

## Where are we at with alcohol reform?

Liquor laws passed in 2012 were heralded with the claim that the new Act would reduce problematic consumption of alcohol without impinging on responsible drinkers. What has happened in the real world?



# Where are we at with alcohol reform?

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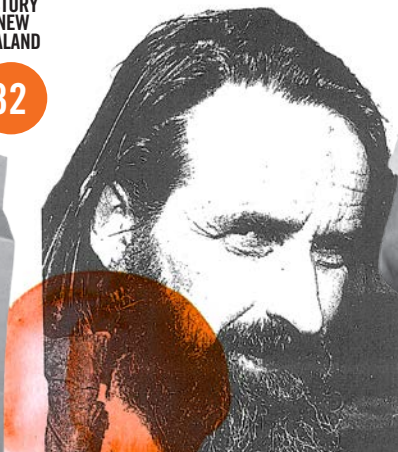


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## Become a member

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**MATTERS OF SUBSTANCE**  
May 2016  
Vol 27 No. 2  
ISSN 1177-200X

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**ROSS BELL**  
Executive Director

am calling bullshit on the current hysteria about meth-contaminated houses. It's an overcooked issue resulting in punishment for people already in precarious social circumstances.

Let's quickly clear something up. I'm talking about so-called contamination from meth use, not from manufacture. That's a different issue involving volatile and toxic substances nobody should be around.

But what are the exposure risks in a home where meth has just been smoked?

Our good friend and National Poisons Centre toxicologist Dr Leo Schep says the risks are actually minimal – similar for people who live in a house that had previous dwellers who smoked cigarettes or cannabis.

The fear around real risks from meth labs has exploded onto meth use, and testing companies are exploiting this to scare up business. Housing New Zealand (HNZ) has jumped on this bandwagon, happily wasting taxpayer dollars.

I'm less fussed about the money (testing and remediation represents about 5 percent of the total HNZ maintenance budget), but I'm seriously concerned about the social impacts of evicting a family based on unreliable testing and overstated risk assessments.









Recently, for example, a mother and her eight children were evicted from their HNZ home after a positive meth test. Their emergency accommodation was costing her \$1200 per week on top of her existing \$60,000 debt to Work and Income. I'm not condoning her meth use, nor will I judge her, but there is nothing right about this picture. Punishing the most vulnerable seems to be a new national sport.

You would think that, when it comes to vulnerable families, HNZ would employ some procedural rigour before terminating a tenancy. You'd be wrong. There are no formal meth testing standards and any cowboy's shonky 'evidence' can be used to evict tenants, leave them with massive cleaning bills or even demolish their houses.

HNZ's heartless response compares poorly with the Government's National Drug Policy which calls instead for compassion. In the case above, couldn't HNZ have provided a health intervention for the mum's meth use and kept her with her family in stable accommodation? God only knows the impact that eviction will have on those children.

Don't think this is going to get better any time soon. Standards New Zealand has been funded to develop new rules around testing and remediation of meth-contaminated properties. Half the committee members convened for this purpose are commercially involved in testing and clean-ups – the same people riding this meth scaremongering wave.

Much is at stake here, so we need more independent voices to inform this issue. And Housing New Zealand and other social service providers need to show more heart when working with tenants who use drugs.

-  **@RPE\_NZ** RPE is excited to announce today that BODYSAFE has a new look, new website and new resources! #DidWeSayNEW?! #SexEd bodysafe.nz ... 20 MAY
-  **@TheStoryNZ** "I think it'll be slow, really incremental." @DuncanGarnerNZ on changes in drug policies. #storynz ... 18 MAY
-  **@RESPECTTheGINZ** Colorado's inexcusable failure: #Marijuana Arrests Down In #Colorado For White Teens, Up For Black And Latino Teens ... 11 MAY
-  **@AustDrug** With another 2 festival overdoses, it's time again to look at ways - such as pill testing - to reduce the harm ... 2 MAY
-  **@CARMONAChelsea** Hey @CNN in response to @60Minutes "Heroin in the Heartland" I have a show to pitch: "Scare White People Into Passing Terrible Policy" ... 28 APR
-  **@LARAMCPHERSON** Empathetic perspective shifting address by Mr Tuari Potiki of @nzdrug at #UNGASS16 Indigenous peoples + drugs. ... 22 APR
-  **@IDPCnet** Perspectives of indigenous & First Nation people should be included in drug policy. Wage a war on #poverty not on #drugs #UNGASS2016 @nzdrug ... 22 APR
-  **@IAMMERRILEGS** Can we start a chant? #evidencebasedpolicy evidence! Evidence! #drugs #healthandsafety ... 21 APR

#### \* KEY EVENTS & DATES

23-24 JUN	Gassing about UNGASS: Where to for Aotearoa following the UNGASS on the world drug problem? Workshops – Auckland (23 June) Wellington (24 June) nzdrug.org/1Xqzyxu
7-10 SEP	Cutting Edge, Rotorua cuttingedge.org.nz
11-14 OCT	National Indigenous Drug & Alcohol Conference, Adelaide, Australia nidaconference.com.au
20 OCT – 2 NOV	APSAD Scientific Alcohol and Drug Conference, Sydney apsadconference.com.au
3-6 NOV	11th National Harm Reduction Conference, San Diego harmreduction.org/conference

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# NZ.



## Bold policy talk

Addressing the UN drug talks in New York, bowtie-wearing Associate Health Minister Hon Peter Dunne suggested a new pillar for New Zealand drug policy: boldness.

New Zealand was among a handful of countries calling for responsible regulation of drugs.

“The key word here is responsible – we must not conflate boldness with recklessness – changes in policy must ensure that the likelihood of harm is minimised,” he said.

After his return to Aotearoa, Dunne wrote that the drug policy work under way is “... likely to lead to a full review of our 1975 Misuse of Drugs Act”.

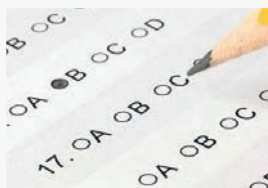
Existing policy being reviewed includes our guidelines for considering applications from people wanting to use cannabis for medical purposes.

In a statement made after review findings were released Dunne said feedback was unanimously supportive that the guidelines and process are sound. On advice, the guideline recommending that a patient be hospitalised when treatment with a non-pharmaceutical grade cannabis-based product is initiated has been removed.

## RESOURCES

Resource: [nzdrug.org/nz-ngo-ungass](https://nzdrug.org/nz-ngo-ungass)

## 02 Test for risky cannabis use goes online



A NEW online test for cannabis problems is now freely available on the Massey University website.

As part of her doctoral research, Dr Jan Bashford from Nelson developed the Cannabis Use Problems Identification Test (CUPIT). This can help cannabis users figure out whether their current level of cannabis use is risky or even indicates dependence.

As well as being available in Aotearoa New Zealand, the test has been translated into several languages for worldwide use.

## RESOURCES

Resource: [massey.ac.nz/cupit](https://massey.ac.nz/cupit)

## 03 Drug driving is adult viewing



**DRIVING INSTRUCTOR** Fred Bardon jumped behind the wheel of a PassRite Driving Academy car with stoned drivers to prove a point: driving while stoned is risky. Fred, who took drivers for a loop of a race circuit, appeared in the *Driving High* documentary alongside Police, researchers and public servants.

The Drug Foundation-commissioned documentary was broadcast by Prime TV at 9.30pm on Wednesday 5 May.

Funding from the Land Transport Safety Trust/NZTA made the documentary possible. It was great to work with producer Damian Christie and presenter Matt Heath to put the orange Valiant's rubber on the road.

## 04 Booze signage not OK

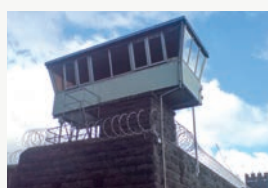


A DECISION to limit alcohol advertising by the Prebbleton Tavern and liquor store is being appealed by the pub's owners.

The Selwyn District Licensing Committee refused to allow the tavern to put up signage with details of products and prices. The tavern is permitted to use the store's branding as well as generic signage such as “beer and wine”.

In what is seen as a test case, the licence holders claim the decision is unfair, particularly compared with advertising permitted at supermarkets and other liquor outlets. A hearing date by the Alcohol Regulatory and Licensing Authority has yet to be notified.

## 05 Corrections keeps grappling with AOD



**AN AFTERCARE** programme is being trialled to provide lasting responses to prisoners who have completed

treatment in prison. This includes in-person mentoring and a remote support service, a community-based maintenance programme and additional residential treatment.

These are just some of the initiatives in the Department of Corrections recently released *Breaking*

*the Cycle: Our Drug and Alcohol Strategy*. The strategy was released in April and covers activities through to 2020.

Alongside a focus on effective treatment, the strategy also addresses ways to reduce supply and demand.



06 **\$1.8B**

**THE COMBINED** costs of drug harm to individuals and communities along with government interventions has been calculated at \$1.8 billion annually in New Zealand. This headline-grabbing figure is the culmination of calculations for the New Zealand Drug Harm Index 2016. It is expected the index will lead to adoption of the most effective drug policy options.

#### RESOURCES

Resource: nzdrug.org/1T07GAH

#### 07 Discharge for pot possession



A **NELSON** District Court judge has discharged cases against a woman living in Nelson for possession of cannabis products that were legally prescribed in the USA.

Rebecca Reider was accused of possessing cannabis oil and other products. This included chocolate-based medicine Reider posted to herself from California. The medicine is used to alleviate undiagnosed debilitating pain. The relevant clause in the Misuse of Drugs Act allows for possession of up to one month's supply of a controlled drug prescribed overseas.

In a written statement, Reider said that, while the ruling was a significant win for the right to medical cannabis, she still felt like she had lost.

#### 08 25B-NBOMe, 25-C NBOMe, 25I-NBOMe: banned

**CLASS B1**

**THE EXPERT** Advisory Committee on Drug's recommendation that the NBOMe family of drugs be reclassified was accepted by Associated Health Minister Peter Dunne. The drugs will be scheduled as class B1 under the Misuse of Drugs Act (1975). The executive council and Parliament must endorse this reclassification before it comes into effect. The last change to controlled drugs was the addition of Tapentadol in 2012.

#### 09 Listen to the doctors



**NEW ZEALAND** doctors and nurses are among the mostly highly trusted professions, and we're probably wise to listen when they speak about drug laws. In the April 2016 issue of the New Zealand Medical Journal, the editors say "the time

to review the prohibition of cannabis appears appropriate".

Giles Newton-Howes, a lecturer in the Psychological Medicine Department at the University of Otago, Wellington, and Sam McBride, an Addictions

Psychiatrist with Capital & Coast District Health Board, reach this conclusion because of this country's high rates of cannabis use, the social harms of a prohibitionist legislative approach and an acknowledgement there is far from enough

evidence to regulate cannabis as a prescription medicine.

"This is a public debate the medical profession needs to be actively engaged in, bearing in mind the role of medicine in the public arena," they say.



# World.



## 01 Five die at Argentinian music festival

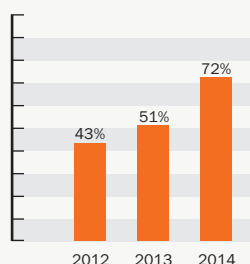
Five people died and another five were left in critical condition after suspected drug overdoses at an electronic music festival in the Argentinian capital of Buenos Aires. The party-goers were mostly aged between 21 and 25.

The music festival, Time Warp, began in Germany in 1994 and was in its third year in Argentina. Its organisers cancelled the second night of the show in response to the tragedy.

The week following the deaths, a judge ordered all Buenos Aires nightclubs to close. Municipal judge Roberto Andres Gallardo's ruling called for an end to "all commercial activity involving dancing with live or recorded music".

## 03 Samoa gets drugs and alcohol court

PROPORTION OF OFFENDERS IN FRONT OF THE SUPREME COURT WHO WERE UNDER THE INFLUENCE AT TIME OF OFFENDING



**THE ISLAND** nation of Samoa has launched an Alcohol and Drugs Court to help curb the social harms from alcohol and drug-related crimes. Chief Justice Patu Falefatu

Sapolu, speaking at the launch, said that, in 2012, 43 percent of offenders in front of the Supreme Court were under the influence at the time of their offending. This increased to 51 percent in 2013 and to an "alarming" 72 percent in 2014.

The court will be headed by the first locally appointed female Supreme Court judge, Justice Mata Tuatagaloa. New Zealand judge Ema Aitken worked with local judiciary members and the church to establish the new court.

## 02 Research shows link between cannabis and alcohol



A COLUMBIA University study has found that adults who use cannabis are five times more likely to develop an alcohol use disorder than adults who do not use the drug. In addition, adults who already have an alcohol use disorder and use cannabis are more likely to see the problem persist.

While the study showed a correlation between the two substance use disorders, it was too early to tell whether causation is involved.

## 04 Australian politicians hold drug hui



**THE AUSTRALIAN** capital of Canberra played host to an official Parliamentary Drug Summit in March. The summit was co-convened by a cross-party group made up of Richard Di Natale (Greens Senator), Sharman Stone (Liberal National Party MP) and Melissa Parke (Labor MP). The summit explored components of good

drug policy, emerging challenges and issues, Australia's current approach to drugs and what could be considered for future drug policies. Experts from around the world participated in the panel discussions, including our very own Associate Health Minister Peter Dunne.

While some attending called for change, Senator Di Natale was more cautious, saying, "My goal is to begin a national debate about the best responses to what is a very difficult problem."

## 05 FDA extends tobacco regulations to e-cigarettes



**AMERICA'S FOOD** and Drug Administration has announced that e-cigarettes and other tobacco products such as cigars and hookahs will be regulated in the same way traditional cigarettes currently are.

The new regulations would ban sales to minors, require warning labels, ban the distribution of free samples and require makers of e-cigarettes that have hit the market since 2007 to go through a government approval process.

This decision comes despite lack of long-term studies having been undertaken.



08

## 06 Students for Sensible Drug Policy



ON 15 APRIL, more than 550 students and young people from 17 countries gathered across the river from Washington DC in Arlington, Virginia, for the annual Students for Sensible Drug Policy (SSDP) conference. SSDP is an international grassroots organisation working to end drug prohibition and bring about laws that respect human rights and focus on reducing harm. NZ Drug Foundation Communications Adviser Cameron Price attended as a representative of Victoria University Students for Sensible Drug Policy. He spoke in a panel discussion about how to interact with the media to convey a positive reform message.

## 07 Victoria to provide medical cannabis



THE AUSTRALIAN state of Victoria has become the first state to legalise medical cannabis. Patients in “exceptional circumstances” will soon be able to access cannabis medicines after a Bill was passed into law. The law will facilitate manufacture, supply and access, with an Office of Medicinal Cannabis to be created to oversee the drug’s production and prescription by doctors. Children with severe epilepsy will be the first to benefit in 2017, the government said. The state will supply the initial products, but it hopes to see a reliable manufacturing industry provide supply in the future.

## 08 Would you like beers with that?



BURGER KING has become the first fast-food chain to be granted permission to sell alcohol in the UK. Its outlet in Suffolk had its application for a liquor licence approved despite strong Police opposition. In the face of concerns about putting children at risk, the Suffolk authorities placed restrictions on sales, including only one beer served per adult and no alcohol sales after 9pm. Burger King’s parent company CPL Foods is also seeking permission to sell alcohol at other branches around the country. Alcohol is already on the menu at a number of European fast-food outlets, including McDonalds.

03

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## 09 Obama’s ambitious billion dollar plan

# \$1.1B

US PRESIDENT Barack Obama has proposed \$1.1 billion in funding to address the nation’s prescription opioid abuse and heroin use ‘epidemic’. The President said the funding would go to “tools that are effective in reducing drug use and overdose, like evidence-based prevention programs, prescription

drug monitoring, prescription drug take-back events, medication-assisted treatment and the overdose reversal drug naloxone”.

In a speech to a national summit on the issue of drug use, Obama signalled a shift away from prohibitionist War on Drugs rhetoric, saying, “The most important thing to do is reduce demand. And the only way to do that is to provide treatment – to see it as a public health problem and not a criminal problem.”



# Where are we at with alcohol reform?

It's been two-and-a-half years since the Sale and Supply of Alcohol 2012 Act was implemented in late 2013, so how are the changes bedding in? Are there signs of positive change to New Zealand's worrying drinking culture, and what's left to be done? **Rob Zorn** prepared this report.



ROB ZORN





Nah!

knitlers  
want  
healthy  
neighbours

more  
knitting  
less  
Drinking

Enough  
is  
Enough

Photo credit: The New Zealand Herald/newspix.co.nz.



*Are New Zealanders heeding the no beersies message? HPA say they are.*



Photo credit: The New Zealand Herald/newspix.co.nz.

“There are still endless stories about alcohol-fuelled student carnage, drunk and abusive patients and their mates at hospital emergency departments, sexual and domestic violence and horrific drink-driving incidences.”

“We still have a culture of drinking to intoxication that we haven’t come anywhere near to nailing, so we’re not able to be complacent about any improvements that have been made.”

REBECCA WILLIAMS

**W**

into such a pickle and pickled state in terms of how we drink.

We’ve been liberalising legislation around alcohol for a century or more, but the most significant cause of our current woes is probably the Sale of Liquor Act 1989. Designed to transform New Zealand into a tourist mecca of good food, wine and beer, it more than doubled the number of retail outlets selling alcohol and allowed supermarkets to start selling beer and wine and for licensed premises virtually to be open all hours. We Kiwis took advantage of this as much as did the tourists.

Subsequent legislation lowered the drinking age to 18 and allowed alcohol advertising back onto television. Meanwhile, the industry has remained largely unregulated, and alcohol advertising is everywhere we look. The result has been more than 700,000 New Zealanders over 18 binge drinking and at least 120,000 New Zealanders with a clinically diagnosed alcohol problem. Something has gone terribly wrong.

In 2008, the government asked the Law Commission to review all aspects of the law concerning the sale and supply of alcohol. By 2010, the Commission had produced three reports containing a “mutually supportive” package of 153 recommendations to Parliament.

The government responded with the Alcohol Reform Bill, which adopted (in full or in part) 126 of the recommendations, and this Bill became the Sale and Supply of Alcohol Act in 2012.

Critics of the legislation were outspoken, saying the government had ignored or watered down the most important recommendations (such as around age of purchase, advertising, price and availability). Some went so far as to say the government had left the teeth out of the Act in deference to the powerful alcohol industry. Others accused it of cowardice – a fear that there’d be a backlash of lost votes from ordinary New Zealanders who just wanted to enjoy a drink and felt they shouldn’t be punished for the actions of a drunken minority.

That the industry had been left largely untouched was one of the biggest sore points. It seemed bizarre, for example, that, despite widespread acknowledgement that young people were among the most hazardous of drinkers, licensed shelves were sagging with the weight of a plethora of alcopops with raunchy names and

brightly coloured packaging. These were premixed alcoholic drinks aimed not at the discerning palate but at young males – and increasingly young females – whose palates seemed more preoccupied with preloading, getting prettily plastered at home before heading out to hit the clubs.

And competition for this young market has been fierce between the booze barons. Often, a bottle of alcohol costs significantly less than a bottle of milk or water, and the average youngster on the minimum wage can earn enough money to get truly trolleyed in much less than an hour.

Nevertheless, in a December 2013 media release, Justice Minister Judith Collins said the new law would provide a strong platform to help drive change in New Zealand’s drinking culture.

“For the first time in more than two decades the Government is acting to restrict, rather than relax, our drinking laws. These changes strike a sensible balance between curbing the harm alcohol abuse can cause, without penalising responsible drinkers,” she said.

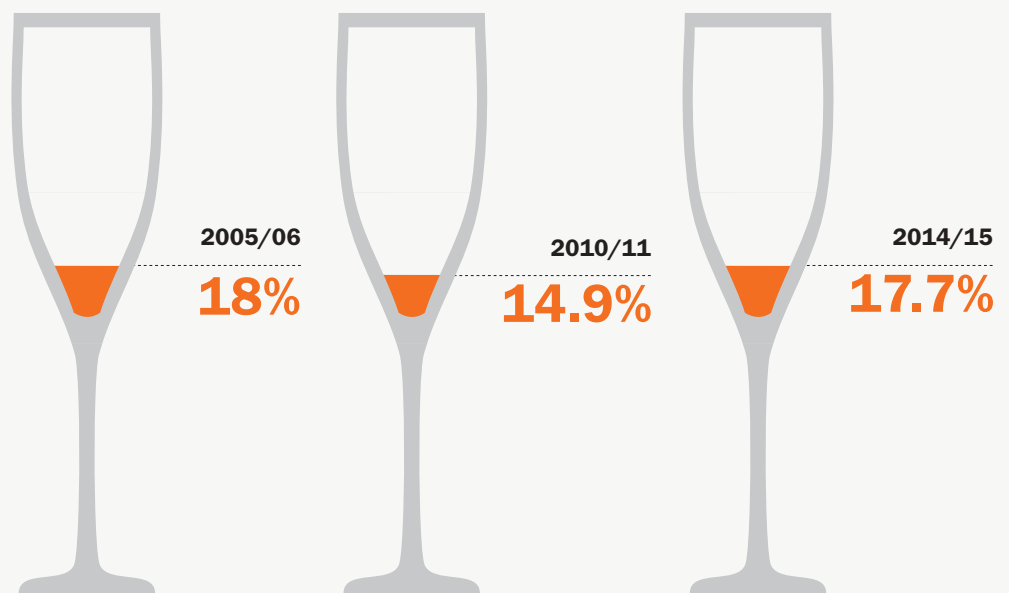
We’re now two or three years down the road from the implementation of the Act, and it’s a good time to ask, just how far have we come? Was Ms Collins right and has there been any change in our drinking culture?

Readers of the news might have some doubts. There are still endless stories



## Prevalence of hazardous drinking in NZ (all ages)

Source: The Ministry of Health's New Zealand Health Survey



about alcohol-fuelled student carnage, drunk and abusive patients and their mates at hospital emergency departments, sexual and domestic violence and horrific drink-driving incidences. There remain at least 600 Kiwi kids born every year with fetal alcohol spectrum disorder, and that's being conservative. The number could be as high as 3,000.

According to Statistics New Zealand alcohol available for consumption was the lowest it has been for 18 years at the close of 2015, but the facts that 8–9 litres of pure alcohol are available for consumption per person per year and that New Zealand adults drink on average at least two standard drinks a day each suggest our society is still awash with the stuff.

But have there been any other promising signs besides the drop in alcohol available for consumption? Maybe.

The Ministry of Health's New Zealand Health Survey 2014/15 indicates hazardous drinking rates for those aged 18–24 years are at 34 percent, a significant fall since 2006/07 when they were at 43 percent.

That may seem like good news, but unfortunately, it's offset by accompanying data. Public health physician and epidemiologist Professor Jennie Connor from the Dunedin School of Medicine says claims about how good the news is overall have been exaggerated.

"There was a decline in the prevalence of hazardous drinking from the 2005/06 survey [18 percent] to the 2010/11 survey [14.9 percent], but in 2014/15, we've pretty much returned to 2006/07 levels at 17.7 percent. So if anything, the trend is heading back up," she says.

"Between 2006 and 2015, the distribution of hazardous drinkers by age has changed a little, having gone down for the youngest group (aged 15–24) but up significantly for those aged 45–54 [up from 12 percent in 2006/07 to 18 percent in 2014/05]. And we mustn't forget that it is still the 18–24-year-olds who have the highest rates of hazardous drinking and are also at greater risk of harm because of their age.

"It's still too early to know what is happening, but there may be a bulge of ageing heavy drinkers who are moving through the system."

Alcohol Healthwatch Director Rebecca Williams says, even if there have been promising falls in hazardous drinking rates amongst young people, we mustn't overlook the fact that all the rates remain alarmingly high.

"We still have a culture of drinking to intoxication that we haven't come anywhere near to nailing, so we're not able to be complacent about any improvements that have been made," she says.

Williams has an interesting theory about why hazardous drinking rates may be declining for young people and increasing for older people.

"The 45–54-year-olds are the ones who were young when we liberalised our alcohol laws and policies 20 or so years ago, so they're the ones whose early drinking experiences were formed in that more liberal environment, and more of this age group have continued their heavy drinking throughout their lives," she says.

"But young people today have seen some pretty awful things in the media, like violence and deaths among school kids and that may have turned many of them off, and they've been able to say, 'That's not for me'."

It's a good theory, and it makes a lot of sense, except for the fact that it's not just happening in New Zealand.

Simon Denny, a paediatrician who works clinically with teenagers in South Auckland, has been part of the Adolescent Health Research Group (University of Auckland)'s Youth 2000 Survey since its inception in 2001. The survey looks at all sorts of health matters relating to secondary school students, and with about 10,000 youth respondents involved each time, Denny says it provides one of the best datasets we have available for young people's health in New Zealand.



The latest Youth 2000 Report (2012) shows remarkable drops in number and frequency in terms of secondary students drinking in New Zealand. In 2001, for example, roughly 17 percent of respondents said they drank weekly, and around 40 percent admitted to having binge drunk in the last four weeks. In 2012, those figures had fallen to 8.3 percent and 22.6 percent respectively.

But Denny says the interesting thing is that this is actually a global phenomenon.

“It doesn’t appear to be that we’re just doing something right here in New Zealand. Just about every OECD country is seeing the same thing.”

He says there’s been a lot of debate about just why these global reductions are occurring, but no one really knows for sure. One contender could be the global financial crisis – especially as there was quite a tipping point around 2007 – but he says that’s more of an adult indicator and applies less to young people.

His favourite theory is that it arises from greater use of the internet and social media because that’s something happening across all countries.

“Young people now are spending much more time on Facebook or Instagram, or they’re texting on their phones instead of going out and binge drinking. But they’re also more connected to information, so maybe they know more about the risks of alcohol than the previous generation did.”

Will this trend continue? Denny thinks it probably will for a little while before it plateaus off, but he doesn’t think it will bounce back up again.

“The social landscape for young people has really changed, and I think that’s permanent. It’s a different world, and going out to socialise just isn’t the norm any more like it was for us.”

Whether or not we’re just caught up in some global youth-focused zeitgeist, Acting General Manager of Policy, Research and Advice at the Health Promotion Agency (HPA) Cath Edmondson says we are starting to do some things right and that our own social media campaigns around alcohol like ‘Say Yeah, Nah’ have definitely had an effect on young people over 18. She points out that HPA’s ‘no more beersies’ phrase has even now entered the New Zealand lexicon.

“I think that’s really having an impact on older youth and adults, but when it comes to young people under 18, parents are understanding more about how alcohol affects their child’s brain development. Schools are looking at how to deal with

alcohol and drug use in a more comprehensive way. There’s more help and support there for people, including youth, who are concerned about their drinking. So I think there is a range of things in place that we can look positively at, especially for the young.”

So is any of this attributable to the Sale and Supply of Alcohol Act?

Williams doesn’t think we can pin any of these particular improvements on the new legislation, but she does think the robust conversations that were happening around the Law Commission review were influential and that the global economic downturn would have had some impact. In other words, changes to thinking and attitudes were already starting to happen before the Act.

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**“Young people now are spending much more time on Facebook or Instagram, or they’re texting on their phones instead of going out and binge drinking. But they’re also more connected to information, so maybe they know more about the risks of alcohol than the previous generation did.”**

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“However, I think one area the Act has meaningfully impacted on is the maximum default trading hours, bringing trading back to 4am. That had immediate benefits around things like violent assaults and offending, according to the Police. It was quite strong and a really concrete point that contributed to some real change.”

She also agrees that the Act’s new infringement notices have been useful. These enable Police, for example, to deal swiftly with infringements at a liquor store or with a low-end drink-driving offence with a fine and then move on.

“The ability to respond quickly was something the sector really needed and found really enabling.”

On the other hand, Williams says it’s much less clear whether other aspects of the legislation are having any impact at all. And she’s talking about things like single areas for alcohol in supermarkets and especially councils’ local alcohol policies (LAPs).

“Very few LAPs have come through the process with any real teeth, and the majority of them, especially those that have any meaningful restrictions or controls, are still tied up in appeals, mostly by the industry.”

The HPA is a Crown agency that, under legislation, exists to give advice to government and other agencies, including advice around alcohol-related harm. Part of its role is to work with Justice, Health, ACC, medical officers of health, the alcohol industry, licensees, licensing inspectors, local governments and communities to ensure implementation of the Act is happening effectively and that everyone understands their options and obligations under the new legislation.

It also conducts research on alcohol use, attitudes and behaviours and identifies areas of priority. It then develops strategies to address them. Managing alcohol in licensed premises and public areas was one of those identified priorities.

Edmondson agrees that the implementation of LAPs has been a real challenge for everyone concerned but especially for communities.

“This local level involvement was the intent of the Act, and it’s been welcomed by communities because we didn’t have as much of that before, but it’s not easy. Because of the issues with LAPs, the alcohol licence application process has become the contested space.

“So we’re looking at how we can support those committees towards consistency of practice while maintaining that local-level decision making. We’ve been working with Local Government New Zealand on guidance and training for people working in the committee process, including the community, licensees and the regulatory agencies.

“There are some process issues, such as when a licence application has been lodged, how do people actually find out about that?

“Then there’s the collaboration between the regulatory agencies that the Act requires. That’s seen as a really good thing and is working in some areas, but for others, it’s more difficult. It’s almost like the positives are also the challenges.”

Williams says one of the biggest problems with the Act is its wording and cumbersome processes that make it incredibly hard for statutory agencies to ensure it achieves its purposes or for communities to engage with it.

“There are so many loopholes. I think there’s been only one prosecution to cancel



*Sports and drinking are deeply linked, with rules being bent for an early start.*



Photo credit: The New Zealand Herald/newspix.co.nz.

“I don’t begrudge the soldiers their tot of rum on Anzac morning, but meanwhile, communities can’t get the restricted hours or other protections they want. Even some MPs have commented on how ridiculous it’s been...”

REBECCA WILLIAMS

a licence based on a three-strikes process. The fact that we have had to wait three years to catch a poorly performing licensee out three times before their licence can be cancelled demonstrates how poorly the legislation protects communities.”

She’s not alone in thinking the Act cumbersome. In its 2014 Annual Report, the Alcohol Regulatory and Licensing Authority (ARLA) called the Act “clumsily worded”, “unnecessarily confusing” and “in places virtually unintelligible”. In its 2015 Report, ARLA says, “Several issues requiring amendment were identified in the Authority’s last Report (these are yet to be resolved).”

This is also a source of frustration for Williams, who thinks some problems with the Act have been clearly identified, but Parliament seems to prefer to tinker around with non-essentials.

“What Parliament has managed to give its attention to with the Act are things like freeing up trading around the Rugby World Cup, responding to industry concerns about where non- or low-alcohol products can be displayed in supermarkets and freeing up trading for RSAs on Anzac Day.

“I don’t begrudge the soldiers their tot of rum on Anzac morning, but meanwhile, communities can’t get the restricted hours or other protections they want. Even some MPs have commented on how ridiculous it’s been to have been concentrating on these sorts of things instead of a more strategic review to ensure the Act can deliver on its intents and purposes.”

It does seem that, when there’s anything meaty with regards to the Act

or further alcohol law reform, Parliament has been slow to move if it has moved at all.

For example, to further reduce alcohol-related harm, the government established the Ministerial Forum on Alcohol Advertising and Sponsorship in February 2014 to consider whether further restrictions on alcohol advertising and sponsorship are needed.

The Forum’s report was released back in December 2014 and made 14 strong recommendations, including around banning alcohol sponsorship of sport, music and cultural events; reducing exposure of young people to alcohol advertising; and restricting the hours for alcohol advertising on broadcast media.

Absolutely nothing has been heard about this report since, and one might wonder why.

The most recent alcohol reform in New Zealand has been the reduction from 0.08 to 0.05 in blood alcohol limits for drivers, which came into force in December 2014. It’s a change that doesn’t just affect drinkers. It also affects the alcohol industry because it means responsible people will drink less when they’re out and have to drive, and at first, some will drink very little until they get more familiar with the law.

While Hospitality NZ has been critical of government agencies for pushing a ‘don’t drink at all when you’re driving’ message rather than one to ‘drink responsibly’, there has been barely any vocal opposition to the new limits by the industry. Nor should there have been. The evidence the reduction will save lives

is pretty robust, and New Zealand was among the last states in the world to cling to such a high limit.

Some pubs and restaurants have complained of a significant loss of business or that they’ve had to close down because people are now drinking less, but there have also been some positive signs.

In February this year, Methven pub owner Trev den Baars told *The Press* that, while alcohol takings had definitely dwindled at the two rural pubs he owned, there had been renewed customer interest in food and in zero- or low-alcohol alternatives. This, he indicated, was providing revenue opportunities he was prepared to adapt to in order to stay afloat.

“The customers are having to change, so we’re also having to change the way we operate,” he said.

It could be the new drink-drive limits will encourage changing approaches by both customers and publicans to become more widespread. When the focus of a night out becomes more on food and socialising and less on the drinking itself, perhaps we’ll start to see some culture changes and a corresponding reduction in alcohol-related harm.

But den Baars also said that the “booze industry is really coming forward with some great drinks instead of your standard juices and soft drinks now”. This may also be a welcome sign that some within the industry are willing to change and work with a cultural move towards consuming less alcohol.

Tuatara Brewing on the Kapiti Coast near Wellington is a good example.



*Local licensing committees can head in different directions, so being nationally consistent is a challenge.*



Photo credit: The New Zealand Herald/newspix.co.nz.

“We’ve definitely noticed a shift in attitudes in favour of more responsible drinking over the last year or two,” says Tuatara Chief Executive Richard Shirtcliffe.

“Bar owners and managers are telling us there’s increasing demand for low- to mid-strength beer. So ‘sessionability’ is still important for those wanting to be responsible. People don’t want to just sit on one glass all night but nor do they wish to overconsume.”

Tuatara, famous for its wide range of quality craft beers, produced its Iti (te reo for ‘little’) variant two years ago – aimed deliberately at this new trend.

“We saw a need for a lower-alcohol craft beer that was still full of body and flavour, and at 3.3 percent, we think we’ve achieved this with Iti. It took a few batches before we got it right, but it’s since proved to be quite a star.”

Indeed, Iti is now Tuatara’s sixth-biggest seller. Last year, its sales grew 43 percent on the previous year, and Shirtcliffe says they’re continuing to climb.

Tuatara has also produced a small trial batch of a low-alcohol beer (2.5 percent) called Tu (te reo for ‘stand’). Shirtcliffe points out it’s very difficult to make a really good low-alcohol beer. They’re still experimenting so they can meet the market as demand for this sort of low-alcohol alternative continues to grow.

Meanwhile, Tuatara devotes much of its website towards explaining the flavours and food matches of each of its beers, and there’s a real emphasis on enjoying the experience of the beer itself and none at all on enjoying the experience of just having lots of beer.

This is perhaps the change of emphasis that New Zealand’s drinking culture needs, and it’s pleasing to hear Shirtcliffe point out that there’s been an increase of sales in low- to mid-alcohol beer in craft breweries across the board.

“Even the mainstream breweries are doing it. Speights, Heineken and DB Export all have examples of this sort of product, indicating the consumer demand is really there.”

Of course, New Zealand’s problem drinkers probably aren’t drinking much Tuatara or many craft beers at all. But any culture change towards quality over quantity is to be encouraged, and little silver-plated bullets like this can only help.

So what else can we do, especially in terms of the Act that was supposed to be such a platform for change?

While some might want a return to the drawing board – throwing it out entirely – most agree that’s not going to happen, even with a change of government.

Williams believes it’s now time to organise a ‘three-year-in’ review of the Act – not necessarily a full-blown public consultation, but a considered review to look at what changes could be made to make the Act more effective and enabling.

“I don’t think we need to start again. There’s too much potential in the Act, and its intent is still really strong. At its heart, its principles do reflect the intent of the Law Commission, and I think we can build on that,” she says.

“But the government needs to consult with the agencies, councils and communities and ask them what they need.

“But the government needs to consult with the agencies, councils and communities and ask them what they need. These are the groups who know what the difficulties are with the Act. These are the people on the coalface doing their darnedest to make this legislation work.”

REBECCA WILLIAMS

These are the groups who know what the difficulties are with the Act. These are the people on the coalface doing their darnedest to make this legislation work.”

Edmondson says we need to keep doing what we know is working and to do more of it.

“Obviously, we need to make sure the legislation is operating as effectively as possible, but we need to keep working on behaviour change, and that’s not just about legislation. We need to keep going with the social marketing campaigns and education programmes and make sure people have got help and support when they need it.

“And the industry has a part to play in increasing the production of low-alcohol products and being more proactive around host responsibility and management practices at events and at licensed premises.

“We need to work across all of these, not just the legislation, to continue to impact on alcohol-related harm.”

At just two and a half years, it probably is too early to see more concrete signs of change. After all, it has taken decades for us to get where we currently are in terms of our alcohol culture. The signs are both encouraging and discouraging, and only time will tell.

Hopefully we can achieve more than just waiting for that bulge of middle-aged problem drinkers to grow old and move on and for the younger social media savvy drinkers to further mature, prioritising good food, good company and just a few good drinks over quantity consumed. ■

Rob Zorn is a Wellington-based writer.



## THE WORD ON THE STREET

**On a beautiful**, sunny April afternoon in Wellington, *Matters of Substance* spoke to 42 random people, asking what they knew about alcohol law reform and about their personal behaviours around alcohol. It was by no means a scientific study (neither double-blind nor controlled), but the results were interesting all the same.

While all seemed aware of the new blood alcohol limits, only 32 respondents were aware there had been any legislative changes around alcohol over the last three years.

### **Has New Zealand's drinking culture improved or become worse in the last three years?**

Only seven thought things had gotten better, 12 thought things had worsened and 23 thought things were about the same. Jonathan, 20, from Wellington, said he thought things were worse and had noticed there were more people out drinking now on Wednesday and Thursday nights.

### **Do you know how many standard drinks you can have under the new limit and still be ok to drive?**

Only nine respondents felt confident here. Eleven sort of felt they knew, and the other 22 chose the 'Don't know' or 'Quite confused' options. Anna, 37, from the UK, said she'd noticed we're a lot more relaxed about drink driving over here.

### **How do you make sure you stay under the limit if you're out and having to drive?**

Twenty-one respondents said they just didn't drink at all. Six said they limited themselves to one drink per hour, and most of the rest said they would just have one or two drinks. Stephen, 60, from Wellington, said if he was uncertain about whether he should drive, he would discuss it with the barman.

### **Do you think pubs and restaurants make it clear enough about how many standard drinks are in what they serve?**

An overwhelming 37 respondents answered no to this, and 27 of these said they thought it would help them stay under the limit if pubs and restaurants did. That's an interesting result that may bear further investigation. Sam, 62, from Wellington, hit the nail on the head saying a standard drink doesn't relate to what bars are serving.

### **Would you consider buying a personal breathalyser to make sure you were ok to drive?**

Nine said they would, two said maybe and 31 said they wouldn't. The main reasons for not wanting to buy one were cost and that they were probably unreliable. Only Rachel, 52, from Upper Hutt, already owned one and said she'd bought it for a teenage party.

### **If you wanted to know more about alcohol harm, where would you go to find out?**

The majority at 34 said they would go online. Eleven said they'd talk to their GP, seven said they'd call a help line and four said they would talk to a friend. Only one said he would read an alcohol label or consult an alcohol company website.

### **What sort of help would you be seeking?**

Thirteen said they'd want to know about safe drinking limits. Another 13 said they might want to get help for a loved one. One said pregnancy, and three said getting help for themselves.

## PUBLIC OPINION

... New Zealanders are more inclined to fight when they drink. In Sweden, we're more relaxed.

Alex, 26

... I think we need to look at laws around availability.

Rachel, 52

... It's the culture amongst the young people, not availability, that's the issue.

Claire, 55

... Alcohol should be illegal. We're healthier mentally and physically without it.

Louise, 34

... My younger friends don't drink at all if they're driving, so things are getting better.

Rhea, 20





## UNGASS REPORT:

# Hopes dashed and raised in NYC

The biggest global conversation on drug policy in the last 18 years took place in New York City 19-20 April 2016. A delegation of New Zealand NGOs joined diplomats, politicians, UN agencies and civil society representatives at the UN General Assembly Special Session (UNGASS). **Russell Brown** filed this report from the Big Apple.



RUSSELL BROWN





UNGASS 2016 was supposed to embody hope for change. But here, in a crowded United Nations meeting room the morning before the

General Assembly convenes, there seems little of that.

Getting Better Results: Aligning Drug Policy Objectives Within the Wider UN System is a side event organised by the permanent missions of New Zealand, Switzerland and Brazil along with several NGO groups and chaired by New Zealand's Associate Health Minister Peter Dunne.

On the face of it, it's a narrowly technical discussion about developing better metrics to assess the outcomes of drug control policy – and in particular, whether such policy serves the declared objectives of the UN family, the Sustainable Development Goals or SDGs. But almost every speaker writes off the chance of meaningful change at UNGASS. The tone of it all is strikingly bleak.

Nazlee Maghsoudi, Knowledge Translation Manager at the International Centre for Science in Drug Policy (ICSDP), laments a “critical missed opportunity” and declares that “the drug policy status quo will act as a barrier to attainment of the SDGs”.

Mike Trace, Chair of the International Drug Policy Consortium, recalls being at UNGASS 1998 and signing off the fateful slogan (“and it was a slogan”) about a “drug-free world”. The UNGASS 2016 outcome document to be adopted the next day is full of talk about this same, drug-free world, 18 years on.

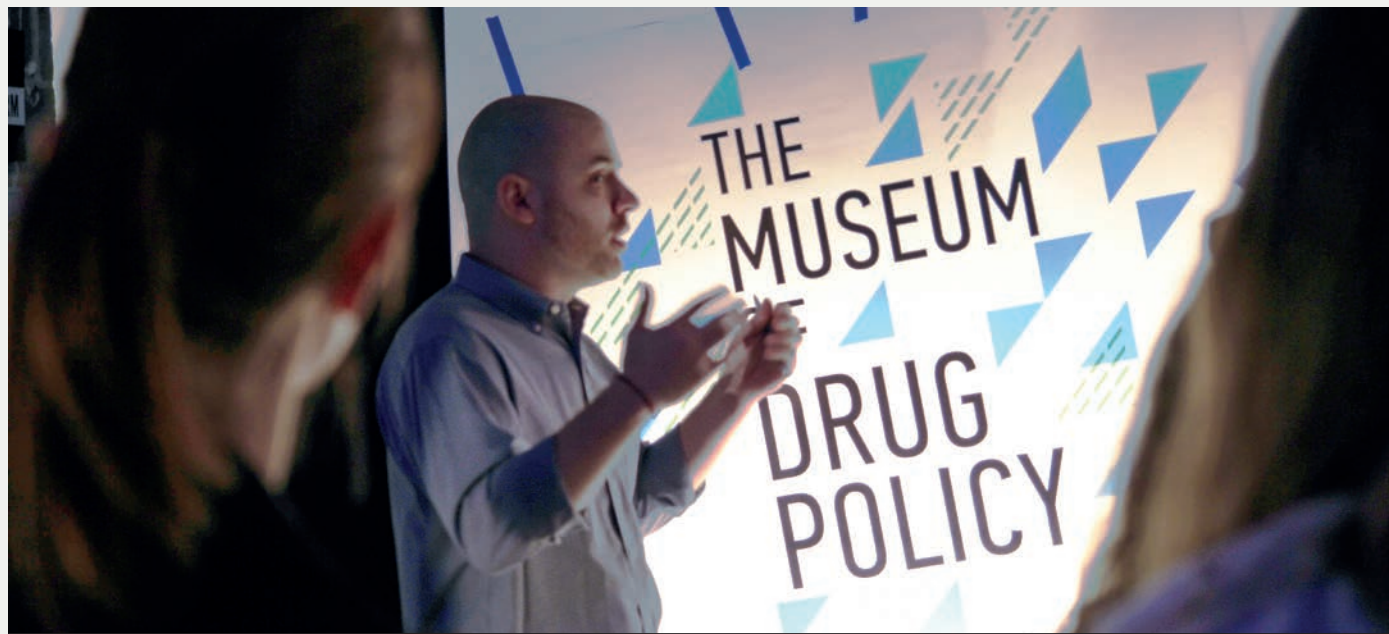
Dunne, a genial and effective chair, diplomatically observes the “balance between traditional and newer approaches to drug policy”.

Towards the end of the session, we see something I've been told will be a feature of such discussions: the Russian Derailment. A Russian delegate demands that Maghsoudi tell him “one concrete example” of an indicator that could be used to measure drug policy outcomes. She points out the ICSDP has distributed an open letter listing many such indicators.

“The Minister slams the failure to reject the death penalty and calls for “boldness” in responding to the imperatives of drug policy, even suggesting that the Psychoactive Substances Act offers a template for a regulated market. The words are fine, but like the Mexicans, the New Zealanders make a mental note about looking for actions to back them up.”



*The Museum of Drug Policy, a pop-up exhibition featuring art from around the world depicting the effects of the War on Drugs.*



He responds by virtually calling her a silly little girl, telling her he can read and demanding she personally “just tell me one”.

Ok, she says: “Counting overdose deaths.”

The side events continue through the day. At one focusing on the death penalty for drug offences (something the outcome document controversially fails to condemn), Canadian Rick Lines, Executive Director of Harm Reduction International, speaks of the half-dozen countries who execute their people for drug offences as “a very extreme fringe of the international community”.

Next door, the Civil Society Forum is taking place in a room far too small for all those who want to participate. It’s hot and it stinks, and some delegates are already beginning to think it’s no accident.

Later, in another crowded room, there is more discussion about coherence with UN goals. Pithaya Jinawat, Director-General of the Department of Rights and Liberties Protection at Thailand’s Ministry of Justice, offers a PowerPoint presentation apparently transported from the 1990s but speaks with surprising passion about the human rights impacts of his own country’s drug laws. Kathy-Ann Brown, Jamaica’s Deputy Solicitor-General, is even more blunt, unapologetically sprinkling her speech with the words “spliff” and “ganja”.

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**“If there is a war to be fought,” he concludes, addressing the War on Drugs, “and I believe that there is, it should be a war on poverty, on disparity, on dispossession, on the multitude of political and historical factors that have left, and continue to leave, so many people vulnerable and in jeopardy.”**

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This meeting has been organised by the agency that authored the SDGs, the United Nations Development Programme (UNDP). The UNDP and its SDGs will hover over the week as a kind of philosophical presence, albeit one frustrated by the processes of the UN itself.

The next morning, day one of UNGASS proper, a group from the Drug Policy Alliance (DPA) is making a small, colourful statement across the road from the UN grounds. Volunteers have dressed up in 1920s garb and are handing out a mock newspaper called *The Prohibition Times*, a reprint of an open letter to UN Secretary-General Ban Ki-moon, urging him to “set the stage for real reform of global drug control policy”. The 1,000 signatories include a host of former national leaders and a dozen leading New Zealanders.

While talking to them, someone runs over and reports that UNGASS delegates who have accepted copies of *The Prohibition Times* are having them confiscated by security guards at the UN gate. It might only be a mock newspaper, but it’s an absurd infringement of the freedom of any press.

The DPA’s Communications Director asks me if I’m prepared to take in some copies for them. Of course, I say – I’m a journalist, after all – and stuff in



A member of Students for Sensible Drug Policy participates in a public demonstration across the road from UN headquarters.



Photos from the streets of New York by Cameron Price.

as many copies as my satchel will fit and zip it up. As I enter, the guards are still taking copies out of the hands of bemused delegates.

Inside, the level four gallery of the General Assembly is full, and I'm directed to an overflow room with video screens, which turns out to be a better place to track the opening proceedings. Sanho Tree, Director of the Drug Policy Project at the Institute of Policy Studies, arrives and sits next to me. He's late from queuing for his day pass for the UN grounds. I give him a copy of *The Prohibition Times*.

UN Deputy Secretary-General Jan Eliasson gives a speech urging everyone to get along, even though "some aspects of the drug agenda are sensitive and controversial".

He talks up the human rights language and references to "proportionality" in sentencing in the text of the outcome document, which "means, in our view, refraining from the death penalty". The SDGs get more airtime as "a new tool in our hands, which we must use".

UN Office of Drugs and Crime Chief Yury Fedotov highlights the document's language indicating that "drug policy must put people first" but largely defends the orthodoxy. Werner Sipp, President of the International Narcotics Control Board (INCB), is more interesting, allowing for "some flexibility" in the way states interpret the

UN drug conventions but declaring that "flexibility has limits – it does not extend to any non-medical use of drugs".

In the hours that follow, Sipp's warning will be applauded by both prohibitionists (for obvious reasons) and reformers, who hear it as saying that the US and others can't pretend they're staying within the conventions and must reform them if they want to legalise marijuana. He slams militarised drug control but concludes "neither is it necessary to seek so-called new approaches to the problem. We don't need new approaches."

It comes time for member states to speak to the motion to accept the outcome document. Switzerland, Brazil and Costa Rica all slam the absence of a rejection of the death penalty. After all the foregoing talk about "balance", "consensus" and "integrated" and "friendly" nations, it appears they are endorsing the consensus document only grudgingly and as a first step to real change.

By contrast, Indonesia's speaker talks up the "sovereign right" of countries to choose capital punishment, noting that China, Singapore, Pakistan, Saudi Arabia and Iran all wished to have their names attached to his statement on the matter.

World Health Organization Director Margaret Chan gives a confusing and disappointing address, banging on about the brave new approaches of her country,

“...it feels as if there is also something more directly political going on. The speculation is that the hardline countries have been angry about the vocal presence of NGO delegates and demanded a crackdown.”



*In one sentence, protesters encapsulate the sentiment of many progressive governments attending the meeting.*



Hong Kong, which turn out to consist largely of adopting methadone substitution 30 years after countries like New Zealand.

But Mexican President Enrique Peña Nieto gives the speech of the day – passionate, focused and practical. It’s all the more remarkable given that he’d cancelled his appearance a few days before in what was either a rejection of the UNGASS process or a sign that he just didn’t care that much.

He declares that “Mexico has paid too high a price” under the drug war, which has “not reduced production, trafficking or consumption of drugs” since it began in the 1970s. He explicitly endorses medical cannabis and winds up with what sounds like a call for a regulated drug market.

Later, I’ll speak with Mexican journalist Lisa Marie Sanchez, who has also been surprised by the speech: “Now, we have to hold him to it.”

And the call for a regulated market?

“I’m not he sure he understands what he said there.”

My DPA contact isn’t responding to messages and the stack of *The Prohibition Times* is weighing heavy. Eventually, I do a Google image search on her name and just walk around looking for her. Happily, it doesn’t take too long to find her and execute the handover.

Over lunch, the team from the Hungarian advocacy group Drugreporter offer to lead me to the media liaison office, which proves to be another mean little space. There is no media centre as such, but we need to come here so one of the casual twentysomethings on staff can walk us back to the meeting room where one of the roundtables will take place. But we’ve barely arrived when word comes through that Peter Dunne’s slot at the General Assembly has come up.

Along with a group of NGO delegates, including Steve Rolles of Transform, I race around looking for a way to the General Assembly viewing gallery. Eventually, we’re literally led up the back stairs in time for Dunne’s speech.

The speech itself is well received in the gallery. The Minister slams the failure to reject the death penalty and calls for “boldness” in responding to the imperatives of drug policy, even suggesting that the Psychoactive Substances Act offers a template for a regulated market. The words are fine, but like the Mexicans, the New Zealanders make a mental note about looking for actions to back them up.

My Wednesday is largely given over to shooting TV interviews. New Zealand’s Permanent Mission has kindly given us the use of its boardroom for the purpose, and we shuttle through a series of guests,

including Māori public health worker Papa Nahi and Tuari Potiki, Chair of the New Zealand Drug Foundation, who both talk about how UNGASS, for them, has been primarily about forging contacts with other indigenous people in search of what Tuari describes as “our own solutions”.

Kathy-Ann Brown is unable to join us at the last moment but sends over several others from the Jamaican delegation, including Ras Iya V, a Rastafarian who has been representing ganja growers and users for nearly four decades. Until Jamaica reformed its laws late last year, decriminalising personal possession and allowing for medical and religious use, his faith made him an outcast. Now, he’s on the board of Jamaica’s Cannabis Licensing Authority and has been invited to the UN by his own government.

“Rastafari and the government had always been basically at war,” he explains. “Our rights have continually been violated – the rights to freedom of belief and freedom of expression. And marijuana, being a part of our culture, was used as a gateway to carry out oppression, tyranny and brutality on the Rastafari community. I wouldn’t have conceived of being part of any government delegation going anywhere at any time.”

He believes legalisation in US states encouraged the Jamaican Government to



NGOs travelled from far and wide to tell their story about why change is overdue.



Photo credit: Cameron Price.

reform but says reform was also “a matter of implementing human rights”.

Back at the UN, trouble is brewing. One of the promises of this UNGASS was that NGOs would be able to play a meaningful part in proceedings. But restrictions on access and a complicated and unexpected system of day passes has been shutting out NGO delegates from key parts of the building. Steve Rolles has had the remarkable experience of being denied entry to a session at which he is presenting. A pass had been smuggled out of the room so he could get in.

In part, the restrictions are to do with something else happening at the UN that week: the attendance of various heads of state for the signing of the Paris Declaration on climate change. But it feels as if there is also something more directly political going on. The speculation is that the hardline countries have been angry about the vocal presence of NGO delegates and demanded a crackdown.

It's the topic of much discussion among the activists, advocates and journalists at the civil society drinks that evening, along with UNDP boss Helen Clark's chances for the Secretary-General's job. The civil society people see each other regularly on the policy circuit, and they greet each other warmly. They also party, hard and as I slip out, the bar

is still crowded with people raving at each other about process and personality.

Thursday is lockdown day. The streets around the UN are closed off with checkpoints and filled with a striking array of semi-military vehicles. A panoply of different law enforcement officers stand on corners, some armed with machine guns.

Which makes it all the more remarkable that, as I walk away from the UN grounds along a closed-off 47th Street, there's a whiff of something you smell fairly frequently on the streets of New York City (NYC) now – marijuana.

For years, NYC has made New York the state with the highest rate of marijuana arrests in the country. Pot has been, year after year, the most common reason for arrest in the city. But locals say the NYPD's attitude to weed changed almost on the day that Colorado legalised in January 2014. In November of that year, at the urging of Mayor Bill De Blasio, the NYPD officially de-prioritised marijuana enforcement. Possession of 25 grams or less would attract only a low-level summons rather than an arrest.

While UNGASS was in progress, Vice.com published a story hailing “the golden age” of selling weed in New York – the few years of only modest legal or social sanction before legalisation proper (and thus the burden of actual regulation) arrived.

“A series of pointless speeches from people whose names start with ‘His Excellency’ is broken by the representative from Cameroon.”



*These mothers lost their sons in the 'War on Drugs'.*



Photo credit: Cameron Price.

“I think we’ve shattered this idea that there’s a global consensus around the War on Drugs, and we’re headed into two different worlds now. Unfortunately, there are people living in the regressive states who are humans.”

SANHO TREE

The effects of the new regime are not evenly spread – you’re still more likely to get searched and even arrested if you’re black in a poor neighbourhood than white in a wealthy one – but it appears to have improved the relationship between New Yorkers and the force that polices them. But if such pragmatism can be detected

within a block of the UN gates, it may be some time coming inside the gates.

I’m heading out to fetch our cameraman so I can talk him through a checkpoint to shoot an interview with the UNDP’s Tenu Afavia, a strikingly articulate man who had a significant hand in UNDP’s two published contributions to UNGASS.

“We’re encouraged by the mentions of the SDGs at UNGASS,” he says. “Countries are focusing on some of the root causes of people getting involved in the drug trade. We’re encouraged that those countries are looking to move people to the centre of their drug control policies rather than coming up with rules that impact negatively on human development.”

It’s unclear exactly when the second New Zealander to address the General Assembly, Tuari Potiki, will be up, so it seems prudent to head for the gallery and wait. But when I get there, I’m informed my media pass, which I was told in writing was good for the entire week, no longer admits me. I need a day pass. hilariously, a newly installed security checkpoint denies me entry to the information desk.

I shrug and head for the overflow room. It’s not there any more. A nice lady at the visitor centre checks for me and confirms that there is now no UNGASS overflow room. She suggests I could watch the live stream on my phone. As excellent as the free wi-fi is, that is clearly absurd.

But I realise I can make my way to the media liaison office – bypassing three security stops – via the basement level. On arrival at the second-floor office, the millennial-in-chief sends me up a further level to a desk he says has day passes. They don’t know anything about day passes. A lady walks me to another desk that doesn’t know anything either. Eventually, I make my way to level four the same way as I did on Tuesday. By walking up the damn back stairs.

The three-day stream of addresses to the General Assembly is on its final lap. As it has been every time I’ve checked in, it’s a mixture of deadly dullness and surprising insights. A series of pointless speeches from people whose names start with ‘His Excellency’ is broken by the representative from Cameroon, who talks about his nation’s health and education approach to problems stemming from its status as a “transit country” in the global drug trade. It’s fascinating.

Finally, it’s the turn of the NGO speakers, and eventually, Tuari Potiki is called to the podium. He’s about halfway through his speech when I start quietly crying. At the end of three days marked out by bullshit, his speech is direct, personal, political and deeply moving.

“If there is a war to be fought,” he concludes, addressing the War on Drugs,



*At times security arrangements got in the way of civil society representatives being included.*



Photo credit: Cameron Price.

“and I believe that there is, it should be a war on poverty, on disparity, on dispossession, on the multitude of political and historical factors that have left, and continue to leave, so many people vulnerable and in jeopardy.”

As he finishes, Papa Nahi, who is front and centre in the gallery, stands and responds with a karanga tautoko. Her voice rings out high over the chamber and, for a few precious seconds, actually interrupts the grind of UN process. I feel proud of my country in a way that’s hard to adequately convey.

I meet up with Sanho Tree, who has been in one of the late side-events, and we go and look over the Hudson River.

“Whatever happens,” he says, “I think we’ve shattered this idea that there’s a global consensus around the War on Drugs, and we’re headed into two different worlds now. Unfortunately, there are people living in the regressive states who are humans.”

But if no one believes in the vaunted consensus, is UNGASS’s failure in some sense its victory?

“I think there’s a lot of truth in that. We can’t go on with this farce. I’ve been working on this issue since the 1998 UNGASS, and I’ve seen more change in the past three or four years than in the previous 15 years combined. I think

the regressive states are hearing that their days are numbered in terms of how long they can get away with this.”

We walk to the pop-up drug policy museum sponsored by the Open Societies Foundation, where there is a restrained party in progress. Eugene Jarecki, director of the stunning drug-war documentary *The House I Live In*, takes the stage to speak.

“Ten years ago,” he tells the crowd, “I could not have imagined that the drug war would have become so desperately embarrassing to the United States, that we could have gatherings like this where we could truly look at this thing and begin to see the end of it.”

Later, I join several of the other New Zealanders for a quiet drink at my hotel’s rooftop bar. Tuari, still drug and alcohol free after 27 years, is among them. The emotional impact of his speech lingers over us all, and I embrace the man I met only a week ago. And until the barman calls time, we mull over a week in which consensus has meant dissent, failure has been victory and the world has begun to change, for some. ■

**Russell Brown co-hosts *Media Take on Maori TV* and blogs at [publicaddress.net](http://publicaddress.net)**



# To test or not to test

A very good question for schools

Schools drug testing their students has long been a controversial issue. In this fourth instalment of our Whole School series, **Naomi Arnold** hears from all sides of the issue. It's not the quick fix some think it may be.



NAOMI  
ARNOLD



here's been a change of heart at Hicks Bay's Te Kura Kaupapa Māori o Kawakawa Mai Tawhiti. The old attitude towards drug use is gone,

and in its place is a new suite of approaches that local CAYAD coordinator Moki Raroa says is proving very successful.

The old way, he says, was "basically sending them home and saying, 'Come back and talk to a discipline committee'."

"Generally, those kids got kicked out. Four or five years ago, we said, 'Let's try something different', and we've never looked back."

The focus instead is on trying to keep students engaged at school rather than letting them go. "What use is that?"

If a student is using drugs, a plan kicks into place. It involves assessing their dependency, giving them information

from local health agencies, explaining what drug convictions will mean for future travel and work opportunities and education from the local Police. It offers support to family and whānau if there are issues at home, along with mandatory counselling.

But success requires everyone to pitch in and be on the same page, Raroa says – school, local health and social workers, whānau and student.

"I think it's a very good option for some schools if they want to take a holistic approach, but it's getting everyone to work together," he says. "If that happens, it'll succeed."

The kura's Tumuaki (Principal) Campbell Dewes says the kura is no different from any other community in New Zealand.

"Mind-altering substances are prevalent throughout society, and it would be naive of us to think that we would be immune to drug use amongst our students."

He says the school wants to work on rehabilitation, examining every incident on a case-by-case basis in order to address its severity.

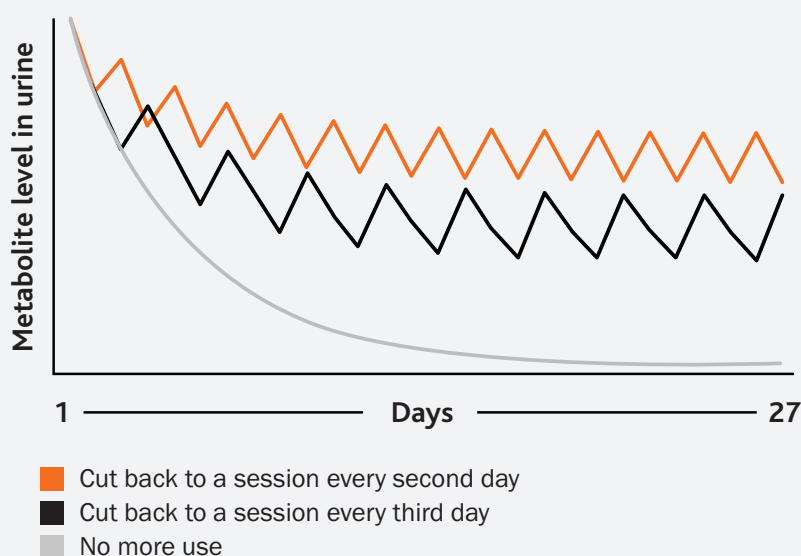
"We, the kura, don't have the drug problem – if there are drugs in the home, then there's the problem. So we've drawn a circle around our school so that all of us are drug-free, alcohol-free and smoke-free," he says.

"When we do suspect there has been partaking of drugs among our students, we let the parents know. We usually go and see them face to face at home on their patch, and we talk to them about a urine test, which isn't totally foolproof but is an indicator that there have been drugs.

"It is an agreed practice that we want students to be drug-free for their future tenure at this kura, so they must pass a series of tests until they are. Their names are also given to the Police for their files, and drug and alcohol counselling is put in place as well.



## Urine drug testing for cannabinoids



## Interpreting test results

After getting the results of a drug test back from the lab, interpreting the results is pretty black and white, right?

Think again. Setting aside the accuracy of the test and the actual levels of substances detected, when it comes to cannabis, there is actually room for misinterpretation.

Here's what can happen. Urine tests measure the substances made by the body when THC from cannabis is broken down. They don't directly measure the THC from cannabis itself. Cannabis stays in the body for much longer than the psychoactive effects do, which means that urine tests can pick up these THC byproducts for days after use.

Someone who has been regularly smoking cannabis will find it hard to cease using. They may dramatically cut back but could still reuse. Remember, a drug is a powerful thing that someone may turn to in order to relieve anxiety, when they're stressed or for comfort. This can happen regardless of the potential consequences.

A single instance of reuse can lead to a disproportionate spike in the urine test levels, especially if the body has not got rid of all of the cannabis yet. Remember, this can take days.

In other words, urine tests can identify recent cannabis use, but they cannot identify if someone is 'stoned'. Higher levels indicate that use was closer to the test being done, but if the tests are too spaced out, they do not give enough of the picture to show if someone is reducing their use or not.

This pattern needs to be considered when deciding on what action to take (or not) after results are returned. When there is a danger of misinterpretation, erring on the side of caution is recommended. Giving a second chance, opening up dialogue and understanding what is driving drug use will have more beneficial outcomes than, strictly adhering to a 'fail and you're out' policy.

"So far, of the few students we have had to put through this programme, just two have failed to come through the other side."

The kura's use of drug testing is part of a host of initiatives and is the beginning of a journey rather than its end. Evidence shows that a punitive approach to drugs leads to worse life outcomes for students, and how a school reacts can have lasting consequences on the student's education and life. But there is no one drug-testing policy across New Zealand. Each school decides how best to serve its community.

Drugs are a leading cause of students missing out on schooling. Nationally, Ministry of Education statistics show that, in 2014, drug use was the second-most common reason both for suspensions (23.7 percent) and exclusions (16 percent), but it was the main reason for expulsions, accounting for 26.7 percent of cases. Many of those students will have been given a drug test at some point.

New Zealand Drug Foundation Youth Services Adviser Ben Birks Ang says many schools don't have a policy on alcohol and drugs, instead dealing with things on a case-by-case basis. Some test for drugs on a student's smell, behaviour or appearance; others on a rumour. Some rely on their suspicion and then get the friend group tested as well.

However, he says, if a good drug policy is in place, especially one that offers lots of support, drug testing is "essentially irrelevant".

Some schools strongly defend their right to test for drugs and to exclude or expel anyone found with drugs in their body. Others say testing is inappropriate, leads to a breakdown in relationships with students and does little to ensure people get the advice and help they need.

As for the results, schools might quietly tell a student it's best to jump before they're pushed and enrol in another school; many parents, not wanting the blemish on their child's school record, would likely agree.

Birks Ang says some schools take a more holistic approach.

"Some schools have a strong belief that the social side of things is a part of their role at school, so they do a lot to keep young people there," he says.

"But at other schools without a holistic focus, it is harder for schools to discuss drugs without worrying that it could negatively affect their image. Families choose which school to send their child to, so the image of the school is important, and schools often do not want to be associated with substances. This limits their options."

If there aren't clear policies and practices, a school can take a skewed



Photo credit: Peter Meecham



approach. “This can include over-emphasising the place of testing,” he says.

“A lot of this is on the assumption that, if a young person is using drugs, they’re a risk to other people’s safety. That’s the main concern boards or principals talk to me about, but I haven’t seen much evidence to prove that’s the case.”

Patrick Walsh is the Principal of Rotorua’s John Paul College and quotes Principal Youth Court Judge Andrew Becroft on the matter.

“He says drugs in school ought not to lead to stand-downs and suspensions, because he deals with kids who are suspended for those offences, and it can lead to a spiral for crime. The best way to rehabilitate the students is to keep them in school.”

He believes that a one-size-fits-all approach doesn’t work and the “critical factor” for success in a testing regime is the attitude of the students.

“When kids are consuming drugs, it indicates they’ve got things going on in their life and there are mitigating circumstances,” he says.

“It seems to me that most students who get involved with it just for experimental reasons are testing it out. There’s not a huge number who have an actual drug problem. On that basis, I think schools do need to be very careful in those

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“Some schools strongly defend their right to test for drugs and to exclude or expel anyone found with drugs in their body. Others say testing is inappropriate [and] leads to a breakdown in relationships with students...”

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circumstances that they don’t move very quickly to ultimate disciplinary action.”

YouthLaw Aotearoa barrister and solicitor Joanna Maskell says schools cannot test students for drugs without their consent but can refer testing to a third party (with student consent) for example, as a condition of return to school after a suspension hearing.

“They are not able to randomly search students either,” Maskell says, adding that students have the same rights as all citizens under the Bill of Rights Act.

The Ministry of Education has procedures set out in the Education (Surrender, Retention, and Search) Rules 2013. It allows schools to have a third-party agency bring in a drug sniffer dog to search lockers if there is a suspicion of drug use. In terms of testing, the guidelines say it should be for a prescribed period only – it should not go on randomly for the rest of the year. It emphasises that students should seek treatment for drug issues, and the school should aim to make sure the student has genuine, informed options and knowledge of the consequences and potential outcomes of those options.

It also says students may be encouraged to participate in a voluntary drug treatment programme that involves testing of bodily samples, even when a student continues to attend school. “Schools should not, however, insist on a drug treatment



programme as an alternative to suspension,” it says.

Maskell says most schools will suspend students under section 14 of the Education Act if they are found to be using or dealing drugs on school property. The board of trustees makes a decision about whether the student is excluded or expelled from school or whether they can return. The board has a right to impose “reasonable conditions” upon the return of a student to school.

“Sometimes, a board will make it a condition that a student undertake drug testing and can show they are free of drugs before they return to school and that they continue to produce drug-free tests for a period of time after their return.”

YouthLaw’s recommendations are that schools should not be testing students at school for drug use.

“They are, however, able to stand down or suspend a student if they have a reasonable belief they have taken or dealt drugs at school, as this may fall under the category of ‘gross misconduct’ under section 14 of the Education Act,” Maskell adds.

New Zealand School Trustees Association President Lorraine Kerr says the school is obliged to ensure that every student has the right to education.

“While they’re under the influence of drugs, we’re not meeting our obligation – particularly from the point of view of whether it has an effect on other students’ rights to learn as well as their own,” she says.

Drug testing is indeed a thorny business, ethically, legally and biochemically. Many of those issues aren’t well understood, Nelson-based CAYAD coordinator Rosey Duncan says.

Duncan has written a guide on effective alcohol and drug policies, *More Than Just a Policy*, available at [healthaction.org.nz](http://healthaction.org.nz). The policy notes that research shows a strong case can be made against drug detection and screening strategies in schools, and policies that “address key values, attitudes and perceptions [of peer drug use]” may prove more important in drug prevention than drug testing.

Duncan says different tests – blood, breath, urine or hair – take different amounts of time to process, detect differing substances and have differing windows of detection, so they may or may not show whether a person is currently under the influence of any particular substance or has used it at some time in the recent past.

“I would say drug testing is often an invasion of privacy. If someone’s using a substance in their recreational time, which isn’t impacting on their ability to work or study, is there a need to drug test?”

“Why do they want to know? Is it because they think a person is a drug user? How does that information help the school or the person? Do they want to know if a person is under the influence of a substance at the time? Is it something that is required by their health and safety policies? Schools need to have planned procedures in response to the results they get, such as providing counselling, or engaging other support services.”

She says schools need to be very clear about why they’re doing a drug test and consider the need to maintain ongoing trust with the student. Usage doesn’t necessarily mean they’re an addict or have a dependency.

“If an organisation or a school imposes drug testing on a group, it potentially erodes trust, whereas if it’s something the young people feel is going to be beneficial to them, it can help. The primary thing is to have that positive caring relationship. If the young people know the organisation is acting to support their health and wellbeing rather than coming from a punitive approach, it’s much more likely to be received in a way that’s going to be useful.”

However, she says not every drug test is unwarranted. There might be some times when the user would prefer to be drug tested so they can say to their peers, “I’m not allowed to use X.”

“It gives them an out in a situation they might otherwise find tricky to extract themselves from,” she says.

Patrick Walsh agrees with Duncan and Birks Ang that there is potential for misinterpretation of the tests.

“I think that area is probably something that’s not well understood, and certainly, I don’t think the tests they do in schools, which are at the very basic level, would be sufficiently robust. Having said that, most schools have reasonably conservative parent communities, so they do expect a tough line on drugs. That’s the tension principals have to work with.”

At Burnside High School in Christchurch, Principal Phil Holstein says, if there are suspicions, they generally ask, as part of the discipline process, for evidence of blood tests and a return to school under conditions. (He does, however, lean more towards exclusion if a student is actually dealing drugs.)

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**“ YouthLaw’s recommendations are that schools should not be testing students at school for drug use. ”**

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“We’re wanting a clear drug test, and what we quite often do with some people is make sure it’s reducing all the time. Some schools have said they can’t return until there’s a clear blood test. We have to, hopefully, work to show that being drug-free is going to impact positively on their learning.”

Parents have generally been “hugely supportive”.

“We’re assisting them, and we’re working together, which I like. It works really well, but the students themselves have to be committed or the whole process breaks down, and we might have to go to another stage.”

The outcome used to be exclusion – now, they’re looking at individual needs and considering wrap-around services that might help.

“I think that’s in response to our more restorative practices,” he says. “Things have changed in society.” ■

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**Naomi Arnold is a Nelson-based journalist.**

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# The snowball and the avalanche:

## medical cannabis in Australia

Stories of personal suffering, where debilitating symptoms are eventually eased by medical cannabis, are appearing ever more frequently in the news. **Andrew McMillen** argues it is these sorts of stories that have engendered compassion in Australia, eroding the stigma around medical cannabis use and paving the way for science and more evidence-based legislation.



ANDREW  
McMILLEN





he story of medical cannabis in Australia is much the same as in other countries around the world that have tiptoed this path before us. Here

across the ditch, as in New Zealand, the United States and many other advanced economies, it is a situation where two strange bedfellows have been pitted against one another: stigma and science. For many years, because of their preconceived attitudes, staunch opponents of illicit drug use have remained wilfully blind to the benefits of medical cannabis experienced by sick people. Here, as elsewhere, this is not a campaign for the impatient. Change is slow, often painfully so, as it relies on a willingness for opponents to reconsider their positions in light of compelling evidence.

In the last few years, though, the situation has appeared to change rather quickly and dramatically. The appropriate image is that of a single snowball rolling down a hill, gradually gaining mass and momentum until it forms an unstoppable avalanche. To this end, a raft of touching personal stories have been told in the national media. As a result, many state and federal politicians have sensed a shift in public sympathy towards sick people who are attempting to access medical cannabis without further complicating their lives by crossing paths with the criminal justice system.

Support for plant-based medicine has gone mainstream, as evidenced by a July 2014 ReachTel poll that found that almost two-thirds of Australians believe cannabis should be made legal for medical purposes. It is telling that compassion is the driving emotion here, rather than fear – long-time advocates might well wish they had cottoned on to this tactic earlier.

These personal stories don't come more dramatic and heart-wrenching than Dan Haslam's. In fact, his journey to accepting and using medical cannabis has become emblematic of changing attitudes to the drug across Australia. Dan was the snowball, and his descent down the hill began when he was diagnosed with terminal bowel cancer in February 2010 while living in the regional New South Wales (NSW) city of Tamworth. There, the then 20-year-old eventually discovered that the only treatment that soothed his nausea and stimulated his appetite while undergoing chemotherapy was cannabis.

His parents wished there was another way. The fact that his father was head of the Tamworth Police Drug Squad made this desperate decision even more ethically and legally tortured than usual.

Yet the simple, unavoidable fact was that medical cannabis eased Dan's suffering. This anecdotal evidence helped change the mind of NSW Premier Mike Baird, who began funding medical trials only after meeting the Haslams. Compassion softened the stigma, which in turn opened the door to scientific inquiry into a global industry estimated to be worth AU\$250 billion annually. Prejudice and preconceived attitudes seeped out the window. The Premier got it, and he communicated his understanding to the country's most populated state, in which more than a third of Australians live. They got it too: medical cannabis can – and does – help sick people, and this fact of life is worth further exploration and discussion.

That singular snowball was stopped, sadly, when Dan Haslam died in February 2015 at the age of 25. But the avalanche continues unabated in his absence. Indeed, its strength is increasing.

"I will never forget the look in his eyes the first time I met him, and it will stay with me forever," said Mike Baird after Dan Haslam's death.

"Dan made a lasting impression on everyone he met, but more than that, he left a legacy in New South Wales that will be felt across the nation and, I believe, the world. Every step we take on medical cannabis will be built on the footsteps he left behind."

The path to Australia's success in medical cannabis legislation has been paved with defeats. In 1999, then NSW Premier Bob Carr announced that his government would investigate the use of cannabis for medical purposes, which was followed by an announcement in 2003 for the Carr Government's intention for a four-year medical trial. This was not pursued. In 2004, the Drugs of Dependence Amendment Bill 2004 was introduced in the Australian Capital Territory, with the backing of the Greens and Democrats. The Bill would have allowed eligible medical users or nominated caregivers to grow cannabis. It was defeated. In 2008, the Controlled Substances (Palliative Use of Cannabis) Amendment Bill was introduced in the South Australian Legislative Council. It, too, was defeated.

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Campaigners in Nimbin.



Photo credit: Echo Netdaily.

“Compassion has been a driving force but not the only one. The potential economics of legalised medical cannabis in Australia is increasingly being used as an incentive to win over holdouts, particularly those within the Liberal National Party”

While all of this feels like ancient history from the vantage point of 2016, these defeats were a necessary part of the process towards the legalisation of medical cannabis. Each failed bill, each postponed trial, each discussion paper planted seeds of doubt in the minds of those who write legislation and represent constituents. From the level of local council and small community debates, up to the offices of state and federal politicians who wield enormous power and influence as individuals, the key idea – that medical cannabis can, and does, help people – needed time to propagate. Change is slow, but on this matter, it is inevitable. All it takes is for closed minds to be opened, one at a time.

Compassion has been a driving force but not the only one. The potential economics of legalised medical cannabis in Australia is increasingly being used as an incentive to win over holdouts, particularly those within the Liberal National Party (LNP), which governs the country and four of its states and territories, including NSW. If compassion doesn't crack open the minds of free marketers in the LNP and other politically aligned organisations, the shiny lure of cold, hard cash is an almost irresistible option in the toolbox. On a purely financial basis, it's tough to argue with the tax revenue gained by overseas territories

such as Colorado in the United States, where the legalisation of cannabis raked in US\$44 million in tax revenue during 2014, its first year of operation.

For Dr Alex Wodak, President of the Australian Drug Law Reform Foundation, the economic appeal of taxing cannabis use is only one reason why we should follow this path. “But it's an important reason,” he told *GQ Australia* in late 2015.

“If we can generate revenue and produce savings, that becomes quite a powerful argument.”

Dr Wodak notes that Colorado set aside a portion of its new-found income for upgrading its public schools.

“Some of the revenue from the sale of recreational, legal cannabis has gone towards building schools, and they have done very well out of it,” he says.

“Who can be opposed to building new schools for kids?” (To be clear, no Australian state or territory governments are currently considering the legalisation or taxation of recreational cannabis – a separate matter that is beyond the scope of this article.)

While no Australian government has yet outlined a clear plan for how licensing for growing and selling medical cannabis might work, it's a subject to which Dr Wodak has devoted a lot of thought. He advocates a similar approach to how we currently deal with alcohol,



Dan Haslam produced cannabis oil in his workshop – he had few other choices.



Used with permission, Australian Broadcasting Corporation. Photographer: Tim Lehä.

where only those aged over 18 years may legally purchase the substance.

“That wouldn’t be perfect, because the alcohol age restrictions aren’t perfect, but they exert some control to require proof of age and make it comparable with alcohol arrangements,” he told *GQ*.

“We could also mandate what lawful cannabis would contain.”

In addition to packaging that displays health warnings, like cigarettes, product information panels could accurately list the percentage of THC – the primary psychoactive component in cannabis – and assure consumers that the product is free of any adulterants.

“We should also learn some of the painful lessons we’ve learned from regulating alcohol and tobacco, such as getting in first by banning advertising, before there is a cannabis industry,” said Dr Wodak.

In partnership with the NSW Government and the University of Sydney, Canadian company Tilray will soon begin the world’s largest clinical trial of chemotherapy patients. Their goal will be a better understanding of how cannabis products can provide relief to cancer sufferers whose symptoms of nausea and vomiting cannot be controlled by standard treatments.

“In Australia, we think medical cannabis has potential to be a billion-dollar

industry, and can create thousands of skilled jobs and generate tens of millions of dollars in foreign investment,” Tilray’s Global President Brendan Kennedy told *news.com.au* in March.

“We hope to invest significant capital in Australia in coming years. We intend to break ground on an Australian facility in the next 12 months.”

The parallels with this research and Dan Haslam’s story are clear: cannabis eased his nausea and vomiting, which led to the Baird State Government contributing AU\$9 million to three clinical trials in 2014. But the biggest donation in this field has come from a couple of grandparents, Barry and Joy Lambert, who in June 2015 announced their decision to donate AU\$33.7 million to medical cannabis research. Their story, too, is rooted in compassion, after they saw the difference cannabis oil made to the life of their granddaughter, three-year-old Katelyn, who has a rare and extreme form of epilepsy named Dravet syndrome. Their gift is believed to be the world’s largest single donation towards this type of research.

The Lambert Initiative, as it’s now known, is based at the University of Sydney. It’s an Australian first in the field of medical cannabinoid research, and its stated aim is to optimise and introduce safe and effective cannabinoid therapeutics into mainstream medicine in Australia

## QUOTES OF SUBSTANCE

“When two elephants fight, the grass always suffers the most.”

Guatemalan President Jimmy Morales, referring to drug cartels and American law enforcement agencies.

“Some pessimists argued that we lost the War on Drugs. This is not the case. We must continue our fight.”

The Russian delegation to UNGASS.

“Responsible regulation is the key to reducing drug harm. It is imperative that any move to a regulated market is an authority-led process.”

Peter Dunne’s bold words to the UN General Assembly.

“Prohibition has not made drugs disappear. Demand for drugs is irrepressible: governments must focus instead on minimising their risks.”

Beckley Foundation director Amanda Feilding on the UK government’s new, retrograde drug law.



*Could cannabis be a big earner? NSW Premier Mike Baird visited an Israeli cannabis lab in April.*



and beyond. The Lamberts' donation was followed by the NSW Government committing a further AU\$12 million to establish a Centre for Medicinal Cannabis Research and Innovation. Together, public and private funding have combined to position Australia alongside the likes of the Netherlands, the United States and Israel as world leaders in cannabinoid science. The avalanche rolls on.

With the spectre of stigma fading into the background, science comes to the fore. All modern societies value knowledge and empirical data, and it is this desire that is driving investment in cannabis research. So it is for cannabis, a drug long derided and misunderstood in the public sphere by the masses – even though at least 1.9 million Australians privately use cannabis each year, according to the most recent data from the United Nations 2014 World Drug Report.

Scientific discoveries have shown us that the human brain and body is immersed in its own cannabinoids, which are known as endocannabinoids. Nor would we know that the cannabis plant contains more than 100 different cannabinoid substances but that only one is intoxicating. This is why we do research: to better understand the unknown.

“The [Lamberts'] gift will accelerate cannabinoids through the drug development pipeline to ultimately relieve the suffering of patients,” said Associate Professor and Lambert Initiative leader Jonathon Arnold in October.

“Without it, many important therapeutic applications would be left on the shelf, never to be realised.”

The Lambert Initiative won't report its results for a few years, and before cannabis is approved for medical use across Australia, an application must be made to the Therapeutic Goods Administration (TGA), accompanied by data to assess its quality, safety and efficacy. But with federal legislation allowing the cultivation of medical cannabis being passed in February and regulations governing production under licence now being drafted, the toughest roadblock – politics – has at last been cleared. Now, we wait for the science.

In the meantime, Australia's states and territories are free to legalise the manufacture, supply and access to medical cannabis products within their jurisdiction, as Victoria did on 12 April 2016, becoming the first state to do so.

A white paper published by the University of Sydney Business School in March suggests tens of thousands of patients in Australia suffering medical

“...with federal legislation allowing the cultivation of medical cannabis being passed in February and regulations governing production under licence now being drafted, the toughest roadblock – politics – has at last been cleared.”

conditions are expected to consume as much as 8,000 kilograms of cannabis – worth AU\$100 million – in the first year alone. With stigma largely vanquished and scientific inquiry taking its place, a veritable green avalanche is set to continue rolling down the hill in the years ahead. ■

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*The NSW Terminal Illness Cannabis Scheme has benefited 94 people since December 2014, included Dan Haslam.*



Used with permission, Australian Broadcasting Corporation. Photographer: Tim Lehä.

## NSW Terminal Illness Cannabis Scheme

### – the details

Unique to NSW is its Terminal Illness Cannabis Scheme (TICS). Announced in December 2014 alongside the NSW Government's AU\$9 million trials of cannabis-derived medicines, TICS permits possession of certain amounts of leaf, oil and resin. Given that the scheme was developed to extend compassion to adults who are terminally ill, it is fitting that, in early February 2015, Dan Haslam became the second person in the state to receive a TICS licence.

At the time, Dan's mother Lucy said the licence was both a symbolic and practical victory for the wider cause of nationwide access to medical cannabis.

"This was our first goal; this was the reason we were campaigning in the first place," Mrs Haslam told *The Northern Daily Leader*.

Lucy Haslam, husband Lou and Dan's wife Alyce also received licences, which protected them from repercussions for carrying cannabis for Dan.

Unfortunately, Dan Haslam died of bowel cancer within a month of receiving his TICS licence.

Under the scheme, licence holders are exempt from prosecution for possessing up to 15 grams of cannabis leaf, 2.5 grams of cannabis resin or 1 gram of cannabis oil. At the time Dan Haslam received the state's second TICS licence, the Premier's department said that only 11 applications had been received so far, though Lucy Haslam suggested this was due to a lack of promotion and public awareness.

Almost six months later, in August 2015, *The Sydney Morning Herald* reported that only about 40 people had signed up to TICS, drawing criticism from Greens MP John Kaye, who said the government had deliberately not publicised the scheme.

"[NSW Premier] Mike Baird is happy to reap the political rewards for moving on medicinal cannabis

without delivering," said Kaye, while a spokeswoman for the Premier said the government had promoted the scheme through cancer charities.

By the end of April 2016, there were 94 terminally ill people registered along with 180 carers.

Under the NSW TICS, applicants require a medical practitioner, who is registered in Australia and involved in their ongoing care, to certify that the person has a terminal illness. Each eligible adult may nominate up to three carers who will be registered under the scheme. If requested by the NSW Police, registered adults and carers must produce their TICS documentation.

There are limits for those registered under TICS, of course. Activities not covered by the scheme included supplying cannabis products to those not registered with TICS, cultivating cannabis, using the products in public or drug driving.

At the time of publication, no other state in Australia had established an equivalent scheme.



BOARD OF HEALTH  
REPORT SERIES: No 18

“...BLIND ALLEY  
OF A BATTLE  
OVER LIFESTYLES”

21/29/1/IDO

3 October 1969

COMMITTEE ON DRUG DEPENDENCY  
AND DRUG ABUSE

Medical Officer of Health,  
WANGANUI.

Dear Sir,

JAMES K. BAXTER

The Committee wishes to write to James K. Baxter who passed through Wanganui late last month on his way to plant kumeras in Jerusalem. Please refer to the Wanganui Chronicle of 23 September.

Efforts have been made to contact Mr Baxter through Mr A. Fournier of Jerusalem without success. It would be appreciated if you could endeavour to establish a postal address for Mr Baxter so that we might write to him.

Yours faithfully,

(I.D. Ogden)  
for Director,  
New Zealand Public Health

“...LIKE CHILDREN  
LOST IN  
THE DARK”

JAMES K. BAXTER ... “more communication between people through more con

WELLINGTON 1973

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Redmer Yska begins a new series looking at drugs and history.



REDMER  
YSKA



# James K Baxter:

## poetry and political influence

Hemi Baxter's place at number 7 Boyle Crescent in the late 1960s was just another rickety wooden villa set amidst the rundown – almost slum – housing stock then popular with university students and now probably worth millions. By 1968, the 'squats' of Grafton housed many of the free spirits embroiled in contemporary issues: the Vietnam War, apartheid, anti-materialism – and consciousness expansion.

Invercargill Mayor Tim Shadbolt, then a student firebrand, lived in nearby Gibraltar Crescent. He chose number 5 Boyle Crescent to host the first meeting of the Day-Glo Activists Cultural Liberation Front. The street was also notorious as a place where illegal drugs were available at a time when experimental use was on the rise. The first local arrest for LSD occurred at number 9 in July 1967.

Then, on 26 June 1968, a 17-year-old Boyle Crescent resident named Phillip Sharples died in a squalid room after injecting heroin. The tragedy drew only muted headlines, but behind the scenes, health and law enforcement authorities were appalled, and the full gaze of officialdom turned to the tiny Grafton street.

What was most shocking to officials was that a middle class European had been fatally caught up in what they saw as a sinister backstreet drug culture only identified with elderly Chinese. Not until 1964 did local Police stop recording Chinese opium and heroin arrests separately.

The Sharples death also occurred as a government committee sat down in Wellington to examine a growing outbreak of drug use. National drug offences including cannabis, LSD and heroin had jumped from 10 in 1965 to an alarming 50 by 1967. Health

Department Deputy Director Dr Geoffrey Blake-Palmer, a former mental hospital superintendent, chaired the committee. Other members included Oakley Mental Hospital head Dr Patrick Savage and then Assistant Police Commissioner Bob Walton.

The committee was asked to take a "careful and dispassionate" look at drug use, but its early energies were diverted by the Sharples fatality. Records show that a telex marked 'urgent and confidential' flew between Auckland's CIB boss and Assistant Commissioner Walton. It talked of an outbreak of abuse involving "literally hundreds of people in Auckland".

Police Department records from 1968 show that the authorities had already been watching Boyle Crescent closely. In an internal memo, Detective Inspector Perry from the Auckland Vice Squad called it "an address occupied by and frequented by known drug users".

As part of subsequent field studies, Dr Blake-Palmer and committee members toured parts of Auckland with detectives. The chairman prioritised a visit to Boyle Crescent and chatted with Baxter. Committee records reveal how much the advanced disrepair of the houses, some even lacking front doors, disturbed officials.

Blake-Palmer wrote: "Although the buildings were structurally sound, the condition of the rooms in which these people were living, two of them reputed to be university students, was appalling. There was a complete absence of even nominal standards of cleanliness. Garbage was stacked in one corner and unwashed clothing lay where it fell."

At Boyle Crescent, meanwhile, Baxter was providing accommodation and support to the country's first wave of drug casualties. An active member of AA since the 1950s, the poet believed that, rather than be sent to prison – or, worse, mental hospitals, as was the norm – drug users like Sharples needed care and support.

Baxter's biographer Frank McKay says the poet tried to ensure that everybody who came to number 7 – from street kids, to full-time drug users to middle class dropouts – was treated with kindness and aroha. Baxter himself wrote of the inclusive nature of the community: "One long-standing user of drugs, a Māori woman, has come off them. One man, a user of amphetamines, who has been several times in the bin, has improved a great deal. I put my arms round these

people and talk to them. They are often like children lost in the dark."

During 1969, Baxter set up pioneering meetings of Narcotics Anonymous (NA), an organisation based along on AA lines, where people with addiction help each other stay off drugs. Because of the Police attention, the people who needed the meetings mostly stayed away from the sessions. NA was resurrected in 1982 and remains nationally active.

Exhausted from his efforts, Baxter then left Auckland for Jerusalem on the banks of the Wanganui River. But the visit to Boyle Crescent had registered with the committee as it continued its deliberations.

Later that year, Dr Blake-Palmer approached Baxter as someone who could help articulate what the young were thinking. A memorable letter seeking his whereabouts was dispatched to the Medical Officer of Health in Wanganui. "The Committee wishes to write to James K Baxter who passed through Wanganui late last month on his way to plant kumaras in Jerusalem."

Baxter seized the opportunity to contribute. His handwritten nine-page submission talked of a "rebellious" subculture with its own customs, music, religious preferences and nuances of feeling. "I wish neither to defend or attack it. I wish only to point out that, as in the international sphere, ethnocentric prejudices are useless and lead only to greater tension and misunderstanding."

He addressed the Police's emotional fear and contempt for the younger vagrant population of drug users. "Accidental issues – cleanliness of houses and people, unusual dress and speech, regularity of employment, de facto sexual relationships, hair length and so on – play a vital part in the police view of drug users, and the view of a good many doctors. This leads to the blind alley of a battle over lifestyles."

The work of the Blake-Palmer review, which sat sporadically between 1968 and 1973 and published two reports, culminated in the Misuse of Drugs Act 1975. In 1971, Baxter made a second substantive contribution, meeting with the committee in Wellington on 14 and 15 October.

When the committee finally reported back in 1973, the 250-page document contained a whiff of Baxter philosophy, recommending a new emphasis on treatment over punishment for drug use. The poet never got to read the report: he'd died the previous year, aged 46. ■



# Substance Addiction Bill briefing

## (Compulsory Assessment and Treatment Bill)

It's been a long hard road and taken considerable time, but we're now close to having new legislation to help deal with addicted people who can no longer help themselves. Matua Raki National Manager **Vanessa Caldwell** explains some of the changes in the draft Bill.



VANESSA CALDWELL



After almost 30 years, more than three official reviews and a Law Commission report, we finally have the Substance Addiction (Compulsory Assessment and Treatment) Bill ready to replace the outdated and unworkable Alcoholism and Drug Addiction Act 1966.

This new legislation was drafted under the Prime Minister's Methamphetamine Action Plan 2009 and was introduced into Parliament on its final day of sitting last year. At the time of writing, it is before the Health Select Committee.

Although the numbers of people requiring this legislation are few, this is a last-resort opportunity to intervene with these people and their whānau when they no longer have the capacity to do this for themselves. People who experience the severe effects of addiction are very unwell and require an intensive level of intervention.

You may think it would take many years of heavy substance use for things to get this bad, and for a number of people, that is true. However, it is also true that younger people can rapidly develop very severe symptoms. Sadly, addiction is a potentially fatal condition, and many of us in the field have lost family members,

friends, fellow travellers or clients as a result of their addictions. These deaths are potentially preventable, and effective legislation is one way we can provide an opportunity for those experiencing the severe effects of addiction to receive restoration and treatment.

The purposes of this proposed legislation are to:

- protect the person from harm
- facilitate an assessment of their condition
- stabilise their health
- protect and enhance their mana and dignity
- facilitate an opportunity to engage in treatment voluntarily.

A number of stakeholders were involved in drafting this Bill back in 2010/11 via various activities facilitated and conducted by Matua Raki, including consumer focus groups of those under committal, working groups, hui and research into family involvement.

Although much of this draft Bill mirrors some of the Mental Health (Compulsory Assessment and Treatment) Act 1992, including the title, there are some key differences. There are significant improvements in terms of the rights of the client, the duration of the compulsory period and the criteria and process of application. The roles and responsibilities of healthcare professionals involved have

also been clarified. Some of these features are summarised below.

### Criteria

Anyone over the age of 18 can apply for a committal order on behalf of someone else, although the application needs to be supported by a medical certificate from a GP. There are four criteria that must be met under which a court will consider a committal:

- The person has a severe substance addiction.
- Their capacity to make informed decisions about treatment for addiction is severely impaired.
- Compulsory treatment is necessary.
- Appropriate treatment for the person is available.

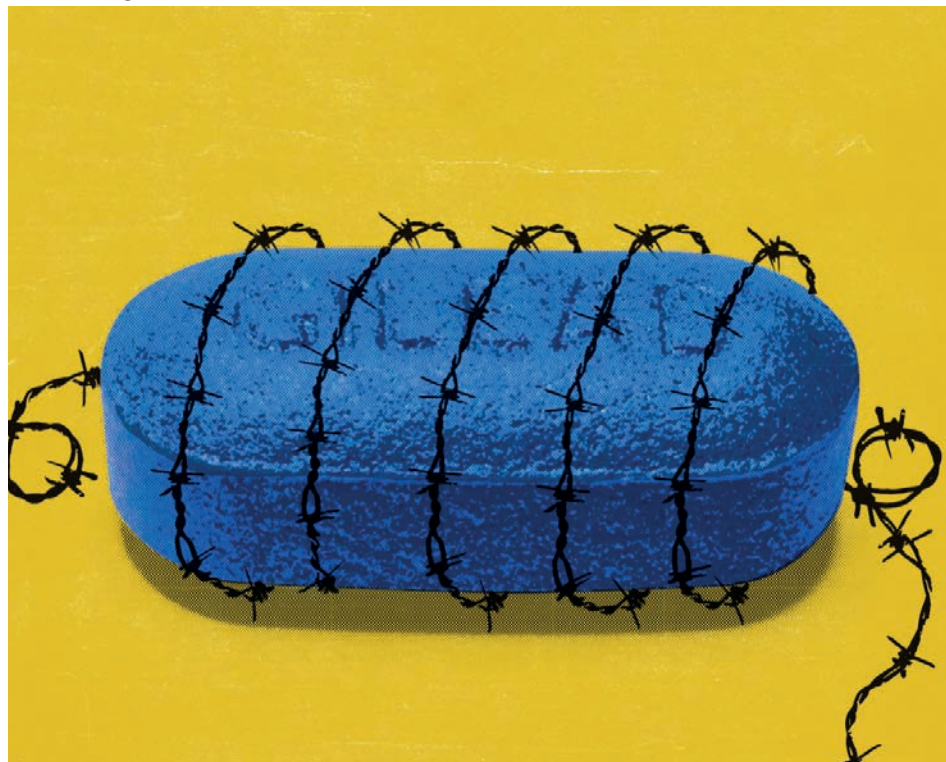
In this context, the definition of severe addiction is a continuous or intermittent condition of a person that involves the **compulsive use** of a substance and is characterised by at least two of:

- neuro-adaptation to the substance
- craving
- unsuccessful efforts to control use
- continued use despite harmful consequences

and is of a severity that it poses serious danger to the health or safety of the person and diminishes their self-care.

Further, a person is deemed to have impaired capacity to consent for treatment if they are assessed as unable to understand





the information relevant to the decision (such as treatment options or the likely outcome of not having treatment), to retain that information, to use or weigh up the options or to communicate their decisions.

### Duration

One of the significant changes is the reduction in the period of time during which the committal can be enforced. The revised legislation seeks to ensure that this time period is within acceptable limits of detention (without committing an offence) under the New Zealand Bill of Rights Act 1990.

The proposed duration of the committal period is eight weeks or until the person no longer meets the criteria (usually meaning capacity to consent is restored), whichever occurs first. In addition, there is the opportunity to apply for a further eight weeks if there is evidence of a brain injury. This is to allow time for appropriate assessment and for longer-term care and support to be arranged. At the point someone is no longer under a committal, they can continue to remain in treatment voluntarily.

Because people who require this level of intervention typically do require long-term support, it is hoped they will stay engaged in intensive treatment for as long as it is needed. A long-term discharge plan, developed in consultation with those

involved in the person's care and support, is required to be in place to assist in the person's return home or to an alternative care facility.

### Young people

There are special considerations for young people who may meet the criteria for a committal, including whether or not the young person may be better served under the Children, Young Persons, and Their Families Act 1989.

### Support people

Another change is the consideration given to the inclusion of support people in the process. The person under committal will be asked to nominate one or more support people, or one can be appointed. Support people/nominated family are to be informed of what is occurring at each stage of the treatment process including absences, transfers, treatment plans and discharge plans. It is made overt that the views of the person and their family are to be taken into account by clinicians while the interests of the person under committal are paramount.

### Service implications

Currently, the treatment options following a medical detoxification for those under a committal are limited to those services that are gazetted under the Alcoholism and Drug Addiction Act 1966. It is anticipated that other facilities will be able to treat

“ Although the numbers of people requiring this legislation are few, this is a last-resort opportunity to intervene with these people and their whānau when they no longer have the capacity to do this for themselves. ”

people under the new Act so they have appropriate options available. This is particularly true in regards to meeting the requirements to provide culturally appropriate treatment options as well as programmes that recognise the challenging behaviours people with these cognitive difficulties can present.

Almost every person under a committal will be experiencing co-existing mental health issues, including depression or anxiety, as well as considerable physical health concerns and cognitive difficulties related to their substance disorder. The primary goals of the first eight weeks of treatment will be to achieve stabilisation, a comprehensive assessment of the person's condition and development of a multifaceted treatment plan that addresses these issues. Ongoing support and coordinated care are critical to providing an opportunity for recovery-focused success. This will require a high level of service cooperation.

As part of the implementation of this legislation, once it is enacted, the Ministry of Health will ensure that information about the process, practice guides and workforce training will be made available. Information for families and people with addictions will also be available and promoted.

The proposed new legislation presents a significant change to the addiction treatment sector and has been designed to improve the treatment process for those who have a severe substance disorder. This change could not come soon enough for the many family members who have struggled to navigate the current system to get the support they so desperately need. ■



### RESOURCES

Submissions on the Bill closed on 27 April. The Health Select Committee will report back to Parliament by 15 September (at the latest).

Read the Bill and background documents: [nzdrug.org/1QznUsy](https://nzdrug.org/1QznUsy)



# Should New Zealand make greater use of lockout laws to reduce alcohol harm?

Lockout laws may be the next weapon in New Zealand's arsenal against late-night alcohol-fuelled violence. In March this year, doctors and the Australasian College for Emergency Medicine called for their implementation, mainly to reduce the late-night violence occurring in emergency departments, often directed at staff. But just how effective are they?

## The evolution of lockouts in Australia

Melbourne was one of the first Australian cities to experiment with lockouts as a three-month trial. From June to September 2008, the Victorian Labor Government enforced the '2am Lockout' initiative to help curb alcohol-related inner-city violence in the state's capital. Licensees who breached the lockout by allowing patrons in (or back in) between 2am and 7am could be fined up to \$6,800. Interestingly, of the 457 premises planned to be bound by the lockout, 115 were granted exemptions.

Surveys of venues and patrons were conducted after the trial ended, and both indicated the lockout had had little or no effect. In fact, violent crime went up in Melbourne during the period – most likely helped by the fact that intoxicated patrons did have 115 other places to go to in the city, and all of them were probably going to them at around 2am.

The Victorian Government abandoned the plan as a bad idea and instead gave greater powers to the Director of Liquor Licensing to shut down problem areas if need be, such as a venue, a street or an area.

However, things went a little better in Newcastle, where, also in 2008, the New South Wales Liquor Administration Board required 14 pubs in the CBD to close by 3am with a 1.30am lockout. Alongside the lockouts, a package of other preventive measures were introduced. The moves followed complaints from the community and from Police about late-night violence and disorder.

The fact that the nearby similar city of Hamilton was not included in the decision provides a good opportunity for comparison. Assaults in Newcastle dropped a third in the 18 months following the restrictions. They've

continued to decline over time and are now half what they were in 2008. Meanwhile, in Hamilton, there has been little or no improvement despite the introduction of a 1am weekend lockout there in 2010.

Sydney introduced inner-city 1.30am lockout laws in early 2014, largely in response to public pressure after the 'one-hit deaths' of Thomas Kelly in 2012 and Daniel Christie in 2013. These were both incidents of alcohol-fuelled street violence, although both deaths occurred much earlier in the evening than could have been prevented by lockout laws (at about 9 or 10pm).

“ Basically, if you're not in a venue when the lockout starts, you might as well just go home where you're much less likely to start brawling. ”

But Sydney took a step forward from the Newcastle experiment. Rather than requiring venues to close at 3am, the New South Wales Government introduced 'last drinks' laws merely requiring venues to stop selling alcohol at that time. The argument was that, if patrons want to eat, listen to music or watch a striptease after 3am, without drinking more alcohol, they should be allowed to do so. And of course, not requiring patrons to leave at a set time helped stagger when people would be stumbling out onto the streets.

It seems to have worked well. There has been a reported 40 percent decline in overall assaults

since the lockouts and a 20 percent decline in the Sydney CBD. Independent evaluations have shown large reductions in Police apprehensions for assault and emergency department presentations for alcohol-related injuries.

The latest to introduce late-night liquor laws, including lockouts, has been Queensland. There, the State Parliament voted in a series of measures in February 2016 that have taken things yet another step or two forward. From 1 July 2016, all Queensland pubs and clubs will have to call last drinks at 2am or at 3am in party precincts. Shots will be banned after midnight, and there will be no new approvals for bottle shops to trade past 10pm – although existing approvals will remain.

Proponents argue this is in the public interest because the laws apply state-wide, meaning people in Queensland's smaller centres can enjoy the same benefits as those living in bigger cities and things are the same wherever you go.

From 1 February 2017, 1am lockouts will be rolled out in 15 'Safe Night Precincts'. These will be designated areas (including Brisbane and many other CBDs) that will be managed by local boards to establish safer and better night-out experiences for patrons. These will really be something to watch.

But what's interesting is that lockouts are not included at all in the first tranche of measures, and even when they are applied six months or so later, they will only be used in the Safe Night Precincts. This appears to continue the trend that, as thinking around how to control late-night alcohol-related violence in Australia has evolved, lockouts have featured less and less prominently – and that their effectiveness, especially as a sole measure, is in question. ■

AUSTRALIA



Lockout laws have had a mixed run across the Tasman, and as we shall see, there are a number of good arguments both for and against their use.

The laws are usually applied to a city, district or precinct by local or federal authorities. They stipulate that, come a specified time in the wee small hours, every venue selling alcohol must refuse entry to new patrons, regardless of whether their licences allow them to continue selling alcohol.

They're designed to pour cold water all over the typical causes of alcohol-fuelled street violence, such as large gangs of rowdy pub crawlers and pissed

and pissed-off trouble makers moving to a new bar because they've been 'asked to leave' the last one. Basically, if you're not in a venue when the lockout starts, you might as well just go home where you're much less likely to start brawling.

As well as the above, proponents argue they provide Police with specific times at which to target street violence and protect peaceful patrons who want to quietly hang out without being disturbed by a new influx of rowdy revellers.

However, opponents say lockouts are just one more example of the law-abiding majority having their civil liberties and freedom of choice spoiled by a small

minority. A plethora of venues is what makes most great cities great, and lockouts interfere with people's ability to move around and experience everything on offer. They say lockouts hurt businesses because new customers can't come in, and people not being free to move around means audiences at gigs can dwindle.

But perhaps the most powerful argument against lockouts is that they do result in a lot of people being out on the street at the same time, many all fired up but with nowhere to go – and that can be a recipe for the very violence we're trying to avoid.

## Lockouts in New Zealand

The famous Law Commission report that led eventually to New Zealand's Sale and Supply of Alcohol Act 2012 recommended 'one-way door' policies (our wording for lockouts) be mandatory for all on-licences open after 2am as a harm-reduction measure. The Commission noted that these had been implemented in Australia with varying degrees of effectiveness.

Section 50 of the Act goes some way to accepting the Commission's argument. Territorial authorities are allowed to implement one-way door restrictions either as a discretionary licence condition or to an entire district or area as part of their Local Alcohol Policy.

A one-way door policy was implemented in Christchurch from October 2006 to March 2007 as part of the Christchurch Central Business District Alcohol Accord. It was voluntary and applied only on Thursday through to Saturday nights after 4am. A subsequent evaluation by the Alcohol Advisory Council (ALAC) found that, while there had been some reduction in offences on Saturday (and oddly Sunday) nights, the overall goal of a 10 percent reduction in alcohol-related crime was not met. It's important to note that Police also increased their presence in the central city as part of the Accord, which may have accounted for the reduction in offences.

Whangarei District Council (WDC) was the first to introduce a mandatory one-way door policy across its central business district from 7 April 2015. The policy covers 15 licensed premises and is in effect between 1am and closing time at 3am.

WDC Regulatory Services Manager Grant Couchman says that, after a year, Council and Police have both seen encouraging signs of a safer community.

“Lockouts are just one more example of the law-abiding majority having their civil liberties and freedom of choice spoiled by a small minority.”

“Licensees also seem to have embraced the policy, with their initial comments indicating they are getting better-quality customers late at night,” he said.

WDC's one-way door policy operates under the authority of the Alcohol Regulatory and Licensing Authority, which has made it clear that it is a “precautionary or trial measure” and that WDC must do an evidence-based evaluation as to whether it is working effectively. Couchman says this evaluation is currently under way.

While the evaluation will undoubtedly contribute to our understanding of how well such policies could work in New Zealand, we will probably need a few more councils to implement and evaluate them before we can know for sure. ■

NEW ZEALAND



Photo credit: Cameron Price.



# Telling it like it is

What does the world look like when kindness and concern for others triumphs over moralising and a punitive ideology? At the UN's big drug hui, Drug Foundation rangitira **Tuari Potiki** set out a vision for a world where people get the support they need, not punishment. The speech was made on Thursday 20 April, under the auspices of UN resolution 70/181.

**TUARI  
POTIKI**



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“ If you think just for a minute how would you want your son or daughter to be treated if they developed a problem with drugs, then the way forward becomes very, very clear. ”

---

***Tēnā ra koutou katoa  
Ko Aoraki te mauka  
Waitaki te awa  
Kāi Tahu te iwi  
Ōtākou te marae  
He mihi tēnei ki a koutou aku rangitira  
He mihi ano ki te mana whenua  
o tēnei rohe  
Tēnā ra koutou***

Greetings. Sometimes, when we are threatened, we go to war, and sometimes we go to war against our own people. If we decided to wage war against cancer, would we do that by bombing the people who have cancer?

Many nations have joined up to wage a war against drugs and have ended up attacking and harming people who really are in need of our help and our support.

I started using drugs when I was 13 years old, and when I was 28 years old, a judge gave me a choice – to get help for my drug problem or go to jail. That was 27 years ago. I had a judge who could see that the reason I kept standing before him was ultimately because of my drug use. He could see that I needed a health intervention rather than a criminal justice one, and he sent me to treatment for my drug problem.

And because treatment works, I stand here today as Chair of the New Zealand Drug Foundation, as Director of Māori Development at Otago University and as having not used drugs for 27 years. My journey was supported, like my predecessor, by essential harm-reduction services, including opioid substitution therapy with methadone. And it's also

included screening and then treatment for hepatitis C.

You are here to discuss the world drug problem, but many of you directly contribute to that problem by denying your citizens access to the vital support such as harm reduction, the support that saved my life. You are actively blocking progress towards providing help to those who most need it. I believe that, if you are not part of the solution, then you're part of the problem and that a major part of the world drug problem are those countries that continue to block progress towards compassionate, proportionate and health-focused responses to drug use and drug users.

So the first thing I ask for in standing before you today is to stop punishing people who need our help. We've got to stop criminalising people who need our care and support.

I am Kāi Tahu Māori from Ōtākou, Te Waipounamu New Zealand. We are the first people of that land. We have a history of colonisation, disposition and deprivation, and deprivation has consequences.

When we focus only on drug use, on problems people present with, when we don't ask questions about the wider, broader picture – the why – we can miss so much. My problems didn't start the day I picked up a needle. They went much further back. And this is a story you will hear many, many times, and particularly from indigenous people.

In New Zealand, Māori make up 15% of the population but are 51% of our prison population, and 40% of those are in there for drug offences. You see the

same pattern in Australian Aboriginals, Native Americans, Native Hawaiians, Alaskans, indigenous peoples from all over the world – high levels of drug use and high levels of drug-related harm. It's no accident.

As indigenous people, we have the solution to our problems, including our drug problems. In your outcomes document, you rightfully acknowledged the importance of the Declaration on the Rights of Indigenous People, but that puts obligation on you to include us in your discussions and policy decisions that affect us. So I ask that, from this UNGASS forward, the unique perspectives and views of indigenous and First Nations people are sought and included.

Finally, if there is a war to be fought – and I believe that there is – it should be a war on poverty, on disparity, on dispossession and on the multitude of political and historical factors that have left and continue to leave so many people vulnerable and in jeopardy.

We also need to acknowledge that the people we're all here talking about are our sons, our daughters, our brothers and our sisters. And if you think just for a minute how would you want your son or daughter to be treated if they developed a problem with drugs, then the way forward becomes very, very clear.

***Nō reira, tēnā ra koutou and thank you. ■***

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#### **RESOURCES**

Full address on YouTube: [nzdrug.org/ungass-statement](https://nzdrug.org/ungass-statement)





## Dr Richard Di Natale

Australian Greens leader Dr Richard Di Natale worked as a GP before specialising in public health and alcohol and other drug roles. Elected as Senator for Victoria in 2011, Di Natale now believes Australia's drug laws are no longer fit for purpose. In March 2016, he co-hosted a cross-party Parliamentary Drug Summit to begin a national debate about the best responses to illicit drug use.

**Q Why is it such a priority that we revisit drug laws and policy?**

**A** Australia's current approach to drugs isn't working. Although the existing policy is no tolerance, Australia still has one of the highest rates of illicit drug use in the world. Change can only occur if we are strong and have the difficult conversation. We need to recognise there are people right across the country who want reform. Australia used to lead the world in this conversation, and the Greens want to restart it. How can we better tackle the issues of illicit drugs?

It's pretty clear that anybody who works in this sector and even people approaching this from the law and order perspective recognise that treating drug use as a criminal problem isn't working, and we need to start looking at it as a health issue. Locking people up in jail without any plan for how to manage a possible addiction is senseless. It won't remove the addiction, and it won't reduce the rates of use in the community. It's time to workshop new ways to solve the problem.

**Q What were the key messages you heard at round tables you convened with Australian experts?**

**A** The findings centred on several key themes. First and foremost, we need to address the stigma around drug use and encourage people to come forward and seek help. We need to foster social connectedness and support people through their journey.

The policy and law enforcement solutions also need to suit the spectrum of users, from occasional users through to use associated with chaotic lifestyles and significant negative consequences. No user is the same, and social setting and influential factors must be considered. Timeliness of treatment is critical, and long waiting times need to be reduced.

Australia used to be a global leader in harm reduction through the pioneering work and success of needle exchange programmes in HIV prevention. It's time to shift away from the current risk-averse and punitive system and return to a focus on the harm reduction and prevention that has proven successful.

**Q The recent drug summit you co-hosted in Canberra was notable for being a cross-party initiative. Can MPs work together on these issues?**

**A** The conversation about reform is one my parliamentary colleagues need to find the bravery to have, because treating drug

use as a criminal matter is failing to treat it at all. Our job is to make the law and decide whether existing laws are effective or not. Clearly, in this case, the current law is failing, and it's time for reform. This is why it's critical that all members of Parliament need to get in on the conversation. We need to work together to review the current gaps in the law and how we can make a real change to the rates of illicit drug use in Australia.

In Portugal, when they took penalties away from individual users and destigmatised drug use, suddenly people were having honest conversations about it. People were more likely to admit to drug use because they weren't admitting to doing something illegal, and that brought a whole lot of benefits, like honest education and people making better choices. If other countries can have the discussion at a national level and instigate reform, there's no reason for Australia to lag behind.

**Q How can the widest possible group of Australian citizens be brought on board?**

**A** Talk about it. Let's get drug reform on the dining table topic list for all Australians. Talk to your friends, your family and your colleagues about the need for reform and how the community can work together to solve the problem. Raise the issue with your local member of parliament, or write and show us your support. Drug use and addiction has impacted many Australians either directly or someone they know or love. This policy impacts everyone, and it's time we made sure that it does what it intended to do – reduce the rates of illicit drugs and the associated harm.

**Q What changes would you most like to see in the next few years?**

**A** It's conceivable that we can achieve a significant shift away from criminal penalties for possession of personal use quantities so we are not wasting public money on law enforcement and court proceedings. Instead, I am hopeful governments will recognise the need to invest significantly more in treatment, rehabilitation and social supports. I also believe we need to recommit to harm-reduction strategies and initiatives like replacing drug sniffer dogs with drug testing at festivals and events, more effectively sharing information being collected by health and law agencies with users about drug quality and making clinically supervised injecting facilities more available. ■



# Are the Head Hunters really teaming up with the Mongrel Mob and Black Power to sell methamphetamine to rich private school kids?



The government recently released a report that estimated that the long-term cost to the taxpayer of contact between gang members and their children and the Ministry of Social Development and Child, Youth and Family is \$714 million.

Responding to the report, Police Minister Judith Collins told *ONE News* that the Head Hunters gang is working with the Mongrel Mob and Black Power to distribute methamphetamine.

“Gangs are working together now in prisons and out of prisons for a particular cause, and that’s making a lot of money,” Ms Collins said.

She went on to say that the gangs are using a strategy of targeting “middle class kids who go to the best schools ... because their parents have a lot of money”.

Ms Collins claimed that intelligence gathering had found that gangs were using social media and branded products such as hats and sweatshirts to market themselves.

Drug Foundation Executive Director Ross Bell responded to Ms Collins’ statement by saying that it doesn’t stack up with the statistics on methamphetamine use.

He pointed out that, from a high point of 2.7 percent of the population in 2003, past-year use of methamphetamine had fallen to 0.9 per cent in 2014/15, a number that has remained constant since 2011/12.

He also said that the majority of users of methamphetamine are 25 to 35-year-olds. In fact, the mean age of a user has increased from 29 to 33 in the last two years, according to the latest New Zealand Health Survey.

“Gangs are working together now in prisons and out of prisons for a particular cause, and that’s making a lot of money.”

In the latest Youth Health Survey, less than 1 percent of students reported ever using methamphetamine, and most of those students reported only using it once.

So it appears that Ms Collins’ claims are not supported by official statistics released by the government.

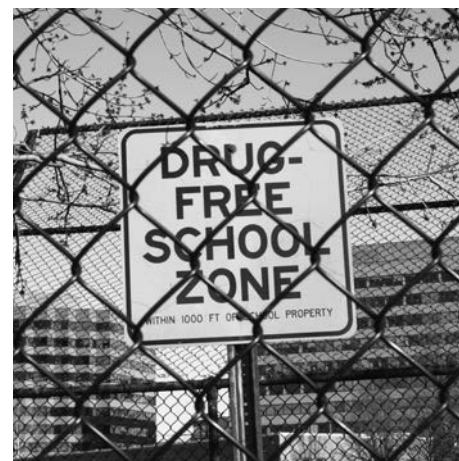
However, it may be the case that Ms Collins has seen reports that have not been publicly released. Her comments came on the same day that she announced a multi-agency Gang Intelligence Centre.

Jarrod Gilbert, a sociologist at the University of Canterbury and author of *Patched: The History of Gangs in New Zealand*, was highly critical of her comments about gangs.

In an opinion piece published in the *New Zealand Herald*, Gilbert said he would resign from the University of Canterbury if Ms Collins’ claim that “close to one third of the prison population are active gang members” was true.

He said that her own data showed there are 4,000 gang members in New Zealand. Given the prison muster is over 9,000, that would leave only 1,000 active gang members out of jail, a number that Gilbert says “is not even remotely close to being true”.

He was also critical of her claims about selling methamphetamine to school children, saying it would be hard to find a better example of “dog whistle politics”.



That sentiment was echoed by former Black Power member Denis O’Reilly, who said the government needed to “stop hyping up” and instead pursue a more nuanced community-based approach to gangs that focuses on whānau.

The Sensible Sentencing Trust put out a statement supporting Ms Collins, saying it “backs her and any Government Minister who is prepared to stand up to these thugs”. It said that Denis O’Reilly should “front up with the cold hard facts or crawl back under his rock”.

Opinions on various social media were critical of Ms Collins’ statements. One blog accused her of implying that the issue of methamphetamine use “only really began to matter once it started to happen to the kids of the upper class”.

“Denis O’Reilly should ‘front up with the cold hard facts or crawl back under his rock’.”

Facebook comments on the original *ONE News* story were broadly negative. “Suddenly it’s news when it’s ‘rich kids’ being targeted?” wrote one user. “Anyone working in the field will tell you those kids in poorer environments (and often more at risk) have been targeted for years and no news items about that.” (sic)

It’s difficult to produce a verdict on the veracity of the Police Minister’s claim that gangs are teaming up to sell meth to private school kids via social marketing campaigns and clothing merchandise without having seen all the evidence. However, it does seem that her claims were at least sensationalist, if not a little mythical. ■



Support.  
DON'T  
punish.

Tautāwhihia. Kāua e whiū.

## Where do you stand?

Join the global campaign  
calling for healthy drug  
laws and harm reduction.  
Show you care by helping  
to fill our map.



### Here's how you can join in:

- 1. Print poster**  
download from [nzdrug.org/sdp16nz](http://nzdrug.org/sdp16nz)
- 2. Hold up poster & click**  
with iconic Kiwi backdrop
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