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

Has NZ's drug law passed its use by date?

The core of the Misuse of Drugs Act remains the same as the day as it was passed in 1975, yet the world has moved on.

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Has NZ's drug law passed its use by date?

COVER: We look at some of the costs of our ageing drug law.

FEATURES

REGULARS

Become a member

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

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

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THE DIRECTOR'S CUT

Did you see the furore last month with the leaked United Nations' report on drug decriminalisation? It had all the hallmarks of a great conspiracy: a shocking secret report supressed by sinister diplomatic pressure, revealed to the world thanks only to the valiant whistleblowing of Sir Richard Branson.

ROSS BELL
Executive Director

Looking back it was probably a storm in a tea cup. We shouldn't be surprised that the UN Office on Drugs and Crime (UNODC) has put its weight behind decriminalisation. It's not the first time the office has said as much, which now aligns them with the positions of ten other UN bodies plus the Secretary General.

The "leaked paper" is a simple two-page statement explaining that decriminalising drug use and possession for personal consumption is consistent with international drug control conventions. It is argued these changes may be necessary for countries to meet obligations under international human rights law. This is important to hear, so the UNODC should publish the statement without fuss.

With the United Nations family forming a more coherent position on decriminalisation and stepping up its advocacy for public health and human rights-based responses to drugs, we have to ask what does this mean for countries including ours?

As a responsible global citizen New Zealand should take note and measure its own responses to drug harm against these UN proposals. I sense there's a new willingness to do this. Statements made at recent UN drug policy meetings have highlighted principles in the government's new national drug policy – namely proportion, innovation and compassion.

So how do those principles translate into practice through our drug law? My assessment is that the Misuse of Drugs Act is none of these things. Significant reform or repeal of the law is the only correct thing to do.

We have long argued a health-focused drug law should remove criminal penalties for minor drug offences; we favour the "Portugal Model" where sanctions are replaced with appropriate public health and treatment interventions.

There is more support every day for such an approach, both here and overseas. Outgoing Police Association President, Greg O'Connor, has voiced support for treating drugs as a health issue after seeing first-hand the results of Colorado's reforms. The Irish drug policy minister has just announced they'll decriminalise drugs, including heroin.

I think we are entering a new era in which we can engage the public and law makers on these tricky issues. It has taken us 40 years to get to this point, but can we agree to move forward with greater urgency now?

SOCIAL

@SanhoTree First drug warriors dismissed smoked cannabis b/c it has too many impurities. Now they freak out b/c it is too pure to vape. #makeupyourmind SEP 9

@mattnoffs Let's create an environment where drug use is secondary and pales in comparison to a flourishing life. SEP 30

@picardonhealth Students more likely to have sex when they smoke pot, binge drink http://bit.ly/1hMg3Oy … Seriously, they needed a study? OCT 8

@RichardDiNatale "The real test is not just if cannabis can be grown, but whether or not it can get into the hands of patients who need it." OCT 16

@publicaddress There's a company whose sole business is creating fake weed for use in movies: http://www.sugavision.com/sugavision/cannabis_props.html … OCT 18

@richardbranson Applaud @UNODC for supporting decriminalization of drug users. Right move at the right time http://virg.in/wd #stoptheharm … OCT 18

@GlobalDrugSurvy GDS2015 found that 1% of #cannabis users sought emergency medical treatment in the last year? Help us reduce the risk - globaldrugsurvey.com/GDS2016 … NOV 10

KEY EVENTS & DATES

14–22 MAR 2016	**59th Session of the Commission on Narcotic Drugs (CND), Vienna, Austria**
19–21 APR 2016	**United Nations General Assembly Special Session (UNGASS) on the World's Drug Problem, New York, USA www.unodc.org/ungass2016**
16–18 MAY 2016	**10th Annual Conference of the International Society for the Study of Drug Policy (ISSDP), Sydney www.issdp2016.com**
18–20 MAY 2016	**Australian and New Zealand Addiction Conference 2016, Gold Coast, Australia www.addictionaustralia.org.au**
18 - 22 JUL 2016	**21st International HIV/AIDS Conference (AIDS2016), Durban, South Africa www.aids2016.org/**

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NZ.

01

CTU head wants legal cannabis for cancer pain

Council of Trade Unions President Helen Kelly is calling on the government to promote wider access to medicinal cannabis in New Zealand. Kelly made the comments after being diagnosed with terminal lung cancer and exhausting all legal pain relief.

In order to get access to cannabis oil, Kelly has to get both a doctor and specialist to apply to the Ministry of Health on her behalf, requesting a specific drug.

"I'm actually going to write to Peter Dunne, who's got permission to give me cannabis oil, and I'm going to ask him to do that," Kelly said.

Prime Minister John Key has again ruled out broadened access to the medicine.

02 The social marketplace

TWO ROTORUA men have appeared before court charged with dealing drugs through social media.

In what is a New Zealand first, the men are accused of using fake names and profiles in order to sell cannabis.

The men, 29-year-old Dalton Frederick Junior Harris and 24-year-old Tukotahi King, each face two charges of possession of cannabis with intent to sell and selling cannabis.

Using the web to buy and sell drugs is becoming more popular as a result of the success of dark-web site Silk Road.

03 Drug driver goes free after Police botch-up

INCORRECT INFORMATION on a Police form advised officers they could charge motorists over drug driving when in fact they couldn't, a New Plymouth judge has ruled.

Justice Denis Clifford quashed the conviction against Robert Dollimore for refusing to undergo a compulsory impairment test.

The offending form incorrectly indicated a charge could be laid if a driver 'failed or refused' to complete the assessment. Clifford's ruling has led to an update of the paperwork.

04 Farewell Sir John Scott

WE WERE saddened to hear of the death in late October of Sir John Scott, the Drug Foundation's founding chairperson. Sir John had a respected career as a doctor, teacher, researcher and leader.

His interests were wide, as were the honours he received including an OBE awarded in 1988.

Sir John had a vision to ensure a health perspective was heard on drug policy. It was through his leadership that the Drug Foundation was established in 1989. At our 21st AGM, Sir John was awarded a Life Membership in recognition of his pivotal role. He never let up keeping an eye on us long after his formal duties concluded.

We value the immense contribution Sir John made, not only to our organisation but to New Zealand's national life. Echoing the words of his colleague and friend Professor Des Gorman MD PhD, "Haere rā, Emeritus Professor Sir John Scott, one of the true champions of medicine."

05 No ban for alcohol sachets – yet

JUSTICE MINISTER Amy Adams has rejected calls for a ban on alcohol sachets.

The Eden Park Community Liaison Group said it was worried the sachets were being smuggled into sporting events after finding them left scattered around the stadium.

Ms Adams told the group she had been advised that "sachets cannot be banned at this time" and that banning the products was "arguably unnecessary" as they did not appear to be widely available.

Auckland Councillor Cathy Casey said the Minister's decision was "extremely disappointing".

06 Drop in breath tests

POLICE HAVE attributed a sharp drop in breath tests to "working smarter".

Figures released under the Official Information Act show that, in the past year, Police undertook just over 2.5 million breath alcohol tests, about 457,000 fewer than the previous year.

"Previously we did a lot of high volume checkpoints run on the theory that high visibility around checkpoints would deter a greater proportion of public from drinking and driving," said road policing national operations manager Inspector Peter McKennie.

Police say high visibility checkpoints will continue but with more targeting of hot locations.

07 Thieves target tobacco

THIEVES STOLE several thousand dollars' worth of cigarettes in a crime spree that spanned two nights and included three separate raids around Tauranga.

The cigarettes were stolen from two New World supermarkets and a BP petrol station.

Senior Sergeant Rob Glencross cigarettes would have been stolen because they were a "very tradeable commodity".

08 Alcohol claims disputed

DR SAMIR Zakhari, former Director at the American National Institute of Alcohol Abuse and Alcoholism, has struck out at claims made recently in Wellington that moderate alcohol use can cause cancer.

In an opinion piece titled *To say moderate alcohol use causes cancer is wrong*, Zakhari said there was a lack of evidence supporting such a claim.

"While chronic abusive alcohol consumption is associated with a plethora of health problems including cancer, attributing cancer to social moderate drinking is simply incorrect and is not supported by the body of scientific literature."

09 Greater treatment access for young people

85%

HEALTH Minister Jonathan Coleman says more young people are receiving treatment for problem alcohol and drug use.

"The most recent data from district health boards shows 85 percent of youth aged 19 or under were seen within three weeks of contacting a youth alcohol and drug service. This exceeds the target of 80 percent and is a 12 percent lift compared to 2012."

Work to speed up access to alcohol and other drug services is one of 26 initiatives that are part of the Prime Minister's Youth Mental Health Project. $62 million has been allocated over four years for these initiatives.

THE PROPORTION OF YOUTH TREATED BETWEEN

3 & 8

WEEKS HAS ALSO IMPROVED SIGNIFICANTLY.

THE DATA SHOWS

94%

OF YOUNG PEOPLE WERE TREATED WITHIN THIS TIMEFRAME, A

6%

INCREASE ON 2012.

26

INITIATIVES ARE PART OF THE PRIME MINISTER'S YOUTH MENTAL HEALTH PROJECT.

$62M

OVER FOUR YEARS TO SUPPORT YOUNG PEOPLE WITH OR AT RISK OF DEVELOPING MILD TO MODERATE MENTAL HEALTH ISSUES.

09 SteerClear wins awards

THE TEAM behind the Drug Foundation's 'SteerClear' road safety campaign received a Ko Awatea 2015 International Excellence in Health Improvement Award in Auckland in September. SteerClear was the winner of the Citizens at the Centre of Service Re-design and Delivery category.

SteerClear, an immersive campaign that aims to inform young people of the dangers of driving while high, has been running for 18 months.

Drug Demand Reduction Manager Cat Milburn said it worked so well because it involved members of the target audience – 16 to 24-year-old drivers.

World.

01

Fast-moving medical cannabis in Australia

State Governments in both New South Wales and Victoria want to legalise medicinal cannabis and are waiting on the Federal Government to pass empowering legislation.

Moves to allow local production by the Victorian Government come after public release of a report by the Victorian Law Reform Commission calling for introduction of a strictly controlled licensing scheme to produce medicinal cannabis.

The necessary legal changes required to ensure Australia is not in breach of international drug conventions could be in place as early as next year. Support for a cross-party Bill has come from Prime Minister Malcolm Turnbull and Health Minister Sussan Ley.

"Allowing the cultivation of legal medicinal cannabis crops in Australia under strict controls strikes the right balance between patient access, community protection and our international obligations," Ley said.

02 World drug problem violates human rights

A TOP United Nations official came out swinging for global drug law reform during the 30th session of the Human Rights Council. Deputy High Commissioner for Human Rights Flavia Pansieri said the world's drug problem impacts the enjoyment of a wide range of human rights.

Pansieri repeated the United Nation's call on states to consider decriminalising possession and use of drugs "because criminalisation … has been shown to cause significant obstacles to the right to health".

03 Talk stops young drinking

WITH CHILDREN from ages nine to 13 starting to think postively about booze, it is essential parents and pediatricians talk about the dangers of drinking at this age. Research by the American Academy of Pediatrics shows 21 percent of American pre-teens have tried alcohol.

The pediatricians found alcohol advertising and marketing leads to increased likelihood children will drink, and if they are already drinking, seeing ads and other marketing leads them to drink more.

Fortunately, children do still listen to their parents. It was reported that four out of five teenagers said their parents had the biggest influence over when – and whether – they decided to drink.

04 Cannabis petition debated in the House

225,000 BRITS

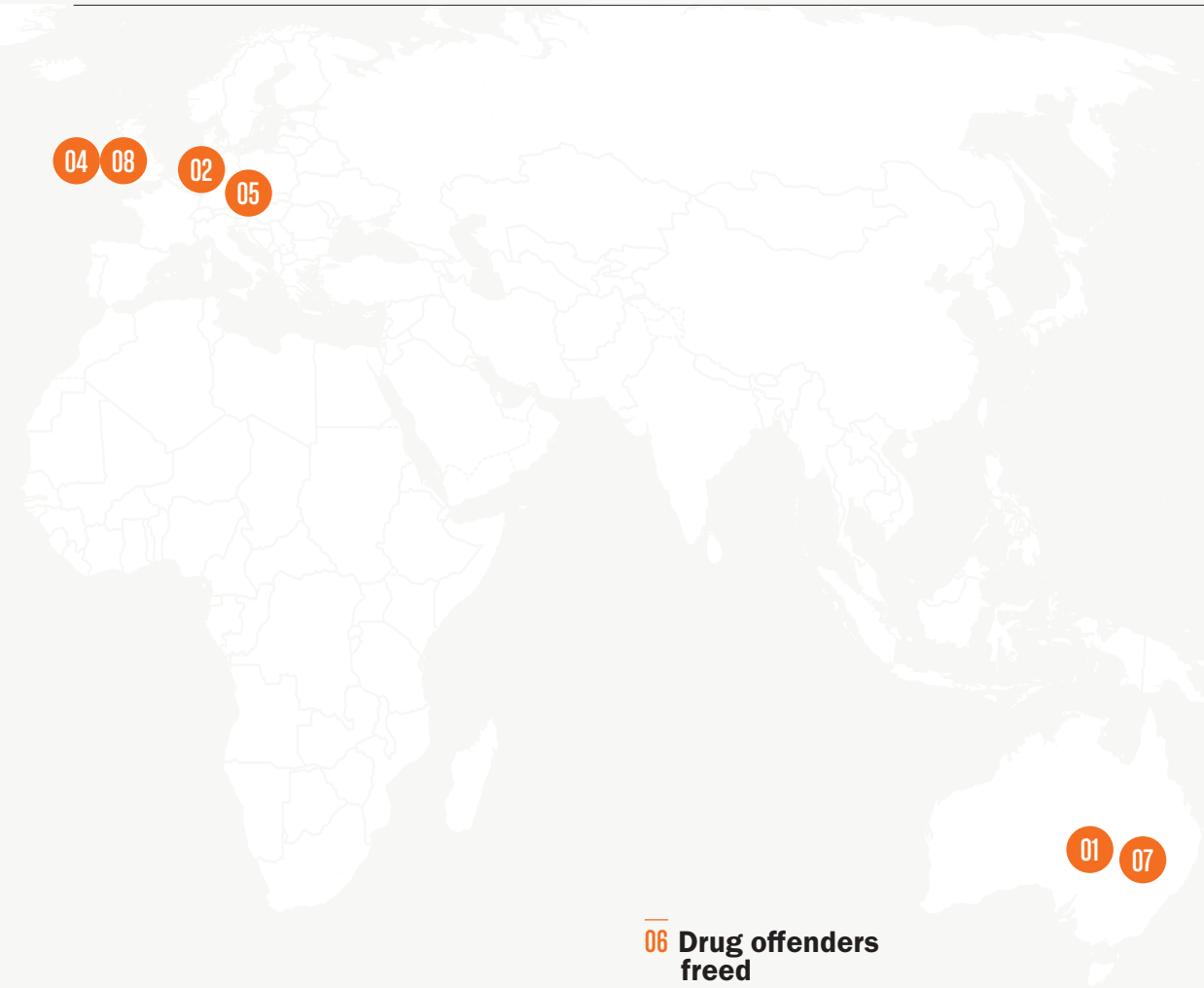
A petition calling to "make the production, sale and use of cannabis legal" was debated in the House of Lords in early October.

MPs from all parties responded to the call from over 225,000 petitioners, with many arguing the case to relax drug laws for dope.

However, the Government was unmoved. A spokesperson said, "Substantial scientific evidence shows cannabis is a harmful drug that can damage human health. There are no plans to legalise cannabis as it would not address the harm to individuals and communities."

RESOURCES

A full transcript is available on theyworkforyou.co.uk



05 UNODC equivocates about decriminalisation

A 'LEAKED' United Nations Office on Drugs and Crime (UNODC) report shows this key drug policy body is shifting its thinking.

On 18 October, a two-page briefing paper drawn up by Dr Monica Beg, chief of the HIV/AIDs section of the UNODC in Vienna, was hastily retracted from public distribution. The paper offers a damning critique of criminalisation, and the recommendations for change are carefully referenced to relevant UN statements, evidence and international law.

While senior UNODC officials are playing down the status of the paper, saying it was never sanctioned nor is it complete, civil society advocates are lauding the agency staff behind the paper. Endorsing its contents, Richard Branson wrote on his blog, "I hope this ground-breaking news will empower and embolden governments everywhere, including the UK, to do the right thing and consider a different course in drug policy."

RESOURCES

http://nzdrug.org/unodc-leaked-report

06 Drug offenders freed

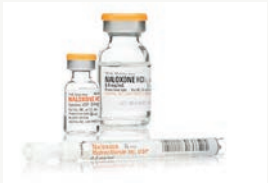
6,000 PRISONERS RELEASED

The Obama administration released 6,000 people in federal prisons sentenced to jail time for non-violent offences, including drug crimes.

Setting prisoners free came about after the United States Sentencing Commission reduced the penalties for many non-violent drug crimes in April 2014. The Commission said the new guidelines could be applied retroactively.

The American Civil Liberties Union greeted the mass release as positive but said more needs to be done. The decision does not affect 1.5 million Americans held in state prisons.

07 Naloxone with no prescription



THE AUSTRALIAN Therapeutic Goods Administration is changing dispensing rules for the life-saving overdose reversal drug naloxone. From next February, it will be available without prescription from pharmacies.

Changes to regulations extend to allowing families and friends of drug users to obtain naloxone to keep on hand.

This simple rule change is being introduced to reduce the number of people dying from preventable overdoses – each year, around 650 in Australia.

08 Booze ad banned

AN ADVERT for Strongbow cider has actually been banned by the UK's Advertising Standards Agency for suggesting alcohol comes ahead of a relationship with a loved one.

The online only ad ran foul of regulators for something Heineken, the cider maker's owners, said was a light-hearted spoof.

"Not only is it appalling that a company such as Heineken UK, with a marketing budget of millions, is failing to comply with the advertising codes, but it's left to young people to spot these adverts and highlight these failings," said Alcohol Concern's head of policy Tom Smith.

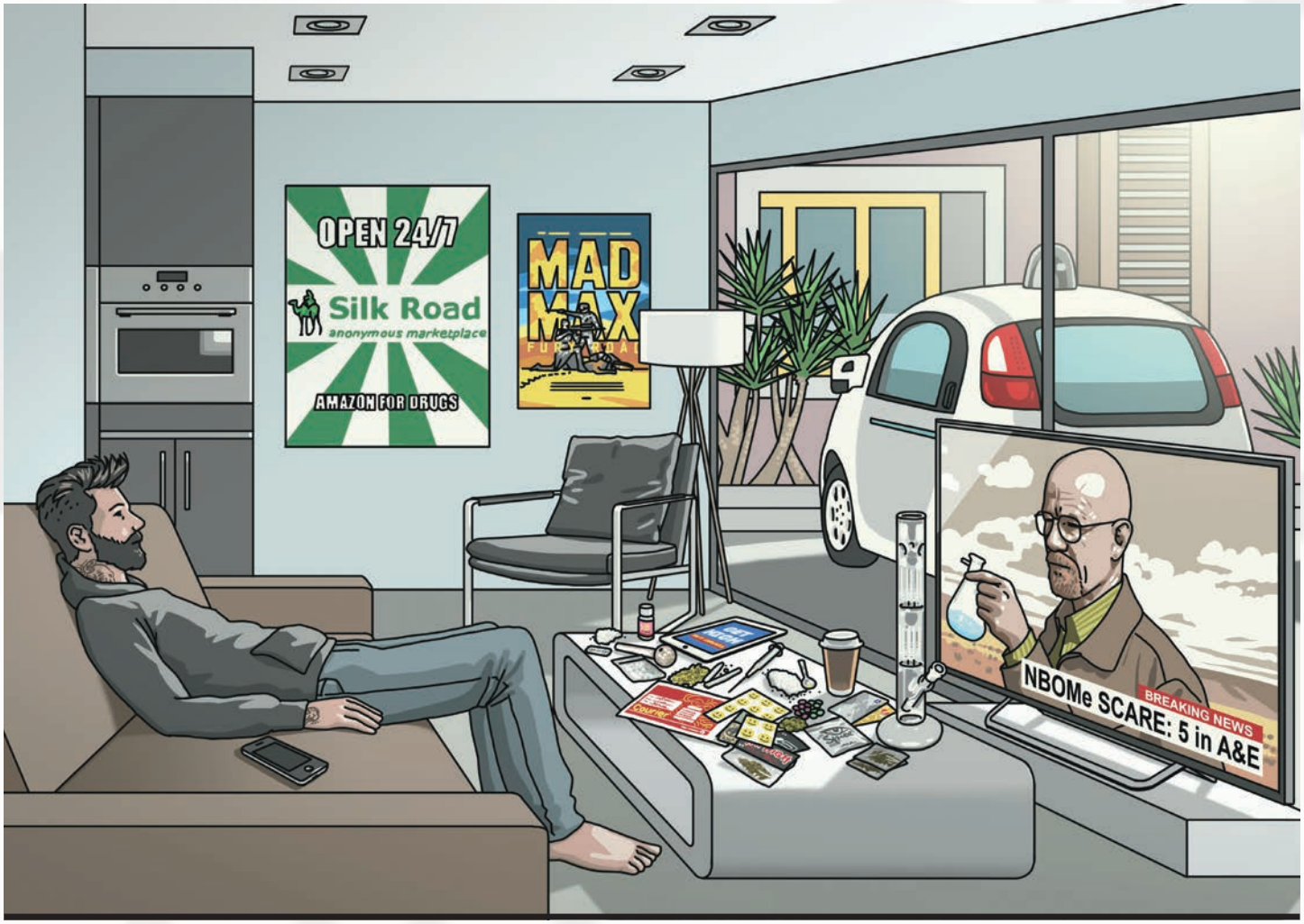
09 Cannabis lifestyle

TAKING CANNABIS to the next level is the aim of a new media companny being launched by rapper Snoop Dogg. The company will produce videos, stories and other features on different aspects of pot and lifestyle – with some policy and cannabiz thrown in.

This new encyclopaedia of the cannabis world illustrates how the introduction of legal cannabis sales in just a few US states is already generating spin-off industries. Get all you need for a dope lifestyle from merryjane.com

Has NZ's drug law passed its use by date?

A lot can happen in 40 years. The changes we've witnessed in Kiwi society are profound. As these spot the difference images show, this extends to the place of drugs in daily life. Yet the Misuse of Drugs Act (1975) is essentially the same as the day it was passed. Some of the costs of the legislation not keeping up are shared in this special anniversary feature.



Illustrations by Ross Murray

In May 2011 the Law Commission recommended

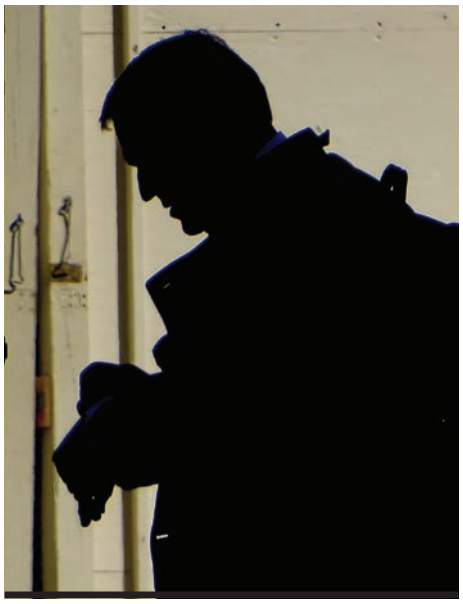
> **"... the Misuse of Drugs Act 1975 should be repealed and replaced by a new Act administered by the Ministry of Health."**

A case for change?

This special anniversary report was prepared by Andrew Zielinski, Cameron Price, Nathan Frost and Stephen Blyth.

01/05

A conviction is for life



Barry (not his real name) is a 46-year-old professional who works in sales for a multinational technology company. The consequences of a youthful drug conviction continue to have profound and unfortunate impacts on his life.

So what were the circumstances that led to your getting a drug conviction?

I got into sales because I've always liked to talk – some would argue I never know when to shut up! And it's funny, you know, because that attribute has really been beneficial to me in building my career – but it was also my big mouth that led to me getting a drug conviction.

It was a Friday night in small town 80s New Zealand. I was 17, I'd left school at 15 and basically gone to a party that, two years later, I hadn't really left. My only real interests in life at that time were punk rock music and getting high with my mates.

We'd been drinking vodka and popping Valium and, after a suitable period of preloading, had staggered down to the local teen venue to try our luck with the girls.

We were pretty messed up I guess, and a scowling bouncer announced in no uncertain terms that we were not getting in.

One of my friends took exception to this refusal – a knife materialised and was waved around theatrically.

Eventually, calmer heads prevailed, and we turned tail and trudged off muttering menacing sentiments under our breath.

Well, of course, the cops arrived to search my friend, and after finding the knife on his person, they showed him the back of a paddy wagon.

That would have been it, too, if I hadn't felt the need to get lippy with the cops about living in a Police state.

Next thing you know I'm also being searched.

Go ahead, you won't find anything on me, I'd said.

One second later, the cop's got a big grin on his face as he's got a dope pipe I'd totally forgotten about from my top pocket, and I'm joining my friend in the paddy wagon.

Were you worried about gaining a drug conviction?

No, I wasn't worried at all, in my drug and testosterone-saturated adolescent mind. It was all just a naughty game, taking on authority, rebellion, all that juvenile stuff. I didn't have any concept of growing up, I didn't even rate my chances of making it to 20, so the idea of a drug conviction having an impact on my life just wasn't there.

I mean we were in the back of that paddy wagon working ourselves into a frenzy singing Black Flag songs while head butting the walls. I remember the sense of triumph I felt at the cops being appalled by the blood-covered interior at the station. That screwed-up kind of thinking was where my head was at.

And has it had an impact on your life opportunities?

Well, as I got older and became aware of the many and varied opportunities life holds, I definitely avoided heading down certain paths because I wondered how I would stand with a drug conviction. But the main impact I deal with on a day-to-day basis , and it's why I'm not prepared to provide my real name, is that I've actually found myself in a really shitty situation where I'm forced to lie or I'll lose my job.

That sounds complicated, tell me more.

Yeah, well, like I said, I'm in sales and have been for a really long time now. Anyway, my job, which I've had for over 15 years, involves regular travel to the United States.

Now, around the time I got the job, clean slate legislation was coming in, but clean slate doesn't cover criminal declarations for US visas.

I was asked at my interview if I had any convictions that would prevent me from travelling to foreign countries, and I decided to lie because I really wanted the job.

It's ironic, really, when you think about what's happened in the US in recent years, that I'm stuck telling this lie because of a shitty dope pipe I'd forgotten about in my pocket all those years ago. But if I come clean, I'm admitting to gaining my job under false pretences, and my company is really black and white about these things. So I live with the lie and the unease.

02/05

The cost of convicting young people

Our criminal justice approach under the Misuse of Drugs Act comes at a high cost to all involved, even just in terms of wasted tax dollars, but it is particularly younger people who bear the brunt of these costs.

Ministry of Justice figures indicate that, from 2007–2014, 16,729 young people between the ages of 17 and 25 were convicted of the relatively minor offence of possession and/or use of an illicit drug or drug utensil. That's approaching half (40 percent) of all people convicted of those offences.

About 10 percent of those young people received prison sentences at an average length of 65 days. Department of Corrections figures indicate the average cost per day of imprisonment over this period was around $250 – that's $16,250 per young person. With 1,777 young people receiving prison sentences for this sort of possession and/or use, we reach a total imprisonment-only cost of around $29 million.

If we consider the costs of all people receiving prison sentences for these minor drug offences over 2007–2014 – 5,039 people with an average sentence of 69 days – we reach the staggering figure of $87 million. And that does not include Police, court or probation costs.

Is this a good use of public funds?

Not only is this situation expensive, it causes social harms, particularly for young people. Convictions and imprisonment narrow opportunities, making it harder to get an education, employment, credit and travel, and it exposes youth to a negative environment. This damages life chances at a time when young brains and identities are forming.

Youth drug use rates

Young people higher drug use rate puts them in contact with the criminal justice system. The last Ministry of Health New Zealand Alcohol and Drug Use Survey 2007/08 found prevalence of using any drugs in the past year peaked in the 18–24 year age group. Over one-third of New Zealanders in this age group had used drugs in the past year (38.1 percent of males, 29.8 percent of females). Of those aged 25–35, around a quarter used drugs, dropping to just over a tenth of those aged 35–44.

Past-year cannabis use was also highest among youth (15–24 years) according to the New Zealand Health Survey into Cannabis Use 2012/13. About one in four (24 percent) of this age group had used cannabis in the past year.

Youth convictions

Encouragingly, trends have been very positive over the last five years, with convictions of young people for minor drug offences having dropped by two-thirds from a peak of 3,010 in 2009 to 962 in 2014. However, we still convicted an average of 2,091 young people per year over 2007–2014. (GRAPH 1)

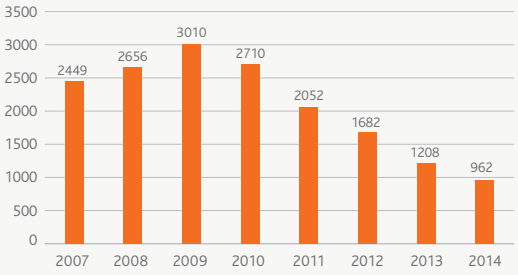
Ethnicity and gender are important factors in these convictions, with significantly more males and Māori being convicted. Young males made up 86 percent of convictions. (GRAPH 2)

Māori young people are over-represented in these figures, making up 38 percent of those convicted for minor drug offences over 2007–2014. (GRAPH 3)

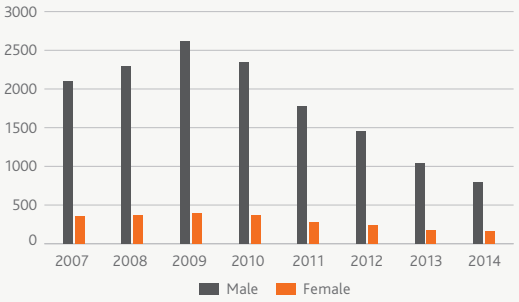
Cannabis is overwhelmingly the drug most young people are convicted for. Offences for cannabis and cannabis utensils possession/use made up 82 percent of minor convictions. Methamphetamine or amphetamine offences account for 11 percent of convictions, with all other drug/utensil offences accounting for the remaining 7 percent. (GRAPH 4)

There were also five young people under 17 years of age sentenced to

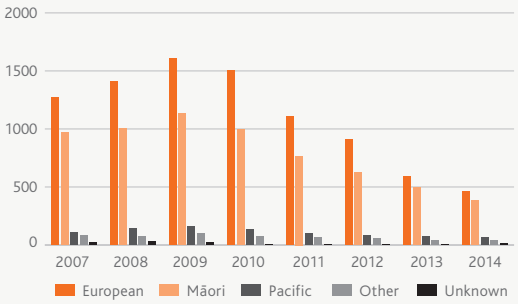
1. Number of those aged 17–25 years convicted of possession and/or use of an illicit drug or drug utensil, 2007–2014



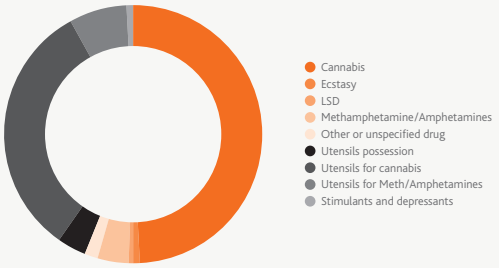
2. Number of those aged 17–25 years convicted of possession and/or use of an illicit drug or drug utensil, by **gender**, 2007–2014



3. Number of those aged 17–25 years convicted of possession and/or use of an illicit drug or drug utensil, by **ethnicity**, 2007–2014



4. Number of those aged 17–25 years convicted of possession and/or use of an illicit drug or drug utensil, **by drug**, 2007–2014



imprisonment for possession and/or use of an illicit drug or drug utensil from 2007–2014. Their average sentence was 42 days.

Prison sentences don't relate to drug class

Interesting anomalies emerge when we look at average prison sentences given for different drug types. These do not all align with what we might expect, given the respective classes of these drugs (i.e. A, B or C) under the Misuse of Drugs Act.

BZP (Class C) and ecstasy (Class B) offences received the longest prison sentences (as seen on the right). Cocaine, heroin and LSD offences received shorter sentences, despite all being Class A drugs. Factors other than drug classification and associated drug harm are obviously relevant in these decisions.

Imprisonment costs

Imprisoning our young people is expensive. With the average cost of imprisoning someone over 2007–2014 at $250 per day, we spent around $3.6 million each year over 2007–2014 imprisoning our young people.

	Age group	
	Under 17	**17–25**
Numbers imprisoned	5	1,777
Mean prison sentence (days)	42	65
Cost per person	$10,500	$16,250
Total cost	**$52,500**	**$28,876,250**

The costs of convictions

16,729: young people convicted for minor drug offences from 2007–2014.

$29 million: spent imprisoning young people 17–25 for minor drug offences from 2007–2014.

$16,250: spent per person imprisoning young people for minor drug offences from 2007–2014.

SOURCE

Ministry of Justice (2015). Response to Official Information Act request. Ref. 54731.

*Average prison sentence imposed (days) on people convicted of possession and/or use of an illicit drug, by drug type and class, 2007–2014

Class A **Cocaine** — 60 days

Class A **Heroin** — 90 days

Class A **LSD** — 93 days

Class A/B,C **Meth**
Class C **Amphetamines** — 88 days

Class B **Ecstasy** — 121 days

Cannabis — 50 days

03/05

Unequal treatment before the law

Kelly van Gaalen is a stand-up New Zealander – a real good sort.

Living up north in Kaikohe, she was a member of the Community Board, chair of the Community Arts Council and promotions manager for the Kaikohe Business Association. She was active in the community and led the town beautification projects. Last December, she won a Local Heroes medal.

Right now, she's in prison.

On the night of 14 July last year, Kelly and her three young children – aged 5, 7 and 16 – were out, and only her husband Jasper was home.

That was lucky, because that night, three men violently invaded their home.

Thankfully, Jasper was able to escape and raise the alarm.

But when Police arrived, it was Kelly who was arrested.

While looking for evidence, Police officers came across a bucket of drying cannabis and two plants.

Kelly took responsibility for it, was found guilty of possession of cannabis for supply and was sentenced to two years in prison.

Apart from the message that the Police's actions sends to other cannabis users – don't call the Police if you are the victim of a violent crime and have cannabis in your possession or you'll go to jail – there are two major injustices in Kelly's case.

The first is that judges hand down wildly varying and disproportionate sentences for drug offending.

In Kelly's case, the judge said, "To say this sentencing has troubled me is an understatement," but that his hands were tied and he had to be consistent with sentences imposed for similar offences.

However, there are many examples of where people have committed similar or worse crimes and been given lesser sentences. See the sidebar for examples.

Kelly wasn't even granted bail, which is insane considering some people who are accused of committing violent crimes are.

The second problem is that the law presumes the accused is guilty until they can prove themselves innocent. Under the current system, if you are found with more than 28 grams of cannabis in your possession, the burden is on you to prove you weren't dealing.

This goes against a fundamental rule of law that states that defendants are presumed innocent until proven guilty.

In 2007, the Supreme Court of New Zealand ruled that the presumption of supply is inconsistent with the Bill of Rights Act, and in 2011, the Law Commission recommended removing the offence of possession for supply altogether and replacing it with a non-criminal offence for simple possession.

The judge in Kelly's case noted there was no evidence of commercial dealing, but because she had 684 grams of cannabis, the law presumed she was guilty of supply unless she could prove otherwise.

She explained that she was a regular user and had been since she was 14 years old. She grew two cannabis plants, one that had grown particularly well, she said, and occasionally gifted cannabis to friends.

A spokesperson for the van Gaalen family said, "She was a victim of an exceptional gardening skill."

And this is the situation the law puts us in: violent offenders are given bail and lenient sentences while local heroes and mums-of-three are sent to the clink for two years for a victimless crime.

Police spend time and resources arresting and prosecuting the victims of violent home invasions that would be better spent going after home invaders.

And politicians insist there's no need for a law change despite the Law Commission and the Supreme Court finding the law inconsistent with human rights.

The Misuse of Drugs Act fails because it allows for prosecutorial and judicial caprice, and it robs people of their right to be presumed innocent until proven guilty. It is not compassionate, nor proportionate, nor innovative. It needs to be repealed and replaced.

Ian Alfred Cole, from Westport, was convicted of cultivating and possessing cannabis for supply, as well as possession of LSD, and was sentenced to nine months' home detention. He had over 10 times as much cannabis as Kelly had.

Johnathon Olander and Dionne Watkins, from Havelock, admitted seven charges including selling cannabis and BZP. They were sentenced to six months' home detention.

Daniel and Hadas Surdri, from Ashburton, caught with 54 plants and more than 6 kilograms of dried cannabis, pleaded guilty to cultivating charges. They were discharged without conviction in return for a $2,000 donation to the Salvation Army.

Krystal Katipa, from New Plymouth, was sentenced to seven months' home detention after she was found guilty of commercial supply of cannabis and hash oil, which is a Class B controlled substance.

Sheryl Kingi, from Tauranga, pleaded guilty to possessing cannabis for supply and was sentenced to nine months' home detention. She had 119 cannabis plants and 2.4 kilograms of cannabis.

Neil Arthur Phillips, from Kerikeri, was found guilty of selling cannabis to a Police officer on numerous occasions over several months and was given 12 months' home detention. The judge cited the man's closeness with his sons as a reason he avoided jail.

04/05

Show me the money!

Whether we're treating drug issues in the health sector or enforcing the Misuse of Drugs Act in the law enforcement and justice sector, addressing drug-related harm isn't cheap. The relative funding we allocate to health approaches like treating drug addiction versus law enforcement approaches like imprisonment affects our outcomes in reducing drug harm.

The weight of international preventive and drug harm reduction evidence demonstrates it's more effective to tackle drug problems predominantly with a public health, social support and strong regulatory approach than a criminal justice approach. Criminal justice approaches can actually make the problem worse by hampering access to treatment and increasing health and social problems for people who use drugs. However, for many years, it's been widely acknowledged that we put significantly more funding into our criminal justice-based enforcement approach to drugs than our health and socially focused approach.

While it's not easy to get good data on funding and costs around these endeavours, we present some of the available figures on below.

Alcohol and other drug treatment services (2012/13 financial year)

Vote: Health

Funding	**$116,236,789**
Funding for young people under 19 years	**$15 million (approx.)**
Number of people treated	**46,641**
Average cost per person treated	**$2,492**
Full-time equivalent workforce positions funded	**1,452**

Vote: Corrections

Funding	**$5,415,000**
Average cost per prison-based drug and alcohol treatment programme participant	**$5,154**
Number of prisoners who completed an alcohol and drug programme (prison-based and community)	**1,507**

Harm reduction (Needle Exchange Programme)

Drug harm reduction activity, designed to reduce the harm occurring from drug use for those unable or unwilling to stop, is one of the most cost-effective ways to use funding. New Zealand's Needle Exchange Programme (NEP) is an excellent example of this.

A review of the effectiveness/efficiency of the New Zealand NEP between 1988 and 2001, also applying evidence from an Australian review of needle exchange programmes, reveals some impressive harm reduction figures.

Needle Exchange Programme (NEP)	
NEP total current Vote: Health funding	**$4.75 million (approx. per annum)**
Blood-borne infections/deaths avoided between 1988 and 2001	**HIV – 1,031 cases/20 deaths Hepatitis C – 1,454 cases**

Total net benefit of lifetime hepatitis C and HIV treatment savings from infections prevented between 1998 and 2001 was estimated at $202 million.

Enforcement costs

There is a particular lack of current, accurate and comprehensive information available on government drug enforcement costs. However, the figures below were presented in the New Zealand Police's *New Zealand Drug Harm Index* published in 2008. Drugs covered by the index were cannabis, opioids (opium, homebake, heroin, morphine), stimulants (cocaine, amphetamine, methamphetamine, ecstasy) and LSD.

Illicit drug enforcement costs 2005/06 ($ million)	
Prisons	**110.5**
Police	**106.9**
Criminal courts	**40**
Customs	**24.7**
Community sentences	**20.9**
Total	**303**

The figures presented support the generally accepted view that we spend considerably more on drug enforcement than on drug treatment and harm reduction. However, these figures are not comprehensive, and the accuracy, particularly of the enforcement figures from the 2008 Drug Harm Index, has been questioned.

There is also Vote: Social Development funding, through Child, Youth and Family and Work and Income New Zealand, for some treatment services for youth, families and individuals. These figures were not available at the time of printing. Further, government funding for drug and alcohol prevention activity has not been included.

We should therefore be cautious about conclusions around overall government spending on approaches to drug and alcohol problems. Certainly, there is a need for better and more easily available funding data across our various approaches. This would allow us to better determine what funding is going where and assess relative effectiveness at reducing harm. ■

05/05

Stigma really hurts

Long after someone has given up using drugs, the associated stigma can linger. One person who knows about this is Wellington Drugs Project board member Kate Kerrisk.

In recent times, Kate has actively advocated for the rights of people who use the Wellington Drugs Project's services. She once had her own time using, but that's something she moved on from over a decade ago.

She'd tell you there are many ways stigma rears its ugly head. It's much more than confronting harsh attitudes but can amount to real discrimination – and she's experienced this more than once.

"If you're known to be a drug user, they [health professionals] won't take your concerns seriously. If you're saying you've got really chronic pain or you can't sleep, it's just seen as drug-seeking behaviour, you don't get seen properly. They'll write it off and say just go on your merry way," Kerrisk explains.

On one occasion, Kerrisk wasn't given pain relief for a medical condition.

"The doctor had got this idea that you weren't trustworthy and you wouldn't use the medicine as you were supposed to," she says.

In a situation fairly common in smaller towns, Kerrisk said pharmacists were reluctant to dispense clean needles. She and friends went to many lengths to get around this, but it didn't always work out.

"The hassle of it all was quite prohibitive, so I hate to say it, but a lot of the time we did reuse needles."

It's when a crisis happens that the true attitudes shine through. Sadly, Kerrisk says, people will often not tell the 111 operator it is in fact an overdose or may leave the scene before the arrival of medics, and possibly the Police, for fear of being implicated. This impacts on the care many will receive.

"This is the way it most often goes with an overdose. You're too scared to go through the official channels. So instead, it's pinching, poking, burning, throwing water on them – you slap them about. And if you're lucky, they come round."

The lack of availability of the overdose reversal drug naloxone is something Kerrisk sees as indicative of prejudiced attitudes. Access to many other life-saving drugs is fast-tracked, but naloxone is hard to get despite clear benefits.

"I've almost never heard of anyone go to their GP to ask for naloxone. I know of one guy who tried, and eventually got it, but he still got the run around."

This exasperates Kerrisk. She says that, while GPs are allowed to prescribe the drug, it mostly doesn't happen. She says policy makers and MPs may think everything is in place, but this is not the case on the streets. She also points to a pervasive moral view about drug use.

"There's this sort of punishment thread that goes along with it. 'Well, if you're going to play with fire, then it's your fault if you get burnt' and 'If you overdose, that'll bloody learn you for playing with drugs!' Well it won't, because you'll be dead. There's no lessons learned when your dead."

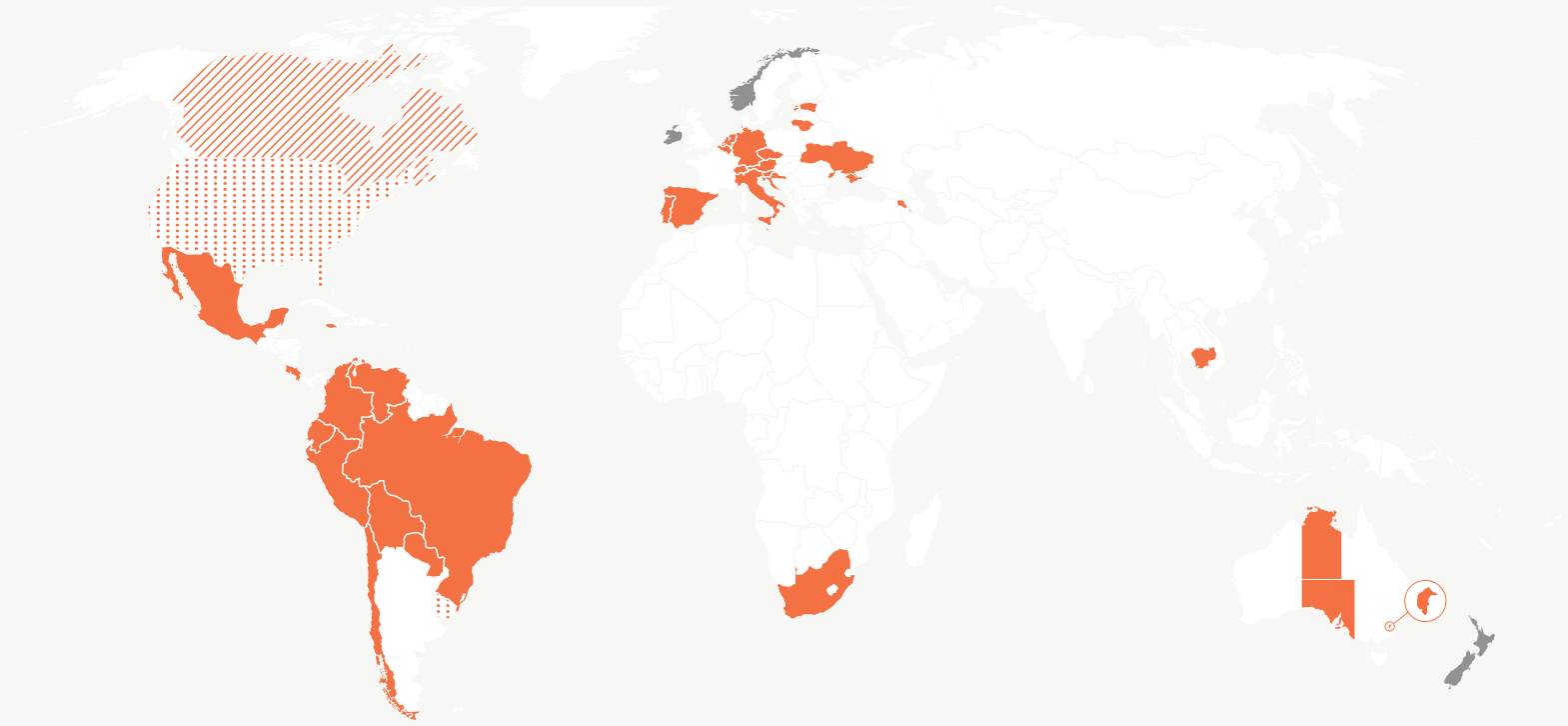
Kerrisk says it is important to remember people can be at an age when they are experimenting or maybe have a lot of life problems or are depressed and hurting so they're self-medicating. A voice from people from the drug-using community is vital, but for many good reasons, it's rare for people to step forward.

"Lots of people who have moved on from drug use buzz off and do some other career, and it's a big skeleton in their closet. They go off and do what they do, but they're not into speaking about their past. They think, if people know about this, they'll be judged.

Bringing about change is not something that will happen overnight, but Kerrisk is determined to get stuck in to ensure people are treated fairly. The current law is something she sees as getting in the way.

"If they started to make the law change, it will go a long way to changing the societal view of it. Legislation will filter all the way down to reducing stigma and discrimination," she argues.

State of personal use around the globe



Personal use of one or more drugs is treated as an administrative, health or non-criminal matter in many countries. Dealing or trafficking drugs receives stiff sanctions everywhere.

One or more drugs decriminalised

Armenia
Australia – *decriminalised SA, ACT*, NT
Austria
Belgium
Bolivia
Brazil
Cambodia
Chile
Colombia
Costa Rica
Croatia
Czech Republic – *legal for personal use*
Ecuador
Estonia
Germany
Italy
Jamaica – *most recent to change*
Lithuania
Mexico
Netherlands
Paraguay
Peru
Portugal
Slovenia
South Africa
Spain
Switzerland
Ukraine
Venezuela

De-facto, partial decriminalisation

Canada

Cannabis legalised

USA – *4 states legal, 6 states due to vote in 2016*
Uruguay

Drug law reform actively debated

Ireland
Norway
New Zealand

Based on material prepared by Release and the Transnational Institute.

40 years of drug law

1975 — MoDA receives royal assent from Sir Dennis Blundell on 10 October.

78 — Disgruntled pot smokers stage a smoke-in at the Nambassa Festival in Ngāruawāhia.

79 — NZ's first national Methadone Conference is held in Palmerston North.

80 — Odyssey House begins offering services in Auckland to help New Zealanders overcome alcohol, drug and gambling addiction problems.

80 — By the numbers: A national survey suggests NZ has 600,000 regular cannabis users (of a total population of 3.1 million).

81 — Dope smoking and anarchism feature prominently as classic kiwi film *Goodbye Pork Pie* airs at cinemas.

81 — Terence John Clark is convicted of Mr Asia's murder.

85 — Lorraine Cohen is arrested in Malaysia for heroin trafficking. Her death sentence is commuted to life imprisonment.

87 — Needle exchanges become legal with introduction of Health (Needles and Syringes) Regulations 1987.

89 — *New Zealand Green: The Story of Marijuana in New Zealand* is published by author Redmer Yska.

90 — NZ Drug Foundation is founded.

97 — Care NZ begins working with the Corrections Department to offer drug treatment units in prisons.

97 — The first National Drug Policy is posted out. It remains in place until 2003.

97 — Parliament's Health Committee conducts an inquiry into the mental health effects of cannabis.

97 — By the numbers: 43% NZers have ever tried cannabis, 14.6% have used cannabis in the last year and 8% have tried one hallucinogenic drug.

98 — Aucklander Ngaire O'Neill dies after taking ecstasy. Months later, MDMA is reclassified as a Class B drug.

99

00

A new Expert Advisory Committee on Drugs is established to evaluate substances and recommend classifications.

01

Fantasy (GHB) is added to Schedule B.

Rugby celebrity Marc Ellis is convicted for possession of a Class B drug. He infamously asked for something "smooth on the come-down" like the ones he had "the other night".

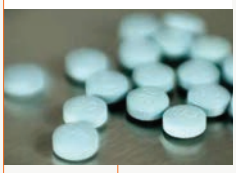
03

Members of the Health Select Committee delve into the public health strategies related to cannabis use and the most appropriate legal status.

05

08

After first becoming widely available in 2000, BZP is added as a Class C drug. A year later, ketamine is also added as a Class C drug.



BERL says the total cost of harmful drug use each year is $6,524,600,000. The figure is based on 2005 figures and includes direct and indirect costs.

09

Responding to fears of rampant P use, Prime Minister John Key launches the Methamphetamine Plan.

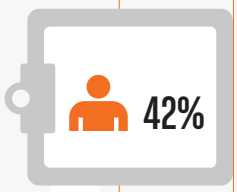
10

GW Pharmaceuticals is given approval to distributecannabis extracts in New Zealand as a branded drug, Sativex.

11

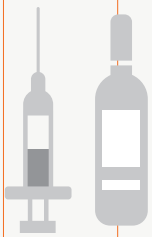
After three years, hundreds of submissions and much deliberation, the Law Commission review of MoDA is released. Silence.

By the numbers: 42% NZers have ever used cannabis, 14% have used cannabis in the last year.



12

Judges Tremewan and Aitken commence sittings of a five-year Alcohol and Other Drug Treatment Court pilot.



13

The much heralded, world-changing Psychoactive Substances Act comes into law: 119 MPs for, one against.

Almost overnight the number of outlets for psychoactive substances drops to just over 150 from around 4,000, and just 41 products remain on shelves (down from 150).

14

The ground is put back together again as an urgent amendment of the Psychoactive Substances Act heads back to Parliament: 107 MPs for, 14 abstained.

Psychoactive substances can only be obtained unlabelled, from dealers on the black market.

2015

A revised National Drug Policy based on compassion and health is launched at Parliament.

Teenager Alex Renton is prescribed Elixinol in an attempt by doctors to treat repeated seizures after all other avenues fail.

Māori MPs reconsider drug law

A succession of reports show Māori are affected significantly more than Pākehā by our drug laws. Reducing harm caused by the laws themselves seems something the government is now willing to address, but there remain widely varying views on what must actually be done in terms of policy. **Russell Brown** looks into the issue and presents the views of four Māori MPs.

RUSSELL BROWN

"The laws we make need to be reasonable, and it is crucial that our enforcement response is proportionate," declared Associate Health Minister Peter Dunne when he launched the new National Drug Policy in August.

"We want to make sure that drug use is deterred, where possible, but also that the laws are actually working for individuals, communities and society. We are trying to minimise harm, not create more."

The Minister's words – the most explicit government acknowledgement yet that the harms from illicit drugs include the harm caused by the laws against them – would have been notable in any month, but they came only three weeks after a district court judge declared himself "troubled" at having to jail Kaikohe woman Kelly van Gaalen for two years.

Van Gaalen had been convicted of possession of cannabis for supply, although she said she had grown only two plants, and the judge accepted that she had not sold any. Her family lost a mother and Kaikohe lost a prominent and active figure in its arts and business life.

Although van Gaalen is not Māori, two-thirds of Kaikohe's population claims Māori descent, and the controversial sentence threw the spotlight on the impact of drug laws in small, predominantly Māori, regional towns.

Wherever they live, Māori are more likely to fall foul of drug law. The 2012–2013 New Zealand Health Survey into cannabis use found Māori were nearly twice as likely as non-Māori to suffer legal problems as a result of using cannabis. A 2003 study found that, on the basis of equivalent usage, Māori experienced Police arrest for cannabis use at three times the rate of non-Māori.

Visiting US defence lawyer and former judge William H Murphy Jr (also speaking in August) compared the Māori experience with that of black Americans as "the product of colonialism and its aftermath" and lamented the "so-called war on drugs [that] has resulted in a war on people of colour with drugs and white people basically left alone."

And yet there are many prominent Māori voices who reject Murphy's call for drug legalisation or even law reform.

"I worry though that, while reform will work for the middle class, it will be the poor who will feel the strongest impact,"

Photo credit: Alan Gibson APN

Reverend Hirini Kaa said. "We need our communities to be alcohol, violence and drug free."

Kaa and others point to data indicating that the burden of substance use disorders falls twice as heavily on Māori as the general population (see sidebar). They fear that any loosening would only make cannabis and other drugs more available. Others insist that the unequal impact of legal consequences simply exacerbates the public health problem.

But if both forms of harm fall disproportionately on Māori, what do Māori legislators think? *Matters of Substance* interviewed Māori MPs from the National, Labour, Green and Māori Parties. We found substantial agreement on some questions and contrasting views on others.

Marama Fox, Māori Party

"We've been calling for a review of the justice system – the whole system – for some time, and it seems to fall on deaf ears with the government. The government doesn't seem to think there is institutional racism. Research after research has shown it, but the government won't participate in that discussion. If they could just listen to the experts, that would be great, but that hasn't worked in the past.

"I liked Minister Dunne's response, and I do think that that's partially the answer. If you look at the Youth Court, Family Law, their first port of call for youth offending is diversion. So by law, that's the first thing. Do something else, keep them out of court.

"I'm not interested in decriminalising marijuana. I'm more interested in a restructure of the law, so it's still a criminal behaviour, but the response is different. Punitive responses haven't worked.

> **"We need our communities to be alcohol, violence and drug free."**
>
> REVEREND HIRINI KAA

"I think there should be a law and that the law should be focused on diversion and health pathways, depending on the crime. If you're dealing, well that's a different issue – you're making money off this stuff, you're trying to get people addicted so you can get more money. If it's possession or use, instead of just ignoring it, the law should be directed to have those people referred to their hauora provider, their health provider, for drug education. Not just doing PD down the road and saying 'You naughty boy, come and dig some drains for a day'. That doesn't decriminalise, but it changes the way we enforce the law.

"I know so many people who want to get off marijuana and who never thought it was addictive because they could go weeks without it – but now can't go two weeks without it. They hit the wall, they start nutting off at the whānau. And it's easier just to stay in this kind of numb state for … what, the rest of their lives? These guys have been smoking now for 30 years, and they don't know how to get off.

"These were parents who'd tried to get off and couldn't, who said they didn't know what it was like not to be stoned any more. I think it's soul destroying for Māori communities. It's breaking up our natural inclination towards whanaungatanga and happiness towards each other.

"I used to do drug education at high school, and when we found kids smoking dope, it wasn't immediate suspension or expulsion. The first response was a health response. We brought in the experts, we told them about the effects of drugs and alcohol on the brain, we told them 'This is what you're doing – if you choose to go down that path, be aware of what you're walking into and treat it that way'."

Kelvin Davis, Labour Party

"Does politics get in the way of good policy? Absolutely. Because when we say these people have a health issue, they're

> **A 2003 study found that, on the basis of equivalent usage, Māori experienced Police arrest for cannabis use at three times the rate of non-Māori.**

Kelvin Davis, Labour Party

Metiria Turei, Green Party co-leader

not necessarily criminals. Society says 'What? You want to go easy on drug users?', so politicians are always wary of raising these sorts of issues.

"I'd like to see people, instead of being locked up or whatever for drug use, just to be fined, like a parking ticket. The guy's getting punished, because the community wants to see punishment. It'll be a deterrent. To my mind, that would be a much better system than having many young Māori arrested each weekend, clogging up the courts on Monday morning and getting criminal records.

"Māori who get arrested for drug use are treated as criminals rather than people who need assistance with an addiction. The criminal justice system does prevent Māori getting help. Even if they have to be locked up, they should be in some sort of facility to get help with their addiction. Prison is just not the right place for most people. They're horrible places that really do nothing for people.

"The Kelly van Gaalen case probably has created more harm, especially for that family. It hasn't minimised harm. I don't think it's going to change her attitude towards marijuana at all. It's an example of the law being an ass.

"When I was first in Parliament, the Greens had some medicinal marijuana Bill, and from memory, there were two parts to it. One was to extract the active ingredients and whack it in a pill – and I was in favour of that. But the other part was letting people grow marijuana for personal use, and I thought, uh, that just makes it more accessible.

> **Wherever they live, Māori are more likely to fall foul of drug law.**

"If my grandfather's growing a couple of plants out the back, then it just makes it easier for my kids to access it and use the excuse that it was Grandad's marijuana.

"And people might look at the fact that I voted against that and say I'm one of these conservative anti-drug types. It's not actually the case. We want to make support for drug users more accessible, not the drugs themselves."

Metiria Turei, Green Party co-leader

"I would first dispute one of the facts that you list – that Māori men have twice the use rate of Pākehā men and are more likely to suffer 'substance misuse disorder'. There have been numerous reports that show that, just as in the legal system, Māori are more likely to be targeted and negatively labelled by health professionals than Pākehā. These racist filters operate in almost every aspect of Māori engagement with public services, including the media, and I am always extremely suspicious of such statements. This is important if the assumption of greater harm to Māori from cannabis use is perpetuated in your article. I don't agree with that assumption at all.

"It is this kind of rationalisation that perpetuates a biased, racist and fundamentally unjust system. If a person is depressed or has become obsessed with drugs, they need help through a legal framework that means they can get it easily and quickly. And the single most effective way of delivering that help is where there are no legal consequences for that person or anyone's drug use. It's just not true to assume all white middle class people can handle drugs and Māori can't."

[Professor Mason Durie was part of the principal investigative team of Te Rau Hinengaro: The New Zealand Mental Health Survey, along with a dedicated Māori research team and a nine-strong Kaitiaki group.]

"What needs to change? The law. Plain and simple, cannabis prohibition is dangerous. It creates a culture of fear and mistrust, facilitates poor relationships with legal and medical professionals and is deliberately used by law enforcement to target Māori, leading to unjust conviction and imprisonment, splitting up of families, the confiscation of property and family poverty. Cannabis prohibition cannot be justified under any public policy principle.

"The evidence that shows how Māori are treated in the criminal legal system proves it – at every point, Māori are treated worse. There are stacks of reports on this. I raised it during that ridiculous Drivers of Crime seminar that Pita Sharples and Simon Power held in 2009. Sharples' only response was to support Māori running the private prisons, which even now just makes me want to weep.

"It is wrong to assume that every cannabis user has a health issue that

Dr Shane Reti, National Party

Marama Fox, Māori Party

requires some intervention. That is patently untrue when looking at the extent of use in New Zealand. But where anyone requires help, Māori included, the illegal status of the drug is the primary reason people don't seek that help.

"The Misuse of Drugs Act needs to be repealed and entirely rewritten according to scientific, evidence-based approaches to harm reduction and respect for human rights as well as health. The new Act should also include tobacco and alcohol. The Proceeds of Crime Act should be reviewed. Should this not occur, another option is to use an evidence-based assessment to reclassify the drugs and use Class D more effectively. And then third, allowing all MDA-classed drugs to be assessed through the psychoactive substances legislation. My understanding is that the law currently prohibits that course.

"I agree [with Peter Dunne]. As with previous ministers of this portfolio, they do eventually come round although, so far, clearly too late. There is still a critical question of why any 'enforcement' is required at all for personal use of drugs. Also, I would want to see a better articulated, more principled stance as to the public policy for the deterrence of drug use that includes alcohol and tobacco in the assessment. 'Drugs are bad, kids, OK?' is not a coherent public policy position."

Dr Shane Reti, National Party

"I do not think there are any benefits for decriminalising or legalising cannabis, for medicinal purposes or otherwise. In terms of medicinal use, such as for pain relief, there are already pharmaceutical forms of cannabis that provide measured doses and quality control.

"Māori are over-represented in our justice system. This over-representation is well known by those working in the justice system and is the focus of considerable efforts across the sector – from Rangatahi Courts for young Māori offenders to iwi justice panels. While these efforts are showing results across all offending, everyone acknowledges we need to do more to reduce Māori over-representation in the justice system. I do not think we need a Commission of Inquiry into this.

"Under the National-led government, drug and alcohol treatment for prisoners' addictions, and education achievement in prison, have increased hugely. We're talking almost 1,500 percent more drug and alcohol rehabilitation since 2008. Recent results show this is working, as fewer prisoners are returning positive drug tests.

"The National Drug Policy provides a more holistic approach to help the government respond more appropriately to the problems drugs pose. It lays out the government's approach to minimising harm from alcohol and other drugs for the next five years. The new policy places more emphasis on the need to promote and protect health and improve collaboration." ■

Russell Brown blogs at publicaddress.net

The numbers

According to Te Rau Hinengaro: The New Zealand Mental Health Survey 2006, nearly a third of Māori will experience a substance use disorder in their lives. Even after adjusting for socio-economic factors, the burden of these disorders on the Māori population is twice the national average – this is true of no other ethnic group.

The drug that caused the most harm, by far, was alcohol – a quarter of Māori subjects in the survey had experienced an alcohol disorder at the time of being interviewed, but nearly 15 percent had experienced a drug disorder, mainly involving cannabis. Māori men and rangatahi were at even greater risk.

The 2012–2013 New Zealand Health Survey into cannabis use found that Māori men and women were more than twice as likely to use cannabis as non-Māori, Māori cannabis users were 50 percent more likely to report weekly use than non-Māori users and "Māori adults and adults living in the most deprived areas were more likely to report using cannabis in the last 12 months".

The same study found Māori were twice as likely to experience problems with work or study as a result of cannabis use, 25 percent more likely to experienced related mental health problems and nearly twice as likely to experience legal problems.

The earlier New Zealand Alcohol and Drug Use Survey 2007–2008 found Māori were significantly more likely to have used methamphetamine in the past year than non-Māori. It also found Māori were "significantly more likely to have wanted help to reduce their level of drug use in their lifetime but not received it, compared with people in the total population".

Longer course on alcohol and other drugs

Teaching high school students about drugs and alcohol before they are of legal age is having a positive effect on students at Taieri College. In the third of the Whole School series, **Beck Eleven** reports on teaching and wider school culture.

BECK ELEVEN

Taieri College in Mosgiel, just south of Dunedin, has a roll of around 1,000 students. That number is increasing slowly as new subdivisions pop up in the area. It's a decile 7 school – like a mini polytechnic with a vast range of senior level subjects such as textiles, primary industry training and hospitality to complement the standard English, science and maths.

Diana Leonard is the teacher in charge of senior health education (and one of the school's guidance counsellors). She's that sort of enthusiastic, open person students are drawn to – or it could be the little bowl of fruit she keeps outside her office for students.

Taieri College, a co-ed, has been offering health as a subject for almost 15 years, but a couple of years ago, they made a few adjustments to the curriculum.

Leonard threw herself into the most recent groundswell of research on drug and alcohol education.

"Too early, and it can be ineffective at best, or it can lead to unwanted behaviours through curiosity at worst," she says.

So the school's health programme was adjusted, and the drug and alcohol

> **"They have got to know this information so they don't inadvertently make choices that compromise their futures."**
>
> DIANA LEONARD

Photo credit: Tairei College

component is introduced in year 10 when the children are aged 14 or 15.

"It's better when it's a more relevant age, when they're just on the cusp of partying."

At NCEA levels 1, 2 and 3, alongside the academic nuts and bolts of substances of concern, the programme promotes healthy relationships and safety as well as information about the physical, mental, emotional and spiritual effects on wellbeing.

"We look at alcohol and drugs separately, and we look at the law. They have got to know this information so they don't inadvertently make choices that compromise their futures.

"We don't use shock tactics – that doesn't work – but they need to understand the consequences of their decisions around drugs and alcohol."

The students learn about alcohol, tobacco, cannabis and methamphetamine.

"Some of those are not highly visible in the community, but what was highly visible before the law change was synthetic cannabis. We had five dairies in our small community selling it. I had no idea.

"So we concentrate on harms associated with these substances and providing strategies for enhancing decision making around them.

"At level 2, we thread in sexuality, gender and body image.

"Alcohol is by far and away the most available of all the substances, so we look specifically at societal issues around alcohol harm like domestic violence, alcohol-related violence and vandalism."

And with the University of Otago just over the hill, there are plenty of real-life examples nearby to use as in-class discussion.

"It can look like a war zone after the Hyde St keg party or the Undie 500. It makes their study relevant because it's within their community.

"We look at the damage and cost to society as well as emergency department admissions over the weekends when people have been drinking excessively. Then there is the pressure on emergency staff and our health funding resources. So we give everything a wider context."

"The students learn to deconstruct messages around sexuality and confidence through the seduction of advertising."

She asks the students to think about the ripples in the pond, not just what excessive consumption can do at a personal level.

"So how it could impact their families if they have to front up in court. The shame and humiliation it causes their parents.

"For instance, having a criminal record for cannabis might impact their travelling because many countries won't accept them in the future, so it becomes a much more far-reaching perspective."

Marketing also come under the spotlight. The students learn to deconstruct messages around sexuality and confidence through the seduction of advertising.

"Then they can see how a lot of these images make them feel inferior because

Photo credit: Tairei College

they pose big glamorous images, and they think 'If I drink that brand, I will be like that'."

Social media is another avenue to use in class discussion, because while there are government regulations on alcohol and tobacco advertising, there is no safety net around what is being shared on social media.

"They really need to think for themselves, so if they are drinking an 8 percent RTD, they need to know that is twice as much as a 4 percent one."

They learn science around the body and alcohol, what the liver can break down per hour, what the drink-driving laws are.

"They leave here well informed about the effects of these things on their physical wellbeing."

——

If you're a long time out of the school system, you might wonder what spiritual wellbeing is if it's not religious education. In the health sciences, it touches on potential reputation damage. Consent is also part of the discussion, with someone from Rape Crisis visiting the class each year.

"We haven't seen it so much this year, but I remember a few years ago, we'd have poor kids coming into our offices saying 'Everybody is talking about me' and feeling so shamed out over a poor choice they'd made under the influence that weekend.

"It can be quite profound because it just goes viral."

At level 3, the students step up to determinants of health such as government policy or council bylaws and the economics of health.

"So, for instance, something like changes to the legal age of purchase. There is a lot of money in advertising, so that has an effect on political decisions because of the revenue government can get through taxation.

"I say to my level 3 kids, 'In this subject, you're going to learn how to change the world,' and at the end of the year, I can say, 'Now go and do it'.

"It opens up their whole horizons."

As a mother, Leonard uses her family as an example.

"My son wanted to have a few friends over to watch the rugby and have a few drinks, and I said that's fine if they bring a note from their parents, because they're here to watch the rugby not here to get drunk or wasted. He agreed.

"Two years ago, my daughter had her 16th birthday. She wanted an epic party at home, so I set a limit on the number of people, we made plenty of food and got lots of music going so the focus was on dancing not drinking.

"Her dad and two older brothers were security, and I told her it wasn't going on Facebook so we didn't have gate crashers.

> **"Parents know each other, they phone each other, and that's how you keep your kids safe."**

Everybody had to bring a note if they were drinking, and I had a specified limit that no one was allowed to go over.

"She said, 'Mum, you are so lame'."

Leonard tells her students these types of personal stories, and they laugh and nod, but she believes that the more parents buy in to these types of agreements, the more it will seem normalised.

She believes change has come rapidly to the community.

"In a small place like Mosgiel, parents know each other, they phone each other, and that's how you keep your kids safe.

"I tell the kids your parents' worst nightmare is the Police coming to tell them you are not coming home. I say to my children, 'I love you and I want to keep you safe, and you cannot argue with me when my bottom line is safety'. It's a shift from 'You're telling me what to do' because it's about aroha and safety."

——

The class is predominantly female, and two of the year 13 students pop by to explain what they have learned.

Courtney Rackley is 17. She feels as though the course applies to her life and what she sees outside the classroom.

Despite many of her fellow students starting to party, she has made the decision to remain alcohol free for at least the rest of the year.

"At this time, I am more focused on school," she says.

"I don't see myself as different because I have plenty of friends who don't drink, but I have seen some of the results of other people after the weekends, and I don't want a part of that. It puts me off.

"Everyone has smartphones, so you don't get away with anything. People even capture the smallest little thing, and it makes it seem like such a big deal.

"I don't see myself going into health right now, but I really like hospitality, so talking about the laws around alcohol is good. I like it because it's relevant. I would totally recommend it."

Her friend Tyler Bezett is 18 and able to purchase her own alcohol now.

She says she probably started drinking around the age of 16 or 17.

"You learn about the consequences and stuff," she says.

"I don't go out that often, but I do go to friends' birthdays and parties.

"Most of the parties I go to have a small amount of people. We're not drinking heaps. We get to talking, and then we sort of forget, so it's something we do on the side.

"I'm 18 now, so I can buy my own, but when I was 17, my parents would let me have one drink. From there, they would give me my own, say no more than four, and I would take care of those on my own."

She explains the strict rules around alcohol for their school ball.

Students could choose four RTDs or six beers. Drinking students must bring notes, and the alcohol must arrive that afternoon with a parental signature.

They were issued with a wristband, and an adult dished out each drink. If a supervisor thought someone had drunk enough, the wristband was removed. No more drinks.

School principal Dave Hunter says the health programme and the way the school treats alcohol puts the students in a better position to make judgements when they are out of school hours.

"I mean, of course it is curriculum linked, but it's important stuff for their lives too. It's not about preaching to them.

"Having someone like Diana on board is brilliant. She gains the trust of the kids, which is pretty important with the challenges they face going through adolescence."

> **"The way the school treats alcohol puts the students in a better position to make judgements when they are out of school hours."**
>
> DAVE HUNTER, SCHOOL PRINCIPAL

Hunter says that, after being a teen himself and now 18 years in the education game, he knows adolescence has always had its challenges.

"I don't think we've done ourselves any favours, making adolescence more complex than it needs to be. Kids come unstuck and they always have, but we've given them more reason to with permissive parenting and technology.

"We know they might have 2,000 friends on Facebook and they get a few ideas fuelled by reality TV, but the flip side of that is notoriety.

"There was always an unspoken assumption that certain things were more a parent's role, but things have moved on. Now, schools are entrusted with alcohol, drugs and sex, and we want our kids to be able to be safe stepping into that big wide world."

Leonard looks back at what she has taught the students who have filed through her classroom.

"I would love to see health education made compulsory at all schools at senior level. It's just one strategy of minimising harms. Every community is different, and we live in one where the kids might still be reasonably naïve for their age. Of course, there are other communities where other substances are of higher visibility, but it's perfectly reasonable for other schools to tailor their programme as long as it works in the curriculum.

"I really believe my students take a mature outlook while they are in class. That's all you can hope for really – that this approach in class transfers to the outside." ■

Beck Eleven is a freelance writer and columnist based in Christchurch.

QUOTES OF SUBSTANCE

"We must consider alternatives to criminalisation and incarceration of people who use drugs."

UN head **Ban-Ki Moon** channels his inner reformer ahead of next year's UNGASS.

"I think fundamentally they've broken rule number one, which is don't be a dick."

Drug Foundation Executive Director **Ross Bell** is not impressed by an energy drink being sold under the name Cannabis.

"I found myself a blue lady/ to help me through the night."

The late, great **Graham Brazie**r wrote Hello Sailor's hit song *Blue Lady* about a special kind of hypodermic syringe popular with injecting drug users.

"People are out there campaigning for all sorts of things and ignoring the fact there's currently a procedure in place."

Health Minister Peter Dunne weighs in on the public clamour for medical cannabis.

Early days for UNGASS 2016 declaration

Preparations are well under way for next April's UN General Assembly Special Session on the World Drug Problem, the outcome of which will be a "short, substantive, concise and action-oriented outcome document comprising a set of operational recommendations".

The discussion is currently focused on what the outcome document should say. Various nations, regional bodies and members of civil society have submitted their proposals for what they would like to see in the "zero draft".

On these pages, you can read excerpts from some of the submissions for the outcomes document. It is clear that drug policy is still highly controversial, and achieving consensus at UNGASS will be a difficult task.

China

The preamble of the outcome document should firmly oppose legalisation of drugs in any form.

Calls upon member states to promote the prevention of drug use through educational programmes targeted and involving children and youth.

Civil Society Taskforce

Responses based on a survey filled in by civil society organisations between April and July 2015. The preliminary report summarises data (where available) only from the English, Chinese, Vietnamese, Portuguese, Italian, Persian, Turkish and some Spanish surveys, as translations from Arabic, French, Russian and some Spanish were not yet available.

Harm reduction services should be widely available and freely accessible to all people who use drugs.

It is crucial that substance dependence treatment is grounded in evidence and is culturally appropriate. Such treatment should be accessible, affordable or free for those who seek it.

Governments and UN agencies should continue efforts to ensure that the right of all people to health care is recognised and that all efforts are directed at ensuring that discrimination against people who use drugs does not prevent the fulfilment of this fundamental human right.

Members of civil society have expressed concern for the disparities in arrest and sentencing for drug charges, as well as the proportionality of punishment for drug offences.

Civil society organisations around the world feel that the death penalty is an extreme punishment that is disproportionate to the harms of drug possession or drug trafficking and is a violation of the right to life.

Informal coalition of Mexican NGOs

Reaffirm that drug use should be treated as a public health issue, not one related to criminal justice. Drug use should be treated as an issue of access to information, harm reduction and public health, meaning using drugs should not make people subject to punishments such as criminal sanctions, Police extortion, arbitrary arrests, harassment and imprisonment or other forms of repression.

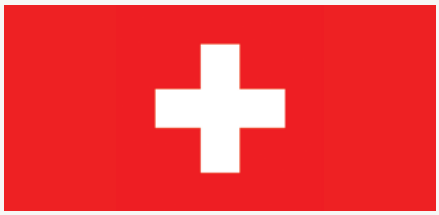
Ensure that policies and health programmes on drugs are not limited to prevention and treatment and ensure public policies prioritise harm reduction perspective in all health programmes. Recognise harm reduction strategies as a set of evidence-based and respectful of human rights interventions and rely on the examples of good practices set by other countries such as Portugal.

Iran

Encourage the consideration of alternatives to incarceration and other criminal justice reform for minor non-violent drug-related offences with a view to deterring crime, achieving the rehabilitation and reintegration into society of drug users, advancing the wellbeing of individuals and communities and reducing overcrowding in prisons.








The outcome document of the special session should be based on regional perspectives on and approaches to addressing the world drug problem with respect for the cultural, religious and regional sensitivities of each region.

Japan

Acknowledges with deep concern the links that in some cases exist between illicit financial flows linked to drug trafficking and the financing of terrorism.

Portugal

Prioritise reinforcing the human rights and public health dimensions of national and global drug policies.

The request for States to consider appropriate alternatives to incarceration and coercive sanctions for drug-related offences of a minor, non-violent nature.

Russia

The main goal as we see it is to considerably reduce the production and consumption of illicit opiates, cocaine, cannabis, as well as synthetic drugs and NPS with a view of a longstanding perspective of a society free of drugs.

Singapore

Reaffirm our commitment to promote and build a drug-free society. A drug-free society strongly rejects the scourge of drugs and does not condone its abuse in the community. Failure to deal effectively with the drug problem undermines society, in terms of stability and development, and also presents a threat to national security and the rule of law. Drug abuse affects not just the abuser but also his family and the community.

Switzerland

Call upon Member States to consider alternatives to criminalisation and incarceration of people who use drugs and to focus criminal justice efforts on drug traffickers, particularly on the most disruptive and violent.

United Kingdom

Measures such as opioid substitution treatment, clean needle exchange, distributing foil to injecting drug users (which facilities the smoking of drugs to reduce injecting), and distributing naloxone to counter opioid overdoses protect individuals from many risks associated with drug use. These tools should be used as part of structured efforts to get individuals into treatment and towards recovery.

The UK believes that the death penalty is wrong in all circumstances and should be opposed as a matter of principle. In the particular context of drug offences, capital punishment contravenes UN safeguards, which stipulate that the death penalty should only be used for the "most serious crimes".

United States

Declare that people who use drugs should receive support, treatment and protection, rather than be punished. Recognise substance use disorders as a medical condition that can be prevented, treated and from which one can recover.

Encourage the consideration of alternatives to incarceration and other criminal justice reform for drug-related offences with a view to deterring crime, achieving the rehabilitation and reintegration into society of drug users, advancing the wellbeing of individuals and communities and reducing overcrowding in prisons.

Uruguay

Uruguay declares that, in reference to cannabis and based on the available evidence, the most appropriate measure to protect public health and prevent cannabis in its various presentations from being smuggled is the regulation and control of the market. ■

SOURCE

International Drug Policy Consortium collection of contributions from member states, regional bodies and civil society on the 'zero draft' nzdrug.org/ungass16-early-ideas


JUST
ADD
WATER
POWDERED ALCOHOL

We may not have heard much about it before, but powdered alcohol (just add water) is nothing new. It was first produced as a food additive by Sato Food Industries in Japan in the late 60s. There have been several efforts to introduce its sale in the US as an instant beverage, and all have failed to date, though it can currently be purchased in both Germany and Holland.

Powdered alcohol is easy to make, and there are lots of how-to videos on the internet. Simply stir alcohol and maltodextrin in a large mixing bowl until you have a powder that can be reconstituted later and imbibed. Reports vary, but generally the mixing ratio is 1:1 – and the strength at which you reconstitute is entirely up to you.

In its unremixed form, the powder is white (the colour of maltodextrin), though marketed products will have food colouring and added flavours. The powder feels slightly moist due to the liquid content of the alcohol.

Online videos also abound of people testing homemade versions. The consensus is that it certainly works in terms of intoxication but is less pleasing on the palate. Wired's Brent Rose said it tasted "bready" and was a bit like drinking adhesive and "chunks that refused to dissolve would get stuck in my teeth".

Last year, Arizona company Lipsmark hit the news when its approval to sell Palcohol (sachets of powdered alcohol in a variety of flavours) was revoked. It seems the Alcohol and Tobacco Tax and Trade Bureau had missed that the company's website said the product was great for smuggling into venues where you weren't allowed to drink.

Lipsmark has since cleaned up its website and labelling, and four flavours of Palcohol were approved for sale in March 2015. Lipsmark intends to market Palcohol in America and internationally, but it is yet to hit the shelves anywhere – by the end of the year, the website promises. Lipsmark's website says they've been working with scientists around the world, so presumably the taste and texture issues hampering the success of previous products have been overcome.

However, much of the potential market is already disappearing. Sales of powdered alcohol had already been banned in 25 US states by August, and more are likely to follow. It has also been banned in the Australian state of Victoria (in reaction to Palcohol and despite its unavailability).

"When and if powdered alcohol makes it to market in New Zealand, it would be covered under the Sale and Supply of Alcohol Act 2012 and subject to no more or fewer restrictions than are placed on liquid alcohol."

Lipsmark founder Mark Phillips says he came up with the idea to make it easier for those wanting to drink alcohol after energetic activities like tramping. Those opposed to the product say it will worsen existing harms by making alcohol more available. People will use it to spike others' drinks or snort it like cocaine. Kids will be able to smuggle it into Sunday school and even "sprinkle it on their Wheaties".

Most of these arguments have little merit, mainly due to the product's bulk. Snorting 28 grams (around the equivalent of one standard drink) would probably take quite some time (60 minutes according to Mark Phillips) and would cause considerable pain.

There are also faster and less risky ways of spiking someone's drink than surreptitiously stirring untold quantities of powder into their rum and coke while they visit the restroom. People who want to spike drinks will probably stick to Rohypnol or the more common alcohol.

We're also not so convinced by the portability argument. It's certainly easier to smuggle, but then you still have the problem of reconstituting it at the other end. Kids could sneakily add it to the food they're eating at camp, but again, they'd need a large and obvious amount each time. Sure, they'd try it, but we can't see it catching on.

We also think Phillips' assertion that Palcohol is designed for trampers doesn't hold water (excuse the pun). You've still got to carry the water up the mountain with you before you can toast the sunset with a powdered mojito, and we're told fitness freaks (people who like to tramp) don't see mixing alcohol with their recreation as all that important anyway.

Clearly, with names like Lemon Drop and Cosmopolitan, products like Palcohol are actually aimed at the youthful alcopop market, and we have enough trouble there already. No doubt, the labels will be colourful and reflect the alcohol industry's considerable skill at marketing to adolescents.

When and if powdered alcohol makes it to market in New Zealand, it would be covered under the Sale and Supply of Alcohol Act 2012 and subject to no more or fewer restrictions than are placed on liquid alcohol. To ban it, we would need to enact special legislation, as states in the US have done, and as we did to specifically ban novel psychoactive substances.

In the meantime, if you are an enthusiastic drinker and tramper and you somehow get your hands on the stuff, be careful around the fire. Apparently, it can be quite flammable. ■

Treatment as prevention? How about prevention as prevention?!

This article by New Zealand Needle Exchange Programme National Manager **Charles Henderson** follows on from the issues raised by Russell Brown in 'The Cruel C', an article featured in our last edition. While Henderson understands the current interest in treatment as prevention for hepatitis C, he says we should remain focused on fundamental and ongoing primary prevention activities to reduce the numbers of people affected by blood-borne viruses.

CHARLES HENDERSON

"Hepatitis C TasP needs to be considered entirely differently to HIV TasP in New Zealand."

Out of discussion around new drug regimens for hepatitis C, a concept known as 'treatment as prevention' (TasP) has arisen. It's a medical practice borrowed from the HIV arena that uses antiretroviral treatment to reduce the HIV viral load in bodily fluids to undetectable levels and thereby significantly reduce risk of transmission.

TasP is quite socially and ethically complex in relation to people who inject drugs, and because the context and complexities are somewhat different for HIV TasP, they require further examination. TasP requires ideal social, political, economic and legal circumstances. Last time I checked, people who inject drugs tend to live in less than ideal circumstances, and accessing this demographic is not straightforward.

In considering HIV TasP in New Zealand, we must look at important 'contextual factors' such as a low level of HIV prevalence in the most affected populations in New Zealand – men who have sex with men , sex workers and people who inject drugs. Studies of seroprevalence levels in the latter group show needle exchange attendees here have extremely low prevalence at around 0.2 percent. This is due to the early introduction of the Needle Exchange Programme (NEP), with a peer basis maintained through highly effective community-based responses such as the NEP, opioid substitution treatment, the

AIDS Foundation, the New Zealand Prostitutes' Collective and peer education.

Instead, there is considerable risk we could shift scarce funding away from these effective and evidence-based responses towards a 'scientific quick fix' that may be perceived as politically more palatable than the classic harm reduction approach. Follow this course, and we'll face a massive risk of not just ongoing transmission of hepatitis C but also the occurrence of HIV outbreaks among PWID if we don't scale up and provide more comprehensive approaches and tailor contact with PWID to increase coverage and access to primary prevention mechanisms – namely needles, syringes, associated injection equipment and condoms/lubricant.

In other words, how about just doing 'prevention as prevention' (PasP) properly?

And this is just the tip of the bio-medical ethical iceberg – deeper issues of race, class, gender, sexuality and poverty remain, let alone the issues of medical dependency, autonomy, stigma and discrimination.

All this when we already know that simply providing best-practice, scaled-up, peer-based access to sterile injecting equipment and flexible opioid substitution treatment will effectively address HIV and hepatitis C among PWID.

Let's consider why hepatitis C TasP needs to be considered entirely differently to HIV TasP in New Zealand. The main reason is that the prevalence of hepatitis C among people who inject drugs here is massive compared to HIV. Additionally, hepatitis C can be cured from an individual. With HIV, the treatment regimen keeps the viral load to (effectively) zero, but it doesn't cure or remove the virus.

This means that hepatitis C TasP does not really stack up in the real, not ideal, world of in New Zealand. Here are some facts to consider:

- Fewer than 1,000 of 55,000 chronically infected Kiwis access treatment each year despite the current standard of treatment/care being 50–80 percent successful.
- There are around 1,000 new infections each year. Therefore, we are hardly keeping up with the incidence rate as it is. For more than 15 years, this has been the case and points to the differences between the HIV and hepatitis C epidemics and the unique profile of the public health response to these viruses. This is because a selective NEP model works for HIV, and a comprehensive approach is the only one that will work for hepatitis C among people who inject drugs in New Zealand.
- Reduced treatment duration would lead to more being treated. This is true and should be encouraged, but the cost of the new-generation drugs is beyond the scope of present PHARMAC funding. For TasP to work, many more currently infected individuals would require treatment. Limitation of access to new drug regimens on the basis of cost is so likely that health specialists will be required to treat those more adversely compromised with advanced cirrhosis of the liver, hepatocellular cancers and so forth. For TasP to be effective, those with mild hepatitis C conditions and those recently infected would need to be included in treatment provision.
- The system capacity issues are simply massive and cannot be ignored. Added to this are the implications of long-held attitude and values among healthcare providers and a lack of willingness to deal with those most in need. This could perhaps be the biggest barrier of all.
- Significant lack of treatment engagement and poor access to information lead to major knowledge gaps and misinformation. Stigma, discrimination and poor treatment have fatigued PWID, and this impact is severe and pervasive so many would rather not contact the health system for yet one more knockback or to be told to wait. Among those who are more than 45 years old and have been infected for 20 years or more, the reality of compromised livers is upon them.

This brings us to prevention as prevention (PasP) as the obvious answer. Evidence is clear that current harm reduction and prevention approaches work and are cost-effective, but have we ever really expanded the service models (in particular, NEP) to get the very best PasP outcomes?

Reuse and sharing rates consistently show an underinvestment in NEP. Demand for new injecting equipment always outstrips supply, and 30 percent of all injections could be with used equipment.

The mathematics is simple – 10 million new and sterile injection units a year at 12 cents each would ensure a new unit for every injection, preventing the transmission of hepatitis C among people who inject drugs and bringing the hepatitis C epidemic to its knees.

"We need to focus on creating a new hepatitis C treatment discourse that removes barriers and is based on equity of access and quality of care."

While much more needs to be done to prevent hepatitis C transmission, people already living with it deserve access to the best available standard of care at an affordable price and in a manner that meets individual needs. These are principles already routinely applied to many here living with other potentially life-threatening conditions. We need to focus on creating a new hepatitis C treatment discourse that removes barriers and is based on equity of access and quality of care. We cannot wait years for the new generation of breakthrough medications to be made available. Too many are already infected, too few are accessing treatment and hepatitis C deaths are increasing dramatically.

This is a time of unprecedented change and opportunity. The cost of inaction in personal, social, public health and economic terms is unacceptable. New targets in the form of an hepatitis C action plan are urgently required so progress can be measured, and a forward-thinking regulatory framework will guarantee that the new era of hepatitis C treatments are the 'game changers' they have the potential to be.

People's health is the first rule of a just and democratic way of life, and in New Zealand, we are proud of our egalitarian and inclusive approach. Please let this truly extend to the disadvantaged, hidden and marginalised.

I want to live in a country prepared to look after its own, regardless of class, race, gender or behaviour. We develop many strategies to reduce downstream health costs to society regardless of the behaviour that produced that cost. Prevention as prevention is simple, direct and achievable.

Let's invest our efforts in what's proven and scale up services to provide safe and effective mechanisms that prevent first and foremost. Invest because it works and it's the right thing to do. ■

Is the jury still out on e-cigarettes?

Public Health England

In August 2015, Public Health England (PHE) published its commissioned report *E-cigarettes: an evidence update,* which summarised the findings from two extensive literature reviews.

The report's conclusions were almost startling. It said the evidence suggests using e-cigarettes is 95 percent safer than smoking and that e-cigarettes have the potential to make a significant contribution to the endgame for tobacco. Its policy recommendations included making e-cigarettes much more prominent in smoking cessation initiatives and streamlining convoluted processes for them to be licensed as quit-smoking aids.

Among the report's findings was that e-cigarette use by people who had never smoked was extremely low, at around 0.2 percent. Regular use (at least once weekly) by young people is also very rare at just 2 percent, and while there is some youthful experimentation, only 0.3 percent of young people who used e-cigarettes had never smoked tobacco before. It said the most important reason people use e-cigarettes is to reduce smoking-related harms and that, while curiosity plays a role in why some people experiment with them, most of these experiments did not lead to regular use.

It concluded from this that e-cigarettes are "not undermining, and may even be contributing to, the long-term decline in cigarette smoking".

The report made much of a September 2014 Cochrane Review, *Electronic cigarettes for smoking cessation and reduction,* featuring New Zealanders Hayden McRobbie and Chris Bullen amongst its authors. The review's meta-analysis of 600 records found that e-cigarettes can "help smokers unable to stop smoking ... to reduce their cigarette consumption when compared with placebo e-cigarettes and nicotine patches".

The PHE report also found e-cigarettes do not replicate the problems of second-hand smoke. They release "negligible levels of nicotine into ambient air with no identified health risks to bystanders". No concerns were found around the labelling of nicotine cartridges or 'e-liquids', and when they were poorly labelled, they mostly contained less nicotine than declared. While acknowledging nicotine is a poison, the report found no evidence of nicotine poisoning to users. The risks of poisoning to others (such as children) or of evices causing fires were found to be on a par with other household electrical goods or substances.

The report's authors discount recent news headlines reporting high levels of formaldehyde found in e-cigarettes as misinterpretations of research findings. They found no indication electronic cigarette users are exposed to dangerous levels of aldehydes and said this could only happen when e-liquid was heated to "levels unpalatable to users". Instead, they assert that most of the chemicals causing smoking-related diseases are absent in e-cigarettes and that those that are present pose limited danger.

PHE's findings have been supported by a number of high-profile medical experts, including UK's Chief Medical Officer Dame Sally Davies. A September 2015 British Journal of General Practice editorial concluded that, for every million smokers who switched from tobacco to e-cigarettes, more than 6,000 premature deaths would be prevented in the UK every year. If all 9 million smokers took up e-cigarettes instead, 54,000 lives could be saved. ■

Critique of PHE

The PHE research will probably be music to the ears of the millions of smokers around the world who have turned to e-cigarettes but who may still have niggling doubts that their new drug delivery device is really all that better for their health.

But in one of the greatest parade-raining articles so far this century, Martin McKee and Simon Capewell, writing in the *British Medical Journal,* are scornful of the research and suggest its foundation is built on sand.

First, they say a recent cohort study shows most smokers who switch to e-cigarettes (80 percent) are still also smoking cigarettes at 12 months (dual use) and that reduced smoking may not reduce overall risk of death.

Next, they attack the Cochrane report, on which the PHE report relies heavily, by pointing out that it included only two randomised controlled trials and that, by its own admission, its evidence had limitations and was of "low or very low" quality.

The claim that e-cigarettes are 95 percent safer gets a particular hiding. McKee and Capewell cite a recent systematic review in *Preventative Medicine* that found serious methodological problems in many of the studies it reviewed and so many conflicts of interest "that no firm conclusions can be drawn about the safety of e-cigarettes" but that "they can hardly be considered harmless". They also point out the 95 percent figure does not come from a review of the evidence but from a single meeting of 12 people convened to synthesise their opinions on the harms associated with different products containing nicotine. They point out two of those present had received tobacco industry funding in the past and that some other attendees were known e-cigarette champions

> **"...no firm conclusions can be drawn about the safety of e-cigarettes but ... they can hardly be considered harmless."**

McKee and Capewell also dispute the report's finding that e-cigarettes are not helping to renormalise smoking. They say a July 2015 survey by the Health and Social Care Information Centre showed more than 20 percent of 11–15-year-olds had used e-cigarettes, and 73 percent of these were non-smokers. An American study, published after the PHE report, they say, concluded that "those who had ever used e-cigarettes at baseline compared with non-users were more likely to report initiation of combustible tobacco use over the next year".

The McKee and Capewell rebuttal, which points out a number of further perceived problems and inconsistencies, does not claim to prove e-cigarettes are as harmful as smoking tobacco. Rather, its contention is that the PHE report isn't sufficiently evidence based to underpin changes in public health policy. And therein lies the rub. ■

Short of a pill that will magically take addiction away, are e-cigarettes the best smoking cessation device since the humble patch? Or are they just another dangerous addiction, a gateway device for children or, worse, a sneaky attempt by Big Tobacco to renormalise smoking?

In the May 2012 Viewpoints, *Matters of Substance* compared the arguments and decided the jury was still probably out on e-cigarettes. A recent report by Public Health England, however, has become the first authoritative declaration that e-cigarettes are safer than cigarettes and by a significant margin.

In this edition, we take a look at the English report and at one of its detractors. Is the jury still out, and should we bother waiting?

FOR

The precautionary principle: for

Many of those opposing e-cigarettes rely pretty heavily on the precautionary principle. It's a bit like insisting that policy must be evidence based but goes a small step further.

The precautionary principle states that, if an action or policy has a suspected risk of causing harm and there is no scientific consensus that the action or policy is not harmful, the burden of proof that it is not harmful falls on those taking an action. In other words, it doesn't matter that common sense suggests breathing in vapour containing a handful of chemicals is better than breathing in smoke containing hundreds. Until there is enough evidence to provide scientific consensus that e-cigarettes are safe, we cannot endorse them. This is the view taken by the World Health Organization and by our own Ministry of Health, which currently refuses to recommend any use of e-cigarettes.

That sort of scientific consensus is probably a long way off. There is little available research on the long-term effects of e-cigarettes because they just haven't been around long enough. ■

"…if an action or policy has a suspected risk of causing harm and there is no scientific consensus that the action or policy is not harmful…"

AGAINST

The precautionary principle: against

Massey University Associate Professor Marewa Glover, who also chairs End Smoking NZ, is less a fan of the precautionary principle when it comes to public health policy. She points out the precautionary principle was used first in the environmental risk arena and that there aren't any real grounds for transferring it to public health.

"Disease and illness are well established areas, and we have well established practices determining risks to health so we don't need to rely so heavily on such a 'guilty until proven innocent' approach," she says.

In a randomised controlled trial, where the particular new drug being investigated is clearly working and alleviating harm for the intervention group receiving it, a point is reached where it becomes unethical to continue withholding that drug from the control group. Glover thinks the situation is very similar with e-cigarettes.

"E-cigarettes are clearly working in terms of helping people stop smoking – far more than anything we've seen so far. We may not have had many randomised controlled trials yet, but the evidence is definitely mounting, so why make it difficult for people who want to use them?"

She also points out there's an "uncanny exchange" between falls in smoking rates and rising e-cigarette use in the US and the UK that strongly suggests e-cigarettes help people quit.

"And then there's the anecdotal stories from millions of people who say their health has improved or that e-cigarettes have saved their lives.
The precautionary principle is being used by people who fear another industry-driven epidemic. But an epidemic of what? What's the disease?"

Is the jury still out in terms of the safety of e-cigarettes? Not at all, Glover says.

"But the jury is absolutely in on how dangerous smoking is, and there's ample evidence of its harm. With e-cigarettes, there is no evidence of acute or longitudinal harm whatsoever, even though researchers are looking for it."

You can buy e-cigarette devices in New Zealand, but nicotine must be ordered in from overseas because it is not licensed here for non-medicinal sale. The case is similar in most jurisdictions, and it's a major impediment, especially if you're not well off.

Nevertheless, e-cigarette use is growing just about everywhere, suggesting a lot of smokers aren't bothering to wait for the jury. The day is probably coming when stances soften and e-cigarettes become more officially sanctioned – perhaps not because there's been a rush of irrefutable evidence but because our government and Ministry of Health suddenly find themselves woefully behind the times. There's little doubt e-cigarettes are here to stay. ■

A nation in denial?

Photo credit: flickr.com/photos/utler

It's coming on Christmas, and with it, will come the usual increase in alcohol and other substance-induced family violence. Being good Kiwis, though, it's something we won't talk about. **Nathan Frost**, Special Projects Advisor, New Zealand Society on Alcohol and Drug Dependence, turns to a popular children's folk story that may help us to understand why.

NATHAN FROST

Does anyone remember the Hans Christian Andersen story The Emperor's New Clothes? It's about a conceited emperor duped by rogues into donning imaginary clothing and parading naked through town.

As implausible as this plot may seem, Andersen's skilfully crafted children's tale explores the very real tension between privately knowing about a problem and not acknowledging the problem publicly.

Its evocative social commentary has huge relevance when examining the collective denial enacted on a daily basis by one in three Kiwis with first-hand knowledge of substance misuse in their families.

Research both here and overseas has shown that family members affected by a loved one's substance misuse suffer from serious negative impacts on their emotional, physical and social wellbeing.

That's 1,500,000 Kiwis under significant stress to their physical and mental health and suffering from a decline in the quality of their familial relationships

"Kiwis baulk at the idea of airing what are perceived as shameful family substance misuse issues in public."

due to fractured communication, loss of trust and ongoing unresolved conflicts.

That's a huge number of families suffering more incidents of domestic violence, child abuse, financial hardships, employment and legal issues.

At its worst, that's Kiwi kids growing up in abusive and transient environments, hostages to their parents' substance misuse issues, with empty bellies at school.

Yet as dire as these problems can be, Kiwis baulk at the idea of airing what are perceived as shameful family substance misuse issues in public.

Andersen's story helps us understand why this is.

In *The Emperor's New Clothes*, two fraudulent weavers tell the vainglorious emperor their fabrics have the magical quality of remaining invisible to anyone extraordinarily simple in character or unfit for the office they hold. The emperor decides he simply must have a suit made from this wondrous material and instructs the rogues to begin immediately.

When the emperor eventually visits the clothing con artists, he sees nothing and thinks to himself, 'Am I a simpleton, or am I unfit to be an Emperor?'

"Oh the cloth is charming," he says aloud.

What ensues is a form of fear-induced collective denial. All the townsfolk see that the emperor is naked, but no one has the courage to break the spell until the honesty of a child cuts through the farce.

The Emperor's New Clothes highlights the vulnerability family members feel when expressing inconvenient truths that challenge established myths they have tacitly agreed to weave around the impact of substance misuse in order to avoid family shame.

Think of the family at the breakfast table the night after a drunken fight has taken place. The mother of the household is wearing sunglasses, but no one makes a comment about why.

Everyone knows what happened, except for the youngest child, but even he knows instinctively not to say anything. If he is like the child in Andersen's story and blurts something out about the sunglasses, he is immediately met by the family's wall of silence. He quickly learns to also ignore the elephant sitting at the table.

This is not just a family dynamic, though. At a societal level, New Zealanders struggle to accept the impacts of substance misuse on families.

We all know we have an extremely poor record of domestic violence, particularly with children as victims, and while we can all agree on the statistics, there seems to be a general inability to accept how commonly alcohol features in this behaviour.

Yet half of all violent crimes committed in New Zealand involve alcohol, including child homicides.

We are extremely quick to talk about the 'child poverty' problem in New Zealand but less inclined to examine what impact the purchasing of alcohol, other drugs and cigarettes has upon the family's finances and, more tellingly, the amount spent on food.

How about the collective denial on display every year as we head into the festive season? Christmas is not far off, and with it comes the winding down of workplaces, the firing up of barbecues and alcohol-fuelled family gatherings.

We know that, as a nation, we drink heavily at this time of the year, and this is reflected in an increased presence of responsible drinking propaganda in the media. Turn the television on, and you're sure to be informed on a raft of responsible behaviours you can promote around the imbibing of alcohol.

"If your family member has a substance misuse issue, no amount of moderation-based alcohol campaigning is going to help you at Christmas dinner when they're overly pissed and knock their glass of red wine into the potato salad, kicking off a family barney!"

You can be a legend and stop your mate's drink driving right? Because once they're dead, you can't eat their ghost chips, bro!

You can also reason with your loved ones to be responsible in their drinking habits – "No more beersies for you" – or drink "not beersies" (water brewed by clouds). Because according to the propaganda, "It's not the drinking, it's how we're drinking." Right?

Perhaps that should be replaced with a "Yeah, right!"

"...those of us with family members who struggle with addictions to alcohol and other drugs know that, even if we're not admitting it in public, terms such as moderation and responsibility aren't really in their vocabularies."

I say this because those of us with family members who struggle with addictions to alcohol and other drugs know that, even if we're not admitting it in public, terms such as moderation and responsibility aren't really in their vocabularies.

If your family member has a substance misuse issue, no amount of moderation-based alcohol campaigning is going to help you at Christmas dinner when they're overly pissed and knock their glass of red wine into the potato salad, kicking off a family barney!

By dressing up substance misuse as something it's not – like it being choice oriented and a matter of moderation and responsibility – we are doing little more than avoiding problems that will not resolve themselves.

So what is the answer?

In all honesty, I don't really know. But there's that word – honesty – and I believe a good place to start is by encouraging people to speak the truth.

If Andersen's story teaches us anything it's that a child's truth broke the spell of a collective denial that had spread like a virus and infected the entire town.

I wonder what the truth looks like through the eyes of the many children out there today struggling in familial settings marred by substance misuse. Perhaps we could learn a thing or two from their honest appraisal.

Because no matter what fabric we use to cloak our denial on substance misuse, it will not protect us from the very real consequences it has for families. ■

RESOURCES

Kina Trust offers support to family members living with loved ones who have alcohol and other drug problems. Visit www.kina.org.nz

Nobody suffers like the families

Julian McMahon is an Australian barrister practising criminal law. He was one of those representing Andrew Chan and Myuran Sukumaran from the so-called Bali 9 and was also the lawyer for the Bali 9's Van Tuong Nguyen who was executed in Singapore in 2005. *Matters of Substance* recently spoke with him about the death penalty for drug-related crime.

Q Why is it important that we abolish the death penalty?

A Premeditated state-sanctioned killing of a prisoner who is rendered helpless achieves nothing, because research shows the death penalty does not work as a deterrent. Killing a person also brutalises the killer – the state and its politicians etc. Subtly, but with far-reaching effects, the whole of society is diminished when it kills unnecessarily.

Another very important observation is that, while the death penalty is not the biggest problem in the world, it is a problem people can address. It is also a window to many other problems. By shining the spotlight on executions, we see many other dirty little secrets or failings in society that should be confronted – from torture to prison conditions to other forms of inhuman treatment, corruption, state brutality, lack of accountability, procedural injustice, racism and so on.

Q Are things moving forward or backward in terms of international abolition efforts?

A It depends on where you look. Overall, the trend for 70 years has been a slow momentum towards abolition, with fewer than 30 countries now executing. Every few years, several more countries, or in the USA on a state-by-state basis, will declare their days of executions over. At least 140 countries now never execute, whether by law or practice.

On the other hand, in some places, the violence of state-sanctioned killing is deliberately increasing. This year, executions have risen in number in some countries. Looking at averages, things have become much worse in Iran (about 20 a week), Saudi Arabia and Pakistan (several weekly).

Q How is it that people put themselves at risk of execution by knowingly carrying drugs into countries that have the death penalty?

A Like it or not, we are all pretty flawed. For young people or dumbish people committing drug courier crimes, they just think it won't be them who gets caught, and the sums of money promised, for example, $5,000 or $10,000, seem huge. The serious criminals, the organisers, the profiteers, are never carrying drugs through airports. This year, Indonesia executed 14 people, but of course that hasn't changed the huge drug industry and massive corruption problems one bit.

Q Who gets executed seems arbitrary – how come some on death row get off and others not?

A It is not that arbitrary – rather, it is shocking. From country to country, the reasons vary as to who gets executed, but the outcomes are predictable. Usually, except for the notorious violent murderers, it is the weak, the poor, the marginalised, the political enemies or those without powerful families and friends who lack the resources to pay bribes who get executed.

The best way to improve the situation is to remove the death penalty from the statute book so it becomes unavailable as an instrument of brutality or oppression or political convenience for unscrupulous politicians.

Q The toll taken by an execution ripples out very widely – what is your experience of this?

A Nobody suffers like the families. They watch the wrongful actions of the powerful destroy the life of their family. They know and feel the injustice, the indifference, the hypocrisy. Everyone closely involved with executions – families, but also friends, supporters, lawyers – pay a heavy price. But this extends much further – guards, prison officials, journalists and all other prisoners and their networks, then to the compassionate community generally.

Q Can a country like New Zealand have any meaningful influence? How best do we go about this?

A New Zealand is a country with great human rights credentials. It can speak up simply because it's the right thing to do without a hidden agenda. So by strategic interventions at the UN, such as pushing for an international moratorium, which New Zealand already does, by pushing countries in the region to adopt the appropriate international instruments, by keeping the issue alive in relevant forums, it can drive real progress.

Q What actions can individual citizens take?

A Participation. Education. Compassion. Effort. For some, it's very local, for others, it is public and political, and mostly it's in between. Society moves to a better position by lots of people getting involved in different ways. ■

Yeast spreads can be used for brewing alcohol

A true blue Aussie toast spread is being used to make homebrew alcohol in remote Aboriginal communities? Turns out the Vegemite story that made headlines across the Tasman and around the world wasn't quite what it seemed.

It started in August when Australia's Indigenous Affairs Minister Nigel Scullion described the popular yeast extract spread Vegemite as a scourge, or as he put it, a "precursor to misery", because of its illegal use by home brewers in some of Queensland's alcohol-free indigenous communities. He called on businesses in these areas to report cases where customers were buying suspiciously large quantities of the iconic brand, saying its use in homemade alcohol (sometimes distilled in bathtubs in backyards) was linked to domestic violence, underage drinking and truancy.

The Minister's comments were first reported in Brisbane's *Courier Mail*, then almost overnight stories appeared in the UK press. As hype intensified, Tony Abbott, who was still Prime Minister, was approached for comment.

"Vegemite, quite properly, is for most people a reasonably nutritious spread on your morning toast or on your sandwiches," he explained primly.

Meanwhile, a Queensland Police representative sagely described the story as "a bit of a beat up". He seemed to be right. Many representatives of indigenous communities said they hadn't heard of Vegemite being used to make illicit booze, and if it was happening, it wasn't commonplace. Alcohol restrictions have been imposed by the state government in 19 communities across Queensland with the aim of improving residents' health. Concerns have been raised about these alcohol management plans driving problem drinking underground, but hard evidence of Vegemite abuse in dry communities has been patchy at best.

The gloves soon then came off. Opposition spokesman Shayne Neumann accused Mr Scullion of side-tracking a federal inquiry into alcohol abuse with his claims and peddling negative stereotypes of Aboriginal people. Defending his statements, Mr Scullion said he and other senators were told by Police and staff at a local health centre when they visited Mornington Island in Queensland that alcohol was being produced in the area using fruit juice, sugar and Vegemite. Parliament was told regardless of how Vegemite home brewing remained a serious problem.

Vegemite manufacturer Mondelez International emphatically ruled out the idea of its product being used to make booze.

"The autolysis process and subsequent yeast processing in the manufacture of Vegemite kills the yeast," Mondelez spokesperson Sandra Dal Maso said in a statement. "As sugar and active yeast are two elements required in the brewing process, Vegemite cannot be fermented into alcohol."

Australian science journalist Signe Cane chastised media outlets for lazy reporting on the issue in her blog, saying, "Why no media outlet has bothered to check whether Vegemite alcohol is physically possible, I don't know."

But University of Queensland molecular bioscience experts Dr Ben Schulz and Dr Maggie Hardy said, despite its lack of yeast, like many foodstuffs, Vegemite could play a subsidiary role in fermenting alcohol.

"Even though there is no active yeast in Vegemite, it can still be used as a substrate for other micro-organisms that could ferment the sugars and, ultimately, produce alcohol," they wrote on academic website *The Conversation*.

"That's true of any sugar-containing food, including fruit and fruit juices."

Matthew Cooke, Queensland Aboriginal and Islander Health Council Chief Executive, labelled the whole story a distraction from the very real challenges to indigenous communities caused by alcohol, cannabis and the rapid growth of crystal methamphetamine (ice) use. In an opinion piece published in *The Koori Mail*, he said the real tragedy was not the availability of a yeast spread but the lack of investment in targeted drug and alcohol programmes focused on education and harm minimisation. He emphasised the importance of good quality research and robust data on which to base policies and said local communities should be supported to develop effective local solutions.

The story is a lesson in how quickly a largely baseless story can gain momentum nationally and internationally, particularly when it runs under a catchy headline linking a familiar brand name with alcohol abuse. In reality, Vegemite probably has an insignificant role in a much bigger and more complex situation in remote Aboriginal communities. Poverty, disempowerment, health problems and addiction have been simplified into one sensationalised, brand-focused sound bite.

As Matthew Cooke pointed out, well informed policies and investment in sound local solutions targeting drug and alcohol abuse would be more practical and worthwhile, but unfortunately, they are far less likely to gain the kind of global publicity received by Vegemite-gate. ■

Pot Help

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