Matters of Substance

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AT THE HEART OF THE MATTER, NZ DRUG FOUNDATION.

Te Tūāpapa Tarukino o Aotearoa

Drug law reform: balancing justice's racist scales

The fast-approaching cannabis referendum is a chance to lay responsibility at lawmakers' feet; do they improve outcomes for people oppressed by racist policies or not? Time to change discriminatory drug prohibition

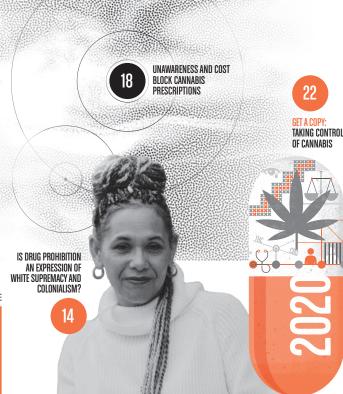
Next year's cannabis referendum offers New Zealanders a chance to address racially and socially discriminatory













FEATURES

Pharmaceutical companies fined for opioid crisis

Johnson & Johnson ordered to pay \$572 million in damages to fund addiction treatment and prevention.

Doctors reluctant to prescribe legal medical cannabis

Medical cannabis has been legalised in certain situations but data is scarce and professionals often don't know what they can and can't prescribe.

Taking control of cannabis

The NZ Drug Foundation has produced a booklet aimed at advising voters how legal cannabis could be controlled

Nations cannabis conference

The Canadian drug law reform process has frustrated Indigenous people there. Jack McDonald travelled there to find out what New Zealand can learn.

Become a member

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

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

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

Membership and subscription enquiries membership@drugfoundation.org.nz or visit our website.

www.drugfoundation.org.nz

REGULARS

Helping communities resist more local alcohol sales

Ordinary people have the right to oppose more alcohol outlets in their area, and the Health Promotion Agency/Te Hiringa Hauora and Community Law Centres can help.

Cannabis referendum

Cannabis may have been a tool of race and class oppression across the developed world, but some with terminal illnesses or chronic pain find relief in it.

Taking a legal fight to alcohol retailers

Henare O'Keefe, QSM, is appealing a Flaxmere liquor licence in the High Court. He says Māori should have more say on local alcohol sales.

Drug sex research

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ROSS BELL Executive Director

'm going to let you in on a little secret: the 2020 cannabis referendum is very winnable, based on recent polling we've seen.

A few months ago, it's fair to say, we felt pretty disheartened. TVNZ and Newshub polls both showed voters were far from certain about voting for change. The lack of detail about what legal regulation of cannabis would look like was clearly playing on people's minds. Doubt was creeping in.

Since then, the ground has shifted. A flurry of highly visible activity has helped fill the information gaps. Clearly, when people are better equipped with accurate information, they see the benefits of regulation. We've seen how arguments for careful controls turn people around.

I wish we could claim more credit, but this should probably go to some high-profile personalities.

The docu-series On Weed fronted by Newshub's National Correspondent Patrick Gower attracted viewers in record numbers. It's already been seen more than 800,000 times. It's easy to understand why. Gower enabled the voices of those benefiting from access to cannabis to be heard and for people's natural concerns to come out as well.

As he put it in episode two: "One reason to legalise is simply to reflect reality. Two hundred thousand Kiwis use it every week, and we're criminalising them for something that loads of us accept. There will also be weed businesses, jobs, we will get more taxes, and the Police and courts can put their time and money somewhere more useful."

The iron law of prohibition was spotlit in a new report from the Helen Clark Foundation. Releasing The case for YES, the Rt Hon Helen Clark, who sits on the Global Commission on Drug Policy, was adamant that regulation is best. She pointed out the referendum is not about whether cannabis exists but the best way to tackle the harms it can cause.

Of course, we added to the mix. At our 2019 Drug Policy symposium, we released Taking control of cannabis (see page 22). Details matter, so we've outlined what regulation could look like when you put public health first. We've emphasised what should be set in motion to dramatically improve outcomes for Māori.

And, with our Health Not Handcuffs partners, we hosted the Unify Rally at the Auckland Town Hall (see photo essay page 24). Our powerful line-up of speakers made the case for social justice to underpin any change – a message well received. The growing movement now has more than 11,000 supporters.

The signs are encouraging. People respond when facts are put on the table. But we know that evidence alone isn't enough. As we've seen with social change movements overseas, heart-toheart conversations play an important role. Readers of Matters of Substance are ideally placed to get active. We're encouraging you to start having conversations this summer over BBQs or at the beach. Every one of us can make an impact.

No doubt the next year will throw up many surprises, but we've got to give it our best shot. Let's get stuck in.

- @TheProject_NZ "It was a great debate, and what in the end what was very clear was, we didn't know enough about what was going on, people taking illegal drugs, potentially dying" - @winstonpeters on being challenged by the youth wing of his party on drug testing #TheProjectNZ ... OCT 21
- @BenTransform "You set out to change the world, and you fucking did!" @SteveTransform pays tribute to @DannyTransform as we celebrate Danny's achievements in drug policy over the past 25 years ... OCT 18
- @PeterTMcKenzie Blocking drug-testing at festivals facilitates avoidable death and severe injury among young Kiwis. That's not a 'moral' stance - it's practically the definition of immoral #nzpol ... OCT 17
- @ALICIAMBURROW I'm just going to leave this here. Jacinda Ardern chides Mike Hosking on soft on drugs claim: 'Do you know how ridiculous you sound right now?', via @nzherald ... OCT 8
- @PAULBRISLEN Listening to @NZMorningReport and heard Giles do a VERY odd markets bulletin. Seems we're tracking P prices now. Moving with the times I suppose. ... OCT 8
- @Aneleнo5783123 Aroha is such a beautiful Māori word. The English word "love" comes close, but it is more than that, it is also togetherness, caring and caritas. This is what people addicted to drugs need, not punishment or condemnation. ... OCT 1



Join us online drugfoundation.org.nz/connect







NZ.



HISTORIC SHIFT TREATS DRUG USE **AS A HEALTH ISSUE**

The Misuse of Drugs Amendment Act, passed in August, has been called "the most significant drug reform in 40 years" ushering in "a new era of compassion".

Under the amendment, Police will be required to exercise discretion when it comes to drug-related crimes. Prosecution will be the last resort in cases where a health-based or therapeutic approach would prove more beneficial.

It also reclassifies the synthetic drugs AMB-FUBINACA and 5F-ADB, responsible for a wave of more than 50 recent deaths in New Zealand, as Class A drugs and requires temporary drug classifications to be issued for emerging and potentially harmful substances.

Drug checking service expanding



DRUG CHECKING is

becoming more mainstream, with volunteers from the Drug Foundation and Know Your Stuff now offering a regular monthly service to keep people safer.

The pilot initiative has been operating from the Drug Foundation offices for four months to gauge interest and check the logistics of running a permanent service. Volunteers use a combination of infrared technology and reagent testing, which allows them to identify more than 95% of substances. Senior Health Promotion and Policy Adviser Anna Tonks says more people turn up each time as word of the service spreads.

Waitangi Tribunal finds health failure



A WAITANGI Tribunal report into health inequities for Māori found the Crown has breached the Treaty and failed Māori, whose health is in crisis. Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry, released in June, says funding inequities and institutionalised racism in the health system are contributing to poor health in Māori. It says the government has failed Māori

The Tribunal recommended the Crown work with Māori on solutions and report back by 20 January 2020. Planning for stage two of the inquiry is under way.

by not giving them control

over their own primary health.

05 Making recovery visible



FOLLOWING IN the footsteps of cities around the world, the Drug and Alcohol Practitioners' Association Aotearoa-New Zealand (dapaanz) is planning Aotearoa's first Addiction Recovery Walk - He Hikoi Mātūtū in Auckland on 7 December.

The hikoi, from Albert Park to Myers Park, aims to make recovery more visible by taking it to the community. Anyone in treatment or recovery will be joined by friends, whānau and members of the addiction workforce. As they walk together, there will be singing, prayer, haka and other cultural expressions of celebration and thanks.

Clutha tackles methamphetamine with a health approach



POLICE IN Clutha, South Otago, have been applauded for taking a health approach

to methamphetamine, offering to help people struggling with their drug use instead of prosecuting them. Clutha District Mayor Bryan Cadogan estimated there were at least 100 people using methamphetamine in the region. He said by openly acknowledging the problem, they were able to offer

support to those people and their wider communities. That included additional funding for treatment and social services.

A campaign is under way in schools and communities to educate the public on the dangers of meth and warning signs of use.

06 Helen Clark Foundation gives a green tick



HELEN CLARK has thrown her weight behind legal cannabis with a new report, which calls New Zealand's current approach "unacceptable".

The Helen Clark Foundation, a public policy think tank fronted by Ms Clark, released the report in September. It said the status quo is

exacerbating the harm caused by cannabis, which should be treated as a health and social issue, not a criminal one.

Executive Director Kathy Errington said prohibition cannot eradicate consumption and supply of cannabis. The report recommends expunging minor cannabis offences and establishing a legal regulated market, which should not exclude those currently involved in the illicit market.



RESOURCE

See https://nzdrug.org/ case-for-yes





Coroner: Synthetics responsible for more than 70 deaths



THE CHIEF CORONER confirmed that synthetics have been killing the poor and marginalised, with figures released in September attributing more than 70 deaths to the drugs.

Chief Coroner, Judge Deborah Marshall said 24 people had

died from synthetic cannabinoid use in the past two years and another 50 appeared to have been caused by synthetics - a total of 70–75 deaths. There were also many cases where synthetics contributed but were not the ultimate cause of death.

Insights gathered by the Drug Foundation have shown most people using synthetic cannabinoids come from vulnerable situations and are often homeless and using multiple substances to cope.

08 Cutting-edge research



DRUG FOUNDATION Harm Reduction Projects Adviser Samuel Andrews has been recognised for his new research into chemsex and potential trauma.

Samuel received Matua Raki's New and Emerging Researcher Award at the Cutting Edge conference in September for his master's research A sensitive approach: Understanding chemsex and gay men's potential experiences of trauma.

The award recognises the vital role of research and evidence in informing good treatment practices. Other winners included Ember's Troy Guest for excellence in peer support.

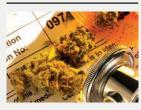
09 Science to lead the debate



THE GOVERNMENT has begun preparations for the cannabis referendum next year, appointing a cannabis policy manager to draft legislation, and a science panel led by the Prime Minister's Chief Science Advisor Juliet Gerrard.

The science panel will produce a short summary of the evidence for the harms and benefits of legalised cannabis, which will be used to inform the public. The 10-member panel was announced in September. It includes Associate Law Professor Khylee Quince, Professor Tracey McIntosh, Associate Professor Joseph Boden, Dr Hinemoa Elder and Professor Benedikt Fischer.

10 Medicinal cannabis on track for next year



THE GOVERNMENT'S

medicinal cannabis scheme is nearing completion. The Ministry of Health's proposed regulations were released in July, and health officials have been considering public submissions, which closed in August.

Medical professionals, industry representatives, patients, caregivers and whānau all had their say on the proposed scheme, which sets out who can produce medicinal cannabis, who can prescribe it and who can use it.

The Ministry is due to release its final regulations by 18 December so that the scheme can begin operating in the first quarter of 2020.

World.



J&J ORDERED TO PAY US\$572M FOR FUELLING US OPIOID CRISIS

An Oklahoma judge has ruled that multinational pharmaceutical corporation Johnson & Johnson was instrumental in fuelling the US opioid epidemic by deceptively marketing painkillers.

In August, Johnson & Johnson was ordered to pay damages of \$572 million, which will be used to fund addiction treatment and prevention.

OxyContin maker Purdue Pharma (owned by the Sackler family) and Teva Pharmaceuticals had already negotiated multimillion-dollar settlements as 2.000 similar cases across the US waited on the outcome. The trial has been compared to the tobacco industry settlement in 1998.

03 Massively increasing drug use predicted to accelerate



EXPERTS HAVE warned of an increase of 14 million people using illicit drugs in sub-Saharan Africa by 2050 in what they're calling the most substantial increase anywhere in the world.

The research, by Africa's **EU-funded ENACT** programme, says the drug trade to East and West Africa is growing. It estimates the number of people using illegal or prescription drugs for non-medical purposes has more than tripled over the past decade in West Africa alone, and East Africa is expected to experience the biggest increase in the years

With most African governments firmly backing prohibition and criminalisation, the organisation has urged them to take a more health-centred approach.

04 New figures: 35m drug use disorders worldwide



THE UN'S Office on Drugs and Crime says the world's drug problem is much worse than they had thought, with 35 million people worldwide suffering from drug-use disorders and only one in seven receiving treatment.

The latest World Drug Report, released in Vienna in June, said new surveys in the populous nations of India and Nigeria have resulted in a massive increase in global figures. Further findings estimated a 56% rise in people using opioids - 53 million worldwide – and said opioids caused two-thirds of the 585,000 drug-related deaths in 2017. It urged governments to increase treatment options in line with scientific evidence and international human rights obligations.

05 16-year spike in Class A drug use



YOUNG PEOPLE in England and Wales are using more Class A drugs, particularly cocaine and ecstasy. The latest official Crime Survey shows a 16-year spike, with around 8.7% of young adults in England and Wales (aged 16-24) taking a Class A drug in the last year – that's about 550,000 young people.

That increase has driven total figures among all adults to 3.7% or 1.3 million people the highest since records began in 1996.

Drug policy advocates said current drug laws were clearly no deterrent and recommended ending criminal sanctions to save lives and protect young people.

Decrim efforts begin in Oregon



ADVOCATES ARE preparing a ballot initiative, starting in Oregon, that would require

selected US states to decriminalise most drugs and provide a specific fund for addiction recovery centres.

The 2020 Drug Addiction Treatment and Recovery Act initiative has been officially filed in Oregon. It would require anyone found in possession of drugs including heroin, methamphetamine

and ecstasy to either pay a \$100 fine or complete a health assessment.

Petitioners included the Drug Policy Alliance and local experts. They cited research findings that one in 11 people in Oregon has a substance-use problem but the state ranks bottom out of all 50 states for access to treatment.



06 Luxembourg legalises ahead of Europe



LUXEMBOURG IS urging its EU neighbours to relax their drug laws after legalising adult-use recreational cannabis in August.

In a European first, Luxembourg residents over 18 should be able to buy and consume cannabis within the next two years, with a state agency regulating production and distribution.

Under draft legislation to be released later this year, minors aged 12-17 will not be criminalised for possessing under 5 grams, but anyone who supplies them will face harsh penalties. Non-residents will probably be excluded to discourage 'drug tourism', and home-growing is likely to remain illegal. Luxembourg decriminalised cannabis in 2001 and legalised medicinal cannabis in 2017.

07 ACT leads Aussie territories with legal cannabis



AS THE new year rolls in, Canberra will begin taking a health approach to cannabis use by legalising the drug, in direct conflict with federal law. The move will be accompanied by increased drug and alcohol services and specific drug courts.

With cannabis remaining illegal at the federal level, prosecution is theoretically possible, which critics have said would be confusing for Police. However, Labor MPs said it's unlikely the commonwealth government would fight it.

The final Bill requires cannabis to be kept out of reach of children and bans adults from using it near children or growing it in community gardens.

08 France shifts focus to trafficking



A GUN battle in Marseille was the catalyst for a new approach to drugs in France, which government officials are calling a "message to drug dealers".

After recently replacing jail time for cannabis possession with a €200 fine. the government has shifted its focus to trafficking. A new anti-drug agency of 150 special investigators and gendarmes will focus on intelligence gathering, with increased powers to seize drugs and criminal assets, and cooperate with international agencies.

The initiative will be accompanied by an extensive national prevention campaign focusing on health risks and criminal sanctions, with a call centre for the public to report suspected dealers.

09 3,000 secret graves



SEARCHERS LOOKING for missing people in Mexico have uncovered more than 3,000 secret graves containing nearly 5,000 bodies, believed to be victims of the country's escalating drug war.

Violence has risen in recent years and is believed to be worse than in 2006-2012, when the peak of the drug war saw an estimated 27.000 homicides. Today's estimates are closer to 35,000, with 40,000 missing – but there are no reliable government figures. Andrés Manuel López Obrador won last year's presidential election with a promise to create reliable databases and to search for the missing people. More than 500 of the graves have been discovered since he took office in December.

US companies filling India's demand for pain medication



IN INDIA, pain relief was once considered a western indulgence. But changing attitudes and a developing middle class have seen a growing market for pain medication, and US-based pharmaceutical companies have been quick to fill the gap.

Stronger opioid-based pain killers that were once banned are now routinely handed out by doctors, and marketing is widespread and unrestrained. Medical professionals have begun voicing concern that India is already walking the same path that led to the US opioid crisis.

racist scal

With the 2020 cannabis referendum fast approaching, New Zealanders have a unique opportunity to let the government know what they want from drug reform. It will then be up to our policy makers to decide whether drug reform will focus on changing outcomes for those struggling under historically racist policy.



WEBB-LIDDALL



Tricia Walsh, left, with asha bandele.



There's a whakapapa, a history to why people end up using drugs and end up in the justice system.

TRICIA WALSH

Photo: Natalie Bould, NZ Drug Foundation



y the time Tricia Walsh was 13, she estimates that more than 50 men had abused her. After suffering violence at the hands of her mother throughout

her childhood, she turned to gangs as her support, but here, the cycle of abuse only continued.

Drugs became her escape from the painful, violent reality of her life. A mother at 15, she was lost, confused and in abusive relationships with the people closest to her, and drugs had led to multiple stints in prison. Her last finished in 2008 – Walsh was 42.

The trauma she suffered from so many people she should have been able to trust led her to drugs, and drugs led her into a system that was punitive and apathetic. But her life and so many lives like hers could have been so different if she'd received the treatments she needed sooner.

Now an anti-P campaigner, a proud mum and grandmother, Walsh has turned her life to fighting a system that took hers away. She says without drug law reform, so many others, especially young wahine Māori, will get stuck in the same harmful cycles of trauma, drug use and prison. been sexually abused, beaten, mistreated, and they're either left where they are or they're picked up and placed with someone else who only sees the problems, they don't see the journey.

TRICIA WALSH

"There's a whakapapa, a history to why people end up using drugs and end up in the justice system. My history has been one based on trauma, and because of that trauma, there was a progression based around not wanting to face each day."

In 2020, New Zealand voters will get to have their say on the legalisation of recreational personal use of cannabis in a referendum that will sit alongside the general election. This referendum is a crucial step towards justice and away from a regulatory framework designed for the War on Drugs philosophy that has been the basis of New Zealand's drug policy for decades.

The Nixonian approach to drugs that informed our own laws here in New Zealand is widely perceived as a failure. In New Zealand, it has disproportionately targeted, prosecuted and imprisoned Māori. People who need help have been put in jail. It's cost the justice system millions of dollars. The long-term consequences are devastating.

For Walsh, one of the most important outcomes from drug reform would be a better understanding by all levels of the justice system, from Police officers to judges, about the role of trauma in offending. She wonders what difference it would have made to her life if there had been easily accessible addiction and trauma treatments available before she found herself in prison.

"You have kids who've been sexually abused, beaten, mistreated, and they're either left where they are or they're picked up and placed with someone else who only sees the problems, they don't see the journey. If we don't acknowledge the journey, then we're not actually creating a fair and just starting point for the healing to take place."

The current justice system focuses on punishment first, rehabilitation second. It's not enough, she argues, to have

Tuari Potiki.



■ If you get caught with a joint in your pocket, you knew that wasn't why they wanted you, but they use that so they can get you and then bail you up with all this other stuff. ">>

TUARI POTIKI

psychologists assess offenders once they're already locked up. It's often too late.

"It's about punishment. It doesn't allow for change. To access rehabilitation services - they're not readily available on the outside - you have to be in jail already, and those services are available at certain points in your period of imprisonment, which is usually the end, and even then the service doesn't always meet the needs of the person."

Punitive not rehabilitative drug policy

Tuari Potiki, Chair of the New Zealand Drug Foundation and University of Otago Director of Māori Development, has witnessed the effect prison has on Māori communities. For five years, he worked as a Māori alcohol and drug clinician in a number of prisons in Christchurch. His experience in prisons sees him agree the system is heavily skewed towards punitive rather than preventive justice, and that means the people who most need help often get the least.

"For a while, there were more treatment beds for alcohol and drug problems in prison than there were out of jail. The prisons had 500 beds available, and even that's laughable because they say that between 80% and 90% of prisoners have, in their lifetime, been alcohol or drug dependent, and

there's over 5,000 of them, so at the most those beds are going to take care of 10% of the population who might need help in prison.

"The current alcohol and drug system needs to change its attitude a bit. There are some services who won't deal with prisoners, people on remand or people on court order, which is rubbish. If someone needs help, they need help."

He believes legalisation of cannabis is the starting point in a much larger systemic overhaul that needs to happen in the justice system. It's an opportunity to acknowledge publicly that what we've got isn't working and that we must try something else.

"People acknowledge that the system is broken but they use different language, so they talk about unconscious bias or that there's a skew in the statistics. It's not unconscious. The whole system needs to be gone over with a fine-tooth comb, and at every single stage, there needs to be some change. We all know the stats around Māori being more likely to be stopped, arrested, prosecuted, and there needs to be someone looking across all of that stuff and pointing out what's happening and saying 'this isn't OK'."

If the law is to change, it can't happen in a vacuum. The various agencies that will be affected by the legislative change need to be engaged in the transition. To help

break the cycle of trauma that often leads generations of families down the same destructive paths, there will need to be change in how drug users are treated, and that means easier access to help when people need it.

Cannabis was completely outlawed in New Zealand in 1965 as part of a global trend to prohibition. But it's estimated that up to 300,000 Kiwis are still regular users. As the world saw in the 1920s with alcohol prohibition in the US, just because a substance is prohibited doesn't mean supply will stop. It just becomes deregulated, much more dangerous, more costly to Police and places the money in the hands of gangs and other black market traders. This is what's currently happening with the illegal cannabis market in New Zealand.

A report by the Helen Clark Foundation setting out the case for yes in next year's referendum outlined the heavy reliance on Police discretion in our current drug laws and how this disproportionately affects Māori.

"In a population where the vast majority of New Zealanders at some point use cannabis, Māori are more likely to be stopped, searched, arrested and convicted for minor drug offences than are non-Māori," the report states.

In New Zealand, the prison population is 52% Māori, while Māori make up just

Chester Borrows.



Photo credit: Natalie Bould, NZ Drug Foundation

15% of the general population. Of those incarcerated Māori, 43% of those are in prison on drug-related charges.

Ex-cop's change of heart

Former Police officer and ex-National Party MP Chester Borrows was appointed head of the Hāpaitia te Oranga Tangata Safe and Effective Justice Advisory Group in 2018. The group's role is to engage in a public conversation about what New Zealanders want from our criminal justice system, canvassing a range of ideas about how it can be improved. This experience has seen Borrows, a selfacknowledged conservative, move his views to supporting legalisation at the referendum. From his experience in Police and then Parliament, Borrows knows the disproportionate prosecution of Māori is not a new phenomenon, and it's about time the law was changed so it can't continue to happen. Legalisation of cannabis would be the first step towards justice for New Zealand's indigenous people still suffering under the burden of colonisation.

"The fact is if you take an economic resource off an indigenous people and you undereducate them or poorly educate them in a foreign language, then you relegate them to being withholden to occupations and work, which makes them the most vulnerable class in the country, and jobs

keep changing and disappearing over time and those pressures move people away from familiar support. It's not surprising then that, 100 years later, these people are corralled in the lowest decile communities, earning the least money, most vulnerable in terms of health and housing and the most likely to be represented in all the negative stats right across our country."

Māori aged between 17 and 25 account for 37% of people convicted for possession or use of illegal drugs. It is estimated, via prisoner data from Statistics NZ, that the legalisation of cannabis will reduce Māori cannabis convictions by as many as 1,279 per year. Walsh sees this as a crucial step in giving our rangatahi back their opportunities for lives unhindered by the consequences of minor cannabis convictions.

"Simple things like education. Simple things like being able to leave the country. Simple things like having a job that you choose to apply for, not having to settle for something you know you have more potential than, but because of your history, they're no longer available to you. To be seen as someone with integrity."

Leading the charge

Chlöe Swarbrick is the Green Party drug reform spokesperson and one of the loudest, clearest voices on cannabis legalisation. The 25-year-old first-term

MP has been campaigning since the beginning of 2018, when she first took over the Drug Law Reform portfolio, for a stop to the criminalisation of drug users and addicts. She says these people, some of the most vulnerable in our society, are being failed by those in the greatest seats of influence in New Zealand. It's her mission to help the public understand why drug reform is about giving these people justice.

"To try and explain the evidence is a conversation that is complicated, it's nuanced and it's sometimes counterintuitive, which means that it doesn't resonate within a soundbite media environment, which ironically offers the platform for the worst type of policy to continue to be proliferated."

Swarbrick often gets frustrated with MPs taking the 'politically popular' route, especially when there are lives on the line.

"There has consistently been this back and forward of whether we do what's right or whether we do what's politically palatable. In the context of the synthetics crisis, we were talking about what was popular in the face of people's deaths. It's not just some hypothetical academic numbers on a spreadsheet, this is people's lives."

Borrows was never afraid to oppose the widespread views of his colleagues or party when he was in Parliament, and that hasn't changed. He says politicians often

▲▲ It's not just some hypothetical academic numbers on a spreadsheet, this is people's lives. ""

CHLÖE SWARBRICK

Chlöe Swarbrick



Photo: Green Party of Aotearoa New Ze

disregard or refuse to listen to evidence to gain political capital, and they need to be held to account.

"Politicians will say 'give us the evidence because we want to hear the evidence', and then when they do something that doesn't align with the evidence they say, 'Oh, that's a principled approach'.

"What we do need is to keep calling for the evidence and not accept that things are vicariously evidenced because they're said by a policeman or by a politician with status."

He's disappointed that the current Opposition has resorted to rhetoric that is regressing the conversation. But he remains hopeful that a new generation of politicians are more open to dialogue about drug reform and what that means for New Zealand.

"The people who are in the middle of politics are seeing this differently than middle New Zealand politics have seen it before. They're younger. They've got a different life experience. They've got a different understanding of crime and punishment, and I think they've actually got a bigger heart."

Government has work to do

Addressing the parliamentary symposium on drug reform in September, Minister of Justice Andrew Little said the government had a lot of work to prepare for a successful 'yes' vote next year.

"It will be necessary to have a regime that affords maximum control so that the obvious risks can be minimised," he stated.

These risks include easier access to cannabis, a potentially higher rate of drugged driving and potential for more employees to be under the influence while at work. And these are valid concerns. Little wants those in the 'no' camp to realise these problems are already occurring under prohibition, and legalisation provides a chance to actively address and target them.

"We know the risk to young users, but most older users do consume without suffering harm. How does continued blanket prohibition assist in seriously addressing the risks to the young users? Likewise with drugged driving. What else, in a totally prohibitionist environment, can we do to seriously address that risk? How do we operate an effective public health campaign on cannabis use if the starting point is, well, it's prohibited so it can't possibly be a problem?"

Harm is being caused regardless, and regulation of the market could make it a lot safer for those who do choose to use. It creates control over the market and a chance to regulate it. It's a chance to invest in justice for those affected by the drugs rather than their punishment.

"The argument for change is that, after 54 years of prohibition, cannabis is well embedded in our communities. Young people have access to it, supply and distribution is largely controlled by criminal elements, users don't necessarily know what the quality and safety of the product they are buying is and in any event, most users consume without harm, and the effort of Police enforcement is increasingly turning to more problematic and harmful illicit drugs such as methamphetamine.

"On this basis, it is argued that the best way to deal with the presence of cannabis and deal with the harm it can cause is to legalise and control it."

If cannabis is to be legalised, the government will need a strong model for the regulation of the market. Some of the core elements of the draft legislation include a minimum purchase and use age of 20, restricted marketing and advertising, restricting use to private homes and licensed premises and conditions on private growing.

The government is looking at international examples of cannabis legalisation to create a market that's both customised to our nation's particular needs and beneficial to the demographics in New Zealand currently the most affected by prohibition laws.

Minister of Justice Andrew Little.

16 It will be necessary to have a regime that affords maximum control so that the obvious risks can be minimised.

ANDREW LITTLE



Photo courtesy of the Minister's office

Avoiding corporate monopolies

Much of the American market has been monopolised by large-scale cannabis corporations, but Swarbrick says this model will do more harm to those already suffering under our current laws. She wants money made from cannabis sales to be filtered back into helping underprivileged New Zealand communities. Legalisation comes with economic justice too.

"We need to create a regulatory framework that doesn't enable monopolistic big business, particularly from overseas, to sweep in and take over the market."

Drug cultures are unique, and law reform must reflect that. Borrows agrees it's crucial we stay aware of what's happening overseas to see what's working and what's not and tailor international policies to fit the specific needs of the New Zealand market.

"We don't think we can just uplift something from the States and drop it here. Their drug culture is totally different."

The North American model of a regulated commercial cannabis market allows licensed retailers to sell cannabis for at-home use or to use at licensed premises. This is much the same as current alcohol laws in New Zealand.

In Uruguay, the government has a monopoly on the cannabis market, and it can be purchased over the counter via pharmacies. Purchasers are registered so data can be collected about their use habits.

New Zealand lawmakers can't expect a cut-and-paste model from overseas to work here, and Little says a lot of work needs to be done to ensure a policy is designed that is fit for us.

The Drug Foundation has recommended an approach to the retail cannabis market to the government that would prioritise underprivileged communities, injecting jobs and industries into towns historically affected negatively by the War-on-Drugs laws. Swarbrick says this model would mean more money, jobs and opportunities at life outside of criminality for many rural Māori communities in Aotearoa. The most important thing for our leaders and lawmakers to consider, she says, is that Māori people are given key roles in the establishment of the emerging industry. This is about providing justice to those communities that have been the victim of the War on Drugs for decades.

"We just need Māori leadership. It's not the place for this small Pākehā girl from Auckland to say what that should look like. There needs to be not just engagement, not just consultation, but partnership in the design of these regulations, and I've consistently negotiated with the Minister Andrew Little to ensure that is at the heart of this, but ultimately, the buck doesn't stop with me.

"There needs to be the opportunity for kaupapa Māori businesses, cooperatives and particularly regional Aotearoa New Zealand to play a role in the development of this industry.

"We have to be wary of the framing of it as an industry, because what we're fundamentally trying to do is transplant something that currently exists on a massive scale in the underground market to place that within a legal framework, and that transition is going to take time."

Earlier this year, Parliament passed the Misuse of Drugs Amendment Bill, signalling a significant change in how cases of drug use and possession are handled by Police.

The Bill is described on the Parliament website as placing greater focus on "those who import, manufacture, and supply the drugs, and not those who use them".

"Addressing drug-related harm requires a health-based response, rather than a punitive one, so that people can access the health and social support services they need," it explains. Drug prohibition contributes to prison being part of life of traumatised people.



Photo: Tonymadrid Photography from flicki

This step is a crucial one to make if we are to create an environment that is well equipped to deal with the treatment of drug problems if cannabis becomes legal.

The problem with this amendment, though, is that it still places the discretion in the hands of Police officers.

The conviction trap

Tuari Potiki is familiar with the ways in which the justice system grabs hold of people, and he's seen how hard it can be to escape the gaze of authority once it's decided you're a target.

"If you get caught with a joint in your pocket, you knew that wasn't why they wanted you, but they use that so they can get you and then bail you up with all this other stuff. The whole having to go to court and the way the justice system tries to get a hold of you and makes you feel like shit and they go at it in a way to remind you that they're in control. It's deliberate. A deliberate belittling."

Potiki has seen many examples of where excessively harsh, judgemental treatment of people going through the system has become a self-fulfilling prophecy.

"It's like, well, if you treat me like that, I'm going to be like that. I've seen it when I used to work in the jails. It grinds people down and wounds them to the point where they become worse. I've seen heaps of

examples like that where the system goes out of its way to grind people down."

So how do we change from where we are now into a country with laws that put victims first and that stops criminalising drug use, breaks the stigma around cannabis and makes a start on addressing the systemic racism that sees Māori disproportionately affected by drug prohibition? We talk to one another.

"In real life, even if most people have concerns, you can yarn to them about it and pull it apart and address that, and you realise that you all start from the same fundamental principles, which is that every New Zealander wants to make sure that their communities and kids are safe and protected, so if we start from that as a principle, we achieve that. Most people, when you talk through concerns, realise that prohibition isn't working, and legalisation is the only way to change that," explains Swarbrick.

So much political debate these days happens online, where the tone is so easily misconstrued, and marketing campaigns by organisations such as Family First attempt to equate the notion of the harm of cannabis with the notion of legalisation.

Swarbrick's advice is to talk to people face to face. She's yet to come across a demographic that's been entirely shut off to the idea of voting yes in the referendum.

▲▲ Why would you want to shackle people for the rest of their lives to being criminals for something that is no longer illegal? ">>

CHLÖE SWARBRICK

"Even in places like retirement villages, I've had really constructive conversations. This debate is going to be won or lost on a nationwide level on meaningful conversations on a one-on-one basis."

Creating a fairer world

As drug reform progresses, justice must look into the past as well as the future. Reform won't just mean a fairer world for our rangatahi to grow up in, but a world where those wronged by the War on Drugs are given another chance. For those with current criminal records relating to cannabis possession, supply and use, Swarbrick wants reform to mean a brand new start.

"Why would you want to shackle people for the rest of their lives to being criminals for something that is no longer illegal?" she says.

Potiki says criminal records, even for minor drug convictions, can have a serious effect on people's lives, their ability to travel, get jobs and be confident in themselves.

"When people go through a journey of healing, convictions become part of what was, and you just live with that. You can't change things you can't change, it's just one of the scars you carry... but it can be embarrassing and shameful sometimes."

Asked what a clean record would mean to her, Walsh has one answer. "Life."

"It would mean being able to reach out and grab opportunities and possibilities to reach your potential that having a conviction for cannabis denies you."

It would mean justice. ■

Alice Webb-Liddall (Ngāti Porou/Ngāti Pikiao) is an Auckland-based journalist with a passion for te ao Māori reporting. Find her on Twitter @aliwaimarie

THIS ARTICLE IS JOINTLY PUBLISHED WITH SPINOFF

How drug law reform can cure our colonialist inclination

US justice reform activists Deborah Small and asha bandele say white supremacy and colonialism are at the heart of punitive drug laws. They spoke to **Teuila Fuatai** about how that stops change.



TEUILA

Deborah Small



asha bandele.



eborah Small sees Donald Trump as the US Dorian Gray. "He's the physical manifestation of what America has been hiding in its closet for decades

- the genocide, the discrimination, the expropriation," she says.

Small, a leader in the US drug law reform movement, visited New Zealand ahead of next year's cannabis referendum to share her knowledge of the fight against failed drug policies. A Harvard Law School graduate and public policy expert, she has more than 20 years' experience advocating for drug policy and criminal justice reform.

Alongside her is asha bandele - another leading criminal justice reform advocate from the US.

Each of the women, both New York natives, brings her own perspective and advice on cannabis reform. Small has been the Legislative Director of the New York Civil Liberties Union, where she focused on reversing policies that marginalised poor, disenfranchised and incarcerated people. She has also been part of the leadership team at the Drug Policy Alliance in the US and has her own organisation -Break the Chains: Communities of Color and the War on Drugs - which targets harmful and discriminatory drug laws.

As New Zealand sets up its own debate on cannabis laws, I asked the pair to talk about what we could expect in the next 12 months. Taking a big-picture perspective, Small brings up Trump, what he represents and how that relates to debate on drug policies around the world.

For her, changing drug laws to focus on health rather than punishment is not just sensible and right, it is fundamental to tackling wider inequities and injustices.

"We [the USA] have a vision of ourselves of being young, being vibrant, being fair and being all these good things. We are that, but we're also a lot of other things. And that version has stayed in our closet for lots of different reasons," Small says.

The 2016 US presidential election opened that closet.

11 Trump, in many ways, has forced America to deal with its ugly side because he literally is all of that. As much as I dislike him. I also see him as a reflection and an opportunity for us to choose who do we want to be? ">>

DEBORAH SMALL

Small sees debates around legalising and regulating drugs as a subset of this conversation about what kind of society we are. In the New Zealand context, it is important to consider what is really being discussed when people talk about cannabis law reform and harm associated with the drug, she says.

"Our focus is always on the drug, not on the reason people are using the drug. One of the biggest harms of prohibition is that it has taught society that the punitive response should be the default position and that anything that deviates from that is radical."

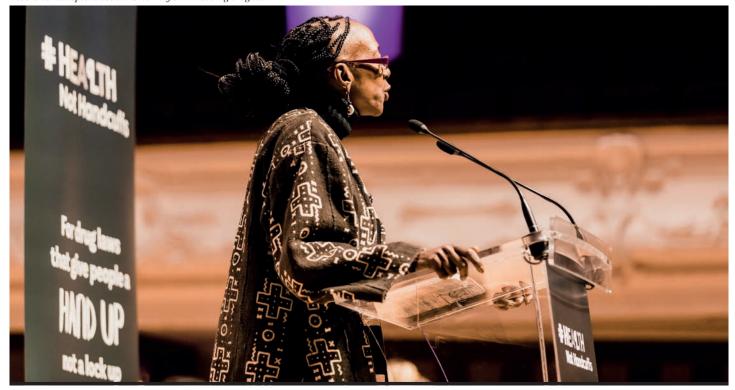
Too often, this prevents any scrutiny or debate around whether resources should even go to jail cells or detaining people in the first place, Small says.

"But when it comes to providing things that we know are actually effective, like addiction treatment, then there's an issue about directing resources towards it."

New Zealand must consider what it is trying to address in a reform, and in that sense, who as a nation it wants to be and stand for, she says. Drawing heavily on the experience of communities of colour in the US, Small has seen how healthoriented drug laws can benefit these marginalised groups.

Like Māori men, men of colour (African American and Hispanic) make up most inmates in US prisons, despite being

Deborah Small speaks about the harm of criminalising drug use.



minorities in the overall population. Like Māori, they're also more likely to be incarcerated for drug-related offences than white Americans.

"To me, the biggest gain from ending prohibition and regulating drugs is the fact that you can depoliticise it," she says.

"When you stop treating drug use as a crime, then you can actually begin to direct resources in appropriate ways." And that impacts people and communities disproportionately affected and criminalised under punitive drug regimes.

Small's observations are rooted in an analysis of how "crime and punishment" has been rolled out under colonialist and imperialist powers. As New Zealand heads towards the cannabis referendum next year, she says it is crucial people think critically about the legacy that 50 years of cannabis prohibition has created.

"What have we gained from it? How has it helped society?"

She also discusses a far darker, and tougher, opponent in the fight for drug reform: the power structure created by colonisation.

"One of the many reasons we've held onto a failed policy for so long is because it serves the interest that we don't want to acknowledge. It serves the interest of the colonisers to continue to oppress the people they expropriated from."

▲▲ The things about crime policy is [that] it's race policy it's not always about crime. ">>

DEBORAH SMALL

On this point, Small's argument is nearly identical to those like Moana Jackson and Tracey McIntosh, who have been fighting for criminal justice reform in New Zealand for decades.

McIntosh and Jackson have both written and spoken extensively about the disproportionate harm to Māori in the criminal justice system. Like Small's analysis of incarceration in the US, both academics have linked high Māori incarceration rates in New Zealand to ongoing problems imposed by colonisation.

Small recounts the history of Western powers to make her point. The "British experiment of empire building", replicated by the US and other imperial nations, was based on promoting addiction for profit, she says.

"Their economies [did that] by developing a market for sugar, a market for tobacco, a market for rum etc. They would then sell it to make money."

Slavery, the exploitation of people, and the contribution that had in creating inequality and problems with addiction in countries under imperial and colonial rule must be acknowledged, she says.

"To me, that's an important place to start because if you don't recognise that we're living inside of an empire that was based on addiction, then you don't get how absolutely perverse it is that we now have a system of punishing people over the very addiction [that empire] helped cause."

"It is one of the many perversities of racism or capitalism."

Bandele, who like Small believes all drugs should be legalised and regulated, expands on this. The award-winning author and proud Brooklyn resident talks about her two children and why the fight for appropriate drug policy is about them. Her stepson Aundre was killed three years ago due to his involvement in dealing drugs.

It is a situation that no one ever wins, bandele says. For her 19-year-old daughter Nisa, she wants a world that doesn't criminalise a health issue and create unneeded havoc and pain for those affected by that.

The former features editor at Essence magazine goes on to describe how difficult it is to combat people's ignorance and belief in a punitive justice system, drawing on her own experiences.

"In 1990 ... I met a man who became the love of my life," she says. "He was locked up and we became friends and over asha bandele is acknowledged by Sabrina Kidwell.



a period of time fell in love. And I married him, and it was at a time when nobody was really talking about mass incarceration.'

Bandele writes about her relationship with her husband Rashid, Nisa's father, in her book The Prisoner's Wife. The memoir provides detailed insight into the impact of prison not just on those who are incarcerated but their loved ones as well. Because of this first-hand experience with the justice system, bandele talks with absolute clarity about what drives punitive criminal justice and harmful drug policy.

"First of all, prisons are not natural to us," she says. "They have become our go-to response for so many things that we find offensive or we determine as offensive, whether they actually are or not.

"What I've found is that too many of us - people who are harmed - naturally think it is the place to go. For example, my family works for Corrections, and we don't question it. We call the Police even as we know that can cost our children our lives.

"I think that happens because we don't have these kinds of conversations with one another about what we really think and what putting our children first really looks like."

When most of us talk about drug use, what we're really talking about is problematic drug use. She says that the process of changing the narrative begins

by looking past the outcomes of drug use and into the lives of those using drugs problematically and at those who use drugs and are functional.

"The reality is that drugs are legal for a whole swath of people, and it's important to remember that. We know what drug legalisation looks like - just look at white communities and wealthy communities. In those areas, people use drugs and don't go to prison. And if there is a problem, they get treatment, not incarceration," she says.

At the other end of the spectrum, it is about looking at the circumstances of those who use drugs problematically and are addicted. Almost always there are problems like trauma, poverty and emotional distress. It's looking at why someone wants to "check out all the way", she says, and it is rare to find that is purely because of the physiological reaction they have.

By keeping punitive drug laws, society and policy makers can ignore that and focus instead on "drugs" or "criminals". Issues such as poverty, racism and mental health get left behind.

"Because as soon as you talk about drugs, you don't have to talk about anything else," bandele says. "You don't have to talk about all the other harms in someone's life because it doesn't matter what you do to an 'addict'... or what you do to a 'junkie' or a 'dope fiend'.

■ It's this notion that drugs are evil, when they're not they're just a thing. They serve a purpose in our lives. ""

ASHA BANDELE

Except that rhetoric does nothing about the real problem, she says. For communities of colour in the US, it simply exacerbates inequality and social problems.

To address that, bandele says we must discuss where it comes from.

"Any honest conversation about drugs has to be an honest conversation about drug policy, and this is why I always talk about white supremacy and the political ideology we are all fed," bandele says.

The belief that "some people deserve to live and some people deserve to live freely and some people deserve to be controlled, contained or killed" has determined how the world has operated for 500 years. It is also at the heart of punitive drug and crime policy, she says.

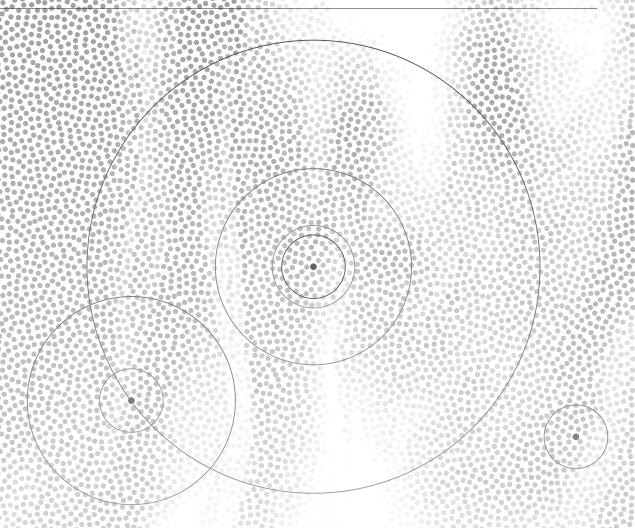
And there is absolutely no justification for it. Those who require assistance for health reasons should get it, and laws need to be oriented to that, bandele says.

"How we use [drugs], like anything, can be good or bad ... and it's about putting protections around it that work."

Teuila Fuatai is a freelance journalist who focuses on social and cultural issues.

Photographer Katrina Elton works for Many Talents Media.

THIS ARTICLE IS JOINTLY PUBLISHED WITH SPINOFF



Unawareness and cost block cannabis prescriptions

Although medicinal cannabis was made legal in New Zealand, the medical profession has been slow to widely adopt the new option. Russell Brown finds that a scarcity of use data, lack of awareness among doctors of what they are authorised to prescribe and cost are some of the barriers.



RUSSELL

≤≤ When you have chronic pain, you frequently have anxiety and depression. ""

OTAGO RESEARCHER DR GEOFF NOLLER

Dr Geoff Noller.



Photo: Otago Daily Time



hen the government passed legislation last year to regulate medicinal cannabis products and make it easier for doctors to prescribe them, it did so with

fairly scant knowledge of who medicinal cannabis users actually were.

This wasn't a matter of sloppiness but a reflection of the paucity of relevant data. Until recently, the most useful study was one led by Victoria University health researcher Megan Pledger and published in the New Zealand Medical Journal in 2016. That was based on data extracted from the New Zealand Health Survey 2012/13, which sampled 13,009 people, some of whom self-reported cannabis use.

But this year, the advocacy group Medicinal Cannabis Awareness New Zealand (MCANZ) undertook a survey with Otago researcher Dr Geoff Noller. The survey, which was based on a similar one in Australia, fielded 2,100 usable responses from a total of 2,900.

Noller is still working on the data with the intention of publishing in an academic journal, but preliminary results suggest it will align strongly with the Pledger study on one level: the leading indications for the medicinal use of cannabis were pain (especially chronic pain), depression and anxiety.

Noller told Matters of Substance the two were clearly comorbid: 65% of respondents in the MCANZ survey reported anxiety and depression, and almost 80% of those people reported a pain condition.

"When you have chronic pain, you frequently have anxiety and depression. That came through as collectively the second-biggest group of conditions."

But from there, the two studies diverge. Pledger found males and Māori were more likely to be medicinal users than females and non-Māori. In the MCANZ survey, a majority of respondents were female and the proportion of Māori users was only just above the proportion in the general population. In the Pledger study, the average age of past-year medicinal users was 33, and for MCANZ, it was 36.

The obvious explanation for the differences is a methodological one. Pledger extracted data from a general survey, while MCANZ reached out to existing users via Facebook groups and other networks. But it may also be that the patient community is changing even as the Ministry of Health finalises the new regulations, which are due to be published before Christmas.

While doctors at two recent GP conferences got themselves into something approaching a panic about professional liability risks in prescribing cannabis

▲▲ To be really, really ill and to have tried numerous medications, which weren't very effective and had terrible side effects, that's hard. ">>

DR GEOFF NOLLER

products, MCANZ says more than a hundred of their colleagues are already prescribing cannabidiol (CBD) and in some cases tetrahydrocannabinol (THC) products. By far the best-known of them is West Auckland GP Dr Graham Gulbransen.

Since September 2017, doctors have been able to prescribe CBD to anyone for any condition in agreement with the patient, a fact Dr Gulbransen says "is not widely known. Sadly some of the most difficult people to convince of it are the pain specialists and the rheumatologists."

Gulbransen has seen more than 900 patients in the past two years, and their general profile reflects that of the two studies. Half of them are chronic pain patients "and I've divided the rest into cancer or psychological distress or neurological problems. That other half is split evenly between those three groups."

Dr Graham Gulbransen.

11 The first time we do anything new is a bit scary and difficult and takes longer. ""

GP DR GRAHAM GULBRANSEN

≤ They can get the prescription – and they begrudge paying the \$300, but they pay. ">"

CANNABIZ ORGANISER SUZANNE KENDRICK



Photo: Danielle Clent Stuf

Doctors lack confidence to prescribe

Increasingly, the patients he sees are referred by other doctors who are not confident about prescribing. Many of them are not in Auckland, and he offers a videoconference option for his initial \$300 hour-long consultation.

"I've set myself up as a referral service," he says. "I like to see patients initially and for follow-up after a month, and I write back to the GP each time to try and educate the GPs about what we're treating. At the second visit, if patients are benefiting, then I outline the prescription and encourage the GP to take over prescribing.

"The first time we do anything new is a bit scary and difficult and takes longer. So I'm trying to make it a little bit easier to get doctors started with follow-up prescriptions - and then hopefully they'll initiate them in future."

Although CBD prescribing is straightforward, until the new regulations arrive, prescribing THC products is not. For spasticity associated with multiple sclerosis, Gulbransen can prescribe the Medsafe-approved product Sativex with the endorsement of a neurologist.

"But I tend to prescribe Sativex off-label - meaning it's for pain or cancer symptoms. And for that, I need to fill in a two-page form signed by me, the patient, a non-GP specialist and the Ministry of

Health to get an approval number to prescribe the Sativex spray."

It's more complicated yet in the cases of the functionally equivalent product Tilray 10:10 (the name signifies that the product contains 10mg each of CBD and THC per millilitre).

"Because that's an unapproved product, a specialist has to apply and only that specialist can write the prescription. And that means that patients are having to pay of the order of \$900 for Sativex that could last for three months versus the Tilray product, which could work out to be a whole lot cheaper. And very few specialists are willing to go through that process."

Who is using medicinal cannabis?

About 60% of patients come back for the return visit, says Gulbransen. Some of those who don't return look elsewhere, says Suzanne Kendrick.

Kendrick is the organiser of Cannabiz, an Auckland group for people discussing business opportunities under both the new medicinal framework and, potentially, an adult-use regime. As part of research for a proposed web platform for medicinal users, she contacted patient networks and found a community that was older, whiter, wealthier and more female than that detected in 2013. (This was not a demographically representative sample.

Many of her contacts were in Auckland's gentrified inner western suburbs: Ponsonby, Herne Bay, Grey Lynn. Some were living in a retirement community.)

"They can get the prescription - and they begrudge paying the \$300, but they pay," says Kendrick. "And then they say, 'God, this is expensive and I'm using a bottle of this a week', and they wonder if they can get it cheaper - and then they start looking online."

Kendrick depicts mutually supportive groups with a range of conditions - cancer, rheumatoid arthritis, Parkinson's disease - who move from importing CBD products to 'green fairy' suppliers and eventually home-growing.

"Some of them use their prescription from [Gulbransen] as protection in case they were to get stung."

Unable to buy higher-CBD strains via the recreational black market, they share cuttings and illegally import seeds.

"If you're taking it all day because you've got chronic pain, you do not want to be high the whole time," she says.

"What patients are saying is, 'hey, I've got work, I've got family, I don't want to be high all the time'," Gulbransen agrees.

Are some getting prescriptions as insurance?

"I think that these are early adopters who can afford the \$15 a day on average or are desperate and will somehow come up with that money," he says. "They'll tell me that the green fairy supply is erratic, that the quality varies - and a lot of people prefer legal."

Ironically, this year the prescriptions system has had its own reliability issues. The supply of CBD medicines from Tilray, the Canadian company supplying the bulk of such products here, completely dried up at one point. Tilray's supply chain leads through Australia, which treats the products as controlled drugs and requires an export licence for them to be shipped to New Zealand. How long that licence takes to process is up to Australian officials.

A New Zealand company, Medleaf, had just begun importing Cannaqix CBD lozenges from Europe and was able to partially bridge the gap, but Gulbransen says that for patients using Tilray products "as anti-epileptic drugs to suddenly run out, it's a dangerous situation".

But that's far from all that's going on. Matters of Substance knows of doctors directly providing patients with CBD products from suppliers in America and patients who are ordering their own online. This has risks – consumer CBD products are poorly regulated in the US - but some green fairy suppliers are taking a more sophisticated approach.

"Because there's a giant glut in the United States, there's no shortage of people willing to ship CBD isolate internationally," says MCANZ coordinator Shane Le Brun. "You can get raw, purified CBD, and Customs doesn't look for cannabis in crystal form, so it gets through.

"There are people making THC tinctures, but they can add as much CBD as the patient wants to make it a high-CBD or a balanced product. So they're guesstimating the THC, but because they're getting 99.9% pure CBD, they know exactly how much CBD's going in."

Jasper the green fairy

One of those people is Jasper, a green fairy with about 350 patients registered to buy products via his secure website. He began making cannabis products when his father was diagnosed with early-onset Alzheimer's and moved operations to a website after encounters with "nasty people" in the Facebook groups where other green fairies offer their wares.

Jasper sources cannabis flower – a cross between the high-THC strain Pineapple and the high-CBD hemp cultivar Charlotte's Web – from a supplier who has contracted growers in several regional

≤≤ What patients are saying is 'hey, I've got work, I've got family, I don't want to be high all the time'. "

DR GRAHAM GULBRANSEN

centres. He says he pays the retail price, \$400 an ounce, and never runs out. He has had ESR test the flower before but "lost a little faith" in the agency when one batch tested at an impossible 40% THC.

By his own account, a fair part of the business is the load of pastoral care for the sometimes "broken" people who contact him.

"It worries me," he says. "I'm these people's doctor and counsellor. They rely on me. And GPs don't answer their messages at 2am. I'm worried that doctors won't be able to deal with the complexity of these patients."

He refuses to supply capsules of concentrate and instead encourages customers to gradually titrate their dose. He'll add CBD isolate to tinctures to suit particular patients and also ask about their historical cannabis use: "If you shock people's systems, it's not going to work."

Gulbransen, working within the rules and with a limited range of pharmaceutical products, does not have such flexibility. He hopes that the new regulations will allow him to "get on and give products that are more likely to succeed, rather than pure CBD. Even something like 5% THC is going to have greater success with pain and perhaps with seizures than plain CBD. I'd rather give something that is more likely to succeed."

Specialist-only prescription may ease and drug quality tighten

Le Brun, who has been monitoring consultations over the draft regulations, is picking that the requirement in the draft for specialist-only prescription of THC will be eased so GPs will be able to prescribe "and, if we're lucky, nurse practitioners. Nurse practitioners could make a lot of sense in palliative care."

He also expects that a GMP manufacturing process will be stipulated for local producers, meaning that all cannabis products that originate in the New Zealand system will be pharmaceutical-grade. That means, at least in the short term, prices will not fall and local producers may have to run at a loss to keep them where they are.

But he says that the GMP standard will be necessary for export and that the Canadian experience is that economies of scale more than balance out GMP compliance costs, "so perversely, in the mid to long term, pharma-grade could lead to more affordable products than a lesser standard".

For now, Gulbransen says CBD prices may have "plateaued" at about \$15 a day for most patients. He'd like to see the cost come down to \$10 a day, "but I don't have a lot of influence there".

Patients in the official system are also learning that they can shop around. Some pharmacies are still charging \$500 for a bottle of Tilray CBD 100, while others have taken advantage of a fall in wholesale prices to offer it for as little as \$270.

Whatever happens when the new scheme gets up and running next year, it does seem that patient attitudes to cannabis as medicine have shifted significantly. Kendrick's middle-class medicinal users, those using green fairies and the people importing their own CBD products, have decided that any legal consequences for what they're doing may not be too onerous. They may well be right.

"One of the things that really struck me is the level of seeming desperation that a significant proportion of people expressed," says Geoff Noller of his survey. "To be really, really ill and to have tried numerous medications, which weren't very effective and had terrible side effects, that's hard."

This is the challenge for government regulators as they try to fit cannabis into the existing health system. If they create a regime that is too difficult to access or too costly, they may simply find more patients bypassing that regime altogether.

Russell Brown is an Auckland-based journalist and publisher of publicaddress.net

Get a copy

You can download Taking control of cannabis at: nzdrug.org/drug-law-2020

Taking control of cannabis

A model for responsible regulation

We all want a happier, healthier, more equal New Zealand. Our new policy document, Taking control of cannabis, sets out how we can ensure cannabis regulation contributes to that goal.

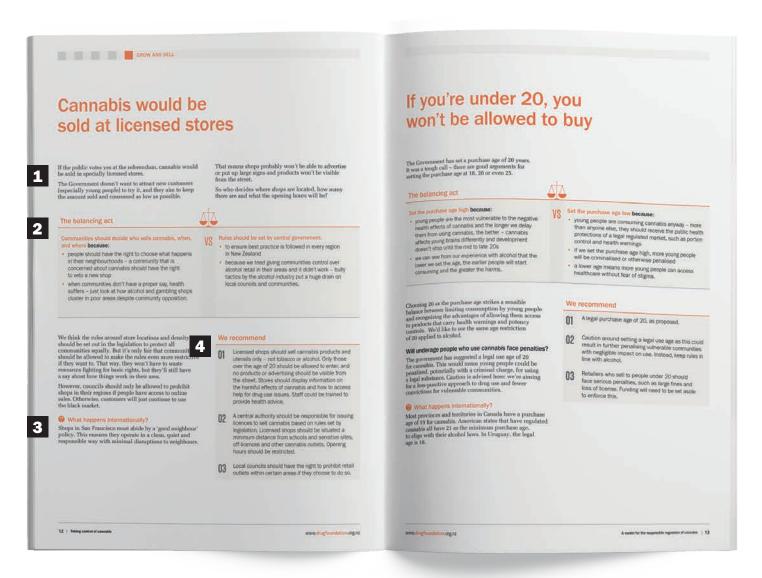
The booklet is intended to help inform the law we will all be voting on at the cannabis referendum in 2020. It provides an overview of the government's current proposals and discusses key issues we think they should focus on as they draft the Bill.

We've spent several years thinking, consulting and researching for this document. We've tried hard to design the best model to meet the unique challenges and opportunities in this little corner of the world. We've had hundreds of conversations with civil society, academics, public health organisations and officials from here and abroad. We've researched the effects of drug law reform in Canada, the USA and other countries.

Most importantly, we've listened to Māori leaders, academics, civil society and public health organisations to make sure our model takes into account the specific challenges and aspirations of Māori. We all know Māori disproportionately carry the burden of unhealthy drug laws, so it's essential the model is designed to stop those negative impacts and to redress the historical impact of prohibition. If we get this right, Māori could (and certainly should) be big winners from legal regulation.

To get the Bill right, the government needs to start engaging in a co-design process with Māori as soon as possible. We'd like to see a kaupapa Māori agency with a broad mandate set up to lead this. Our new report was released on 13th September 2019 at Parliament, Wellington.





- Overview of Government proposals
- Key considerations the Government will need to weigh up as it drafts the legislation
- Summary of how Canada and states in the USA have approached this issue
- Our recommendations to ensure the best possible public health outcomes from legalisation

Five goals to aim for

- Minimise the harm caused by cannabis use
- Safer communities with less drug-related crime
- Better outcomes for Māori
- Uphold human rights
- An evidence-based policy that responds to address harms









Unify Rally

Here's a glimpse of what happened at Auckland Town Hall at the Unify Rally on Monday 16 September. Thanks to all who gave up their Monday night to come along, volunteer, support, sponsor or speak, and especially everyone who pledged to get more involved in our growing movement. Photographer **Katrina Elton** was on hand to capture what happened.



KATRINA



≜ it's not radical to get rid of things that harm people. It's radical to want to hold onto them ... "

DEBORAH SMALL, EXECUTIVE DIRECTOR OF BREAK THE CHAINS (USA), HAS SPENT OVER 30 YEARS MAKING STRONG ARGUMENTS FOR CHANGE.

MC Stacey Morrison shared her own powerful reasons for backing change. She acknowledged everyone ready to act and offered respect to everyone willing to listen.

At times you could hear a pin drop as people hung on every word.





In her typical direct fashion, former PM Helen Clark criticised the failed War on Drugs and urged everyone to enrol then vote.

Drug law reform is personal. US activist and author asha bandele made it clear we can't talk about drugs in isolation from wider social issues.

Katrina Elton is an Auckland-based photographer who works for Many Talents Media. instagram.com/manytalentsmedia

Lessons from the Canadian cannabis legalisation experience

Indigenous Canadians have been dissatisfied with the way cannabis legalisation has failed to work for them.





n September, I had the honour of travelling to Vancouver for the Assembly of First Nations (AFN) National Cannabis Summit. Canada

legalised and regulated cannabis in December 2018, the second country in the world to do so.

As we approach the cannabis referendum in Aotearoa, it's incredibly important for us as tangata whenua to learn the lessons about how First Nations have engaged with legalisation.

It was great to attend the summit with Tracey Potiki from Te Rau Ora and Janell Dymus-Kurei from Hāpai Te Hauora. We've been working closely on supporting Māori responses to the proposed regulatory framework and on building a kaupapa Māori campaign for the referendum.

We had heard reports that the Canadian Government's engagement with indigenous communities on the design of the legal regulations had been poor and not nearly proactive enough. We wanted to ensure that we apply the lessons from Canada's experience to our own here in Aotearoa and to ensure that regulation is a step towards achieving better outcomes for Māori.

It became clear very quickly just how significant the issues with regulation are for First Nations communities. In his welcoming address, AFN National Chief Perry Bellegarde described First Nations

communities being excluded from licensing decisions as "economic racism".

He felt the government did little to try to involve the AFN or make specific provision for indigenous communities. However, there were also challenges to the AFN leadership from a few chiefs who were disappointed that they hadn't been more proactive during the design of the regulations to get a better outcome.

Regardless of exactly why it happened, the result is that there are no specific mechanisms in the Cannabis Act 2018 for indigenous involvement in the legal market, except for the possibility of further negotiation with provincial governments. The priority now is to try to reform the Act so that it recognises First Nations jurisdiction.

Indigenous communities have responded to the lack of clear pathways in various ways. Some First Nations are trying to engage with the legal process but, as they are competing against large corporates, have had limited success. There have been some positive developments in British Columbia, where a First Nations cannabis working group has been negotiating with the provincial government to get preferential access to the legal market.

Other First Nations have chosen to operate under their own customary legal frameworks. This means that there are dispensaries operating on First Nations lands that are outside the legal framework. This opens them up to significant risks including being raided by federal

Jack McDonald at the AFN National Cannabis Summit with Tracey Potiki from Te Rau Ora and Janell Dymus-Kurei and Jason Mareroa from Hāpai Te Hauora and baby Te Āio.



It became clear very quickly just how significant the issues with regulation are for First Nations communities.

authorities, which would result in the dispensaries being closed and profits seized.

There are many differences between First Nations experience and our own. However, there are also key similarities. Canada's constitution recognises existing "aboriginal and treaty rights" of indigenous communities, while we can leverage Tiriti o Waitangi obligations.

"Nothing about us without us" is an international rallying call of indigenous peoples, and it was mentioned at the summit. It couldn't be more relevant than when it comes to drug law reform. Indigenous peoples are more likely to suffer harm from cannabis use, less likely to be able to access health treatment and far more likely to be convicted than other groups. The debate is about us. Therefore, we must be front and centre.

In Aotearoa, that means regulations being designed with and by Māori under a Tiriti o Waitangi framework and work to promote the mana motuhake of whānau, hapū and iwi.

We have an opportunity to get it right now rather than the more difficult job of seeking to change the legislation after the fact. Our government's proposed framework acknowledges that Māori are disproportionately harmed by prohibition and emphasises the need to protect Māori rights and interests should cannabis become legal. So far though, the Crown has not provided detail on how it intends to meet these obligations.

The most important thing that needs to happen is for whānau, hapū and iwi to be meaningfully engaged at each point in the development of the draft Bill and regulations through negotiation and in a process of co-design.

The Māori leaders with expertise and experience on drug issues need to be mandated to do that through a kaupapa Māori agency with broad mandate to lead on behalf of Māori. This agency needs to be set up immediately and then made permanent if cannabis is legalised at the referendum. This could give Māori a legitimate and powerful mechanism for being involved in licensing and other ongoing regulatory decisions.

The other thing to come through very clearly in our engagement with both Māori and First Nations leaders was that the regulatory model should be designed to right the wrongs of the past and to empower the people who have suffered disproportionate harms under prohibition. This could include an apology and acknowledgement of wrongs, but even more importantly, concrete pathways for redress, such as wiping previous cannabisrelated convictions.

Illicit cannabis production is a significant part of the economy for many Māori communities, particularly in Northland and East Coast. There is a very real risk that, unless the model is designed in a way that supports shifting illicit operations into legal operations, there could be economic harm to these communities. This risk can be mitigated

by choosing a production and distribution model that would favour communities who want to participate in the market.

It's also imperative for Māori, who are more than twice as likely to suffer harm from cannabis use, that the model is not hijacked by profit motives. This means keeping at least part of the supply chain non-profit. Regulations should be completely watertight at putting kaupapa Māori interests above industry interests, while equitable funding for drug-related treatment, education and harm reduction should be earmarked for kaupapa Māori services.

Legalisation is a no-brainer for Māori. Ending criminal convictions for cannabis offences alone is reason enough to vote yes in the referendum. But the experience of First Nations in Canada shows us that, if we are going to significantly improve outcomes for Māori through regulating cannabis, our people need to engage now. The government needs to listen and implement what they hear.

We have a once in a generation opportunity to reduce the shocking level of drug harm in Māori communities once and for all. Let's get it right.

Jack McDonald is the Drug Foundation's Kaitohutohu Whakahau Māori | Drug Law Reform Advocacy Adviser, Māori.

Helping locals stem the tide of alcohol

Concerned communities often don't know they can object to more alcohol sales in their area or how to go about it. Te Hiringa Hauora and Community Law Centres are lending a hand.



MATT LANGWORTHY

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or most of us, the thought of defending a case in court is scary, yet New Zealand's alcohol laws put ordinary members of the

public in just that position. People who want to object to an alcohol licence application in their area have to submit evidence and undergo cross-examination at the hands of senior alcohol industry lawyers, even though they may have little understanding of the process. The system does not deal the public an even hand.

Seven years ago, the government passed new laws to empower communities to make their own decisions on where and when alcohol could be sold in their areas. The Sale and Supply of Alcohol Act 2012 aimed to bring back some balance after the liberalisation of alcohol sales in the 1980s. The Act was supposed to target the proliferation of bottle stores, yet seven years on, there's little evidence it's worked.

So, what's gone wrong? Our research into what it's like for community members to participate in alcohol licence hearings shows most people find it highly stressful due to:

- the intimidating courtroom setting
- feeling unprepared
- not knowing the sequence of events for the hearing
- opposing parties having more resources
- feeling disrespected by other parties involved
- inconvenient hearing times.

The licensing process

So why has the burden of alcohol control fallen on the people least equipped to deal with it? The original legislation envisioned councils taking responsibility. Councils would create their own local alcohol policies to set the prevailing standards for where bottle stores could be opened in their areas, how many, how close together and during what hours.

Ordinary members of the public would only need to get involved in special cases not covered by their council's policy, such as when a bottle store was proposed on a high-traffic route for school children.

Sadly, councils have not stepped up to the challenge. Only 37 councils nationwide have local alcohol policies in place, and most of these do little to limit the conditions for alcohol sales as allowed in the Act. New Zealand's three main centres – Auckland, Wellington and Christchurch – do not have local alcohol policies at all.

This has occurred because the powerful alcohol sales industry hires lawyers to dispute councils' policies, making the process expensive. Even weak policies are hard won, and they only last for six years so many councils choose not to invest in them.

The result is that communities wanting to limit the number of bottle stores in their area must object to each outlet on a case-by-case basis. Poorer communities experiencing the most alcohol-related harm have the least resources to mount the comprehensive cases needed to compete with industry lawyers. Community objectors are usually the only ones in the room without experience of the process and who aren't being paid to be there.

So why has the burden of alcohol control fallen on the people least equipped to deal with it?

Further, the Act makes no mention of Te Tiriti o Waitangi, and Māori are unable to participate on grounds they are tangata whenua.

Making the best of it

A pilot programme in Canterbury in 2015 showed that education can empower communities to take part in the alcohol licensing process.

Canterbury District Health Board's alcohol health promotion team partnered with Community Law Canterbury to help educate communities in identified high-risk areas with greater concentration of bottle stores. Key players such as alcohol licensing inspectors, medical officers of health and Police came to the training sessions to explain their roles and help community members understand the process.

This hugely successful pilot resulted in an increased community awareness of alcohol licence applications and how to object to them. Ordinary people were more likely to participate in the process, and they got more support from regulatory agencies thanks to the training they received.

Of the 27 alcohol licences opposed by the pilot group, 13 were withdrawn, four were declined and 10 were granted.

Case study

The suburb of Phillipstown in East Christchurch was one of the identified high-risk communities to take part in the pilot.

Foodstuffs, with an annual revenue of \$10.2 billion, wanted to put one of its Liquorland bottle stores in a set of shops that already contains a Thirsty Liquor. This duplication of outlets and the related harm from price wars and other competitive behaviour is what local alcohol policies were designed to prevent. However, Christchurch City Council had abandoned its policy after spending a seven-figure sum developing and then unsuccessfully defending it.

With no specific local conditions in place, community members had to take on Liquorland themselves through the licence application process. Community members rallied everyone from the Friends of Edmonds Factory Garden to the local school deputy principal. With education from Canterbury Community Law, they made a compelling case – and won. Liquorland's application for an alcohol licence was declined.

Expanding the work

Seeing the success of this pilot, the Health Promotion Agency decided to expand it. The agency is funded to reduce alcohol-related harm through the levy paid by alcohol producers and importers.

Last year, the Health Promotion Agency partnered with Community Law Centres o Aotearoa to extend the pilot to six centres: Te Tai Tokerau, Central Auckland, South Auckland, Waikato, Wellington and Canterbury.

The project is developing a package of education resources to guide community members on:

- what to expect in the licensing process
- how to object to licence applications and renewals
- how to gather evidence
- how to frame their local stories into submissions
- how to cross-examine
- what their legal rights and responsibilities are throughout the process.

Communities usually have an accurate instinct for whether a bar or bottle store is right for their area. This project equips community members to become involved in the licensing process both proactively with education sessions that inform people where to find notified applications they can object to and reactively when trained Community Law Centre staff work quickly to help community members prepare their objections, gather evidence and draft submissions.

Communities usually have an accurate instinct for whether a bar or bottle store is right for their area.

The project has already achieved success with an application declined in the Waikato town of Waharoa, an application withdrawn for Super Liquor in Three Kings, Auckland, and an application granted with amended terms of operation in Christchurch.

Where to next?

The work is now at the halfway point of the three-year project. It will continue to build the education resources, collect lessons and review impact. Te Hiringa Hauora will then work with Community Law to recommend to government that the approach be expanded nationwide.

However, the agency does not believe that dealing with alcohol on a licence-by-licence basis is the most effective way to control harm or for communities to have their say. Local alcohol policies must be strengthened if there are to be decisions that better reflect local knowledge and priorities. One way of doing this is removing the ability for industry to appeal them. In the meantime, the agency hopes this programme will put more power back in the hands of communities.

Matt Langworthy is the Health Promotion Agency's Alcohol Harm Reduction Manager.

Cannabis referendum:

No is a vote to maintain Aotearoa's status quo

Some say cannabis law has long been a tool of race and class oppression all over the developed world. At the same time, many people with terminal illness or chronic pain have found relief in the drug. Chloe **Ann-King** and **Hannah McGowan** investigate the history.



HANNAH McGOWAN



CHLOE



ournalist Patrick Gower's documentary On Weed takes us on a tour of the legal cannabis market in America and the under-

ground cannabis scene in Aotearoa, where he mainly talks with white, able-bodied folk about the known health benefits of cannabis as well as potential risks. The two-part documentary was almost over before those most disproportionately impacted by drug laws, people of colour and indigenous citizens, were brought into the conversation for 6:20 minutes, featuring in roughly 7% of the 94-minute long investigation. The briefness of this nod to the effects of prohibition on the people who experience the brunt of criminal persecution speaks volumes.

At the same time as Gower's doco was airing, the theme of discrimination was confronted head on in Auckland at the Health Not Handcuffs rally.

Deborah Small, Executive Director of Break The Chains (USA), an organisation that aims to build momentum in communities of colour that back drug policy reform, is very clear about the role restrictions around particular substances play in maintaining the oppression of certain societal groups. "There is no country on Earth that doesn't use drug

▲▲ There is no country on Earth that doesn't use drug law in discriminatory ways to go after its country's most marginalised and poor. ""

DEBORAH SMALL

law in discriminatory ways to go after its country's most marginalised and poor."

While the upcoming New Zealand cannabis referendum taking place in 2020 prompted Gower to create the documentary, there was a deeply personal factor involved in this investigation. Gower's mother Joan was diagnosed with terminal lung cancer in 2006. It was, as Gower recalls, a year of "incredible pain. She had nightmares and she had insomnia and she was in pain. She was bedridden."

Gower's personal experience witnessing the painful demise of someone he loved deeply led him to question whether cannabis could have eased his mum's pain and suffering during the year the disease progressed and finally took her life. Watching Gower break down on camera over his loss brought to mind a close friend, Soraya Poharama Edward, whose mother passed away from pancreatic cancer only 10 months ago. Much like Gower, she is still feeling immense grief over losing her mum and

Patrick Gower's heartfelt documentary On Weed looked at how cannabis might have been able to help his mother in the final months of her life. Image courtesy of MediaWorks.



says it's something she will never get over. But unlike Gower, she doesn't have to wonder if cannabis could have eased her mother's suffering.

When her mum was diagnosed, one of the first things Soraya did was research cancer pain-management options. She quickly discovered numerous references to cannabis as a treatment for pain, nausea and other conditions associated with terminal cancer. She decided to make contact with a green fairy, who supplied her with cannabidiol (CBD) oil capsules and cannabis for smoking, free of charge. Soraya tells us these products greatly relieved her mum's physical pain.

"CBD caps and smoking cannabis really helped not only ease the suffering my mum went through, it helped her manage the pain without depending on morphine as much as she would have if we didn't have access to cannabis." Soraya explains how cannabis products alleviated other symptoms. "They also increased her appetite, which was fantastic as she really struggled with food."

Soraya hails from the Māori electorate of Te Tai Tokerau and was born in Whatuwhiwhi in the Far North. As a Māori wahine, she risked more than most to access cannabis for her mother, given our country has the highest rates of incarceration for indigenous wahine in the world. She explained to us that she's seen first-hand the impact that racist drug laws and policing have had on her own community. "I've seen people from a young age get stuck in the system early on from minor possession charges who find it near impossible to get out of this

lifestyle and get regular jobs and be a law-abiding citizen."

Asked whether she had worried about being criminally prosecuted simply for accessing helpful but illegal pain relief for her mum, she didn't hesitate. "I have no qualms about breaking the law for her. I would happily take the rap for it. If I had to do it all again, I would in a heartbeat. I would have done anything to make my mum more comfortable in the last days of her life."

Māori wahine make up 63% of the female prison population while Māori make up only 15% of our general population. Soraya by all accounts took a massive and brave gamble to ensure her mum could access the pain relief she preferred over opiates and morphine. She should never have had to risk her freedom to do so, and this referendum is a way in which we can ensure that those in her position no longer have to fear becoming part of our heavily biased Police and justice systems. Why is possessing, cultivating or distributing cannabis even illegal in the first place?

It wasn't until the 19th century that colonial countries began restricting products from the Cannabaceae family. Hemp use saw a resurgence in the desperate times of the Second World War. The Hemp for Victory campaign encouraged farmers to grow hemp to help win the war, leading to a dramatic increase in cannabis use in the US.

It is an inherently racist war, one that is still raging to this day across much of America and many other parts of the world, including our own island nation. Māori make up 15% of our population but

account for around 37% of those convicted for possession and are twice as likely than Pākehā to encounter the law for cannabis use. In the words of Black Lives Matter organiser asha bandele, "The drug war is a proxy war for white supremacy."

If you wanted to pinpoint blame for this long, fruitless period of misinformation and propaganda, Federal Bureau of Narcotics head Harry Anslinger might top the list of those responsible. In the 1930s, he identified African Americans and Mexican immigrants as high consumers of cannabis, which was causing "insanity" and "violent crime" in spite of medical and scientific evidence to the contrary.

Our own political officials react similarly when confronted with evidence around cannabis use.

President Nixon's domestic policy chief advisor John Ehrlichman revealed in a 1994 interview that Nixon pushed the War on Drugs campaign in an attempt to keep his job, targeting "the antiwar left and black people".

"Did we know we were lying about the drugs? Of course, we did."

The obfuscation that first began to fester in the 1920s still persists today, and as always, it is people of colour, poor people and minorities who feel the greatest impact of these punitive policies. As Julia Whaipooti, a lawyer heavily involved in community law, said at Auckland's Unify Rally in September, "We talk about cannabis as a gateway drug - it is a gateway drug into our criminal justice system if you are Māori. A vote no is retaining the racist status quo of our country."

After almost 100 years of prohibition and persecution, these racist laws must end. Soraya's heartfelt message to Aotearoa in light of 2020's referendum is this: "Get informed about cannabis. Educate yourself before making that decision and realise your decision has an impact on many people who are sick and in pain. I think the positive impact cannabis can make on people's lives far outweighs the negatives. VOTE YES." ■

Hannah McGowan is a published writer with an interest in psychology, advocacy journalism and drug reform.

Chloe Ann-King is a workers' rights and welfare advocate who also writes about the impacts of poverty and dependence issues. She is reading for a Master of Human Rights at AUT.

Sensational sex-and-drugs story sparks research interest

Back in 2016, a provocative Newshub headline introduced middle New Zealand to the existence of "drug-fuelled sex binges" known as chemsex. Natalie Bould explains how an unfortunate media outcry prompted an important new study.



hemsex, for the uninformed, is a term coined in the early 2010s that refers to men engaging in unprotected group sex with other men,

often for days, using drugs to enhance performance and lower inhibitions. Participants often use high levels of methamphetamine, gamma-hydroxybutyric acid (GHB) and mephedrone. Methamphetamine is commonly injected

- and coupled with the risk of HIV and other STDs, there can be a high risk of harm.

Harm Reduction Projects Adviser Samuel Andrews says the Newshub story was unhelpful. Its attention-grabbing content was more focused on the "seedy underbelly of the gay world" than the genuine experiences of the men involved. But its sensationalised treatment drew a positive outcome. It caught the attention of health professionals. "People started to realise we needed to find out more about this community," says Samuel.

A decision was made to localise the Australian Flux Study, an ongoing study aimed at understanding the experiences of gay and bisexual including their drug use, sexual health and mental health. With a research background in gender and sexuality combined with his work for the Drug Foundation, Samuel was the obvious **1** It can be hard for someone to open up and talk about these things, because it's viewed as pretty extreme behaviour. That makes help seeking very difficult. ""

SAMUEL ANDREWS

choice to carry it out - the study is forming the basis of his master's thesis.

Samuel brought his own unique perspective. While examining the obvious risks, he was determined not to overlook the protective factors. These men had found a community that understood and welcomed them - which came with a sense of belonging - and they were practising harm reduction to reduce their risk of harm.

The response was overwhelming, Samuel says. More than 800 men completed the very detailed 50-minute survey questionnaire - not a small ask. While thrilled at the response, he wasn't entirely surprised. Gay men are often more aware of their sexual health and open to research that will benefit their community.

Samuel says he and the sector are accountable to those people who gave up so much of their time. "We have an

Klare Braye of the Ministry of Health presents Samuel Andrews with the New and Emerging Researcher Award at Cutting Edge.





obligation to make sure it's translated into tools and information on how to be safer."

Due to its obvious applications, the research is gaining prominence in the treatment sector. Samuel just won Matua Raki's New and Emerging Researcher Award at the Cutting Edge addictions conference, where he presented his early findings in the context of trauma experienced within this group and how the findings can be used to inform support and treatment options.

A direct offshoot of Samuel's work is Rewired, an eight-week support group run in partnership with the NZ Aids Foundation and Odyssey House for men who have sex with other men and want to rethink their relationship with methamphetamine. It's an opportunity to work through challenges and the difficulties of gay life while learning some tools to be safer. "It can be hard for someone to open up and talk about these things, because it's viewed as pretty extreme behaviour. That makes help seeking very difficult."

FLUX NZ 2018: Drug using behaviours and beliefs, and associated harms, among gay and bisexual men in New Zealand, is headed by the NZ Drug Foundation, Kirby Centre of New South Wales, Gay Men's Sexual Health (Auckland University) and NZ Aids Foundation, with support from NZ Needle Exchange Programme, Body Positive Auckland, Te Whāriki Takapou and the Centre for Addiction Research.



Henare O'Keefe

OSM

Local hero Henare O'Keefe is taking High Court action to overturn a liquor licence renewal in his community of Flaxmere. The Hastings District Councillor and QSM recipient, known as the 'ambassador of love', savs Māori should have more say in alcohol sales in their communities.

Q: What motivated you to take action in your community?

A: I've seen the aftermath of alcohol at close quarters my whole working life. I've been a foster parent to over 200 children, a social worker and a youth justice coordinator. When you work with families, it's not often that alcohol is not associated with these social ills. So that's the reason why. I've just had enough. We can't just allow these liquor outlets to come in here without challenging them.

Q: Why does the density and placement of outlets matter?

A: Here in Flaxmere, we have three liquor outlets in very close proximity to one another. According to the data, that greatly increases the chances of alcohol harm.

Q: You're taking legal action in a High Court bid to overturn the renewal of a liquor licence in Flaxmere. What's happening there?

A: We went to a hearing in the first instance. A lawyer, Janet Mason, is doing it all pro bono. She heard about our fight, and if it wasn't for her, to be honest, we wouldn't have got this far. The DHBs and Police are very well resourced, but communities are not afforded the same luxury so it's not a level playing field in that regard. We go to the High Court shortly. There was a \$500 fee to lodge an application. Thank goodness our lawyer put up a good argument and they've waived that fee. Why should the poor and impoverished suffer the aftermath of alcohol but [be penalised] when they challenge it and say they don't want it in their backvard any more? They're not resourced to be able to do that.

Q: Is the current licensing system delivering?

A: No it's not. Liquor is so deeply ingrained in New Zealand society. The frightening thing about alcohol is it's legal! This poisonous thing is destroying families and communities on a daily basis. Do we really need alcohol that much? The pathway that I've chosen with my kaumātua Des Ratima takes guts. You have to be bold and courageous. We're challenging government, we're challenging the law, we're challenging every man, woman and child in this country to wake up! To snap out of it before it's too late. And in some instances, it is far too late. Go to any A&E on any given weekend or any cemetery in this country and you'll see alcohol has left its mark. Why do we just allow these guys to renew their liquor licences and not say a word about it? I want to be able to look my

grandchildren in the eye and tell them I put up a fight.

Q: Your lawyer has argued for a Treaty of Waitangi-based approach to regulation. How could that reduce alcohol harm?

A: Māori are over-represented in alcoholrelated harm statistics. We know that, Yet consultation with Māori has been all but non-existent. If we are to be the victims of this dreaded poison, why not sit down and converse with Māori at length? But that hasn't been done. It took a whole hour in court for the judge to grant our kaumātua permission to speak! They said he had to be the kaumātua of a marae within two kilometres of the liquor outlet. A kaumātua's role continues well beyond the marae! It was a very Westminster approach. True partnership is needed.

Q: Would you like to see alcohol outlawed or more closely regulated? How should it be treated?

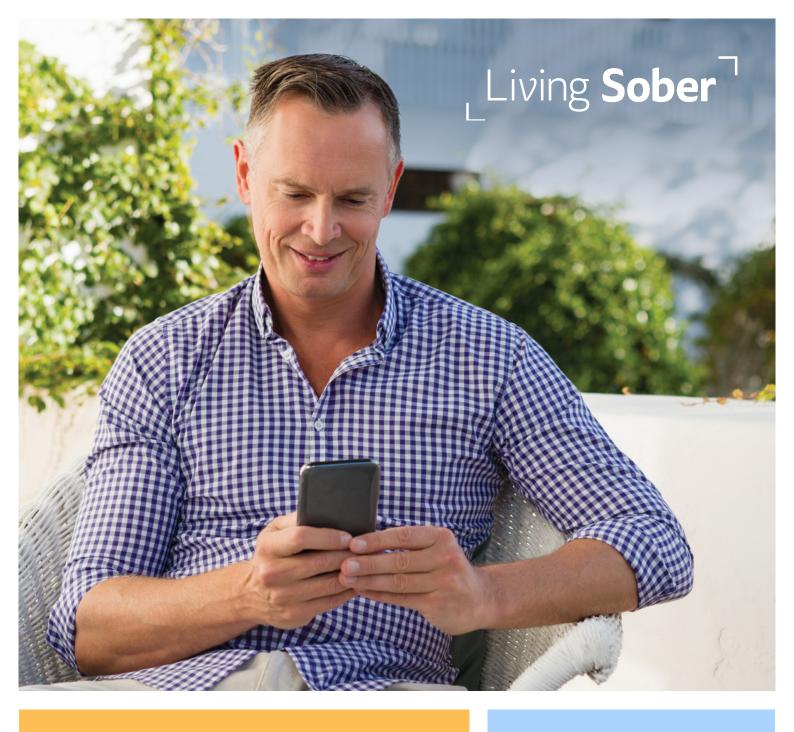
A: Obviously total abstinence is the best way to treat it. But you know and I know that's never going to happen. The alcohol fraternity are a very powerful lot. So it's going to take some bold and courageous steps. But first of all, people are going to have to take a good look at themselves in the mirror. Getting it out of the supermarkets would be a good starting point, and stop liquor sales on Sundays. It's going to take radical steps like that.

Q: So you'd like to see alcohol being sold in fewer places less often?

A: Exactly. And no more liquor licences. Not one more outlet. We don't need another liquor outlet anywhere in the country. Why would you? What value does it add to our daily lives? None at all.

Q: What happens next in the process?

A: We're waiting for the High Court to summon us to go and put our case to them. It's a long process. We're hoping to get a decision this year. If the High Court does decide to overturn the liquor licence renewal, that would be a landmark decision. That's never been done before.



Many New Zealanders feel supported talking anonymously yet honestly with others about alcohol.

nzdrug.org/living-sober

Order a free supply of advice cards, posters and straws by via website or email; admin@drugfoundation.org.nz



Living Sober is a thriving online community for New Zealanders who have decided, or are contemplating, to stop drinking alcohol.

A takeaway you can share

Our brief advice card offers reflective questions and simple insights about alcohol related problems.

Sober straws for your event

Our paper straws made from FSC certified materials are a great way to send a health conscious message.

Āta haere i a koe e hōpara i te ao