



# Gangs trial new ways

Police, researchers, politicians and even gang members themselves will tell you that gangs play a significant role in the drug trade in this country, but the focus and reputations of some of New Zealand's infamous ethnic street gangs seem to be changing.



# Gangs trial new ways

**COVER:** Some gangs are reinventing themselves as contributing members of society, for good reason.

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## P: New Zealand's P history

Prior to WWII, a form of methamphetamine could be bought over the counter until the medical fraternity shouted "addiction, madness and murder".

## 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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[www.drugfoundation.org.nz](http://www.drugfoundation.org.nz)

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Venturing into new territory when the need arises is all part of the job for the manager of Wesley Community Action Waitangirua site.

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**MATTERS OF SUBSTANCE** invites feedback and contributions. If you're interested in contributing a guest editorial or article, please contact us: editor@drugfoundation.org.nz p +64 4 801 6303

**Brand development / graphic design**  
Insight +64 4 801 6644  
talktous@insightcreative.co.nz  
www.insightcreative.co.nz

**NZ Drug Foundation**  
4th Floor, 265 Wakefield Street  
PO Box 3082, Wellington,  
New Zealand  
p +64 4 801 6303



**ROSS BELL**  
Executive Director

It's easy to say that 2016 has been a horrible year. Ali, Baker, Bowie, Cohen, Prince, Wilder and our own Helen Kelly all passed. The Philippines' President Duterte should be condemned and condemned again for his obscene approach to people who use drugs and to drug crime (the New Zealand Government needs a stronger diplomatic response to that madman). And then there's Trump.

Yes, there is a lot to lament about this year. But there's also much to celebrate and acknowledge.

The overdose reversal medicine Naloxone is being made more widely available.

UNGASS, while not perfect, has continued global momentum towards understanding that the world's drug problem is first and foremost a health and human rights issue that requires responses that support rather than punish people.

Our government is taking practical health-based actions under its national drug policy. Witness most recently the new funding for methamphetamine treatment.

And we've certainly been busy this year. We've distributed 12,000 copies of this magazine, we had tens of thousands of people respond to our social media "Support. Don't punish." campaign, 300,000 people accessed drug information and health promotion materials on our website, we distributed 35,000 alcohol and other drug resources throughout the community, our Living Sober recovery community now has more than 4000 members, videos we produced for parents on how to talk to young people about drugs have received more than 7000 views, our other videos have been watched the equivalent of 480 hours and I clocked 100 media interviews.

What can we expect for 2017?

How will a Trump presidency affect global drug policy, and how might our own politicians react to the Brexit/Trump phenomenon? We reckon people should look objectively at the law reforms taking place in the US and be willing to apply any positive lessons back here. And all eyes will be on Canada as its government fulfils its election pledge for strict, government-run public health regulations over cannabis.

We're expecting 2017 to be a big year for the Drug Foundation.

Look out as we ramp up our efforts on drug prevention programmes in schools and across the wider education sector.

We will continue our work supporting Māori to identify new health interventions and drug law changes that would benefit them and remove the burden of the criminal justice approach to drugs.

While we've applauded the government's response to methamphetamine, make no mistake, there is still a lot we need to do. A strong consensus is forming, including within Police, that our collective focus must be on providing treatment to people and their families struggling with meth. We can't arrest our way out of this problem, but we can and should do a lot more to eliminate treatment waiting lists. Let's make it a bold vision that, in 2017, we have zero waiting lists; that we provide help right at the moment someone puts their hand up asking for it.

I look forward to working with you on these challenges.

@JOHNIADAROLA Florida now has medicinal marijuana [sic]. It needs it, I think. ... NOV 9

@PAPANAHI The scientists and Ministry of Health have called it, now it's time for Housing New Zealand to get up with the play ... OCT 27

@JUSTSPEAKNZ Another 1800 prison beds is a perpetuation of a racist justice system, not a solution. Moana Jackson #racepowerprisons ... OCT 25

@SSEKARAN Trump thinks his crazy border wall will stop the drugs. Um... prisons have pretty big ass walls & drugs still get in. #debate #facepalm ... OCT 20

@SCOUTRIVER Easy solutions to overflowing prisons: Stop locking people up for poverty, mental health issues or health issues such as drug use. #nzqt ... OCT 18

@DEBORAHMTNZ Politicians who suggest drug law reform can't happen because young ppl wd hv access to drugs, ignore the fact they already hv that access. ... OCT 18

#### \* KEY EVENTS & DATES

MARCH 2017	60th Session of the Commission on Narcotic Drugs, Vienna, Austria
3-7 APRIL 2017	15th World Congress on Public Health, Melbourne, Australia wcph2017.com
2-5 MAY 2017	8th Australasian Drug and Alcohol Strategy Conference 2017, Wellington event.icebergevents.com.au/adasc2017
14-17 MAY 2017	25th International Harm Reduction Conference, Montreal, Canada hri.global/conference-2017
15-17 MAY 2017	4th Australian and New Zealand Addiction Conference, Gold Coast, Australia addictionaustralia.org.au
17-19 MAY 2017	11th International Society for the Study of Drug Policy (ISSDP) Conference, Aarhus, Denmark www.issdp.org

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# NZ.



## 01 BOOZE SELLERS REPEAT APPEAL

A legal battle over a local alcohol policy in Dunedin has begun. The two New Zealand supermarket chains, Foodstuffs and Progressive Enterprises, and a handful of smaller liquor retailers are appealing the Dunedin City Council's provisional local alcohol policy through the Alcohol Regulatory and Licensing Authority (ARLA). This could take months or more if the High Court becomes involved.

The policy reduces the timeframe during which supermarkets and off-licences can sell alcohol from 7am–11pm to 9am–9pm. Inner city bars would also be required to have a one-way door policy from 2.30am with closing time at 3am unless they were a live entertainment venue.

Those against the policy claim there is no evidence to support a link between closing times and alcohol-related harm nor any evidence of harm caused by excessive or inappropriate consumption in Dunedin in general. Supporters include the National Addiction Centre and Otago University.

Mayor Dave Cull described those presenting the appeal as “flying in the face of reality”.

## 02 Some drinking starts young



A RECENT report commissioned by the Wanaka Alcohol Group looking at youth alcohol consumption shows there are gaps in the knowledge surrounding drinking behaviour, specifically amongst adults within the community. The report *Harming Me, Harming You* was based on a survey of year 9–11 students in Wanaka. It showed that over a quarter of the students surveyed are drinking regularly, and a small group are binge drinking.

Following the report's release, social workers and youth living in the region have indicated they want parents included in the conversation around drinking and that they see them as an important part of the solution to unhealthy drinking. Rather than blaming any one portion of society, it has been suggested by Wanaka Alcohol Group chairwoman Rachel Brown that more open, fearless conversations about alcohol consumption need to take place.

## 03 Alcohol ads on Auckland buses



ALCOHOL ADS recently spotted on the back of Auckland buses may seem out of place. Despite Auckland Transport having a policy disallowing ads that promote alcohol, it doesn't own the advertising space on the backs of buses operated by the privately owned NZ Bus so it hasn't been able to remove them.

This will change with new contracts coming into effect between October this year and March 2018 that will give Auckland Transport ownership of all advertising space on the buses.

## 04 Drug dog plan under way



IN AN EFFORT to disrupt drug trafficking within New Zealand, the government is considering using drug detection dogs at domestic airports.

The move is proposed as part of a wider plan to prevent the movement of drugs and was presented to Minister of Police Judith Collins in August. Allowing dogs to sniff bags at terminals would require a law change as currently drug dogs are only permitted to prowl at international terminals.

Opinion is divided over introducing the dogs to the domestic terminals given potential breaches of civil liberties as well as the cost and time and disruption involved.

## 05 (NZ Olympian) Nick Willis encourages teenagers to be alcohol free



2016 OLYMPIC Games bronze medallist Nick Willis has taken to Twitter to encourage teenage athletes to avoid drinking. To help achieve sporting success, he suggested they plan their own activities

that don't include alcohol. He spoke about his experience of the challenges that can come from going alcohol free but insisted youth could create their own alternatives. Aware of the peer pressure surrounding alcohol, Willis urged teenagers to plan ahead and stay strong, revealing he had stopped drinking in 2004.



## 06 Plain packed law passed



A NEW LAW to regulate tobacco packaging was passed by MPs in September despite a challenge from tobacco companies last year.

New Zealand First and the ACT Party were the only parties to oppose the bill.

Once the amended Smoke-free Environments Act is enforced, cigarette packaging will be restricted to being green or brown in colour with three quarters of the packet covered in mandatory health warnings. Although brand

names will still appear, restrictions will dictate where and how they are included.

Regulations required prior to the Bill coming into effect are still being developed. Those who support the Bill see it as a positive step towards New Zealand's Smokefree 2025 goal.

## 07 Grandparents raising grandchildren

# 45%

**RESEARCH RELEASED** in September indicates that half the 1,300 children being cared for by grandparents were removed due to their parents' involvement with drugs. The survey was commissioned by the support group Grandparents Raising Grandchildren, which is based in Auckland.

The top six causes for children being cared for by their grandparents (with many experiencing more than one) were parental drug addiction (**45 percent**), domestic violence (**42 percent**), family breakdown (**41 percent**), neglect (**41 percent**), parent unable to cope (**40 percent**) and alcohol abuse (**26 percent**).

## 08 Kevin Hague off to new shade of green



**AFTER EIGHT** years in Parliament, Green MP Kevin Hague has resigned from his list seat. He gave his valedictory statement to Parliament in September.

Hague compared his eight years as part of the Opposition to battling against the wind while sailing during cyclone Bola. He spoke of the achievements he had found most satisfying but also pointed out areas, which included drug law reform, "where successive governments have taken no action because of ... political timidity".

Hague began his new role as Chief Executive of Forest & Bird in October.

## 09 Red Ribbon Award for NZ-based HIV foundation

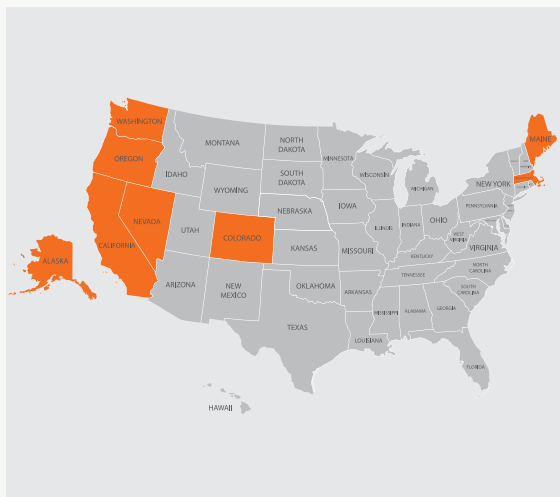


**THE INA FOUNDATION** has recently been awarded a Red Ribbon by the UNAIDS organisation. It was awarded under the global partnership category in recognition of the Foundation's community-based approach to HIV/AIDS.

The Kaupapa Māori organisation was amongst nearly 1,000 nominees across the five Red Ribbon Award categories. It was presented in July at the 21st International AIDS Conference in Durban, South Africa.

The non-profit Foundation has been working with Māori, indigenous and Pacific communities to improve the quality of life and information given to whānau living with and impacted by HIV.

# World.



## 01 USA: 1 IN 5 NOW LIVE WITH LEGAL POT

Voters along the entire West Coast of the United States have voted to permit legal cannabis. After the 8 November 2016 elections, California and Nevada join Alaska, Oregon and Washington states allowing legal use and sale of cannabis.

On the East Coast, Question 4 allowing legal cannabis in Massachusetts was approved, with a very slim majority voting to legalise cannabis in Maine. The latter ballot is subject to a recount, as requested by opponents of the initiative. Voters in Arizona rejected a change, with provisional figures showing 52% voted for status quo.

Medical cannabis will be extended to a further four states: Arkansas, Florida, Montana and North Dakota.

Almost five million people (56% of ballots) voted for Proposition 64 in California. The full regulations have yet to be determined, but with passage of the measure, anyone 21 years or older can grow up to six plants at home and possess one ounce of cannabis for non-medical uses. The government can tax cannabis sales and allow sales at licensed businesses. It is expected criminal penalties will be reduced.

## 02 New UN Secretary-General



**THE NEXT** UN Secretary-General António Guterres knows a thing or two about drug policy. As Prime Minister of Portugal from 1995 to 2002, he was at the helm when the country shifted to a new approach to drug policy.

Central to the new policy was decriminalisation of possession for personal use and the introduction of a range of social and health supports.

At the time of the law's introduction, Portugal was experiencing very high rates of drug-related overdoses and HIV infections. The controversial new approach is widely hailed as a model for other countries to follow.

Guterres takes over as UN Secretary General on 1 January 2017.

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## 03 No cap on alcohol content for beer



**OHIO HAS** now joined other US states in scrapping a legal cap on the alcohol content of beer brewed and sold within

its borders. A 12 percent alcohol by volume limit had been in place since the 1930s and was an attempt to control drunkenness during Prohibition. The law change is predominantly intended for the craft beer industry. Craft beer was a \$22 billion industry last year in the US.

## 04 Crowdfunding a drug-checking machine



**THE ORGANISERS** of a huge electronic music festival in British Columbia have been supporting and educating

festival participants about their drug use since the festival began 14 years ago. At Shambhala, they distribute pamphlets about deadly substances and help participants by testing their recreational drugs prior to consumption.

Now they want to go a step further and supply festival goers with a

sophisticated drug-testing machine called a miniature mobile mass spectrometer. The organisers weren't able to get government funding for the purchase so have turned to crowdfunding instead.

There has been a surge in opioid overdose deaths in British Columbia recently.

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## 05 Alcohol-free Indonesia



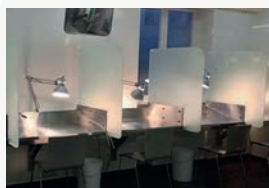
A **BILL** is being proposed in Indonesia outlawing the production, sale and consumption of alcohol. The penalty for breaking the new law would be 10 years in prison, and proponents of the Bill are from two influential Muslim parties.

Previous attempts at banning alcohol have been unsuccessful, but this time, the law change is being advocated on health rather than religious grounds, given the 453 alcohol-related deaths that have occurred since 2012.

Experts have indicated these deaths were attributed to illegally distilled or counterfeit alcohol sometimes containing lethal substances like methanol or battery fluid.

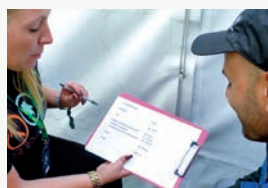
Opponents of the Bill claim it will be the death of the tourism industry in Indonesia. Others have called it an assault on civil rights.

## 06 Largest drug consumption room opens



**DENMARK'S FIRST** drug consumption room (DCR) opened in 2012 following the passing of legislation to prevent Danish Police from searching and prosecuting people with small amounts of drugs either in or near the DCR. In August this year, a new, 1,000 square metre DCR opened in Copenhagen. It is the largest in the world. The nurses and social workers on hand minimise drug harm by teaching correct injection techniques, helping to clean wounds, screening for HIV and hepatitis and are on hand to treat overdoses if necessary. Copenhagen Police, who were initially opposed to this sort of service, have come around to see that people using drugs need help and treatment rather than punishment and that DCRs allow that help to be administered.

## 07 Drug-testing service at UK festival a first



**THE SECRET** Garden Party Festival became the first in the UK to offer a service testing drugs prior to consumption. Freddie Fellows, who started the Cambridgeshire-based festival 12 years ago, said, "Harm reduction and welfare are a vital part of hosting any event, and it's an area that for too long has seen little development." Pill testing was carried out by UK charity The Loop in agreement with the local Police and council. The Loop co-founder Fiona Mesham said the testing service was not only about the contents of pills. On site, a team of experienced drug workers "can help people make informed choices, raising awareness of particularly dangerous substances in circulation and reducing the chance of drug-related problems occurring."

## 09 Drug charity working via the dark web



AN **ADDICTION** charity, A-Clinic Foundation based in Finland, is keeping itself up to date by moving into the same anonymous online circles as the people they're trying to reach out to, via the so-called dark web. The Muunto (or Transformation) project will incorporate anonymous and confidential e-services and a database of substances circulating online. The possibility of starting an anonymous lab testing service for new psychoactive substances, which will be a first for Finland, is being investigated.

"As far as possible, we try and approach people as equals, and as a result, we've had very positive interactions so far," the project's coordinator Miina Kajos said.

## 08 Argentinian legal professionals demand drug law reform



**MORE THAN** 250 legal professionals, including judges, prosecutors and public defenders, have made a public declaration that includes a series of recommendations for reforming Argentina's drug laws. They advocate for decriminalising drug possession for personal use, developing harm-reduction policies and exploring regulation of currently illicit substances.

The declaration was published by the Asociación Pensamiento Penal (APP) on the 30th anniversary of the Bazterrica Ruling in which the Supreme Court declared it unconstitutional to prosecute someone for possessing drugs intended for their own use.

There have been similar findings since then, but Argentina is yet to write drug decriminalisation into law. Between 2002 and 2013, incarceration numbers for drug-related offences more than doubled in the South American country.



# Gangs trial new ways

Police, researchers, politicians and even gang members themselves will tell you that gangs play a significant role in the drug trade in this country, but the focus and reputations of some of New Zealand's infamous ethnic street gangs seem to be changing. Some sparks will fly as these and other gangs come up against the government's Gang Action Plan. **Keri Welham** reports.



KERI  
WELHAM







The controversial good deeds by Jamie Pink and the Tribal Huk started with the gang making school lunches.



Photo credit: Fairfax Media NZ.

**I**n 1980s New Zealand, gang culture was visible, intimidating and fiercely violent. The predominantly Māori street gangs rode around in Fords, displaying patches and extensive tattooing, locked in seemingly endless battles with rival gangs.

There are still gangs in New Zealand, and it appears the violence among newer gangs is even fiercer, but the scene has certainly changed in the last 30 years. In 2016, many among the formerly fearsome indigenous ethnic gangs are rewriting the rules around what it means to belong.

There's Wellington Black Power, which is proudly P-free and has secured naming rights for a November film festival as a way of building relationships with the capital community. The first film will be 2013 US documentary *How to Make Money Selling Drugs*. There'll be wine, appetisers and a moderated discussion of the film.

Then there's Waikato's Tribal Huk gang, which started making sandwiches for hungry schoolchildren in 2011. By 2015, it was providing free lunches at 31 schools and had launched the Kai 4 the Future Foundation. Last month, the Tribal Huk announced it would give

P dealers 24 hours to get out of Ngaruawahia, with mixed results.

And there's Te Kai Po Ahuriri, of Palmerston North's Stormtroopers gang, whose community spirit was discovered when he was filmed by his wife Missy feeding the homeless on simple home-cooked meals created from his own leftovers.

And there's senior Mongrel Mob leader Dennis Makalio who launched the Facebook New Zealand 'P' Pull campaign to draw together those who want to lobby for better rehab and detox facilities for meth users.

These initiatives are happening against the backdrop of a government-run Gang Action Plan, which, in part, aims to support those living in gang communities. But in many instances, the gangs are not waiting for government support – they are taking control of their own makeover.

Canterbury University academic and author Dr Jarrod Gilbert is an authority on the lifestyle of the roughly 4,000 people who belong to gangs in New Zealand.

When considering gangs, many New Zealanders' first thought will be of the country's indigenous ethnic gangs such as the Mongrel Mob and Black Power.

Next up are the outlaw motorcycle gangs such as Australia's Rebels, whose foray into New Zealand in recent years was

followed by international heavyweights the Hell's Angels and the Bandidos from the US. Smaller clubs, such as the Greasy Dogs and the Native Sons, have established deep roots in regional communities across New Zealand. And then there's the newest presence – the LA-style street gangs, which are gaining high profiles and large followings in urban centres.

The film festival, the sandwiches in schools and the Facebook campaign all suggest a changing emphasis for some New Zealand gangs. Gilbert says the indigenous ethnic gangs – which he calls the "patched gangs" – started to move away from the violent crime that had defined them after the last of the big turf battles in the 1990s.

Three factors have led to the change.

Firstly, many gangs were moving into more profit-driven crime and wanted to keep a low profile. Secondly, it was likely all available gang territory had been allocated as a result of the turf wars, and gang boundaries had stabilised.

But Gilbert says both those explanations pale in comparison to the third explanation: age.

"It's simply the fact the guys had aged, and there are now old men in the gangs," he says.

"Old men don't tend to be as violent or involved in as much crime after 40. Their criminality tends to reduce."



Detective Superintendent Virginia Le Bas, NZ Police.



“We have a system that does reasonably well in meeting the needs of 80 to 90 percent ... But it can struggle in dealing with the most vulnerable New Zealanders.”

HON BILL ENGLISH

The community-minded efforts of gangs such as the sandwich-making Tribal Huk illustrate “the maturing of the scene”.

And it’s precisely this ageing gang population that has led to the birth of the latest generation of New Zealand gangs.

“A lot of rebellious teenagers don’t want to join a gang where the membership looks like their father,” Gilbert says.

The LA-style gangs have flourished in response to a demand for gangs that fitted a 21st century definition of cool. Rather than the scruffy appearance of the patched gangs, whose desire was to drop out of society, the LA-style gangs seek a fashion-conscious, ostentatious place in society.

Gilbert says New Zealand’s LA-style gangs appear willing to utilise extreme violence to make a name for themselves. Those inclinations are not tempered by paternalistic older members as they might have been if they’d joined the patched gangs.

The LA-style gangs are also hyper-materialistic – they want to emulate the flashy cars, clothes and accessories of their gangsta heroes. To access that kind of cash, gangs will pursue profit-driven crime with greater vigour. Gilbert points to the Killer Beez – the country’s best-known LA-style street gang – which was founded by Josh Masters, a part-time rapper with his own record company. The gang boss was

sentenced to more than a decade behind bars in 2012 for drug-related offences.

With the traditional patched gangs fading in prominence, these new gangs are stepping forward unchallenged. And they look set to prove more violent, more visible and more heavily engaged with profit-driven crime than ever before.

If that’s the case, why does the Gang Action Plan seem so focused on the indigenous ethnic gangs?

Gilbert says, “We’re always a step behind, aren’t we? There’s a revolution on the streets, and we are missing it.”

The woman responsible for steering the multi-agency Gang Action Plan effort is Detective Superintendent Virginia Le Bas of New Zealand Police. A small multi-agency team has been working on the plan. The team reached the key milestone of establishing a Gang Intelligence Centre last December.

Le Bas says the Gang Action Plan is a tool in the fight against the drug trade.

“Drugs require a network. We know gangs provide a network ... That’s something they’ve always done, or do.”

At a New Zealand Drug Foundation Speaker & Soup session in August 2016, Le Bas said, “By no means do I say that every single gang member is involved with that [drug dealing], but there is a ... number that are.” The outlaw motorcycle

clubs are among those Police say are heavily pursuing a drug-dealing agenda.

In a Police Association column in May, long-time president Greg O’Connor said, “The Head Hunters and Hell(s) Angels are applying business models in new “markets” around the country and divvying up the spoils. Specifically, it involves moving in an advanced guard, identifying key local crime figures and groups, and training them.”

In January, Le Bas told Fairfax Media: “The Head Hunters have one strategy: They all report back to Auckland. They are organised.

“They are disproportionately represented in the manufacturing and distribution of methamphetamine around New Zealand. The Head Hunters come up regularly in many of our operations where we are investigating methamphetamine distribution throughout New Zealand.”

She went on to say: “It is obvious that the Head Hunters have connections with Asians involved in organised crime. We believe this is how the gang is getting the precursors to methamphetamine from Asia.”

In implementing the plan, Le Bas takes her lead from a speech Finance Minister Bill English gave on social investment in September 2015. In it, he said roughly 1 percent of all five-year-olds – about 600 Kiwi kids each year –

*Eugene Ryder says his chapter of Black Power want to be contributors to society.*



Photo credit: Adrian Heke.

were statistically likely to cost taxpayers an average of \$320,000 each by the time they were 35. Some would cost more than \$1 million each.

“We have a system that does reasonably well in meeting the needs of 80 to 90 percent ... But it can struggle in dealing with the most vulnerable New Zealanders,” the Deputy Prime Minister said at the time.

The government committed to the Gang Action Plan with a cabinet paper in October 2014. The paper had a clear focus on the families of gang members: “Almost half of the serious offences committed by gang members are family violence related. A high proportion of gang members’ children experience multiple incidents of abuse or neglect.”

The plan brings together 10 government agencies. Like the relentless campaign to change attitudes to smoking tobacco, Le Bas warns it may take 25 years to effect real change.

So far, the action plan is most recognisable for a marked spike in drug seizures in 2016, such as the \$17 million of methamphetamine – 17 kilograms – seized by Police and Customs following a seven-month investigation involving a member of the Thailand chapter of the Bandidos.

Le Bas is unapologetic for the plan’s early focus on drug seizures.

“We’ve always said we need to look at supply and demand. Every time we take out a seizure, it’s a positive.”

Just two community programmes have been launched under the plan.

The first involves the Ministry of Social Development (MSD) trialling approaches with gang-associated whānau, such as focusing on the wider social issues that impact young people and increasing educational achievement. The pilot is based in the Bay of Plenty and East Coast and will cost \$1.1 million and last two and a half years. The pilot was announced on 1 March 2016 – the same day MSD released a report that estimated the long-term cost to the taxpayer of gang members and their children through their contact with MSD and Child, Youth and Family (CYF) was \$714 million.

In October 2016, the government announced a \$50,000 youth leadership and mentoring programme to help steer up to 20 young Hawke’s Bay people away from gang life.

Kim Workman says he’s seen Police-led strategies with the dual enforcement and support focus fail before. The problem, he says, is an imbalance in favour of the enforcement side of the equation while the social strategy is never properly resourced, prioritised or coordinated.

Workman is a one-time Police officer who has studied delinquency and offender

“A lot of rebellious teenagers don’t want to join a gang where the membership looks like their father.”

JARROD GILBERT

reintegration at top US universities and held a number of high-ranking New Zealand public service roles such as Assistant Secretary (Penal Institutions) with the Justice Ministry.

He says gangs “will respond really well to opportunities to legitimise themselves”.

He has been a keen observer of growing moves towards that legitimate lifestyle. He points to the Notorious Mongrel Mob chapter, which in the past decade has helped quell street violence, build preschool centres and, with the Salvation Army, run drug treatment programmes for gang members using meth.

And he recalls the three-day hui in January 2011 at the Otatara Pa Reserve, near Taradale. The topic was Fatherhood, Gangs, Drugs and Choices. The attendees included 40 affiliates of Black Power and the Mongrel Mob. It became known as The Otatara Awakening.



“The hui was highly successful,” he wrote in a blogpost, “with a number of those attending being inspired to persist with making changes in their own lives, and those of their whānau and community.”

Eugene Ryder is 45 years old. He grew up as a ward of the state in West Auckland. By 15, he'd run away to Wellington and was attempting to join Black Power. He got his patch at 21 and has been a member for 29 years.

He also has a management degree and is in the final month of a social work degree. Ryder helped establish a new Black Power chapter in the capital two years ago, based around a common desire to be meth-free.

“We saw what meth was doing to our bros.”

He says members of his chapter don't sell meth, and they don't use it.

“We don't engage in anything around meth. I know of people who are making a profit from selling meth. My challenge to them [is] stop selling that shit to us.”

Ryder runs randomised drug tests on every member of the chapter; utilising the gang's considerable knowledge of drug-testing work-arounds to ensure no-one can cheat. Only one man has left as a result of the hard line on meth – he was struggling to kick the drug and told his ‘brothers’ he didn't want to damage the meth-free reputation of the chapter.

Ryder says there's an old saying that Black Power don't cry. Yet, as he talks about his chapter, he describes a gang where men quietly pad the hallways outside club meetings with their babies in prams, gently coaxing them to sleep. He says he's seen gang members freely weep at tangi and shed tears of joy at their own weddings, the births of their children or when their kids get a certificate at school.

“We do paint this picture of being tough, but in reality, we're all human.”

And members of his chapter regularly don hairnets and gloves on weeknights to prepare hāngī meals for fundraising. He laughs. The gang's wares still come wrapped in tinfoil, but the product of choice is now a hot meal.

“Selling drugs kinda gets you in the shit and hurts everyone,” Ryder says. “So, let's sell hāngī!”

The chapter bought a large hāngī cooker, which perfectly steams 140 meals at a time. The gang uses its collective might – the goodwill and manpower of

## “We're always a step behind, aren't we? There's a revolution on the streets, and we are missing it.”

JARROD GILBERT

a community numbering 75–100 people, including members, partners and children.

Other chapters around New Zealand are following suit with the hāngī and the meth bans, although Ryder admits Wellington was initially not particularly popular in the wider gang. “Because of our stance, we were one of the most hated chapters.”

Ryder is aware many people may be cynical about just how crime-free gang members want to be.

“It won't be easy. There's some people on both sides – government and gangs – [who believe] this is impossible. I remind them that's what they said about women getting the vote. It will take ups and downs, but I can see it happening.”

So what has happened here? What's with the hāngī trade and the tears of joy and the drug-free pledges? Ryder echoes Gilbert's comments: gang leaders in the indigenous ethnic gangs have mellowed with age. Many of the established gang leaders would now be happy to see the one-time criminals among their ranks reinvented as taxpayers. Rule number 6 of the Wellington Black Power chapter is: “No self-defeating behaviours”. This includes any act that would warrant arrest. In two years, Ryder claims not a single member of this chapter has been arrested. He laughingly calls himself Black Power Wellington's Crime Reduction Manager.

All of this is such a significant deviation from the indigenous ethnic gang norm of the 1970s and 1980s that one of the members of Ryder's chapter recently felt the need to underline that he had no intention of becoming a Christian.

In 2010, when Police Minister Judith Collins addressed the New Zealand Police Leadership Conference, she said, “As Minister, I have a policy of not engaging with gangs. I won't even knowingly meet with anyone who I know to be a gang member.”

Eugene Ryder believes hardline politicians like Collins have created

a climate where government departments are reluctant to support any programme to do with gangs. Ryder claims gang offers to help Corrections rehabilitate their members behind bars have been refused because that would require an admission that gangs could be helpful.

“When they say wrap services around our families, we – the patched members – support those goals,” Ryder says. “We want [gang members' families] to be contributors to society.”

But he says gangs will not support a Gang Action Plan that they believe aims to sever their ties with family.

“The whole kaupapa is not about getting us in a better place. It's about isolating us from the rest of society,” Ryder says.

“I don't think it's a tool for gangs. It's a tool for government agencies.”

Harry Tam has been in the Mongrel Mob for 43 years. For 20 years, he worked in the public service, rising to senior positions. He worked for the Youth Affairs Ministry, the Corrections Department and Te Puni Kōkiri (TPK).

He believes the Gang Action Plan has no intention of reaching gang members. Rather, he says it's been developed around the belief men are criminals in need of increased punishment, women are victims of violence, children are vulnerable and information on all three groups can be collated to increase effectiveness of law and order efforts.

He says this “negative” approach has criminalised families, pushing them away from the rest of society and knitting the individual families and the gangs they affiliate with even closer together. Harry says New Zealand's ethnic street gang culture can trace its genesis back to the boys' homes and borstals where young Māori men first developed the brotherhoods to fulfil a desire for family. With that history in mind, attempts to isolate members from their families will serve only to reinforce their bonds.

“Hey kids, keep away from your Dad. What's pro-family about that?”

Harry says New Zealand's indigenous ethnic gangs are now into their third generation. In many cases, he says, that equates to three generations of people who don't know how to work. If it's social wellbeing and transformation the government wants, job offers alone are no longer the answer. Today's social issues are too complex for such a simple solution. “[There's] so much to unpack.”

Senior member of the Mongrel Mob's Rogue chapter Dennis Makalio wants more done to help people struggling with methamphetamine.



Photo credit: Adrian Heke.

“All of this is such a significant deviation from the indigenous ethnic gang norm of the 1970s and 1980s that one of the members of Ryder’s chapter recently felt the need to underline that he had no intention of becoming a Christian.”

The jobs gang members would be competing for are at the lower end of a low-wage, low-skill economy. Many gang members have never worked before and could lose their jobs in the first three months because of unfamiliarity with work practices and policies such as drug testing.

Rather, Harry believes the focus should be on investment in training and education so gang members can set their sights on roles paying something closer to a ‘living wage’. Unless jobseekers have the equivalent of NCEA level 4, Harry says they’re unlikely to earn over \$45,000 – a threshold he says would encourage long-term beneficiaries to walk away from the certainty of a benefit.

But even education isn’t enough. Harry says the entire welfare environment needs to change. Hardline benefit reforms have pushed people into crime. What happens when someone loses their benefit but can’t achieve employment? “Use your imagination,” he says.

Children at the edges of society will, he says, grow up knowing how to dabble in the black economy and how to hold yourself in a prison visit. But they won’t know how to ace a job interview.

Harry says the poverty that is inherent in gang life challenges the stereotype that gang members are involved in dealing drugs.

“After 43 years being in the Mob, I’ve never seen a rich bloody gang member.”

Jarrold Gilbert agrees. He says gang members are much more likely to be involved in drugs than other members of society and are “important players” in the drug trade. “There’s no doubt about it.”

But most gangs are not organised around profit-driven crime.

“The drug trade does not prop up gangs.”

Gilbert says that, in his field research, he found gang members hail from the toughest sectors of poor society. Their lives are characterised by intergenerational unemployment, poor health, drug and alcohol abuse, family violence and overcrowded homes. Gangs offer children of these circumstances a family to belong to and status.

Harry has been working with MSD’s E Tu Whānau programme to deliver support to gang communities through a values approach. By the end of September, there had been eight local hui and one national hui, each attracting an average of 50 people drawn from 30 different groups.

The hui promote Māori concepts such as whanaungatanga or relationship building, knowledge of whakapapa and the building of mana and nurturing of others. Discussions range from education to drugs to violence. Harry feels the term ‘hard-to-reach Māori communities’ is a more accurate description of why these



groups exist than the term 'gangs'. People in hard-to-reach Māori communities are in poor physical, mental and spiritual health, have low health literacy and die younger than other Māori.

Even with the Gang Action Plan in place, progress to achieve improvements for gang communities is glacial. Harry says it took four months to get an application for a parenting programme through government funding processes.

Harry is hopeful E Tu Whānau's work will be given wider support.

"There's a growing appetite within these communities to try to do something for themselves," he says.

"You've got to believe these communities want to change."

Change is exactly what Porirua-based Mob member Dennis Makalio is campaigning for.

The senior member of the Mongrel Mob's Rogue chapter is sick of waiting for the government to provide help for communities impacted by meth. In desperation, Dennis and his wife Lizzie McMillan-Makalio (manager of Wesley Community Action in Waitangirua) have established New Zealand 'P' Pull – a Facebook page aimed at drawing together a community concerned about meth to collectively demand better detox and rehab services.

Dennis Makalio hopes New Zealand 'P' Pull will create enough political energy to influence government to focus on the "clean up" of the social mess P has created.

"It left addicts everywhere, it left broken families ... When one person is on P, it affects the whole family and whānau."

In late September, New Zealand 'P' Pull staged town hall-style meetings to make mayoral candidates aware of the fallout from meth in their communities. At one such meeting in Porirua on September 28, heavily tattooed Dennis Makalio addressed the crowd wearing a t-shirt that said "Don't Meth Around". People affected by addiction spoke and politicians cried.

"It's been right under their noses for 16 years," Makalio says. The New Zealand 'P' Pull campaign's next target will be the 2017 general election.

It's almost 30 years since Eugene Ryder earned his patch. He remembers the motivations clearly.

"When I joined Black Power, I wasn't going to something, I was getting away from something."

In the gang, he found men with backgrounds that were remarkably similar

**“The problem is an imbalance in favour of the enforcement side of the equation while the social strategy is never properly resourced, prioritised or coordinated.”**

KIM WORKMAN

to his own. He adhered to the rules – some of them “bullshit”, some of them based on good values – and today he is tasked with enforcing a rule his chapter takes very seriously: the pledge to be P-free.

Like Harry Tam, Ryder is working with the E Tu Whānau programme. Ryder is employed by a not-for-profit called CART (Consulting, Advocacy and Research Trust), and it's this organisation that is running the Black Power-supported film festival.

One of the focuses CART outlines on its website is work with gangs: “We see them as gatherings of citizens who want to make a difference. We share the knowledge and insight that taps into the underlying urge to realise their full potential, make real and lasting difference [in] the lives of their whānau, contribute to the community, and win acceptance as productive tax-paying citizens.”

While Ryder attends and supports the multi-community E Tu Whānau hui organised by Harry, some in his gang are not comfortable sharing a meeting space with Mongrel Mob.

Black Power-focused hui are under way so those long-held rivalries don't get in the way of people accessing support.

Jarrod Gilbert says many in the ageing patched gangs are working hard to reinvent themselves as contributing members of society. As part of that, they've developed a keen awareness of the ravages of drugs such as P and – as part of their new focus on gang wellbeing – are taking steps to support their members.

Given all they've seen in their gang careers, Gilbert says society should probably take heed when gang leaders like Dennis Makalio decide it's time to launch a campaign against P.

"When Mongrel Mob is starting to say something is not good for you," Gilbert says, "we should all stand up and take notice." ■

#### QUOTE OF SUBSTANCE

**“Drugs are pouring in. I'm going to create borders. No drugs are coming in. We're going to build a wall, you know what I'm talking about. You have confidence in me. Believe me, I will solve the problem. They will stop coming to New Hampshire. They'll stop coming to our country.”**

US President elect Donald Trump echoes a little Dutch boy putting his finger in the dyke.

**“It's very different than what we've been experiencing, you know, for the last 50 years.”**

The overnight change to the legal status of cannabis in California is a shock to many, including Attorney Eric Shevin.

**“Thank God I have another way, aside from alcohol, to anaesthetize myself for the next four years (or at least until I can come to terms with what happened).”**

Shari O'Connell of Santa Monica finds a silver lining following the 2016 elections.

Photo credit: [www.flickr.com/photos/robertpaulyoung](https://www.flickr.com/photos/robertpaulyoung)





# There's something wrong with the sentences

Under the irrelevant and outdated Misuse of Drugs Act, cannabis penalties and convictions in New Zealand remain inconsistent, disproportionate, unjust and largely ineffective, especially for Māori. **Catriona MacLennan** looks at the facts and at why it's seriously time to start afresh.



CATRIONA  
MACLENNAN

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iremu\* was 15 when the Police first caught him with a tinnie. His age and the small amount of cannabis involved meant he did some

community work and the matter was resolved without him getting a conviction.

The outcome of his second encounter with drugs charges was vastly different. Wiremu was 18 by that time, and the quantity of cannabis he had in his possession was presumed to be for supply, so he was dealt with in the District Court and sentenced to two years' jail. That was 16 years ago, and his mother, Anahera,\* says the conviction is still blighting his life.

"He did his time, and he came home. I don't know how many times he's been turned down for jobs because he's got drug convictions and people think he's on drugs. He's 34 now and he tells me, 'Mum, it would be better to go back to jail.' He's been dragged through the system, and they just won't let it go. He's repeatedly gone back to jail because it's the only place he can get the freedom he's looking for."

She says only one employer in more than 14 years has been prepared to give her son a chance. Wiremu worked for him for nine months before the boss had a heart attack. The new employer immediately sacked him.

"He gets frustrated with job seeking. He has to go above and beyond to prove he can be a labourer, then he has to go and do drug testing on a regular basis. It's like he's caught and doesn't know how to get out [of his situation]. The worst thing is, he's not on drugs. He learned his lesson."

The case that has really galvanised public debate about drug laws and sentences over the past year is that of New Zealander of the Year nominee, community leader and mother of three, Kelly van Gaalen. Police were called to her home to investigate a home invasion and found 650 grams of cannabis in a bucket and 29 grams in a plastic bag.

Van Gaalen was convicted and sentenced to two years' jail. She served three months in prison before her conviction was quashed by the Court of Appeal and a retrial was ordered. The Court of Appeal said that, if it had been required to consider the

appropriateness of the sentence imposed on van Gaalen, it would have quashed the jail term and imposed home detention instead.

When the case returned to the District Court, van Gaalen pleaded guilty to possession for sale, having run out of money and being so distraught by her experience that she wanted finality as speedily as possible. The second time round, she was sentenced to 300 hours of community work and five months' home detention.

The case ignited a furious public debate on two issues. How could someone making such a big contribution to the community be tossed into jail without being given a chance, and why had van Gaalen received such a harsh penalty when others whose offending appeared more serious had been given lighter sentences?

Comparisons were made with other cannabis cases in which people had avoided jail terms (see sidebar), and the inconsistency in punishments makes it easy to understand the public outcry. All of the examples in the sidebar clearly involved commercial cannabis operations, but in the van Gaalen case, the Police admitted they were unable to find any

“How could someone making such a big contribution to the community be tossed into jail without being given a chance, and why had van Gaalen received such a harsh penalty ...”

Barrister Michael Bott.



Photo credit: Fairfax Media NZ.

of the hallmarks of a cannabis operation such as texts and a stash of cash.

Barrister Michael Bott says there is “without doubt” a difference in sentencing outcomes in different parts of New Zealand and that this can be attributed in part to the views of resident judges in different locations.

Bott recently acted for a 21-year-old who was seeking a discharge without conviction for possession of equipment used in the production or cultivation of controlled drugs. The lawyer had a “real battle” to obtain a discharge as that particular judge regards cannabis as a gateway drug.

“A conviction would have affected [the defendant’s] whole life.”

Bott says harsh approaches to drug offending can break up families, and jail sentences ultimately increase the risk of reoffending. He acted for a couple sentenced to jail in 2010. Their children had to be passed around to other family members, and one child dropped out of school, meaning that the parents’ convictions had a lifelong impact on that child.

Whangarei barrister Kelly Ellis says New Zealand’s drug problem has become far worse since this country followed the United States and launched its own war on drugs.

“Dealers are not discouraged by these laws. They are thoroughly encouraged, because they keep prices up. They are what we need to maintain the drug economy. Denunciation doesn’t work. Prohibition has never worked. We need to have a common-sense approach to this.”

She says most people could obtain methamphetamine if they wanted to but do not do so because they are educated about its effects. She says criminalising drugs glamorises them.

“If we treated drugs as a health issue, we would not be branding children as drug criminals. Decriminalisation would just completely depower it. It kills the black market dead. It would be the most incredible thing that could happen to New Zealand. It would reduce burglaries and violence, and Police would have the resources to deal with more serious issues like domestic violence.”

New Zealand’s current cannabis regime impacts particularly – and disproportionately – severely on Māori. Māori are more likely to be arrested and convicted of cannabis offences than non-Māori, with 34 percent of those prosecuted in relation to cannabis being Māori.

University of Auckland Senior Law Lecturer Khylee Quince of Te Roroa/ Ngāpuhi and Ngāti Porou says Māori are more likely to be stopped, searched,

arrested and convicted and are less likely to benefit from Police discretion. She describes this as discrimination that breaches civil and human rights laws as well as the Treaty of Waitangi. It also reinforces the social exclusion and marginalisation of Māori into “submerged citizenship”, reducing their ability to participate fully in society.

“The big issue is either it’s an offence on the books that’s prosecuted and applied equally to all citizens or it’s not. Being in the state of quasi-decriminalisation means there is room for discretion.”

Quince, who is a Drug Foundation board member, says it is at the point of discretion that racism and the negatives associated with low socioeconomic status impact.

“I know numerous young Māori and Pasifika people who want to migrate to Australia to work in the mines, but they’re prohibited because of historical drugs convictions. That’s the convergence of race and class issues.”

Quince’s views are echoed by University of Auckland Associate Professor of Sociology Tracey McIntosh of Ngāi Tūhoe, who says differences in policing and enforcement mean the impact of cannabis laws is felt disproportionately by Māori.

“The criminalisation of Class C drugs (which are legally determined to have a





“Decriminalisation ... would be the most incredible thing that could happen to New Zealand. It would reduce burglaries and violence, and Police would have the resources to deal with more serious issues like domestic violence.”

KELLY ELLIS

moderate risk of harm) criminalises young users and can mean they are more likely when accessing the drug to come in contact with distribution networks including gang-associated networks and criminal networks that can put the young person at greater levels of risk.

“Harm-reduction strategies are compromised by current legislation. I have met young people who have grown up in conditions of scarcity and deprivation where one of the only things in abundance is marijuana because homes are part of drug distribution networks. Legalisation would reduce the black market and the criminal networks associated with the present illicit trade and the considerable profits it generates.”

Dr McIntosh says the younger the age at which people enter the prison system the longer the negative impacts last.

“The inability to secure employment due to a conviction that has resulted in a custodial sentence is likely to lead to cumulative disadvantage and possible long-term state benefit dependence. Moreover, given that cannabis sentences are often significantly less than two years, the individual may not be eligible for any programme while they are incarcerated, meaning that an opportunity for meaningful intervention and engagement is lost.”

Rotorua lawyer Annette Sykes of Ngāti Pikiao says the current criminalisation of cannabis places young people who engage in low-level offending on a conveyor belt towards more serious crime. She points to high imprisonment rates for Māori women and says there is a failure to recognise the correlation between their drug use and poverty, single parenting and other issues.

Our law has as its foundation a presumption that people are innocent until proved guilty. In criminal cases, it is the state’s role to prove that guilt beyond reasonable doubt. But our drug laws turn those basic notions on their head.

The Misuse of Drugs Act provides that, if someone is found in possession of 28 grams or more of cannabis, it is presumed that the cannabis is for supply. The onus then switches to the defendant to try and counter that presumption.

University of Otago Professor of Law Andrew Geddis describes the reverse presumption as an unjustifiable limit on a person’s right to be presumed innocent until proved guilty.

“Requiring someone to show that they are not a criminal just because they have “too much” of a drug is an affront to basic principles of our criminal justice system. At the least, the threshold for any such presumption ought to be much, much higher than at present. But even better

would be to follow the UK lead, where if the defence can raise a reasonable doubt about the purpose of possession, then it is for the Crown to prove that the defendant intended to supply others.”

Bott says the rebuttable presumption was introduced to secure more convictions.

“The difficulty is that you have people with chronic pain who use significant amounts of cannabis. As a matter of first principle, everything should be beyond reasonable doubt. I can’t see as a matter of principle that we should have a reverse onus.”

Former Attorney-General Michael Cullen and current Attorney-General Christopher Finlayson have both reported to Parliament that the Misuse of Drugs Act reverse onus is inconsistent and unjustifiable under the New Zealand Bill of Rights Act.

The Supreme Court in the 2007 case of *Hansen v R* considered the reverse onus in detail, handing down a 123-page judgment. A full court of five judges sat on the case and concluded that it created an unjustified limit on the presumption of innocence. A majority of the judges decided that the reverse onus was not rationally connected to the drug trafficking harm it was designed to cure or was not a proportionate response to the problem.

Chief Justice Sian Elias said making it easier to secure convictions was not a

Chief Justice Sian Elias has been critical of the reverse onus of proof in the Misuse of Drugs Act.



Photo credit: <https://commons.wikimedia.org/wiki/User:Nick-D>

principled basis for imposing a reverse onus of proof.

“It is difficult to see that evidential difficulties for the prosecution in the present case could not have been sufficiently addressed by a presumption of fact, which leaves the onus of proof on the prosecution. It is not at all clear that there is any principled basis upon which the risk of non-persuasion and therefore the risk of wrongful conviction is properly transferred to someone accused of drug dealing.”

It was the reverse onus that caught van Gaalen and led to her receiving such a heavy sentence after her first trial. The amount of cannabis found was more than 28 grams, and it was accordingly presumed that it was not for personal use.

Evidence supporting van Gaalen’s version of events emerged during the Crown case, including admissions by the Police that there was no evidence either of text messages normally associated with cannabis dealing or of instruments such as scales used to weigh cannabis. However, the trial judge made repeated mistakes in explaining the law to the jury. He did not properly explain the reverse onus of proof, and he said van Gaalen could not rely on cross-examination showing a lack of direct evidence of her having sold cannabis.

In 2011, the Law Commission released a report, *Controlling and Regulating Drugs*

“...there’s not a single, solitary chance that as long as I’m the Minister of Justice, we’ll be relaxing drug laws in New Zealand.”

EX MINISTER SIMON POWER

– *A Review of the Misuse of Drugs Act 1975*. It noted the Misuse of Drugs Act was 35 years old and had been developed in the 1970s when the hippie counterculture was at its height and the illegal drugs of choice were cannabis, cocaine, opiates and psychedelics like LSD. The Commission said far more was known now about how drug harms could be reduced, but the Act continued to treat drug use mainly as a matter of criminal policy rather than as a health issue.

The Commission recommended repealing the Misuse of Drugs Act and replacing it with a new law administered by the Ministry of Health. It proposed that it should no longer be an offence to possess utensils for the purpose of using drugs. A mandatory cautioning scheme

should be created for personal possession and use offences.

This would involve Police issuing a caution notice when a personal possession and use offence was detected. The drugs would be confiscated, educational material would be provided and details of support services and treatment providers would be given. Caution notices would only be issued when users acknowledged responsibility for their offences. Users would receive a specified number of caution notices, depending on the class of drug.

The paper recommended a statutory presumption against imprisonment in cases of social dealing, provided the offending was not motivated by profit. The presumption should apply to all dealing offences and all drug classes but should not apply when the dealing was to persons under 18.

In relation to the reverse onus of proof, the Commission suggested the offence of possession for supply should be replaced with an aggravated possession offence. This should be defined by reference to the quantity of drugs possessed, which should be set on a drug-by-drug basis. An expert advisory committee should advise the government on the quantities of drugs that would comprise aggravated and simple possession.

The National Drug Policy 2015 to 2020 sets out the government’s approach to



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**“New Zealand’s three-yearly electoral cycle and the desire by politicians to outbid each other to appear tough on law and order weigh heavily against major moves to adopt a more constructive approach to cannabis.”**

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alcohol and other drug issues, with the goal of minimising harm and promoting and protecting health and wellbeing. It is supposed to be the guiding document for policies and practices responding to drug issues, with the government using it to prioritise resources and assess the effectiveness of actions taken by agencies and frontline services. However, its health and harm-minimisation approaches run directly counter to the Misuse of Drugs Act’s focus on crime and punishment.

The policy requires the government in 2017/18 to “develop options for further minimising harm in relation to the offence and penalty regime for personal possession within the Misuse of Drugs Act 1975”.

The Law Commission’s report was published five and a half years ago, but its core recommendations have not been implemented. The government has acted on the suggestions relating to psychoactive substances, and the Ministry of Health is currently reviewing the law relating to drug utensils. A July 2016 discussion document suggests there could in future either be an “enhanced status quo”, which would continue the prohibition on utensils but reduce criminal penalties, or the ban could be replaced by regulations aimed at informing and reducing harm.

However, New Zealand’s three-yearly electoral cycle and the desire by politicians to outbid each other to appear tough on law and order weigh heavily against major moves to adopt a more constructive approach to cannabis.

Then Justice Minister Simon Power could not move speedily enough to pour cold water on the Law Commission’s suggestions and rule out any relaxation of drug laws, saying “there’s not a single, solitary chance that as long as I’m the

Minister of Justice, we’ll be relaxing drug laws in New Zealand”.

Current Justice Minister Amy Adams declined to provide any response at all to a detailed list of questions submitted to her for this story.

JustSpeak spokesperson Julia Whaipooti of Ngāti Porou supports the Law Commission’s recommendations and says cannabis should be treated as a health issue rather than a criminal justice matter. She says the current regime has long-term impacts on people’s lives and is ineffective at preventing harm.

In particular, the stigma of cannabis convictions impacts on young people’s ability to obtain jobs for the rest of their lives.

“It actually does nothing to deter harm and create safety for the community. The purposes of going through the criminal justice system are not served by convicting people for minor drug use.”

JustSpeak points out that, between 1994 and 2011, the rate of prosecution for young people caught with drugs almost doubled. In 1994, the figure was 5.5 percent, while in 2011, it was 10.5 percent. Of the 1,019 drug possession or use offences in 2011 for 10 to 16-year-olds, 989 (97 percent) related to cannabis. JustSpeak says the data points towards the exercise of Police discretion changing.

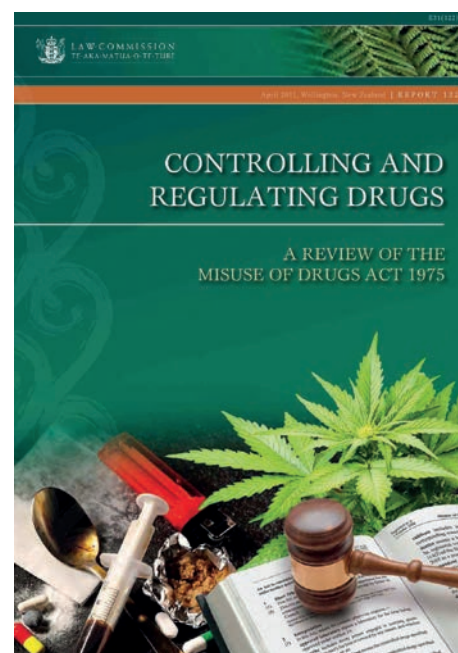
Those outcomes for young people run counter to the general trend of reduced arrests and convictions for minor drug offending. Between 2011 and 2015, the number of people convicted of possession or use of illicit drugs or drug utensils fell from 4,997 to 3,140.

The figures for young people are particularly disturbing because the impact of drug convictions stays with them for the rest of their lives. The Clean Slate law applies only if people have not had convictions in the past seven years, have not been sentenced to jail and are within New Zealand, so young people planning to travel to Australia for a fresh start still have to declare their drug convictions.

Quince is calling for a full review of the Misuse of Drugs Act.

“Martin Crowe was not prosecuted [for using cannabis]. The elephant in the room is that certain people are never going to be stopped, prosecuted, convicted or punished. The harm to Māori communities is huge. I don’t know whether we want to decriminalise. We want to review, but there has to be a holistic approach. The hundreds of millions of dollars spent

*Andrew Geddis, Professor of Law, University of Otago.*





## “Criminalising drug taking to stop the problem of addiction is like making sex illegal for under 20-year-olds in order to prevent teenagers getting STDs.”

ANDREW GEDDIS

on trying to control cannabis needs to be spent on education and harm reduction.”

Sykes says cannabis-related offending should be treated as a health issue, and there should be a change of focus away from criminal justice and towards providing psychological and psychiatric services, whānau support and education.

Geddis emphatically states that the Misuse of Drugs Act is no longer fit for purpose and the whole focus of drug law is misconceived.

“The use (and abuse) of drugs is first and foremost a public health issue with which the criminal law ought to have very little to do. Criminalising drug taking to stop the problem of addiction is like making sex illegal for under 20-year-olds in order to prevent teenagers getting STDs.”

Geddis says the social harm done by stigmatising drug users as “criminals” and burdening them with convictions that radically limit their future options is far greater than any benefit gained from reducing harmful drug taking.

“We also need to be aware that lots and lots of New Zealanders (myself included) have possessed and used drugs without suffering any harm from doing so. The state has no more justification labelling such people “criminals” than it does criminalising mountain climbing on the basis that this is a risky pastime that kills some of those who engage in it. If there are dangers associated with taking drugs, then minimise those dangers (by letting people know what they are taking) and concentrate on providing help and care for those who become addicted to them.”

Bott supports implementation of the Law Commission’s recommendations and is another who believes cannabis should be regarded as a health issue.

“The trouble is there is not the political will at the moment to do that. You are seen as soft on law and order. It’s a question of

the approach: not being soft on crime but doing something that works rather than criminalising young people for the rest of their lives at an early age ... I’ve had cases again and again where people lose jobs because of drug convictions even if they are just for cannabis. If we decriminalise, that takes the stigma away and you can look at what actually works. I see so many young people who use cannabis socially and get convictions and then become almost unemployable.”

Community Law Centres see many people suffering discrimination years or decades after receiving drug convictions. Te Tai Tokerau Community Law Centre manager Dr Carol Peters says people with drug convictions face major difficulties in obtaining jobs. She would like to see alternatives to criminalisation more widely available, particularly Iwi or Community Justice Panels, which address the causes of behaviour and provide an element of restorative justice.

A Community Justice Panel was set up in Christchurch in 2010, and three Iwi Justice Panels have subsequently been established in other locations. The panels are a joint initiative between Police and local communities, which aims to hold people to account and produce positive outcomes. Community Law Canterbury Manager Paul O’Neill has been heavily involved with the Christchurch panel





and says the results have been impressive, particularly in terms of reducing recidivism. More than 600 cases have been dealt with in Christchurch, with three community representatives sitting on each panel. The panels can be tailored to provide the expertise required in each case, for example, mental health or drug knowledge.

A shift away from locking people up is something Gilbert Taurua says will overturn what can be the lifelong impacts of drug convictions. Taurua, who started at the Drug Foundation earlier in 2016 as Senior Adviser, Māori Liaison and Advocacy, looks at the high rates of Māori incarceration for minor drug offences and queries what they mean for people's future employment prospects. He says jail sentences for Māori do not appear to reduce the prevalence of drugs.

Taurua, of Ngāpuhi, Ngāti Kawa/Te Atihaunui Pāpārangi and Ngāti Pāmoana, is leading an advocacy campaign called "Tautāwhihia. Kaua e whiu" (Support. Don't Punish).

Instead of using the strong arm of the law, Taurua says we need to look at international developments for models.

"I think we need to learn about what is happening overseas to inform what we need to do in New Zealand. It's like the momentum is growing, and we know change needs to happen, but what that

change looks like, particularly from a Māori community perspective, is going to be part of our challenge."

He points to Portugal where people caught with a small quantity of an illegal drug for personal use are referred to a local Commission for Dissuasion of Drug Addiction. The commissions consist of a lawyer, a doctor and a social worker. Sanctions can be applied, but the main aim is to explore the need for treatment and to promote healthy recovery.

Whatever route things take, change can't come soon enough for those who have witnessed the debilitating aftermath of a conviction. Wiremu's mother, Anahera, who has seen the impact of a drug conviction last more than a decade after the sentence was completed, says radical change is needed.

"They're living in a dream world if they think their laws are working at ground level. Anyone at the Beehive should come up here and see what's happening. They need to do something because we've got strong, healthy men rotting in our jails. Where's the justice in it?" ■

*\*Names have been changed to protect identities.*

**Catriona MacLennan is an Auckland-based journalist and author who has practised in a broad range of legal fields.**

## Commercial cannabis convictions punished more lightly than van Gaalen

- In December 2012, Neil Phillips, who was caught in an undercover Police sting targeting drug dealers and pleaded guilty to six charges of selling cannabis and six of possessing cannabis for supply, was sentenced to 12 months' home detention.
- In May 2013, Anthony Blair was sentenced to three months' community detention and 100 hours' community work after being convicted of one charge of selling cannabis and one charge of possessing it for supply.
- In June 2013, Israeli tourists Daniel and Hadas Surdri were discharged without conviction after being found with 54 harvested cannabis plants, a master plant and six kilograms of dried cannabis and pleading guilty to cultivation charges.
- In October 2013, Sheryl Kingi was sentenced to nine months' home detention after being caught running a commercial cannabis operation with \$108,000 worth of cannabis plants.
- In November 2014, Thomas O'Hara, one of eight people arrested for drug dealing over five months, was sentenced to seven months' home detention and 150 hours' community work following convictions for offering to supply cannabis and possessing cannabis for supply.
- In 2015, Ian Cole was sentenced to nine months' home detention and 150 hours' community work on charges of possessing cannabis for supply, possessing LSD and cannabis cultivation.
- In September 2016, Bridget Smith pleaded guilty to three charges of supplying or offering to supply Class A drugs, Class B ecstasy and Class C cannabis and was sentenced to five months' home detention and 200 hours' community work.



# Hepatitis C – new hope on the horizon

PHARMAC has recently started funding new drugs that have amazing curative effects for more than half of people in New Zealand with hepatitis C. The wait continues for those for whom the drugs are not suitable, but there may be good news on the horizon. **Russell Brown** reports.



**RUSSELL  
BROWN**

Photo credit: prx.org



Ed Gane, Deputy Director of the Liver Transplant Unit at Auckland City Hospital.



Photo credit: Auckland District Health Board.

“It’s one of the things that stops them coming into hospitals because people make punitive judgements. People catch hep C predominantly through intravenous drug use, and there’s a lot of stigma around that.”

**O**n 10 August last year, PHARMAC published an RFP seeking feedback on a plan to fund hepatitis C treatment with a new generation of direct-acting antiviral drugs (DAAs) in the year to come. Given that patients experience DAAs functionally as a miracle cure with few side-effects – but at the same time they cost at least \$80,000 for a 12-week course of pills – it was an exciting step.

The agency noted the clear recommendation of its Pharmacology and Therapeutics Advisory Committee that two medicines containing Gilead Sciences’ sofosbuvir should be funded with a “high priority” for the most seriously ill hep C patients, including those either side of a liver transplant. The committee had recommended only a “low priority” for the rest of the 50,000 New Zealanders infected with hep C – a decision it said was “based solely on fiscal risk”.

What actually happened was completely different.

PHARMAC subsequently announced it would allocate funding priority not on the basis of the severity or stage of the liver disease hep C causes but according

to the genotype of the virus with which patients were infected.

It’s safe to conclude that PHARMAC was unable to agree an acceptable deal with Gilead, which has opted for a high-price strategy on its DAAs in an attempt to recoup its development cost before they are outmoded. It turned instead to another supplier, AbbVie, and is now fully funding treatment with the AbbVie drug combination VIEKIRA PAK.

But VIEKIRA PAK can only treat genotypes 1 and 1a of the virus, which account for about 55 percent of the 50,000 New Zealanders with hep C. It will not cure patients with genotypes 2–6. Treatment for the latter group with Gilead’s Harvoni (ledipasvir with sofosbuvir) will only be funded if they are in the final stages of liver disease with fully decompensated cirrhosis. At that stage, their life expectancy is short.

“How many people would meet those criteria? I’d say about 50 people a year,” says Ed Gane, Deputy Director of the Liver Transplant Unit at Auckland City Hospital.

“You’re talking about 0.1 percent. It’s pretty small. But if PHARMAC hadn’t done this deal with AbbVie, I think we’d still be treating only a tiny percentage.”

Gane is not alone. Dunedin-based peer advocate Hazel Heal describes PHARMAC’s decision as “morally right”. And it is already showing results.

“We’ve gone from treating around 250 patients a year to 500 in the first two months,” says Gane. “On current numbers, we’re likely to treat about 3,000 a year, which is a 12 to 15-fold increase in the first year.”

Part of the reason for the uptake is that the safety and relatively low monitoring requirements of the DAAs allow for care in the community rather than hospital clinics.

“We’ve had about 120 patients with genotype 1 come forward for treatment here at the liver unit,” says Gane.

“Of those, because we attract the sickest patients, around half have cirrhosis or other significant complications where it wouldn’t be safe to treat them in the community. Everyone else, the other half, we’ve said ‘Would you like to go back to your GP?’, and every one of them has said yes. So we have not treated them – we’ve sent them back to their GPs to be treated.”

“So we’ve made a decision early on that, if we’re going to eliminate hepatitis C, we need to get GP input, we need to get them to endorse us. And the best way to do that is to send them back some easy patients to treat so they can see it can be done. It’s a wonderful thing to be able to offer somebody who has a chronic disease a cure. It provides satisfaction for them, but it also provides satisfaction for the GP so he or she will look for other people to treat.”

*Australians can access fully funded hepatitis C medicines, following an inquiry by the Federal Parliament's Standing Committee on Health.*



Photo credit: Steve Irons, MP.

GPs have been allowed to prescribe DAAs since 1 October 2016, but the process of bringing them up to speed on the use of the new drugs continues. Gane and Catherine Stedman of the University of Otago have created an explanatory document for doctors' professional bodies, the medical information service bpacnz recently published a step-by-step guide for GPs and Gane wrote a detailed guide for the most recent Hepatitis Foundation newsletter. Gane expects to continue talking to doctors in person.

But the most significant step – one specifically allowed for in the Ministry of Health's rollout – may yet be delivery through needle exchanges and community alcohol and drug services, and that requires the engagement and support of peer workers. Gane said that lesson was learned in pilots run via district health boards in the Bay of Plenty and the Wellington region from 2011 to 2014.

"Over three years, they tried to engage at needle exchanges – and they couldn't. They went in as an external organisation without any engagement with peer workers who worked there, and over the three years, the number of people they managed to enrol and test – not treat – could be counted on one hand across the two regions. It was an abject failure."

A pilot staged this year in Auckland has achieved very different results. Nurse Victoria Oliver, who had been working in opioid substitution services, was recruited by Gane to run a clinic room at the East Street needle exchange.

"There's a plinth, a bed to lie on and a washbasin. We take the portable fibre scanner down there two days a week. And over the few months she's been there, Victoria has already had 60 people come in and be diagnosed. She's interviewed a lot more than that."

Oliver describes the pilot as "a service within the client's setting, where they feel comfortable. They're people who are often stigmatised and ostracised because of health professionals' belief and subsequently their own perceptions. It's one of the things that stops them coming into hospitals because people make punitive judgements. People catch hep C predominantly through intravenous drug use, and there's a lot of stigma around that."

Gane says the outreach was inspired by the approach of the Australian Government.

"They've done a fantastic job in getting treatment outside the hospitals. And that's based on a lot of work that several NGOs have done in Australia, previously for HIV. You don't even have to be a general

practitioner – if you're working in an isolated area of the country, provided you've been accredited through training, you can prescribe.

"What their government has said is, if you want to get rid of hep C, you have to remove all the barriers to treatment – and one of the biggest barriers is still having to come to hospital. There are many populations who have high rates of hep C who are marginalised from treatment because they either can't or won't come to hospital clinics.

"And if you are ever going to eliminate hep C, you should prioritise for treatment the people who are still transmitting the virus. You shouldn't be marginalising and not treating them. They should be amongst the first lot you treat."

The problem, at least for the next year or two, when new drugs are expected, is that there is no PHARMAC-funded treatment for the very large majority of the 22,000 people infected with genotypes 2–6. The option for them is to import far cheaper generic medicines, but there are problems with that in some parts of the country (see sidebar), and many people in the infected cohort cannot afford even the \$1,500–2,000 cost of generics. Oliver says around a quarter of the patients she has diagnosed are in that category.



“It’s a wonderful thing to be able to offer somebody who has a chronic disease a cure. It provides satisfaction for them, but it also provides satisfaction for the GP so he or she will look for other people to treat.”

ED GANE

“They can’t even borrow it, it’s just not in the realm of possibility,” Heal agrees. “There has to be an option for those people. There are people I can’t help who, for want of \$1,500, are going to remain unproductive and unable to work.”

“The Ministry of Health can’t buy these generics, but in the meantime, I really think that the Ministry of Social Development could pay for people. It would be a huge saving for the government in the long run. It addresses genotypes 2–6 in a really cheap way. They’re just paying the patient back for their treatment in the way that they might for counselling.”

“\$1,500 is the cost of a life – and every day of a life from this moment forward.”

Oliver describes the experience of offering infected people such an effective treatment as “fantastic, amazing. It’s lovely to be able to provide people with hope – and a cure. To be able to cure a virus like this – I graduated in 1986, and it’s something you hardly ever hear of.”

There is more to come in this story. Gane says there are two or three drug combinations in trials that will hopefully be funded by PHARMAC and will be “the same medicine, the same duration for everyone, regardless of genotype or stage of disease. And that’s going to make things so much easier.”

## Generic DAAs are okay



Photo credit: Otago Daily Times / Peter McIntosh.

**The country’s leading hepatitis C specialist, the Society of Gastroenterology, the Hepatitis Foundation and Europe’s leading liver study organisation endorse the use of generic DAAs for hep C patients not eligible for PHARMAC-funded treatment. So why is the Southern District Health Board (DHB) refusing to tell its patients generics are even an option?**

A year ago, Hazel Heal was told her liver was deteriorating rapidly. The hepatitis C-related cirrhosis she’d borne for 18 years – and through two punishing and unsuccessful courses of interferon – was on the verge of decompensation, and she needed treatment urgently.

She had already called a real estate agent about selling her house to pay for DAA treatment when she heard about the Fix Hep C Buyers Club, the generics-importing scheme founded by Tasmanian Greg Jefferys. She sought a prescription from Tasmanian doctor James Freeman, travelled to Australia to pick up her medication – and was cured.

She now helps Jefferys with club administration and does “a lot of letter writing and media interviews”.

This year, she wrote to Southern DHB Chief Executive Carol Heatly urging the Southern DHB to amend its policy of not presenting generics as an option for patients not covered by PHARMAC. Heatly replied that, if the DHB “were to promote a drug that was unlicensed, was not manufactured by the current patent holder (and so therefore completely unable to be registered in New Zealand)”, it would be in breach of its obligations. In a subsequent letter to Heal, she wrote that it would be “futile” to discuss the issue further.

Heatly has since left her role, but her successor Chris Fleming confirmed to *Matters of Substance* that “our position

has not changed” and “Southern DHB clinicians do not write prescriptions for the hepatitis C treatments you refer to as they are unlicensed medications”.

He described the medications sourced by Fix Hep C, which are manufactured under licence from Gilead and others in India, as “copycat generics”.

The disagreement centres largely on the standard letter Medsafe provides for importation of unapproved medicines, which includes a boilerplate warning that unapproved medicines could be counterfeit or contain harmful substances. Whether that warning applies to the Fix Hep C process, which is associated with the ‘Redemption’ trial operated by Freeman and supported by the European Association for the Study of the Liver, is another matter.

“I can’t understand that,” says Ed Gane of the Southern DHB’s stance.

“We certainly prescribe plenty here. If you have genotypes other than genotype 1, you should at least have the option of paying for your own treatment, which includes generic. And I think the only ethical thing to do if you are testing for hep C is to have that discussion.”

“If we see someone diagnosed with genotype 3, we’ll say, ‘Sorry, but VIEKIRA PAK will not work for you, we expect that PHARMAC will have a treatment funded for you within the next one to two years. But in the interim, if you really want to be treated, you can import your own generics.’ And I would refer them to the Fix Hep C Buyers Club.”

Although the monitoring requirements for DAAs are relatively low, Gane says a local prescription (which Medsafe requires anyway) is important. He has written a detailed guide to importing DAAs via Fix Hep C, including recommendations on the best drug combinations for different genotypes, in the latest Hepatitis Foundation newsletter.

Gane is far more wary of generics manufactured in China and Bangladesh, which lack the facilities to make the ledipasvir component of Gilead’s Harvoni product, which helps absorption from the gut. But he says the 11 manufacturers producing under licence in India, where Fix Hep C sources, are a different matter.

“These are the same medicines that Gilead is making in the States. They’re good medicines.”



Population 2016:  
**5.4m**

# Colorado:

Free market in pot booming,  
health impacts unknown

Cannabis-based lotions, patches, bath salts, jelly babies, chocolates, acne treatments, lip balms, toothpastes and toothpicks are all now on sale in Colorado dispensaries. This wild-west reborn offering to meet every conceivable consumer choice has grown rapidly since cannabis was legalised in 2014. It's seen as an economic bonanza by many and as an unhinged experiment by others. It's too soon to say what the long-term health effects will be.

## The situation

In 2000, Colorado voters approved a ballot allowing cannabis to be used for medical purposes. Registered patients were permitted to grow and possess the drug. Twelve years later, Amendment 64 allowing legal access to recreational cannabis was passed. The yes vote gained 54.8 percent support and the no vote 45.1 percent.

Legal sales were permitted from 1 January 2014 through a state-wide licensing system – 209 of Colorado's 271 cities and towns and 42 of its 64 counties have not put in place recreational cannabis regulations.

## New THC warning sign



From 1 October 2016, all cannabis products must be labelled with this warning sign.

“If I had that magic wand now, I don't know if I would wave it. It's beginning to look like it might work.”

GOVERNOR JOHN HICKENLOOPER  
(REPORTEDLY, AFTER BEING OPPOSED  
TO LEGALISATION EARLY ON)



## Outlets

Licensed medical cannabis businesses	
Dispensaries	<b>528</b>
Cultivations	<b>797</b>
Manufacturers	<b>242</b>
Testing facilities	<b>14</b>

Licensed retail cannabis businesses	
Stores	<b>450</b>
Cultivations	<b>596</b>
Manufacturers	<b>208</b>
Testing facilities	<b>15</b>

Marijuana Enforcement Division, Colorado Department of Revenue

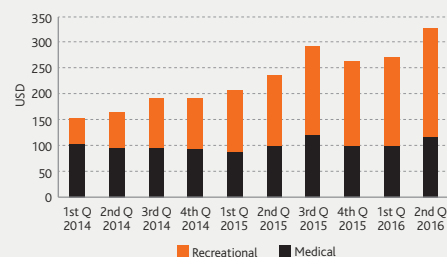
## Economic impacts

Tax take  
USD \$135 million

Comprising 2.5 percent sales tax, 10 percent special cannabis sales tax, 15 percent excise tax on wholesale transfers plus local taxes.

Allocation: \$20 million to regulation and public safety, \$40 million for rural schools, \$75 million youth drug prevention and treatment programmes.

## Sales



Colorado Department of Revenue

## Revenue generated

2014	<b>\$700 million</b>
2015	<b>\$995 million</b>
2016	<b>\$1.35 billion (estimated)</b>

## Price

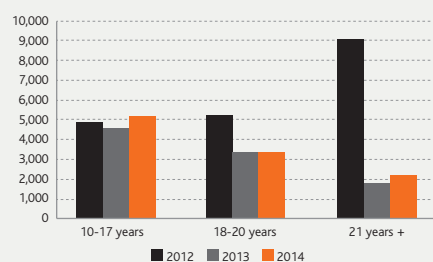
\$9.98 per gram (December 2015)

Down by 31 percent from January 2014 (starting price \$14.82 per gram)

Legalisation Outcomes: Colorado two years in – presentation by Adam Orens, Marijuana Policy Group

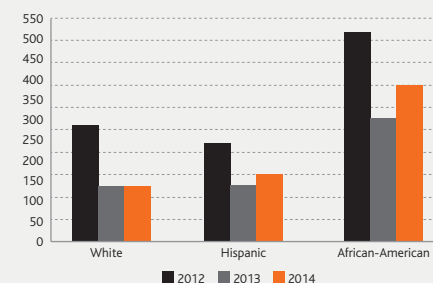
## Cannabis offences

Cannabis offences and offence rate in Colorado 2012–2014



Colorado Department of Public Safety, Marijuana Legalization in Colorado: Early Findings, A Report Pursuant to Senate Bill 13-283 (2016)

Cannabis offences and offence rate in Colorado 2012–2014 per 100,000 population



Colorado Department of Public Safety, Marijuana Legalization in Colorado: Early Findings, A Report Pursuant to Senate Bill 13-283 (2016)

## Cannabis use rates

Usage in past 30 days by high school students

2009	24.8 percent
2011	22 percent
2015	21.5 percent

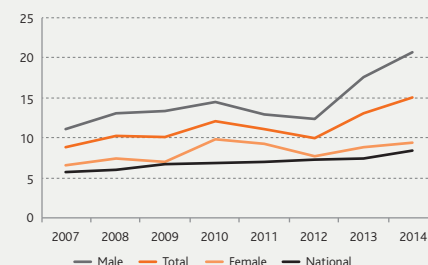
Healthy Kids Colorado Survey

Usage in past 30 days by 18 years and older

	18–25 years	26 years and over
2006	23 percent	6.5 percent
2014	31 percent	12 percent

National Survey on Drug Use and Health, administered by the Substance Abuse and Mental Health Services Administration

Past month cannabis use (percentage)



National Survey on Drug Use and Health, administered by the Substance Abuse and Mental Health Services Administration

## Public opinion, November 2015

Do you support or oppose the law legalising cannabis for recreational use?

55 percent	support
41 percent	oppose

Quinnipiac University Poll

“ The black market is still booming. ”

COMMANDER JAMES HENNING, DENVER POLICE DEPARTMENT

“ None of the bad things that are likely to happen if this thing goes badly would have happened yet. ”

PROFESSOR MARK A R KLEIMAN

“ The jury is still out as to whether this was a good idea. ”

CYNTHIA COFFMAN, COLORADO'S ATTORNEY GENERAL

“ The legalisation of recreational cannabis use in the United States is a large-scale public health experiment whose outcomes may be unclear for a decade. ”

WAYNE HALL AND MICHAEL LYNSEY, ADDICTION



**REDMER  
YSKA**



P:

## New Zealand's P history

### Redmer Yska traces the development of amphetamine manufacture and its history of use in New Zealand.

The current amphetamine epidemic, with its kitchen sink product and chaotic victims, is often painted as an ugly new phenomenon – but New Zealand's love affair with the drug dates back more than half a century.

Problems with abuse of legal amphetamine first came to light after World War Two when a form of the drug became available over the counter in local chemist shops. By the early 1970s, a full-blown 'meth' outbreak saw the flailing authorities ban the drug outright, ordering national stocks destroyed.

How could it happen here? Amphetamine had already been synthesised by 1919, but American drug companies got cracking in the 1930s with the discovery of its decongestant properties. This was the remarkable "brain drug" that enlarged nasal passages and stimulated the central nervous system.

It was first marketed in the USA as the Benzedrine Inhaler, a tube containing a strip soaked in 325 mg of viscous amphetamine base and little else. In 1939, Benzedrine was classified locally as a first schedule poison, available from pharmacies like Burberry and Blinkhorn in Lower Hutt, sold over the counter for about \$25.

The stimulant's ability to promote endurance and weight loss and even, apparently, cure depression deepened its popularity. But it was always lethal. In 1939, New Zealand author Robyn Hyde killed herself in London from a Benzedrine overdose. At the time, the coroner noted the drug "which had the effect of clearing the mind" was "often taken by students who were going to sit examinations".

World War Two saw amphetamine becoming the drug of choice for combatants on both sides. German troops were issued

with a form of the drug known as Pervitin, allowing them to stay awake (and conduct blitzkrieg) for 50 hours in a row. American pilots meanwhile began to swallow 'pep pills' newly marketed as 'methamphetamine' by global drug manufacturer Burroughs Wellcome.

After the war, the pharmaceutical industry ratcheted up its promotion of amphetamine, at times making bizarre claims. In 1946, the weekly newspaper *Truth* quoted a drug company boss stating the drug used by the Army during the war to "pep up" fliers on long bombing missions was an "antidote for would-be suicides", and it was freshly branded as *the* slimming drug of post-war suburbia.

In 1949, New Zealand drug companies, like their counterparts in Britain and America, began aggressively marketing pure amphetamine as an appetite suppressant. The negative consequences of prolonged use were, however, becoming clear. Reports emerged among long-term users of "sinister voices emanating from toilet bowls" and "spies following one's every move".

The local branch of Burroughs Wellcome began promoting Dexedrine, a 'safe' slimming aid that reduced a patient's appetite by half. Headlines like "Dexedrine Can be Dangerous", however, appeared in local newspapers, as chemists reported local stocks of the tablets were quickly exhausted. In 1950, Health Minister Hugh Watts was sharply questioned in Parliament after chemists raised concerns about the rush of demand for the stimulant.

A Wellington chemist and member of the Pharmacy Board said Dexedrine had been the subject of representations to the Health Department. "Certain types obviously are susceptible to it and an overdose obviously can be harmful. It is not in the public interest that the drug should be sold too freely or taken too freely."

A relaxed Minister Watt confirmed that a medical prescription was not required to obtain the drug, but if circumstances arose that made it necessary or desirable, the drug would be declared a prescription poison by an amendment to the Poisons Regulations.

Through the 1950s, local amphetamine use continued unchecked and virtually unregulated, as new varieties such as the Burroughs Wellcome global brand Methedrine came on the market. This is the same product now illegally manufactured as 'P' or Pure.

In 1955, the 'pep pills' issue came to a head with the death of a New Zealand shearer who'd taken Benzedrine to boost his strength for an attempt at the world shearing record. In 1956, the annual conference of hospital matrons at Invercargill urged the Health

Department to impose "some sort of control on the sale of slimming pills and that they be made available only on medical prescription".

Amphetamine, now famously nicknamed 'speed', meanwhile became the drug of choice for disaffected post-war youth after use of Benzedrine inhalers appeared in books like Jack Kerouac's *On The Road*. Kiwi 'beats' seeking black bombers (Dexedrine) and ampoules of liquid methamphetamine began appearing in doctors' waiting rooms.

In 1960, an amendment to the Poisons Act placed the first formal restrictions on amphetamine, a class of drugs increasing seen as having no place in medicine. A conference of the Australian and New Zealand Association for the Advancement of Science held in Canberra heard of the drugs causing "addiction, madness and murder".

By the mid 1960s, a moral panic about drug abuse took hold in New Zealand, following a mounting number of prosecutions for imported cannabis and LSD. An epidemic of injecting pharmaceutical Methedrine among young people in America and Great Britain was also mirrored here, but it received mostly scant publicity.

A turning point came in 1969 as a visiting British medical professor described doctors prescribing amphetamine-type drugs for patients who wished to lose weight as guilty of malpractice. Health Department officials, finally conceding there was "recent evidence of misuse of Methedrine", insisted a crackdown was coming.

However, another year passed before Burroughs Wellcome, which had aggressively marketed amphetamine for decades, finally withdrew both Dexedrine and Methedrine. A senior Christchurch policeman called Methedrine our "most abused prescription poisons drug".

It took two more years for the Health Department to draw up regulations to ban amphetamines, finally restricting their supply to hospital pharmacies. Destruction of the country's remaining supplies began in the Auckland warehouses of Burroughs Wellcome. As part of the new controls, local chemists were given three months to clear stocks.

The extent of local prescribing and use may never be known. The Ministry of Health refused to release related archival records for this article, citing privacy considerations. But a clue to the scope of our legal amphetamine story lies on page 178 of the 1973 report of the Drug Dependency and Drug Abuse Committee. The figure for those using prescribed stimulant drugs on any particular day in 1971 was put at "4800 persons". ■

# Sorry ... but we just can't wait around

Rethinking the mental health and addictions system and describing what success would look like is not a job for the faint hearted. Setting aside the many dramatic headlines, those working in community-based organisations are getting serious about transformation of this vital landscape. Platform Trust Chief Executive **Marion Blake** outlines the issues and the NGO sector response.



MARION  
BLAKE



We know that the number of people accessing mental health and addiction services increases year on year. In 2014, there were 158,313 (nearly 4 percent of the population), but that number doesn't include the people on long waiting lists or those who don't meet the criteria to receive services, and it doesn't tell the stories of those who received services but for whom the system failed.

Stories are almost weekly now about system failures, underfunding of services resulting in closures or service reductions and the rising suicide statistics that put New Zealand in the international spotlight. In response, there have been calls for a national review of the mental health and addictions system by MPs, the media and many others.

It is true that demand pressures and underfunding are affecting the ability of non-government organisations (NGOs) to support New Zealanders. Much of the mental health and addictions support services provided are through community

organisations or NGOs. In fact, more people are seen by addiction NGOs than by district health board (DHB) services, yet with the majority of their funding coming from government, community organisations have continued to experience turbulent times.

One of the most recent organisations to speak out was a mental health and addictions community provider that is looking at a deficit of hundreds of thousands dollars, citing increasing day-to-day costs, additional contracts and a lack of funding. NGOs have come and gone in New Zealand society since



early colonial days and have had to be flexible and resilient over the years.

The population NGOs work with is often poorly served by the education, medical and social welfare systems and overserved by the criminal justice system – 40 percent of people charged in court receive mental health services. Inequality and poverty are increasingly being understood as insidious issues that have a long-term impact on people's lives and wellbeing as well as on the productivity and reputation of the country. The social cost of drug-related harms and interventions in 2014/15 was estimated at \$1.8 billion according to the New Zealand Drug Harm Index, and according to the World Health Organization, depression is the leading cause of disability in the world. Addiction and mental health are no longer confined to being 'health' issues and are increasingly viewed as symptomatic of a system that is failing to show up.

These issues straddle all government agencies – education, corrections, child and youth, and aged care. Government agencies have committed to work together, and many of the new national initiatives have collaboration as criteria. However, it is the experience of many people who work in and of those who use the system that reviews, reports and strategies so often fail to result in change. Despite promises of transformation, strategies and plans from multiple government agencies don't always join up, and if things do happen, progress can be very slow.

Within this complex environment, Platform Trust and Te Pou o te Whakaaro decided it was time to work with mental health and addiction NGOs to rethink the system and describe what success would look like. To do this,, providers would need to make alterations to their models of service delivery that would accelerate system-wide changes. After extensive consultation across the sector, the changes needed according to the NGO sector were collated and are described in the document *On Track: Knowing where we are going – co-creating a mental health and addiction system New Zealanders want and need*.

*On Track* has been discussed and workshopped around the country and was the catalyst for the sector's symposium Tahatū Rangi to bring together leaders from the mental health and addictions sector. The symposium was essentially the sector's declaration that it would not wait for solutions to come from others but that it would proactively seek out and take steps towards a better way for the system

to operate. Almost one year on, a second Tahatū Rangi symposium is being held in Wellington to take the ideas presented in *On Track* and at the first symposium from concept to practice. The themes of the 2016 symposium are co-design and collaboration, signalling that, despite growing pressure for NGOs to perform and report as competitive businesses in a market, this strongly values-driven sector needs to join the system up to provide the services New Zealanders require.

While redesigning a system seems daunting, the culminated ideas expressed in *On Track* address priority areas for action that can be undertaken at a personal, organisational, regional and system-wide level. One of the authors describes her hope that the document is the metaphorical stone going into a pond and that the actions ripple out from it in all directions. This is not another document to sit on a shelf, it is a plan for how to collectively move towards a better system.

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### “ The Tahatū Rangi symposium brings together organisations that are already genuinely collaborating and co-designing to share their lessons learned. ”

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The ripples have already begun. The Tahatū Rangi symposium brings together organisations that are already genuinely collaborating and co-designing to share their lessons learned. Among the speakers at this year's symposium are a collaborative from the Gisborne area, headed by the rebranded Tairāwhiti DHB. The DHB, now known as Hauora Tairāwhiti, has acknowledged that the impact it can have on the community is amplified by involving the community and that hospital care is only one element of place-based community health and wellbeing service delivery. The DHB also understands that, through the process of co-design with service users and others, it will achieve a better quality of outcomes for the people it serves. It articulates this on its website:

*“Hauora Tairāwhiti launched a process in September 2015 to work with other community health partners, focusing on how to create health care services closer to people's homes and closer to a model that meets people's needs.*

*“The co-design process will involve patients, families, staff, health providers, government agencies, council, iwi and community exploring new models of how health care is provided for our people. The aim is to improve the patient experience and achieve better health outcomes. There will always be a hospital in Gisborne but the focus is on moving away from hospital-based care towards care closer to home.”*

It would be easy for other districts to put this example to one side as a model that works in a smaller regional community but one that can't translate in a larger or more urban area. However, the international evidence confirms that place-based supports and co-design in community development create sustainable results. It is the horizon imagined in *On Track* – one where co-production becomes the default model of service delivery for those commissioning services and for the organisation and workforce delivering the services.

The other fundamental principle in *On Track* is collaboration. In the document *Closing the Loop*, four primary health organisations (PHOs) have expressed their agreement. The document suggests it is time to take a broader look at the types of supports people need at different stages or levels of need, and Platform Trust has signed a joint statement with the PHOs to convey their support for a more collaborative approach between traditionally siloed sectors.

With the government calling for a social investment approach that invests in prevention and early intervention to reduce the significant cost of clinical interventions at a later stage, the time is ripe for the medical community to acknowledge the vital role of the community sector. Like the previous wave of change in mental health and addictions service delivery, this next wave makes both economic and ethical sense. There is no one solution to transforming the mental health and addictions landscape to become the system that serves New Zealanders when and how they need it to. However, it seems there is growing consensus that there is a need for change to occur on a system-wide level so that New Zealanders get access to the right types of support when they need it. ■

# OK

Is it

for the New Zealand Police to interpret drug laws as they please, or does this sabotage the sanctity of law in general?

The majority of New Zealanders support change to our cannabis laws, but the political appetite for this is low. Meanwhile, a drop in Police prosecutions for cannabis offences points to a silent relaxation of drug policy. Is this the right way to go, or is it inherently discriminatory and unconstitutional?

In August, a Drug Foundation poll showed 64 percent of Kiwis thought having a small amount of cannabis for personal use should either be legal (33 percent) or decriminalised (31 percent). That same week, Prime Minister John Key told Radio New Zealand change was not necessary because the Police were not really pushing prosecutions.

"In the case of drugs, I think if we were as Parliament to decriminalise, then one of the messages we'd be sending is that increased drug use is OK," he told Guyon Espiner on *Morning Report*.

"And I know that people would say, we, you know, that seems a bit silly given that there's widespread recreational use, and we know that. But I don't think the Police really for the most part do prosecute in this case."

Police prosecutions for cannabis possession are in decline, with offences halving in the last two decades. In 2015, there were 1,105 convictions, which adds up to about 0.25 percent of the estimated 400,000 users. But statistics also show that those who are penalised for using cannabis are predominantly Māori or Pacific Islander, young and have previous convictions.

Last year, Police Commissioner Mike Bush admitted Police have an "unconscious bias" against Māori when it comes to how officers apply their discretion with charging people.

Discrimination aside, legal experts are also raising concerns that allowing Police to interpret the law as it suits is unconstitutional and serves to undermine law making in general. Has the gap between the criminal law and the way it is enforced become so large that the Misuse of Drugs Act 1975 is just a joke? Or is it fine to keep turning a blind eye?

## Police are doing a good job

"Does the current law allow Police to reduce the amount of cannabis that's being used? I would say the answer is yes," said Police Association President Greg O'Connor.

For O'Connor, this is a measure to show the law's working as intended.

"If you ask any group of 18-year-olds if they would use more if it was legal, the answer would be 'no doubt'. In making it illegal you're reducing the harm to society."

Prosecutions might be down, but this is because Police are giving more pre-charge warnings, O'Connor said. And seizures of cannabis are rising year on year – from 150,448 plants confiscated from 1,637 different incidents in 2014 to 180,915 seizures from 1,700 incidents in 2015.

The decrease in prosecutions was a response to a government dictum to reduce the number of people going through the criminal justice system as a whole, O'Connor said.

"In the past, if you got arrested with cannabis, you'd go to court, end of story."

A drop in prosecutions should not be confused with a drop in arrests.

"Police are still arresting people, they're just not charging them. That's the difference. The only thing that has changed is now they are giving more pre-charge warnings."

If you are thinking of smoking a joint, the thought of being arrested is still going to be a deterrent, O'Connor said.

"Don't look at these figures and think Police have turned a blind eye to people smoking cannabis on a Friday night. They have not."

What about the statistics that show there is bias in those who are prosecuted? O'Connor says these decisions are not made on the spot but will be weighed up against guidelines after arrest. Some people will not qualify for pre-charge warnings – for example, if they have previous convictions – meaning they will have to be prosecuted. Māori will be more likely to fall into this category.

"These decisions are not being made on the street, they are being made at the station on policy."

O'Connor points to an Independent Police Conduct Authority report into the use of pre-charge warnings, released last month, which found no evidence to suggest any differential treatment was being given on the basis of ethnicity.

"It's all being done under policy, it's being recorded. On the surface of it, [it] may look racist, but when you look into it, it's not."



However, while O'Connor is right in that the report says there is no clear evidence to demonstrate differential treatment on the basis of ethnicity was happening, enquiry head Judge Sir David Carruthers also noted that "... the possibility that it could happen is enough to reinforce the need for more guidance on the exercise of Police discretion in this area".

The Independent Police Conduct Authority also found there were "substantial and undesirable" inconsistencies between Police districts in the extent to which pre-charge warnings were used and the types of offenders to whom they were given.

### **It's discriminatory and unfair**

Auckland University of Technology Professor Max Abbott, who is also Co-director of the National Institute for Public Health and Mental Health Research, has closely studied cannabis use and addiction as part of his work.

He says no matter which way you look at it, Police not enforcing legislation is in effect informal decriminalisation. This has been happening in other countries worldwide, including Britain.

And yes, he argues, it is discriminatory. Abbott's latest problem gambling research involving more than 6,000 New Zealanders found 13 percent of people had smoked cannabis in the past year. These people included a varied demographic – from young and old to rich and poor, among all races. Yet research shows Māori are arrested at a disproportionately higher rate than non-Māori.

"The fact is, if all these people were arrested, the courts and Police would be flooded, so what they do instead is they are selective in who they prosecute. So you're much more likely if you're young, you're Māori or a Pacific Islander or have any other convictions, whereas our research shows usage is spread across the population," Abbott said.

"The profile of people being arrested is very different from the general population smoking cannabis. How often do you see a lawyer charged and convicted? How often do you see a medical professional? How often do you see anyone from the upper middle class?"

If the law doesn't change, the Police could also change the way they interpret it at any time depending on the government or mood of the moment, Abbott says. In his opinion, the current loose interpretation of the law serves to undermine it.

"What is the position of the Police in this society if they choose not to enforce laws that Parliament has passed? Doesn't that just lead to a disrespect of laws generally in the wider population? If laws are passed that in effect are not enforced, then what is the point of them?"

"The current laws frankly are a waste of time and money, and they don't achieve what they set out to achieve, which I imagine was to lower cannabis use."

Police had varied views towards the laws themselves, Abbott said.

"There are those who would like to see them removed or abolished, and there are those who like them because they are quite handy – at present, you can enter someone's house without a warrant if you think they have cannabis or instruments to smoke it on their property, so that helps them get around the Bill of Rights."

However, as it stands and if the law isn't repealed, Abbott does believe it is a good thing that Police are not prosecuting everyone they arrest for cannabis possession.

### **Police prosecutions for cannabis possession are in decline, with offences halving in the last two decades.**

"I'm a bit torn, because it's good news that people are not being needlessly arrested and all the costs that go with that for the person and the taxpayer and wider society, with policing and the cost to the criminal justice system. That's better than them being hell-bent on prosecuting everything."

#### **It isn't the role of the Police**

In 2010, the Law Commission released a long-awaited report into the Misuse of Drugs Act 1975. The Controlling and Regulating Drugs review led by Sir Geoffrey Palmer found there was "scope for a range of different approaches" to drug laws in New Zealand.

The report found there should be less emphasis on convictions for low-level drug users and recommended a more health-focused law administered by the Ministry of Health.

"Simply punishing a drug user, without taking steps to address their drug use, is a wasted opportunity."

It made 144 recommendations, advising a focus on high-level drug offences and outlining a formal series of warnings. It said these solutions would be unlikely to increase drug use.

"Most studies in this area have concluded that changes in use levels are independent of the regulatory approach in place – that is, the regulatory approach itself neither increases or decreases drug use."

Six years on, Wellington lawyer and former ACT Party list MP Stephen Franks says Parliament has ducked the issue, which has served to "encourage Police to effectively act as if they make the law".

Franks left Parliament in 2005 and is now Principal at Franks Ogilvie, the Wellington-based specialist public and commercial law firm.

He thinks this government has a worrying trend of avoiding contentious issues, giving Police powers that they shouldn't be allowed.

"Police administration of liquor law, and their attempts to play politics on opening hours, [is a] recent illustration of decay in that kind of constitutional safeguard from executive abuses of power and ultimately corrupt preferences," Franks said.

"Constitutionally, it is extraordinary for our kind of democracy to deliberately confer a law [giving] power to Police officers. Our forebears insisted that state officers be subordinate to the law and enforce it impartially, whatever they thought about it. It is a fundamental feature of the rule of law."

It was fair that society should know the legal consequences of actions in advance.

"That was seen as the major element that distinguished British law and justice from continental despotism, where people in power could make up the rules as they went along."

In practice, this means Police must serve the law, not the government of the day, Franks said.

"Most lawyers would be anxious that we are abandoning a core element of our protection of liberty, if Parliament ducks deciding." ■

**The Drug Foundation favours the removal of criminal penalties for drug use, possession and social supply, the development of a strictly regulated cannabis market and greater resourcing for prevention, education, treatment and other health and social interventions for people who use drugs.**

# How Duterte's drug war taps into the Philippines' zeitgeist

The violence and mayhem being unleashed in a brutal War on Drugs in the Philippines shows no sign of abating. **Mark R Thompson** outlines what has been happening and the historical backdrop. Story courtesy of *The Conversation*.



MARK R THOMPSON



Philippines President Rodrigo Duterte has attracted international condemnation with his violent crackdown on alleged drug takers

and his dismissive attitude towards his country's traditional allies. But his popularity at home remains incredibly high – he seems to have his finger on the nation's pulse.

Every day during the first 100 days of Duterte's administration, an average of 36 Filipinos have been killed. About half of these extrajudicial killing are in the country's capital Manila.

In the Philippines' so-called War on Drugs, suspects die in "encounters" with Police, are shot by motorcycle-riding vigilante gunmen or are killed by trained and unofficial Police death squads. Their taped up bodies are left with a cardboard confessional sign strapped

around their necks, saying "pusher" or "drug lord" or dumped under a bridge or in a neighbouring town.

The guilt of victims is assumed – never proven, seriously investigated or even questioned.

## The sad, the bizarre and the misguided

Not surprisingly, there have been reports of many heart-wrenching cases of violent death. A five-year-old girl was killed in late September after gunmen aiming to kill her grandfather opened fire. A father and son caught smoking shabu, the most widely available methamphetamine in the country, were beaten and then shot dead while in Police custody.

Photos taken by Raffy Lerma on 23 July of Jennilyn Olayres embracing her murdered partner, peddycab driver Michael Siaron, on the street became iconic as Filipinos immediately associated then with Michelangelo's famous Pietà sculpture showing Mary cradling the

crucified Jesus. A cardboard sign next to his body carried the chilling message "Pusher ako, wag tularan" (I'm a pusher, don't do what I did).

President Duterte dismissed this case as "overdramatised", suggesting one had to be hard hearted to "win" a war against drugs.

There have been bizarre incidents among the bloodshed as well. One case saw a suspected drug taker who "rose from the dead" become inevitably associated with the TV zombie craze. The Philippine media reported that a man found lying in his own pool of blood stood up once he felt safe in the presence of reporters who came to cover the apparent killing.

Crime has been linked to illicit drug use in the Philippines, but the country is certainly not about to degenerate into a "narco state". No drug gangs are directly challenging the authority of the state, as in Mexico or Colombia before that. Even so, there's a growing fascination with such states in the country.



Filipinos have become obsessed with the Netflix series *Narcos* about Colombia's drug lord Pablo Escobar. Showing death can imitate fiction, one Philippine commentator surmised that Police chief Ronald "Bato" dela Rosa, who is responsible for the anti-drug campaign, was inspired by the television programme to fly to Colombia recently to find out how that South American country had "won" the War on Drugs.

He found the country's President Juan Manuel Santos has been advocating a more humane solution to the problem.

### War on the poor?

Since becoming president in late June, Duterte has implemented his "Davao model" of giving Police and vigilantes a licence to kill drug suspects nationwide.

The name comes from the town where he was twice vice mayor (1986–1987 and 2010–2013) and thrice mayor (1988–1998, 2001–2010 and 2013–2016) before he became president. Davao is the largest city in the conflict-torn southern island of Mindanao, and Duterte's anti-drug policy left over 1,400 people dead there.

Duterte used his 'tough on crime' approach to win the May 2016 presidential election as a political outsider, promising to restore law and order with strongman rule. Columbia University academic Sheila Coronel has called Duterte the "bastard child of Philippine democracy".

In a report about the widow of a victim of the anti-drug drive, reporter Jamela Alindogan of Al Jazeera, who has been a leader in the international coverage of the killings, summed up the view of many critics, noting there were fears that "the War on Drugs is a war against the poor".

Foreign human rights groups and most Western governments have been outspoken in their criticism as have some Philippine activist groups. But protest has been limited in the face of Police terror directed primarily at the poor.

Duterte has played to the deep resentments of those marginally better off after 15 years of solid economic growth. And he's done so despite the 'straight path' anti-corruption platform of the previous administration of President Benigno 'Noynoy' Aquino III.

"Dutertismo" as the Philippine sociologist Randy David has termed it, has been driven by middle-class worries about rising crime and a broken justice system as well as crumbling infrastructure and continued corruption.

Academic Nicole Curato has applied the term "penal populism" – appealing to voters who feel threatened by crime and not protected by the Police or the courts – to the Philippines to describe a fantasy "that sets apart the virtuous public from the degenerates who do not deserve due process".

This 'politics of anger' leaves little room for treating drugs as a health problem and as a symptom of social problems rather than its cause. The latter approach would allow for the rule of law and for rehabilitation to deal with the problem, thereby avoiding the criminalisation of the poor.

But the fact that there's been so little protest against Duterte's War on Drugs is a sad indicator of the expendability of life at the bottom of the social hierarchy in the Philippines.

### Silencing opponents

Duterte has also mobilised nationalist antipathy against foreign interference, and that of the US in particular, to deflect criticism from his violent drug crackdown.

Indeed, his popularity seems part of the national zeitgeist. Last year, Filipinos flocked to the local film *Heneral Luna*, which celebrates the life and death of the strong-willed General Juan Luna. Commander of the revolutionary army, he fought against US occupation in 1898 but was betrayed by his compatriots.

When running for the country's highest elected office, Duterte said a president must be willing to risk his life to defend the people, tapping into the mood created by the film. He pledged his willingness to die in carrying out his promise to eradicate drugs.

Given Duterte's super-majority in Congress from *The Conversation*, only a handful of politicians have spoken out against the killings. One who has consistently criticised Duterte's bloodbath is former Commission on Human Rights chairperson, former Justice Secretary and now Senator, Leila de Lima.

She has paid for her outspokenness. She was removed as head of the Senate committee investigating the killings, and Duterte's congressional allies retaliated with hearings in the lower house that saw former convicts testify that she had granted them privileged conditions in prison while she was Secretary of Justice in return for drug money contributions to her senatorial campaign.

Duterte claimed de Lima has drug connections through her driver who

## “This ‘politics of anger’ leaves little room for treating drugs as a health problem ...”

had become her lover, a double sin in starkly class-divided patriarchal society.

De Lima has received death threats and has been forced to leave her home.

### Dissolving democracy?

The more than 3,600 people killed in the anti-drug war already exceeds the 3,240 people Amnesty International estimates were "salvaged" (a Filipino term for extrajudicial killings) during the nearly 14 years of dictatorship under Ferdinand Marcos.

There's a discrepancy between Duterte and his Police chief's claim that there are more than three million drug addicts in the Philippines. The government's own Dangerous Drugs Board estimates there are in fact 1.24 million illegal drug takers in the country.

Meanwhile, Duterte's defence of his anti-drug campaign has become increasingly unhinged. In a recent outburst, he compared his campaign to the Nazi holocaust against the Jews. He later apologised.

The reasons for Duterte's rise to power and the silence, if not acceptance, from Philippine society about his violent crackdown on drug takers has historical roots.

Not even modest steps towards transitional justice were attempted during the early post-Marcos period, which was marred by repeated military coup attempts, and this established a pattern of informal immunity from prosecution that, with few exceptions, has continued since then.

Democracy has not yet died in the Philippines; the press remains uncensored, and opposition criticism is still tolerated. But civil liberties, particularly the right to life, lie buried beneath the corpses of thousands of victims of Duterte's 100-day War on Drugs. ■

**Mark R Thompson is Professor of Politics and Head of the Department of Asian and International Studies, City University Hong Kong.**

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Photo credit: Adrian Heke.

# Lizzie McMillan-Makalio

Trained social worker Lizzie McMillan-Makalio is manager of the site known as Wesley Community Action-Waitangirua, where six community services are run. Venturing into new territory and speaking up for her local community are all become part of the job.

## Q What has been your journey into community work?

**A** I first began working with Wesley Community Action's residential youth home about 18 years ago where I spent 10 years. In 2009 an opportunity for me to work in my hometown came up, a place to start a whole new service based on our community needs. It's a great thing to be able to work in your own community, you know the gaps, the issues, the needs & the people trust you. People have been really engaged, and we'll always invite the locals to shape, design and run the events, which have been pretty successful. Meth has been here in our community since the late 1990's and more families are affected by it now than anything else. There is a huge gap in access to detoxing from meth or getting into rehab, and there's a lot of frustration around the lack of services and support for those who use or are impacted by meth.

## Q Have you found change can happen in communities where drugs and alcohol are a problem?

**A** Absolutely. Our current centre in the Waitangirua Mall is a great example. It was a real dump, and we needed help to get it up to scratch. The amount of people who contributed brought a lovely feeling back to the mall. There had been a lot of drinking there, which meant there was a lot of broken glass, rubbish, used condoms and urine around. Children shouldn't be walking through that to get to school every morning. But people could see the potential for something positive. The graffiti was removed, and murals were painted that people stop now to look at. At the same time, a Tranzformus gym, owned by well known locals, started up next door, and all summer training occurs outside. It was very visible. All this had an impact and encouraged people to engage and come together. Since then, we've held a lot of community events, family days and broom days to clean up, and maintain these certain areas.

## Q Why do you think people become dependent on alcohol and drugs in the first place?

**A** There is no easy answer to that, and not everyone's story is the same. Many different cultures make up our community. Some people can't find employment and may feel they have no skills or potential and lack self-worth. A lot of things contribute towards someone using drugs or becoming dependent, like the cost of

food, clothing, housing and education. Drugs and alcohol can be a way for them to forget the reality of their daily struggles. Some are born into it, and it's the only lifestyle they've known. And then there are those who are unmotivated or unwilling and lack the support to move out of this. Any kind of hangover can be demotivating, so when you drink or take drugs daily, you get your highs but you always go back to the lows. Some locals have said, "It's just easier to buy a box of piss than it is to worry about the bills," and that's their reality.

Alcohol used to be the main problem, then pot, but now it's meth that's taking a real toll on the community. People are suffering more than ever from that habit, and families on it don't realise the long-term effects. So many kiddies are going without because their parents are putting their addictions first.

## Q What are you doing at the moment around meth?

**A** We are not AOD workers or counsellors, and though not being able to help people is frustrating, doing nothing just isn't an option any more. I had a woman in her 30s who'd been taking meth for five days, and I wasn't sure what to do. I called the hospital, people who work with meth users, various 0800 numbers, but all I got was advice. There were so many barriers to getting real assistance, and I realised I was on my own with her. Narrow rehab admission criteria and waitlist numbers mean so many people who use P are left to detox without professional assistance. So we created 'Walk-in Mondays' where people can just come in and talk to someone face to face and get information about managing withdrawal and detoxing at home. We've created a booklet that has been endorsed by a wide cross-section, including people who use or have used, and a doctor who works across the rehab centres nationally. For parents coming in the door, it's having someone to listen, understand and acknowledge the feeling of helplessness. That alone brings some kind of peace.

It's been amazing to see people from all walks of life supporting one another, like someone from the gang community giving advice to someone from an upper class community on how to support their child through detox. We have a Facebook page called New Zealand 'P' Pull with more than 1,000 members across the country helping each other. ■



Since being spruced up 10 years ago, *Matters of Substance* has been reliably outspoken. In 2007, the Drug Foundation committed to using the magazine to fearlessly advocate for drug policy and practice based on the best evidence available to promote harm minimisation and reduce inequalities. A decade later, this ethos remains the guiding light.

Over the years, we've been fortunate to publish work by many talented writers, journalists and commentators, as well as by a slew of committed advocates. The stunning and ever-evolving design is courtesy of Insight Creative, with Rob Zorn and Mary Bennett keeping a close eye on all the words. A big thank you to everyone who has helped us reach this hardcopy milestone.



## February 2008

The big whoppers about cannabis were challenged: "Now, more than ever, rational, balanced and informed debate on cannabis use is needed, so that legislation and cultural attitudes can be shaped by right understanding instead of panic and misinformation."



## August 2009

With stage one of its liquor review complete, the Law Commission discussion paper outlined New Zealand's alcohol problems and posed key questions. Asking how much can we rely on law to change our drinking culture remains relevant to this day.



## February 2007

Déjà vu! In the first issue of *Matters of Substance*, Sarah Daniell looked at the pros and cons of legalising medical cannabis. Stories on FASD, party pills and needle exchanges sat alongside a feature on the Healing Our Spirit Worldwide Gathering.



## November 2010

Soldiers are known to use alcohol and other drugs, but we asked just how prepared is the military to deal with the fallout, both internationally and in New Zealand? This is a slightly different take on the War on Drugs, which has much traversed the magazine's pages.



## August 2011

With welfare beneficiaries who use alcohol and other drugs becoming the target of a tough regime proposed by the Welfare Working Group, some robust questioning must take place. After hearing the replies, the Drug Foundation remained unconvinced by the WWG's recommendations.



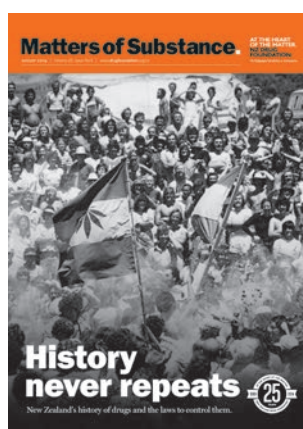
## August 2012

Drug testing in workplaces has been ramping up over the years. In this 2012 cover story, Sean Gillespie examined how things could go wrong, for both workers and bosses. Emergency response to overdoses was also addressed in this issue.



### August 2013

Harm reduction is about saving lives and treating people with respect. While New Zealand led the world with the first government-sanctioned needle exchange 20 years ago, what is the current state of harm reduction services and how can they be scaled up for greater impact?



### August 2014

S/he who knows only his/her own generation remains always a child, so the saying goes. In this issue, we looked at New Zealand's history of drugs and the laws to control them, scandals included.



### August 2015

Four leading Māori public health advocates shared their views on what approaches were working, whether things are improving and what more needed to be done. Coverage of the UNGASS on the world drug (policy) problem began in this issue.



### November 2016

When you see some gang members getting tough on meth, it's a sign that the drug is causing a lot of damage to families and communities. Three gang members singing a different tune feature in this issue's cover story.

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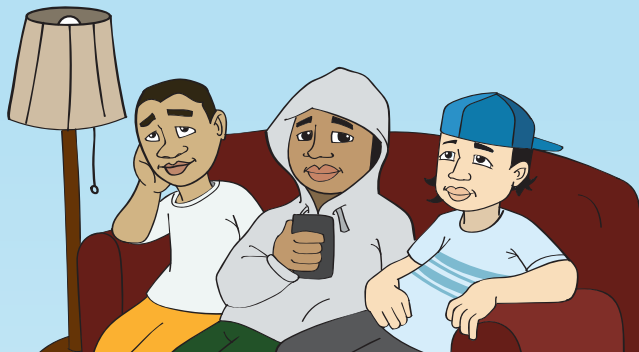
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A series of short drug information videos and posters are now available to help health professionals, youth workers and family members have conversations with young people about substance use and substance-related harm.

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