

matters of substance

AT THE HEART
OF THE MATTER,
NZ DRUG
FOUNDATION.

Te Tūāpapa Tarukino o Aotearoa

Drugs, crime and statistics

A hangover for life

Prison needle exchange controversy

Quit or die, you have another choice



“LET’S
TALK
ABOUT POT MORE THAN 14 PERCENT
OF New Zealanders
USE CANNABIS REGULARLY. IT’S OUR FAVOURITE ILLICIT
DRUG BY FAR, BUT WE JUST DON’T SEEM TO WANT TO
discuss it. IT’S HIGH TIME TO BRING DOPE OUT OF THE
TOO HARD BASKET + HAVE SOME SERIOUS, INFORMED
DIALOGUE. WE’RE **MAKING A START.**”

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The NZ Drug Foundation has been at the heart of major alcohol and other drug policy debates for over 18 years. During that time, we have demonstrated a strong commitment to advocating policies and practices based on the best evidence available.

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NZ DRUG
FOUNDATION.**

Te Tūāpapa Tarukino o Aotearoa

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Marijuana. It's the most widely used and least talked about (illicit) recreational drug in New Zealand. In this special edition of *Matters of Substance*, we've asked interested and interesting people from across the cannabis spectrum to share their thoughts.

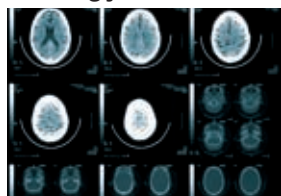
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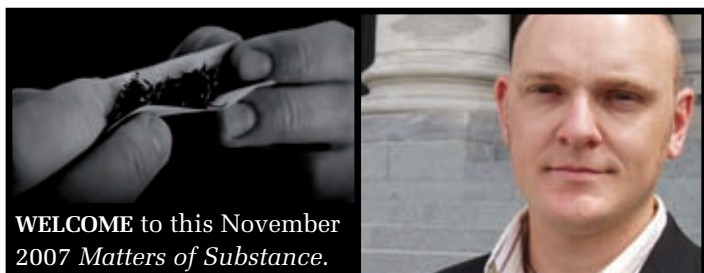
Drug-pilfering nurses, drunken student mayhem and really expensive cigarettes. You can read about all these and more in our section on New Zealand news.

27 World News

Confiscated kids, crazy smokers and canine intrigue. Lots has been happening with drugs and alcohol overseas, and we have it covered in our World News section.

Quotes of Substance

Here are some things people around the world have recently said about drugs. Sometimes what they say is clever; sometimes it's helpful. Often it's funny and occasionally it's just bizarre.



WELCOME to this November
2007 *Matters of Substance*.

AND special greetings to those reading this at the combined Cutting Edge/ Australasian Professional Society on Alcohol and other Drugs conference; a warm welcome to our international guests.

Our regular readers will notice something different about this issue. Our cannabis cover story dominates the pages – I explain why in the cover story introduction.

It's been described as ill thought-out, arbitrary and one of the least effective pieces of legislation ever enacted. I'm referring to the United Kingdom's drug law, but those comments could apply equally to our 32-year-old Misuse of Drugs Act, which I've previously and more politely described as a patchwork of amendments, many of which were ad hoc responses to short-term public or political concerns, leading to an inconsistent piece of legislation.

It has seen twenty amendments; one of the most recent in 2005 creating the Restricted Substances category (commonly, but incorrectly, called "Class D"). Next month, there will be one further change: classifying party pills as Class C1, making the 2005 amendment redundant. Calls to review this outdated law are made more frequently than the amendments. The Minister has listened, announcing a complete

review of the Misuse of Drugs Act, at the time he introduced his party pill bill to Parliament.

The review, led by the Law Commission, is aimed at providing a "better, more coherent and rational legal framework" for drugs, but alcohol and tobacco will not be included. The review is due to be completed by December 2008. Is 15 months enough time for the commission to do its work?

Probably not. There are a number of inconsistencies and other technical legal bits that need to be addressed, and the review is also considering the Act's underlying philosophy. That's no easy task. It will require a considerable thoroughness and the sort of wide consultation rarely seen.

The current review of the Police Act, a similarly important law, is an exemplar the Law Commission should follow. That review is a two-year project and involves four stages of very broad consultation, which will result in a bill, itself allowing further public input.

Any new drug law must support our national drug policy, which aims to minimise the harm from drugs. For that to happen, the review must be done properly and with an appropriate level of time and resource.

Happy reading, Ross Bell. ■

Recognising and responding to alcohol-related brain injury

8–9 November, Auckland

A unique opportunity to understand the implications and social consequences of ARBI and explore interventions.

www.ahw.co.nz

Australasian Therapeutic Communities Association Conference: Celebrating ATCA's 21st Birthday

14–16 November, Melbourne, Australia

This year's 21st anniversary conference will showcase the many positive contributions therapeutic communities have made to the treatment of drug and alcohol addiction in Australia and New Zealand.

www.atca.com.au

Drug Foundation Annual General Meeting

19 November, Wellington

Our annual meeting couples as an end-of-year celebration. Join us for good food and an interesting debate. Members will elect a representative to the Board of Trustees.

www.drugfoundation.org.nz

Working Together: A practical conference on offending by young people in New Zealand

26–28 November, Wellington

This is an opportunity to bring together those who work tirelessly to improve outcomes for our young people and their whānau. The conference will place an emphasis on establishing stronger links between government and non government agencies, and will provide an opportunity to explore new and creative ways of working with young offenders.

www.yoc.org.nz

Listening to the Past, Looking to the Future: 5th Health Services and Policy Research Conference

2–5 December, Auckland

How can health services research contribute to assessing fads and fashions in health policy and practice? The conference will explore how research can assist in improving the effectiveness, efficiency, quality and equity of health services and health systems.

<http://chsrp.fmhs.auckland.ac.nz/health/>

International Drug Policy Reform Conference

5–8 December, New Orleans, Louisiana, USA

This is the world's principal gathering of people who believe the war on drugs is doing more harm than good. No better opportunity exists to learn about drug policy and to strategise and mobilise for reform.

<http://kessjones.com/conf07/>

19th International Conference on the Reduction of Drug-Related Harm

11–15 May 2008, Barcelona, Spain

The international forum on reducing drug harm. It brings together over one thousand dedicated harm reduction workers, policy makers and researchers.

www.ihra.net

Involve 08. Relate: Quality relationships with young people

2–4 July 2008, Wellington

Involve brings together hundreds of diverse peoples from the youth health and development sectors to inspire, inform, encourage and challenge. The conference aims to reflect and connect the diversity of people who work with and for young people.

www.involve.org.nz

A Climate for Change: World Summit on Addiction

10–12 July 2008, Melbourne, Australia

Think outside the box, find important gaps in knowledge and identify research that moves the field forward faster. The summit is a place for thoughtful, intellectual stimulation and enthusiastic discussion. The intent is to provoke rather than contemplate.

www.pacificcmc.com

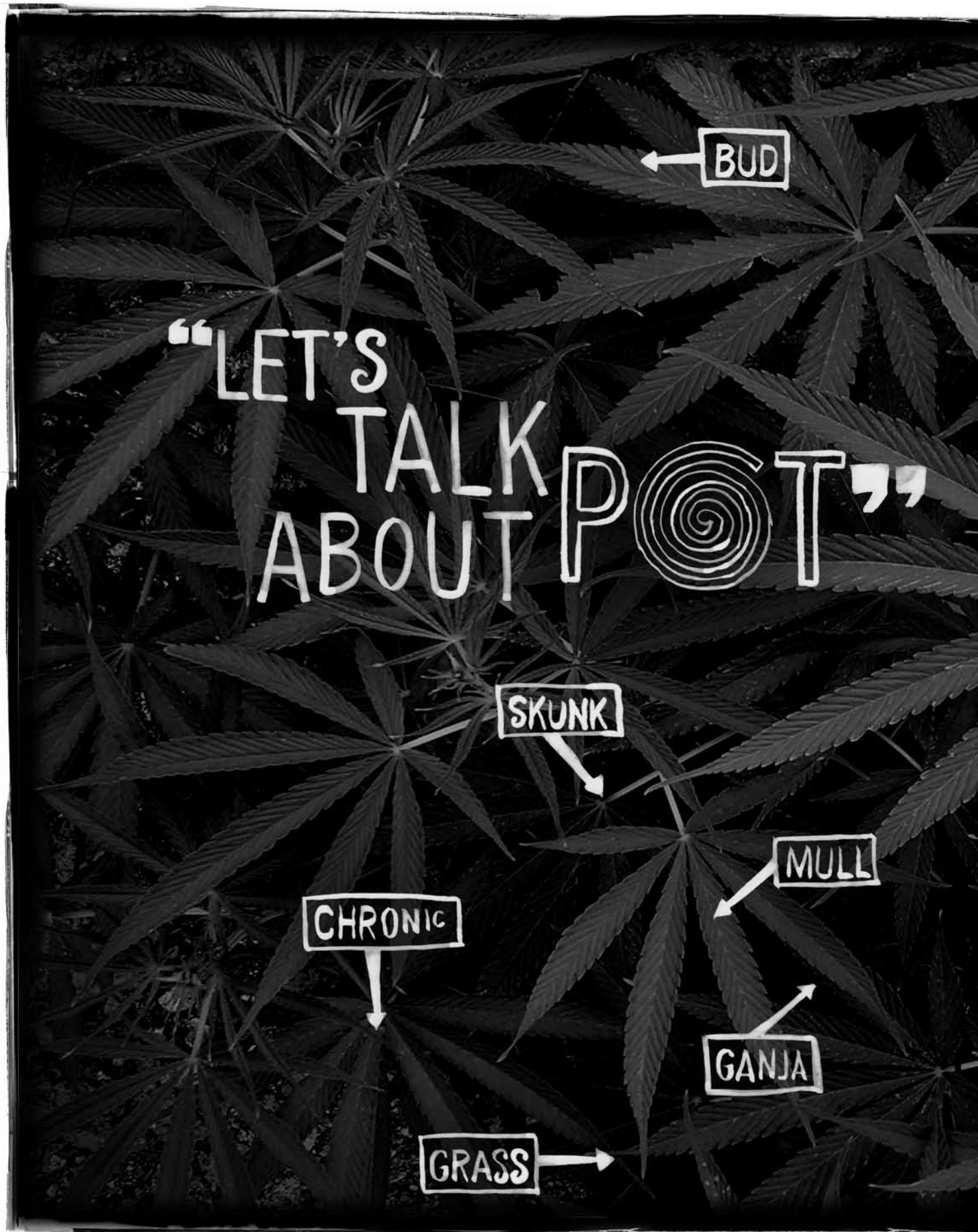
Healing Our Spirit Worldwide

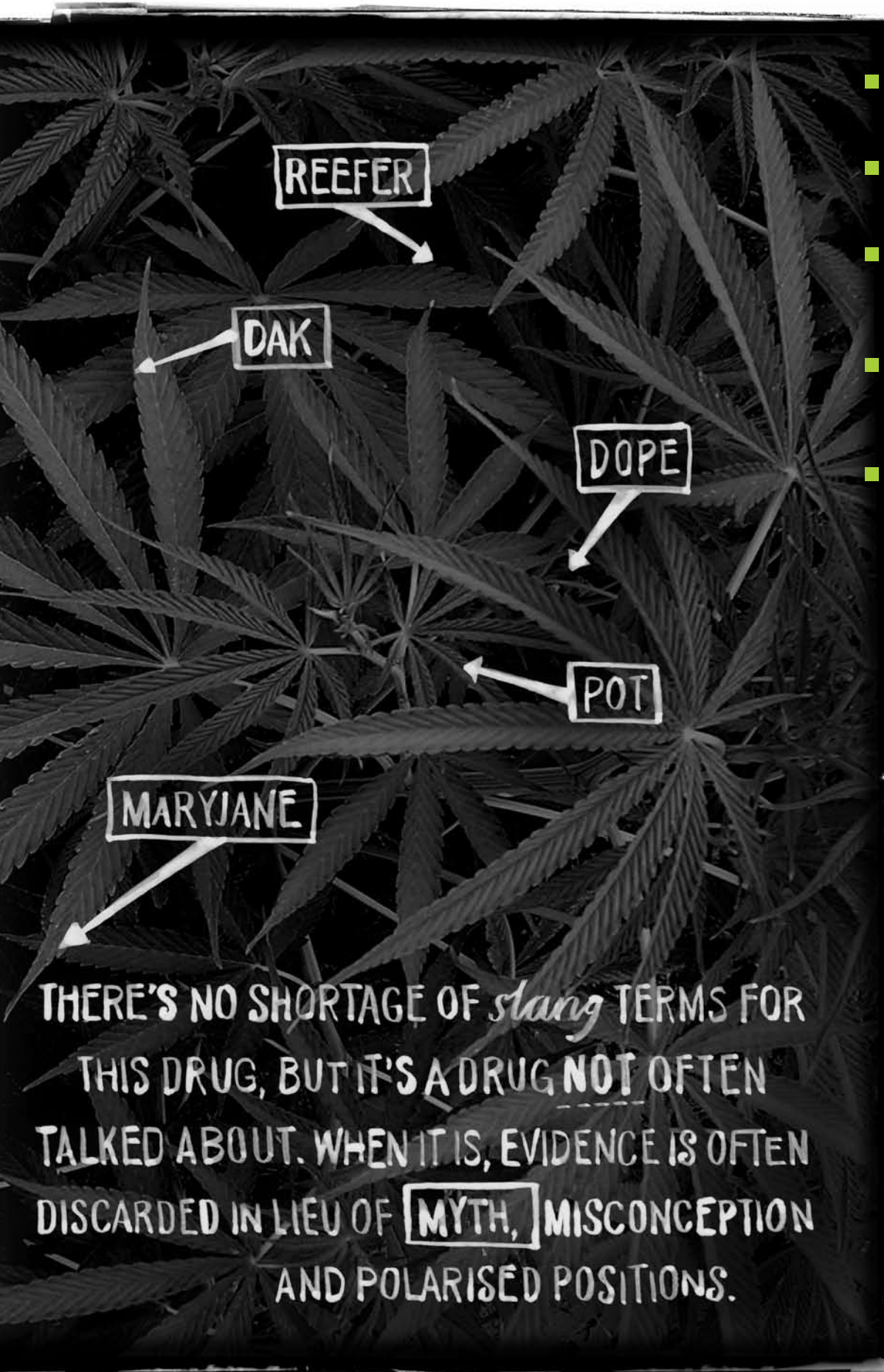
3–10 September 2010, Honolulu, Hawaii

Healing Our Spirit Worldwide is a cultural celebration inviting collaboration with indigenous peoples on health, healing and self-determination. The movement began as one woman's vision to create a focus for the global community on alcohol and drug abuse issues in indigenous communities.

www.papaolalokahi.org

You can now submit your own event to our online calendar: www.drugfoundation.org.nz/events.





THERE'S NO SHORTAGE OF *slang* TERMS FOR
THIS DRUG, BUT IT'S A DRUG NOT OFTEN
TALKED ABOUT. WHEN IT IS, EVIDENCE IS OFTEN
DISCARDED IN LIEU OF **MYTH,** MISCONCEPTION
AND POLARISED POSITIONS.

- Cannabis policy challenges >
- Time to end cannabis prohibition >
- Reforming cannabis penalty regimes to reduce harm >
- No chance of cannabis liberalisation in short term >
- Cannabis and its veil of deceit >



WE'RE talking about cannabis, New Zealand's favourite (illicit) drug. About half of us have tried it, and one in eight uses it regularly. But for all its popularity, cannabis receives scant attention from politicians, policy makers and the media. Instead, rightly or wrongly, we've invested much of our attention, resources and headlines into methamphetamine and the party pill phenomenon.

It has been hugely frustrating watching hours of politicians' time spent debating, making laws, remaking laws, promulgating regulations and ignoring regulations for party pills. Hours have been spent by officials servicing ministers and MPs all het up about these pills, and this organisation has spent hours on policy analysis, health promotion and media advocacy on party pills. Then there's the wads of money invested in party pill research, and so on.

To put it bluntly, party pills are undeserving of so much attention, and cannabis remains largely forgotten or ignored by this 48th Parliament.

The last time Parliament touched the issue was the Health Committee inquiry into the public health strategies related to cannabis use and its most appropriate legal status. The inquiry began in 2000, but was delayed by an election. Once the new committee carried over

the inquiry and reported back in 2003, the coalition agreement between the Government and United Future meant that no change could be made to the legal status of cannabis, and little action was taken on other key recommendations.

It's time law makers remembered this popular drug and started talking about it. Ignoring it doesn't make the harm go away. It's also time the addiction treatment, public health and drug policy sectors and wider public talk about cannabis again.

We aim to start this national conversation with our cover story in which we've invited leading drug policy researchers, advocates and commentators to write about cannabis law and policy. Wayne Hall outlines the challenges in formulating cannabis policy, Simon Lenton discusses how penalty regimes may be used to reduce harm and Chris Fowlie puts the case for ending prohibition. Matthew Hooten canvasses political party positions on cannabis law reform and suggests there's little chance of liberalisation in the short term. His essay is informed by a UMR Research poll showing no public appetite for law change. Michael B shares his experience of cannabis dependence.

While legal status gets the most attention in public and political

The aim of this conversation is to:

- provide accurate information about cannabis and its harms
- encourage informed policy discussions and media coverage
- identify priority issues and advance the most effective ways to address cannabis harm. ■



discussions, the conversation needs to be about much more than that. Future editions of *Matters of Substance* will address drugs in schools, addiction treatment services, youth health and health promotion, and the role of the media in advancing policy discussions.

We want everyone to take part in this conversation. Alongside our printed *Matters of Substance*, these essays will be published on our website where we invite your comment and feedback. We have also launched a cannabis email newsletter, in which we will publish news, research, letters to the editor and other feedback. You can find out more and sign up on the Let's Talk About Pot page of our website. ■

CANNABIS *policy* CHALLENGES

In an ideal world, public policies towards cannabis would be informed by both evidence on the personal harms it causes and social and economic evaluations of the costs and benefits of alternative policies in minimising these harms. A paucity of both types of evidence is a major challenge to the development of such “evidence-based” policies towards cannabis use. **Wayne Hall**

THERE is a limited quantity and quality of research into the health effects of cannabis, but it is nonetheless possible to identify its most probable adverse health effects. These include: an increased risk of motor vehicle crashes if users drive while intoxicated; the development of dependence; increased respiratory symptoms; poorer mental health, including increased risks of psychosis and possibility of depression; and poorer adolescent development, including early school leaving and increased risk of using other illicit drugs.

There is less research into costs and benefits of cannabis policies because, internationally, a narrow range of policy approaches is available for evaluation. These generally involve marginal differences in penalties for cannabis use and possession (for example, imposing fines or counselling rather than imprisonment). The effects of these changes in penalties are likely to be small, and none has been detected in evaluations to date. Evaluations of the more controversial Netherlands cannabis policy – decriminalising personal cannabis use and small-scale retail sales in coffee shops – have come to different conclusions about its effects on rates of use.

Public debate about cannabis policy has often been radically simplified by

the media. The public has been invited to believe either that cannabis use is harmless, and hence should be decriminalised (if not legalised), or that cannabis is harmful to health, and so its use should continue to be prohibited. As a consequence, public debate often presents highly polarised evaluations of the health effects of cannabis, with any rational discussion of its health risks the first casualty.

Proponents of prohibition have taken evidence of harms found among cannabis users at face value, ignoring any alternative explanations. Proponents of reform of the existing laws, by contrast, have discounted evidence of harm caused by cannabis use, while emphasising the social costs of enforcing cannabis prohibition.

“**A more realistic understanding of the health effects of cannabis and the impact of cannabis policies requires less partisan appraisals than usually dominate media debates.**”

Discussions of public policy towards cannabis should use consistent standards in appraising evidence of harm from cannabis use



and cannabis policies. Good public policy on cannabis requires investments in epidemiological research on the long-term health consequences of its use and social science research on the costs and benefits of current and alternative policy options.

The epidemiological research need not be expensive if cannabis use is routinely asked about in prospective studies of adolescent development, as has been done in New Zealand or in longitudinal studies of adult health

- Around 12 percent of all callers to the Alcohol Drug Helpline are under 25 years of age, but 25 percent of cannabis callers are under 25. Twenty-eight percent call about their own cannabis use; the rest are concerned with others' use.
- Alcohol is the reason for 64 percent of calls to the Helpline; 14 percent are for cannabis and 11 percent for methamphetamine.
- At 13 percent, cannabis is the second most queried drug from the Get the msg! text service; amphetamines are first at 15 percent.
- Cannabis is the third most popular recreational drug – 14 percent of New Zealanders aged 13–65 have used cannabis in the past 12 months – after alcohol (81 percent) and tobacco (23 percent).
- Around 44 percent of New Zealanders aged 13–65 have “ever used” cannabis.
- Forty percent of recent users have done at least some driving while under the influence of cannabis.
- One in three people who have used cannabis first used it when aged between 15–17 years; 15 percent first used it when younger than 15; 50 percent first used it when they were 18 years or older.
- Six percent of cannabis users in the last year have received help to reduce their use.
- Most cannabis users (57 percent) smoked cannabis in a joint; 39 percent smoked using a bong or pipe; 2.6 percent typically smoked it with tobacco.
- Most cannabis users (94 percent) use it in groups of two people or more.
- Most cannabis use (85 percent) occurs in private homes; 48 percent use cannabis in public locations (concerts, pubs, the beach, etc); 6 percent use it at work.
- The cannabis market has an annual turnover of \$131–\$190 million dollars.
- Police detect and destroy around 26–32 percent of the total crop produced each year – a high rate compared to other countries.
- The likelihood of being arrested for using cannabis is about 4 percent a year.
- Māori make up 14.5 percent of the population, yet account for 43 percent of convictions for using cannabis and 55 percent of convictions for dealing cannabis. ■

such as those in the USA. Another critical ingredient for policy progress is a wider public involvement in the debate. A more realistic understanding of the health effects of cannabis and the impact of cannabis policies requires less partisan appraisals than usually dominate media debates.

Better evidence on the harms of use and cannabis policies is important, but it cannot determine what cannabis policy we should have. In pluralistic social democracies like New Zealand and Australia, social policies in controversial areas like cannabis use must involve a search for a societal compromise that is the most acceptable to the most people (or least objectionable to the fewest). This is because cannabis policy must balance competing social values that are in conflict, namely, the individual freedom of adults to use cannabis,

protecting the health of young people, reducing crime, minimising the societal costs of enforcing widely broken laws, and so on.

There is no consensus on what priority these competing social values should be given, so policy debates in democratic societies are and ought to be resolved by a deliberative political process. The political process should take into account evidence on both the harms caused by cannabis use and those that arise from the social policies we implement to prevent its use and resulting harm. This holds the greatest prospect of producing a cannabis policy that enjoys broad community support and best reduces related harm. ■

Professor Wayne Hall is based at the School of Population Health, University of Queensland (www.sph.uq.edu.au).



TIME TO *end* CANNABIS PROHIBITION

The current high levels of use and the level of black market activity indicate that the current prohibition regime is not effective in limiting cannabis use. Prohibition results in high conviction rates for a relatively minor offence, inhibiting people's education, travel and employment opportunities. Prohibition makes targeting education, prevention, harm minimisation and treatment measures difficult because users fear prosecution. It also facilitates the black market and potentially exposes cannabis users to harder drugs. **Chris Fowlie**



SO SAID the Health Select Committee's report on the inquiry into the legal status of cannabis, in August 2003.

Whatever your take on the health effects of cannabis – and we all have our opinions – it is clear that prohibition has not worked, and a drugs policy re-think is in order.

If the aim of prohibition has been to prevent use, it has failed spectacularly. Despite having the highest cannabis arrest rate in the world, more New Zealanders use cannabis now than ever before. Half of New Zealanders are criminalised by this law. Eighty percent of 21-year-olds have tried cannabis. How many should be arrested before prohibition is judged a success?

Enforcement of cannabis prohibition by the police, courts and prisons cost taxpayers \$56 million in 2000. While more than twenty million dollars is spent every year chasing ordinary Kiwis for small amounts of cannabis, treatment services and effective education are struggling or, in places, don't exist. Furthermore, fear of arrest is the biggest barrier to those seeking help.

Though use is widespread in New Zealand, enforcement of drug laws impacts much harder on Māori, who are five times more likely to be arrested for cannabis than non-Māori.

“Eighty percent of 21-year-olds have tried cannabis. How many should be arrested before prohibition is judged a success? ”

The present law is a form of institutional racism. Its enforcement alienates police from society and causes enormous harm to the lives, careers and families of more than ten thousand people arrested every year.

Research confirms that drug laws have little effect, if any, on drug use rates, but they do increase or decrease the harms associated with use. Countries that have reformed their laws have not experienced increased use, but have spent millions of dollars less on law enforcement than countries where prohibition remains.

The Dutch, who have allowed the sale of cannabis to adults since 1976, have one-third the per capita usage of New Zealand. In the United Kingdom, teen cannabis use dropped after it was made a non-arrestable offence.

There is no difference in use between those Australian states who have decriminalised cannabis and those that continue to arrest users. The United States also shows no difference between the ten states – representing half the population – who decriminalised in the 1970s and those that did not. Recent analysis of cities in California, Colorado, Washington State and Oregon showed there was no influence of medical cannabis laws on the extent of illegal cannabis use. The researchers said that the “use of the drug by those already sick might ‘de-glamorise’ it and thereby do little to encourage use among others”.

The most commonly voiced concern about ending prohibition centres around the protection of children. However, problems in our schools or communities are made

Let's talk about pot

Scientific classification:

Kingdom:	Plantae
Division:	Magnoliophyta
Class:	Magnoliopsida
Order:	Rosales
Family:	Cannabaceae
Genus:	Cannabis

Chemistry

The active ingredients in cannabis are called cannabinoids. There are many cannabinoids synthesised by the plant including tetrahydrocannabinol (THC), cannabitol, cannabidiol, cannabitolidic acid, cannabigerol and cannabichromene. Delta-9-tetrahydrocannabinol is thought to be responsible for most of the psychoactive effects of cannabis.

Frequency of use over the last 12 months, by cannabis users

	Percent total
7 or more times a week	7.8
About 2–6 times a week	11.9
About once a week	7.1
About 1–3 times a month	14.1
Less than once a month	59.1

Type of cannabis usually used

	Percent total
Leaf or “cabbage” – the dried leaves of the <i>Cannabis sativa</i> plant	25.2
Heads – flowers of the <i>Cannabis sativa</i> plant, which are more potent than the leaves	43.1
Skunk – a variety of cannabis plant usually grown indoors – the head of this plant has a higher level of THC than regular cannabis	27.6
Hash oil – the thick, oily liquid extracted from hashish, usually spread on the tip or paper of cigarettes and then smoked	3.2
Hashish – dried cannabis resin, which has a higher concentration of THC than cannabis leaf, added to tobacco and smoked, or baked and eaten in food	1.0

worse under current law, not better. Prohibition promotes a ‘forbidden fruit’ mentality, glamorising cannabis as a token of rebellion. Open and honest communication is made more difficult in an environment of guilt and persecution. The untaxed cannabis economy is worth hundreds of millions of dollars and controlled by whoever is prepared to break the law. Violence and intimidation rule the market, just as was the case under alcohol prohibition in 1930s America.

So what should be done about it?

If we are genuinely committed to harm minimisation, we should

immediately repeal cannabis prohibition and investigate the failure of current drugs policy.

Let's control the way cannabis is used and sold through appropriate regulations such as age limits, health warnings, dosage and packaging controls, marketing restrictions and so forth.

Let's use cannabis excise taxes to provide effective education about drugs so that people can make responsible and informed choices, and fully fund treatment services for those who need them. Let's provide enough resources to research the effect of any law changes.

Modern research shows cannabis is an effective and safe medicine for many conditions including cancer, HIV wasting syndrome, glaucoma, chronic pain, arthritis, multiple sclerosis, paraplegia and epilepsy. Let's allow doctors and patients to decide what treatment is best for them, not politicians or police.

Given the spectacular failure of the current law, the burden of proof should be on prohibitionists to show why we should persist with this expensive and destructive mistake. ■

Chris Fowlie is President of the National Organisation for the Reform of Marijuana Laws in New Zealand (www.norml.org.nz).

REFORMING CANNABIS *penalty* REGIMES TO REDUCE HARM

Two ways some jurisdictions have tried to reduce cannabis-related harm is by changing the laws that apply to cannabis (*de jure* changes), or by modifying the way these laws are enforced by police (*de facto* changes). **Simon Lenton**

DE JURE changes can include prohibition with civil penalties, and partial prohibition. Under the former, possession and use remain illegal but civil rather than criminal penalties apply, and more severe sanctions are maintained for larger-scale possession supply offences. Such a system applies to cannabis use in 11 US states and four Australian jurisdictions – South Australia (1987), the Australian Capital Territory (1992), the Northern Territory (1996) and Western Australia (2004). Under partial prohibition, personal use activities are legal, but commercial activities are illegal. Examples exist in Columbia, Spain (where possession is only considered punishable if it is for consumption in public places) and Switzerland.

De facto de-penalisation can include prohibition with cautioning and/or diversion schemes (examples of which operate for a range of drugs in Italy, Portugal and Australia) and prohibition with an expediency principle. Under the latter, all drug-related activities are illegal, but cases involving defined small quantities are not investigated or prosecuted. Examples of this system operate for cannabis in Belgium, Germany, Denmark and the Netherlands.

Although the published evidence evaluating the impact of cannabis policies is not large, caution needs to be exercised in its interpretation. The policy environment is a dynamic

one where effects decay, and what is originally implemented changes over time. International comparisons are difficult, and results can be confounded by cultural, political, geographic and climatic differences. Cannabis law reforms often occur in locations with already high rates of use. Consequently, pre-post or longitudinal designs with 'matched' control locations are needed to identify true impacts. Any research evidence is at best indicative, as the actual impacts of any future cannabis policy reforms will depend on contextual factors and how the reforms are implemented. Therefore, it is important that changes to cannabis policy are evaluated, monitored and reviewed.

Most of the available published research has been done on moving

from strict prohibition to prohibition with civil penalties. Taken as a whole, this research finds that removing criminal penalties for cannabis possession and use does not result in higher rates of cannabis use, but does reduce the adverse social impacts of conviction in terms of employment, further contact with the criminal justice system and so on. Savings in police and court resources can be considerable, but depend on the size of the jurisdiction and the way the schemes are implemented. There have been a small number of studies in the economics literature that have claimed that rates of cannabis use are higher in those states that have "decriminalised".

However, because these studies have not taken into account rates of

“ Research finds that removing criminal penalties for cannabis possession and use does not result in higher rates of cannabis use. ”





use prior to the legislative changes, it cannot be concluded that the higher rates of use were as a result of the legal changes, particularly as those states that reduce penalties often have higher rates of use beforehand. Yet there is more compelling evidence that rates of cannabis use would likely increase, especially among the young, if use was legalised.

Cautioning schemes where first-, second- or third-time apprehended cannabis users are required to attend education or treatment, rather than get a conviction, are in place in four Australian jurisdictions. While politically expedient and supported by the drug treatment sector, evidence of their effectiveness is thin. There is a concern that tying up treatment resources with this group may not be the best use of this valuable resource.

Questions remain about whether those diverted to treatment actually engage or may be more willing to do so in future. Also, given that only between two and five percent of cannabis users have contact with the criminal justice system in any one year, it is doubtful whether a system built around this group is ideal, even if we assumed that the majority of them had significant cannabis use problems.

Similarly, prohibition with civil penalties schemes can have unintended consequences depending on the scheme and how it is implemented. For example, the South Australian (SA) scheme has been shown to have a low rate (45 percent) of people paying their fines by the due date. In comparison, the Cannabis Infringement Notice Scheme implemented in Western Australia (WA) since 2004 has an overall rate of 65 percent, as those who fail to pay or attend an education session in lieu of fine risk having their driver's licence cancelled.

Similarly, the SA scheme resulted in significant "net widening", with the number being processed for minor cannabis offences increasing by 2.5 times after the scheme was introduced, due to the ease with which notices could be issued. While the WA scheme has resulted in some net widening, this has been modest, possibly because police are processing apprehended users at the police station where they are photographed and finger printed, rather than issuing the notices in the field, as intended by the scheme's designers.

Socially and economically disadvantaged members of society, such as indigenous people, may be

disadvantaged by new penalty options, just as they often are with existing criminal justice responses. Special effort needs to be made to monitor and address this.

The legislative changes in WA were about treating cannabis use as a health and social issue, rather than primarily one of criminal law. Importantly, this was not simply for the small proportion of cannabis users who are apprehended by police each year, but for the more than 90 percent who are not. Limited but growing evidence suggests that cannabis users may be more willing to voluntarily seek help for cannabis problems in an environment where civil rather than criminal penalties apply.

Yet legislative changes themselves at best only provide a context for reducing use and harm. If this is to be capitalised on, the penalty changes need to be accompanied by: balanced public education about cannabis, the law, the realistic risks and harms and how these can be reduced; and provision of a range of accessible, effective and attractive treatment options for those with cannabis-related problems. ■

Associate Professor Simon Lenton is a Deputy Director at the National Drug Research Institute in Perth (www.ndri.curtin.edu.au).

NO CHANCE OF CANNABIS *liberalisation* IN SHORT TERM

The next 12 months will not be fruitful for those wanting a serious policy debate about possible changes to our cannabis laws, but there may be an opening for such a debate during the 2008–11 Parliament. **Matthew Hooten**

THOSE wanting to lobby for policy change need first to understand the cardinal rule of politics: politicians care about nothing except getting elected and re-elected.

Most people suspect that this rule is true but they don't understand the extent of it, and they can be shocked when initially confronted by its savagery. In fairness to our politicians, it could be argued that the rule is highly democratic in that it demands they reflect the will of the people. Politicians also justify themselves by saying that, unless they are elected and re-elected, they can do nothing to put in place their brilliant plans for our futures.

When it comes to cannabis, the basic political assumption is that the public is either conservative or

indifferent on the question of law reform. Those in favour of liberalisation are seen as a minority of mostly youngish Green or Labour voters, or libertarian ACT or National voters, who take their policy guidance from the pro-legalisation *Economist* magazine. Neither of these groups is seen as swing voters, who politicians care most about because they ultimately decide elections.

This basic assumption may be discouraging for proponents of decriminalisation or legalisation and, in fact, may even overstate the public's appetite for liberalisation of existing laws.

A brief poll carried out exclusively for the New Zealand Drug Foundation by New Zealand's most-respected polling company, UMR Research Ltd,



Pot Shots

“When I was in England, I experimented with marijuana a time or two, and I didn't like it. I didn't inhale.”

Bill Clinton, United States President
1993–2001

“I inhaled frequently. That was the point.”

Barack Obama, United States presidential candidate

“When I was a student, I took one or two puffs of marijuana, but that was it.”

Vernon Coaker, United Kingdom drug policy minister

“I did when I was at university. I think it was wrong that I smoked it when I did.”

Jacqui Smith, Home Secretary, in charge of UK's drug strategy review

“Look, I attended university in the late 1960s. It would be foolish for any politician, or indeed person around those circles in those days, to deny that they ever saw it.”

Helen Clark, in a televised debate during the 1999 election campaign

“I'm not persuaded that a drug like cannabis needs to be a heavy criminal activity in the eyes of the law.”

Prime Minister Helen Clark, NZ Herald,
14 July 2003

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suggests that fully 25 percent of the population agree that existing laws should be made “a lot tougher”. Another 9 percent believe the law should be made “a little tougher”.


That means more than a third of the population say they want tougher laws. In contrast, just 11 percent say the law should be made “a lot more liberal”, and another 8 percent think it should be “a little more liberal”. Nearly half of us, 46 percent, believe there should be no change at all.

Most significantly, these proportions are relatively stable across income groups, gender and geography – although far fewer Wellingtonians than the national average want the law made tougher, reflecting how out of touch with the rest of the country the capital city often is.

When it comes to age groups, there is the expected general trend of people becoming more conservative as they get older. Interestingly, however, 20 percent of people under 30 say they want tougher laws.

There is no majority for liberalisation in any demographic group.

Professionals in the cannabis abuse and public policy industries argue that a simple polling question is not a sound basis on which to develop public policy, and they are right.



“ Political parties will receive roughly the same polling data telling them that the net result from adopting a policy of more liberal cannabis laws will be to lose votes. ”

But they are experts in a particular field, not politicians having to develop policy across the full range of topics and needing it to be popular in order to be elected. All our political parties will receive roughly the same polling data telling them that the net result from adopting a policy of more liberal cannabis laws will be to lose votes, and none of our important political parties has any room to lose votes over the next 15 months.

National is sitting on 50 percent support but with no obvious coalition partners. To be assured of becoming the government, it can't afford to lose even a few percentage points.

Labour is now sitting in the low 30s. It knows that, should a poll be published giving it a result with a two at the front of it – even 29.9 percent, the media will talk of the risk of a “collapse”, and that such talk will become self-fulfilling, driving its support to levels from which it cannot recover.

The Green Party, usually seen as the most likely to push for liberalisation, sits at around MMP's five percent threshold. Should it fall below five percent, it is out of parliament altogether, and its strategists believe that Nandor Tanczos's association with cannabis law reform in previous elections cost it support from the sort of worried suburban mums that Sue Kedgley might otherwise appeal to.

The Māori Party draws its funding and many of its votes from more traditional Māori society, many of whom perceive that colonisation has poisoned their people with alcohol and tobacco. They will oppose anything that risks being seen as condoning the use of any drug. While the party's leading figure, Tariana Turia, has said there should be a level of cannabis reform, she says she cannot support full legalisation. She will not want cannabis to be an issue for her party, which seeks every

vote possible in order to hold the balance of power after the next election.

The centre parties, New Zealand First and United Future, reflecting their elderly and conservative voters, are staunchly opposed to liberalisation. The Jim Anderton and ACT parties do not count.

If advocates for liberalisation want to make progress politically, they will first need to convince the public, in order to shift the polls. Labour's Electoral Finance Bill, however, will make it illegal for the New Zealand Drug Foundation or anyone else to effectively communicate with the public on this or any other political issue in 2008.

There is one opening ahead, however. Our likely next Prime Minister, John Key, has staked his political career on addressing the issue of the so-called "underclass", reversing social exclusion and building social cohesion. Key knows that, when he is seeking re-election in 2011, he will be accountable against those goals.

In the lead-up to the 2011 election, our media will return to McGehan Close (which is in the Mt Roskill electorate of likely opposition leader Phil Goff) to interview Aroha Ireland, who Key took to Waitangi this year. The media will ask her and her neighbours what has changed in the three years Key has been Prime Minister. If the answers are not

satisfactory, Key knows he will be a one-term Prime Minister.

Those who believe in the principle of harm minimisation rather than criminalisation have an opportunity to demonstrate to the new Prime Minister that reform of cannabis laws is necessary to break the influence of criminal gangs, allow effective treatment for drug abuse and improve the quality of information available to young people.

Reform advocates need to show Key that only by acting on this issue, will he be able to make progress in reducing the underclass. In short, they need to show Key how liberalisation will help him get re-elected, notwithstanding what he reads in the polls about public attitudes towards cannabis law reform.

Some will read this as a pessimistic assessment of New Zealand politics. But if it is true that liberalisation will help tackle wider social issues, then it should not be beyond the New Zealand Drug Foundation and others to make that case to help secure the social gains that are claimed. If those gains cannot be demonstrated conclusively to the new Prime Minister, then it is only right that any government should proceed cautiously. ■

Matthew Hooton is Managing Director of Auckland public relations company Exceltium Ltd, and a prominent political commentator (www.exceltium.com).

Pot Shots

“I only use it as part of my faith as a Rasta. I don't use it recreationally. I use it in small amounts maybe once a month.”

Nandor Tanczos, Green Party MP

“I do not smoke cannabis, although I did try it when I was a university student in the 1970s.”

Peter Dunne, United Future Party leader

“Yes, I have smoked cannabis, some decades ago. I gave it up. I didn't enjoy it.”

Pete Hodgson, Minister of Health

“The government will not introduce legislation to change the legal status of cannabis.”

Confidence and supply agreement between the Labour/Progressive Government and the United Future Parliamentary Caucus, 2002

Toughening laws on marijuana (August 2007)

Using a 1 to 5 scale, where 1 means make the law a lot tougher and 5 means make the law a lot more liberal, to what extent do you think the current law on marijuana should be changed. 3 is the mid-point and means no change to the current law (n=750).

	Percent
1 – Make the law a lot tougher	25
2 – Make the law tougher	9
Total 'tougher'	34
3 – Make no change to the current law	46
4 – Make the law more liberal	8
5 – Make the law a lot more liberal	11
Total 'more liberal'	19
Unsure	1



CANNABIS AND ITS VEIL OF *deceit*



I awoke this morning to a flurry of colourful and fantastic insights for my story on cannabis. By the time I made it to my desk, all those wonderful ideas had dissolved like smoke in the wind. **Michael Bird**

IN SO many ways, that sums up my 20 years of cannabis use.

From the start, I loved using cannabis because it opened my mind, heightened my senses and made me feel connected with the universe and the otherwise scary people that populated my world.

Gradually I set up my life around pot. Early on, I learnt to grow it because that kept the cost down. Inevitably, this led to a prosecution for cultivation. Along the way, I began to deal in pot (and other drugs) to ensure supply and help fund my own use.

When I was finally earning enough in my career to fund my habits, I surrounded myself with folk who supported my using; people who often found me more accessible, thoughtful, even useful, I suppose, when I was stoned.

At one point, I even had the landlord build a deck off my office so I only had to walk a couple of paces to have a smoke in privacy.

Most of my friendships were founded on drug use and my ability to supply. At first, I liked the needy nature of the supply relationship, but later on,

I found it pathetic and embarrassing.

As I had my first smoke at breakfast, I knew there was a good chance that in an hour or so I would feel edgy, unfocused and indecisive, yet the lure of that wonderful first-up rush of warmth was just too much to resist. The sense of physical wholeness and the psychological shift that came from that first smoke overpowered my knowledge of the consequences.

In the end, my best friend turned on me. My mind had become closed and could barely function. The world had become a grey and foggy place, and my overwhelming paranoia had distanced me from everybody.

People couldn't understand my using, and they found it difficult to understand my behaviour and even my words a lot of the time. My work became at best unpredictable, and my ability to have intimate relationships was negligible.

This was all from a drug that the press at the time suggested was not harmful. Apparently, it was neither physically nor psychologically addictive, and the only real harm was to the lungs. I so wanted to believe

the "evidence".

At about age 35, I decided that I needed to grow up, get a life and be like the folk around me who weren't stoned, yet seemed to be leading pretty good lives. I began to want a life that didn't have so many crutches.

I decided to stop smoking cannabis.

But stopping turned out to be a little trickier than I thought. First, there was the physicality of the whole process, the feeling of total discomfort in my being, an itchiness coupled with an inability to sit still, and an overwhelming sense that something was missing.

The psychological withdrawal could be summed up by the word "craving" – a complete and absolute obsession with cannabis 24 hours a day. No matter how much I drank or what other drugs I used, I couldn't shake that obsession.

I realised then that I had a problem and that the problem was something I could not easily deal with.

Over the next few years, I would often swear off pot on a Sunday and by Wednesday – or maybe, if I was really lucky, Thursday – I would find that I



was stoned, but with no real connection to how it had happened. This was a period of constant internal strife and struggle.

Seven years after my first attempt to put pot away, I surrendered to its power over me and, through treatment and support, found a way of living without my dear friend. I was given tools to help me live with the physical craving and mechanisms to deal with the overpowering mental obsession. In this way, I was able to walk through the withdrawal that dragged on for many months.

Ten years on and the veil that is my relationship with cannabis has been lifted. I am now able to see what I was like to the world and how I had short-changed myself by living that shrouded existence.

I have watched others close to me go along a similar path, and I've felt sad and powerless to help. But there has also been gladness that I am finally free of that grey, clouded, smoky world. ■

To contact Michael about his story, please email cannabisveil@ihug.co.nz.

Talking about pot, Aussie style

IT IS hardly surprising that many community members are confused about the harms associated with cannabis use as media headlines and commentary frequently lurch from one sensational story to the next. Even those working in research and clinical services dealing with cannabis-related problems often struggle to keep up with the scientific literature and developments in cannabis-related interventions.

The Australian Government has brought focus to the increasing problems associated with cannabis use by creating a new National Cannabis Prevention and Information Centre (NCPIC) whose work will be to reduce demand for cannabis by preventing uptake and minimising the harms associated with its use in the Australian community. This will be achieved by providing the community with high-quality, evidence-based information and building the capacity of service providers to respond to the intervention needs of cannabis users and their families.

The National Drug and Alcohol Research Centre (NDARC) were appointed the lead agency for this innovative centre, which will be located at the Randwick campus of the University of NSW. The centre has a budget of around AU\$12 million over four years. It will be supported by a highly skilled advisory committee from a diverse range of health, law enforcement, public service and multi-disciplinary academic backgrounds.

The centre will develop new interventions, improve access to current interventions and high-quality training, and support those providing cannabis-related treatment to reduce harms associated with cannabis use and to assess effectiveness.

There are some good news stories about cannabis, such as the very marked recent reduction in use among Australian secondary school students from 32 percent in 1996 to 14 percent in 2004. This is reinforced by the reduction in lifetime use of cannabis among 14–19 year olds in the National Drugs Strategy's Household Surveys over a similar period (down from 45 percent in 1998 to 25.5 percent in 2004). These developments suggest prevention messages in schools and the community are being taken up by young people.

This positive news is tempered by the findings that 79,700 14–19 year olds still say they smoked cannabis in the past week, and 8.8 percent of current smokers in that age group say they smoke cannabis daily. The recent report on the health and wellbeing of young Australians reported that cannabis dependence and harmful use was the eighth leading cause of burden of disease and injury among 15–24 year olds. There is much the NCPIC can assist with in addressing these issues. In 2007–08, the centre will be developing community information resources and evidence-based training materials, as well as workshops on motivational interventions among adolescent cannabis smokers.

Among adults, the greatest risks from regular cannabis use are dependence, mental health problems, respiratory effects and reduced birth weight for the babies of pregnant smokers. Increases in rates of cannabis treatment-seeking are currently being observed in Australia and internationally. This need for greater treatment provision will be further driven by the ageing of the cannabis smoking cohort. The 30–39 year age group is now reporting the highest levels of daily cannabis smoking and is likely to be experiencing significant physical and psychological harms as a result of their long-term, regular use.

For clinicians and policy makers, the increasing rates of cannabis use in Aboriginal and Torres Strait Islander communities is also an emerging issue. The NCPIC consortium partners will be working on the development of clinical guidelines for the management of cannabis use disorders in the first year of operation. In parallel, the major consortium partner, the National Drug Research Institute, will be working on the development of similar guidelines appropriate for Aboriginal and Torres Strait Islander communities in primary health care settings.

The centre is currently consulting on its 2007–2010 strategic plan and is recruiting a director.

Jan Copeland, Acting Director, NCPIC
and Richard P. Mattick, Director, NDARC
(<http://ndarc.med.unsw.edu.au>).



The point of prison needle exchange

“Give needles to inmates” was the *Dominion Post*’s provocative headline when reporting on our “Alcohol and other drugs in the criminal justice system” policy, and a proposed Australian prison needle exchange has just been sunk after media controversy. We answer some questions behind the controversy.

NEEDLE exchange programmes (NEPs) started as a public health response to high rates of HIV infection among injecting drug users within the general population.

Within the prison population, however, rates of blood-borne diseases, including HIV, hepatitis C and other viruses, occur at a greater ratio. The reason why is obvious. There is a higher rate of imprisonment among injecting drug users. No country has yet been able to stop prisoners using drugs, especially those with existing addictions.

While New Zealand has well-developed methods for reducing the supply of drugs in prisons, 15 percent of prisoners still had positive drug tests in 2006. A recent New Zealand study of community needle exchange clients found 25 percent had been imprisoned in the last year, and 40 percent of that group had continued to inject while in prison. Eighty percent of those who had been in prison tested positive for hepatitis C exposure, compared to 60 percent of those who had never been imprisoned.

Inmates who acquire blood-borne diseases in prison take them back to their families and communities on release. Prison needle exchanges aim to stop both the spread of communicable diseases among prisoners and the consequent spread to the community.

If it’s a public health measure, why is needle exchange so controversial?

Prison needle exchanges are an admission that drugs can’t be kept out of prisons, which goes against the “zero-tolerance” approach of most prisons systems. Opponents also claim that they encourage inmates to start using drugs and may undermine efforts to get prisoners into treatment.

Which countries have a prison needle exchange, and how does it work?

Switzerland was the first country to start in 1992, followed by Germany in 1994 and Spain in 1997. Eastern European countries such as Moldavia and Armenia have recently introduced them to stem the rising rate of HIV, and Scotland is considering a pilot. Perhaps the most unexpected country to start prison needle exchange is Iran.

In some prisons, medical staff exchange equipment; others have vending machines, where prisoners insert used syringes and new ones are released, along with other safe injection equipment. Generally, prisoners register with a programme and receive secure boxes in which to store their equipment.

Do prison needle exchanges make a difference?

Researchers have monitored prison NEPs over more than a decade. A 2006 international review concluded that prison needle exchanges:

- do not lead to increased drug use
- do not undermine abstinence-based drug treatment programmes
- reduce risk behaviours, prevent disease transmission and otherwise improve the health of prisoners who inject drugs.

The review specifically studied whether greater availability of needles caused more needle-stick injuries and more cases of injecting equipment being used as weapons.

The case of a NSW prison officer dying from HIV/AIDS in 1991, following a deliberate needle stabbing, was raised in Australia as an argument against needle exchange in a new Canberra prison. However, the review found no cases of needles being used as weapons in any prison using needle exchange. Swiss prison wardens said that, since needles were not being hidden from staff, accidents during cell searches had stopped.

What makes prison needle exchange work?

The review identified key elements that make prison-based exchanges effective. Some of these are:

- connecting the needle exchange to comprehensive harm-reduction services, including education on blood-borne viruses, and substitution therapy
- consulting with and educating prison staff about needle exchange services
- making sure exchange services are confidential and easily accessible – for instance, having several access points inside a prison
- evaluating pilot programmes to be sure services are effective and meet prisoners' needs.



Finding out more



CANADA *Prison Needle Exchange: Lessons from a Comprehensive Review of International Evidence and Experience*, by the Canadian HIV/AIDS Legal Network, can be found at www.aidslaw.ca/Maincontent/issues/prisons/pnep/PNEP-report06.pdf.



EUROPE The World Health Organization's *Europe Status Paper on Prisons, Drugs and Harm Reduction* (2005) can be found at www.euro.who.int/document/e85877.pdf.



AUSTRALIA Prisons, hepatitis C and harm minimisation, a 2007 paper by Michael Levy and others in the *Medical Journal of Australia*, reviews evidence and current Australian practice. See www.mja.com.au/public/issues/186_12_180607/lev11089_fm.html. ■

Quotes of Substance

“Too many of our nation's high and middle schools have become marijuana marts and pill palaces... sale and possession is as much a part of the curriculum as math or English... For many of our middle and high school students, school days have become school daze.”

Joseph A Califano, Jr, Chairman of the National Center on Addiction and Substance Abuse (CASA) comments on a report surveying American attitudes to substance abuse.

“CASA might better be described as the National Center for the Abuse of Statistical Analysis.”

Media and drug expert Maia Szalavitz remains sceptical about the CASA report when it contradicts larger federal surveys that have found declines in student drug use during the same period.

“Drugs such as P may be the cause of a dramatic increase in the number of teen violence crimes.”

Justice Minister Mark Burton hypothesises on the rising trend in youth offending. The Minister cited no evidence to support his claim.

“I suspect they were getting stuff to sell for money or drugs – that's what a lot of burglars would do. It's a real problem in New Zealand.”

National Party Leader John Key catches Minister Burton's bug when hypothesising about the burglary of his home.

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A new blue line? Harm minimisation and police law reform

Policing legislation is under the spotlight. **Mike Webb** highlights alcohol and other drug related issues that have been explored as part of the government's review and foreshadows what may feature in a draft bill later this year.

HOW MIGHT modern legislation enable New Zealand's police service to minimise substance-related harm? This was one of many questions put forward as part of a major government review of the 1958 Police Act, underway for the last year and a half.

The scope of the review has been broad, with a range of issues debated. Readers may be interested to learn just how wide-ranging some of the thinking has been about alcohol and other drug related topics.

Testing the waters

For example, in last year's Police Act Review Issues Papers, views were invited on whether police should be able to respond to a greater number of low-level liquor offences using on-the-spot infringement notices. Options included amending the Sale of Liquor

Act 1989 to allow police to issue liquor infringement notices to minors using fake IDs to illegally gain entry to licensed premises, rather than requiring such cases to be dealt with through time-consuming and costly summons procedures. Another option highlighted was whether liquor ban by-law breaches should be made infringement offences under the Local Government Act 2002.

Pushing the (fiscal) envelope

The Police Act Review Issues Papers also sought comments on future funding scenarios. For instance, it was noted there are precedents overseas where direct financial contributions are made to police forces on a negotiated basis. In the United Kingdom, for example, there are several voluntary schemes where

licensed premises pay for extra policing. One scheme cited was Operation Tranquillity in Stockton, where 20 pubs, clubs and off-licences contribute an average of £80 a week (depending on their size and opening times) for an extra sergeant and four constables to help manage issues associated with an inner-city entertainment precinct.

Seeking to apply the "polluter pays" principle, it was also pointed out that United Kingdom legislation allows for the designation of "alcohol disorder zones", within which licensed premises are required to make weighted contributions to the costs of policing alcohol-related crime and disorder. The Issues Papers asked whether there was enthusiasm to translate such levy-based models to New Zealand.

Casting forward

The national conversation on policing invited through last year's Issues Papers was continued in May 2007, with the release of *Policing Directions in New Zealand for the 21st Century*. This discussion paper began to focus in on concrete options for new policing legislation.

An analysis of the views registered on this consultation document was released at the end of August 2007 and, at the time of writing, a series of detailed policy papers are being prepared for Cabinet on the shape and content of a new policing bill.

While final decisions are still to be made based on responses to the *Policing Directions* discussion paper, some features of the new bill seem to have been settled. These include matters that may be of particular interest to the alcohol and other drug sector.

For instance, there seems to be broad support for weaving section 37A of the Alcoholism and Drug Addiction Act 1966 into a new Policing Act. This provision empowers constables to take anyone found publicly drunk or debilitated from other drug use to their home, a detoxification facility, or a

police station. While a regularly-used policing power, 37A sits oddly in a statute aimed at treating people with substance use disorders, rather than ensuring the safety of those who may have just abused alcohol or other drugs on one occasion.

By contrast, it seems unlikely the bill leading to a new Policing Act will include a new preventative power to request people to "move on", and any progress in this area is likely to occur through other channels. In this regard, some inspiration might be taken from recent moves in England and Wales, where section 27 of the Violent Crime Reduction Act 2006 provides constables with the power to direct an individual aged 16 or over to leave a locality, and prohibit their return for up to 48 hours (punishable on refusal by a fine of up to £2,500). This power is specifically designed to apply where a person's presence is likely to cause or contribute to alcohol-related crime or disorder. In effect, the United Kingdom legislation allows frontline police to diffuse situations before they result in serious offending.

Perfecting the new legislation

The introduction to Parliament of a policing bill, expected late this year, will offer another chance for input on the legislative arrangements for policing. This is a once-in-50-years opportunity. While it has been gratifying how many voices from the alcohol and other drug sector have already been heard in the Police Act Review, the process of law reform will be even stronger if others also have their say.

For those wishing to learn more, copies of all key background documents, including Cabinet papers and minutes of decisions, are available on a dedicated website – www.policeact.govt.nz. ■

Mike Webb is a member of the Police Act Review Team based at Police National Headquarters. He previously held the role of strategic adviser on drugs and alcohol.



Quotes of Substance

“I’m Prince Tomohito, the alcoholic.”

Prince Tomohito, a cousin of Japanese Emperor Akihito and sixth in line to the Chrysanthemum Throne, addressing a welfare organisation in the city of Sendai. There is a strong stigma attached to alcoholism in Japan and disclosures by public figures are rare. Tomohito has been undergoing treatment at the Imperial Palace in Tokyo.

“Notwithstanding the fact that I had had too much to drink, I have no recollection of any incident occurring at the nightclub – or of being asked to leave.”

Australian Opposition Leader Kevin Rudd on his New York strip club visit. Rudd's drunken antics caused a big stir across the ditch, and seemed to increase his polling. New Zealand politicians fell over themselves to admit their strip club visits, including National leader John Key, ACT leader Rodney Hide, and Economic Development Minister Trevor Mallard.

“Wastewater facilities are wonderful places to understand what humans consume and excrete.”

Oregon university scientists run "community drug tests" on sewerage wastewater: caffeine was most regularly found; cocaine and ecstasy were common on weekends and methamphetamine was found consistently during the week.

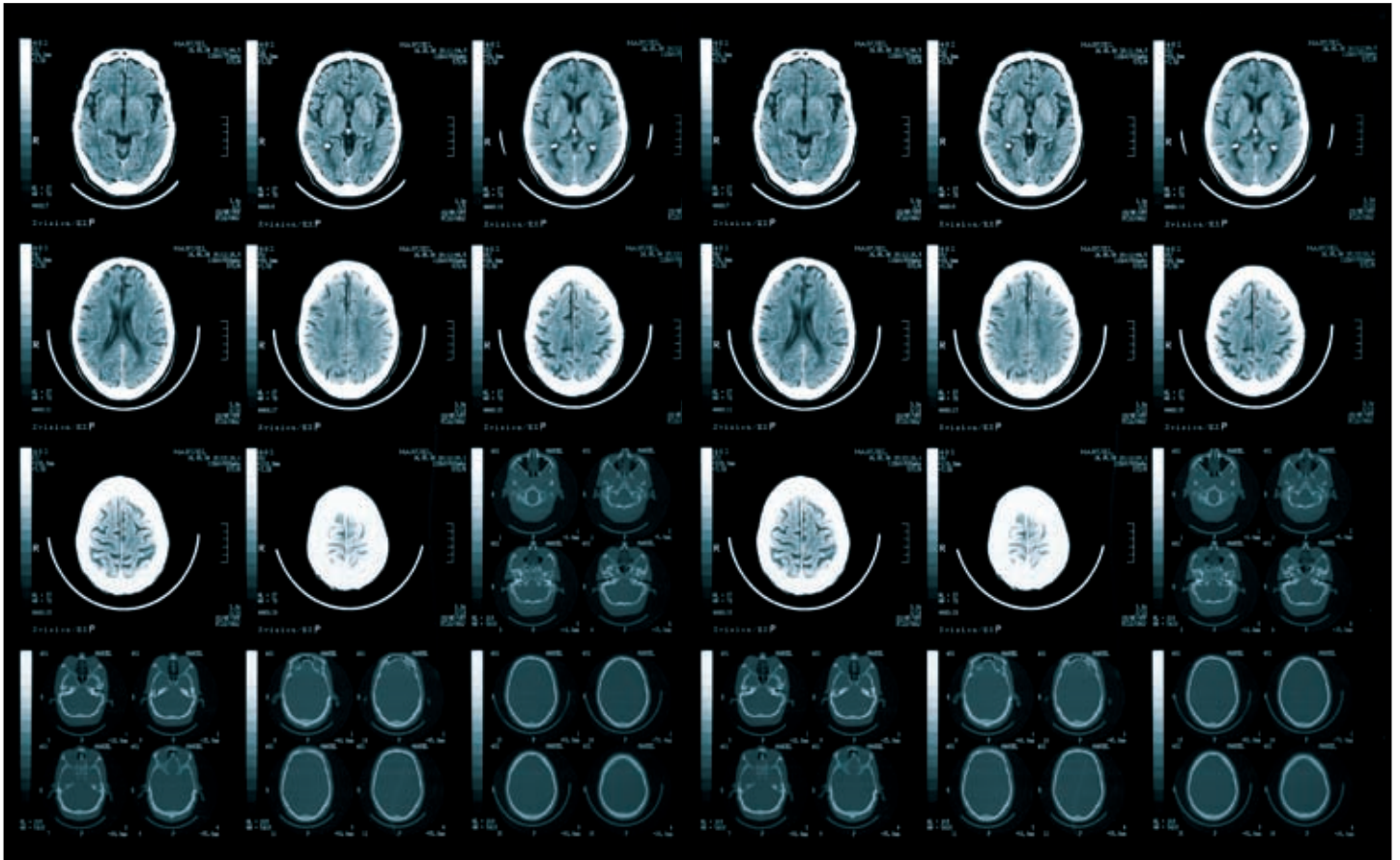
“We cannot go out and shoot someone or put lip clamps on smokers.”

New Plymouth Mayor Peter Tennent admits enforcement of the new region-wide smokefree ban in parks and reserves will be difficult.

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It's doing your brain in

When we think about alcohol and brain injury, we tend to think of trauma (assaults, drink-driving, falls...). However, a much more insidious form of brain injury should be added to this list. **Christine Rogan** introduces ARBI, the hidden and silent epidemic researchers warn is just around the corner.



ALCOHOL-RELATED brain impairment (ARBI) can result from regular heavy or “binge” drinking, a common pattern of behaviour for young and old, male and female New Zealanders alike. Everyone who regularly drinks at or above recommended upper limits risks some level of brain impairment,

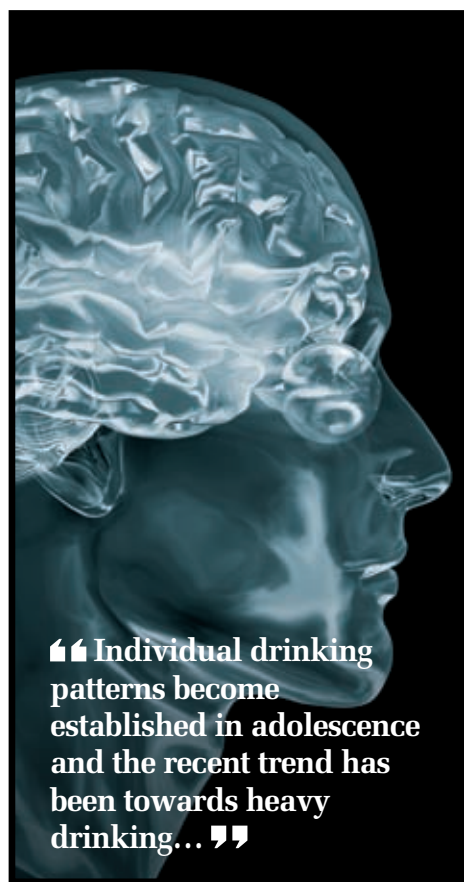
from difficulty with balance and coordination to a range of medical and neurological disorders.

Alcohol impairs brain function by its direct toxic and dehydrating effect on cells in the central nervous system, as well as through changes to metabolism, heart function and blood

supply, and by interfering with absorption of essential nutrients.

In the current “binge-friendly” environment where heavy alcohol consumption is normalised and common across the age spectrum, an epidemic of ARBI is predicted, and it is not hard to see why.

Individual drinking patterns become established in adolescence, and the recent trend has been towards heavy drinking starting much earlier and more regularly than for previous generations. This shift is particularly noticeable for young women, who may be more susceptible than males to the neuro-toxic effects of alcohol that



“Individual drinking patterns become established in adolescence and the recent trend has been towards heavy drinking...”

cause brain damage, according to new studies. If alcohol is consumed during pregnancy, the process of alcohol-related brain damage and tendency towards ARBI begin even earlier.

According to USA-based researcher Kristine Wiren, everyone should be concerned at the risk of permanent

brain impairment resulting from chronic alcohol consumption. While there is some general awareness of alcohol’s negative effects on the brain, only now are studies using functional neuroimaging beginning to reveal more fully the processes that underlie functional impairment.

A Melbourne-based organisation, Alcohol Related Brain Injury Australian Services Ltd (ARBIAS) is working to shed some light on the subject in this part of the world. Its recent campaign, A Hangover for Life, included a poll that found one in eight Australians are drinking at levels that place them at risk of ARBI, but most are unaware of that risk.

ARBI is a hidden and silent epidemic. Brain damage begins long before any symptoms emerge and may already be irreversible before drinkers are aware they are affected. Extrapolating from New Zealand drinking behaviour data, ARBIAS researchers say as many as 800,000 New Zealanders may be at risk of ARBI – an even higher rate than for Australians. They predict that, in the next 10 years, treatment providers and other services will be swamped with sufferers of alcohol-related problems.

New Zealand will shortly have an opportunity to learn more about ARBI and its implications. ARBIAS, in association with Alcohol Healthwatch, is presenting a two-day programme – Recognising and responding to alcohol-related brain injury. This will provide New Zealand professionals working in health, justice, social services, research and the community with a unique opportunity to understand ARBI more fully, including its implications, social consequences and key intervention strategies.

For more information visit www.ahw.co.nz and www.arbias.org.au ■

Christine Rogan is the Health Promotion Advisor of Alcohol Healthwatch.

Quotes of Substance

“Politicians just fiddle with the classifications of substances, moving them up or down the rankings as though they were running a hotel guide.”

Journalist **Peter Wilby** describes the United Kingdom’s Misuse of Drugs Act as one of the least effective pieces of legislation ever enacted. When the law was introduced in 1971, there were 10,000 problematic drug users; now there are nearly 300,000.

“The government would continue its hard line against drugs and would never adopt a harm minimisation approach.”

Australian Prime Minister **John Howard** stands firm against harm minimisation. His comments contrast with the 400-plus Australian alcohol and drug sector organisations and leaders who have signed a petition supporting harm minimisation.

“Australia’s harm minimisation strategy focuses on both licit and illicit drugs and includes preventing anticipated harm and reducing actual harm. Harm minimisation is consistent with a comprehensive approach to drug-related harm.”

Australian Prime Minister **John Howard’s** Ministerial Council on Drug Strategy outlines its view of harm minimisation. Members mustn’t have read the memo.

“The only excuse to be unemployed at the moment is if you are into drugs and alcohol.”

Social commentator **Christine Rankin** offers her simple explanation of New Zealand’s rates of child abuse.

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Seeing past the smoke



With an estimated 1,100 million regular smokers in the world today and one related death every 10 seconds, tobacco is among the world's most used and dangerous drugs. **Ann McNeill** and **Jamie Bridge** suggest how harm reduction philosophy could replace the usual global 'quit or die' response.

IN RECENT years, there have been many successful interventions and campaigns around the world to reduce or prevent tobacco consumption. In the UK, price increases, marketing bans, sales restrictions, warnings on packaging, nationwide smoking cessation campaigns, and education in schools have helped to gradually reduce the prevalence of cigarette consumption. It is anticipated that new smokefree legislation across the UK will have an additional impact.

However, there is still a significant population in every country who are either unable or unwilling to stop smoking, and they are often people from the most deprived areas or groups. In many countries in the

developing world, where the epidemic is still at an early stage, the toll of tobacco-related mortality and morbidity will be unprecedented in years to come. If current patterns continue, an estimated 10 million people will die every year as a result of their habit by 2020. Something has to be done to reduce the harms faced by those who continue smoking – we cannot simply disregard and condemn them.

To address this issue, the International Harm Reduction Association (IHRA) made a strategic decision to broaden its scope from illicit drugs to all psychoactive substances, including tobacco and alcohol. Harm reduction is an

approach widely applied to illicit drug use, which explicitly accepts the continued use of substances and aims to reduce associated harms. For illicit drugs, this can involve providing sterile injecting equipment, safe substitute treatments, outreach and peer support, or advice on how to use drugs as safely as possible. For tobacco, however, this approach has so far received little attention.

“Some experts argue that the availability of less harmful tobacco products will simply maintain people’s tobacco use when they otherwise would have quit.”

The premise behind the tobacco harm reduction approach is that most tobacco use is underpinned by dependence on nicotine. However, it is not the nicotine that causes most of the harm, but rather some of the other 4,000 constituents of cigarette smoke, of which 60 are known carcinogens. Drawing an analogy with illicit drug use, the cigarette is the equivalent of the “dirty syringe”. Consideration therefore needs to be given to separating the drug from the delivery system.

Cigarettes are the most dominant global tobacco product – highly engineered and sophisticated devices designed to deliver nicotine efficiently to the human body. They are also the most dangerous and eventually kill about half of those who regularly use them. Although there will never be a truly “safe” cigarette, it may theoretically be possible to design one that is less harmful.

Cigarettes are virtually unregulated in that little attention is paid to what goes into them, or what comes out. One exception to this (highlighted in the IHRA collection – see box) is

“reduced tar” cigarettes, which are deceptively marketed in many countries as “mild” or “light”. Cigarette manufacturers often comply with tar reducing legislation by making cosmetic changes to their products, such as adding more ventilation holes to the filters. Many smokers turn to these brands rather than quitting but then alter the way they smoke in order to compensate for the reduction in nicotine. They take more and deeper puffs, smoke right down to the butt, or cover the holes on the filters. While these cigarettes pass the standard machine operated regulatory tests, they fail to account for such behavioural changes, and it is widely accepted that these products have had limited (if any) positive health impacts.

In the spirit of harm reduction, the tobacco industry and tobacco regulators are negligent if they do not do all within their powers to make cigarettes less harmful. This may include designing cigarettes less likely to cause accidental fires and regulating or changing harmful ingredients added for taste or smoothness.

One alternative to cigarettes is smokeless tobacco, which is currently used around the world in a range of forms – from the high-risk smokeless products used across South Asia, through the fermented and medium-risk products in the USA and Canada, to the much lower-risk products used in Sweden. There is a growing recognition that the latter product in

particular, which is generally known as ‘snus’, is significantly less harmful than smoking (but not harmless). There are also products that heat, rather than burn, tobacco – such as Eclipse, which is marketed in the USA as a safer alternative to conventional cigarettes. The role of these products as part of a tobacco harm reduction strategy has enjoyed much debate within the tobacco control community.

Some tobacco control experts argue that smokers need to be informed about the different options available to them and the associated levels of risk in order to make informed consumer choices. However, Sweden is currently the only European country that allows the supply of snus, thanks to special dispensation from the European Union, which has outlawed smokeless tobacco in the rest of the continent. Significantly, Sweden currently has the lowest rates of lung cancer and cigarette mortality in Europe and is the only European nation to achieve the World Health Organization’s target for reduced per capita cigarette use.

On the flipside, some experts argue that the availability of less harmful tobacco products will simply maintain people’s tobacco use when they otherwise would have quit.

There’s also harm reducing alternatives to tobacco itself, such as the increasingly diverse range of nicotine replacement therapies (NRTs). These include such products as nicotine gum, patches, nasal spray,

Researching the case for tobacco harm reduction

IHRA has an online collection of the “50 Best” key documents on tobacco harm reduction. The aim is to provide a free resource centre to highlight the evidence base, reasoning and justification for tobacco harm reduction.

With this collection, IHRA hopes to improve international awareness of tobacco harm reduction approaches. The collection is aimed at anybody interested in this field – including policy makers, advocates and smokers

themselves. It demonstrates how the harm reduction ideology can be applied outside the traditional illicit drug remit. It also shows how the current tobacco policies and strategies are failing a significant proportion of smokers and condemning them to potentially reducible risks.

The “50 Best” collection on tobacco harm reduction is now available and fully searchable on the IHRA website – www.ihra.net.

Quotes of Substance

“He sorts me out. When I get self-destructive, I just need to spend time with my dad. Rehab is a cop-out.”

Singer **Amy Winehouse** doesn't join the growing list of celebrities checking into rehab. Instead she seeks support from her family following a “terrifying” drug overdose.

“Touché – you got me.”

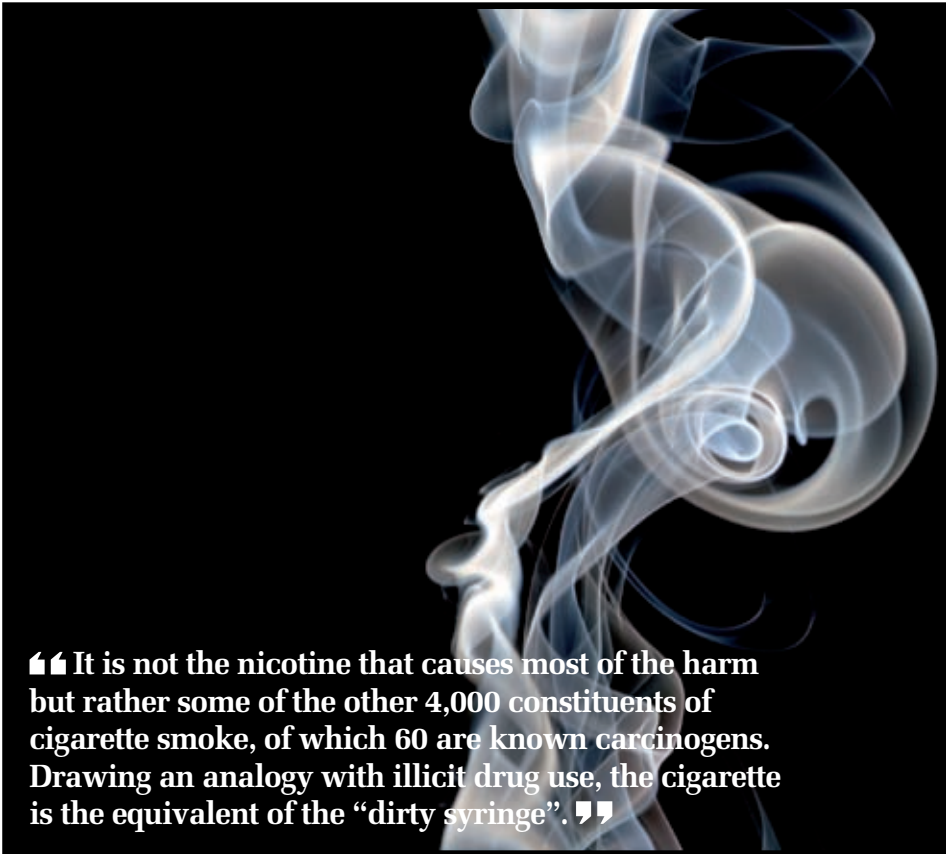
“Fair cop” says **Jacqui Dean** MP in a note to drug policy minister Jim Anderton, who had earlier rejected Dean's enquiry about banning dihydrogen monoxide; a point he took pleasure in raising during the Parliamentary debate on party pills.

“The only thing I could think was to stop, drop and roll because I was on fire.”

A witness in the trial of Tristian Grant for the manslaughter of Thomas Hillman, who died from the inhalation of hot gas into his lungs. The Crown says it was Beckett who lit the lighter in a car filled with LPG causing the explosion that killed his friend. Beckett denies a charge of death by arson and a second charge of using a cigarette lighter without the necessary precautions mandated to protect human life.

“I'd just get out there and want to tackle every player on the other team and give them a big kiss. The scrums were the best bit, though. They're like a massive group hug.”

Footballer **Andrew Johns** admits to using ecstasy while playing and to finding the experience a not altogether unpleasant one. ■



“It is not the nicotine that causes most of the harm but rather some of the other 4,000 constituents of cigarette smoke, of which 60 are known carcinogens. Drawing an analogy with illicit drug use, the cigarette is the equivalent of the “dirty syringe”.”

inhalators, tablets and lozenges, and are widely available for purchase and prescription. They have no known long-term adverse health effects and are therefore potential substitutes for cigarettes that address the nicotine dependency underlying most tobacco use.

In a harm reduction regime, NRTs can play a key in reducing the levels of death and disease attributed to smoking. They can be used alongside existing efforts to help people stop smoking, and reduce harm to non-smokers from passive smoking. However, NRTs are relatively expensive, largely unavailable to smokers in the developing world and much more tightly regulated than cigarettes.

Many public health and tobacco policy experts argue that a single, combined regulatory framework is needed for all tobacco and nicotine products. Having such a policy in place would create a level playing field where cleaner nicotine products could replace cigarettes as the dominant form of nicotine delivery.

As with harm reduction interventions for any psychoactive substance, the key factors are information, choice, coverage and accessibility. None of the products or interventions mentioned in this article is designed to stand alone – they should all be seen as part of a collective approach that sits alongside cessation, prevention and exposure reduction strategies (in the same way that harm reduction for illicit drug use can sit alongside demand and supply reduction approaches). If smokers cannot be convinced to quit, they could at least be encouraged to reduce the risks they face (and the risks others face) with the help of products such as long-term and regulated smokeless tobacco products. ■

Ann McNeill is a Professor in Health Policy and Promotion at the University of Nottingham; **Jamie Bridge** is the Communications and Project Development Officer for the International Harm Reduction Association. This article was first published in the April 2007 edition of *Drink and Drug News* (www.drinkanddrugs.net). Reprinted with permission.

MP tries to ban water

OTAGO MP Jacqui Dean felt “a bit of a wally” after it was revealed she tried to ban water.

The MP was set up by three Act and National supporters unhappy with her position on party pills. When they had earlier asked her how she reconciled her stance with the National Party’s principles of “individual freedom and choice”, she replied, “Take a chill pill.” Dissatisfied with her response, they wrote back to her claiming to be constituents concerned about the harms of dihydrogen monoxide.

She took their concerns to Drug Policy Minister Jim Anderton, asking him, “Does the Expert Advisory Committee on Drugs have a view on the banning of this drug.”

He responded saying, “Thank you for your letter... about your constituent call for the ban on dihydrogen monoxide. Dihydrogen monoxide is water.”

It is not the first time MPs have had a brush with the hoax. In 2001, a staff member in Green MP Sue Kedgley’s office responded to a request for support saying she would be “absolutely supportive of the campaign to ban this toxic substance”.

Politics, sport and booze

CORRECTIONS and Alcohol Policy Minister Damien O’Connor, found himself in hot water after picking a suspended prison guard for the parliamentary rugby team tour of France.

The team, led by co-captains Damien O’Connor and Murray McCully, won the parliamentary equivalent of the Rugby World Cup in France with a mixture of MPs, staffers, their spouses and siblings.

Taxpayers were able to relax when they learned no public money was used to fund the team’s tour. The players instead got to France through a combination of sponsorship

and by paying some of their own bills. One of the team’s regular sponsors is booze giant Lion Nathan.

Undie 500 future uncertain

THE “Undie 500” university student car rally from Christchurch to Dunedin ended again in problems when celebrations became “drunken mayhem” in student-central North Dunedin.

About 150 decorated cars from the Canterbury University Engineering Students’ Society (Ensoc) had driven to Dunedin for the annual Undie 500 tour.

Over 50 people were arrested on a variety of charges, including 10 for rioting.

Senior Sergeant Gavin Briggs said the trouble started just before dark, when students who had been drinking all day became very drunk. “Around 5pm, some of the students started a big fire on Castle Street. Firefighters attempting to extinguish the fire were pelted with bottles, and at 6.15pm, students started smashing up an Undie 500 vehicle.”

Some students were throwing bottles from the roofs of their flats, but one witness, Amy Joseph, 24, denied students were trying to hit police. “Heaps of people were throwing bottles at the cops from the front of the student mass – heaps of bottles. I don’t think they were aiming at the police officers as such, just in the direction of them.” Joseph agreed students had “acted like a bunch of mob idiots”, but said reports of thousands of drunken students rioting were “a bit of an exaggeration”.

Ensoc President William Corke said he was incredibly disappointed an event planned over the last 10 months had been tarnished by “idiots”. Ensoc would take all measures possible “to crucify those people [responsible for the rioting] and make sure everybody knows those idiots ruined it,” he said.

The fate of the Undie 500 student event hangs in the balance.

Dunedin Mayor Peter Chin said that, as far as he was concerned, the event was “history”. “Not for a year or so – for ever,” he said. University of Canterbury Students’ Association president Belinda Bundy said Ensoc had to “look very closely” at whether the event should continue. Inspector Alastair Dickie of the Dunedin police said police wanted an end to the Undie 500.

However, Ensoc secretary Theo van de Wetering warned, “If they try and stop Ensoc holding it, the students will probably keep it going themselves and it could be a lot worse.”

First reading for party pill bill

THE BILL to ban BZP, the active ingredient in party pills, passed its first reading in Parliament in September, and was sent to the Health Select Committee allowing one month for public submissions. The Committee is due to report back to Parliament this month, and the law is expected to be passed before Christmas.

Drug Policy Minister Jim Anderton said there was clear evidence that the risks posed by party pills were sufficient to ban them. “This Parliament should vote in favour of classifying these psychoactive substances because there is a potential for serious side effects and even fatalities associated with their use,” he said.

Only the Greens and the ACT Party voted against the bill on its first reading.

Green MP Nandor Tanczos said the effects of the law will be to criminalise a wide range of New Zealanders and boost the illegal drug market.

Act leader Rodney Hide said, “We cannot sit here in this House and legislate away all harm, as this Government thinks it can. We cannot actually legislate for good behaviour, but we can legislate in a way that protects people’s basic rights. I have to say that, when we go beyond that, then I think that this Parliament overreaches itself. It suggests, somehow, that the

Government and this Parliament are the solution to problems that we cannot solve.”

Māori Party MP Hone Harawira, while speaking in support of the bill, said, “Here we are pontificating and prattling on about BZP and we do not have the courage to do anything about alcohol... We are happy to allow the high risk of harm products to continue to be sold legally in this country, and then we are going to come along and go ‘smash’ on a product with a moderate risk of harm.”

Free drinks off the menu

WELLINGTON bars have been told to stop giving free drinks, with Police, ALAC and City Council officers saying bars that do so are breaking the law.

“Under the Sale of Liquor Act... you are not allowed to do promotions that encourage excessive or irresponsible drinking,” said Wellington City Council spokesman Richard MacLean.

Police Liquor Licensing Officer Caroline Marner visited eight central Wellington bars offering free drinks and told them they were breaking the rules. She said the practice had contributed to the number of young women in varying states of intoxication she had seen walking around town.

One bar manager, Bianca Silcock, said offering free drinks was not responsible host behaviour, but they were forced to do so after other bars started doing it. “Nobody wants to give away stock but we were losing our customers because they were getting free drinks at other places.”

Alcohol Advisory Council Chief Executive Gerard Vaughan said the bars involved violated an alcohol promotions protocol agreed between the Alcohol Advisory Council, Police and the hospitality industry.

“The dangers are obvious; free drinks with no limits encourages intoxication, and as it seems to be the student bars, in particular, which are

offering them, such promotions are putting young women at risk.”

Death and taxes

THE LACK of a substantial tax increase on tobacco since 2000 has prompted public health experts to call for the tax to increase 10 percent each year for the next 10 years. This would result in the current price of \$10.50 for a packet of cigarettes more than doubling to \$25.

Tobacco control researchers say lifting prices is the most proven effective way of lowering tobacco use. The Ministry of Health agrees, saying, in their five-year tobacco control plan Clearing the Smoke, price is “probably the most important single intervention to reduce smoking initiation”.

Advocates argue the revenue raised from increased tax should be invested into quit programmes and prevention initiatives – a proposal vehemently opposed by treasury officials.

Self-medicating nurses struck off for theft

THREE nurses have been struck off after stealing drugs from the hospitals where they worked.

The Health Practitioners Disciplinary Tribunal released its decisions to strike the nurses off after hearings in August.

Bruce William Hewson stole drugs, including morphine and fentanyl, from Gisborne hospital. He had been taking the vials from a drug safe, filing off their tops and removing some of the drug with a syringe. He would then return the vials to ensure the integrity of the inventory and inject himself in the buttocks with the drug. Hewson was convicted and fined \$900 on three drugs charges in October last year in Gisborne District Court.

The tribunal said in its report Hewson’s offending was a serious breach of trust, and the offences were carried out in a way that could have affected patients receiving the correct

dose medication. It cancelled his registration and ordered him to pay costs of \$1,617.25.

Dan Erik Hansson was convicted in Tauranga District Court last October of stealing drugs from Tauranga Hospital. In December, he was sentenced to one year in prison and ordered to pay reparation of \$3,148.

Hansson had taken 12,000 micrograms of fentanyl for his own use over a seven-month period. He had taken the drugs from a drug safe by signing the register using names of his medical colleagues and falsifying the entries by naming deceased, discharged and current patients.

“Such conduct is obviously illegal, immoral, unethical and dishonest, and undoubtedly reflects adversely on his fitness to practise,” said the tribunal. It cancelled Hansson’s registration and ordered him to pay \$250 costs.

Megan Claire Adair was convicted in Wanganui District Court on two charges of stealing drugs and sentenced to 100 hours’ community work. Adair had taken 20mg of morphine from Good Health Wanganui.

She had completed the drugs register but failed to give the drugs to the patient listed and kept them for her own use instead. The tribunal said in its report Adair’s theft was a breach of trust, which led to all the workers in her ward being brought under suspicion.

“Her conduct was illegal and immoral and reflected adversely on her fitness to practise,” it said. The tribunal cancelled her registration as an enrolled nurse and ordered her to pay \$1515.18 in costs.

The tribunal did not indicate whether the nurses had received support or treatment for their addictions. ■



Kava restrictions anger Fiji farmers

FIJI kava farmers say they will take Australia to the World Trade Organisation over new import restrictions placed on the product.

The ban affects kava exporting countries, including Fiji, Tonga and Vanuatu, and will cost Fiji growers \$AU24 million annually, says Ratu Josateki Nawalowalo, Chairman of Fiji's Kava Association.

Federal Health Minister Tony Abbott says the ban on commercial kava imports was introduced because Aboriginal communities were abusing it. (*Where have we heard that before? – Ed.*)

Aussie students to be drug tested?

THE AUSTRALIAN National Council on Drugs (ANCD) has commissioned research into whether Australian schools need drug detection and screening as part of an education strategy to help reduce drug use.

ANCD boss Gino Vumbuca said the research would provide advice on a range of possible initiatives for schools, but warned, "There are implications about testing kids on a mandatory basis. It may act as a deterrent in some cases, but it also breaks down bonds of trust in other cases, and that may have longer-term effects."

Response to the idea has been lukewarm. Education Minister Mark McGowan said he would look at the proposal but suspects it is unworkable. "Schools are there to educate, not to act as police."

The Australian Secondary Principals Association President said the prospect of mandatory random drug tests in schools would horrify most teachers. "I'm not of the view that we should be randomly drug testing students, because it sends the wrong messages. The way to get that message across is through education rather than fear of being caught."

Thai government to probe drug war killings

THAILAND'S post-coup government has re-opened an investigation into ousted Prime Minister Thaksin Shinawatra's war on drugs, in which more than 2,500 people were killed.

The investigation into the two-year crackdown, which was popular among rural voters but outraged human rights groups, will be led by a small independent body chaired by a former attorney-general. It will probe deaths that Thaksin's government said were largely the result of drug dealers killing each other, but which rights groups said were extrajudicial police killings.

Thaksin, now living in exile in London, launched a war on drugs in 2003 and won a second landslide election victory two years later, largely on the back of support in the countryside.

At the time, Thailand, once a major supplier of heroin, was awash with methamphetamines made across the border in Myanmar.

The war on drugs cut supply and pushed up prices for a while, but business has returned to normal, anti-drug agencies say.

At the time of his drug war, Thaksin said, "Drug traders are ruthless to our children, so being ruthless back to them is not a big thing... It may be necessary to have casualties."

Children of addicts should be adopted out

AN AUSTRALIAN parliamentary inquiry into the impact of drug use on families has recommended children be taken away permanently from drug-addicted parents.

Chair of the inquiry Liberal MP Bronwyn Bishop said such parents would not be able to get the children back, even if they became drug free at a later stage.

The inquiry also recommended random drug testing of teachers and nurses, compulsory treatment for

teenage drug addicts, restrictions on methadone programmes, a review of needle exchange programmes to consider whether local communities wanted them, and the withdrawal of funding from drug programmes that promote harm minimisation.

Bishop said drug services promoting harm minimisation should be trying to get users off drugs and would lose funding unless that was their aim.

The recommendations have been slammed by opposition MPs and drug sector practitioners.

Labour MPs presented a dissenting report saying drug addiction was a more complex issue than the report appeared to suggest, and that approaches that both minimise harm to the addict and their families, and help the user to become drug-free, were needed.

Families and Friends for Drug Law Reform said the report flagrantly disregarded existing evidence and research. "This report... is a road map to disaster that would bring untold harm and misery on young people and the Australian community," President Brian McConnell said. "It is a disgrace that a committee of our National Parliament should display the ignorance that it has done and close its mind to reason and science."

Dr Alex Wodak, Director of Sydney's St Vincent's Hospital's Alcohol and Drug Service, said the report's contents were frightening. "It's a disaster as public policy," he said. Dr Wodak described the report as political posturing, saying Parliament would dissolve within weeks when the election was called, and the next government would not have to consider the report.

CEO of Family Drug Support Tony Trimmingham says the proposals will alienate users and not address the issue. "They've ignored the pleas of families who have said we need to keep our children alive, we need to keep them supported," he said.

President of Hepatitis Australia Helen McNeill said the measures recommended by the committee “would almost certainly lead to an increase in incidence of hepatitis C and could ultimately cost lives”.

Sniffer dog could have become double agent

A HIGHLY-TRAINED sniffer dog kidnapped in a brazen daylight swap operation has been re-united with his police handlers.

Rex IV is part of Mexico’s Special Canine Unit, set up to hunt gangs smuggling drugs into the US. Police feared the dog had been seized by a criminal cartel who would use him to test new ways of concealing drugs.

Security sources had compared his abduction to “kidnapping an intelligence agent”, fearing his knowledge of police anti-drug tactics would be mined by his criminal captors.

He was snatched from Mexico City Airport as he was being transported to take part in a raid in the northern state of Sinaloa. The thieves left a black mongrel puppy in his travel cage, meaning the abduction was not noticed until the plane arrived at its destination.

Rex IV, a Belgian Malinois sheepdog who has had a paw in many of Mexico’s largest drug seizures, was yesterday found tied to a tree in park in one of Mexico City’s roughest neighbourhoods, five days after his disappearance. He is said to be in good condition despite his ordeal.

Two employees at the company, in charge of transporting him and other police dogs, have been arrested.

A long time coming

“FUNDING finally available for needle exchange.” It might not seem all that radical to New Zealanders, but it was big news in the US when the House of Representatives voted for a bill lifting a ban on Washington DC using its own tax

revenues to support needle exchanges.

The ban has been in force for nine years, despite the fact that Washington has one of the highest HIV infection rates in the US. As many as one in 50 DC residents are HIV positive, and about a third of new HIV cases each year are caused by syringes passed among drug users. In the absence of supported programmes, small volunteer services have been operating.

Opponents in the debate described needle exchange as “subsidising heroin use”. By contrast, the District of Columbia’s Health Director said, “It’s a chance to interact with people to do HIV and hepatitis testing and make the appropriate referrals to detox. It’s a chance to interact with folks and do a number of good things.”

The US Government ban on using federal money to support needle exchanges stands.

Tobacco and mental health

FOR THOSE concerned at the mental health effects of cannabis, here’s something new to add to the mix. Dutch researchers have found an association between smoking tobacco and the onset of mental illness.

It’s well known that the smoking rate is high among people with mental illness. However, it’s so far been unclear whether smoking contributes to developing mental illness, or whether people with mental illness may use tobacco for “self-medication”.

The study, reported in *Addiction* August 2007, followed over 7,000 adults for three years. People who smoked at the beginning of the study, but had no previous mental illness, had a higher risk of developing anxiety disorder, dysthymia (a form of depression) and alcohol abuse over the three years than those who didn’t smoke. The risk remained even when other factors that might increase the risk of developing mental illness were ruled out.

However, the researchers aren’t rushing to judgement yet. They think it’s possible that smoking and mental

illness may have a common cause, and are calling for more research on the causal pathways between them.

Andrew Johns

“WHO WOULD’VE thought a footballer would be anything but a moral paragon?” asked one Newcastle Knights fan following Andrew “Joey” Johns’ revelation he had taken drugs during his playing career.

In a confession after his arrest in London for possessing an ecstasy tablet, Johns said he had regularly used illegal substances to help battle depression and “ran the gauntlet” with drugs testers.

Johns’ admission raised questions about the AFL’s drug testing policy and whether elite footballers were more likely to take drugs than anybody else.

Not really, say the experts. Pippa Grange, the AFL Players’ Association psychologist, sees hundreds of players each year for a variety of problems. Some of them struggle with drug issues, she says, but not to any greater extent than other young men.

Professor Nick Crofts, from the drug and alcohol research organisation Turning Point, says all the available research shows AFL players abuse drugs less than other groups of young men. “The rate of use of illicit drugs in the cohort of AFL footballers is substantially lower than their matched cohort in the general population,” he says.

There are several reasons for this. AFL players are given far more drug education than the average young man, are generally more concerned with diet, fitness and other issues that affect their performance, and are aware that they will be tested.

Crofts says he has been disgusted by the media reporting around drugs in football and found the criticism of the AFL policy hard to understand. “Why are we treating the AFL as if it is an arm of law enforcement?” he asks. “When did we cross that line? That’s what police are for.” ■

Hard time and hard numbers

Exactly how much do problems with alcohol and other drugs contribute to crime? And how do we know? We thought it was a good opportunity to bust a myth – or at least take a closer look at the numbers in our own recent story.

LAST issue's cover story, *Rehabilitating our criminal justice system*, started with, "It is said up to 80 percent of New Zealand's crime is alcohol and drug-related, and about half of all offenders are using at least one drug at the time of their arrest." So far, so clear. But depending on what you read, you might also find that:

- "Around 60 per cent of all prisoners are affected by drug use at the time of their offending."
- "The Corrections Department says 89 percent of serious offenders were affected by drugs and/or alcohol in the period leading to their offences."
- "83.4 percent of inmates... have a substance abuse or dependence diagnosis."

So: 60, 80 or 89 percent? And is it just drugs, or drugs and alcohol, affecting offenders?

As might be expected, different research produces different results. The figure cited in *Matters of Substance* came from a 2005 speech by Corrections' Chief Executive Barry Matthews. The figure of 60 percent, widely quoted by ministers, comes from unpublished research cited in a 2006 Cabinet paper stating that, "Between 50 and 60 percent of offenders were affected by alcohol and/or other drugs at the time of their offending."

References to "89 percent of serious offenders" originate from a 1998 report called *A Seein' "I" to the Future*, on

Corrections' "criminogenic needs inventory" ("criminogenic needs" can be loosely translated as "factors contributing to offending that need to be addressed"). Prisoners' alcohol and drug dependency data is from the 1999 *National Study of Psychiatric Morbidity in New Zealand Prisons*.

One reason that the figures differ is that one – 60 percent – refers to being *affected at the time* the offence was committed, while the larger number – 89 percent – is about alcohol or drug use in the period *leading up to* the offence.

The remaining question is, what evidence is there that alcohol and drug use contribute to offending?

Corrections' view is supported by the evidence. Studies worldwide have found a high proportion of people convicted of crimes have alcohol or drug abuse or dependence. At the same time, people with substance use problems have much higher rates of criminal activity than the general population.

That drug use influences criminal activity has been known since the 1980s, when studies of "career addicts" found criminal activity was higher when they were more dependent, and lower in periods of low or no drug use.

As Canadian researchers found in 2002, the difference can be dramatic. Prisoners who had not used drugs or alcohol during a six-month period in freedom reported an average 1.7 crimes a week. Inmates who had used one or

more substances while free, but were not dependent, had committed 3.3 crimes a week. Those dependent on drugs and/or alcohol had committed around seven crimes a week.

However, it is not as simple as saying, "drugs contribute to crime".

Different drugs are linked to different kinds of crime, and while the media and public focus on illicit drugs, in fact, the strongest established drug-crime association is with alcohol.

The Canadian research is typical, finding that, with the exception of "gainful crimes" such as burglary, the highest proportion of crimes were connected to alcohol, or to alcohol and other drugs combined, with much lower proportions connected to illicit drug use. In general, alcohol consumption is connected to crimes of violence, while dependence on illicit drugs is connected to crimes for profit.

So while the numbers you come across may differ a little depending on the source, it doesn't mean the relationship between drugs and crime is a myth. The correlation is demonstrably present and significant.

So, if we tackle addiction, do we reduce crime and re-offending? The Drug Foundation thinks so. See www.drugfoundation.org.nz/criminal-justice-solutions. ■

For a full list of references used by *Mythbusters*, visit www.drugfoundation.org.nz.



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