Matters of Substance.

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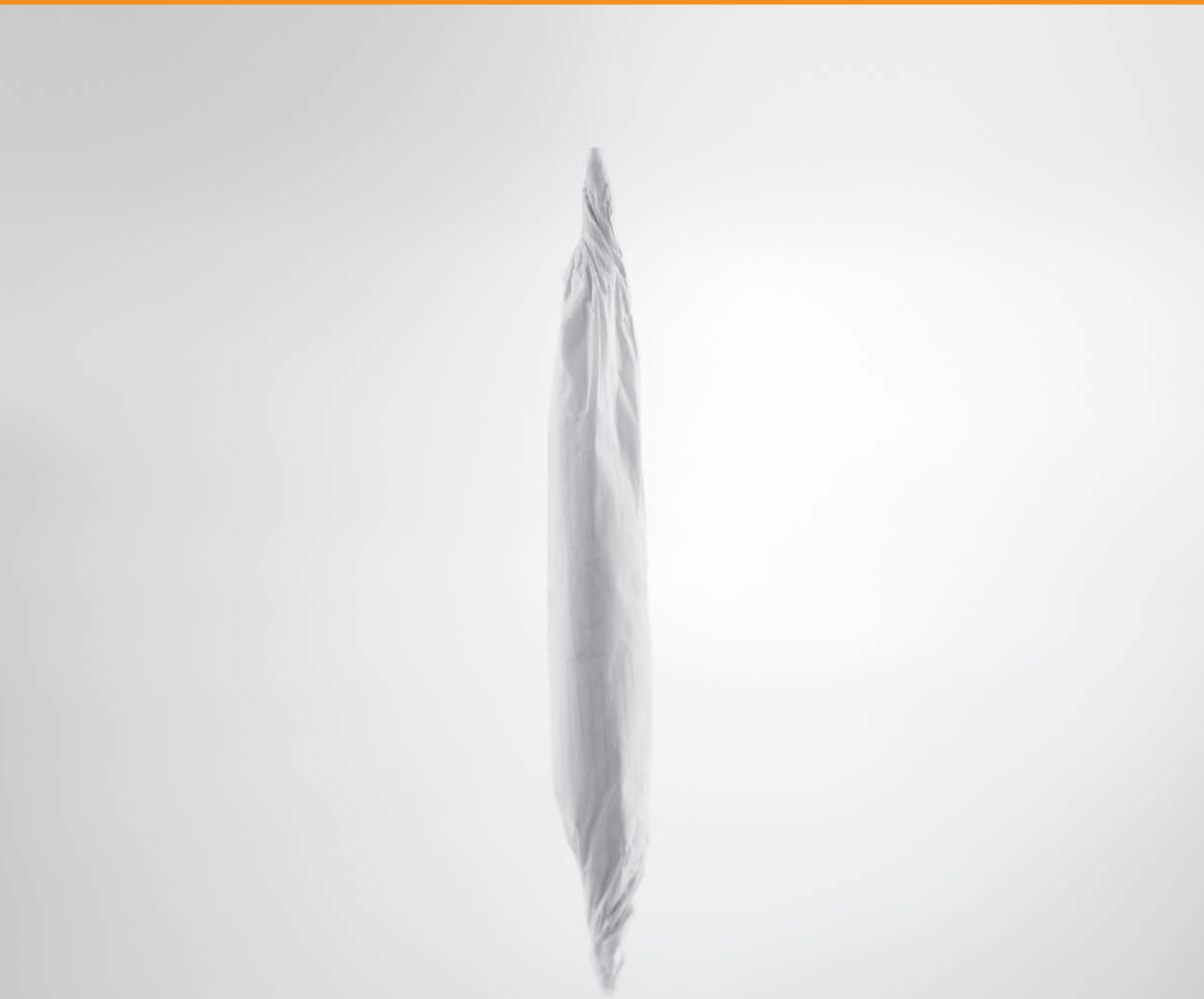
AT THE HEART OF THE MATTER, NZ DRUG FOUNDATION.
Te Tūāpapa Tarukino o Aotearoa



UNTOUCHABLE?

Thirty-seven years into the War on Drugs, the 2012 United Nations World Drug Report says the rate of reported cannabis use in New Zealand is one of the highest in the world. But its possession and use remain illegal. Hundreds of thousands of police hours and more than a $100m a year go into enforcing that. Is it worth it? Will our politicians change the law, or will cannabis remain untouchable?

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REGULARS

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THE DIRECTOR'S CUT

ROSS BELL
Executive Director

IN MY humble opinion, Palmerston North District Court Judge Barbara Morris got it wrong when she sentenced Billy McKee to 12 months' home detention for selling cannabis to an undercover Police officer.

The judge decided against a custodial sentence, but should have gone further and displayed the same compassion shown recently in other courts.

Billy is the face of GreenCross, a support group for medicinal cannabis patients. Billy had a leg amputated after being knocked off his motorbike by a drunk driver more than 30 years ago. He is confined to a wheelchair and is in constant pain from nerve damage to the stump. He also suffers from post-traumatic stress disorder.

He uses cannabis instead of the pain killers he was prescribed because of their intolerable side effects. He says cannabis is the only drug that helps him control his pain and depression, while still allowing him to function.

Billy is a good friend of the Drug Foundation. We profiled him in *Matters of Substance* back in 2007. There are many New Zealanders like Billy who actively use cannabis for medical conditions, but unlike most of them, Billy is happy to speak publicly about his situation. It was only after meeting Billy and other medicinal cannabis patients that the Drug Foundation formed a policy position that supports a compassionate regime for medicinal cannabis users.

Science is on our side too. That cannabis has medicinal properties is no longer up for debate. What needs to be resolved is the way by which we deliver cannabis as a medicine. Some countries grow cannabis for medicinal use, some US states allow people to grow their own or source it from dispensaries, and other jurisdictions, such as New Zealand, rely on cannabis-based pharmaceutical products. None of these models have yet proven perfect.

In New Zealand the only legal way to source the medicinal properties of cannabis is with a prescription of Sativex – a cannabinoid medicine delivered through an oral spray. This medicine is not subsidised by Pharmac, making it very expensive and leaving many people reliant on the criminal black market. This is not a great solution.

Until we get a system in place that provides affordable, easy and legal access to medicinal cannabis, we should show compassion to people like Billy, and that means not pursuing and prosecuting them. Even the Law Commission, in its review of our current drug laws, recommended Police adopt a policy of non-prosecution in these cases.

That said, some Courts have demonstrated compassion. Victoria Davis was discharged without conviction in a Nelson court earlier this year on charges of cultivating 62 plants, and last year Timaru man Peter Davy was given just six months home detention.

Billy's case shouldn't have even made it to court. ■

SOCIAL

@OHSARAHROSE Hi third cup of coffee on an almost empty stomach you are the best decision I have made today. 17 AUGUST

@PRESTONJSCOTT 14-year-olds around New Zealand are cracking open an RTD in celebration of still having easy access to alcohol #keepit18. 30 AUGUST

@MLLE_ELLE "This is why we call it the key" – smug policeman about battering ram on #drugbust. 9 SEPTEMBER

NZ HERALD ONLINE "Are our politicians in the Beehive tested for drug use? I hope so. Maybe testing them for drugs could give us a clue as to their weird behavior and confused decisions." NZ HERALD READER COMMENT nzdrug.org/T10V0j. 14 SEPTEMBER

CLOSE UP TONIGHT What do we do with the Ben Haweas of this world? He's an addict and the system can't cope with him. What do you think? CLOSE UP'S FACEBOOK PAGE nzdrug.org/QsBgeO. 2 OCTOBER

KEY EVENTS & DATES

7–9 MARCH 2013

School of Addiction
Christchurch, New Zealand
The theme for DAPAANZ's School of Addiction is people with drug use problems who have cognitive impairment – clinically assessing them and how to adapt for them.
www.dapaanz.org.nz/school-of-addiction

9–12 JUNE 2013

2013 International Harm Reduction Conference
Vilnius, Lithuania
This 23rd conference is a must attend for harm reduction practitioners from around the world.
www.ihra.net/conference

19–21 JUNE 2013

Mental Health and Addiction Nursing Conference
Auckland, New Zealand
For all nurses who want to get a better handle on mental health and addiction best practice.
www.conference.co.nz/mhn13

LATE 2013

Through the Haze: Cannabis and Health
Auckland, New Zealand
The New Zealand Drug Foundation is hosting a conference about cannabis. A must-attend event.
www.drugfoundation.org.nz

Follow us
Join us online
drugfoundation.org.nz/connect

NZ.

01

IQ HARM FROM TEEN POT USE

A study from Otago University and Duke University has shown persistent regular cannabis use before the age of 18 results in an average decrease of 8 IQ points and other signs of impaired mental functioning in later life.

Using data from the Dunedin Multidisciplinary Study, researchers also found that quitting or reducing cannabis use did not restore mental functioning and the IQ decline could not be explained by alcohol or other drugs or reduced years of education.

Senior lecturer at Otago University Dr Simon Adamson said the scale of reduction in IQ was alarming and that we must focus energy on reducing the prevalence of cannabis use in adolescence.

RESOURCES

Read more about the paper here
nzdrug.org/IQandCannabis

03 "We did it because of the children."

ARATAKI RUGBY CLUB PRESIDENT MICHAEL RAWIRI

RUGBY CLUBS are taking a stance against the relationship between rugby and alcohol.

MAC Old Boys in Hawke's Bay is planning to make its new clubrooms alcohol free as is Bay of Plenty club Arataki, which has also banned alcohol on the sideline.

Hastings Councillor Henare O'Keefe is behind the move at MAC and says that alcohol has damaged his community.

"Solutions have to come from within. We are not talking about abstinence, we are saying this is an alternative, try it," O'Keefe said.

Arataki Club President Michael Rawiri said the move was instigated by players.

"We wanted to get rid of the reputation the club had, and the community at that time wasn't in the best of states, so we thought let's try and change something."

04 Detox centre in Dunedin

Average number of people a year Dunedin police lock up or transport home because they are intoxicated.

The Police Conduct Authority recommended detox centres be set up to avoid the death of intoxicated people in cells after it was revealed there had been 27 deaths in police custody between 2000–2010, 20 of which were drug or alcohol related.

Dunedin Clutha Area Commander Inspector Greg Sparrow said drunk people were harder to deal with.

"Many of the people we deal with in custody are drunk, have taken drugs, have mental health issues or all three," said Sparrow.

For more on this, see page 26.

05 Babysit my cannabis please?

NORTHLAND man Brian Borland asked a police officer to look after his cannabis seedlings because he had no place to keep them.

Mr Borland was handing himself in at Whangarei Police Station for outstanding warrants.

Vowing to continue to defy New Zealand's cannabis laws, Mr Borland said he "could not see any reason why it should be banned" and that prohibition had made thousands of ordinary Kiwis criminals.

Mr Borland pleaded guilty to the charges of cultivating cannabis and breaching his special release conditions and has since been sentenced to Ngawha Prison for 6 months.

The 39 seedlings have since been destroyed.

02

336 DRUG TESTS CONDUCTED on prospective Department of Corrections employees since February 2012.

$20,311.30

THE COST TO THE DEPARTMENT OF CORRECTIONS FOR DRUG TESTING JOB APPLICANTS SINCE FEBRUARY 2012.

2 PEOPLE DECLINED JOBS WITH THE DEPARTMENT OF CORRECTIONS BECAUSE OF POSITIVE DRUG TESTS.

PEOPLE REFERRED TO THE POLICE BY CORRECTIONS BECAUSE OF POSITIVE DRUG TESTS.

PEOPLE TURNED DOWN FOR JOBS WITH CORRECTIONS DUE TO POLICE VETTING.

$62.8M

06

A CONSERVATIVE estimate of the cost of alcohol-related injuries and illness to Canterbury's health system.

The report by BERL shows that alcohol-related harm costs have almost doubled since 2006, with over 19,000 people admitted to Canterbury hospitals in 2011 with alcohol as a contributing factor.

National Addiction Centre Director Doug Sellman said that there was a gap between the data recorded and what doctors saw.

07 Customs officer linked to Silk Road

A NEW ZEALAND Customs officer has been found to have software allowing him to access the Silk Road online drug market.

Silk Road is an anonymous marketplace where people can purchase drugs from methamphetamine to MDMA.

The officer, who has name suppression and has separately been charged with methamphetamine supply, said he had been researching the platform for work. Customs have said this is unlikely.

Customs said there had been a significant increase in interceptions linked to the Silk Road.

08 Lollies sold in blister packs

LOLLIES being sold in packaging that makes them look like medication has been slammed as irresponsible by the National Poisons Centre.

"Any foodstuff that looks like medicine or medicine that looks like food is a big no-no," said National Poisons Centre Director Dr Wayne Temple.

Dr Temple said that such packaging will confuse children into thinking prescription medicines are sweets.

A spokesperson for the distributor of the products admitted they resemble Panadol but claimed "there are so many other products on the market like this" and there had not been any complaints about the packaging.

09

THE NEW ZEALAND Arrestee Drug Use Monitoring report shows a rise in people who have been arrested while under the influence of alcohol and other drugs. Forty-one percent of surveyed arrestees in 2011 had used alcohol prior to being arrested compared to 36 percent in 2010. The report also showed that the number of alcoholic drinks consumed prior to arrest had increased from an average of 12 to 16.

RESOURCES

Read the full report here **nzdrug.org/arresteedrugreport**

41% OF PEOPLE ARRESTED IN NEW ZEALAND IN 2011 USED ALCOHOL PRIOR TO BEING ARRESTED

21% OF PEOPLE ARRESTED IN NEW ZEALAND IN 2011 USED OTHER DRUGS PRIOR TO BEING ARRESTED

10 ALCOHOL HARM

Alcohol contributes more harm to bystanders than those drinking, a recent study published in the *New Zealand Medical Journal* shows.

The study says not enough monitoring is happening, and until the effects on others were properly measured, the burden of alcohol in communities would continue to be underestimated.

40% OF PEOPLE INJURED IN CAR ACCIDENTS WHERE ALCOHOL WAS A FACTOR HAD NOT BEEN THE DRINKER RESPONSIBLE

25% OF THOSE KILLED IN CAR ACCIDENTS WHERE ALCOHOL WAS A FACTOR HAD NOT BEEN THE DRINKER RESPONSIBLE

31% OF ASSAULTS ON STRANGERS HAD ALCOHOL AS A FACTOR

49% OF HOMICIDES HAD ALCOHOL AS A FACTOR

World.

77%

01 of UK MPs think drug policies are not working

A SURVEY commissioned by the UK Drug Policy Commission (UKDPC) found 77 percent of UK MPs believed current drug policies are not working.

However, the poll also found that there was no consensus on what changes should be made, with only 31 percent saying there should be a relaxation for personal use.

The survey noted that many MPs (76%) thought it would be hard to have an objective debate about drug policy due to the controversial nature of drugs.

Chief Executive of the UKDPC Roger Howard said it was clear there needs to be fresh thinking on drug policy.

"UKDPC will look at how we can tackle drug problems and get better value for public money when we publish our report next month on the future of drug policy," said Mr Howard.

Danny Kushlick of Transform said they were delighted to see the high numbers of MPs acknowledging the problem.

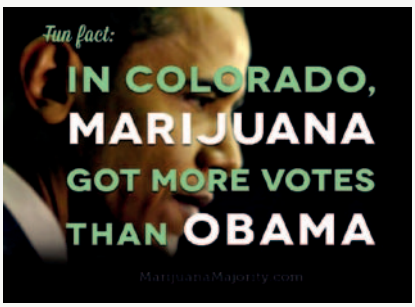
Mr Kushlick went on to say that "given so few [MPs] appear to know what to do about it, conducting a review of all options, including decriminalisation and legal regulation, would provide the evidence for Parliament to pursue an effective approach."

Importantly, there was little difference in attitudes between MPs from different parties.

READ MORE HERE

Read the final report here **http://nzdrug.org/RYO6CM**
Read the UKDPC's survey findings here **http://nzdrug.org/T6Lwb0**

02 Two US states legalise cannabis



CITIZENS of Washington and Colorado have voted to allow the recreational use of cannabis.

Colorado will allow people to possess up to 28 grams (one ounce) of cannabis, and/or up to six plants. Washington will allow the purchase of up to 28 grams of cannabis from a licensed retailer.

In Colorado more people voted to legalise cannabis than people voted for Barack Obama.

Colorado Governor John Hickenlooper said that the voters had spoken and the state would respect their will.

"This will be a complicated process, but we intend to follow through. That said, federal law still says marijuana is an illegal drug so don't break out the Cheetos or Goldfish too quickly," Governor Hickenlooper said

The Department of Justice is yet to comment on how the states' laws will work with the enforcement of the federal Controlled Substances Act.

03 Canberra jail gets NEP

PRISONERS in Canberra's Alexander Maconochie Centre will be the first in Australia to access a needle exchange programme.

Prisoners will be able to exchange a dirty needle for a clean one and will be overseen by medical professionals in conjunction with drug counselling and support.

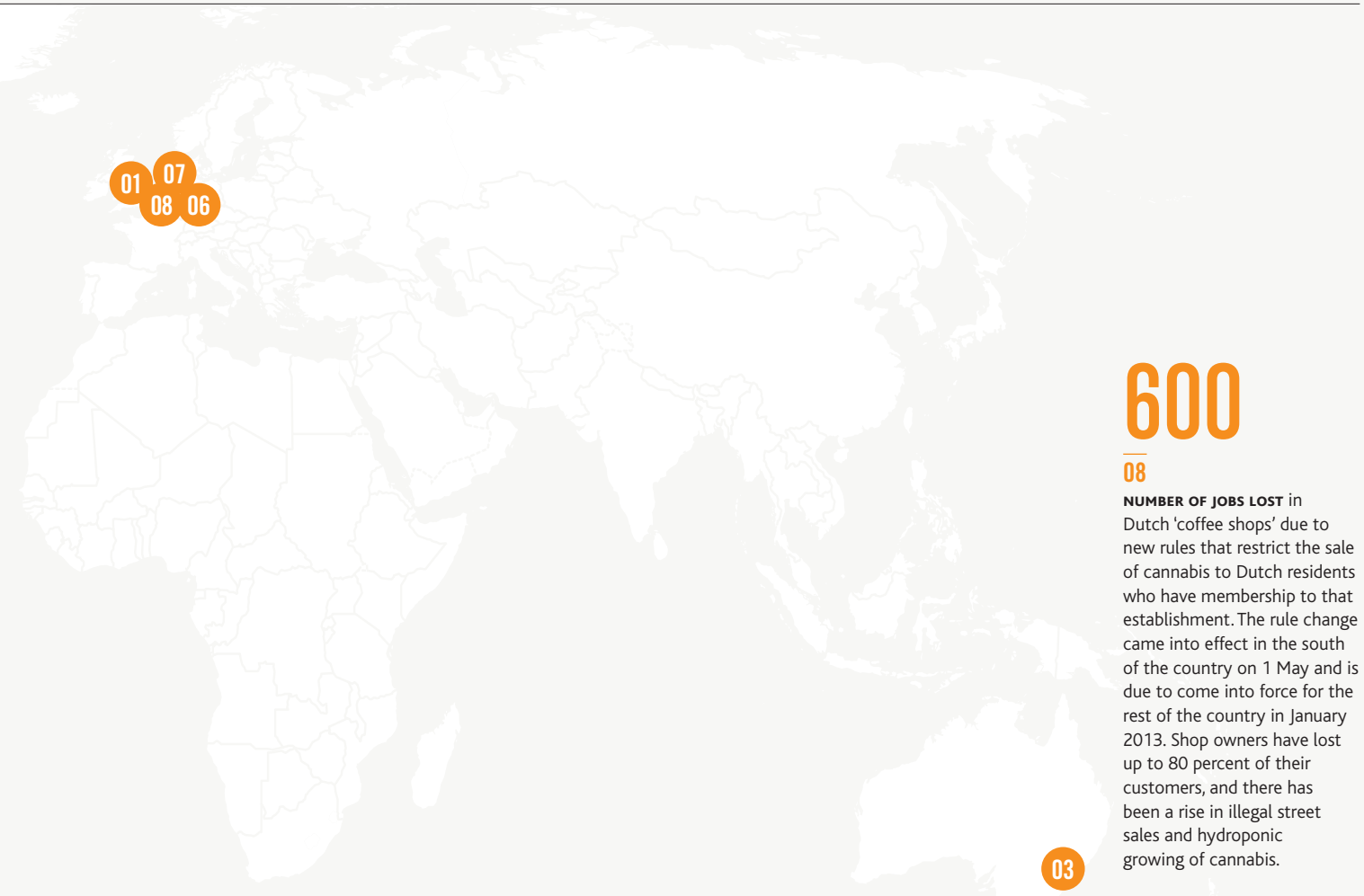
Chief Minister Katy Gallagher hopes to have the programme up and running next year after a consultation process that includes the union for prison guards, which is worried about safety.

04 Cannib-art

BRAZILIAN artist Fernando de la Rocque has been making stencils of political and religious icons and using cannabis smoke to 'paint' them.

De la Rocque said, "More important than freedom to smoke marijuana is the freedom to think about it and make art with it."

Each print takes up to a week to finish with up to five joints every day.



600

08

NUMBER OF JOBS LOST in Dutch 'coffee shops' due to new rules that restrict the sale of cannabis to Dutch residents who have membership to that establishment. The rule change came into effect in the south of the country on 1 May and is due to come into force for the rest of the country in January 2013. Shop owners have lost up to 80 percent of their customers, and there has been a rise in illegal street sales and hydroponic growing of cannabis.

05

"It is our duty to determine – on an objective scientific basis – if we are doing the best we can or if there are better options to combat this scourge."

Colombian President Juan Manuel Santos addressing the United Nations General Assembly in late September calling for a rigorous debate on the methods employed by the United States-led War on Drugs. Santos was joined by the presidents of Mexico and Guatemala who voiced similar concerns at the basic premise of the prohibitionist approach, which has led to increased violence in Latin America.

WATCH

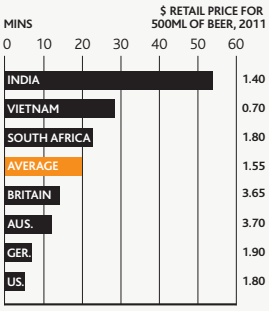
Watch President Santos here **http://nzdrug.org/T3auxB**

06

7 MINUTES

BEER AND LABOUR

Minutes of work required to purchase 500ml of beer*



Retail price divided by median hourly range*
SOURCE: UBS

7 MINUTES How long it takes for the average German to afford 500ml of beer. In the wake of Oktoberfest, Swiss Bank UBS calculated how long it would take for people earning the national median wage of their country to purchase half a litre of beer at retail prices. People in the USA only have to work for about 5 minutes while people in India have to work for almost 1 hour to afford 500ml of beer. The global average was 20 minutes.

07 Drink faster from a curved glass

RESEARCHERS from the School of Experimental Psychology at the University of Bristol have found that the shape of the glass influences the rate of consumption of alcoholic beverages. The study showed that, while drinking from straight glasses, participants consumed alcoholic beverages 60 percent slower than participants drinking from curved glasses. Participants were also less likely to be able tell when they had drunk half of their drink when drinking out of a curved glass. The rate at which non-alcoholic beverages were consumed did not change depending on the shape of the glass.

READ MORE HERE

Read the full study here **http://nzdrug.org/R6azfS**

09

13

NUMBER OF SECRET SERVICE EMPLOYEES SENT HOME FROM COLOMBIA EARLIER IN THE YEAR DUE TO "DRUNKEN PARTYING WITH PROSTITUTES"

"Moderate"

AMOUNT OF ALCOHOL SECRET SERVICE AGENTS WILL BE ALLOWED TO CONSUME WHILE ON ASSIGNMENT BUT NOT ON DUTY

"None"

AMOUNT OF ALCOHOL SECRET SERVICE AGENTS WILL BE ALLOWED TO HAVE WHILE IN THE SAME HOTEL AS THE PERSON THEY'RE PROTECTING, EVEN IF THEY'RE OFF DUTY

100

NUMBER OF SECRET SERVICE EMPLOYEES TO UNDERTAKE ETHICS TRAINING SO FAR

4,900

NUMBER OF SECRET SERVICE AGENTS AND OFFICERS STILL TO UNDERTAKE ETHICS TRAINING

UNTOUCHABLE?

Thirty-seven years into the War on Drugs, the 2012 United Nations World Drug Report says the rate of reported cannabis use in Oceania (essentially Australia and New Zealand) is between 9.1–14.6 percent – the highest in the world. But its possession and use remain illegal. Hundreds of thousands of police hours and more than a $100m a year go into enforcing that. Is it worth it? With the government promising to overhaul drug law during this parliamentary term? PENNY MACKAY tried to find out.

Governments have long asked their citizens to keep off the grass.

PENNY MACKAY

T'S brisk business on a Tuesday morning at Wellington Hospital emergency department. A cyclist hit by a car in the centre of the city, a baby who won't stop crying, a skateboarder who's taken a tumble. Specialist Paul Quigley takes a few moments away from the frontline to talk about the number of presentations directly related to cannabis that he sees in ED. That would be virtually none, he says. He's more likely to see presentations relating to the side effects of criminalising the drug.

"Like the violence, say at the tinny houses, perhaps because someone cannot pay up or there's involvement in theft and other crime. And we see the effects of some of the social deprivation that goes on as well because of the elevated prices."

By comparison, he sees plenty of people suffering the effects of alcohol and nicotine.

"It's about 500 alcohol presentations to every one drug presentation, whether that be opiates, benzos or street drugs. And then there's all the nicotine-related presentations – heart disease, lung disease, vascular disease, the cancers…"

But Quigley is quick to point out that the very act of smoking cannabis is not without hazards and can lead to mouth, lung and tongue cancer, as well as emphysema. It's all very well to justify smoking cannabis by saying 'Well at least I'm not smoking tobacco', but the smoke harm, he says, is just as bad.

Care NZ would agree the drug is hardly benign. The organisation provides addiction treatment to about 5,500 people a year, including prisoners. Its Chief Executive, Tim Harding, says the dependence that heavy users of cannabis can develop often becomes apparent only when they try to give up.

"People go through the first week thinking 'This is no big deal, it's a piece of cake,' but during their second week, he says, where they have been used to the sedative effect of it in their system, they're clutching their seat and bouncing off the walls. They are not enjoying themselves at all. It's very psychological, but it has physical aspects as well. They're agitated, there's huge craving. People who say there is no withdrawal from cannabis obviously haven't worked in the services I've worked in."

Tim Harding says Care NZ's school programmes indicate that cannabis is the drug of choice of 64 percent of those 15-year-olds and younger that have a substance dependency. That reduces to just 12 percent of clients 51 to 60-years-old, but he says that doesn't mean cannabis use is simply a rite of passage.

"Many of them may eventually give it up, but by then they may've completely disengaged with education, they're

Protesters often spark up in front of the Beehive to show their contempt of New Zealand's cannabis laws.

25%

"...a quarter of the population has a gene that makes them prone to psychosis, if they regularly use cannabis in adolescence."

suffering mental health problems and have other health issues. We mustn't underestimate the effect this has, particularly when they are growing up."

Research from the University of Otago longitudinal study of more than 1,000 New Zealanders born in Christchurch in 1977 indicates that regular, heavy cannabis use is associated with a significantly increased risk of psychosis.

"...a quarter of the population has a gene that makes them prone to psychosis, if they regularly use cannabis in adolescence."

Adding weight to those findings, a leading British professor of psychiatry, Robin Murray, says about a quarter of the population has a gene that makes them prone to psychosis if they regularly use cannabis in adolescence. He says that New Zealand's rate of cannabis-related schizophrenia is about 8 percent.

While devastating to the cannabis user and their family, the addiction psychiatrists at Wellington's Community and Alcohol Drug Service, Drs Jeremy McMinn and Tom Flewett, believe the incidence of cannabis-related psychosis should be kept in context. They say 80 percent of their work is related to alcohol problems, and very few clients arrive with a cannabis-related mental health issue.

These measured, quietly spoken doctors, who see some of the worst effects of drug addiction, say they speak on behalf of all their colleagues around New Zealand when they say drug prohibition has been a failure. Decriminalisation will not, they say, lead to 'chaos, illness and crime' and would in fact make their practice easier. At present, they have trouble getting some clients to engage with treatment. As they observe soberly, if someone is participating in an illegal activity, they are unlikely to feel freed up to talk about it.

A leading 2010 British study concluded there was no logic to official drug classifications, which purport to rank them according to the harm they cause.

Two independent groups of experts looked at the personal and social harms caused by 20 drugs and found alcohol to be overall the most dangerous drug, ahead of substances like heroin and methamphetamine. Nicotine was sixth most harmful and cannabis eighth.

So why are alcohol and nicotine legal and cannabis not?

The head of Victoria University's Institute of Criminology, Associate Professor Julian Buchanan, says drug laws of western countries are based on the United Nations Single Convention on Narcotic Drugs 1961. He says many of the people who wrote the convention drank

Peter Dunne has no plans to touch New Zealand's cannabis law.

> **"Why open Pandora's Box? There are problems associated with our current control strategies and I freely concede that."**
>
> Peter Dunne

alcohol and smoked tobacco.

"They just did not see alcohol and tobacco as 'substances'. But the people who were using opium, largely Asian people, and those using cannabis, largely people from a black African background, were perceived as outsiders and a threat to the mainstream. So the reasoning behind the convention is really an enmeshment of discrimination as well as ignorance."

And Dr Buchanan says the inertia of successive governments to remediate that is largely due to politicians wanting to be seen as tough on drugs. "It's a sort of a punitive populism with politicians framing drugs as the 'enemy within'. A declaration of war on that enemy is a major vote winner, it really is as simple as that."

In New Zealand, someone caught by the police with a small amount of cannabis can be sentenced to 2 years in jail. Larger amounts, 8 years. But the National Crime Manager Detective Superintendent Rod Drew explains that between being caught, and possible imprisonment, stands the judgement of the individual police officer. He says officers' discretion is one of the cornerstones of policing in this country and allows for a range of responses to the discovery of someone's stash, including a warning and diversion through to full arrest and prosecution.

But last year's Law Commission review of the Misuse of Drugs Act 1975 said, while police discretion does offer the opportunity for a proportional response, it also allows for unfairness, discrimination and uncertainty.

Defence lawyer and leader of the Aotearoa Legalise Cannabis Party Michael Appleby also finds convictions relying on judges' discretion unsatisfactory. He says a ruling sometimes depends on whether or not the defendant is appearing before a rural or urban judge and can also depend on the age of the judge.

> **"...officers' discretion is one of the cornerstones of policing in this country and allows for a range of responses to the discovery of someone's stash."**

"I know for a fact there are judges who have smoked cannabis, MPs who have smoked cannabis, there are Crown prosecutors who have smoked cannabis, there are Queen's Counsel who have smoked cannabis. But of course they don't get caught because it is done discreetly."

Former undercover drugs officer and now defence lawyer Tony Bouchier worries about the lost opportunities when young people do get caught and then convicted.

"There is a huge economic argument about the imposition of a criminal conviction on someone for drug use

because all it's going to do is result in them not taking the same full part in the community that they could have done without that conviction."

A Massey University study released in April found that arrests for cannabis possession had halved since 1991. But Rod Drew rejects any suggestion that figure indicates a move towards informal decriminalisation. He points to an increase in the number of arrests for cannabis possession and cultivation between 2008 and 2010. The vast majority of those arrests ended in prosecution.

"We recognise very strongly that cannabis use is an issue in New Zealand. We have very high cannabis use here, and we also know there are very strong links to organised crime with cannabis and other drugs. We have concerns in regard to burglaries and other crimes there are lots of where there is a cannabis element. We also have real concerns in relation to the drug dealing or tinny houses where we often find children. These are very unhealthy environments for them to be in."

When asked if the police are winning the 37-year-old War on Drugs, Rod Drew says there needs to be a "longer-term look" at enforcement but believes the police are "doing well". He does not say the police are winning the war.

Raids come at a price. New Zealand economic research company BERL found police enforcement of cannabis activities cost $116m in 2005–2006 and accounted

Medical MARIJUANA

IF THERE is any official loosening of cannabis law, it will perhaps come first in the medical area.

A Golden Bay woman was recently discharged without conviction for growing cannabis to relieve her amputee husband's pain. Defence lawyer Michael Appleby and leader of the Aotearoa Legalise Cannabis Party says the Golden Bay case is an example of judges taking more personal factors into account.

"I think the judge acknowledged that the consequences of a conviction would be out of all proportion to the gravity of the offence. And what he was doing was just heeding what the High Court has stated in *Jackson*, a Christchurch case, that, when people do use cannabis for medicinal purposes, then the 'sin' is much less serious."

Medicinal cannabis is in fact available in New Zealand, under the brand name Sativex.

But for any use other than to reduce spasms in multiple sclerosis, doctors must complete a great deal of paperwork, get approval from the Health Minister to prescribe it and complete follow-up observations. For the patient, it costs about $1,000 for a month's supply.

The organisation leading the charge to make medicinal cannabis legally and easily available, GreenCross, says that is way beyond the budget of virtually everyone.

The head of GreenCross, Billy McKee, says his organisation advocates for a regime similar to that in 16 US states where people can apply to possess or grow a limited number of plants for their own use.

McKee, an amputee after being knocked down by a car in 1975, says he had big trouble with medication prescribed by his doctors for the constant pain of damaged nerve endings. He says it left him with side effects like nausea so severe he was unable to function day to day.

"So I started using cannabis, and it worked really well. I could get a good night's sleep and I could wake up in the morning with a clear head. I also used it as a poultice. If I had to walk on my stump and it got really sore, I just put some cannabis on, and within 20 minutes, I could get to sleep, which is quite fantastic."

Billy McKee says mainly elderly women belong to GreenCross as they are fearful of going near the gangs that sell the drug. Instead, they have come to him in the past for their supply. The former mechanical engineer is now facing four charges of supplying cannabis and one charge of growing it and was due to face trial in late October.

Ben, who is an amputee as the result of a blood disorder, smokes cannabis because the opiates prescribed to him leave him groggy and a "danger on the road". He plays basketball with 22 other wheelchair users and every one of them smokes weed to get to sleep and to ease pain. He says just three smoked before they became disabled.

"So I started using cannabis, and it worked really well. I could get a good night's sleep and I could wake up in the morning with a clear head. I also used it as a poultice. If I had to walk on my stump and it got really sore, I just put some cannabis on, and within 20 minutes, I could get to sleep, which is quite fantastic."

Ben is fed up with ridicule and judgement and being made to feel like a criminal and having to deal with the gangs. He wants medical cannabis to be made freely available.

But Associate Health Minister Peter Dunne has already ruled out even clinical tests on cannabis leaf, citing the availability of Sativex. ■

for 334,000 policing hours. And yet Law Commission findings are that about a third of 18 to 24 year-olds are current cannabis users.

Such statistics lend support to the view that prohibition has failed. But does that justify freely launching a third drug, after alcohol and nicotine, onto the New Zealand community?

Phil Saxby from the National Organisation for the Reform of Marijuana Law (NORML) advocates for cannabis to be legalised and bought and sold in a regulated taxable market. Rather than being a drain on the state in enforcement costs, housing prisoners, deaths and injuries, he says, cannabis sales could help support the state.

"I'm not going to argue that taxing the system is going to solve all the problems. We would still have drug issues in New Zealand, but it wouldn't all be a drain, at least some tax money would be coming back in."

But Associate Minister for Health, Peter Dunne says changing the legal status of cannabis would mirror what is happening now with alcohol.

"Why open Pandora's Box? There are problems associated with our current control strategies, and I freely concede that. But I think they are minimal compared with the bigger problems that you would have if you said, 'Well, the way to control this problem is to effectively have no control'."

President of the Secondary School Principals Association Patrick Walsh agrees. He says that, in the mind of a teen, decriminalising cannabis is sanctioning it as acceptable. He likens the ensuing problems to what happened with the synthetic version, Kronic, where he says there was a huge uptake by students, with some 'disastrous' consequences.

And Patrick Walsh says what can happen to students who regularly smoke cannabis is too serious to dismiss. [See sidebar 2.]

"They become aggressive, they have short-term memory loss. Nurses and teachers report regular users are unmotivated, lack energy and sometimes have poor judgement. Students can also lose interest in sport and can become socially isolated."

So what is the experience of other countries that have changed their laws?

Many speak of the Portugal model where, in 2001, possession of all drugs was decriminalised, although supplying them remained an offence. Chief executive of the Drug Foundation Ross Bell describes its success.

"At the same time, they put in what was essentially an arrest-referral system where, if the cops picked you up, you appeared before some experts who assessed you, and if you were drug dependent, you went to treatment. If you were not dependent, there would be some kind of civil sanction. Portugal also invested heavily in drug treatment services."

A measured analysis from the University of New South Wales found that decriminalisation in Portugal led to a short-term increase in experimental use, but problematic drug use, drug-related harm and jail overcrowding all reduced.

In the Netherlands, decriminalisation, 36 years ago, of possessing small amounts of cannabis gave rise to the coffee shop culture where people could smoke dope without fear of arrest.

Tony Bouchier, who is of Dutch descent, regularly visits the country and says there is "life after cannabis decriminalisation". He says the worries New Zealanders have about loosening marijuana law have not been exhibited in the Dutch community.

While New Zealanders appear divided on what to do about cannabis law, most seem to agree on one possible change: moving possession and use from being a criminal justice issue to one of health. The idea is supported by NORML, the Law Commission and many in the drug treatment, justice and health sectors.

Care NZ's Tim Harding is one of them.

"Why not continue to send a very strong and clear message that cannabis use is destructive? But at the same time put in mechanisms so that people who get caught get sent towards health rather than criminal justice. There is seldom a gain in putting someone into the justice system, but there is tremendous gain if you can put them in front of the right people to talk to them about their cannabis use."

But what about the burden on an already overstretched health budget? Ross Bell says the state swaps priorities.

"Of course, channelling people towards health would take a lot of resources, but if we are propelling fewer people through the very expensive criminal justice system, we can shift that money into interventions that really work."

Associate Minister Peter Dunne says, in line with the government's official drugs policy of harm minimisation, $1.2m is spent each year on drug education and health promotion.

But as for moving it from criminal

"...decriminalisation in Portugal led to a short term increase in experimental use, but problematic drug use, drug-related harm and jail overcrowding all reduced."

justice to health, Mr Dunne says the law is the law and New Zealand must comply with its international obligations under the UN Single Convention on Narcotics 1961.

The UK charitable think tank, the Transform Foundation, says policy makers have used prohibition as a smoke screen to avoid addressing the social and economic factors that lead to problem drug taking.

Ross Bell says the examination by the World Health Organization of drug laws of different countries would seem to back that up.

"They found that countries with tough drug law did not necessarily have low drug use. But there were countries with tough drug law that did have low drug use.

So what they concluded was that drug law has little influence over drug use per se. But there are these bigger social issues that need to be looked at."

So what are the government's priorities in dealing with cannabis use? Peter Dunne says during this parliamentary term an obsolete drug addiction Act will be replaced. A new regime is to be introduced to put the onus of proving synthetic psychoactive substances are safe on their producers, making party pills and their like illegal until officially approved by the Ministry of Health.

"Of course, channelling people towards health would take a lot of resources, but if we are propelling fewer people through the very expensive criminal justice system, we can shift that money into interventions that really work."

The overhaul of the Misuse of Drugs Act is on its way. Dunne's office says it will progress next year, with the review of the National Drug Policy and the Law Commission's review feeding into it. In recent times, the emphasis has been on addressing the need for a psychoactive substances regime.

But, Dunne insists, as does the Minister for Justice Judith Collins, cannabis law will remain untouched. ■

Penny Mackay is a radio journalist. This article is based on an *Insight* documentary she did for Radio New Zealand in May 2012. To listen, go to nzdrug.org/RNZcannabis

CANNABIS USE AND THE *disappearing* IQ POINTS

DR RICHIE POULTON

"It is not a case of one specific cognitive function being affected and others left intact. The effects are pervasive and that is even more concerning."

LATEST research from Otago University has established a link between frequent, long-term cannabis use and diminishing intellectual function.

Researchers in the Dunedin Longitudinal Study had tested the IQ of the 1,000 participants in their teens and found last year that among the now 38-year-olds who had smoked cannabis long term and often, there was an average loss of 8 IQ points.

"That's substantial," says research leader Richie Poulton. "Such a loss would impair what is known as 'executive processing'; the ability to plan, make judgements, the speed of information processing and the capacity to comprehend information."

Those most at risk began using cannabis before 18 years of age and were continuing to smoke it more days than not, 20 years later.

"It is not a case of one specific cognitive function being affected and others left intact. The effects are pervasive, and that is even more concerning."

The study sent questions to people nominated by the 38-year-olds: do they have problems with memory or attention, do they have trouble remembering names, do they go to the shops and forget why they are there or fail to keep an appointment? How difficult is it for them to follow an argument or discussion, how difficult is it for them to attend to issues at hand, how easily are they distracted?

"If someone starts out with an IQ of 150 in their teens, the loss of 8 points isn't going to make a big difference. But if they have an IQ of 100, which is the average, they go from being in the 50th percentile or halfway through the population, to the 29th percentile, which means they are near the cusp of the bottom quarter of the population – certainly they're in the bottom third.

"Of course, some IQs will have dropped less than 8 points, some more. So if you accept that our 1,000 study members are an approximate representation of the general population, there are a number of people in the New Zealand community who will be really struggling because of sustained cannabis use," says Professor Poulton.

He says it's important to realise the conclusions are about a small number of cannabis users who can get into trouble, not about the person who has the odd joint.

"But for those it does affect, the consequences are significant. IQ predicts length of education, type of jobs likely to be won, jobs performance, as well as physical health like inclination to dementia, cardiovascular health and even how long you live." ■

Television

the drug of the nation

Televised clinical trials of MDMA might drive ratings but are they good for science and the understanding of drug-related harm? **Russell Brown** explores the rise of drug TV. It's addictive viewing.

RUSSELL BROWN

WHEN it was revealed recently that British comedian Keith Allen was to take ecstasy on live TV in the interests of science, the Home Office was unimpressed.

"Televising the use of illegal drugs risks trivialising a serious issue," read a stern statement provided to *The Observer*. "Our licensing regime allows legitimate research to take place in a secure environment so that harmful drugs can't get into the hands of criminals. There is no evidence to suggest that the current listing of MDMA as a Schedule 1 substance is a barrier to attracting funding for legitimate purposes."

To be fair, Channel 4's record of television-as-raw-spectacle – and Allen's record of enthusiastic partying – did not promise an increase in the sum of human understanding.

But *Drugs Live: The Ecstasy Trial* did actually turn out to embody a genuine, controlled trial exploring MDMA's effect on the brain, funded from the programme's production budget. The experiment, designed by researchers Val Curran and David Nutt, was designed to test MDMA's potential in therapy for post-traumatic stress disorder. The 26 subjects were given 83mg of MDMA or a placebo, placed in an MRI scanner for 90 minutes, then subjected to cognitive and perceptual tests. Eight among them, including Allen and the novelist Lionel Shriver, were also interviewed for TV.

> **"When did you last see a popular television show that showed and explained what a double-blind trial actually was?"**

No one actually took an E on live TV, and the entire experiment could have been conducted without being televised at all. So was there a point to the programme? Well, yes. When did you last see a popular television show that showed and explained what a double-blind trial actually was?

In the event, the twin-night live TV event that commentators feared would trivialise science probably erred too far on the side of sobriety. The most common complaint from reviewers was that *Drugs Live* was boring. But the two million-odd viewers (tens of thousands of whom tweeted along as they watched) did get to see real scientists debate the science around the drug. Curran and Nutt were enthusiastic about their results, but Swansea university psychology professor Andy Parrott declared MDMA still not worth the risk as a therapeutic option.

Viewers also got visible proof of an important fact: psychoactive drugs affect different people differently. One subject, Hayley, an ordained priest, had what appeared to be a remarkable and fulfilling experience, but former SAS officer Phil Campion was plainly distressed under the influence.

In the course of fitfully successful efforts to provide information about the drug, the programme revealed that a third of the 'ecstasy' pills seized at Glastonbury Festival contained no MDMA, but instead potentially dangerous substances such as BZP and TFMPP, "which can cause vomiting, fits and irregular heart rhythms". (Yes, those are the potentially dangerous

substances that were for sale in New Zealand dairies while MDMA was a class A drug).

It might have tried the patience of some reviewers, but *Drugs Live: The Ecstasy Trial* demonstrated that it is possible to have a sane, sensible media discussion about psychoactive drugs.

Meanwhile, a rather different kind of programme – National Geographic channel's series *American Weed: Mile-High Showdown* – has demonstrated that reality TV has its uses too. Technically, it's an 'obs-doc' – an observational documentary – and it balances the personal narratives of its core cast members with a compelling look at how complex cannabis law reform can be.

It's set in Colorado, where medical marijuana laws have made things tricky for cops, criminals and everyone else. The police in Colorado appear to raid illicit marijuana operations with some gusto – but they have to be careful to only take a little leaf for testing in case it's claimed that the crop is being legally grown for medical use. Illicit marijuana growers face the irksome competition of new-agey types and whiny twentysomethings selling the product perfectly legally from their clean, pleasant 'health centre' premises. The health centres in turn catch heat from citizens who organise community referenda in pursuit of bylaws that make their businesses difficult, or even impossible, to run. Things get tense.

"In theory, this sort of show should humanise its subjects, but even its protagonists, the police officers, do little more than disgorge clichés and unchallenged assertions."

American Weed is compulsory viewing for anyone interested in drug reform. It demonstrates that, done the way it has been in Colorado and other states, medical cannabis is highly likely to (as its critics point out) weaken prohibition overall. More than 100,000 state residents are licensed to buy medical pot, but the programme makes clear that many of them do so with recreational intent too. By the time you read this, Amendment 64 to the state constitution may well have passed, legalising, taxing and regulating the possession and cultivation of cannabis by adults. That's the next series sorted, then.

We could have programmes as provocative as these. Instead, we have TV3's *Drug Bust*, which is *American Weed* without the civics, *Drugs Live* without the science. It's wholly to do with the spectacle of the bust. In theory, this sort of show should humanise its subjects, but even its protagonists, the police officers, do little more than disgorge clichés and unchallenged assertions. We never really find out where anyone else comes from or where they end up.

If the other two shows are examples of popular television that might take us somewhere in terms of policy, New Zealand's *Drug Bust* is simply about policing. And we're not going to learn much from that at all. ■

Russell Brown blogs at publicaddress.net and hosts Media3.

INFORMATION

About THE Drug

Psilocybin

[3-(2-Dimethylaminoethyl)-1H-indol-4-yl] dihydrogen phosphate

OR

MAGIC MUSHROOMS

8%

of New Zealanders have tried magic mushrooms.

190 9 NZ

number of species of psilocybin mushrooms. Only 9 are found in New Zealand.

3–8

Number of hours psilocybin alters your mind.

$35

Street price for a bag of 50 "magic mushrooms". Can also be bought for $1 each.

1

Total number of deaths related directly to magic mushrooms in New Zealand.

The Aztecs called them teonanácatl, scientists call them *Psilocybe*, rappers refer to them as shrooms. No matter what you call them, magic mushrooms are an internationally disbursed fungus that can have mind-altering effects.

TEONANÁCATL (literally translated as 'divine mushroom') had been used for centuries in native South American religious rituals, alongside other organic hallucinogens such as peyote, to commune with the Gods.

The first mention in Western medical literature of magic mushrooms was from 1799 in the *London Medical Journal*. Everard Brande decided to pick mushrooms off London's Green Park for breakfast. After stewing them, he served them up to his four children. Luckily for Mr Brande, the only effects were for his son to have "fits of immoderate laughter" and one of his daughters to experience vertigo. Responsible parenting much?

"You'll see me, I'll be there, with my nose in the grass. One for me, one for you, two for me, one for you. Three for me, one for you. End of the sack now, the fungis they are in bloom, yeah."

Incubus, *Psychopsilocybin*

In 1955, Vice President of J P Morgan investment bank Robert Wasson set off deep into south Mexico, in the mountains of Mixeteco, to experience first-hand an ancient rite involving 'nti sheeto – divine mushrooms. He published a 14-page investigation of the cultural ceremony and effects of the fungus in *Life* in 1957. The article coined the term 'magic mushrooms'. Wasson has two species of mushroom, *Psilocybe wassonii heim* and *Psilocybe wassonorum guzman*, named after him.

In 1958, Albert Hoffman – the father of LSD – isolated psilocybin and synthesised it. Throughout the 60s, psilocybin was tested for it use in psychotherapy and clinical psychiatry. Due to its similarity to LSD, psilocybin was made a Schedule 1 drug in the USA, making funding hard to come by, and research declined.

The American National Institute on Drug Abuse does not consider psilocybin to be addictive as it does not produce compulsive drug-seeking behaviour. This has been backed up by lab rats who managed to maintain a healthy lifestyle given the opportunity to self-administer. In fact, other studies have shown that there are diminishing returns for using more psilocybin once the optimal amount for a mind-altering state has been reached.

Independent Scientific Committee on Drugs has said that magic mushrooms rank very low on the harm scale and that, unlike many other recreational drugs, psilocybin is fairly non-toxic.

As with all drugs, there are side effects. You can never be sure of the dose you're getting if you eat mushrooms. There are so many variables that can affect the amount of psilocybin in them. So caution for any intrepid fungiphages.

The 2009 Tracking the Availability of Drugs in New Zealand by the Centre for Social and Health Outcomes Research and Evaluation says that mushrooms are among the hardest drugs to find in New Zealand. That must be to purchase, because they, quite literally, grow in fields (specifically in cow shit).

Mushrooms are a class A drug in New Zealand meaning the maximum penalty for manufacturing and supplying is life in prison. Possession is a maximum of 6 months in prison. However, the New Zealand Police do not keep statistics for mushrooms in particular and lump them in with 'other or unspecified drugs'.

"Christianity has a built-in defence system: anything that questions a belief, no matter how logical the argument is, is the work of Satan by the very fact that it makes you question a belief. It's a very interesting defence mechanism and the only way to get by it – and believe me, I was raised Southern Baptist – is to take massive amounts of mushrooms, sit in a field, and just go, 'Show me.'"

Bill Hicks

The USA, UK and Australia also classify magic mushrooms in the highest tier for their drug laws, which makes it illegal to supply and to have in your possession. Until 2008, magic mushrooms were legal in The Netherlands. New laws mean that it is now illegal to supply but possession of small amounts does not lead to a criminal charge. In South America and Mexico, there may be laws against their cultivation and use, but these are hardly ever enforced.

Can mushrooms get you closer to God? Well, in 2006, Johns Hopkins University conducted a study on the spiritual effects of psilocybin. Participants – who were spiritual and had never taken magic mushrooms before – were given psilocybin gel caps.

According to the study, psilocybin "occasioned experiences similar to spontaneously occurring mystical experiences … which were evaluated by volunteers as having substantial and sustained personal meaning and spiritual significance." So, yes. Maybe. Importantly, 14 months after the study, over 60 percent of the participants said their lives were better for their trip.

Another study by Johns Hopkins has shown psilocybin may, when properly used, act as an anti-depressant, and the effects can last for up to a year. Given our prescription rate for anti-depressants keeps on going up here in New Zealand, this might be an important area of future research. As well as depression, psilocybin is being studied as a treatment for migraines and obsessive compulsive disorder. ■

Volatile substance abuse?

It's time to talk

THE FACTS

Volatile substance abuse (VSA) is a large and complex problem.

Volatile substances are common household products and easy to access.

If misused as a drug, volatile substances have the potential to kill – even the first time.

> "The Warehouse fully supports the initiative of reducing volatile substance misuse, and as a responsible retailer, we always endeavour to help customers make educated decisions when purchasing."

THE WAREHOUSE

THE NUMBERS

63

THERE HAVE BEEN 63 CASES OF DEATHS RELATING TO THE RECREATIONAL INHALATION OF BUTANE-BASED SUBSTANCES BETWEEN 2000 AND 2012.

55 OF THE 63 DECEASED WERE UNDER 24 YEARS OLD

- 24 OF THE DECEASED WERE UNDER 17 YEARS OLD
- THE YOUNGEST DECEASED WAS A 12-YEAR-OLD MALE.
- THE OLDEST DECEASED WAS A 76-YEAR-OLD MALE. HOWEVER, THE SECOND-OLDEST DECEASED WAS ONLY 32 YEARS OLD.
- OVERALL, THE NUMBER OF DEATHS PEAKED AMONG 14-YEAR-OLD MALES (6 DEATHS) AND 19-YEAR-OLD MALES (8 DEATHS). THE PEAK AGE FOR FEMALES WAS 16 YEARS OLD (4 DEATHS).

49 OF THE 63 DECEASED WERE MALE

- MĀORI HAD THE HIGHEST NUMBER OF DEATHS OF ANY ETHNIC GROUP.
- 30 OR THE 63 DECEASED WERE MĀORI.

12 12 OF THE 14 FEMALE DEATHS WERE MĀORI WOMEN.

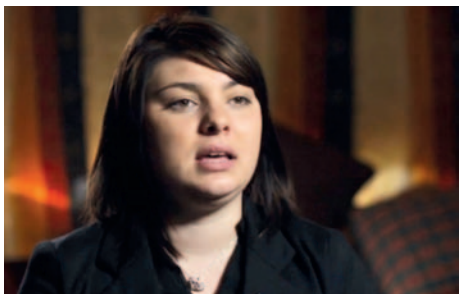
WHAT PEOPLE ARE SAYING

"This is bigger than I thought. Sixty-three deaths in 12 years. OK, not a big number in terms of the 30,000 people who die every year, but significant when you look at who it is. Kids who haven't even had a chance at life really."

Judge Neil MacLean
CHIEF CORONER OF NEW ZEALAND

"This is not the first time this has been on the political agenda. There's been select committee inquiries and petitions to Parliament and special ministerial meetings. All of these things since 1980 right through to now. The problem hasn't gone away."

Ross Bell
EXECUTIVE DIRECTOR, NEW ZEALAND DRUG FOUNDATION



"It's a reality. It's what's happening. The more we keep it in the dark, the more we don't talk about it, the more kids are going to die. More people aren't going to know what the hell it is. I didn't. I didn't know till Nathan was well dead what it was."

Kitty

"Some people like alcohol, some people like cannabis. Some of these people like the effect that solvents give them. Most are significantly challenged socio-economically – that's a common thing."

Andre McLachlan

VISIT **www.volatilesubstances.org.nz**

Commendation or condemnation

As Iran executes hundreds of people for being drug mules, the UNODC and other governments watch on. Harm Reduction International's **Damon Barrett** looks at the situation that has allowed Iran to use aid money for human rights abuses.

DAMON BARRETT

IRAN is doing a very good job, said New Zealand's Ambassador to Tehran, Brian Sanders, during a visit to cross border drug enforcement posts in July 2011. He also said Iran is to be "commended" for seizing a high percentage of drugs crossing its border.

But drugs don't travel alone. People carry them. People carry them across borders. People get caught with them. Corresponding with high seizures are high rates of arrests, prosecutions and death sentences. Well over a 1,000 people in the last 2 years have been put to death for drug offences, many in public, often without fair trial. More than 300 death sentences since the beginning of 2012. While we categorically appose all death sentences and executions, it takes no expert to see there are not 1,000 kingpins in Iran. Most of those put to death are low-level mules desperate enough to risk their lives for a tiny fee.

This is not to be commended, but condemned in the strongest and clearest terms every time Iranian drug control is under discussion. Failure to do so only legitimises Iran's abuses, as does ongoing financial and technical support for drug enforcement in the face of what Amnesty International has called a "killing spree of staggering proportions".

To mark World Day Against the Death Penalty (October 10), United Nations human rights experts called for an end to the executions in Iran. Citing breaches of international law by Iran, the three Special Rapporteurs (on human rights in Iran, on torture and on extrajudicial, summary or arbitrary executions) said they were appalled World Day Against the Death Penalty had been "overshadowed by an increase in the number of executions" in the country, mostly for drug offences.

Sadly, the coinciding public position

“It is not that everything Iran does in relation to drugs is abusive or problematic. Iran has been applauded by those in the harm-reduction field for scaling up HIV services, such as opioid substitution therapy, including in prisons.”

of the UN Office on Drugs and Crime (UNODC) was not in line with that of the UN human rights monitors. As one element of the UN works to bring an end to illegal executions, the UNODC sought to defend the Iranian government and play down its own role in the capture of people who will later face hanging. Speaking to the *New York Times*, the line of the UNODC was the same as that of the government-controlled state news agency: Iran is succeeding in its war on drugs, and we should be thankful.

For now, we can leave aside the fact that drugs remain abundant on the streets, and Iran's apparent success is a fraction of the whole – no success at all in the scheme of supply and demand and all but meaningless to health and wellbeing.

On its website, the UNODC has noted its own successes in Iran, including the capture of 61 suspected traffickers through programmes it supports. Given the rate of executions in Iran, it seems unlikely all of these people are still alive. Harm Reduction International has requested information on the whereabouts and sentences of those arrested. To date, the UNODC has not responded.

A recent report by Harm Reduction International shows western governments have provided millions of dollars in drug enforcement assistance to Iran in recent years, often via the UNODC. On 24 October, Christof Heyns, the Special Rapporteur on extrajudicial executions, presented his annual thematic report to the UN General Assembly. In it, alongside calls for an end to the death penalty for drug offences, Heyns recommended donor governments and the UNODC reconsider counter-narcotics support to states like Iran that continue to execute people for drugs. It is important that this call comes from within the UN system, when the UN is part of the problem.

Harm Reduction International, Human Rights Watch, Iran Human Rights and other NGOs have called for drug enforcement assistance to Iran, including that via the UNODC, to be frozen until the executions stop. The situation has already led some governments to think again. It is these governments that deserve our commendation. We only wish they made their decisions more public. Money talks.

But rather than freezing support or even condemning the killings, in July 2011, Yuri Fedatov called for international support to be “enhanced”. This in a year when over 500 people were put to death for drug offences. Since then, more than 600 more have been killed.

Let us be very clear. It is not that everything Iran does in relation to drugs is abusive or problematic. Iran has been applauded by those in the harm-reduction field for scaling up HIV services, such as opioid substitution therapy, including in prisons. Nobody is suggesting that this cease. Quite the opposite – there is much more to be done. But none of this justifies human rights abuses in supply reduction.

There is no doubt the UN's drug agency is in a very difficult position. It is entirely donor driven, reliant on project funding. Freezing support means telling donors no. It is, after all, mandated to help governments with drug control. But as part of the UN secretariat, it is also required to work in line with human rights. If UNODC cannot reconcile these two things, how do we expect governments to do so?

It has long been asked: how much abuse will governments tolerate in the war on drugs? A benchmark must be how much abuse the UN will tolerate. At present, it depends on which part of the UN you ask. ■

Damon Barrett is Deputy Director of Harm Reduction International.

QUOTES OF SUBSTANCE

“There's only love. That's all there is, and then, if you like it enough, you're like, God, they should give this out at the lunch line in school because then I'd really like my teachers and the whole world would make sense. And you know, then you get sober and you're like, Wow, I wore that? I dressed up as a bumblebee?”

Performer **Pink** *on taking ecstasy.*

“Australian and New Zealand travellers, it's clear, like a drink. But you realise how much we like a drink only when you travel through countries that aren't quite so enthusiastic about getting stonkered.”

Sydney Morning Herald *columnist* **Ben Groundwater** *on the antipodean drinking culture.*

“At a stoplight in Tehran, a pair of young women driving a late-model car blithely pulled out a glass pipe and passed it back and forth until the light turned green.”

Paul Koring *from* The Globe and Mail *on Iran's growing realisation it has a drug problem at all levels of society.*

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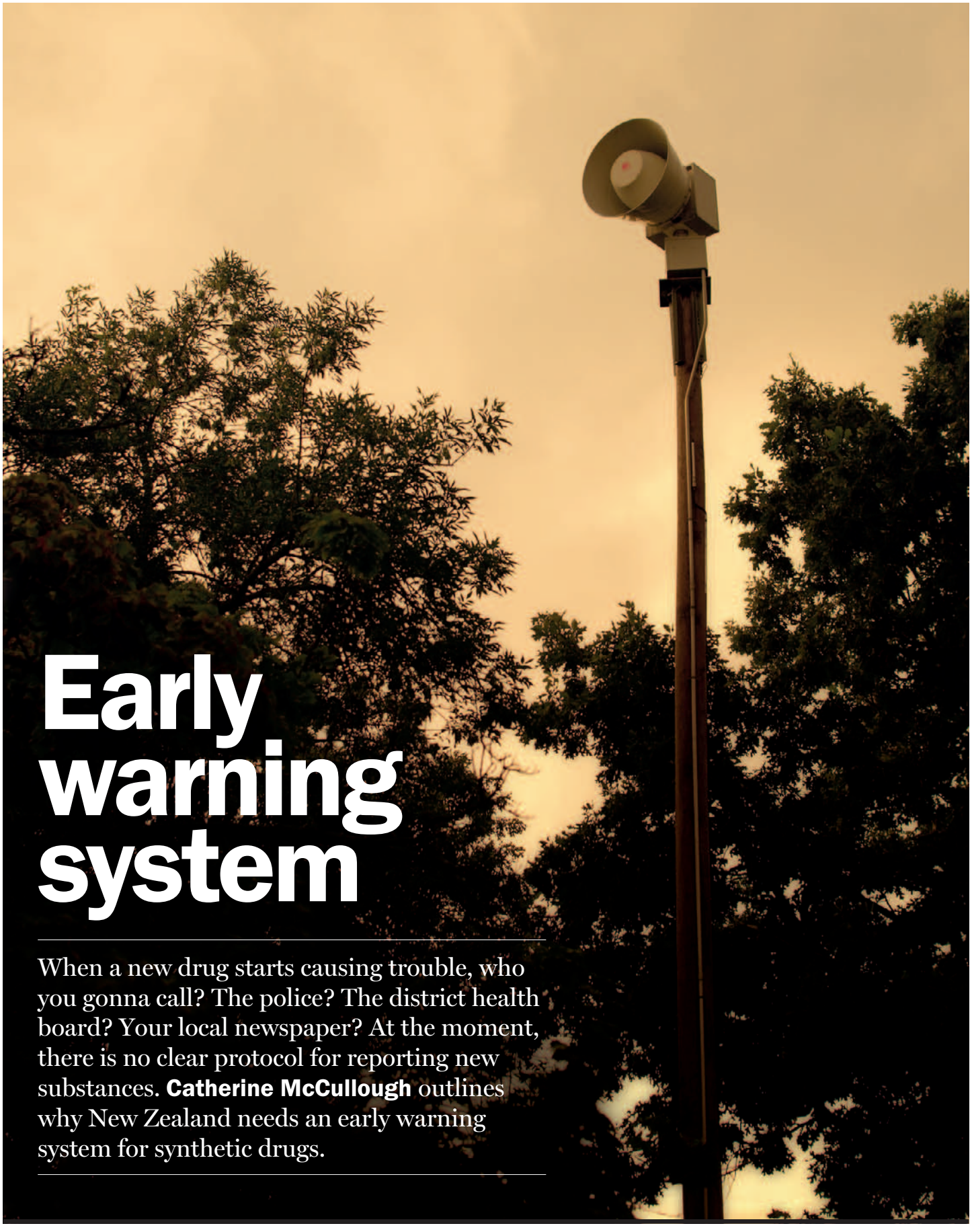

Early warning system

When a new drug starts causing trouble, who you gonna call? The police? The district health board? Your local newspaper? At the moment, there is no clear protocol for reporting new substances. **Catherine McCullough** outlines why New Zealand needs an early warning system for synthetic drugs.

IF it bleeds, it leads. This mantra of the media may partly explain why there are always so many drug-attributed horrors hitting the headlines. While it is true there are some grisly outcomes associated with drug use, drugs are also a convenient explanation for acts that shock society. There's so much about drugs that is unknown or esoteric, it's easier to get away with just making things up. As Russell Brown explained in the last edition of *Matters of Substance*, these sensational stories are all too often overhyped, falsely attributed or even completely unsubstantiated. While this may make for an entertaining read, it is not doing anyone any favours. In a world where a new drug is identified every week, good information is crucial to public health. We need to get our facts straight.

The latest poster child of the 'look what drugs will do to you' campaign is 'bath salts'. This substance – or rather, assortment of them – is supposedly so badass, it is capable of turning people into flesh-eating zombies. Or making you skin yourself alive. Except of course in the first case, there was only cannabis in the guy's system (and pot can stay detectable for up to a month) and the second is completely unsubstantiated. Yet the truth never seems to get in the way of a good story. True or not, if it bleeds a lot, it doesn't just lead, it goes viral. Fiction quickly gains credibility through repetition. Faster than you can call for a fact check, these memes have spanned the globe and inserted themselves into people's perceptions.

It's not just journalists contributing to the confusion. Local examples of misinformation regarding drugs include those attributed to police sources. It was a member of the police who recently suggested bath salts were to blame for the superhuman strength shown by an Auckland man who had to be tasered twice before he could be subdued. He didn't need to test for the drugs, he just "understood" bath salts were the culprit. It was a member of the police who told a journalist samurai swords are the weapon of choice for methamphetamine users. I guess he'd conducted a survey.

When misinformation about drugs is more accessible than accurate information, we have a problem. In fact, we have a range of them. For starters, people who use drugs already face stigma so great it is a barrier to them seeking help or recovering successfully. Would you want to put your hand up and say "I'm a junkie" or a methamphetamine user? Both identities come with significant societal baggage. How do you think potential employers would feel about you if you were on methadone? Do you think you'd pass a pre-employment drug test? It is already hard enough for people. Adding a predilection for human flesh or samurai swords to the public's perception about those using certain substances only adds to this stigma in the worst possible way. The promotion of such sensational stereotypes is not only baseless but is actively harmful.

The second issue is that, contrary to some of these stereotypes, people who use drugs are not stupid. They know if what they're reading rings true to their own experience or not. Someone who has used methamphetamine is going to know it didn't make them pick up a samurai sword. Someone who has taken bath salts is going to remember it didn't result in a self-induced skinning. The more blatantly incorrect information is released about drugs, the more people are going to dismiss the things they're told. The more misinformation is provided by supposedly trustworthy sources like the police, the more people's trust in that source is eroded. Cry wolf or utilise hyperbole too frequently when talking about drugs and when something really scary does hit the market, any warnings are going to sound like the same old alarmist BS and go unheeded.

"True or not, if it bleeds a lot, it doesn't just lead, it goes viral. Fiction quickly gains credibility through repetition."

And there are some potentially dangerous drugs out there. One of the consequences of fear mongering around less harmful drugs in the past is that the rigid structures we've designed to contain them have given rise to things that are far more unnerving. The scary thing about the wave of new psychoactive substances that's hitting the market is just how little we know about their contents or consequences. These new synthetic drugs are deliberately designed to circumvent both legislation and common forms of drug testing. They are a moving target. Once one is pinned down, it's just a quick tweak of a

QUOTES OF SUBSTANCE

"Ultimately we are confident that we will prevail."

An upbeat (or similar) **Chris Bishop**, *spokesperson for Philip Morris, on Big Tobacco's campaign against the New Zealand Government's proposal to follow Australia on plain packaging.*

"I think they're just wasting their money."

New Zealand's Minister of Health **Tony Ryall** *on British American Tobacco's anti-plain packaging campaign.*

"A day off your face is a day off your sentence."

A person in an Australian prison explaining why prisons will never be drug free after the Chief Minister **Katy Gallagher** *announced a needle exchange programme in a Canberra prison.*

"We can't say for sure, but I'd say he was under the influence of some sort of drugs. [The samurai sword] seems to be the weapon of choice for people on P."

Wild and ill-informed speculation does the New Zealand Police's credibility no favours.

"To be fair, they do look very similar. You have to look close to see the difference."

Director of the Southern Alberta Cannabis Club **Tamara Cartwright-Poulits** *on the seizure of 1,624 Montauk daisy plants, which police assumed were cannabis.*

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> **“Adding a predilection for human flesh or samurai swords to the public’s perception about those using certain substances only adds to this stigma in the worst possible way.”**

molecule and another is ready to take its place.

What research has shown is that even identical packages carrying identical brands often contain a different combination of substances. So even if you’re taking the same amount from the same source, you could actually be taking different drugs and/or different doses. Ultimately, you are off the map. No one really knows what will happen to you when you take them. Or how to help you if something goes wrong. While the general wisdom has been that these new synthetics will have similar effects to the drugs they are designed to replicate, scientists are figuring out that this is not always the case.

So how do we ensure the accuracy of drug information in a world of moving targets? How do we get good information about these drugs to all of the people who need it? With a new drug being identified every week and so many players in the game, these are not easy questions to answer. Lots of countries are currently struggling to figure them out. However, many of them are making more headway in this area than New Zealand. Although the yet to be implemented pre-market process for new psychoactive drugs will make us a world leader in regulating synthetic substances, it is not going to be a panacea for all of our problems. We still need to develop a better system for collecting and disseminating good information to all concerned.

The first step has to be to quickly and correctly identify the drugs that are hitting our shores. The New Zealand Drug Foundation gets almost daily requests for information on the legal highs that are currently available from dairies and head shops around the country. These include calls from police officers trying to figure out if the products they are coming across are illegal or not. Our answer is that we can’t be sure. Although the ESR did a comprehensive test on the range of synthetic cannabanoids that were available as of mid-last year, there seems to be little information available on what’s in our stores now. Lots of the suppliers rebranded or released new products after the temporary drug class notices were issued last year, and we have no way of knowing what is in them until they’ve been tested too. These drugs exploit a legislative loophole – they’re not medicines or food – it’s not like the ingredients are listed on the side of the packet.

There are lots of international models we can look to or hook into to help us achieve enlightenment. Although some operate at very local levels and some are transnational, they all attempt to bring together key informants to share information with each other quickly. These informants generally tend to include the police, Customs, scientists, health professionals and policy specialists. The membership relates to the unique issues (usually legislative) that each region is grappling with. For example, Western Australia has developed the Emerging Psychoactive Substances Review Group. Given that the marketing and advertising of these substances is seen as a potential mechanism for their control, its membership includes senior representatives from the Department of Commerce’s Consumer Protection department.

The most comprehensive model that we’ve come across is the one that operates under the auspices of the European Monitoring Centre for Drugs and Drug Addiction. The European Early Warning System (EWS) on new psychoactive substances is a “multidisciplinary network of 30 national early warning mechanisms which collect, appraise and rapidly disseminate information on new drugs and products which contain them.” It is implemented primarily by the EMCDAA and its partners in the member states (the Reitox network) in co-operation with Europol. The European Medicines Agency (EMA) and the European Commission also actively contribute.

This model utilises organisations from both health and law enforcement agencies. Each member state has what are called the National Focal Points (NFPs) and Europol National Units (ENU). NFPs are part of the

Inspector Shane Cotter thinks all people on methamphetamine favour samurai swords.

Reitox network and have more of a public health focus. They are responsible for collecting data and reporting on drugs and drug addiction. NFPs draw on information from a variety of sources including the media, and the UK branch is supported by a forensic early warning system that actively seeks out and tests new drugs. NFPs report to the EMCDDA on new trends in the use of existing psychoactive substances and/or new consumption patterns involving combinations of psychoactive substances that pose a potential public health risk.

ENUs have much more of a law enforcement focus. They are responsible for collecting data on aspects such as the supply of new psychoactive substances, the inclusion of controlled drugs in new products and the involvement of organised crime in the manufacture or market of any drug. By their powers combined, these two agencies act as central co-ordination points for a two-way flow of information between individuals and organisations at the national level and the wider European network. They work with their local agencies (police, coroner, Customs, health providers and so on) to gain insight into emerging substances and feed this back to the EMCDDA and Europol. They also disseminate information coming in from other member states to those at their national level.

Some of the main strengths of the European model are that its purpose is clearly defined and it is well coordinated. There are explicit responsibilities for each organisation and an agreed process for operating. However, member states are still able to do their own thing with the information gathered. The benefit of this model is that it connects the wide range of people concerned with or coming into contact with these substances, allowing for the efficient dissemination of critical information. The data collected is also stored in a searchable database, ensuring that emerging knowledge about new drugs is easily accessible to those who need it.

“Although there are many people working hard to try to identify and control these emerging psychoactive substances, quality information is all too often inaccessible to those who need it. We would really benefit from better co-ordination and communication between concerned parties.”

Such a well defined and co-ordinated approach is exactly what is needed in New Zealand. Although there are many people working hard to try to identify and control these emerging psychoactive substances, quality information is all too often inaccessible to those who need it. We would really benefit from better co-ordination and communication between concerned parties. There is no reason why we couldn't create something similar to the early warning system in New Zealand. In establishing such a system, we have the advantage of being able to learn from the mistakes and successes of other jurisdictions. Being such a small country with a single layer of government and two degrees of separation can't hurt either. Ultimately, the first step is simply making someone responsible.

While we're at it, we also need to think about how to develop our own model in a way that provides good information to the wider public, particularly those who use drugs. Most of the overseas models we came across focus only on information sharing at a very high level. However, the UK is using the information collected by their National Focal Point to populate the pages of their public drug education website, Frank. The efficient transfer of intelligence enabled by the EWS means that Frank is one of the most up to date and accessible sources of information on new drugs in the world. It is being utilised by young people and drug users and also allows them to share their own experiences on the site.

So what about those pesky journalists? While this has not been an explicit priority of the other models we looked at, any early warning system should include a process for the provision of information to the media. It also needs to include some protocols around reporting on drugs in a way that promotes public health. The media tend to be one of the first on the scene when new drugs are causing harm. Like it or not, that's where most people are getting their information from. We need to ensure that this information is sound. ■

Catherine McCullough is a Senior Adviser for the New Zealand Drug Foundation.

Death in custody

In the past decade, more than two dozen people have died in police custody – and over half of them were high at the time. What is going wrong, and what needs to be done to stop drugged and intoxicated detainees dying in the hands of the police? **Michelle Duff** reports.

MICHELLE DUFF

BY all accounts, Francisco De Larratea Soler was a colourful character. He had travelled the world, was a hit with the ladies – and enjoyed a drink or two.

The day before he died, Mr De Larratea Soler was excited. He was a long time in recovery, and his children were planning a visit from overseas. That night, he went out to celebrate.

When police found him, it was 11am. He was shirtless, spreadeagled on the street. They took him back to the cells. They thought he'd sleep it off. But when Mr De Larratea Soler closed his eyes that Friday in 2008, he slipped into unconsciousness, a deep drug-induced coma and, finally, death.

Not that anybody noticed. Because for the entire 8 hours Mr De Larratea Soler was dying, not one person got close enough to check if he was breathing.

Mr De Larratea Soler's death was one of 27 in police custody between 2000 and 2010.

In a report released in July, the Independent Police Conduct Authority evaluated each death to find which were preventable.

Health professionals agree constant monitoring is the only way to ensure severely intoxicated people don't choke on their own vomit or have acute reactions such as cardiac arrhythmia.

Unchecked alcohol withdrawal can lead to epileptic fits or delirium.

Throughout 20 recommendations, the IPCA highlighted gaps in police training – from knowing safe restraint procedures to assessing the medical risk of prisoners. It also expressed the need for specialty detox centres or temporary shelters where medical care was at hand.

So 2 months after the review, is anything being done?

> **"...for the entire 8 hours Mr De Larratea Soler was dying, not one person got close enough to check if he was breathing."**

Independent Police Conduct Authority National Manager of Investigations Janis Adair said the safety of intoxicated people in police custody was a recurring problem.

"The police custodial environment is no place for vulnerable people, it's no place for people who are under the influence of alcohol or drugs – police are not equipped and do not have the skills to deal with these people.

"And the majority of people in the cells would be heavily intoxicated."

The most common cause of death in custody was suicide by hanging, followed by the use of police restraint during arrest, pre-existing medical conditions and drug-related causes.

Almost half of all people who died were drunk, while 30 percent were on drugs. Five people were in custody solely for detoxification.

"The person in custody is in the care of police officers, and they need to ensure they provide that care," Ms Adair said.

But recent police initiatives such as recruiting officers directly for custodial positions and an improved electronic prisoner database were heartening.

"The key thing is education and training for staff – and there is a real drive now to ensure that training is in place."

Assistant Police Commissioner Nick Perry said changes had been made since the review, with $3 million spent on suicide-proofing cells and new restraint boards that minimised the risk of asphyxia in severely intoxicated people.

Police officers were trained to recognise medical emergencies, and an improved logging system now alerted police to people with known mental health or addiction issues.

Along with the Ministry of Health, police were now working towards placing trained mental health nurses in police watch-houses in main centres, Mr Perry said.

A pilot programme in Rotorua, Christchurch and Counties-Manukau since 2009 had proven successful, with evidence that alcohol and drug-related harm was reduced.

After assessing detainees for medical danger, nurses could refer at-risk prisoners to hospital while others remained under close observation in custody until sober.

They also provided referrals to addiction treatment services.

"It's certainly problematic [to identify them], and it's an issue we do have. Frankly, there's no substitute for a health professional carrying out that assessment," Mr Perry said.

But it was important to put custodial deaths in perspective – over the review's 10-year period, 1.3 million people had been through police cells nationwide.

"This is an ongoing process, frankly. We can't eliminate the risk entirely, and if we obviously don't know if somebody has a medical condition, if they're violent, if they're drunk, we can't assess everyone's state of physical health before arresting them."

While sobering-up shelters were good in theory, a lack of resources and logistics made it unlikely they could ever work.

"It's an idea that was mooted back in the 80s... unfortunately, given the current climate, I can't see detox centres arriving any time soon."

Health Ministry Addiction Treatment Services Team Leader Peter Kennerley said the ministry was supportive of temporary sobering-up centres, such as in Wellington's Courtenay Place on Saturday nights.

> **"...we can't assess everyone's state of physical health before arresting them."**

Hamilton now had a unit, and there were discussions around opening a centre in Christchurch. Currently, Christchurch Hospital allowed people to sober up in the emergency department's waiting room.

Addiction services within DHBs tried to pinpoint those with serious alcohol abuse issues, sometimes linked to mental health problems, Mr Kennerley said.

This included 'planned detox,' with referrals to long-term addiction services.

In Auckland, Waitemata District Health Board's Community Alcohol and Drug Services sees 15,600 people every year, a third from the criminal justice system.

Regional Manager Robert Steenhuisen said it was a challenge for police to discern who needed ongoing professional help.

"A person may be very, very intoxicated but may not be alcohol dependent. For people who are simply intoxicated, the cells might not be a great place, but it could be a wake-up call. It's very difficult to establish whether they're addicted to alcohol or other drugs – you can't interview them."

Interventions were in place to try and help people who did have substance abuse issues, and many agreed to police passing on their details to CADs at the time of arrest.

Unfortunately, this often did not prove successful.

"We follow them up in the morning, and we get a hit rate of maybe one in 10 who will agree to come and see us. They do come up with excuses."

Capital and Coast District Health Board consultant psychiatrist and addiction specialist Dr Tom Flewett said it was hoped the Alcohol Reform Act would make a dent in the number of intoxicated people flooding the country's police cells and emergency rooms.

"As long as we keep on training police in first aid interventions and as long as we keep on having security guards in emergency rooms, I think that's all we can do – and the best thing this government can do is to follow the Law Commission's recommendations around alcohol," Dr Flewett said.

"If there's an answer, it lies in dealing with this as a societal problem." ■

Michelle Duff is a freelance journalist currently based in Japan.

Myths and moderate drinking

ERIC CRAMPTON

Does a drink a day keep the doctor away? **Eric Crampton** examines the J-curve and looks at myths around moderate drinking.

A **CURIOUS** thing happens when you move from America to New Zealand: the health benefits of moderate drinking disappear. The 2010 Dietary Guidelines for Americans says the relative risk for all-source mortality among moderate drinkers is 0.80 – moderate drinkers enjoy a 20 percent reduction in their risk of mortality as compared to non-drinkers. But the New Zealand Food and Nutrition Guidelines for Healthy Older

People suggest that purported benefits are overstated and note uncertainty around the evidence of benefits. It seems unlikely that a trans-Pacific flight has such large effects. So, then, why the divergence?

For decades, the health benefits of moderate drinking seemed pretty obvious. The Drug Foundation's Mythbusters article on moderate drinking and heart disease traces the evidence back to the 1970s. But a very important empirical critique emerged in the late 1990s. If many non-drinkers are former drinkers who quit due to alcohol-caused poor health, then the epidemiological J-curve tracing the risk of all-source mortality with average daily alcohol consumption (falling, then rising above baseline) could entirely be an artifact of the 'sick quitter' phenomenon. Fortunately, science is progressive: a raised objection of this sort sparks research. Looking specifically at heart disease, Rimm and Moats (2007) found strong cardiovascular benefits of moderate alcohol consumption within a sample of healthy men with healthy lifestyles and no sick-quitters: the relative risk of CHD among moderate drinkers was 0.38. They conclude that observed protective effects are causal. Oddly enough, the New Zealand Ministry of Health's Food and Nutrition Guidelines for Healthy Older People cites Rimm and Moats as evidence against the health benefits of moderate drinking: even the most cursory glance at the abstract shows the opposite. And, as Holahan et al suggest the health benefits of moderate drinking are most evident in old age, even after correcting for sick quitters, it is odd that the Ministry of Health so strongly downplays that evidence.

"...the health benefits of moderate drinking are most evident in old age, even after correcting for sick quitters, it is odd that the Ministry of Health so strongly downplays that evidence."

But the benefits (or costs) of alcohol for any particular disorder should matter less than overall mortality risk and aggregate health outcomes. Di Catelnuovo, Costanzo et al separated studies where sick quitters were confounded with non-drinkers from those without such confounding; correcting for sick quitters reduced the relative risk of all-source mortality among moderate drinkers from just under 0.8 to about 0.86. Exclusion of sick quitters slightly attenuates alcohol's protective effect but hardly eliminates it. If we choose to look at quality of life rather than just mortality risk, Sun et al find that moderate drinking in middle age correlates with a substantial increase in an index of measures of successful ageing; the study was restricted to women who were relatively healthy at the middle age baseline and who had not reported having a substantial reduction in alcohol consumption for the decade prior to baseline: again, sick quitters will not be driving the outcome. Further, correction for a host of health-related behaviours only slightly reduced the measured protective effect of moderate alcohol consumption. Unobserved health-related behaviours are unlikely to be a strong confound if correction for a reasonable set of observable health behaviours has very little effect on estimates.

Fillmore et al disagree. Their meta-study of 54 papers finds no protective effect of alcohol after correcting for inclusion of sick quitters and 'occasional' drinkers among non-drinkers. But they judged only seven of the 54 (for overall mortality) as sufficiently rigorous for inclusion – only two for CHD – and they do not provide a thorough list of which papers were judged high or low quality. Further, Fillmore et al deem it an error to include individuals who drink "never or less than once a month" among non-drinkers. Is this really an error sufficiently grave to exclude those studies' results?

I am an economist rather than an epidemiologist, but I know how to read statistical papers and meta-studies. The important critiques that were raised more than a decade ago seem, to this economist, to be fairly thoroughly answered. Light to moderate alcohol consumption is slightly less beneficial than we would have believed had those concerns not been addressed. But the J-curve hardly seems debunked. A drink per day seems to keep the doctor away. ■

RESOURCES

To see references for this article, check out **nzdrug.org/drinkaday**

Eric Crampton is an economist at the University of Canterbury. He has previously done funded work on social cost of alcohol.

QUOTES OF SUBSTANCE

"It's a fundamental human rights issue."

Dr Paul Hutchinson *explains why he voted to keep the purchase age of alcohol in New Zealand at 18.*

"You're watching poor, uneducated people being fed into a machine like meat to make sausage... The drug war is a holocaust in slow motion."

Quote from **The House I Live In**, *a new documentary on the drug war in America.*

"I've been doing this for 30 years. I know what a P-lab is."

Long-time police officer Detective Senior Sergeant **Al Symonds** *mistakes the construction of a pneumatic long-line launcher for a methamphetamine lab.*

"That was one of the reasons I voted for it to go to 20, I think that's in line with what the public thought, and actually Parliament didn't vote that way."

New Zealand Prime Minister **John Key** *experiences brain fade about how he voted on the purchase of alcohol. Mr Key voted for a split purchase age (18 in on-licences, 20 in off-licences), but when this was defeated, he voted to maintain the purchase age at 18.*

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A defence of death

DAVID SLACK

New Zealand's Big Tobacco boys have come out with a co-ordinated attack against proposed plain packaging law. But why, when their industry is one of the most reviled, are they spending big bucks in a defence of death? **David Slack** investigates.

NEVER let it be said that New Zealand rushes headlong into things. It was 1989 when Ministry of Health officials first floated the idea of putting cigarettes in plain packages – 23 years on, that day might soon be upon us. From December, cigarette companies in Australia will be required to sell their cigarettes in dark brown packs with no logo. Where Australia goes, we go. Where she takes a stand, so might we. The government has said it supports the idea in principle. A round of public consultation has closed; a Bill and a select committee appear likely.

It's been a long time since the tobacco industry stopped denying the deadly links between smoking and fatal illness. But the right of the individual to do harm to him or herself is precious, and Big Tobacco has been taking its well funded voice to the barricades as it fights a determined, if rearguard, action in defence of the freedom of its customers to buy a lethal product.

The battle for the brands began in New Zealand with a surprisingly front-footed stance, with Nick Booth – the spokesperson for British American Tobacco (BATNZ) – chatting to Kathryn Ryan on Radio New Zealand and Chris Bishop of Philip Morris International joining Sunday morning's *Q+A* show on TVNZ to deplore the notion of a plain-pack regime. With an openness not seen since the American Medical Association endorsed tobacco, their message was unambiguous: smoking might be deadly, but the rights of adults to a deadly act of

"...big tobacco has been taking its well funded voice to the barricades as it fights a determined, if rearguard, action in defence of the freedom of its customers to buy a lethal product."

pleasure ought not to be unreasonably denied. Moreover, honest businesses stood to be deprived of their intellectual property, New Zealand stood to have its international reputation tarnished and your children might soon be buying their

Australia's proposed olive green plain packaging.

tobacco from gang members.

The big gun, however, was to be a marketing campaign that would be variously observed to be "wasting money", "a battle for the next generation of potential smokers" and "illogical". *Herald* columnist Toby Manhire wrote of it: "I wouldn't say I'm addicted. I could give up any time. But by God, those Agree/Disagree ads are transfixing."

The campaign, which can be beheld at www.agreedisagree.co.nz, has been nothing if not arresting, with full-page colour print ads, radio ads and TV commercials proposing such forthright appeals to freedom-loving New Zealanders as: "If I create it, I should own it."

No campaign warning of dire consequences comes without a slippery slope. "Plain packaging, once introduced, is unlikely to be limited to tobacco products," BATNZ said. "Which products will be next?" You could not fault the campaign for its commitment to substantive argument. "Our branding is property – intellectual property – and the government shouldn't be able to take that away," they said. "Plain packaging would infringe New Zealand's international obligations, damage its strong trading reputation and expose the country to legal challenges," they warned. "There's no proof that plain packaging would reduce smoking rates in New Zealand," they added, with entirely straight faces.

Intellectually, it is quite the acrobatic challenge. The argumentative contortions you must go through rest heavily on the concept of the free-willed person making an adult choice. It can be difficult to watch the manoeuvre without wondering how long it will be before you see a well informed adult fall from the intellectual high wire of his own free will.

Carrick Graham, a public relations consultant who once worked for BATNZ, still has skin in this game by way of client the New Zealand Association of Convenience Stores. He will gladly step you through the numbers: contribution of tobacco sales to turnover – sometimes as high as a third; cost to business of delays having to fetch cigarettes from behind lock and key – significant.

He is happy to step out onto the wire. He views this debate principally through the prism of the undue influence and role of the state. "My biggest beef is that New Zealanders aren't taking responsibility for their own actions."

> **"No tobacco company was standing next to you at that party when you decided to have that first smoke."**

He champions the right of a guy in Tokoroa to enjoy a smoke at the pub at the end of a hard day's work in the forest. That smoker in Tokoroa knows the risk he's running, but he also likes the pleasure of it, and the state shouldn't be telling him he can't, Graham believes. That guy loves his smoke, he says, and he imagines he, and the rest of the 23 percent of New Zealanders who smoke, would be in full support of the Agree/Disagree campaign.

Don't try to argue it's an unfair fight, this smoking addiction business, with a vulnerable teenager pitted against the weight of a multinational marketing machine; Graham's not buying it. When did you last see any sort of advertising in this country for cigarettes, he asks? "No tobacco company was standing next to you at that party when you decided to have that first smoke."

But even if we accept that this is a bargain freely made – if soon regretted

Big Tobacco's plain response

The spokesperson for Philip Morris, **Christopher Bishop**, responds to questions about the anti-plain packaging campaign.

Full-page colour ads in all major daily papers, intensive TV advertising and a fancy website show Big Tobacco is pouring a lot of money into this campaign.

DAVID: Do you think, given the Otago Uni research showing such wide support for plain packaging that you can talk the government out of plain packaging?

CHRISTOPHER: The authors of the Otago study and opinion poll admit that their results do not "demonstrate that plain packaging would reduce smoking prevalence". In fact, they failed even to examine this fundamental question: would plain packaging prevent people from taking up smoking or make people quit?

Real-world experience undermines arguments that plain packaging would reduce consumption. For example, the authors used the brand Basic, which is not available in New Zealand, as a proxy for plain packs. Unsurprisingly, they found that "virtually the only attributes associated with Basic were 'plain' and 'budget'." Despite people's low opinion of it, Basic still managed to become the fourth most popular cigarette brand among US smokers aged 26 or older despite competing against regular branded packs.

The truth is that there is no evidence that plain packaging would reduce tobacco consumption. The Australian Government, the only government to approve the policy to date, has itself called plain packaging an "experiment". This study or the results of an opinion poll do nothing to change this fact.

DAVID: Like British American Tobacco, you've been quite front-footed on this issue. Why have you chosen this particular one to draw such a pronounced line in the sand?

CHRISTOPHER: We support evidence-based regulation of all tobacco products. In particular, we support measures that are effective in preventing young people from smoking. Plain packaging fails this standard because it is not based on sound evidence and will not reduce youth smoking. In addition to the above, as a premium brand tobacco company, we oppose plain packaging because it would significantly limit our ability to compete for market share among adult smokers. Instead, plain packaging would turn the legal tobacco industry into a lower-priced commodity business.

DAVID: How's the debate been going, in your assessment?

CHRISTOPHER: The international debate over plain packaging is set to continue for some time. Three countries have already lodged complaints in the WTO with Australia over its plain packaging legislation, and a series of international business groups in Australia, the United Kingdom and New Zealand have expressed concern over the impact plain packaging will have on intellectual property rights and trade. To date, Australia is the only country to have enacted plain packaging legislation.

“That hard-working smoker in Tokoroa will probably be tapping open a plain packet a year or two from now.”

– by free-thinking New Zealanders, how likely is it that they will support a relatively abstract argument about intellectual property rights? Graham cites those 23 percent. But will they care very much? Actually, he says, even if they don't, the point of the campaign is principally to raise some noise. Sufficient noise may cause the government to have misgivings. It may cause them to ponder the ramifications of their policy.

PR strategist and political pundit Matthew Hooton concurs. He thinks the campaign is well conceived; it cleverly pushes sensitive buttons such as trans-Tasman rivalry. So yes, it will raise noise.

But he doubts the noise will, in the end, be sufficiently troubling to change policy. It's not sufficiently aggressive. And it's open ended. “In my experience, they only work if you're really aggressive.” He recalls two campaigns – forestry, “where they really got to their voter base”, and vehicle importation, where the noise and the grief were sufficiently profound for the government to yield. “It has to be sufficient for the government to want to pay some policy sacrifice just to make the pain go away.” What you're seeing at the moment is about as noisy as it will get, he says. That's the way large organisations do things, he says. They won't push any harder.

When the Health Minister declares the campaign a waste of money, it would seem a reasonable bet the law will pass. Hooton expects so. Carrick Graham, too, can see the months ahead playing out that way. But he notes the backdrop of international legal challenges. Australia's policy is being challenged in the World Trade Organisation. Hooton doubts the tobacco industry will prevail in any international tribunal. They may have standing, but they lack suasion. To win in that forum, he believes, you really need to be a sovereign nation. He doubts that “even the US” would be interested in championing the cause.

In the face of such long odds, why persist? “Big Tobacco,” Hooton says, “is always concerned about red tape. It sees regulations spreading like cancer around the world.” It sees tape, it chases it down, almost by reflex.

Is this the smartest use of all that time and money? His advice is clear and forthright. His advice “in purely commercial terms” would be expand in China and India where growth prospects are vast (“Smokers there are predominantly male – so you would target women”) and take the brands that will, he predicts, be slowly and surely crippled in first world economies and remake them for a changed landscape. A brand like Rothmans or Benson & Hedges has undeniable value, he says, so why not adapt rather than resist? He notes the Dunhill brand is as well recognised for its high-value branded apparel. He imagines a brand like Marlboro could manage a transformation into, say, a clothing line in the style of RM Williams.

It's not easy to see the government capitulating on this issue. Research published in early October by Otago University's marketing department showed more than two-thirds of respondents to a survey supported plain packaging. Support was expected to grow. Legislation for smoke-free bars and restaurants in 2003 was initially supported by about 35 percent of people; now, more than 80 percent of New Zealanders support it, Professor Janet Hoek said. That hard-working smoker in Tokoroa will probably be tapping open a plain packet a year or two from now.

Carrick Graham, for his part, simply asks: where is the evidence it will work? He avers that the Ministry of Health mounts many actions but can prove the efficacy of no individual measure. Pressed on what he might do if he had their job, he proposes tobacco without the smoke. “The smoke's where all the harm comes from.” He cites Scandinavia where a modern form of snuff is all the rage. It gets you your nicotine fix without any (depending on which research you read) harmful elements. He wonders sardonically, though, how much his man in Tokoroa would enjoy it. ■

David Slack is an Auckland-based speech writer and columnist.

QUOTES OF SUBSTANCE

“My only concern is whether relying on a voluntary approach from retailers is really going to be effective. There are plenty of local off-licences which rely on the street drinkers for business. And I know of one that would not hesitate to sell alcohol to a 10-year-old.”

Ipswich Council's litter clearance squad member **Luke Collins** *on the city's Reduce the Strength campaign to get retailers to stop stocking super strength alcohol.*

“Scum ran amok in our town.”

The mayor of the small Dutch town **Haren,** *which played host to over 3,000 people gate-crashing a teenager's party that was created by a Kiwi via Facebook.*

“There's not much I could've done about it. I was 18,000km away. They were the ones smashing windows, burning cars and motorbikes. But I probably won't be doing anything like it again.”

Jesse Hobson, *the 21-year-old man from Dunsandel in Canterbury who orchestrated the gate-crashing on the other side of the world.*

“And there's the influence right there. Stop glorifying the drug use. There's Gaga. Here's this... this... I would call her a slut. This slut is influencing many, many children.”

81-year-old US politician **James P Molinaro** *is obviously not one of Lady Gaga's 'Little Monsters'.* ■

Should we roadside saliva test for cannabis?

Viewpoints presents the arguments on both sides.

THE CASE AGAINST

MOST PEOPLE would agree it would be a good thing if we had a quick way of telling whether a driver pulled over by police was 'under the influence' of cannabis. Unfortunately, there is no reliable way we can do this at the moment. There are two main challenges to be resolved before we can roadside test for cannabis. Firstly, we need to make a decision as a society as to what intoxication to the point of impairment (or risk of crashing) is in regards to driving while using cannabis. Secondly, we need to have reliable and accurate roadside tests.

To establish what intoxication to the point of impairment is in regards to driving while using cannabis, we need to understand what the relationship is between the amount of drug taken and the risk of crashing. Without understanding this, it is not possible to set legal driving limits for cannabis that reflect known crash risk. The only practical solution to this would be to set the limit for all drugs at zero. However, in New Zealand, we do not have a zero blood-alcohol limit for adult drivers, as we acknowledge they have a right to be able to consume a drug in a responsible manner and still use their vehicles.

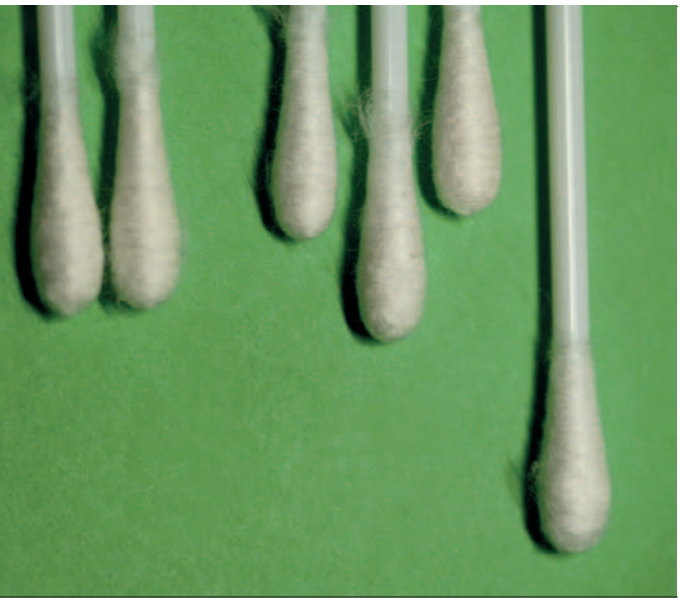
Even if we could overcome the lack of knowledge around setting limits on safe cannabis use while driving, we still need a way to be able to accurately assess how much cannabis is in a driver's system. Roadside saliva testing to detect cannabis use occurs in a few overseas jurisdictions, but there are problems with it. Current saliva testing kits are not considered reliable enough for police to use when prosecuting people for being impaired by drugs while driving. In addition, saliva tests only show the presence of cannabis in the sample, which does not necessarily equate to a person being impaired (due to the amount of time cannabis can remain in a person's system). Therefore police could not use them in place of the compulsory impairment test to assess if a person should not be driving.

At this time, roadside saliva tests are not considered to be reliable enough to support a random roadside testing regime. While roadside testing is being used in some Australian states, the tests miss some cannabis use and provide no evidence of whether a person is impaired by use. In a random roadside testing regime, drivers who are missed by a saliva test would be allowed to drive away without further assessment, which could lead to dangerously 'stoned' drivers being left behind the wheel.

While some people have argued that roadside breath testing was introduced before it was fully reliable, during the early years of breath testing, it was only administered to people who showed visible impairment. Random breath testing for any driver was not introduced until 1993, by which time the technology was extremely reliable. Reliability is important, as drivers who undergo drug tests should be subject to a fair and robust process that complies with the Bill of Rights.

Before any roadside testing for cannabis is introduced, we need to have determined a safe level of use for cannabis and driving. We also need to have accurate, reliable technology to test for use in a timely manner. When technology meeting New Zealand's requirements is available, we can consider its introduction.

Cannabis is New Zealand's most widely used illicit drug. There are many myths about how safe it is to drive after smoking it. It does cause impairment, but traces of cannabis remain even after impairment stops. Current technology may not be sophisticated enough to tell the difference. Should we roadside saliva test for cannabis in the hope it will reduce harm, or do we hold off until we're certain of the technology?



THE CASE FOR

RESEARCH by both the New Zealand Drug Foundation and the NZTA has shown there are a number of people in New Zealand who believe it is OK to drive while under the influence of cannabis. In fact, some people believe they drive better 'stoned'. Many people who hop behind the wheel stoned also think there is no simple, quick way that their potential impairment can be tested, even if they are pulled over, so their dangerous behaviour cannot be punished.

One way of addressing this perception is to introduce roadside saliva testing for cannabis. Testing would accomplish two main things. Firstly, it would send a clear message that New Zealand society does not tolerate or accept driving while intoxicated on cannabis. Secondly, it would act as a deterrent because people would know they can be tested if pulled over. Arguments against roadside testing state there is insufficient research on the relationship between the amount of cannabis used and crash risk (or levels of impairment) to be able to set a 'safe' limit. It is also argued the technology available to do roadside testing is unreliable. These arguments are not sufficient to delay the introduction of testing.

To reduce the harm caused by drivers under the influence of cannabis, we need to ensure driving while 'stoned' is as unacceptable to the majority of New Zealanders as drinking and driving is. While campaigns undertaken by the Drug Foundation and NZTA are an important part of changing social acceptance of cannabis use and driving, there remains a group of people who do not believe their use is a problem in regards to being behind the wheel. Roadside saliva testing is another way to show these people that society sees it as a very serious issue.

The introduction of roadside saliva testing for cannabis would also act as a deterrent if users knew they might be tested while driving. Such roadside testing for cannabis (and some other drugs) is already undertaken in three Australian states and in several other jurisdictions around the world. While roadside saliva testing in Australia is not sufficient for a conviction, a positive test means a driver can be disqualified for 24 hours and required to undergo a blood test. Disqualification removes a potentially dangerous driver from the road when they are most likely to be impaired. The risk of a temporary ban, even if a subsequent blood test did not come back positive, would act as a deterrent for many drivers. Research from Victoria, Australia, has confirmed random roadside saliva testing of drivers for cannabis has a deterrent effect.

The saliva test provides police with another option for assessing drivers they suspect are under the influence of a substance. It would take less time than the current option, the compulsory impairment test, which is highly subjective and does not provide any evidence of what substance might have been used.

Another argument against the introduction of roadside saliva testing is that the technology used to administer the tests is not 100 percent reliable. This should not delay its introduction. Breath testing for alcohol was not particularly reliable when first introduced, but the possibility of being tested has always acted as a deterrent. Australian evidence from roadside testing backs this up.

YOUR VOICE

YOU DECIDE

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

Ray Smith

Chief Executive of the New Zealand Department of Corrections

New Department of Corrections boss Ray Smith has set ambitious targets to reduce reoffending and use of drugs by prisoners. Are they achievable? *Matters of Substance* conducted an email interview with Mr Smith about smokefree prisons, community corrections, and prison drug testing.

Q Earlier in the year, you touted a reduction in smoking due to prisons becoming smokefree. *Matters of Substance* has heard that a 30 gram pouch of tobacco costs an inmate about $300, indicating that tobacco is still getting into prisons and potentially creating debts and violence. Your comments?

A When the prisoner smoking ban came into place, we knew that some prisoners would try and trade cigarettes or tobacco, and prisoners would put a higher dollar or trade value on these items. We put a lot of effort into stopping contraband entering our prisons, and if anyone is found to be undertaking this activity, they will face internal charges. There has been a significant and ongoing decline in smoking-related contraband. There were 1,337 finds of tobacco and smoking equipment in the first 6 months of the ban, falling to 1,107 finds in the second 6 months. Rather than causing debts and violence, our own observations have shown that smokefree prisons have provided prisoners with improved air quality and a reason to give up smoking.

Q Do you think violence has gone up since Corrections' crackdown on drugs entering prisons?

A No. There is no evidence to suggest violence in prison has increased as a result of contraband-detecting measures being increased. The fact is prisons have dangerous people in them, but there has been a 72% reduction in fire-related incidents in the year before the ban and fewer instances of items being melted down into dangerous weapons.

Q You set an ambitious target to reduce reoffending. Does alcohol and drug treatment play a role in this?

A Yes – by 2014 I want to see anyone who needs access to drug or alcohol treatment receiving it, and this is a key part of our planning. We have a plan to provide a wider range of alcohol and drug interventions across the prison system and with those serving community-based sentences. This expansion of alcohol and drug interventions will provide alcohol and drug treatment for 33,100 additional offenders in prison and the community.

Q If you reach the reoffending target, it will bring about savings for the Department of Corrections. How will you use these savings?

A The savings we make will help fund the future costs of the Department and be reinvested into ensuring all offenders get the help they need to stop committing crimes. Our expenditure review has already brought about significant savings within the Department that we have been able to pass on. For example, we have provided $87 million to the Justice Sector Fund, which will ensure Corrections, together with NZ Police, the Ministry of Justice, Crown Law and other agencies can work together to focus even more on reducing reoffending. Corrections will also be returning some of the savings to government so this money can be used in other critical areas such as health and education.

Q How often are prisoners drug tested, and what are the penalties for a positive test? Will a positive test exclude someone from accessing drug treatment while in prison?

A Prisoners can be tested on a random basis. The names of the prisoners are randomly selected from the prison population on a weekly basis by a computer program that uses a predetermined algorithm. A number of penalties can be imposed when a prisoner receives a positive drug test. These are considered on a case-by-case basis and vary depending on the prisoner's history of drug use. A prisoner with an identified drug user (IDU) status can still access drug treatment while in prison. If someone tests positive for drugs while participating in a drug treatment programme, their personal circumstances are considered before a decision is made on continuing their treatment.

Q What kind of investment can we expect to see in community Corrections services during your time as Chief Executive of Corrections?

A We are significantly increasing the spend on community-based rehabilitation, with a particularly strong focus on alcohol and drug rehabilitation. This includes 5,800 more community offenders per year receiving externally provided alcohol and drug programmes, 22,000 community offenders per year receiving brief alcohol and drug interventions from Probation Officers and 100 community offenders per year referred for treatment by the pilot drug court in Auckland. I expect to see significant reductions in the number of people who reoffend as a result of these new interventions.

Q How are you resolving the obvious turf war between Ministry of Health and Department of Corrections when it comes to treatment?

A There is no turf war. The prison health service is a primary health provider. District health boards are responsible for all secondary and tertiary care delivery. We work closely with the Ministry of Health and district health boards to improve the availability of appropriate drug and alcohol treatment for offenders. Drug and alcohol treatment providers are also regularly consulted by Corrections when addressing prisoners' treatment needs. I'm keen to strengthen these partnerships further, making use of each other's expertise and sharing resources to address offenders' drug and alcohol problems.

Q Are there any plans to introduce needle exchange or other harm-reduction programmes to New Zealand's prisons?

A We have to be realistic here and think of the health of all prisoners. Corrections is developing harm minimisation initiatives as part of a broader programme aimed at preventing the spread of communicable diseases among prisoners.

RESOURCES

- A full transcript of the interview is available at **www.nzdrug.org/RaySmith**

Substance and Substantiation

Alcohol helps us forget

The King James Bible says "Let him drink, and forget his poverty, and remember his misery no more." How many times have you heard someone say they want to 'drown their sorrows' or 'drink until they forget'? It's a common conception that alcohol will help us forget our temporal woes, but does it? Mythbusters investigates.

SOME studies have shown that alcohol can prime certain areas of the brain to learn and remember better! Research from the University of Texas at Austin has hinted that alcohol may increase the ability of the subconscious to learn.

Neurobiologist Hitoshi Morikawa has said that alcohol enhances synaptic plasticity of key areas of the brain. Alcohol, he says, hijacks the reward centres of our brains, and so we associate rewards with what we're doing at the moment. If we're sad and drinking, we're more likely to learn to associate that memory with drinking.

A very recent study shows heavy drinking makes it harder to unlearn a memory. The National Institute on Alcohol Abuse and Alcoholism made some mice into alcoholics. They then Pavlovian conditioned them to associate a certain sound with pain. Heavy-drinking mice took a lot longer to disassociate the sound with pain than clean-living sober mice.

Essentially, they described the system like this. Mouse ingests a lot of alcohol. Alcohol blocks NMDA receptors in the brain. Process repeats. NMDA receptors will break down due to alcohol over time. Mouse takes significantly longer to unlearn the memory.

Another myth associated with alcohol helping to forget is that alcohol kills brain cells. Wrong. Scientists have exposed brain cells to high levels of alcohol. Charles Zorumski from Washington University School of Medicine in St Louis has said that alcohol is not damaging to brain cells.

What Zorumski found was that high levels of alcohol cause brain cells to release steroids, which stop the formation of long-term memories. This process accounts for the blackouts that binge drinkers can experience after a session of heavy drinking.

Better than forgetting your problems is solving them. Can alcohol help in that? Maybe. A recent study at the University of Illinois at Chicago has found that alcohol may aide in the creative problem-solving process. The study, entitled *Uncorking the muse*, showed that moderately intoxicated participants were able to solve more problems faster.

Mythbusters thinks it might be safe to say that this myth is busted. Drinking heavily won't help you forget your problems. It will temporarily block new memories from being formed and hardwire your painful memories into your brain. ■

REFERENCES

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

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