

Little by little

Media coverage always needs two sides, so when the issue is addiction to alcohol or illicit substances, the tone is generally disapproving. But are there instances when society would accept the media taking a sympathetic stance of that which is outlawed? Is it time for a more understanding approach to the illness of addiction?

Little by little

COVER: Reporting on addiction and recovery and drugs generally is negative, but responsible reporting is starting to shine through.

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hola!

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Catching up with reality

The *DSM-V* marks a shift in the way addiction is diagnosed. Is it a radical shift or is it just catching up with the reality of practice?

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Movies often portray drug use as fun time with few consequences. Does pop culture drive addiction?

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The politics of price

Is good policy at the mercy of politics? David Young and Shannon Hanrahan investigate the politics of putting a minimum price on alcohol in the UK.

Become a member

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

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

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www.drugfoundation.org.nz

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Co-leader of the Maori Party and Associate Minister of Health Tariana Turia talks to *Matters of Substance* about alcohol, tobacco and public health.

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ROSS BELL
Executive Director

SOME very interesting new survey data on New Zealanders' drinking habits were released last month to surprisingly little fanfare. The lack of media attention – in marked contrast to the massive coverage of our nation's drinking problem during the Alcohol Reform Bill debate – did not pass without remark from Hospitality NZ, who opined a conspiracy of silence was at hand. Regardless, the findings are worth a closer examination to assess whether this country really is turning things around.

Data from the latest National Health Survey indicate very positive shifts in hazardous drinking patterns, especially among younger New Zealanders.

Overall consumption was down from 84 percent of the population drinking in the past year (2006/07 survey) to 80 percent (2011/12).

Hazardous drinking rates for males have fallen from 30 to 26 percent, but were virtually unchanged for women at 13 percent.

People aged 18-24 years (particularly men) remain at higher risk of hazardous drinking. However, the rate of hazardous drinking has decreased significantly in past year drinkers in this age group from 49 to 36 percent.

Releasing the research, Associate Health Minister Peter Dunne described these as “encouraging results.” We agree. But let's not get ahead of ourselves, especially when we come to unpicking what might be driving the change.

Are we all ‘easing up on the drink’ thanks to the determined work of the Health Promotion Agency? Or was the high level of the public's political engagement in the alcohol law reform process the wake-up call we needed to start questioning our drinking habits? Maybe and perhaps.

Or was it the economy, Stupid?

International research suggests drinking decreases during recessions as incomes shrink and people tighten their belts. That's a neat explanation for the changes in consumption here, especially considering our level of youth unemployment. But the same research also suggests that, while total consumption may decline, hazardous drinking increases; and that isn't reflected in our new data.

Whatever factors are at play (and we sincerely hope the recent alcohol law reform will accelerate these positive shifts), we also share Minister Dunne's caution that the changes need also to be reflected in future surveys before we start popping any corks.

Finally, I would like to personally invite you to attend our 2013 International Drug Policy Symposium. We're taking a good look at all things related to cannabis and health in our “Through the maze” biennial, with a special examination of what has changed in the years since our last cannabis conference in 1993. What does evidence now tell us, what interventions do we have, and how should our laws respond?

Please register now – we may not do this again for another 20 years! ■

@DAMIANCHRISTIE As my old Nana used to say (may she rest in peace): If you don't find something funny the first time, try it stoned.

05 FEBRUARY

@JOSHCOMERS When I see someone smoking an electronic cigarette, I know that person used to be cool. 13 MARCH

@PEBBLESHOOPER So many glue enthusiasts on Queen Street today! 13 MARCH

@SIMONBRADWELLNZ Of all the addictions to admit to, “news junkie” is the lamest. 21 APRIL

@MENTALANNIE Just had to explain 4:20 to a grown man. Maybe I'm more of a badass than I thought. 21 APRIL

* KEY EVENTS & DATES

2013 International Harm Reduction Conference Vilnius, Lithuania

This 23rd conference is a must-attend for harm reduction practitioners from around the world.

www.ihra.net/conference

Mental Health and Addiction Nursing Conference Auckland, New Zealand

For all nurses who want to get a better handle on mental health and addiction best practice.

www.conference.co.nz/mhn13

Cutting Edge 2013: Crossing the Border (into community care)

Rotorua, New Zealand

DAPAANZ is hosting Cutting Edge again this year with the theme of Crossing the Border into community care. There will be workshops on the days before and after for those interested.

www.cuttingedge.org.nz

Through the Maze: Cannabis and Health Auckland, New Zealand

The New Zealand Drug Foundation is hosting a conference about cannabis. Essential to attend for all AOD people.

www.drugfoundation.org.nz

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NZ.



SYNTHETICS LAW

Game changer on NPS

New psychoactive substances (NPS) are set to be regulated under new legislation introduced to Parliament.

Associate Minister of Health Peter Dunne has labelled the Psychoactive Substances Bill a “game changer” that reverses the onus of proof onto the industry to show their products are ‘low risk’ before they can be sold.

“This legislation will clean up what has been a highly irresponsible legal highs industry to date,” Mr Dunne said.

The Bill sets up a regulatory authority within the Ministry of Health that will issue guidelines for manufacturers, importers and sellers of psychoactive substances.

New Zealand Drug Foundation Executive Director Ross Bell welcomed the Bill.

“The Bill is a comprehensive and thoughtful response to what is proving to be one of the biggest challenges to drug policy makers around the world,” Mr Bell said.

“As we have seen over the past few years, NPSs are causing harm in our communities, and this Bill will allow the government to regulate the current Wild West scenario.”

At its first reading in Parliament, the Bill was met with cross-party support. At the time of print, submissions had recently closed. The Bill is set to come into force on August 1.

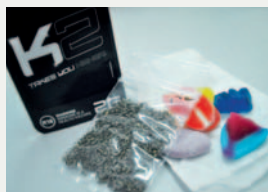
RESOURCES

For a synopsis of the Bill, visit <http://nzdrug.org/YwYAso>

For the Drug Foundation's submission and latest news, visit <http://nzdrug.org/PSBsubmission>

The full Bill and progress through Parliament can be seen here: <http://nzdrug.org/psychoactivesubs>

02 A sweet high



A NAPIER dairy has been giving out free lollies with every sale of synthetic cannabis.

The owner of the Maraenui Dairy is reported to have said he used this tactic so children did not know he was selling drugs.

He also said he would try and stop selling the substances due to community concerns.

Matters of Substance contacted the Maraenui Dairy to see if they had stopped giving out lollies when selling legal highs or if they had stopped selling the products entirely.

The owner refused to comment, and sources say that the dairy is still selling synthetic cannabis.

03 Online drug buying

1,400

THE NUMBER OF PARCELS INTERCEPTED BY THE NEW ZEALAND CUSTOMS SERVICE CONTAINING DRUGS IN 2012.

IN EARLY February, a 27-year-old man was sentenced for importing drugs via the online marketplace Silk Road.

Late last year, a 19-year-old man was found to have imported over 60 packages containing MDMA, which he had purchased from another online drug marketplace.

Customs Manager of Investigations Mark Day said the Service was increasingly finding packages containing small amounts of illicit drugs that were linked to sites such as Silk Road.

“These websites are known to us, and our intelligence capabilities include close monitoring of these sites,” Mr Day said.

04 Hidden costs of homelessness

THERE are rising concerns about the cost of homelessness after figures released by the *Dominion Post* show vulnerable people are being discharged to shelters or back onto the street.

The Capital and Coast District Health Board showed there were 41 discharged to the Wellington Night Shelter and a further 85 to ‘no fixed abode’.

Wellington Night Shelter Manager Mike Leon said that some never turned up to the shelter and, inevitably, most returned to the hospital.

“We are pouring money into tertiary care ... to get them to a point where we can kick them out again. It’s incredibly wasteful.”

MIKE LEON

05 PLAIN PACKS

\$8m



The estimated legal cost to the New Zealand Government to defend tobacco plain packing legislation at the World Trade Organisation.

Tobacco-producing nations the Dominican Republic, Indonesia and Nicaragua submitted to the Ministry of Health that such legislation would be in breach of international trade obligations.

Associate Minister of Health Tariana Turia announced in February that New Zealand will go ahead with plain packaging.

06 Cannabis stroke risk



“CANNABIS has been thought by the public to be a relatively safe, although illegal, substance. This study shows this might not be the case; it may lead to stroke.”

University of Auckland’s Professor Alan Barber talking about new research showing that cannabis use may double stroke risk in young adults.

The research looked at 160 patients in Auckland and relied on urine screens upon admission to hospital.

07 Police discretion questioned



THERE HAS been a rise in the number of 10- to 16-year-olds being prosecuted for drug possession.

Figures released by JustSpeak show that there has been a 50 percent increase in young people being prosecuted since 1994.

In 1994, there were 52 prosecutions of people between the age of 10 and 16 for drug possession/use offences. In 2011, that number had increased to 2,011, while the number of people apprehended had remained about the same.

JustSpeak have pointed out that that increased prosecution of minors means the Police have a long way to go realising their goal in the Youth Policing Plan 2012–2015 to “wherever possible and appropriate, divert children and young people away from the formal youth justice system”.

08 ‘Like’ alcohol?



FACEBOOK and other social media sites are being used by alcohol companies to target alcohol marketing to young New Zealanders according to recent research.

Massey University psychology lecturer Dr Antonia Lyons said bar and alcohol brand pages and marketing is being integrating seamlessly with users’ conversations, photographs and comments.

“There’s a lot of viral marketing going on. The distinction between whether the online materials are made by a user or a brand is blurred. It seems like it is coming from a friend and not an alcohol product,” Dr Lyons said.

“Despite the vast amount of alcohol products, events and marketing on the internet, particularly on Facebook, this content just wasn’t viewed as marketing”.

09 UPDATE



60%



NUMBER OF CANTABRIAN SMOKERS WHO WERE TRYING TO QUIT AT THE TIME OF FEBRUARY EARTHQUAKE AND HAVE RELAPSED.

25%



OF FORMER SMOKERS FROM CANTERBURY HAVE STARTED SMOKING AGAIN SINCE FEBRUARY EARTHQUAKE.

35%



OF CANTABRIAN SMOKERS HAVE INCREASED TOBACCO CONSUMPTION.

17%



OF INPATIENTS PRESENTING AT CANTERBURY’S HOSPITALS IDENTIFIED THEMSELVES AS SMOKERS.

World.

01



“Act on evidence”

UNITED NATIONS Development Programme Administrator and former New Zealand Prime Minister Helen Clark said that the War on Drugs had failed and criminalisation was creating more problems for Latin American countries.

Ms Clark said that, as a former health minister, the health position would be to treat the issue of drugs as a health and social issue, not a criminal one.

“Once you criminalise, you put very big stakes around. Of course, our world has proceeded on the basis that criminalisation is the approach.” HELEN CLARK

02 France trial safe drug house



A ‘safe house’ for people using intravenous drugs is opening in Paris later this year.

The rooms, known as salles des shoot (shoot-up rooms), will provide

sterile equipment, medical supervision and health advice for the people who use them.

France’s Minister for Health, Marisol Touraine, said that these would be an experiment and that other safe houses would open around the country. Public opinion is divided in France, where polls suggest only 45 percent of people support the move. However, the safe houses have the support of the Mayor of Paris, the French Government and President François Hollande.

03 Assemblyman busted for cannabis

AN anti-drug New York politician was found in possession of cannabis after Police pulled him over for speeding.

Assemblyman Steve Katz was found to have a small bag of cannabis after the officer who stopped him “[noted] the odour of marijuana”.

Katz, a Republican, has previously voted against law to allow medicinal cannabis and has taken a hard line against drug use and drunk driving.

04 Opal fuel in OZ



THE Australian Senate has passed a Bill mandating low aromatic fuel to be sold across the country.

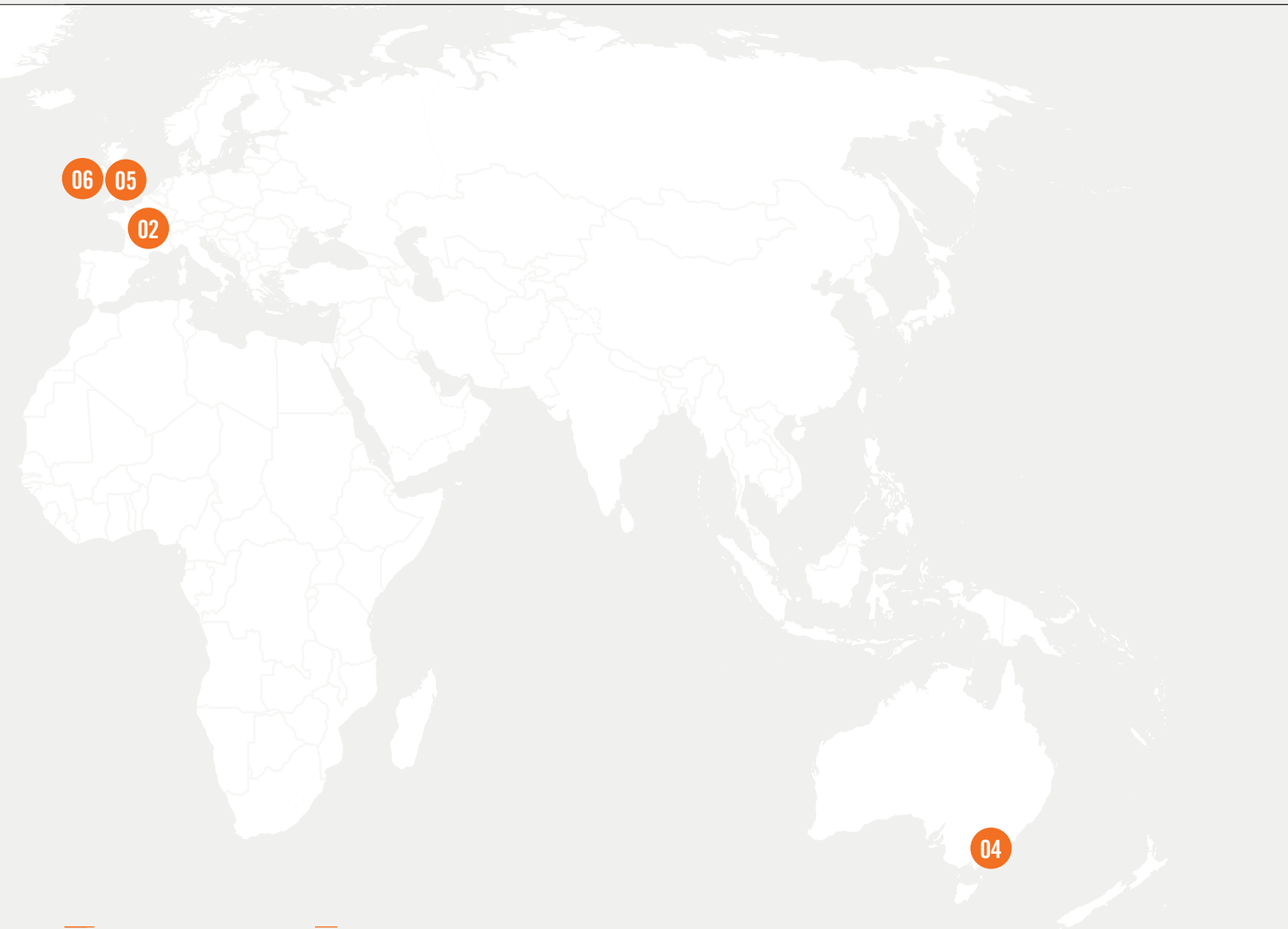
The Bill’s sponsor, Green Senator Rachel Siewart, said the Bill “is a mechanism for the Minister to be able to help those communities that have worked so hard, for so long, to eradicate petrol sniffing and to envision a better future for their children”.

The legislation will now go through the Australian House of Representatives, where it is expected to pass with government backing.

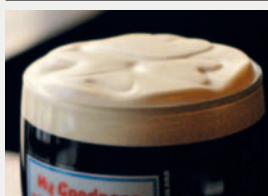
05 5,000 WORDS

DRUG DEALER SENTENCED TO WRITE ESSAY

Convicted cannabis dealer Terry Bennett has been ordered to write a 5,000 word essay by Judge Julian Lambert. The unusual punishment will be about the dangers of cannabis, and if he does not complete it, Bennett could face a year in jail. Mr Bennett noted that cannabis often causes more problems because of the social inertia and stigma that surrounds it. “It would be good if there was no stigma attached to people who want help with weed,” he said.



06 Drunk driving permits



KERRY County Council in Ireland has passed a proposal that will allow rural drivers to apply for permits to drive while over the legal blood alcohol limit.

Councillor Danny Healy-Rae, who happens to own a pub, spearheaded the motion on the basis that “travelling very minor roads ... with very little traffic ... [had] never killed anyone”.

“The only outlet they have then is to take home a bottle of whisky, and they’re falling into depression, and suicide for some of them is the sad way out,” Mr Healy-Rae said.

This move has raised the ire of the Irish Road Safety Authority, Alcohol Action Ireland and the local Labour Member of Parliament.

07 Cannabis Catch-22

DESPITE decriminalisation and legalisation in some states, cannabis is set to remain a schedule I drug in the USA.

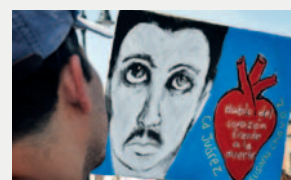
Court of Appeals for the District of Columbia Judge Harry Edwards rejected a petition to change the Drug Enforcement Agency’s (DEA) ranking, citing the lack of large “well controlled studies” on the medical aspects of cannabis.

Senior Staff Attorney for the Drug Policy Alliance Tamar Todd said the USA was stuck in a Catch-22, where the DEA says cannabis needs approval to be removed from schedule I but obstructs the research needed to do this.

“While there is a plethora of scientific evidence establishing marijuana’s safety and efficacy, the specific clinical trials necessary to gain FDA approval have long been obstructed by the federal government itself.”

08 Mexico City drug survey

Mexican research is busting stereotypes about people who use drugs. The recent study of illegal drug users in Mexico City found that people who use drugs were not too different from those who do not use.



27.9%

FINISHED HIGH SCHOOL,
54 PERCENT OF WHOM HAD
OBTAINED AT LEAST SOME
UNIVERSITY EDUCATION



69.9%

WERE ENGAGED
IN FULL-TIME WORK



70.6%

MAINTAINED GOOD
OR VERY GOOD
RELATIONSHIPS
WITH THEIR FAMILY



9.9%

WERE UNEMPLOYED
OR WORKING
WITHOUT PAY



FOR THE FULL REPORT

Visit nzdrug.org/TLzWq7

Little by little

Sex addicts are comic gold, coffee addicts are the epitome of urban cool, but drug addicts? Media coverage always needs two sides, so when the issue is addiction to alcohol or illicit substances, the tone is generally disapproving. But are there instances when society would accept the media taking a sympathetic stance of that which is outlawed? Is it time for a more understanding approach to the illness of addiction? **Keri Welham** reports.







INDSAY Lohan's sunken red eyes, limp hair and pout are the stuff of tabloid legend. Since the starlet's teen flick *Mean Girls* in 2004, she has

become better known for her court appearances than her movie credits.

The 1 April edition of the *New Zealand Women's Weekly* chronicles her latest court appearance – this time for reckless driving and lying to Police – and the sentence of 90 days in a rehabilitation facility, 30 days community service and 18 months of psychotherapy. A strip of mugshots down the right-hand side of the page shows the physical deterioration of the one-time model. It is headlined SHOTS OF SHAME.

This glossy mag coverage of an offshore celebrity's tumultuous life is in stark contrast to the recent coverage of All Black Zac Guildford's revelations regarding alcoholism.

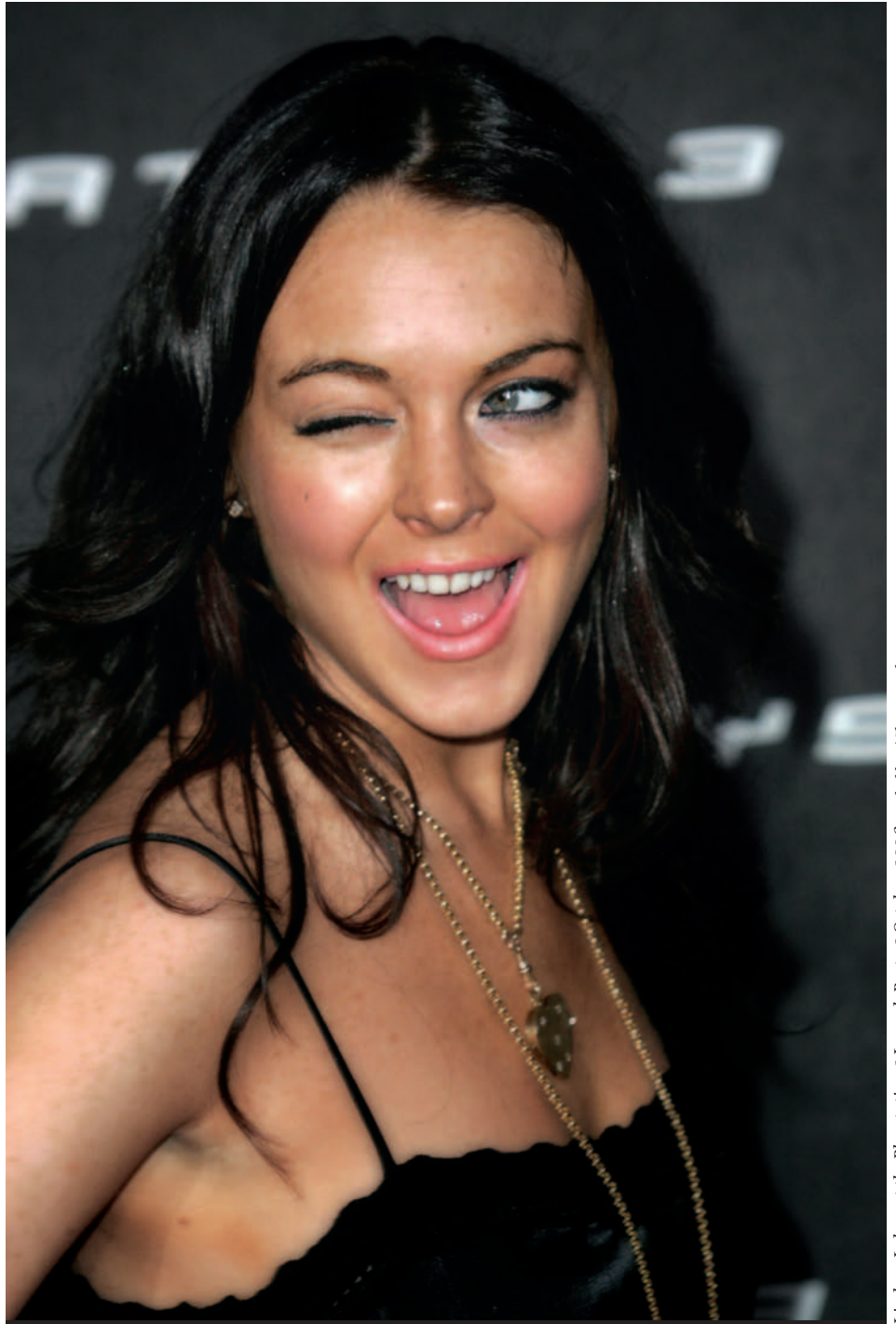
Guildford's alcohol-fuelled misdemeanours – including storming into a Cook Islands' bar, naked and drunk, and punching two men – had secured him his fair share of robust media coverage in the last 18 months. But in late March, when Guildford publicly acknowledged his battle with alcohol, the New Zealand Rugby Union and the national media showed a level of understanding uncommon in issues around addiction. The rugby union offered enlightened comments about its expertise and experience with healing broken bones and how this contrasted with its lack of knowledge around mental illness.

Perhaps this response came down to the fact Guildford's drug of choice is legal or to the fact the young sportsman named his demon so journalists faced no sense of ambiguity when preparing their reports.

Or maybe the Guildford story will come to be seen as a watershed moment when the New Zealand media started to bring the same level of understanding extended to mental illness and disability to the issue of addiction.

Across a variety of sources, it is apparent there are three key barriers to sensitive reporting on drug issues. They are:

- the media's core role (to reflect society, rather than promote change)
- the necessity to deal in facts (which means if someone does not consider themselves an 'addict', or has not been labelled one by an expert, a journalist



Lindsay Lohan at the Playstation 3 Launch Party 8 October, 2006 – s_bulkey / Shutterstock.com



KERI
WELHAM

should not assume or suggest they are one)

- the rule of law (if a drug of choice is illicit, the media will reflect society's disapproval).

But research shows the stigma of addiction is stifling for anyone who is attempting to start recovery, so is there any wriggle room within these journalistic codes?

The introduction to the UK Drug Policy Commission (UKDPC) publication *Dealing with the stigma of drugs: a guide for journalists* acknowledges the potentially positive role the news media could play in recovery.

"Although vast quantities of newsprint and airtime are devoted to reporting on and discussing the impact of drugs in the UK, one aspect of the subject is rarely covered. That is the stigma attached to drug users – particularly those who have recovered or are recovering from addiction – and the

“The rugby union offered enlightened comments about its expertise and experience with healing broken bones and how this contrasted with its lack of knowledge around mental illness.”

effect that has on them, their families and society. Yet the media can play an important role in increasing public understanding about the nature of the condition and ways to overcome it.”

A foreword, written by former Mirror Group political editor David Seymour, says stigma is a significant obstacle for the person trying to get into or stay in recovery. Seymour is the editor of the stigma guide, which was published in the second half of 2012.

“The media can play a critical role in overcoming (the stigma of drug addiction), as it has done in surmounting the stigma which surrounded other groups in society.”

The publication offers examples of language and phrases that can be used to help nudge social change along. It says that, just as society has come to accept that an understanding attitude to people who are disabled or mentally ill helps them have a normal life, people with problematic drug use also benefit from understanding attitudes – although there may be the stumbling block of their criminality.

The media has become an increasingly important influence on public understanding of mental illness and disability. It has not been a swift process, and focused by sales or viewers, the media never runs too far ahead of public opinion.

“The art of subtly turning around attitudes is to be just far enough in front to allow readers, viewers and listeners to connect between their existing views and something more informed or enlightened,” the publication says.

It suggests substituting terms such as ‘junkie’, ‘crackhead’, ‘smackhead’ or ‘pothead’ with ‘dependent drug user’ or ‘service user’. Instead of the once-common ‘drug shame’ headline, it suggests ‘drug tragedy’.

But how relevant and practical are these suggestions? And what appetite is there for a change in media reporting on drug issues in New Zealand?

Journalism tutor, media ethics expert and former New Zealand Press Council member Alan Samson says those who wish the media to paint a more positive view of society fail to understand the media's role.

Its purpose is to reflect society: to keep the community abreast of important developments and issues relevant to their lives. American dramatist Arthur Miller said a good newspaper is a nation talking to itself. It would follow that, if drug use is occurring in a community, it is beholden on the media to reflect that in a fair, accurate and balanced way.

Samson says journalists are trained and expected to be respectful and aware of the consequences of their actions. “Most journalists, I think, are very aware of not hurting people without good reason.”

But it should not be up to those individual journalists to decide to censor comments that they might personally deem stupid or simplistic if they are made by those in positions of relevant authority, knowledge or proximity to the issue.

Samson is wary of guidelines around language or what is reported if those rules involve holding back relevant information or quotes from knowledgeable sources. This would set a dangerous precedent of censorship under the guise of community good.

While the Australian Press Council guidelines suggest restricting details about methods of drug use (“avoid detailed accounts of consumption methods, even though many young people are generally familiar with them”), the New Zealand Chief Coroner's recommendations for reporting on volatile substances (based on



Bad science

BEN GOLDACRE, an Oxford-trained medical doctor who specialises in exposing “bad science”, often turns his wit on inadequacies in mainstream media reporting. He is the man who belittled the UK *Daily Mail's* obsession with categorising items into those that cause cancer and those that prevent it. According to the *Daily Mail*, coffee did both.

Is this fascination with inadequacy important? Goldacre argues that responsible media reporting should be a given and is vital, because even those who are dismissive of the mainstream media fall under its spell.

“People read newspapers,” Goldacre says. “Despite everything we think we know, their contents seep in, we believe them to be true and we act upon them.”

CLASSIC GOLDACRE: Ben Goldacre looks behind a newspaper claim that a highly potent strain of cannabis is 25 percent stronger than the resin sold a decade earlier:

“To get their scare figure, *The Independent* (has) compared the worst cannabis from the past with the best cannabis of today. But you could have cooked the books in exactly the same way 30 years ago if you'd wanted: in 1975 the weakest herbal cannabis analysed was 0.2%; in 1978 the strongest herbal cannabis was 12%. Oh my god: in just three years herbal cannabis has become 60 times stronger.

And in fact, what's most amazing is that this scare isn't new. In the US, in the mid-1980s, during Reagan's “war on drugs”, it was claimed that cannabis was 14 times stronger than in 1970, which rather sets you thinking. If it was 14 times stronger in 1986 than in 1970, and it's 25 times stronger today than the beginning of the 1990s, does that mean it is now, in fact, 350 times stronger than 1970?

That's not even a crystal in a plant pot. That's impossible. That would require more THC to be present in the plant than the total volume of space taken up by the plant itself. That would require matter to be condensed.” ■



“To be sensationalist, it had to be whipped up to such a [degree] it’s not accurate any more.”

Australia’s 1985 Senate Select Committee on Volatile Fumes) took it one step further by suggesting products not be named.

Samson says this approach is “correct to a point”. He acknowledges the possibility of copycat drug-taking if information about methods of drug use is in-depth.

But he questions how society is adequately and accurately informed of trends and potentially harmful practices without media reporting.

He doesn’t believe media coverage of drug issues in New Zealand is either sensationalist or discriminatory. He says it is reasonable to describe someone as a “former addict” if this is relevant to the story. In the example of someone flashing laser lights into a pilot’s eyes – an example highlighted in the UKDPC’s stigma publication – it is relevant because it illustrates a recurrence of poor judgement.

“How sensible had that person become with their life? It needs to be asked.”

Samson says he believes reporting on celebrity drug use is often critical in tone, and “rightly critical”. Similarly, he says the extensive coverage of drug-related crime in many a morning newspaper is also a straight reflection of crime in the community.

He says it’s easy, and frustratingly common, to charge the media with sensationalism. He argues writing in a bright and interesting manner is not sensationalist, per se, although this is what is often labelled sensationalism by the media’s critics.

“To be sensationalist, it had to be whipped up to such a [degree] it’s not accurate any more.”

Last year, the New Zealand Chief Coroner’s Office issued a collection of recommendations for media reporting on deaths caused by intentional inhalation of volatile household substances. It began with an explanation: “Volatile substance abuse (or VSA) is the intentional use of aerosols, solvents and gases for deliberate intoxication.” At 31 August 2012, there were 63 recorded cases of deaths relating to the recreational use of butane-based substances since 2000. Of those, 55 were under 24 years old; 24 were under 17 years old.

The Chief Coroner’s Office released the report as a summary of all recommendations made early in 2012 in relation to a spate of huffing deaths.

It read: “The reporting of all volatile substance abuse is recognised as being of a highly sensitive nature. Reporting has the potential to assist in the reduction of abuse, or conversely increase the incidence by promoting use and the availability of products that may be used.”

The report referenced four considerations based on those expressed by the 1985 Volatile Fumes Select Committee in Australia and suggested they may prove a useful guide:

- The products subject to abuse should not be named, and the methods used should not be described or depicted.
- Reports of inhalant abuse should be factual and not sensationalised or glamorised.
- The causes of volatile substance abuse are complex and varied. Reporting on deaths should not be superficial.
- Stories should include local contact details for further information or support.

Chris Rattue

Chris Rattue tells other people's stories. He is a writer who makes his living as a journalist, sports reporter and columnist for *The New Zealand Herald*. But this time, Rattue wants to tell his story: a tale of addiction and freedom.

THIS MAY, Chris Rattue will celebrate 10 years sober.

With that milestone under his belt and inspired by a young sportsman in the full mainstream media glare, Rattue feels he has a good base to go public about the active addiction on which his life revolved 24/7.

Like many New Zealanders, Rattue began drinking in his teens. He was adopted and raised in a family free of drug or alcohol issues. Yet, Rattue always had a fascination with alcohol.

During his teens, he drank to oblivion on a number of occasions – a fact that wouldn't have set him apart from his peers. But he had a marked thirst for alcohol. When he was 15, a mate bought him a hipflask from a bottle shop. By the time they walked home, Rattue had sculled the entire hipflask. It was the first time he'd ever had spirits.

“I had always had feelings of unease and insecurity, and when I put the alcohol in my body, it took that away. That became irresistible.”

“I had always had feelings of unease and insecurity, and when I put the alcohol in my body, it took that away. That became irresistible. The problem is, once I put it in my body, I can't stop.”

At 20, when he could legally enter licensed premises, Rattue took to pubs “like a duck to water”. Initially, he was fairly controlled and his drinking was indistinguishable from that of his peers. But by his mid-20s, he was a habitual binge drinker. He got off his face – “motherfucked”, he says – three or four times a week. “I hardly missed a day of work, but I wasn't present. It certainly affected my work – quality and quantity.”

About the age of 26 or 27, his friends started to pick up other interests. They drifted away from the pub, and Rattue says he was “almost offended”. As their drive to drink lessened, he was keen to step it up a gear. He found other people to drink with. As each group moved on, he just fell in with a new group. “You only end up around people who drink like you.”

Rattue says his drinking wasn't a secret.

“I'm fairly sure certain people recognised the problem.” While friends referred to the known journalist haunt, The Shakespeare, as his ‘office’, nothing was ever said about the fact his drinking was problematic. Rattue completely understands. He says it would have been excruciatingly awkward for anyone to talk to him about his drinking.

There were some very good times and wonderful people, but in the final years, the booze had lost its magic touch, and it felt as if his best friend – alcohol – had turned on him.

“I had some enjoyable times, but the wreckage and the carnage and waste you are left with ... To some degree, there is an element of deceit and lying you have to do each time.”

He would tell his wife he was just popping out for “one beer”, knowing full well it would be much longer. Often it would be 10 or 12 or 14 hours.

When he was in his late 20s, Rattue located his birth parents and found families riddled with alcohol and drug addiction. His insatiable appetite for booze finally made sense.

Rattue smoked a lot of pot during the drinking years, and he loved it. He says he did a range of other drugs but never heroin or magic mushrooms. But drugs were never a constant like alcohol was. In fact, his favourite drugs were the ones that enabled him to drink more. He once tried to give up drinking on his own, but it was agony. They refer to those who swear off booze without any proven or established system of support as dry drunks. It's a frightening, tumultuous and tortuous path. Rattue lasted a few months, then ran back to what he knew.

Eventually, the build-up of wreckage had escalated to a place of such despair that Rattue was ready to consider help. It's an accepted path to recovery – the slow, painful descent with a ghastly fight or incident or ultimatum that sparks change. “It's a shitty trip, and it gets lonely.”

For Rattue, long-term change came when his wife walked out. He'd had an incidence of violence (not against his wife) that gutted him when he sobered up and realised what he'd done. He'd also had an incident at work. But it was the possibility of losing his marriage that spurred action. His wife's leaving present was a list of rehabilitation centres and their phone numbers. It was a decade ago, he says down the line from Auckland. He immediately sat down on this couch, where he's sitting now, and started ringing through the list.

“I was in a place of total despair. Everything had collapsed. When you get in the absolute shit, you'll do absolutely anything to get out of it.”

He says he realised he had everything going for him – he was a white, middle-class male in a world where those three facts were gateways to success. “And (yet) I was in the gutter. I was just a wreck.”

Rattue says the phone calls were easy to make. He remembers the detail of the calls, the feeling of a lifting weight. “It felt good.”

He stated plainly that his life had fallen apart and he didn't know how to get it back. “I felt those voices at the other end of the phone were experts.”

The next day, he visited the Hanmer Clinic in Mt Eden. His wife dropped him off but doubted that he would go in. After years of the lies that went hand in hand with his drinking, she thought it was just another pretence.

Rattue stayed and embraced a new beginning. “I had a feeling my life was changing.”

After a few sessions with a counsellor there, he was directed towards a 12-step programme of recovery. After initial resistance, he took the extremely nervous plunge. On 1 May 2003, he had a small drink in a pub, then headed off for his first 12-step meeting. He has remained in the programme – the foundation of his recovery – ever since.

Early in the piece, he also paid \$4,000 to attend the three-month, three-night-a-week Hanmer outpatients course. It was “one of the best decisions of my life”.

“When you stop drinking, you are left with the thinking. But it's a fantastic way of life. Honestly, it's magic.”

He has not drunk since: not even a liqueur-filled chocolate or a steak with a red wine jus.

Rattue is now 50. He and his wife have been together 30 years. She never did leave that day; seeing his determination, she stayed and supported him as he discovered a new way to live.

“Getting sober was the most amazing thing that's ever happened to me. It's like having a rebirth. I have met so many great people.”

When an alcoholic is drinking, their life narrows down. It's Groundhog Day. But when they're sober, the world opens up wide.

“Every day, I wake up feeling grateful. It's just the greatest thing being sober. I can't say that I'll never pick up a drink again – I have to keep working at it – but so far, so good.”

Today, Rattue's life is lived large and wide. Work is busy, and his treasured partnership with his wife Leanne is entering its fourth decade. He is on the board of trustees of a new recovery centre in Otahuhu, called The Retreat. He has hardly ever set foot in a pub again, and on the very few occasions he has, he's felt disorientated, discombobulated. He wants his wife to be able to have wine in the house so she can enjoy a normal relationship with alcohol, although he doesn't ever pour it for her.

The single most important thing in his life is to not pick up a drink again, but there is a lot more to a healthy sobriety than that. Staying sober doesn't feel difficult, but life does sometimes.

“When you stop drinking, you are left with the thinking,” he says. “But it's a fantastic way of life. Honestly, it's magic.” ■

“It’s broad coverage. Every one of the stories I looked at on that particular [issue] very clearly covered the dangers.”

MARK STEVENS

Mark Stevens is editor of New Zealand’s most widely read news website *stuff.co.nz*. He honed his craft as a Police reporter and newsroom executive with the capital’s daily newspapers. He says the question of media responsibility in covering drug issues is “redundant”.

“We cover that, along with other social issues, more than responsibly.”

He cites the extensive coverage given to the deaths of teenage solvent users Poihaere Eru and Darius Claxton in 2012.

Stevens says *Stuff*’s substantial coverage of the spate of huffing deaths included a Police appeal, the chief coroner’s report, commentary from the National Addiction Centre, ESR reports and coronial recommendations. In preparation to be interviewed by *Matters of Substance*,

“The conundrum for a news reporter – who is most comfortable when dealing with absolutes – is in deciphering where the truth lies.”

Stevens reviewed the dozens of stories his site ran on huffing.

“It’s broad coverage. Every one of the stories I looked at on that particular [issue] very clearly covered the dangers.”

As far as he can remember, *Stuff*’s readers – who, in line with online community norms, are notoriously quick to turn on news media when they don’t like the way a story has been handled – did not offer any feedback about the coverage; not a word about the intense focus on the issue or the tone of the reporting. The stories were filed by reporters working across the Fairfax Media group.

“That responsible reporting was done just because that’s what we do.

“I genuinely don’t [recall] in recent memory there being a run of irresponsible reporting about drugs in New Zealand.”

He acknowledges the huffing stories did not have a fact box with contact details for support services, and he says it’s probably time for the media to consider such devices.

But he won’t abide guidelines or extensive lists of preferred terms when he says the reporting is already responsible.

Stevens says the strict guidelines for reporting on suicide, which are followed to varying degrees by different media

companies and editors, and the aspects of the Coroner’s Act that prevent publication of many suicide details have not proven helpful in combating the incidence of suicide in New Zealand.

The suicide rate remains above 500 a year (the Coronial Services Unit recorded 547 suicides in the 2011/2012 year). That’s more than a third higher than the annual road toll (308 deaths in 2012) but much lower profile. Stevens says there is an “obvious disconnect” between saving the lives of those at risk of self-harm and the current strategy of restricting media coverage of suicide.

Similarly, he says overseas guidelines for media reporting on drugs, which include not mentioning the particular drugs by name, are “absurd”.

“It’s not a crime [issue] or a health issue,” Stevens says of drug use. “It’s a social issue, and – yes – it’s a crime too. [We] shouldn’t pussyfoot around it.”

As a senior Wellington news executive, Bernadette Courtney has presided over coverage of horrific crimes committed by people on methamphetamine [known in New Zealand as P], such as the murder of Featherston schoolgirl Coral Burrows.

“Unfortunately, when the media do stories that [mention] P, they do tend to involve horrific crime,” the editor of *The Dominion Post* says.

“P is just another scourge.”

Courtney accepts the media has a role to play in leading by example; riding the crest of changing societal views. In recent decades, the news media has educated New Zealanders – by example – to drop the ‘s’ from the plural of Māori and to transition from use of the term ‘disabled’ to ‘people with disabilities’. It has been in step with shifts in societal attitudes regarding homosexuality, racism, religion and mental health and has taken up the challenge to avoid glamorisation of anyone who has committed suicide lest others be wrongly inspired to follow suit.

“The New Zealand media is reasonably aware in terms of covering those minority groups or groups of people with issues,” Courtney says. “We do try and stay one step ahead. The Ministry of Health here is quite proactive around education.”

Every day, a newsroom takes the pulse of the changing world. It considers which issues are most relevant and which are fading in significance. It pitches its product at its ‘average’ reader, viewer or listener, so an effective news executive has a good grasp of the population’s news appetite.

“New Zealand’s still got some real

What is stigma?

“Stigma is one of the trinity of biases, the others being prejudice and discrimination. It is not just about disapproval, nor is it a reaction to what someone does, how they live or behave. Stigma comes from an assumption about an individual or group so they are treated not as an individual but as ‘someone like that’.”

SOURCE

• *Dealing with the stigma of drugs: a guide for journalists*, developed by the UK Drug Policy Commission and the Society of Editors



rednecks,” Courtney says. “There’ll always be people that will never sway, [that] are uneducated and will not change their viewpoint. [But] we are very liberal, aren’t we, New Zealand? I don’t think [New Zealanders] like putting labels on people.”

Increasingly, Courtney says, her readers want uplifting, feel-good stories. The ‘doom and gloom’, including drug crime, is pushed further back in the paper. She says she’s guilty of big, screaming “Drug Shame” headlines, but her reporting and feature writing teams also produce thoughtful, in-depth coverage of issues such as drug dependence, teenage solvent use and the availability of social services.

Courtney says stereotyping around drug-related issues – particularly the framing of drug use as a predominantly criminal issue more than a health issue – could be the next societal convention to be challenged.

Already, changes are evident. Last summer, one of *The Dominion Post*’s senior executives wrote a personal essay on drugs. It concerned a youthful brush with the law while carrying cannabis in South Africa and the author’s refusal to touch the drug again. Such a public admission involving drugs was rare of a named member of the mainstream news media. Courtney asked the author to tone it down, to ensure it couldn’t be construed as condoning drug use, then ran the story on the grounds it was a well written and personal story of redemption.

Even modest examples like this illustrate the taboo of admitting to drug use is lifting; a king hit to the stigma that, studies show, can hold drug users back from seeking help.

“Little by little, by stealth, it has changed,” Courtney says.

The United States Department of Health and Human Services produced a report in 2008 called *The role of the media in promoting and reducing tobacco use*.

While the report concentrates on tobacco and refers to the media in its widest sense (including billion-dollar advertising and marketing budgets deployed to actively encourage smoking), it makes pertinent points about the media’s sway over general opinion and behaviour.

“As mass communications have bridged societies around the world, they have also magnified the impact of media on global public health.”

In other words, the media wields immense power, and with power comes the responsibility to act with good intentions. The high-level report includes examples of the many ways in which the media’s reach is felt.

“Media can have short-term effects such as the impact of a short burst of advertising on consumer attitudes and behaviours – for example, on sales of cigarettes – and long-term effects that are stable and sustained, such as on social norms and values,” the report says.

“Media influence may be at the micro level, such as on individual cognitions, affect, and behaviour, or at the macro level, influencing social policies, social movements, and social actors.”

The US National Cancer Institute says the influence of the media, and its role in product marketing, represents one of the key developments of modern society.

It says the media has a powerful role in influencing individuals and policy makers and has made “critical contributions” to

The media perspective

Should this quote be included in this story?

“[The samurai sword] seems to be the weapon of choice for people on P (methamphetamine).”

FROM <http://nzdrug.org/15zNufa>

The Dominion Post editor Bernadette Courtney

Courtney says it is not her role to censor comments made by those in positions of authority on an issue.

“He was making a comment from a position as a Policeman in that area.”

She does not recall getting any feedback about the comment.

Staff editor Mark Stevens

Stevens says he trusts the reporter to have considered the authority with which the comment was made and to challenge the interviewee.

“Every reporter should challenge everything that’s said to them. I would like to think the reporter challenged him.”

“That said, that Police officer is going to be fairly well placed. I’d have no reason to disbelieve a Police inspector who, one would hope, is across crime trends in any particular area.”

Media ethics expert and former New Zealand Press Council member Alan Samson

Samson says a reporter is right to include the views and quotes of a Police officer informed in the matter.

“I don’t think any reader of that would have picked it up and thought, oh gosh, they’re all using samurai swords.”

the cause of tobacco control. A report on media influence in tobacco control concludes media communications, including news coverage, play a key role in shaping tobacco-related knowledge, opinions, attitudes and behaviours among individuals and within communities.

This lays the foundation for parallel expectations with illicit drug use. As always, the complicating factor is the criminality in illicit drug use.

However, one report suggests the media is not as potent as believed and argues there are limitations to media responsibility. A 2011 report called *Young people, alcohol and the media* was produced by social change organisation the Joseph Rowntree Foundation following interviews with young people.

It said young people were actually sophisticated consumers of mass media and were more influenced by family and peer views than media coverage.

Many young people had good insights into how the media represented alcohol. They rejected simplistic messages and understood that celebrity behaviour, including drinking, was largely constructed by editors and publicists to 'tell a story' and sell products. Parents' and friends' attitudes and behaviours were better predictors of young people's alcohol use.

Sometimes, even the best of intentions aren't enough. Consumers can reward ambitious editors by supporting news products that offer a progressive stance, but barriers to sophisticated coverage of drugs, drug harm and the drug trade will remain. The most obvious is a basic lack of information. While some journalists will have first-hand experience of some aspect of the drug trade, they would likely not personalise their stories with such information. In fact, it is one of the core codes of journalism that a reporter comes to each story with an open mind and tries as hard as possible not to be clouded by their own views or experiences.

An experience void can be further exacerbated by conflicting views from sources. In a February 2013 example, *The New Zealand Herald* ran a multi-sourced article on methamphetamine. The article was built around a 2012 report that said the market for methamphetamine appeared to have stabilised at the relatively high price of \$685/gram. Police views contained in the report supported the belief access to methamphetamine was "easy/very easy".

However, other reports contradicted this view. The New Zealand Drug



CHRIS
RATTUE

“Addiction is not a moral problem, but some of the behaviour is illegal and antisocial and has to be dealt with, and I don't have an answer for that.”

Foundation directed the *Herald* to Ministry of Health research that indicated methamphetamine use had dropped by more than half over the past three years. The two bodies of research were corraling views and statistics from totally different sources and perspectives, and their conclusions were vastly different. The conundrum for a news reporter – who is most comfortable when dealing with absolutes – is in deciphering where the truth lies.

In legal industries, there are clear and carefully collated statistics to rely on. In illicit industries, the opinions of experts carry greater weight, as key indicators – such as the total volume of sales and the total number of users – are not captured through the Census, market research or hospital records. So anecdotes are used as base references and multiplied to give approximations.

Cannabis law reform activist Dakta Green says, while small community or rural newspapers are often happy to give him space to air his views, large media corporations are not.

“In the main, they are prejudiced against cannabis because it's against the law.”

However, he says he is noticing a “warming” to his cause in reporting of cannabis law reform issues, particularly overseas.

“In the last couple of years, I've seen a huge warming. The mainstream media is coming out very much in favour of what we're [advocating].”

He says prominent publications such as *Newsweek* and *The New York Times* have covered the decriminalisation of

cannabis in jurisdictions from the United States to Europe in a fair and balanced fashion. There are very few instances of the once-common “reefer madness” angle in today's American media, he says.

“People want to be seen to be on the right side of the end result.”

Back home, Green says he cannot afford to refuse to participate in media stories as the law reform movement needs publicity.

“But we are at the whim of the editorial people as to the slant they put on it.”

He has been burnt: photographs of him blowing cigarette smoke were once published in such a way as to suggest it was smoke from a joint; a ‘current affairs’ show once turned coverage of a march on Parliament into a laugh-a-minute magazine piece portraying committed activists as hapless and comedic stoners by capturing still frames of them taken mid-sentence; and some journalists have blurred the boundaries and compromised their integrity by smoking cannabis with activists in Green's movement, then delivering unflattering reports on the movement.

However, Green says when the media beckons, he will continue to step forward.

On one occasion, when details in a four-page Sunday newspaper feature article triggered a Police visit that led to his arrest, he told a sentencing judge he was happy to be arrested if that was the cost of four pages of publicity for his cause.

Media contractor Damian Christie has spent a lot of his adult life socialising in circles where drug use is fairly common and reasonably accepted. The trained lawyer has been involved in the DJ and dance party scene and has run nightclubs.



DAMIAN
CHRISTIE

“I think New Zealanders are a lot more accepting than we might otherwise give them credit for. I wonder if it means the media’s out of step?”

He says, in his experience, the law doesn’t stop people doing drugs – it just screws up their lives.

His philosophy is: “If you’re not doing harm to anyone else, then you should be able to pretty much do what you want.”

As a journalist, he steadfastly works to keep drug hysteria out of his stories. As a contractor, he finds he has editorial control over his work so is able to ensure it is not later edited in a way that changes the tone. He says he aims for stories that are “the closest thing to fair and balanced, without the hype”. He avoids stigmatising drug-users and stereotyping.

“I try to portray things as they are. I know lots of people who have done P and not chopped people’s hands off.

“Hysteria in the media gets in the way of helpful discussion.”

He has noted a distinct hypocrisy in the media. In 2005, Auckland celebrities Marc Ellis and Brent Todd faced drug charges. Christie witnessed some of the journalists who were assigned to cover the salacious trial doing drugs themselves on weekends. He says most media reporting around drugs involves legal elements, such as criminal charges and drug busts. There is little articulate, intelligent reportage on drug policy.

“I think New Zealanders are a lot more accepting than we might otherwise give them credit for. I wonder if it means the media’s out of step?”

Auckland reporter Chris Rattue believes knowledge around addiction is improving and media reporting on addiction is also improving. The 25-year *New Zealand Herald* veteran sports

reporter is an alcoholic who has not drunk alcohol for 10 years.

His lengthy career in the media and addiction to alcohol give him an inside perspective on both sides of the media reporting issue. Rattue says the media dines on controversy and fallen heroes so it is programmed to present addiction in moral terms.

The story of addiction as a serious problem, a disease with a long road to recovery, is largely unappealing to consumers who flick from story to story, unwilling to linger over a story’s complexities.

“Addiction is not a moral problem, but some of the behaviour is illegal and antisocial and has to be dealt with, and I don’t have an answer for that.”

While illicit drug-taking is against the law, alcohol – which Rattue describes as his drug of choice – is not. However, there is still illegal and unforgivable behaviour that stems from drinking, such as drink driving.

However, Rattue says the reporting on Zac Guildford’s battle with alcohol has felt like a “breakthrough moment” in media portrayal of addiction issues.

“He’s shown an enormous amount of courage. I feel quite proud of him, really.”

Rattue says he is also “very proud” of the New Zealand Rugby Union (NZRU). “They didn’t sack him, y’know. That’s a great thing.”

Anyone who reads Rattue’s columns will know there is no love lost between the writer and the country’s peak rugby body. But he says, with Guildford, the NZRU has shown leadership and understanding. Where before, the image-obsessed

game would force players to publicly make promises to never drink again, this time, there has been an acceptance of the hard road Guildford will travel and the key role the Union can play in supporting him.

The irony is that the feverish media reporting of Guildford’s drunken antics in the Pacific Islands and other misdemeanours would have helped him reach the point of realisation. A more understanding media may not have brought about such a swift acknowledgement of addiction.

Another conundrum is in the diagnosis. Should the media approach every story of drug-fuelled violence or drink driving as a story of addiction or does society expect reporters to make the call on whether they are covering a story of illness or a story of poor behaviour?

The fact is, in many cases (particularly those involving celebrities), the stories of misdemeanours and antisocial behaviour surface long before the acknowledgement there may be a problem with a drug of some kind.

Rattue says the murky division between addiction and the sometimes illegal acts it inspires will ensure the answers are never clear cut or straightforward. But the stigma perpetuated by media reporting will certainly fade in coming years, he believes.

“I really do believe, down the track, there’ll be a more enlightened approach.” ■

Keri Welham is a Tauranga-based writer.

Prevention first

Police are uniquely placed to be first responders to alcohol, drug and mental health call-outs in our communities, but how do they fare? New Zealand Police Assistant Commissioner **Dave Cliff** looks at where policing and public health intersect and the role our officers play in preventing harm.



DAVE CLIFF

I RECENTLY had the chance to attend the First International Conference on Law Enforcement and Public Health at the University of Melbourne.

I was there both as a presenter and in learning mode – soaking up the wisdom of others.

Delegates were typically those who work at the sometimes congested (and contested) intersection of the law enforcement and public health sectors. Wearing my road policing hat for a moment, you could sometimes describe that intersection as one that's not controlled by traffic lights and where motorists are confused as to who gives way to who!

However, conference director Nick Crofts well summarised the intent of the three days: "We are public health practitioners who depend critically on Police and other arms of law enforcement to achieve our public health goals. We are Police who are dependent on the public health system to deal with complex social issues for which there are no easy solutions but great urgency and need. We are all constantly aware in our daily work of the

value of the relationship... This conference is an attempt to create a space to enhance communication between two sectors traditionally seen to have different goals, different cultures and different languages."

As a 24/7 operation, Police are well placed and well versed in contending with the "great urgency and need" part of the public health equation. We acknowledge

“We are Police who are dependent on the public health system to deal with complex social issues for which there are no easy solutions but great urgency and need.”

this is our core business. We own it and we deal with it – no argument.

But in order to be more effective, we recognise the need to work in a more collaborative and agile way with our public health and social sector colleagues to ensure our shared 'customers' receive the best available support and interventions.

At the same time, even greater benefits

will accrue if we collaborate more on the prevention side of the equation.

We all intuitively understand that prevention is better than cure, which is why the Police's national operating strategy is clearly badged Prevention First.

Under this strategy, crime prevention is at the forefront of everything we do, meaning crime and crashes are reduced, greater control is gained over the criminal environment and New Zealand is a safer place to live, work and visit.

Joining in the spirited discussions with colleagues at the Melbourne conference, who hailed from many different jurisdictions and professional backgrounds, caused me to reflect on the way we do things here in New Zealand. In many respects, I drew added confidence about the wisdom of what we're doing. But at other times, I felt challenged we may be missing opportunities or not being as ambitious as we could, and should, be.

For example, we all know alcohol is a significant driver of crime and crashes and at the heart of the vast majority of calls for policing services.

Alcohol-fuelled family violence and drink driving-related road trauma place an unacceptable burden on the public health system and Police resources.

Constable Lio Kahau with graffiti art depicting him comforting a distressed woman.



It also acts as a depressing conveyor belt into the court and prison system.

Hearing how overseas colleagues are tackling these issues head on, I was more convinced than ever that, by working together, we can stem the flow of people into the health, court and prison systems and reduce the prospects of people becoming repeat victims.

After all, this is part and parcel of what our own government is looking to achieve via its Better Public Services initiative.

Continuing with the alcohol theme, and at a practical level, our recently introduced National Tactical Plan outlines a suite of tactics Police staff will use to address both problem drinking and the availability of alcohol.

Working in partnership with the Ministry of Health and ACC are among the initiatives to target public place drinking that leads to disorder, assaults and other violent crime. Preloading by young people before visiting licensed premises creates situations that put the public at risk of becoming victims of crime.

Improved intelligence gathering helps pinpoint high-risk times and locations to which high-visibility Police patrols can be deployed. Equally, working with district licensing agencies and the Alcohol

Regulatory and Licensing Authority can help remove unsuitable elements from the 'hospitality' industry – for example, those who continue to sell alcohol to minors.

One of the standout conference

“ In New Zealand, calls for Police service to distressed people who have a mental impairment and/or are suicidal continue to increase – now in excess of 23,000 per year. ”

presentations for me came from Inspector Joel Murchie, the commander of a mental health intervention team, who spoke on the New South Wales approach to suicide prevention.

In New Zealand, calls for Police service to distressed people who have a mental impairment and/or are suicidal continue to increase – now in excess of 23,000 per year.

Officers are regularly the first responder to these often complex and time-consuming situations. While we aren't experts in dealing with all the complexities of these events, it's encouraging that DHBs are positive in their feedback about the professionalism

and care that officers display when dealing with people with mental health issues.

Nevertheless, there is always potential to develop a more preventative approach to reduce the impact of incidents involving people with mental health issues.

I'm pleased, then, to report the Police Executive recently gave the go ahead to form a new Mental Health Team. This four-person team will spearhead work to improve the Police's response to people with mental health issues – for example, by developing specialist crisis intervention training for frontline officers, coming up with innovative approaches to specific issues and reviewing critical incidents involving Police and mentally ill people.

I'm confident that Police and partner agencies are headed in the right direction. There's more to do, but New Zealand Police are more determined than ever to play our part. ■

Dave Cliff is New Zealand Police Assistant Commissioner.

Note: Copies of many of the presentations given at the First International Conference on Law Enforcement and Public Health are available online at <http://www.policing-and-public-health.com/progam/>

It's not exactly the average herb you'll find in your grandmother's garden, but this mystical mint has become increasingly popular with the rise of the internet. From the humid highlands of southern Mexico, *salvia* has moved from a shamanic tool to a popular herbal high that throws up many questions and contradictions in our connected age.

Diviner's sage, ska Maria Pastora, seer's sage, sally-D, hojas de Maria, hoja de adivinacion
methyl (2S,4aR,6aR,7R,9S,10aS,10bR)-9-(acetyloxy)-2-(furan-3-yl)-6a,10b-dimethyl-4,10-dioxododecahydro-2H-benzo[f]isochromene-7-carboxylate

THE Mazatec people of Oaxaca in southern Mexico knew of a plant that could put them in touch with the spirits. Before the Spanish arrived carrying disease and religion, it was known as *pipiltzintzintli* and used by shaman to commune with the gods, as a medicine for those with bowel problems and to ease the elderly into the next world.

Salvia wouldn't look too out of place in most herb gardens; its large leaves, hollow stems and occasional white flowers mean it looks a lot like its cousin mint.

Alongside psilocybin mushrooms and seeds from *Convolvulaceae*, drinking *salvia*

tea and chewing the leaves ritualistically made up part of the Mazatec spiritual tool belt. The common name changed to reflect the religion forced on the people: Mother Mary came to them and they venerated her with *salvia*. Maybe it was because of this the Spanish did not stomp out *ska María*, like they tried to with psilocybin, but *salvia* use remained under the radar until more Europeans ventured to Oaxaca.

In 1939, Jean Basset Johnston, who was studying psilocybin mushrooms, came across a tea-drinking ceremony using *hoja de adivinación*, the leaf of prophecy. A few other expeditions also observed use of *salvia* by the Mazatec, but in 1962, the godfather of hallucinogens, Albert Hofman, travelled to Mexico with Robert G Wasson and took cuttings of the plant. He described it, published a paper about it and, of course, sampled some. Mrs Hofman, who had accompanied the pair on the trip, said she "saw striking, brightly bordered images". How about that for a family holiday?

“ At times, one who takes the María becomes half-drunk, but with the result that what they are taking will be engraved on their mind. ”

Doña J Mazatec, shaman, interviewed by José Luis Díaz.

\$19.95

PRICE OF ONE GRAM
OF 5X STRENGTH *SALVIA*
IN NEW ZEALAND

AVERAGE
AMOUNT OF
SALVINORIN A
IN ONE
SALVIA LEAF

2.5mg

Salvia Divinorum

The predominant strain of salvia is often misattributed to Wasson and Hofman. While they were among the first westerners to describe the plant, the misnamed *Wasson-Hofman* strain of salvia was actually collected by a chap called Sterling Bunnell.

For the next 25 years, salvia remained fairly obscure. That all changed when internet-based entrepreneurs started selling 'legal highs' online. Daniel Siebert is generally regarded as the godfather of online salvia sales and, by 1997, was selling salvia leaves that had extra salvinorin A sprayed on them to increase the effects.

While the distribution method was changing, the method of consumption was changing too. Where the Mazatec mainly drank salvia tea or chewed the leaves a couple at a time, Siebert's new products were predominantly designed to be smoked.

Taking salvia isn't generally described as a 'high' like it is with most other drugs. A 'psycho-spiritual experience' seems to be the best description from users on forums like Erowid or TripMe. While it does cause hallucinations, laughter and all sorts of mind-bending experiences, the effects are only felt for 15 minutes and are generally consciousness changing, not party starting.

The internet has played a role in not only distribution but in promotion of salvia. There are hundreds of videos on YouTube of people – including actress and pop star Miley Cyrus – smoking up some salvia and documenting their experience from an outside perspective.

The active compound in salvia, salvinorin A, was first isolated in 1982, but it wasn't until 2002 that the pharmacological pathway of its action was figured out. Unlike other drugs, salvinorin only affects one part of the brain: the kappa opioid receptor. Because of this, it seems that users of salvia are incredibly unlikely to become addicted or dependent.

Salvia is legal to use and possess in New Zealand, but the Psychoactive Substances Bill currently before Parliament may change this status. It is, however, illegal in Australia, Canada, Japan, Russia and 14 American states.

Speaking of the USA, most of the YouTube videos and debate about whether salvia should or should not be legal comes from there. The videos, blog posts and media scaremongering – not evidence and research – have played a strong role in some states banning the herb, especially in the case of Brett Chidester in Delaware.

18-year-old Brett had been smoking salvia in the lead-up to his suicide. Although there is little evidence to show salvia was a contributing factor in the death, Chidester's mother successfully campaigned to have saliva scheduled in Delaware with the equivalent severity to heroin within three months of her son's death. This has led to a weird loophole in the law in Delaware where salvia the plant itself is a schedule I drug but salvinorin A, the active ingredient, is still legal.

“... *Salvia divinorum* ... is a wrong name, bad Latin; it should actually be *Salvia divinatorium*. They do not know very good Latin, these botanists. I was not very happy with the name because *Salvia divinorum* means 'salvia of the ghosts', whereas *Salvia divinatorium*, the correct name, means 'salvia of the priests'.”

Albert Hofman

Just as the Mazatec used salvia to treat diarrhoea, headaches and rheumatism and as a palliative to ease the dying's pain, modern researchers have cottoned on that there may be medical and pharmaceutical applications for the herb.

One promising avenue of research is the treatment of cocaine addiction. In 2007, researchers at the University of Iowa gave cocaine-addicted rats salvinorin A, and they lost interest in cocaine. Because it only affects a single receptor, many researchers are looking at it with a mind to targeting other brain diseases like depression, schizophrenia and Alzheimer's. However, because of its legal classification in some US states, it is becoming harder and harder to do research with the herb. ■

5-15

NUMBER OF MINUTES
THE EFFECTS OF
SALVIA LAST WHEN
IT'S SMOKED

NUMBER OF
DEATHS DIRECTLY
ATTRIBUTABLE
TO SALVIA
WORLDWIDE

0

0.3%

PERCENTAGE OF
CANADIANS
AGED OVER
15 WHO HAVE
TRIED SALVIA

Catching up with reality

Infighting, outfighting, debate, drama: it is all happening in the world of psychiatric diagnosis with the impending launch of the *DSM-V*. Will the omissions, inclusions and changes spell a radical shift for the way our clinicians deal with addiction? **Russell Brown** looks at the New Zealand situation.



RUSSELL BROWN



MEDICINE needs a common language, and for the past 60 years in mental health, that language has been laid out in the *Diagnostic and Statistical Manual*

of *Mental Disorders*: the *DSM*.

It's often referred to as "The Bible", which suggests a holy, unchanging text. It's really anything but. From one edition to another, the *DSM* has changed sharply, sometimes as a result of unholy argument within the body that produces it, the American Psychiatric Association (APA).

The removal of homosexuality as a mental disorder in the seventh printing of *DSM-II* in 1974 was a landmark in the evolution of societal attitudes to sexuality. (It wasn't easily won – four years before, gay rights activists stormed the stage at an APA conference.)

And when *DSM-IV* finally recognised Asperger syndrome as a milder form of autism in 1994, it set in motion an array of events; not least of them a tide of new diagnoses – and related medical insurance claims – based on the new disorder. The *DSM* itself can drive prevalence.

DSM-V is due in June and – surprise! – it's controversial. Dr Allen Frances,

the co-ordinator of *DSM-IV*, is leading an international campaign for a boycott of the new manual. Frances and his supporters say *DSM-V*'s diagnostic thresholds are dangerously low, and his list of the "10 Worst Changes" in the *DSM-V* includes this:

“If you're in Portugal, you're not going to get slapped with a diagnosis, but if you're in the US or here, you are. It just seemed fundamentally wrong that a psychiatric diagnosis depends on what side of the border you're on.”

“First-time substance abusers will be lumped in definitionally with hard-core addicts despite their very different treatment needs and prognosis and the stigma this will cause.”

To be precise, *DSM-V* combines *DSM-IV*'s categories of substance abuse and substance dependence into a single new category of “substance use disorder”. So yes, the most dire addicts and users with much less serious problems will, indeed, be in a single, graduated category.

From what I've been able to tell, most New Zealand experts aren't seeing this as a problem.

“We've talked for a long time about trying to understand substance misuse on a continuum,” says Dr Simon Adamson, Deputy Director of Research at the National Addictions Centre.

“In some ways, going from two diagnoses to just a diagnosis or no diagnosis might seem a step backwards. But because the new disorder has 11 criteria and it's quite a low threshold to meet – only two or more for a diagnosis – it's going to force us into thinking far more not about whether someone has this disorder but what is the severity.”

Adamson is pleased to see the back of one *DSM-IV* criterion.

“The one they've thrown out is recurrent legal complications as a result of your substance use. They've removed that because whether or not you meet that criterion depends on your jurisdiction. If you're in Portugal, you're not going to get slapped with a diagnosis, but if you're in the US or here, you are. It just seemed fundamentally wrong that a psychiatric diagnosis depends on what side of the border you're on.”

Anna Nelson, programme lead at Matua Raki, the agency responsible for the

development of the national addiction workforce, says *DSM-V* will be a crucial resource.

“But the crux of the matter is how we use the *DSM-V*, which is not using it as a Bible but using it carefully and appropriately. People need to understand the socio-political context in which it’s written, why it’s written and by whom it’s written, and use it within that context.

“It’s a useful guide to look at behaviour. There is a potential, I guess, to pathologise recreational drug use. However, if it’s used appropriately, people still need to show clinically significant impairment or distress. So that shouldn’t be a problem. The problem is in how it’s used.”

“There’s always some last thinking that goes on that, if someone’s using a substance regularly, they must have a diagnosis,” says Adamson.

“I’ve seen clinicians assume someone is cannabis dependent because they smoke daily, and yet the epidemiological data tells us that half of daily cannabis smokers aren’t dependent. But you can’t pin those short cuts on the diagnostic system.”

Adamson says that, in the new diagnostic environment, understanding the severity of problems will become key.

“Hopefully, it will lead to more of a kind of stepped-care process where people

at the milder end are seen for brief interventions and one-off advice, and the further up the chain you go, the more the interventions are going to match what’s required. I don’t think you’re going to see any major changes, but it’s more consistent with how we are operating and would like to operate.”

Nelson agrees. “We do that anyway. I don’t have a problem with that, because it is a continuum of severity.”

The move away from arbitrary distinctions towards a continuum paradigm can be seen elsewhere in *DSM-V* – most notably (and also somewhat controversially) in the autism category, where the separate diagnosis of Asperger syndrome is collapsed into a graduated autism spectrum disorder. Essentially meaningless “not otherwise specified” (NOS) diagnoses have also been eliminated across the manual.

Moreover, *DSM-V* actually introduces a key – if as yet subjective – measure to distinguish addiction from mere heavy use of a drug: craving. Dr Charles O’Brien, MD, chair of the *DSM* substance abuse workgroup, says much recent research indicates that craving can be measured objectively but the tests are not yet robust.

DSM-V also creates a new category – behavioural addictions – but stops short of including excessive internet use and other behaviours that are popularly referred to as addictions, earmarking them only for further study. But it’s the one behaviour that has been included – gambling addiction – that pleases Adamson.

“We’re really encouraged by that,” he says. “That’s an example of the *DSM* catching up with reality. It seems apparent to many people that pathological gambling in the *DSM-V* diagnosis is an addiction in very much the same way as substance addictions are. In New Zealand, it’s been in quite a different category, and the funding stream has been entirely different – through the Department of Internal Affairs and quite separate from health. That distinction is eroding very rapidly now, so having it formally recognised in the diagnostic system is very helpful.”

In summary, the addiction professionals I spoke to don’t treat the *DSM* as holy writ. But if there’s one reason they’re generally supportive of *DSM-V*’s changes, it’s this: it’s basically what we’re doing anyway. ■

Russel Brown blogs at publicaddress.net and hosts *Media3*.



“My best advice to clinicians, to the press and to the general public – be sceptical and don’t follow *DSM-V* blindly down a road likely to lead to massive overdiagnosis and harmful overmedication.”

Dr Allen Frances



“The crux of the matter is how we use the *DSM-V*. Which is not using it as a Bible but using it carefully and appropriately. People need to understand the socio-political context in which it’s written, why it’s written and by whom it’s written ...”

Anna Nelson

Pissing in the wind

Hollywood holds a seemingly ambivalent attitude to its portrayal of drug use. For every movie that paints a realistic picture, there are a handful that continue stereotypes and make getting wasted look like a harmless pastime for the hip and cool. **James Robinson** dives into pop culture to see how Hollywood is affecting our attitudes towards drugs and their use.



JAMES ROBINSON

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HEN Dr Victor Strasburger sat down to watch last year's Robert Zemeckis-Denzel Washington movie *Flight*, what he saw surprised him.

Denzel Washington's character, a pilot, miraculously lands a full commercial aeroplane in a paddock, but the movie mostly deals instead with how Washington's twin addictions to cocaine and alcohol isolate him personally and erode his professional standing.

Strasburger is a paediatrician and adolescent health expert at the University of New Mexico as well as being a member of the American Academy of Pediatrics (AAP) Council on Communications and Media, who has literally written the book on the psychological impact of the media on adolescents. He saw *Flight* as the all-too-rare example of a mainstream movie showing off negative consequences to substance use.

"Drinking especially is seen as normative behaviour, even for teens. Kids learn scripts from what they see, and what they learn is that everyone is doing it. Drunks are funny. It's funny when people walk into things. You never see people throwing up," Strasburger says.

Hollywood and the entertainment industry, Strasburger says, to an impressionable mind, act alongside parents and friends as a super peer, normalising drug use and presenting a reality of this behaviour that is inaccurate many more times than it isn't.

It is not a new problem. In Hunter S Thompson's journeys in the early 1970s through America's ultimate sin city, detailed in *Fear and Loathing in Las Vegas*, he and his companion start their trip armed with "two bags of grass, seventy-five pellets of mescaline, five sheets of high powered blotter acid, a salt shaker half full of cocaine, and a whole galaxy of multi-coloured uppers, downers, screamers, laughers... a quart of tequila, a quart of



Konstantin Sutyagin / Shutterstock.com

rum, a case of Budweiser, a pint of raw ether and two dozen amyls.”

The narrative of the book sees Thompson shaken but never defeated. Even after ingesting enough substances to put down an elephant, it is the world that is insane around Thompson. At his lowest ebb, we see nothing that is a patch on Allan Ginsberg’s brutal memory of drug-using culture put forward in the opening lines of his 1956 poem *Howl*, a classic work of the Beat Generation: “I saw the best minds of my generation, destroyed by madness, starving hysterical naked, dragging themselves through the... streets at dawn looking for an angry-fix...”

“People have been pretty clueless about this stuff for a very long time,” Strasburger says. To some academics, he adds, exposure to Hollywood movies and TV on a developing mind is one of the most important and telling indicators of how early someone will have sex or have an issue with alcohol or whether they will start smoking, which, he says, has in turn proven a gateway influence towards experimentation with other illicit substances.

For every *Leaving Las Vegas*, with Nicholas Cage’s alcoholic screenwriter harrowingly drinking himself to death, there are many, many more *The Hangover*-type movies, where a character arrives at his own wedding on a jet boat just as it is about to be called off, following a drink and drug-fuelled blowout, his face tattooed, his future brother-in-law’s finger severed, having just hours before stuffed a man he thought had overdosed on cocaine into a freezer ... and it is played for laughs. Cult hit *Requiem for a Dream*’s unflinching portrayals of addiction might have put its audience on warning to the dangers of heroin, but it is dwarfed culturally by the legacy of Cheech and Chong and the antics of their cannabis-dependent derivations over the years.

Hollywood is guilty of a broad range of cluelessness. *Mad Men*’s adored lead character Don Draper smokes his way through a highlight reel of suave moments

and drinks hard liquor during working hours, but we never see him out walking and getting puffed or drowsy in the afternoon at his desk. The George Clooney-directed *Good Night and Good Luck*, about journalist Edward R Murrow’s crusade against McCarthyism, is shot in black and white and jammed with characters glamorously positioned under soft lighting, smoking incessantly, yet there’s no inference that in four years’ time from when this film was set, Murrow would be dead at the hand of lung cancer.

Plato summed it up pretty well, Strasburger says. “Those who tell the stories hold the power in society.”

If there’s anything that cheers Strasburger up, it’s that there’s been tremendous progress in the research on this subject during the past 30 years, ever since the AAP invited him to take part in a panel on this issue in 1982. Not that Hollywood will take notice. “Every time these things come up, they trot out their best apologist to make fun of the research,” he says.

A growing body of longitudinal studies looking at the behaviour of adolescents over a series of years and assessing their actions in line with their exposure to different media is proving damning evidence to the potential public health impact of the depiction of substance use in Hollywood products and other entertainment media.

A Columbia University study in 2005 found that teens who watched more than three R-rated films per month were five times more likely to drink alcohol than teens who watched none. The American Medical Association asked 120 children between the ages of two and six to go shopping in a make-believe store and found that children who had seen PG- or R-rated films were five times more likely to include alcohol on an imagined shopping list. A Dartmouth study looked at the 40 top grossing movies of 2006 and found that only two didn’t include alcohol. Historical content analysis has found there to be an alcohol scene on TV every 22 minutes:

“*Argo* had a lot of smoking in it. Even *The Hobbit* had a huge amount of smoking in it.”

over a third of these were played for comedy, and less than a quarter conveyed some negative consequence. With each further study, exposure to alcohol use in popular culture has been tethered more tightly to both early teenage drinking and, eventually, problem drinking.

Dr Jim Sargent, working out of Dartmouth University in New Hampshire in the United States, has examined the ‘theory of learned behaviour’ in teenagers and quantified compellingly and repeatedly how they model their behaviours in line with their role models, with exposure to R-rated movies proving a more powerful influencer of smoking than having a parent or a friend that smokes.

Dr Stanton Glantz, the Director of the Center for Tobacco Control Research and Education at the University of California in San Francisco and founder of Smoke Free Movies, is a big fan of Sargent’s work. He estimates that movies could result in as many as 390,000 new smokers each year, judging by the risks of exposure that people like Sargent have calculated and combining this with the quantifiable levels of exposure to smoking in pop culture.

Hollywood represents the largest recruiting tool for tobacco companies in America. The billions and billions of impressions young people in America are exposed to of people smoking as they’re forming new behaviours concerns Glantz. Smoking, despite some progress, is still somehow everywhere. “*Argo* had a lot of smoking in it. Even *The Hobbit* had a huge amount of smoking in it,” he says.

Smoking has a lingering, subconscious impact on younger movie watchers – a dose that builds up with repeat exposure.

“Movies are a powerful and emotive medium,” Glantz says. “There’s literature on scans performed that gauge the actual neurological response in the brains of smokers watching someone smoke on screen. The addiction centres of their brains fired up, as was expected, but so did the parts of the brain that were responsible for actually moving the mouth. These films were inspiring people to mechanically

“Drinking especially is seen as normative behaviour, even for teens. Kids learn scripts from what they see. And what they learn is that everyone is doing it.”

Dr Victor Strasburger



imitate what they were seeing.”

Connotations are also attached to substance use in Hollywood that normalise different behaviours for men and women. Alcohol is associated with a loss of inhibition, says Karen Trocki, a scientist with the Alcohol Research Group based in Oakland, California, and is a portal for women to either loosen up or become vulnerable. Alcohol gives men power either through aggression, she adds, or reinforcing masculinity through a casual, James Bond-like invulnerability to alcohol.

Trocki points to the five-yearly American National Alcohol Survey that shows drinking has been falling away since the 1980s as the age of the “five martini” lunch came to an end, but she suspects that, conversely, alcohol and drug use is currently becoming more prevalent on screen. “It seems that it is being used deliberately and ironically at the moment. It is that hipster kind of thing, portrayed in a certain way but to make the reverse point,” she says.

Satire though, is most often lost on the young.

The issue of censorship represents a pretty major snag in reforming Hollywood’s depiction of substance use.

In 2005, the State of California tried to ban the sale of certain violent video games to children without parental supervision, passing a law that ended up before the Supreme Court of the United States in November 2010, where it was eventually struck down.

“I was at that hearing, and I heard Justice Scalia compare *Call of Duty* to *Grimm’s Fairy Tales*. There’s just no comparison between those two things. But that’s where we are,” Strasburger says.

If you try and push Hollywood on its depictions of teen drinking in a movie like *American Pie*, it’ll hold up a movie like *Schindler’s List* to defend itself.

“... exposure to Hollywood movies and TV on a developing mind is one of the most important and telling indicators of how early someone will have sex, have an issue with alcohol or whether they will start smoking ...”

“Trying to control Hollywood is like trying to control honey slipping through your fingers,” Strasburger jokes. He’d like to see film students taught about the impacts of the depictions of substance use in movies, see the ratings system do a better job of reflecting drinking and smoking in its classifications, have the federal government fund comprehensive research, ban all tobacco advertising and stop alcohol ads from featuring “sexy beach babes and funny talking animals”.

Strasburger, though, doesn’t like his



Shaken, not stirred; depiction of alcohol in movies is casual cool.

Requiem for a Dream is an unflinching portrayal of addiction.



chances. “It’s like pissing in the wind, to be honest.”

Stanton Glantz doesn’t like the censorship counter-argument either.

“It’s an excuse. We’re not asking for government regulation. We’re asking the motion picture industry to update its rating system to take the science into account,” he says.

With cigarettes, at least, progress has been made. DVDs carry anti-smoking adverts, and under pressure, most major studios have certified that they don’t take money from cigarette companies for featuring their product. There’s more to do still, and Glantz would like to see the ratings board upgrade its stance from promising to “consider” smoking to giving all movies with smoking in them that is not for historical purposes an R-rating in the USA.

For now, deep reform is unlikely and policy is progressing slowly in trying to insulate young minds from these impacts. With screens in the household spreading out of the living room and into the bedroom in the form of televisions, tablet computers and smartphones, for parents, cutting off the source isn’t an option either.

Common Sense Media is a San Francisco non-profit that has been advocating for kids’ media issues for the past 10 years. Part of the company’s mission statement calls for “sanity, not censorship”, and a large part of its website is dedicated to a bank of 19,000 movie reviews that break down which movies

are suitable for what ages and providing thematic talking points for parents to discuss a risqué film with their kids if they know they’ve seen it.

“We’re trying to help parents manage media decisions,” says Betsy Bozdech, Common Sense Media’s Executive Editor.

Bozdech says that, until a child is eight, a parent can more or less be their media gatekeeper. Between the ages of eight and 12, this gets trickier. But when they hit the teenage years and figure out computers, you can’t put the genie back in the bottle.

“I don’t know if you can negate the impact that Hollywood has, but the best that you can do is create an open dialogue,” Bozdech says.

Through this dialogue, she notes, a parent can ask a child how they felt something was portrayed and how it matches with reality and get them to come to the conclusion themselves that smokers aren’t that healthy in real life, that there are more negative consequences to drinking than the movies might suggest.

One thing Bozdech isn’t doing is waiting for Hollywood to change, when *The Hangover* and *Harold and Kumar* do infinitely better business than *Requiem for a Dream* or *Leaving Las Vegas*, there’s little incentive to do so.

“Hollywood is a business. There is a bottom line that is motivating these things.” ■

James Robinson is a San Francisco-based journalist.

“It seems that it is being used deliberately and ironically at the moment. It is that hipster kind of thing, portrayed in a certain way but to make the reverse point.”

Healing from the inside out

A new programme for students and by students has helped a troubled little community get back on its feet by getting young people to look inwards and talk about the pain behind bad behaviour and drug use.



EARLY last year, Kawerau was in crisis. Kawerau College, now Tarawera High School, needed to call in help during lunchtimes because

fights were happening regularly and students were coming to school drunk or high.

Inevitably, these problems began to spill out of the classroom and into the community, culminating in a series of brawls in the main town centre. 'Bad kids' taking alcohol and drugs were seen by many as the main cause of the problem.

Kawerau resident and Tūwharetoa Ki Kawerau Kaimahi/youth worker Sela Kingi was asked to visit the school to identify ways young people could address the issues they were facing. Sela had 10 years' experience as a primary school teacher and had even taught some of the students involved in the violence during their childhood.

"I already had my foot in the door," she says, "and could use that previous relationship to encourage them to talk to me without any prejudging or blaming. When I came to the college to talk to the kids and saw that some were my old students, I was quite sad to see what had happened to them and where they were at."

Sela approached the students about why there had been fights and discovered a raft of problems lurked below the violence and substance abuse; underlying issues that were being masked by the students' negative behaviour.

"These weren't bad kids, but there was so much stuff happening in their lives that was messing them up and they really didn't know how to cope. They were so brave as they each began sharing these issues such as bullying, self-harm and abuse. With the addition of the drugs and alcohol, all these problems were putting them in a bad place."

To turn things around, and with the support of Tūwharetoa Ki Kawerau management, the college principal and staff, Sela started the Youth Stylze rōpū. The programme worked by giving rangatahi a topic, such as alcohol or sexuality, and they would tell her how they would teach it. This meant she was able to identify what they thought would be most effective for them in their healing process.

Behind the programme, which she named 'Looking at Health from the Inside Out – Youth Stylze', was the idea of a mirror that represented what each of us looks at every day – our own reflection. For these young people, the mirror on the outside reflected a person with bad behaviour, violence and drug or alcohol abuse. However, the inner mirror was smashed into pieces due to the māmāe/



“We’re now seen as approachable adults who will keep their promises which is the most important thing in gaining young people’s trust and respect.”

pain they were enduring and was failing to reflect what was going on inside them. Youth Stylez gave them the chance to show what was going on in their lives and to share the mamea that was causing them to act as they were.

Sela started the programme in the second school term of 2012 and began by bringing in a range of organisations involved in drug, youth mentoring and family services. These were services/ support the rangatahi thought young people in Kawerau needed to address some of the pain they knew some of their fellow peers were going through. One such organisation was Child, Youth and Family (CYFs).

“On the day we held the first presentation, Rowie Hohapata from CYFs explained what she did and why. Then some of the students were able to explain how they felt. It was all about communicating about feelings and intentions, and everyone came away much better for it.

For the third school term, Sela asked the students how they would teach the topic of sexuality with their peers.

“Sex education was a problem for many of the students. You couldn’t say the word ‘sex’ without all the girls breaking out into giggles, and yet girls were getting drunk at parties, making bad decisions and becoming pregnant.

“The students came up with a range of ways we could get the information across. We brought in sexuality educator Fiona Jeeves as well as the college health nurse and our own Tūwharetoa Ki Kawerau sexual health clinic nurse to talk about sexually transmitted diseases and different forms of contraception. Drug and alcohol advisors talked about making better decisions. Someone from the gay community talked about accepting ourselves for who we are and about how women’s magazines change photos of celebrities to make them look better. The girls found this extremely helpful for accepting their own bodies and being happy with themselves.

The final term was dedicated to alcohol, and called ‘Me and Alcohol; it’s All About Choices’.

“On the presentation day, we had a band named KOIA come up all the way from the Wairarapa to share a song they’d written for Kawerau on alcohol to support us. Their region had suffered 35 suicides that year, and they coped with the pain through song. Both youth groups worked together to make the final presentation successful and have become fast friends.”

Drug and alcohol consultant Michael Bird spoke to the students about his personal experiences and shared the effects his dependence on alcohol had on his life. Then the students went around the hall in groups to stations that offered different learnings on alcohol. These included Police teaching about breathalysers and legal limits, a mocktail station where students could learn to make nice-tasting drinks without alcohol, sugar diabetes tests, representatives from Bereaved Whānau of Suicide, safe drinking, youth mentors on alternatives to partying, label reading and coercion/peer pressure. These stations were all the students’ ideas.

Since starting Youth Stylze, Sela says the community in Kawerau is again heading in the right direction. There have not been as many fights, and the school lunchtime situation has improved dramatically.

“The students have been coming out of the shadows and sharing their stories and concerns with us. We’re now seen as approachable adults who will keep their promises, which is the most important thing in gaining young people’s trust and respect.”

This year, the plan is to bring the programme out to the rest of the community and call it ‘Looking at Health from the Inside Out – Kawerau Stylze’, with support from Riders Against Teenage Suicide (RATS) and the Super Māori Fullas.

“We’ve even managed to get funding for the year after scraping by last year until term four with just a small amount of funding from ALAC,” Sela says.

“It’s exciting to think what we can achieve this year. The Kawerau Stylze Event will holistically cater to the needs of our whānau and, in true Youth Stylze fashion, will have mental health services, education providers, free activities for the whānau, zumba with our local gym and entertainment by our own youth. It’s going to be awesome!” ■

QUOTES OF SUBSTANCE

“I enjoy [drugs], hell yeah, I enjoy them, but I enjoy sleeping all day as well, and there’s way more to life than that.”

In between impolitely telling the Prime Minister where he can go, Home Brew Crew front man Tom Scott talks about his addictive personality in an interview with Salient. Read the interview here: <http://nzdrug.org/10fofXy>

“You are surrounded by a culture that celebrates milestones with alcohol. When you have one athlete in that environment who doesn’t drink, it’s very isolating.”

Beer and footy: they just go together, right? Christchurch lawyer and cricket commentator Garth Galloway muses over the connection after Zac Guildford assaulted a partygoer.

“The line between legal and illegal drugs is finer than most people imagine. Wealthy addicts, gripped by paranoia, eroded by drugs, frantic to keep their supplies flowing, are almost untouchable. Families look on in despair, but the fact is that their addicts already live in a world where drugs are largely decriminalised. And it’s not a safe place.”

With her brother in jail and her sister-in-law dead from overdose, Sigrid Rausing muses over the different ways people are treated by the justice and health systems.

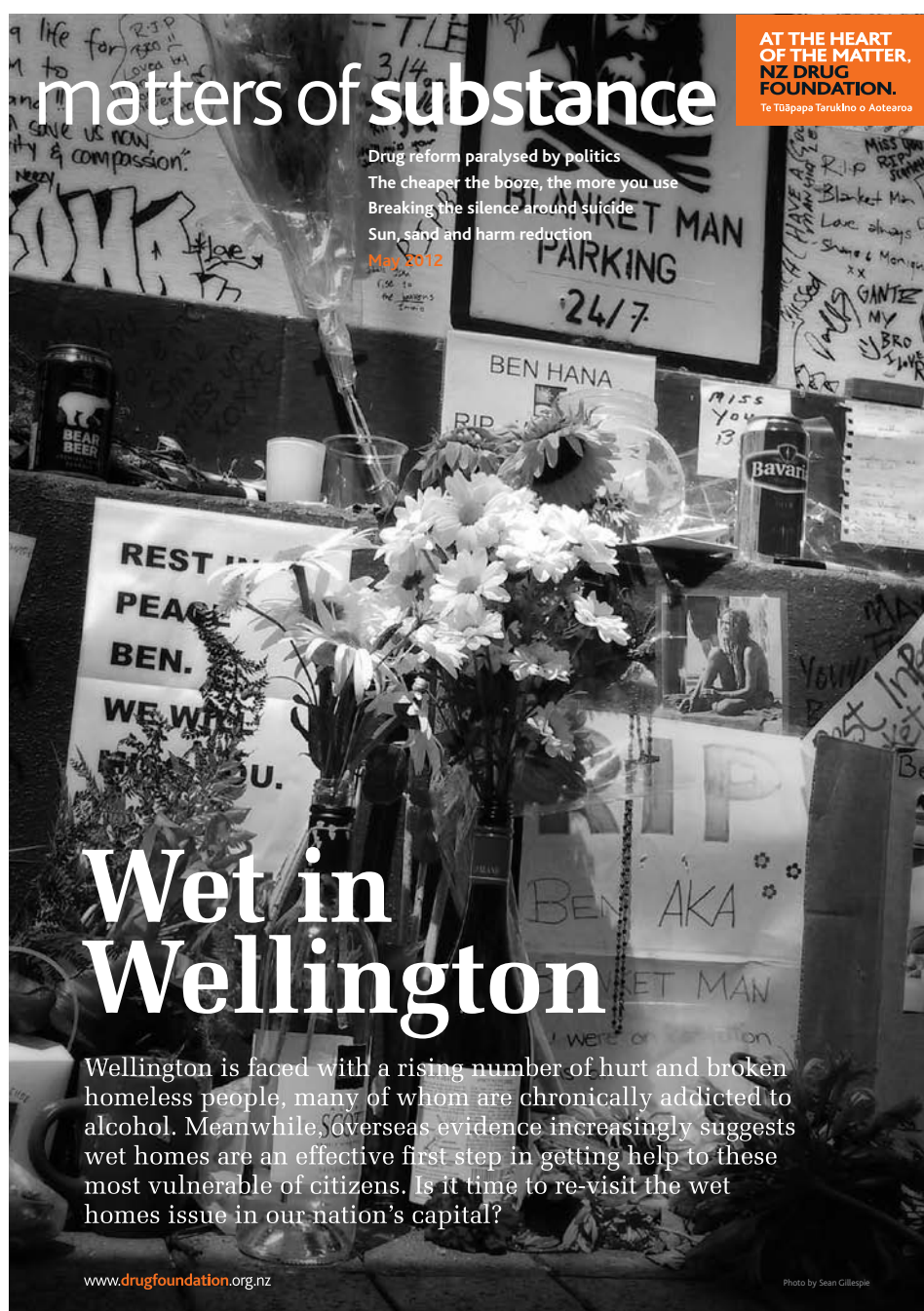
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In memory of Ben Hana

WELLINGTON'S 'BLANKET MAN'



STEPHANIE MCINTYRE



Ben Hana was seen by many as an oddity, but Wellington's 'Blanket Man' was a symptom of a deeper problem and his passing a call to action. Downtown Community Ministry deals with the stark reality of homelessness, and as its director **Stephanie McIntyre** writes, it is time to turn his legacy into commitment.

IN 2006, Malcolm Gladwell, author of *The Tipping Point*, captured the true story of Murray. Gladwell dubbed him "Million-dollar Murray", as Murray

had cost his home city of Reno more than a million dollars simply by remaining homeless on the city's streets.

A little over a year ago, Ben Hana died on Wellington's streets. Although headlines claimed "Blanket Man meant a lot to people", we will never know what it cost our capital city for Ben to live and die homeless on our streets. Despite that claim, Capital & Coast District Health Board, the Police, the courts, the prison system, ambulance services, Work and Income and social service agencies 'purchased' more than a decade of homelessness for Ben – money that could have been spent on a more sustainable and compassionate response.

Matters of Substance – May 2012 issue's cover story was about Ben Hana and homelessness.

One year down the track, every day, people who gravely concern us pour through our doors at Downtown Community Ministry (DCM). These are people who could become Ben – who have suffered trauma or alcohol and drug dependence and who are homeless. This group is not getting any smaller. In fact, it's growing. Twice as many people are sleeping rough in our city now as were at the time of Ben's death. For consecutive three-monthly timeframes, DCM staff have recorded high numbers of people rough-sleeping around Wellington City. From July to September last year, it topped 50 people. From October to December, we worked with 47 people who were rough-sleeping or living in cars. Most are less visible than Ben, but nevertheless, they are out there – the homeless tip of the iceberg in our capital city. If we don't agree on some positive solutions, there will be many more Bens.

What have we learned from Ben's life and death? So far, Ben's legacy has been the naming of two boutique beers 'in his honour' in an ad agency-sponsored competition. Perhaps this is not surprising given that, in life, one perverse way we chose to recognise Ben was through outfits for the Sevens – a celebratory sporting event now soured by our heavy-drinking culture. Sadly, we turned Ben into a clown, when his life and death could be a catalyst for examining ourselves, a catalyst for change.

“... we will never know what it cost our capital city for Ben to live and die homeless on our streets.”

DCM was one of the agencies that supported Ben, and we knew him well. We have a strong track record of working effectively with people to assist them to move out of homelessness, improve their health and wellbeing and rediscover dignity in life. While many have claimed Ben was beyond help, our considerable experience at DCM of working with homeless people has given us insight into what will make a real difference. Two things immediately come to mind – appropriate accommodation and addressing attitudes to alcohol.

The range of housing options in Wellington is limited, and the kind of accommodation on offer for people like



Ben is often unsuitable. We need to look at the innovative housing that is working overseas and what has been learnt elsewhere. A starting point would be to provide a safe, communal home that does not require people to stop drinking as a precondition of living there. A home with 24-hour staffing and support, a 'harm-reduction' approach to reducing drinking and safe ways to keep unwelcome visitors out – something like a cross between a therapeutic community and a rest home. Overseas, in terms of breaking the homelessness cycle, significantly improving health and reducing drinking, this cost-effective solution really works.

A recent study followed 95 participants who live in a Seattle 'wet home' – 1811 Eastlake. Residents in the home, all of whom had previously been chronically homeless, had cut the number of drinks they consumed daily by 40 percent over the course of two years in a home that does not require abstinence.

For too long, homelessness has gone under our radar. Unlike other similar countries, New Zealand has no clear picture of the size and scale of this critical problem and lacks the political will to resolve it. Te Mahana – Wellington's draft strategy to end homelessness by 2020 – provides a welcome opportunity to nut out ways to get a real handle on this issue and push ahead with the best solutions to prevent and address homelessness and to stop it recurring.

The draft strategy proposes a number of priorities and initiatives including "improving the supply of affordable, accessible and appropriate accommodation". It is my hope the strategy prioritises the establishment of a 'wet' recovery home.

The need for the 'wet home' model is linked to the role that alcohol, still New Zealand's main drug of choice, plays

in chronic homelessness. In December 2012, the Alcohol Reform Bill passed into law. The government has already sent the strong message that the Bill achieved the right balance between reducing harm while not penalising 'responsible drinkers'.

But the new alcohol legislation missed a great opportunity to make a significant difference to the damaging drinking culture in New Zealand. One of the few positive aspects of the Act was that, in theory, it shifted responsibility to local councils to give communities greater power to determine the number of liquor outlets and trading hours in their own neighbourhoods.

In response, Wellington City Council (WCC) is developing its local alcohol policy, but in a city already awash with liquor outlets, it has its work cut out for it. WCC will need to grapple with issues such as imposing a cap on liquor licences, establishing a sinking lid on existing ones and coming up with trading hours that genuinely create a safe, healthy and strong community for all Wellingtonians.

If "Blanket Man meant a lot to people", then let's make his legacy our commitment to ensuring that Wellington sets the example with a local alcohol policy that reflects our community's concern for one another. And let's make sure that, in 2013, we establish a home that even Ben would have chosen to live in. ■

Stephanie McIntyre is the director of the Wellington Downtown Community Ministry.

DCM was established in 1969 and was formerly known as Downtown Community Ministry. DCM works closely with other agencies and partners to address the toughest problems facing our city. More than 250 people seek assistance from DCM every month; almost half of them meet the New Zealand definition of homelessness.

The politics of price

Good policy is often at the mercy of politics, with evidence put aside for raw expediency. Alcohol-related harm in the UK was at the forefront of Prime Minister Cameron's sights when he came into office, but now the situation is a bit more murky. **David Young** and **Shannon Hanrahan** investigate the politics of minimum price in the UK.



DAVID
YOUNG



SHANNON
HANRAHAN





THE Conservative-Liberal Democrat Government's abandonment of minimum unit alcohol pricing in March added one more policy U-turn

to a long list. Since coming to power in 2010, the government has repeatedly changed course to avoid running into the brick wall of negative public opinion. Outrage from charities resulted in the dumping of a planned cap on charitable tax relief. Derision from tabloids saw the cancellation of a proposed tax on sausage rolls (and an unseemly rush by politicians to be photographed eating meat pies to show they were in touch with voters).

How did an alcohol harm-reduction policy proclaimed in March 2012 to be 'turning the tide' against irresponsible drinking end up just 12 months later on the list of aborted, unpopular policies?

David Cameron's vision of a 'Big Society' provides an insight into the thinking that drives his party's policy. The idea behind the 'Big Society' is that citizens, including business interests, identify and respond to needs within their own communities. In practice, this means 'nudging' people to adopt particular types of desired behaviour. Legislation is only considered as a last resort.

The key alcohol harm-reduction policy the Conservatives have introduced (and "not backtracked on") has been the Public Health Responsibility Deal – a voluntary agreement with the alcohol industry on issues such as promotions and labelling, aimed at tackling alcohol abuse. Many health advocacy groups, such as the Royal College of Physicians, have criticised this for not being tough enough.

Against this backdrop, the government was lauded for 'revolutionary' action on alcohol when it declared it would set a minimum price per unit of alcohol. This was at the heart of a promised Alcohol Strategy that also included a ban on the sale of multi-buy discount deals, a late-night levy to get pubs and clubs to help pay for policing, improved powers to stop serving alcohol to drunks, and a 'zero tolerance' approach to drunken behaviour in A&E departments.

"Of course, I know this won't be universally popular", Prime Minister David Cameron said in a press statement in March 2012, "but the responsibility of being in government isn't always about doing the popular thing. It's about doing the right

thing. Binge drinking is a serious problem."

That is revealed in National Health Service (NHS) figures that show 1.1 million hospital admissions in England relating to alcohol in 2009–10, or 879 more each day than five years previously. In the five years to 2009–10, there was a 25 percent rise in the number of people admitted due to drinking. In 2010, there were 8,790 alcohol-related deaths in the United Kingdom.

Cameron said that minimum unit pricing would make a real difference to these statistics. "We're consulting on the actual [minimum] price, but if it is 40p (about NZ\$0.70), that could mean 50,000 fewer crimes each year and 9,000 fewer alcohol-related deaths over the next decade."

Those figures came from the Sheffield Alcohol Price Model, which has provided highly influential estimates of the effects of different minimum unit prices.

“In 2010, there were 8,790 alcohol-related deaths in the United Kingdom.”

Scotland – one of the few countries in recent years to have introduced minimum pricing legislation – used Sheffield model estimates when it settled on a minimum price of 50 pence per unit of alcohol (around NZ\$0.90) in 2012. The Scottish legislation would see the strongest ciders more than double in price, while bottles of whisky would cost at least £14 (about NZ\$25) and wine a minimum of £4.50 (about NZ\$8.00).

The Sheffield model has been a source of debate. Statistician John C Duffy assessed the model for the free market think-tank the Adam Smith Institute, with Adam Smith fellow Christopher Snowden. Snowden says the model suffers from the problem of 'garbage in, garbage out'.

"If you tell a computer that minimum pricing will reduce harmful drinking and alcohol-related mortality, it will not try to disagree with you. If you don't ask it to estimate how many people will buy alcohol from the black market or cut down on their food or heating budgets to pay for more expensive booze, it will not tell you about the unintended consequences."

Professor Tim Stockwell, director of the University of Victoria's Centre for Addictions Research of British Columbia, defends policy makers' use of the Sheffield model.

"The Sheffield model uses best practice

QUOTES OF SUBSTANCE

“With a non-profit, the incentive is to get people to treatment and wean them off. When you have a for-profit and cash-only business, there is no incentive to detox them. In fact, there's an incentive not to detox them because of the continual cash flow.”

The infamous Bain Capital is in the news again, after a subsidiary for-profit company, CRC Health Crop, has been accused of encouraging long-term methadone use and dangerous practices in dispensing the drug. Rod Bragg, Assistant Commissioner of Tennessee's Department of Mental Health and Substance Abuse Services, reckons the profit motive and treatment clinics should not mix.

“The doctor wouldn't give me anything that's bad for me. I'm not buying it on the street corner.”

Despite showing signs of addiction, Adderall was freely prescribed to Richard Fee, who placated his father weeks before his suicide by claiming the amphetamine was safe because it was a prescription medication.

“We're convinced that fighting and punishment don't solve the problem.”

Latin American nations are getting serious about ending the War on Drugs. Mexican Secretary of the Interior Miguel Ángel Osorio Chong has made it clear that his country's new policy would turn the focus on social programmes.

continued on page 33 ►

guidelines, best available evidence and provides conservative estimates of benefits”, he says. “Where assumptions had to be made, the Sheffield group erred on the side of caution.”

Stockwell’s own research is often cited by proponents of minimum unit pricing. Stockwell’s centre carried out a landmark study between 2002 and 2009 in British Columbia, a Canadian province where alcohol could only be sold directly to the public in government-owned stores.

It found rises in drink prices resulted in “large reductions” in rates of alcohol-related deaths, reductions in alcohol-related hospital admissions associated with injuries and poisonings, and delayed effects on alcohol-related hospital admissions associated with serious diseases two to three years after the price increase.

“I believe our work provides strong evidence that minimum pricing has public health benefits,” says Stockwell.

“While pricing is not the only determining factor on population rates of alcohol consumption, it is by far the most scientifically well established causal factor.”

“While pricing is not the only determining factor on population rates of alcohol consumption, it is by far the most scientifically well established causal factor.”

The UK Home Office agrees. It found “consistently strong evidence” to suggest that increasing alcohol price is “associated with reduced consumption”, particularly among youth.

Opponents of minimum pricing argue that the link is not so clear cut. William Boyack, media and public affairs manager for the Wine and Spirit Association (WSTA), notes that Italy has comparatively low alcohol prices along with low levels of consumption, while Ireland has high prices and high levels of consumption.

“If higher prices were the answer, then the UK already has some of the highest alcohol taxes in Europe.”

However, the battle over the UK Government’s minimum pricing plans was not largely fought over research or evidence. Rather, the policy’s opponents mounted a highly successful public relations campaign designed to highlight a threat to ordinary drinkers’ wallets.



Boyack calls minimum pricing an “extremely regressive measure”. He points to a study by the Centre for Economics and Business Research, an independent economics consultancy that found the poorest 10 percent of UK income earners would be the worst hit by a 45p minimum unit price.

The WSTA launched a website – Why Should Responsible Drinkers Pay More? Boyack says the campaign “was designed to increase consumer awareness about the potential impact of minimum unit pricing and to encourage decision makers to rethink the need for such a blunt policy when targeted alternatives are already working.”

He notes that, since 2004, per capita alcohol consumption in the UK has fallen by 16 percent.

At the website, users could sign a petition, calculate how much they would be hit in the pocket by price rises, and fire off a form email to their local politician. The email stated, “Responsible drinkers like me will end up paying higher prices, whilst those who binge drink will ignore the price hikes and continue to cause problems.”

The WSTA has not revealed how many people signed the petition. While polls show the majority of the British public oppose minimum pricing, the campaign’s Twitter message appears to have hardly been re-tweeted (although brewer SAB Miller was among those that broadcasted it). But the campaign seems to have been highly successful with one particular audience: opinion writers for right-of-

centre newspapers.

More than 30 articles agreed with the WSTA’s perspective in newspapers that could be described as ranging from the right-of-centre to the further-right of the British newspaper landscape.

In the *Daily Mail*, Simon Hefner thundered, “It may seem that the government is doing us a favour by trying to prevent us harming ourselves. But it is not. Thanks to extensive state propaganda, we all know the facts. It is up to each of us to judge how, and whether, we act upon them.”

In the *Mirror*, Carole Malone warned that “working people are under the cosh from all sides, which is why [Prime Minister David] Cameron needs to stop treating us all like kids who can’t be trusted in a room with a few glasses of pinot grigio.”

And in the *Sun*, Conservative MP David Davis asked, “Why should sensible drinkers have to hand over even more cash because some people don’t know when to call it a night? We should be clear that the minimum price is deeply unfair. It will not affect the richest, who may not even notice.”

The alcohol industry led a very well organised operation, according to Conservative MP and former GP Sarah Woollaston, an outspoken advocate of minimum pricing.

“A campaign to alarm people that alcohol would be unaffordable for low-income, moderate drinkers has spooked politicians stung by the accusation that we are ‘spoiling life for the sensible pensioner

whose only enjoyment is a glass of wine on a Sunday’.”

Woollaston takes issue with the idea that minimum pricing would unfairly hurt average drinkers.

“The majority could be said to be punished under the existing system where we all pay the cost of clearing up the mess left by irresponsible drinkers. The healthcare costs are around £3bn per year to our NHS, and anyone visiting a casualty department on a Friday or Saturday night will see just the tip of the iceberg.”

On top of the health costs, Woollaston points to the “staggering” social costs. “Most of the rough sleepers in my area have alcohol as a major contributor to their situation as do 40 percent of child protection cases and domestic violence [cases]. Our violent prisoners in jail, drunk drivers, impulsive suicides: the list is a long one, and the total cost to the UK is estimated to be in excess of £20bn.”

She further argues that, if supermarkets generated windfall profits as a result of minimum unit pricing, the government could levy a windfall tax “to be used for the benefit of those who are already addicted and need extra help”. (This idea is not likely to appeal to the Adam Smith Institute.)

Stockwell calculates that light and moderate British drinkers would only pay around £10 (NZ\$18) more for alcohol over the course of a year if a minimum unit price of 45p was introduced.

“... the campaign seems to have been highly successful with one particular audience: opinion writers for right-of-centre newspapers.”

“In short, light and moderate drinkers are hardly affected, and minimum pricing in particular is very targeted to heavier drinkers.”

The Scottish Government encountered a similar (although arguably not as well organised or well resourced) campaign when it attempted to introduce minimum pricing. Its first attempt to introduce the policy in 2009 failed.

Although the legislation was passed in 2012, the effect is yet to be felt. Implementation is on hold pending litigation from the Scottish Whisky Association, the European Spirits Association and the Comité Européen

de Entreprises Vins (representing Europe’s wine producers). They argue that minimum pricing is an illegal barrier to trade, will discriminate between companies, will fail to address harmful drinking, is illegal under European and global competition laws and will ruin the Scottish whisky industry’s efforts to counter price controls and tariffs overseas. A ruling is expected in coming months.

In New Zealand, Prime Minister John Key poured cold water on minimum alcohol pricing in 2012, while admitting he wasn’t sure how the policy worked.

“Does it mean that a supermarket couldn’t loss-lead ... or does it mean that there’s actually a minimum price for a unit of alcohol?” he asked in *The New Zealand Herald*. He worried that people who abuse alcohol would simply drink a worse kind of pinot grigio.

“Raising the price can just push people down the quality track.”

As for the United Kingdom, while media leaks have confirmed minimum unit pricing has been dumped, the government is yet to officially confirm this or to reveal which other parts of the Alcohol Strategy might be revived.

Opponents are not giving up, even though they appear to have won. Boyack says.

“The ‘Why Should Responsible Drinkers Pay More?’ campaign will continue to make the case for the [minimum unit] policy to be dropped and for sensible solutions that target the root causes of problem drinking rather than policies that will punish the vast majority of responsible drinkers.”

Most British political commentators have concluded that the U-turn on alcohol pricing was driven by the simple political calculation that voters would not tolerate paying higher prices. In the same month that the government killed off the policy, the Chancellor announced a small cut in alcohol duty. This, he declared to a cheering Parliament, would make beer cheaper. ■

NOTE: New Zealand and the United Kingdom use different measurements for calculating a unit of alcohol. In the UK, one unit corresponds to eight grams of alcohol, therefore a pint of four percent lager would be 2.3 units. In NZ, a unit is based on 10 grams of alcohol or 12.7 millilitres, therefore a pint of four percent lager would be two units.

David Young is a London-based writer. Shannon Hanrahan is the Managing Director of UK-based public health consultancy The Outcomes Group.

QUOTES OF SUBSTANCE

“I was powerless over alcohol.”

A press conference is a hell of a way to start working the steps, but All Black Zac Guildford and the NZRFU handled talking about alcoholism in a respectful and serious way.

“We need to stop preaching abstinence and start being realistic about prevention campaigns and start harm-minimisation education early.”

The Buzzed Broke but not Busted report has opened the eyes of Queensland policy makers when it became apparent youth don’t see addiction as a consequence of drug use. The Courier Mail’s Jane Fynes-Clinton urges a more realistic approach to reaching youth.

“It’s really not until your own families are affected that you begin to look at these things differently.”

Maori Party Co-leader Tariana Turia hits a nerve when talking about her relationship with government ministers over tobacco and alcohol. Check out the Q&A on page 36 for the whole interview.

“We make the modest proposal that the negotiating rooms should in future be an inebriation-free zone.”

The party might be over for drunk diplomats as the United Nations considers a motion from the US Representative Joseph Torsella to ban pissed plenipotentiaries from negotiations. ■

Should we use the word ‘addict’?

Viewpoints presents the arguments on both sides.

THE CASE FOR

THE very reasons many people object to using the word ‘addict’ in treatment are the very reasons why it should be used. It’s a hard word (as in tough and no nonsense) in both its sound and in its meaning.

It’s a legitimate medical term, but it’s also a meaty word that doesn’t beat around the bush. It provides an accurate representation of the serious disorder we know addiction to be and doesn’t confuse the client (or the practitioner) by hinting that things might not be that bad.

That hardness of meaning is also reflected in the hardness of how the word sounds. It has lots of consonants, unlike more popular words such as ‘dependence’, which sound softer, wetter and less alarming.

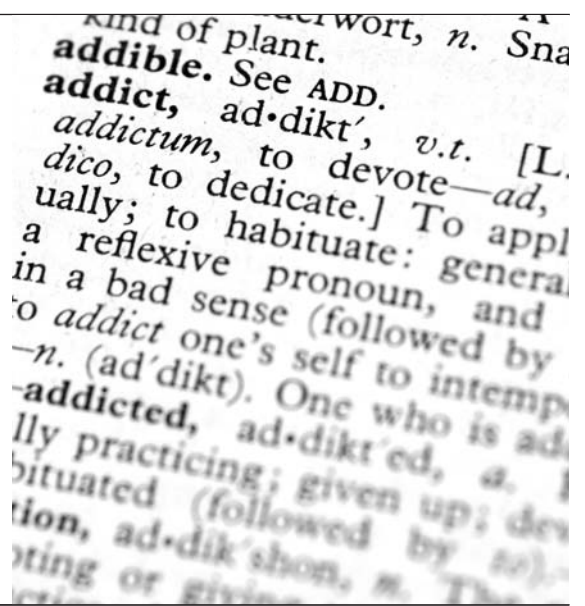
Those involved in 12-step programmes will tell you they like the word because it gives a precise roadmap of what you need to get well. It helps a person face reality and helps acceptance of required treatment.

These people will tell you addiction is a disease and that, in most cases, there is no life-long cure. The suffering doesn’t have to go on forever, but you’re not helped by not accepting the true nature of what you have become. A diabetic will always need insulin, a haemophiliac must always be careful about cuts and abrasions and an addict will never be able to take their substance safely again.

Now, this is not to say addicted people don’t deserve compassion and understanding. Of course they do. But there’s no reason why we can’t use the word ‘addict’ with as much compassion and understanding as we do when we talk about a paraplegic or a geriatric.

Some people may perceive pejorative associations with the word ‘addict’, but that’s hardly the word’s fault.

‘Addict’ may be a completely appropriate medical term, but could using it in a treatment environment actually do more harm than good?



A **2010** study of the portrayal of drug use and drug users in the British press examined 6,164 news items and revealed that, in 19 percent of cases, the word ‘addict’ was used in conjunction with negative adjectives such as ‘evil’, ‘dodgy’ or ‘sick’. In just two percent of cases, it was used with positive adjectives.

This clearly demonstrates that words often carry connotations that colour their meanings, and ‘addict’ is one of those words. That has big implications for whether we should use the word in treatment, as most of us know there is a lot more to the people we deal with than that.


We need to move away from labelling people with dependencies as ‘addicts’. The connotations of the word can seriously impair their road to recovery by causing stigma. Stigma on the part of society can banish those with dependence issues to the fringes, and inner senses of shame and helplessness can be effective roadblocks to recovery. They can make a dependent person less able to be helped and less likely to seek help.

Perhaps worst of all, stigma obscures the rest of that person’s identity. Referring to someone as an addict creates a one-dimensional caricature of that person. For example, when a factory-working father of two who happens to have a drug dependence is labelled an addict, his addiction becomes his identity, and his occupation and status as a father are obscured.

Recovery is about focusing on a person’s strengths, which gives them positivity and helps them overcome their struggles. Labelling someone an addict focuses only on their weakness and helps condemn them to failure. Why can’t we use terms such as ‘people with substance dependence’ or even ‘people with addiction’. These labels remind us our clients are people first and dependent individuals second.

‘Addict’ may be a legitimate medical term, but it needs to be consigned to the high-level medical journal articles no one actually reads. There are much more helpful terms to use when dealing with real people.

THE CASE AGAINST

 YOUR VOICE



What do you think? Have your say
www.drugfoundation.org.nz/viewpoints



Hon. Tariana Turia

Māori Party Co-leader Hon. Tariana Turia has mounted a personal crusade against smoking and has been a staunch advocate for Māori health and wellbeing. *Matters of Substance* sat down with Mrs Turia to talk about the fight with Big Tobacco, her views on alcohol reform and drugs.

Q What's next in the fight against tobacco?

A We think that, if we want to go through to 2025 and make the biggest difference, we need to put up the price of cigarettes by probably 30 percent a year over the next five years. We also know that we need to ... look at smoking in cars, smoking in parks, smoking in public places. We need to think about duty-free cigarettes. And I think that we probably need to have a look at ... electronic cigarettes.

Q How do you think the tobacco-producing countries are going to respond to plain packaging?

A Well, no one's going to like it, but we don't expect them to. They make millions of dollars out of this harmful substance. We have 13 people die a day, and so we should attack it at every level that we can. We feel pretty comfortable that, even if they take us to court, we will win.

Q Does the British American Tobacco Agree/Disagree ad campaign indicate a level of desperation on their part?

A Oh, absolutely. They spent a lot of money ... on the campaign. What they were really showing was how amoral they were because they're prepared to peddle a substance that they know kills 5,000 people a year here.

Q Do you expect people to make the right choices around using tobacco?

A I think more and more people are making the right choice. And the interesting thing is that everybody said I would get things thrown at my car and people would abuse me and all of those things. I have had a couple of emails – very abusive, very rude – but I'd like to think I'm made of sterner stuff than that, and in the end, I've only got to go over to my family cemetery to know what drives me on it.

Q Do the latest alcohol reforms go far enough?

A Absolutely not! We wanted to ensure alcohol couldn't be bought between particular hours. It's really terrible the way we've made alcohol really available. The proximity of schools has to be a consideration when they're looking at liquor licences. We think there should be a limit to the visibility of advertising. We think there should be a sinking lid policy on off-licence retailers within the territorial authorities and that there shouldn't be a replacement of existing stores ... and we think there should be a minimum price per unit of alcohol.

Q Does alcohol education need to be targeted differently to Māori?

A Oh, absolutely. I think what we're discovering is that there has to be a cultural context to the way in which we deliver messages back into our communities.

Q Are there enough tikanga Māori addiction treatment providers?

A There are not enough addiction providers full stop. And then when we get down to those that are able to offer something that's going to reach into the hearts and minds of these people, then definitely there aren't enough of them.

Q How does Whānau Ora work in terms of helping Māori with addiction issues?

The really great thing about Whānau Ora is that it does focus on encouraging the family to identify what are the significant issues that are impacting on them. The moment you enable families to dream a little bit about what sort of future they want for themselves, somebody will raise the issue. And once it's raised, it enables the family actually to talk about it and how they believe it can be addressed.

Q Does Peter Dunne's Bill to regulate legal highs go far enough?

A If I'm being honest with you, I wouldn't be having party pills at all. As a society, we say to our young people that they need to get their highs in different ways. I can't see the point in encouraging our kids down that track. And everybody goes, "Oh yeah, well they'll go and do this and that." Well, they will if we keep on saying it's okay.

Q To what extent are Māori affected by alcohol?

A It's a wairua issue as well. It affects our spirit. When I say it's a mind-altering substance, that's what I'm talking about – that it actually affects our hinengaro or ... our mental wellbeing. And I think that's why we get a lot of situations really where we endanger our lives because we can't cope with things that are happening to us.

Q How is the relationship going with Prime Minister John Key and ministerial colleagues on these issues?

A There are times when I've been disappointed ... that I don't think we take a hard enough line on these issues. It's really not until your own families are affected that you begin to look at these things differently. We have a very different point of view. We certainly understand where they're coming from. We just don't support it because we see the down side of it all. ■



RESOURCES

• A transcript of the full interview is available at <http://nzdrug.org/tarianaturia>

Drugs are legal in Portugal

After massively reforming its drug policy at the turn of the century, Portugal stands as a global leader of evidence-based policy grounded on the principle of harm reduction. The situation seems to be working, with more people in treatment and fewer new cases of HIV. But the key to this policy was not legalisation of drugs. Mythbusters investigates Portugal's nuanced approach to drug policy.



THE short answer is no, drugs are not legal in Portugal. The probable reasons for the myth that they are comes down to a misunderstanding

of legal principles, especially the difference between legalising and decriminalising and the very innovative way Portugal has changed its drug policy.

First, we have to understand what the difference between legalisation and decriminalisation is. These are complex concepts, so bear with us while we meander through the maze of these two legal ideas.

Legalisation can take many forms, but in a scenario where drugs are legalised, it would mean the use, possession, manufacture and supply of narcotic substances would not hold any criminal penalty. For example, the state of Colorado is about to legalise cannabis. In this situation, it means cannabis will be able to be used, grown, sold and possessed in an open way. Cannabis will go from being an illicit drug to a licit one like alcohol and tobacco.

On the other hand, decriminalisation of drugs usually removes criminal penalties but not necessarily civil penalties for low-level offending (such as possession and small-scale social supply). For example, the Northern Territory in Australia has retained cannabis's illicit status, but if caught with it, people are only given a fine. Decriminalising an offence does not mean it is legal. Speeding is a good example of an offence that is usually

dealt with by a civil penalty.

Portugal has not changed the legal status of any drugs. They all remain illegal, however, the offence for possession has been changed from a criminal to a civil one.

Here is how the system works.

Portugal decriminalised use and possession of all drugs in a way that moves the focus from criminal punishment to treatment.

Drugs are not freely available, and they cannot legally be sold. If you are caught with a possession quantity of a drug, there are still civil consequences.

Portugal's policy does not differentiate between the type of drug – whether it is a 'hard' drug like heroin or a 'soft' drug like cannabis, there is no difference.

If a person is found with a small quantity of a narcotic (defined as 10 days' worth for personal use), the drug is confiscated and the person is summoned to a panel called the *Comissões para a Dissuasão da Toxicodependência* (Commission for the Dissuasion of Drug Addiction).

The Commission is comprised of a social worker, a psychiatrist and an attorney. They assess the person. If the Commission finds the person has an addiction problem, treatment is offered or community service is ordered. It cannot impose compulsory treatment, only offer it.

The Commission can also impose other civil sanctions on people caught with drugs. These can be anything from a €25–€150 fine to the suspension of a professional licence (like that of a teacher, doctor or taxi driver) or a ban on visiting certain places and people.



The manufacture, importation and sale of drugs is still very illegal. Even growing your own cannabis is still a criminal matter, as is the possession of cannabis seeds.

Don't worry if you were confused – even academics and people in the alcohol and other drug sector routinely get this mixed up. Because of the competing ideologies and feelings about drug use, people's interpretation of the evidence is often skewed. In fact, a 2012 paper by Hughes and Stevens examines how pro and anti academics have misinterpreted data and evidence around Portugal's drug policy. The paper points out that there have been clear misconceptions about the reform in the media and in prodecriminalisation and antidecriminalisation camps.

Clear as mud?

In essence, Portuguese drug policy has shifted the penalty for drug use from a punitive criminal focus to a health, treatment and reintegration focus.

The Police and judicial systems are no longer being used to punish people using drugs for a crime. They are being used to help people with a health problem get healthy and stay that way.

It's not a forced process; even the name of the panel people go to if they are caught with drugs reflects that they're for the "dissuasion of drug addiction". ■



REFERENCES

- Visit the Mythbusters page on our website for the references used in this column at drugfoundation.org.nz/mythbusters



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