drug-test results overturned after the tests were identified as procedurally flawed.

Coca-Cola Amatil and Contour Roofing both subjected employees to random drug tests, and both

dismissed an employee based on the results. Random testing is permitted in New Zealand but must be carried out according to a company's alcohol and drug policy. Employees may not be tested without 'reasonable cause'.

In both cases, the companies carried out random tests in a way that was contrary to their drug and alcohol policies, and while both results came back positive, a court ruled that a flawed drug test cannot be validated retrospectively by a positive result.

Both cases serve as a reminder to employers of the importance of having a well-drafted alcohol and drug policies and of adhering to procedural standards when carrying out testing.

Hello Sunday Morning New Zealand launch

HELLO Sunday Morning (HSM), a movement that encourages people to forgo alcohol for a period of time, is officially launching in New Zealand on 14 May 2012.

HSM was started in 2008 by 22-year-old Australian Chris Raine. Chris had a "road to Damascus" moment when he woke one morning with a killer hangover and knew his drinking had to change. He spent the rest of that year reading about Australia's drinking culture and made the commitment to forgo alcohol for the entirety of 2009. He chronicled his fast in his blog, Hello Sunday Morning, which attracted a large audience from Australia and around the world.

In 2010, Chris launched the HSM website, a place where others who want to change their own drinking habits can register and blog about their alcohol fast. Since then, over 3,700 people have used the site to write about their own journey.

New Zealand HSM was officially launched by Chris this month. There are already more than 400 Kiwis using the site to document their fast, but Chris is hoping to grow that to 2,000 by the end of July.

HPA head appointed

CLIVE NELSON has been appointed as the first Chief Executive of the new Health Promotion Agency.

Mr Nelson is currently Corporate Strategy and Communications Manager for Watercare Services Limited. While in this role, he was seconded to work alongside the Executive Chairman and Board of the Auckland Transition Agency, managing communications and stakeholder relations during the creation of the Auckland Supercity.

Prior to this, he worked for many years in newspapers – as a reporter, features editor and editor, before becoming Business Manager of Fairfax's Sunday Newspapers and General Manager of the company's national and specialist publishing group.

Mr Nelson will take up his new role when the Health Promotion Agency, created from the merger of the Alcohol Advisory Council of New Zealand and the Health Sponsorship Council, is established from 1 July 2012.

Dr Lee Mathias, chair of the Health Promotion Agency Establishment Board, says Mr Nelson will bring a fresh and valuable perspective to the new agency.

"It's exciting to have someone with Clive's skills and experience to build on the great work and achievements of the Alcohol Advisory Council of New Zealand and the Health Sponsorship Council.

"Clive brings an impressive depth of strategic communications and change management experience to this role that will be advantageous as the new agency meets the challenge to deliver more innovative, high-quality and cost-effective health promotion."

Mules cruise ends with jail

A US judge has described an attempt to smuggle $3 million of cocaine into New Zealand as "the dumbest" thing he has ever had to sentence anyone for.

The couple, Tony Wilkinson and Kirsty Harris, engaged in drunken fights and took cocaine in front of fellow passengers on the P&O cruise ship *Aurora* while attempting to travel incognito.

During the cruise, Harris cheated on Wilkinson with another alleged cocaine smuggler from Australia. This lead to a fight, which led to Homeland Security officials investigating.

During his sentencing, judge Jeffrey White said that the couple was guilty of felony stupidity.

While this is a comical example, it has highlighted the issue of how open New Zealand's ports are to cruise passengers bringing in drugs, with the Customs Service saying that it currently only uses sniffer dogs where it has "determined a need to do so".

Balloon pilot may have been high

THE interim report released by Transport Accident Investigation Commission (TAIC) about the Carterton balloon crash showed that the pilot, Lance Hopping, tested positive for cannabis.

TAIC made it clear that it is still unknown whether cannabis had caused impairment leading to the crash that killed 11 people.

New Zealand Drug Foundation Executive Director Ross Bell said cannabis can be present in the blood of a person, but not cause impairment, for up to 3 weeks.

The TAIC's final report will be completed by March next year. ■

Keeping war zones dry

AN ATTACK on unarmed civilians in Afghanistan by an American soldier has raised questions about the presence of alcohol in war zones – after allegations the soldier may have been drinking.

The US military's General Order No 1 prohibits the possession or consumption of alcohol in five countries, including Iraq and Afghanistan. Still, alcohol finds its way onto bases and outposts, either smuggled in by soldiers, bought at local markets or delivered in packages from home – sometimes doctored with food colouring to make it look like mouthwash.

The war on alcohol amongst troops has since spread to the Navy, where sailors reporting for work are routinely subjected to breathalyser tests. Authorities have reported the scheme a success, claiming a 45 percent decrease in alcohol-related incidents. They are looking to spread it across the entire US military.

Australian National Council on Drugs position statement

IN RESPONSE to the on-going debate regarding the use of naltrexone implants to treat opioid dependence, the Australian National Council on Drugs (ANCD) has released a position statement and a factsheet.

The statement contains 10 points that summarise the Council's position on opioid treatment. These include pledges of support for a number of treatment mechanisms, their views and positions regarding different types of treatment and a series of recommendations for the future of opioid dependence treatment.

The factsheet gives background and clarification to the ANCD's statements by defining a number of terms and explaining certain parts of the science behind their position statement.

The statement and factsheet are a single document that can be downloaded from the ACND's homepage.

Prescribed drugs blamed for US soldiers' violence

MORE than 110,000 army personnel were given antidepressants, narcotics, sedatives, anti-psychotics and anti-anxiety drugs while on duty last year – an eightfold increase in martial drug use since 2005.

In one case, an Air Force pilot who had taken a tablet of Dexedrine, a prescribed amphetamine, every 4 hours during a 19-hour flight, started hitting his friend in the head and accusing him of kidnap and then stole a car to "look for terrorists".

Another soldier, who was hearing voices, told doctors he was feeling suicidal and was prescribed a number of anti-depressants. He then randomly shot a Taliban prisoner in the head.

In the recent case of Staff Sergeant Robert Bales, accused of massacring 17 Afghan civilians, his lawyers are currently probing whether a cocktail of prescribed drugs may have triggered a psychotic episode.

However, Col Carol Labadie, the US pharmacy chief, said the increase in military prescriptions was comparable to the world standard.

Drug use, especially stimulants, was banned in the US military 10 or 12 years ago, but since the Iraq war, many troop deployments are only approved if medications are prescribed.

Cleaning up the 'hood

INSTEAD of arresting some drug dealers they'd been surveilling, undercover Police in Virginia invited them to Police headquarters, on the promise they would not be arrested. When they arrived, they met not only Police and prosecutors, but also family members, people from their communities, local pastors and representatives from social service agencies. The Police offered them a choice: deal again and be prosecuted next time, or stop and the people at the meeting would help turn their lives around.

This radical approach in the war on drugs is known as drug-market intervention (DMI), where restoring community life is the main aim. With drug markets come a range of other problems for communities, such as prostitution, muggings, robberies, declining property values and the loss of businesses and public safety.

Traditionally, drug policing targets both users and dealers, which creates a number of problems. Dealers are replaceable, and arrests promote antagonism between the Police and the mostly poor communities where drug markets are found

Shutting down markets, on the other hand, removes the conditions that let crime flourish. Drug sales may still occur in poor neighbourhoods, just as they do in wealthy ones, but they do so behind closed doors, and they do not have the same bad effect on community life.

While it is too early for Police to forecast results, case studies of similar initiatives in other cities have proven successful.

Drug gangs overshadow Mexican election

JUST a month after taking office, Mexican President Felipe Calderon stood before a group of soldiers in western Mexico and pledged to put a stop to drug-related violence.

Turf wars between drug cartels were spreading deep into Mexico extortion was a growing menace and hitmen had resorted to new levels of brutality, dumping severed heads in public.

But since making his promise, the drugs war has taken a much heavier toll, claiming more than 50,000

lives. His decision to use the army to crush Mexico's drug gangs has dominated his presidency and set off a spiral of violence that shook confidence in the security forces and has lessened support for his political party.

Mexicans will return to the polls to choose a new president this year, and Calderon, who cannot run for a second term, has laid bare the limits of the state's power against organised crime.

Rather than handing over a safer Mexico to his successor, whoever succeeds Calderon will face the menace of the cartels, which looms larger than ever in the Mexican public consciousness.

Ban makes drug more popular

MOVES to criminalise mephedrone in the UK appear to have backfired after surveys have shown the drug's increasing popularity.

The first survey was conducted in July 2010 at a number of gay-friendly clubs, where 27 percent of people questioned said they had or were going to take the drug that night.

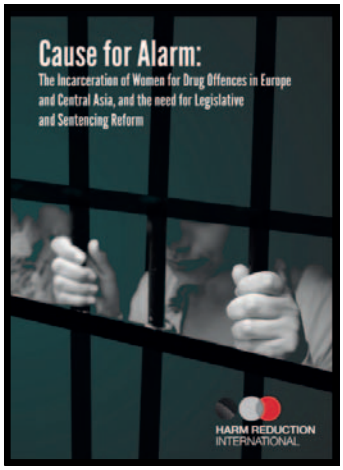
A follow-up survey was conducted in July 2011 at the same venues, where 41 percent said they were taking the drug that night.

Gay club-goers are seen as 'early adopters' of psychoactive drugs, so the researchers claim the findings are likely to have implications for the wider population in the future.

The popularity of mephedrone, which produces a mild sense of euphoria but has been blamed for paranoia, heart palpitations, insomnia and memory problems, has led to price increases. A gram of the synthetic drug costs around £25 now compared with around £20 a year ago. Prior to the ban, it cost £10 a gram.

Its increased popularity is thought to be partly the result of the falling quality of cocaine, which costs around £40 a gram but is mixed with other agents.

The incarceration of women for drug offences



HARM Reduction International (HRI), one of the world's leading organisations promoting policies and practices that reduce the harms from drugs, has recently released a report on the state of female incarceration in Europe and Asia for drug offences.

The report sets out to answer two questions: how many women are in prison for drugs in Europe and Asia, and what proportion of the total female prison population do these women comprise?

Some key findings of the report research of 51 countries suggest there are more than 112,500 women in prison across the region. Of these, more than 31,000 (28 percent) are in prison for drug offences. This represents more than one in four incarcerated women in the region.

The report is intended to shed light on this problem, beginning with the influence of drug enforcement on female prison populations. Given the high percentage of women incarcerated across the European and Central Asian region for drug offences, it is clear to the HRI that legal and sentencing reform is an urgent requirement.

Access the report at www.ihra.net.

Australian government should legalise and tax drugs

THE WAR on drugs in Australia has failed. That's the message of a new report calling for a national debate on the controversial topic of decriminalisation.

The report, put together by not-for-profit think-tank Australia21, urges politicians to face the taboo subject and says a massive rethink is needed to tackle the illegal drug trade that allows organised crime to flourish and is "killing our children".

The report draws on the views of high-profile Australians and health experts and argues that the tough law and order approach is doing more harm than good.

The report also includes the views of former federal law enforcement officers, health ministers, and premiers. Former NSW Director of Public Prosecutions Nicholas Cowdery is quoted as being "strongly in favour of legalising, regulating, controlling and taxing all drugs".

"A first step towards such a regime could be decriminalisation, similar to the approach adopted 10 years ago in Portugal," he writes.

But he does not advocate making all drugs available to "anybody wanting them".

Governors to get on top of prescription drug abuse

GOVERNORS from across the US have begun studying prescription drug abuse and plan to develop best practices that can be used by their state governments.

The National Governors Association's new prescription drug academy will develop ways states can reduce prescription abuse nationally. The programme resulted from discussion among state chief executives about what they see as a growing issue that involves health and criminal justice policy.

The group plans to work with seven states – Colorado, Alabama and five others soon to be chosen in a competitive bidding process – in the first year to develop policies and procedures.

Among issues likely to be tackled are pill mills and doctor-shopping for prescriptions. The goal is for a comprehensive strategy tackling all aspects of the issue, and findings will be included on the National Governors Association web page, including case studies on the seven states.

Believing you've been drinking still does the job

FRENCH psychologists say they have confirmed the folklore that a glass in your hand will make you feel sexier, smarter and funnier, even when others privately think you are an idiot.

They carried out a two-stage study. In the first stage, 19 drinkers, two-thirds of them men, were asked to assess their attractiveness on a scale of 1 to 7 while drinking in a bar. Their alcohol levels were measured by a breathalyser, and true to form, the higher the amount of booze, the rosier the self-assessment.

In the second stage, 94 men were invited to taste-test a new fruit cocktail on behalf of a bogus research firm. They were told that half of the volunteers would be given an alcoholic version of the cocktail and the others would be given a non-alcoholic version. No-one knew which was which.

They were then asked to write and deliver a filmed message that was supposed to be used in advertisements for the new brand, and then watch and rate their performance for attractiveness, brightness, originality and humour.

Curiously, those who believed they had drunk alcohol gave themselves high self-assessments, regardless of whether they had imbibed any booze or not, and those who believed they had not drunk any alcohol gave themselves a low assessment, even when there had been a hefty shot of pure alcohol in their drink.

The study showed that the mere fact of believing that you have drunk alcohol makes you feel more attractive, and the alcohol dose has no effect in itself.

Pot legalisation foe getting rich off the drug war

THE LOBBYIST who helped kill California's Proposition 19, the 2010 ballot measure that would have legalised recreational marijuana, has constructed an entire business model around keeping pot illegal.

While fighting against the proposed law, lobbyist John Lovell accepted nearly $400,000 from a wide array of Police unions, some of which he also represented in attempting to steer millions of federal dollars towards California's marijuana suppression programmes.

The revelation illustrates how Proposition 19 threatened the pay cheques of some of its biggest foes. Police departments stood to lose lucrative federal grants, like a $550,000 payment in 2010 to Police departments in three northern California counties that covered 666 hours of Police overtime spent eradicating marijuana. And Lovell would have presumably lost his job as the guy who helped land those kinds of grants.

Police unions and their lobbyists weren't the only economic interests with a stake. The alcohol industry and prison guards also contributed money to fight the measure. And on the other side, the passage of Proposition 19 would have given thousands of 'hempreneurs' behind the state's $1.3 billion medical marijuana industry some serious motivation.

Another week, another drug

EVERY week, at least one new drug is detected in the European Union, according to *EMCDDA-Europol 2011*, an annual report on new psychoactive substances. Forty-nine new psychoactive drugs were officially notified for the first time in 2011 via the EU early-warning system (EWS), representing the largest number of substances ever reported in a single year, up from 41 in 2010 and 24 in 2009.

Of the 49 drugs notified in 2011, all of which were synthetic, the majority were either cannabinoids or cathinones. These now represent the two largest drug groups monitored by the EWS and, together, make up around two-thirds of the new drugs reported last year.

"The speed at which new drugs appear on the market challenges established procedures for monitoring, responding to and controlling the use of new psychoactive substances," states the report.

Highlighted as significant in 2011 was the increasing number and diversity of synthetic cannabinoids, of which five new chemical families were detected. Responding to health concerns, some countries, such as Ireland, Italy, Austria and the UK, have adopted 'generic controls' on chemical families as well as controls on individual substances.

The worst liquor flavours of all time

WHAT'S the weirdest tasting liquor you've ever downed?

Companies across the board are trying out ever-wackier flavours, with inspiration running the gamut from sweet (peanut butter and jam anyone?) to downright scary (Waiter, there's a scorpion in my drink).

Huffington Post, an American news website, recently collected some of the "most original" liquor flavours out there. These included some standard food flavours, such as peanut butter and jam, smoked salmon, dill pickle and bacon vodka (why eat it when you can drink it?).

There were some even weirder flavours, with hemp seed, candy floss and wasabi also on the list. But the craziest flavoured vodka has to be scorpion, which comes with a floating (dead) scorpion. Does anyone, apart from *Man vs Wild's* Bear Grylls, even know what scorpion tastes like? ■

Substance and Substantiation

Is cannabis legal in the Netherlands?

Mythbusters takes a closer look at the nuanced drug policy of the Netherlands and finds that, just because you might not get arrested for possession of cannabis, it doesn't mean that it is legal.

AMSTERDAM is traditionally viewed as a 'stoner's paradise'. A place where pot is legal and the cops can't do anything to stop you lighting – or even shooting – up. But most people's knowledge of Netherland's drug policy comes from the opening scene of *Pulp Fiction*:

> **Jules:** So, tell me again about the hashbars?
> **Vincent:** Okay, what you wanna know?
> **Jules:** Hash is legal there in Amsterdam, right?
> **Vincent:** Yeah, it's legal, but it ain't a hundred percent legal. I mean, you can't just walk into a restaurant, roll a joint and start puffing away. You're only supposed to smoke in your home or certain designated places.
> **Jules:** And those are hashbars?
> **Vincent:** Yeah. It breaks down like this: it's legal to buy it, it's legal to own it, and, if you're the proprietor of a hash bar, it's legal to sell it. It's still illegal to carry it around, but that doesn't really matter 'cause... get a load of this: if you get stopped by the cops in Amsterdam, it's illegal for them to search you. I mean, that's a right the cops in Amsterdam don't have.
> **Jules:** [laughing] I'm going, that's all there is to it, I'm fuckin' going.
> **Vincent:** Yeah baby, you'd dig it the most.

Vincent is only half correct. The Opium Act (1976) of the Netherlands states that cannabis plants are banned. This is in accordance with the many treaties that the country has signed. However, small quantities and small-scale cultivation of cannabis is tolerated.

What the law boils down to is a distinction between 'soft' and 'hard' drugs. Soft drugs, like cannabis, are tolerated for personal recreational and now medicinal use. Hard drugs, like cocaine and heroin, are not tolerated – from production to consumption.

Toleration for soft drugs only extends so far, and in the case of hashbars or coffee shops, they need to follow some simple rules to continue being tolerated.

"Soft drugs, like cannabis, are tolerated for personal recreational and now medicinal use. Hard drugs, like cocaine and heroin, are not tolerated."

They are not allowed to advertise, sell hard drugs, sell to people under 18, sell more than 5 grams per sale, also sell alcohol or be within a certain distance of a school (or the Dutch border).

Each local government area sets the level of toleration exercised by its authorities. Some have stopped coffee shops being within 250 metres of schools while others have pushed that boundary up to 500 metres. Some municipalities have specially marked outdoor areas where cannabis use is tolerated, while others have areas where it is not tolerated.

A recent law change in the Dutch Parliament will mean that coffee shops need to operate as a private club. They will need to have members, their members need to be Dutch residents and each club has a limited number of members (no more than 1,500).

It's also important to point out that the number of coffee shops is declining, and with the change in law, it is likely that this number will decline further.

There is a public health consideration in tolerating cannabis. As we see in New Zealand, legality is not really a barrier to use. Toleration within narrow boundaries creates a set of conditions that minimise the harm caused to the individual and to society.

Toleration also allows the Netherlands to monitor the health of people who use drugs and provide comprehensive and successful recovery programmes which has seen cannabis use overall decline in the Netherlands over the past decade.

So while Mythbusters loves *Pulp Fiction*, it looks like Vincent was wrong and potentially responsible for a generation of people thinking cannabis is legal in the Netherlands. ■

Unfortunately, the February 2012 edition of Mythbusters, **Is meth really all that bad for you?**, included an error. The article said methamphetamine contained the chemicals anhydrous ammonia (found in fertilisers), red phosphorus (found on matchboxes) and lithium (found in batteries). In fact, these chemicals are key ingredients in the production of methamphetamine. Pure methamphetamine ($C_{10}H_{15}N$) does not contain them. We apologise and admit the myth of Mythbusters infallibility has been busted.

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