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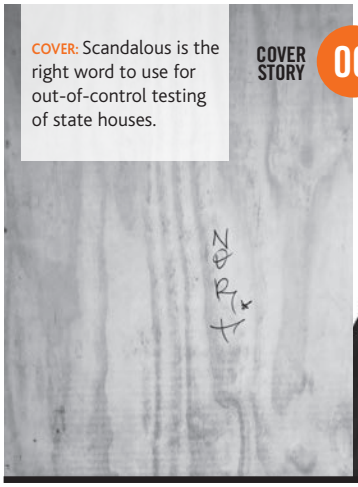
AT THE HEART OF THE MATTER, NZ DRUG FOUNDATION.
Te Tūāpapa Tarukino o Aotearoa

Poor foundations

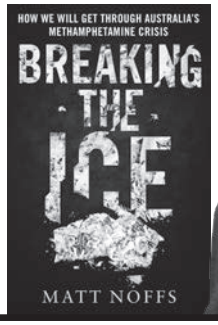
– testing homes for meth gone awry

Something is truly amiss. Across New Zealand, tenants are losing their homes and possessions – or receiving debilitating bills – because their houses are found to be meth contaminated. Too often without a shred of science or compassion.

Poor foundations
testing homes for meth gone awry



COVER: Scandalous is the right word to use for out-of-control testing of state houses.



FEATURES

REGULARS

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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.

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

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

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THE DIRECTOR'S CUT

Drug law reform is no longer the political poisoned chalice it once was.

Results from a poll commissioned by us, and conducted by the government's favourite pollster Curia Research, finds two-thirds support for some type of progressive reform to our cannabis law. That's a solid majority in anyone's book.

Sixty-four percent of respondents think possessing a small amount of cannabis for personal use should be either legal (33 percent) or decriminalised (31 percent), with a minority (34 percent) in favour of retaining prohibition.

ROSS BELL
Executive Director

This is the first time we've seen such a strong majority in favour of reforming New Zealand's drug law. It tells us voters are ready for change even if law makers aren't. And it doesn't matter what party people back. There is consistent support across all constituencies to move away from a criminal justice approach to drugs.

My message to politicians: you no longer need to fear talking about drug law reform. But tread cautiously and get the reform right.

I've sensed a shift in the public mood in recent years. Part of this is down to the obvious fact that our 40-year-old Misuse of Drugs Act is no longer fit for purpose.

Our poll also demonstrates that the public is able to engage with the complexities of what the reform might look like. Drug law changes aren't just a choice of either sticking with the black market status quo or lurching to sales from the corner dairy. In fact, those polled have no appetite for cannabis stores.

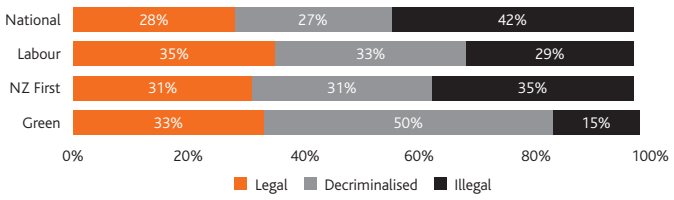
People are smart. They have observed the different models of reform happening around the world, have seen that the sky hasn't fallen in and know that we could learn from those experiments and develop a new model that works for us.

There is a clear roadmap for our law makers: remove criminal penalties for low-level offending such as personal possession, growing and social supply; find some way to improve our medical cannabis system; don't allow a commercial free-for-all.

Politicians can now proceed with cautious reform without fear of a voter backlash. But any new system must protect young people and those communities that already experience the harmful effects of drug use and bad drug law. It must limit the influence of the criminal black market and ensure strong resourcing of prevention, education, harm reduction and treatment.

Might we see sensible and healthy drug law in 2017? We must.

Kiwis' views on cannabis: possession of a small amount for personal use



SOCIAL

@TheNationTV3 One treatment centre we spoke to this week had 48 beds and a waiting list of 70. Is more money needed? #nationtv3 ... JUL 16

@AmonasAziz Don't usually agree with Jamie Whyte but I agree here "War on drugs is lunacy" #nationtv3 @TheNationTV3 ... JUL 16

@MarkARKleiman Good question! Why should your driving licence be revocable, but your drinking licence irrevocable? ... 6 JUL

@Reasther A 400 kg diamante-encrusted horse sculpture? Yep, nothing suspicious about that. ... 2 JUL

@vegandogs50 fair go r 2 b congrat 4 more p-scam-story/rest of media r 2 b condemned 4 not - y r they not questioning bennett re p-state hses b'ing ok? ... JUN 22

@kylemacd Dr Kim sounds like a wonderfully sensible fellow. @CheckpointRNZ Health risk of living in cars greater than so called "P houses" ... JUN 16

@wimon_song It seems like a lot of off-duty police officers are solving crimes, so that leads me to think they should get more holidays. ... JUN 14

KEY EVENTS & DATES

7–10 SEP 2016
Cutting Edge 2016 | Te toka tū moana, Rotorua
cuttingedge.org.nz

11–14 OCT 2016
National Indigenous Drug & Alcohol Conference, Adelaide, Australia
nidaconference.com.au

30 OCT – 2 NOV 2016
APSAD Scientific Alcohol and Drug Conference, Sydney, Australia
apsadconference.com.au

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

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NZ.

01 NALOXONE MORE ACCESSIBLE

A revised classification of the opioid overdose reversal drug naloxone means the lifesaving drug will soon be more available here.

The Medicines Classification Committee – the Ministry of Health body responsible for regulating access to all medicines – will now allow access to naloxone without a prescription. It will be available as long as it is part of an emergency kit with accompanying information. This new classification should be finalised by early August.

The broad scope of the reclassification potentially means naloxone can be distributed widely via needle exchanges, drug-using community peer-type programmes and pharmacies or to family and friends of opioid users. The Drug Foundation's Opioid Overdose Advisory Group, which wrote to the Medicines Classification Committee to support wider naloxone availability, is expected to assist the Ministry of Health with implementation.

02 Christchurch 'one-stop' shop opens

A NEW one-stop shop opened in Christchurch on 1 July putting services for people seeking help with mental health and drug dependence issues under one roof.

Tūhauora Christchurch Central is designed to increase the access, range and quality of services for those seeking mental health and addiction help and to better integrate health services.

"Having everyone centralised will also create more seamless referrals into treatment with decreased wait times," said David Meates, Canterbury District Health Board Chief Executive at the opening.

Tūhauora is run by Odyssey House Trust (Christchurch) and is funded by the Canterbury District Health Board.

03 Welcome Judge Becroft

THE NEWLY appointed Children's Commissioner Judge Andrew Becroft was welcomed into his new role at Pipitea Marae on 4 July.

As Rangatahi Courts Judge, he has led the way adapting the New Zealand justice system so that it works for young Māori facing criminal charges. These courts have been widely recognised as working with great success.

Judge Becroft was a presenter at the 2009 *Through the maze* symposium, so we know he understands how both drugs and drug law can cause harm. The Drug Foundation looks forward to supporting his work as Commissioner.

04 Knowing someone cares

A RESEARCH report by Auckland CAYAD released in May 2016 offers deep insights into life experiences of at-risk West Auckland young people aged 14–24.

Knowing someone cares focuses as much on why young people turn to alcohol and drugs as it does on the impacts. Vulnerable young people were the focus of the study as they have a higher probability than mainstream young people of experiencing harm from alcohol or other drugs.

"For many of the young people interviewed, feeling like they didn't have anyone who cared about them led them to care less about themselves, which they felt led to increased alcohol and other drug use," says the report's author, Kate Duder.

RESOURCE

nzdrug.org/2aif0aN

05 Hep C cure now funded

90% CURE RATES

FUNDING FOR direct-acting antiviral drug therapies for New Zealanders living with the hepatitis C virus was announced by PHARMAC in June.

From 1 July 2016, Harvoni and Viekira Pak treatments for hepatitis C infection will be fully funded (with some criteria). These treatments have cure rates of more than 90 percent over a 12-week course.

Until 1 October, the medication will be listed with a restriction limiting access to infectious disease specialists, gastroenterologists and hepatologists. An earlier release date was initially published but was changed following feedback from GPs and organisations, including the RNZCGP and NZMA, who highlighted the urgent need for training and funding so the drugs could be safely prescribed.

06 Beer at Wendy's doesn't mix

FAST-FOOD CHAIN Wendy's dropped plans to sell alcohol at a Christchurch outlet in the face of strong community opposition.

The application to sell alcohol from 8am to 11pm received 320 submissions from community organisations, local families and health bodies.

This setback isn't going to stop the company, which "remains committed to serving alcohol at its family restaurants".

07 Grey power branch sees green

A NORTHLAND Grey Power branch has begun collecting signatures calling for the legalisation of cannabis.

Beverley Aldridge said Grey Power's Otamatea chapter came out in favour of legalising the drug in May, launching a petition to be presented to Northland MP Winston Peters.

Radio NZ reported the petition has been sent to all Grey Power chapters for consideration.

08 Stop smoking service rejig

FROM 1 JULY 2016, the Ministry of Health is funding a single national tobacco control advocacy service. Hapai te Hauora is now the sole agency receiving funding for national advocacy.

This change came as part of a reorganisation of publicly funded tobacco cessation efforts. Stop smoking services are now being introduced through a range of new partnerships between various Māori and Pacific service providers, primary care, Whānau Ora collectives and district health boards.

The shift of resource allocation is a sign of government determination to tackle high rates of smoking by Māori and Pacific peoples.

As a result of losing its tobacco control funding, the Smokefree Coalition ceased operating on 29 July.

09 Pot savings light up Treasury eyes

A 2013 report by Treasury released under the Official Information Act has acknowledged that the government could save on Police spending and gain tax revenue by legalising cannabis. However, the report does not yet represent the official Treasury position.

"Reforming drug policies would result in fiscal savings, ease pressure on justice sector resources and result in fewer criminal convictions for disadvantaged groups, youth and Māori," the document reads.

Drug Foundation Executive Director Ross has called on officials to complete a full economic analysis of cannabis prohibition using the government's social investment approach.

World.

01 DRUG TESTING KITS FOR UK STUDENTS

Students at England's Newcastle University are being given £3 testing kits so they can check the safety of the drugs they are taking. Reportedly a world first, the kits are part of an initiative called Test Your Drugs, Not Yourself. Students for Sensible Drug Policy President Holly Robinson said the kit was a good first step towards a harm reduction-focused approach to drug education.The University website says UK drug deaths are at their highest since records began. "The reality is that expecting young people to 'just say no' is inadequate and to claim that it works avoids the real issues at hand," it says.

02 California one of eight states to vote on legalising weed

LEGALISING RECREATIONAL cannabis use will be on an 8 November ballot in California, Nevada, Arizona, Massachusetts and Maine. Legalisation for medical use will be on the ballot in Florida, Missouri and Arkansas.

"This is really a watershed year for marijuana legalisation, so I'm hoping we'll see some big changes," said F Aaron Smith, co-founder and Executive Director of the National Cannabis Industry Association.

However, Professor of Public Policy at New York University Mark Kleiman said that cannabis would now become so inexpensive that a dramatic rise in heavy use and cannabis-related disorders would be very possible.

03 Canada to legalise cannabis in 2017

CANADA HAS launched a taskforce to advise the government on how best to map its plan to legalise cannabis in 2017. The taskforce will be talking to provincial, territorial and municipal governments, indigenous people, youth and addiction and health experts on the subject.

Five of the eight taskforce members are doctors signalling health is a priority.

Parliamentary Secretary Bill Blair said they're looking at having a regulatory framework in place to control production and keep organised crime out of the trade.

04 Death to all drug dealers

PHILIPPINES PRESIDENT Rodrigo Duterte's method of solving the drug war is to kill all drug dealers.

According to news reports, the new president's political platform included promises to look the other way and give law enforcement the power to kill criminals, especially suspected drug dealers. In the weeks following his election, Philippino cops have begun a killing spree that has led to at least 300 extra-judicial murders.

05 Changes to International Drug Policy Consortium (IDPC) Board

AT ITS 2016 Annual General Meeting, the IDPC Board agreed some personnel changes. New members include: Alison Holcomb, Director of the Campaign for Smart Justice; Donald MacPherson, Director of the Canadian Drug Policy Coalition; Kathryn Leafe, Executive Director of New Zealand's Needle Exchange Programme; and Vicki Hanson, Analyst, Ministry of Finance, Jamaica.

The AGM was the final meeting for Chairperson Mike Trace, whose time with IDPC has seen it grow in stature, size and influence. Drug Foundation Director Ross Bell is serving interim Chairperson during the final year of his term on the Board.

01 05 07 10

04

08

06 Another first for treatment in Vancouver

A FORMER women's emergency shelter in Vancouver is expected to open in November this year as Connections, offering one-stop, low-barrier treatment.

"This (facility) is brand new. It's never been done like this before, and we are really excited," said Andrew MacFarlane, Director of Mental Health and Substance Use, Vancouver Coastal Health.

"Clients get addictions treatment within two hours of walking through the doors. This is very important because addicts often change their minds shortly after deciding to quit."

07 Public health bodies call for decriminalisation

THE UK'S two leading public health bodies, representing thousands of doctors and other professionals, are making an unprecedented call for the personal use of drugs to be decriminalised.

The War on Drugs has done more harm than good, say the Royal Society for Public Health and the Faculty of Public Health. They argue that drug misuse should be a health issue, not a matter for the courts and prisons, which have not succeeded in deterring people from taking drugs. More people than ever before are being harmed by drugs and then harmed again by the punishment meted out.

RESOURCE

"Taking a new line on drugs" (June 2016) nzdrug.org/rsph-new-line

08 Young people drinking less

50%
LESS DRINKING

LA TROBE University has found young Australians are drinking less, helping drive alcohol consumption in Australia to its lowest level since the early 1960s. The study in the *Addiction* journal reported young Australians are drinking about 50 percent less alcohol than people the same age 10 years ago.

Lead study author Michael Livingstone said it was likely young Australians would enjoy a series of health benefits as a result.

"There are bucketloads of evidence that, the later people start drinking, the less they drink as adolescents and the better the [health] outcomes in the long term."

09 Would you like beers with that?

THE NUMBER of fatal road crashes involving cannabis has more than doubled in Washington State since the drug was legalised for recreational use there in late 2012.

Fifty eight percent of Americans support liberalising cannabis laws, but safety campaigners have voiced fears that legalising recreational use could put road users at risk, New research by the American Automobile Association appears to bear this out.

10 Medicinal cannabis to be legalised in Germany

GERMANY WILL legalise cannabis for medicinal use early next year, its government has announced.

"Our goal is that seriously ill patients are treated in the best possible way," said Health Minister Hermann Groehe.

Until specially supervised plantations have been established, Germany will import medicinal cannabis.

Poor foundations

– testing homes for meth gone awry

Across New Zealand, tenants are losing their homes and possessions – or receiving debilitating bills – because their houses are found to be meth contaminated. **Russell Brown** looks at a poorly informed phenomenon of near hysteria that is putting vulnerable people out onto the street.

RUSSELL BROWN

Photo credit: The New Zealand Herald/newspix.co.nz.

On March this year, all major New Zealand news organisations reported what seemed a shocking story: four of 19 tenants in a new Housing New Zealand development in Christchurch had been evicted only months after it opened because they were found to have contaminated their houses with methamphetamine.

Under the headline 'Babies living in P contaminated houses', the *New Zealand Herald* reported that "solo mothers with young children" were among the tenants.

Social Housing Minister Paula Bennett lamented the "quite serious health effects … with skin and respiratory conditions" to which "wee babies" were being exposed and hailed the tough new line being taken by Housing New Zealand.

"Housing New Zealand is taking a much stricter approach to detecting and dealing with serious drug use in its properties. Frontline staff are better trained to look out for contamination, use and manufacturing. If a property is found to be contaminated, the tenancy will be terminated … When we have hundreds of people waiting for social housing, it's disappointing people break the law and deprive others of homes."

It was the definitive surfacing of a problem that had been building for three or four years. A problem rooted in a poor understanding of science, political posturing, moral panic, bad reporting, exploitative business practices and the unaccountable silence of the one government ministry that could have stopped it. A problem that has needlessly cost Housing New Zealand millions of dollars and hundreds of its tenants their homes.

——

It's unclear exactly when Housing New Zealand's "much stricter approach" commenced, but its key feature was the expansion of the corporation's focus on properties that have been used to manufacture methamphetamine (meth) to those where meth might simply have been consumed.

One thing has not changed. The sole foundation for *Housing New Zealand's policy is Guidelines for the Remediation of Clandestine Methamphetamine Laboratory Sites*, a document published by the Ministry of Health in August 2010 (see sidebar),

As the title indicates, the guidelines advise on the clean-up of former meth labs contaminated with the range of chemicals associated with meth manufacture. The implications of the guidelines being used outside that purpose, by an unregulated testing industry, have been considerable.

The guidelines are cited repeatedly in *Managing methamphetamine (P) in Housing New Zealand managed properties*, a 59-page document published and distributed to staff in March of this year, which sets out a process to "safely manage methamphetamine contamination" in the corporation's properties.

The first of the "business rules" it lists declares "Housing New Zealand has a zero tolerance to the use or manufacture of methamphetamine in properties it manages". Others forbid Housing New Zealand staff from entering any property that tests over the Ministry of Health guidelines and require contractors who enter to wear protective equipment.

The listed "triggers" for the process almost all involve "suspicion", complaints and advice from the Police "or a third party". A subsequent 'Procedures' section lists 14 different "potential sources for suspicion", including information and allegations from neighbours regarding "drug related activities at a property". As written, the process could be invoked by an anonymous complaint that a tenant had smoked a joint or simply behaved strangely.

For each property, the process itself can involve 20 to 30 Housing New Zealand staff, from frontline tenancy managers all

the way up to the chief operating officer. It's a very substantial demand on time and resources.

A tenancy manager spoken to by *Matters of Substance* said that, while it was possible that some managers may have invoked the process to get rid of troublesome tenants, this was not the rule: "We're not doing this for the sake of it. We're not monsters."

In June, Housing New Zealand's meth programme team ran a series of sessions with regional managers in which it became clear that some managers were questioning the process.

A subsequent Q&A document acknowledges that long void times while properties await remediation have been impacting on staff KPIs and considerably adding to workloads.

Managers also asked about what the document refers to as "Media and 'expert' commentary", stating "we are misapplying the standards, e.g. as an excuse to get rid of some tenants. They say it's scaremongering and costly, which need not be the case." The answer is a reaffirmation that the Ministry of Health "standards" must be adhered to "until we have new standards [or a] standards review … We are keen to review these standards."

Managers raised concerns about the impacts of the policy and "anti-social behaviour (ASB) punitive measures" on families. The official response is that "we have to apply our ASB" for any illegal activity, but Housing New Zealand would "work with support agencies, as per usual, to try and protect families and children."

The rest of the Q&A moves into unheralded territory.

"We have spoken about drug testing tenants before they move in," reads one section. "But for now, we have a responsibility to provide homes to those on [the Ministry of Social Development's] Social Housing Register and will continue to do that."

The cited obstacles to compulsory drug testing are a matter of weighing up "costs vs outcomes and real risk", says the document, noting that a tenant could pass screening but "their associates may end up contaminating our property when they visit".

The considerable political and human rights implications of forcing vulnerable people into drug tests as a condition of shelter are not canvassed.

The document acknowledges "we will never be 'drug free' in our properties" and that "we have not – yet – seen a reduction in use" but says that "tenants trying to conceal use more" is a sign that "they are more aware of just how seriously we are taking this matter".

The document takes Housing New Zealand far beyond the boundaries of the property management company it professes to be. No private landlord could consider requiring its tenants to submit to drug testing. In a sense, it creates two different kinds of citizen.

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Almost unnoticed in the torrent of news stories that followed the Christchurch evictions, the Science Media Centre (SMC) sought responses from scientists with relevant expertise and published them on 24 March.

Dr Leo Schep, a toxicologist at the National Poisons Centre, told the SMC that "people dwelling in a house where previous tenants had smoked methamphetamine, and there is some evidence of low concentrations on surfaces, have minimal risks of toxicity", comparable to people who lived in a house where cigarettes or cannabis had been smoked at some point.

Massey University's Dr Nick Kim, a peer reviewer of the original Ministry of Health guidelines, said his guess was that, in most cases, even "quite high levels of (non-powder) methamphetamine on a surface may pose minimal risk".

What the scientists had to say did not get through to Housing New Zealand's Chief Operating Officer, Paul Commons, who in mid-May issued a press release hailing the "strong message" sent down by a Tenancy Tribunal order that a former tenant must pay nearly $20,000 in remediation costs after "contaminating" her home by smoking P in it.

"As a responsible landlord, our policy is to not knowingly permit tenants to live in a property that registers readings above Ministry of Health levels. This supports our commitment to providing a healthy environment for our tenants," said Commons.

If Housing New Zealand's senior managers were publicly standing firm on the zero-tolerance policy, privately they were becoming worried by the costs. On 12 April, one senior manager happened to hear Dr Kim interviewed on Radio New Zealand's afternoon chat hour *The Panel*. Two weeks later, a Housing New Zealand programme manager flew to Wellington to meet with Dr Kim.

"It seemed to be a surprise to them, the type of thing that I was saying," says Dr Kim. "They seemed keen not to spend more money. They seemed a bit alarmed about how much they'd been spending."

"…people dwelling in a house where previous tenants had smoked methamphetamine, and there is some evidence of low concentrations on surfaces, have minimal risks of toxicity", comparable to people who lived in a house where cigarettes or cannabis had been smoked at some point.

Matters of Substance understands that Housing NZ has budgeted $22 million for testing and remediation in 2016 – and that that budget is very likely to be breached.

On 18 June, Dr Kim sent Housing New Zealand a 30-page report detailing his expertise, which includes a PhD in environmental analytical chemistry, 10 years as a technical specialist in chemical contamination issues for Waikato Regional Council, work on the national standards for soil contamination and, of course, peer review of the Ministry of Health guidelines.

"In my opinion, exceedance of a methamphetamine surface loading of 0.5 µg/100 cm2 by up to 25 times does not denote the onset of any health risk," the report says. "All that can be said is that a very conservative guideline value has been exceeded. For this reason, properties where methamphetamine residues are less than 12 µg/100 cm2 should really not be referred to as 'contaminated' by methamphetamine."

If the definition of "contaminated land" in the Resource Management Act was to be applied to houses, he wrote, it "would (rightly) preclude most houses where methamphetamine has been smoked but not manufactured".

The report also notes, by way of comparison, treatment of ADHD in children with Desoxyn, which is methamphetamine, in the US. The typical initial 5 mg prescription for a six-year-old child is 46 times the "health reference dose" – that is, the dose that could be received from a surface with the lowest level of meth residue that could plausibly represent a health risk.

That level is 12.5 micrograms – or 25 times the Ministry of Health guideline. Dr Kim says it represents not only the lowest point at which any health effect might occur in an infant in constant contact with walls or floors but that "it's the most sensitive infant in the population, an infant who's extraordinarily sensitive to meth".

At the 0.5 microgram Ministry of Health guideline value – the point at which hundreds of properties are being declared uninhabitable – the possible dose from a wall or other surface is "1000 to 2000 times lower than the initial 5 mg dose given to a six-year-old for ADHD."

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The meth contamination panic did not begin in social housing. It developed over several years in the wake of the 2010 Ministry of Health guidelines.

In March 2014, Joanne Kearney, Team Leader for Consumer Issues at the Ministry of Business, Innovation and Employment (MBIE), told the *Dominion Post* she was concerned about the rapid growth in the number of companies claiming to test dwellings for meth residues and the potential for abuse that represented: "The problem is undetectable to the homeowner, and it is also highly emotive and involves the potential for harm."

"At MBIE, we were in the same branch as Tenancy Services, and I saw some of the examples where tenants were being thrown out or taken to the Tribunal over houses that had tested positive for meth," says Kearney, who has since left the ministry.

"And I saw landlords, the Property Investors Association, a whole bunch of people getting really concerned about this – and I started to wonder what was going on with the testing. It was private companies doing the testing, and I wondered how you could check whether they'd done the test properly and whether they were reliable and then about the downstream results. People would end up being thrown out of their accommodation or told they had to destroy all their goods.

"That rang the alarm bells you see in some types of scams. There's an imbalance of information. The homeowner or the tenant knows very little about the science behind this testing or what's going on."

"If the "meth contamination" mess can fairly be described as a moral panic, it has broader implications than most moral panics. Not only is it creating havoc in the property investment market, it is prompting Housing New Zealand to do precisely the wrong thing with vulnerable people."

The 2014 *Dominion Post* story was only about dwellings contaminated through being used as clandestine meth labs – which pose known health risks – but already, as the testing industry flourished, positive tests were being registered at houses that had never been labs.

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On the same day as the Christchurch development story broke, *Newshub* reported claims by an "industry expert", David Kilburn, that meth-infected dwellings could be "the next 'leaky homes' crisis". Kilburn said meth contamination was potentially a "billion dollar problem" and scorned Ministry of Health estimates that 50 houses were contaminated annually as a gross underestimate.

Kilburn is the general manager of Hamilton-based Envirocheck, which offers both testing and remediation services. (Although the Ministry of Health guidelines say that "professionals undertaking assessment and testing must operate independently of commercial decontamination (clean-up) companies", they have no force, and it is relatively common for testing and clean-up companies to operate under the same roof or to be linked to each other.)

Envirocheck has earned itself a string of news stories, including one in 2013 in which company owner Todd Sheppard told the *Waikato Times* that 80 percent of New Zealand houses had "some level of P contamination".

Envirocheck's website still warns that "Even smoking outside will still contaminate the house because the vapours will follow you inside and residues will contaminate your clothes, which will cross-contaminate everything they touch inside the home."

Another testing company owner, MethSolutions' Miles Stratford, told the *Waikato Times* there were "high dangers of health risks" in properties where only meth use had occurred.

After the Christchurch story, a number of "experts" from commercial testing companies were quoted in news stories, making alarming claims about the meth problem. Some tenants of meth-tested properties reported mysterious health effects.

Kearney says that the kind of effects reported "are often triggered by health scares – respiratory complaints, headaches, aching limbs. Those things can be triggered

by being told that you're at risk. Humans are immensely suggestible."

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Another key actor in the story has been the Tenancy Tribunal. In all cases, the Tribunal regards even a single result above the Ministry of Health guideline as evidence that a property has been damaged to the extent that it is uninhabitable.

Chief Tenancy Adjudicator Melissa Poole has been telling private property investors that no one should even enter a rental property where any part has tested above the guideline – and, further, that any level of "contamination" is unacceptable in a rental property, and all properties must be cleaned to zero (which, in practice, means the detection limit of a professional laboratory). Unsurprisingly, investors often have trouble finding a cleaning firm that will commit to such a thing.

Director of the New Zealand Property Investors Federation Andrew King told *Matters of Substance* that Poole has refused to budge from her interpretation of the guidelines.

"What concerns me about the Tenancy Tribunal decisions is that they're accepting the reports from the meth testing companies and using the meth lab guidelines from the Ministry of Health, which are not intended to be used in that way," says Kearney. "And the meth industry is backing them up."

Most Housing New Zealand evictions don't reach the Tribunal, but enough have to be able to form a picture of what has been happening under Housing New Zealand's "zero-tolerance" policy for meth.

One tenant, Iosefo Lematua, challenged a Housing New Zealand demand for $15,000 in remediation costs after his tenancy was terminated. Lematua "vigorously denied" consuming meth, and Housing New Zealand, which had not taken a baseline test when he moved in in 2011, could not prove he had either used or permitted the use of meth. Housing New Zealand's application for costs was dismissed, but Lematua appears to still have suffered the standard 12-month blacklisting after his eviction.

In another case where there was no prior baseline test, an evicted tenant was hit in absentia with $13,000 in costs after the Tribunal found that, on the balance of probabilities, the temporary presence of another man with a history of meth offences indicated the damage had been caused during the tenancy.

In one notable case, Joseph Hika of Tauranga actually won some compensation from Housing New Zealand for rent paid after the corporation tested his house in response to complaints about his behaviour from neighbours. The tests found the level in one part of the house was just over the Ministry of Health guideline value. Four other parts tested at levels well below the guideline, near the limit of detection.

Housing New Zealand sent Hika an "evacuation" letter (a thing that does not formally exist), telling him he and his family should leave and not return and that, if he remained in the house, it was at his own risk. He was also told that he should dispose of his possessions because he would not be able to take them to a new Housing New Zealand property. Housing New Zealand denied telling Hika to dispose of his possessions, but the adjudicator pointed out that its own report had referred to the disposal of his goods.

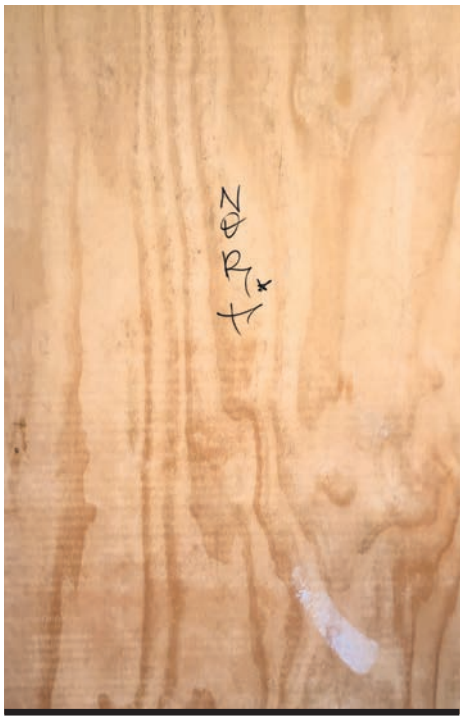
But it wasn't really a win for Hika. He was eventually served with a 90-day eviction notice, and it's not clear whether he and his family were rehoused. Although there had been no baseline test before he moved in eight months before the positive test, Hika was not entitled to compensation for the "contamination" of his goods because *he couldn't prove he hadn't caused it.*

Dr Kim describes the advice to Hika that he should dispose of his belongings as "absolutely absurd. I have no other word for it … apart from insane."

The Hika decision also said that "the Tribunal has frequently found that the premises as a whole are uninhabitable because of the risk of contamination being transferred from one room to another". Dr Kim says that, while trace transfer on clothes is possible, "the meth concentrations would be dropping by magnitudes each time", so such findings make little scientific sense.

The importance of Dr Kim's role as the only expert willing to talk to the media – after speaking to the SMC, Dr Schep referred all requests for comment to Dr Kim – can hardly be overstated. He worked with TVNZ's *Fair Go* reporter Garth Bray on a particularly useful segment of a programme dedicated to the "contamination" issue.

Unfortunately, other parts of the programme, reported by different members of the *Fair Go* team, were not so helpful. The programme closed on the story of a rental tenant who had been told to destroy her possessions by a testing company – without identifying the company or questioning that advice.



"… advice to Hika that he should dispose of his belongings as "absolutely absurd. I have no other word for it … apart from insane."

Fair Go also showed one testing company checking another's tests – and coming up with a radically higher result. That, says Dr Kim, was because the company apparently didn't understand what it was doing. It multiplied the result by the result of a composite test (that is, eight different swabs) by eight, rather than dividing it by eight to get an average.

"They clearly didn't understand the nature of the composites," says Dr Kim, "and because of that, they got a number that was above 0.5 and told the people their house was uninhabitable and needed more testing."

It's also not unknown for results from Hamilton's Hill Laboratories, which carries out most of the analysis for the industry, to be misinterpreted. The lab has a detection limit of 0.02 micrograms and thus reports a negative result as "<0.02". Dr Kim says he's aware of a case where a potential buyer didn't understand the result, "so the sale fell through because meth *wasn't* detected".

“We think the health and wellbeing risks of eviction from affordable housing are likely to be greater than the risks of living in a dwelling with residue from meth use.”

DR LUCY TELFAR BARNARD

He says his impression is that the indoor testing industry “as a group are simply not familiar with the normal risk assessment protocols that apply to ordinary contaminated site investigations”.

In a follow-up *Fair Go* report, Dr Kim also advised on the testing of New Zealand banknotes for meth residue. All five notes tested positive, and one came up at the equivalent of 1.5 micrograms per 100 cm^2 – or three times the guideline.

The exercise was intended to demonstrate the way a background level of methamphetamine residue could complicate analysis and to highlight the fact that panic was being generated over meth residues in houses that were lower than could be expected on an ordinary five dollar note.

Unfortunately, the message was widely misinterpreted. The long list of people calling Dr Kim for advice was joined by pokie machine operators worrying that their staff were being meth poisoned by handling money.

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If the “meth contamination” mess can fairly be described as a moral panic, it has broader implications than most moral panics. Not only is it creating havoc in the property investment market, it is prompting Housing New Zealand to do precisely the wrong thing with vulnerable people.

“Throwing people out on the street is not only a terrible thing to do, it also stands in clear contradiction to New Zealand’s National Drug Policy, which recognises housing among the social factors associated with drug use and focuses on harm minimisation,” says Dr Lucy Telfar Barnard of the Department of Public Health at Otago University’s School of Medicine.

“We think the health and wellbeing risks of eviction from affordable housing are likely to be greater than the risks of living in a dwelling with residue from meth use. If a dwelling has residue from meth use, it’s either from use by the occupants or their friends or family or from previous occupants. If it arose during the current occupancy, the best response is intervention to reduce the risks of drug-related harm, which is best delivered with a foundation of affordable housing. Eviction will magnify rather than reduce those risks.”

When asked what advice was taken on the social impact of evicting tenants thought to be drug users, Housing New Zealand responded that “no such advice was considered,” adding that “Housing New Zealand’s role is to provide home to those with the greatest need. Methamphetamine contamination is preventing vulnerable people on the social housing register from getting access to a home, as cleaning and remediation can take up to three months.”

“Certainly when it’s anything to do with drugs, there’s a great level of hysteria and judgement,” says Kearney, who is disappointed that the Ministry of Health has not clarified the nature of its guidelines. “But it’s probably not anybody’s job to do it. And when it’s no one’s job, who’s going to risk standing up and talking about it?”

“There’s a chain of people following each other’s lead, all the way back to the Ministry of Health,” says Dr Kim. “If you trace it back to who could have intervened three or four years ago when it became clear that the testing was starting to occur on residential properties where just smoking might have happened, I would have thought someone at the Ministry of Health would have the initiative.”

He does not particularly blame the news media.

“I would have thought that somewhere within the Ministry of Health, as the host institution for the guidelines, if there was need for guidance from the media, it would have been a proactive role they could have stepped into, some time ago.”

From the Ministry of Health’s point of view, there was no need for such guidance. Public Health Engineer Paul Prendergast told *Matters of Substance* that the 2010 guidelines are “self-explanatory, and there are also industry training courses available recognised by NZQA to help with training and interpretation”.

He added that the Ministry has engaged an overseas-based toxicologist to review the guidelines and make any recommendations for changes if applicable. “The toxicologist has specifically been asked to address health risks posed by buildings contaminated by meth that occurred just from recreational smoking (as against manufacture).”

The Department of the Prime Minister and Cabinet (DPMC), which co-ordinates the efforts of several agencies under the Government’s Methamphetamine Action Plan, says any clarification is not its responsibility either.

“DPMC does not have a role in providing advice to other agencies. However, it does co-ordinate reporting across the agencies that work together to address the harm caused by methamphetamine, including contamination,” a spokesperson said.

"Other agencies have responsibility for implementing the Action Plan, and the Ministry of Health has responsibility where it relates to the guidelines."

If the public panic has had any beneficial outcome, it is the impetus to actually get working on a formal standard for "methamphetamine-contaminated" properties. Development of a standard was signalled as a "new action" by DPMC in October 2015, but the work has clearly become more urgent in recent months.

Standards New Zealand has established a development committee to work on the new standard, but the fact that half of the panel's 18 appointees represent meth-testing, cleaning or lab verification businesses is problematic. New Zealand Drug Foundation Director Ross Bell has written to Standards New Zealand strongly protesting the presence of what he regards as vested interests on the committee.

The Property Investors Federation, which is also represented on the committee, has similar concerns. Andrew King says he believes some of the testing companies on the committee are simply interested in perpetuating what is, for them, a very profitable status quo.

In the meantime, says Dr Kim, "Housing New Zealand is taking seriously the opinion I've provided that 0.5 isn't a level where you'd get concerned about the health risk. They're interested in what might be done in the interim before the Standards New Zealand process comes to a conclusion."

He has also been asked to address the committee and would like to see it adopt a higher guideline value.

"I wouldn't go up to the number I've mentioned of 12.5, but I could imagine a number of 3.0 micrograms per 100 cm^2" or six times the current guideline.

He also hopes more attention will be paid to more straightforward means of remediation, such as cleaning and painting, rather than the radical and expensive solutions commonly applied at present. But, in the end, simple good sense will be required too.

"You look around and think why is this only happening in New Zealand? And you think, well, Australia wouldn't be nutty enough to look. So you could say, well, let's just stop looking, unless it's actually got evidence of being a meth lab. That would be my ideal." ■

Story and photos by Russell Brown, publicaddress.net, Auckland.

MINISTRY OF HEALTH GUIDELINES

Guidelines for the Remediation of Clandestine Methamphetamine Laboratory Sites was published by the Ministry of Health in August 2010, in response to the "growing problem" of clandestine meth labs – up from nine detected by Police in 2000 to 135 in 2009.

In addition to suggesting sampling and reporting practices, the guidelines aimed to suggest levels to which surface residues and air levels of the various chemical contaminants generated by meth labs should be reduced during remediation work.

This was not necessarily an easy task. A literature search found no comparable documents in Asia or Europe. There is no federal standard in the US, and clean-up levels in the 20 US states that specify them vary widely. The only related New Zealand standards are for soil contamination.

A variety of disclaimers emphasise that the guidelines "have no statutory effect and are of an advisory nature only" and that "users of this document should seek expert advice to determine if this guideline is applicable to their individual circumstances. The Ministry of Health and the author will not be held liable for any actual or potential economic or adverse effect(s) arising from the use of this information."

The guideline level for meth residue itself was set at 0.5 micrograms per 100 square centimetres. This is a very low level. Take a single grain of salt, cut it into a thousand pieces and spread one of those pieces across an area the size of half an envelope. That's the level.

But until quite shortly before publication, the guideline could have been three times higher, at 1.5 micrograms. That's the level cited in the only risk-based standard available – in California. The California standard had been raised in 2010 after research found that the old level was unduly conservative.

The choice of the 0.5 guideline appears to have been influenced by one of the peer reviewers, Nicholas Powell of Auckland company Forensic and Industrial Science Ltd, but one of Powell's principal reasons for favouring the lower level is not noted in the final document.

Correspondence obtained under the Official Information Act shows that a key reason for proposing the lower level was that meth was "a proxy for a range of potentially problematic contaminants generated as congeners or side-products", which were more difficult to test for.

In other words, meth was treated as a proxy for the presence of other manufacturing chemicals – a rationale that could only apply where meth had been manufactured rather than simply used.

"I think hardly anyone seemed to get that," says Dr Nick Kim of Massey University, one of the other peer reviewers of the guidelines.

"You might ask why there's a guideline for iodine when, in other circumstances, it's something you swab on your skin. That apparently doesn't make sense, but it does make sense in the context of being used as a marker for other potential contamination. If you can clean methamphetamine and iodine down to those standards, you can be fairly sure that other things that might be present might also be cleaned down to below any level that could cause a health risk."

0.5MCG

THE GUIDELINE LEVEL FOR METH RESIDUE ITSELF WAS SET AT 0.5 MICROGRAMS PER 100 SQUARE CENTIMETRES.

Appealing for community

In the February 2013 issue, we featured the story of Russell School in Cannons Creek, Porirua, which became the centre and focus of successful opposition to an off-licence renewal for an outlet across the road. **Rob Zorn** went back to Cannons Creek to see whether the good results of community action have continued and what has been learned from the experience.

ROB ZORN

Russell School Principal Sose Annandale.

> **“People used to be fearful to go to the shops even during the day because they’d come across intoxicated people. I can’t remember the last time I saw an intoxicated person since the closure.”**
>
> SOSE ANNANDALE

In May 2012, Thirsty Liquor on Fantame Street – across the road from Russell School – had its off-licence renewed but with a number of new conditions handed down by the Alcohol Regulatory and Licensing Authority (ARLA). It now had to close much earlier every day and shut its doors from 2.45–3.15pm on any day Russell School was operating.

The store’s late closing times and aggressive advertising had resulted in regular harms to the community including intimidating drunken behaviour, vandalism and late night noise. The bill for damage to the school came in at around $60,000 annually.

The changes that came from the new conditions were immediate and very much enjoyed by the community. Then school Board Chair Matt Crawshaw said shortly after the decision was announced that the vibe of the whole neighbourhood was much better with a real sense of peace. Vandalism at the school reduced dramatically too.

What the community had done to oppose the renewal included upskilling themselves on the legalities and procedures involved with objecting (resulting in 88 objections to ARLA), organising public meetings and marches, doing letter drops and even knocking on doors.

A wonderful result of the decision for the community was finding that, if they did unite and work together, they really could be listened to.

Russell School Principal Sose Annandale grew up in the area and said it had become very unlike what she remembers but that now the old spirit is starting to return.

“It’s sort of like there’s been a breaking down of the fences – a lot more action and activity. I get a sense that the community has really started to rebuild itself,” she says.

Then suddenly in May 2013, the licensee surrendered his licence to the council, and Thirsty Liquor closed for good – and the neighbourhood situation improved even more.

“There are a lot more people walking on the street who we never used to see,” Annandale says.

“People used to be fearful to go to the shops even during the day because they’d come across intoxicated people. I can’t remember the last time I saw an intoxicated person since the closure.”

She says people aren’t walking through the school drunk or carrying alcohol while students are in the playground at all any more and that there’s been a huge reduction in vandalism.

“Just the other day, there was some graffiti by some kids with a Vivid pen. It cost me $50 to clean up and was quite an isolated event. Before that, the damage was extensive and frequent.”

That Thirsty Liquor has remained closed for more than three years doesn’t mean people haven’t tried to get a licence so they can open up a liquor store there again.

In August 2013, the owners of the building, Nishchay’s Enterprises Limited, applied to do just that. Knowing there would be opposition from Russell School and the surrounding community, the directors of Nishchay’s argued that all the community harms were due to the previous licensee having been a poor operator. Therefore, there was no reason they should be denied a licence – especially as they had operated liquor stores successfully in the past. They also initially suggested that the reduced operating hours placed on the previous licensee shouldn’t apply but later amended this.

The community responded with similar action and this time with free support from local lawyer Alastair Sherriff who guided the objectors through the legalities and spoke for them at the hearing. Because of the timing of the application, the provisions of the Sale of Liquor Act 1989 applied rather than those of the Sale and Supply of Alcohol Act 2012.

Support was also received from the Police who supplied evidence that restricting the store’s operating hours had reduced “incidents or offences” in the area from 1.03 to 0.9 per day. When it shut permanently, that figure fell to 0.71. The Medical Officer of Health’s evidence showed the area had high rates of emergency department admissions.

Altogether, there were 48 objectors to the licence application, and according to the hearing report, they represented a wide spectrum of society.

Andrea Boston, Regional Public Health.

"Overall, their evidence showed that the various abuses referred to in the 2012 decision continued on a reduced basis after the operating hours had been curtailed. However, when the premises ceased operating ... virtually all the abuses disappeared," the report says on page 5.

In the end, the application was declined, largely because there was good evidence that "liquor abuse issues" would rise again if it were granted.

The applicant had also failed to establish its suitability, and it is interesting to note that the report says applicant suitability may never be successfully demonstrated at this site because the threshold is so high given the vulnerable location of the premises. Ironically, part of the reason suitability was not established in this case was because the applicant had not engaged with objectors to attempt to allay their fears. In fact, they had not even read the 2012 decision, which the report describes as "unfortunate" in terms of their application.

Thirsty Liquor remains a bright orange scar on Fantame Street because Annandale says people know alcohol is still being stored there for supply to other outlets. She also says she's really pleased that Cannons Creek cases are now being cited in many other objections and being used potentially to reduce harm in those places as well.

One of them is less than a kilometre away from Russell School.

In early 2012, Challenge Enterprises Limited applied for a tavern style on-licence for a bar to be named The Mix. The premises are situated in the Cannons Creek Shopping Centre, which is also the location of the Porirua Whānau Centre and several other social service agencies including schools, an early childhood centre, health centres and a community centre running personal development programmes for children and young people.

"When we got word of this, we rallied the community to mobilise," say Whānau Centre Manager and former Porirua Deputy Mayor Liz Kelly.

"This is now a very active community, and we got an awesome response. About 400 people turned up at a community meeting, which is unheard of. Normally, you'd be happy if you got 30, and that just told me how seriously everybody took it.

"We did a couple of marches, and we put together a submission with the help of our lawyer Alan Knowsley from Rainey Collins, which the Whānau Centre paid for, because we didn't want them to succeed through some sort of loophole."

On 22 November 2012, the licence application was declined by ARLA without the objectors having to give any evidence at all. The adjudicator made this landmark decision because the evidence from the Police, the Medical Officer of Health and the Licensing Inspector were overwhelmingly against the granting of the licence.

However, Challenge Enterprises appealed the decision to the High Court, and it was a costly process for the Whānau Centre to fight this over the next two and a half years, but it was victorious again because the appeal was withdrawn in early 2016. The Whānau Centre has been awarded costs.

"Our success with not having another tavern in the area also means there will be no more pokie machines. That's another big issue for our community. It was a real win-win.

"I say big ups to the community because the Whānau Centre couldn't have done this on its own. We have to acknowledge the work that all the people before us did. Russell School was a big one, and their success has really helped."

Kelly says something she learned from sitting through the Russell School proceedings was that it's a good idea to get lots of community organisations involved so you don't come across as just a bunch of ordinary people overreacting.

But she says what's even more important is that you really need legal support.

"We the people can mobilise and jump up and down all we like, but without that

> **So it just shows you the strength of people power. Initially, there was no official resistance, but the Police and Council came on board because they saw just how united the community was in resisting it.**
>
> LIZ KELLY

expertise, it's hard to navigate through the system."

There has been a pub there before and the Whānau Centre experienced smashed windows and vandalism. During the eight years it was closed, she says there has been nothing of the sort.

"This whole area has just gone from strength to strength. The kids are now playing in a park in the area, whereas before, parents wouldn't let them because it was too dangerous."

Best news of all, perhaps, is that the Whānau Centre made a submission towards the Porirua City Council's Local Alcohol Plan (LAP) that Cannons Creek be declared a sensitive site, which has been accepted (with some reluctance and a lot of negotiation).

That means when the LAP finally comes into force (it's currently at provisional stage and still being negotiated), it will be impossible to get a new liquor licence in Cannons Creek, except via a supermarket. Because there is no site in the suburb suitable for this, communities there should never need to mobilise again.

Kelly also says the climate is starting to change for the better.

"There is definitely a bigger emphasis on the applicant having to prove their liquor outlet will be a good thing rather than the people having to demonstrate why it's not."

This may be more good news, but another thing that's changing is that, as more licences are being refused, applicants are increasingly hiring more and specialised lawyers.

That's according to Andrea Boston who is the Public Health Advisor: Tobacco, Alcohol and Other Drugs Team, Regional Public Health. She has worked in Porirua for many years and was active in both the Russell School and Whānau Centre objections.

Boston also advises getting legal help because, while the new Act does give communities a wider range of criteria on which objections can be made, the system is no easier to navigate for those who are unfamiliar with the Act.

"First you need to know about the application, and the public notification required legally is limited. I hear frequently from the public that they are unaware of applications unless they are specifically searching for them or have been directly notified by someone who has seen it.

"Then to put your best case forward, from objection to hearing, you need to be able to interpret the legislation and then connect where your concerns lie to construct your legal argument. This, for many, is not an easy task.

"Hearing practices differ around the country as to how a public objector should best present their evidence, but it will require either a written document to work from and/or good public speaking skills. But the written objection is just the start of the process, and to be given any consideration, the objector must appear at the hearing."

Legal processes are generally not specifically designed with the convenience of the average person in mind, so all of this can be problematic for some because it can mean unpaid time off work, making arrangements for the care of children etc. In many places, an objector will not be consulted on their preferred day or time for the hearing or be allowed to appear just in a single part of it.

Additionally, the objector will be subjected to cross-examination. This can be uncomfortable for those experienced with it let alone for those who are not.

"I have seen store applicants reconsider their licence applications and withdraw them when faced with overwhelming community objection. That's hugely positive."

However, Boston says she has still seen a lot of good results for objectors.

"I have also found that the public grows in confidence and is most likely to achieve their best result when they can support one another and/or have additional support to help them frame the legal matters and when they have a good understanding of the process they face."

And that certainly seems to be what's happened in Cannons Creek, Porirua.

Story and photo by Rob Zorn, a Wellington-based writer.

Liz Kelly, Porirua Whānau Centre Manager.

> **Cannons Creek cases are now being cited in many other objections and being used potentially to reduce harm in those places as well.**

Lotta Dann, Living Sober.

e-Support for sobriety

A growing number of people are turning to the internet for help with their sobriety, finding online tribes of like-minded people wanting to reframe their relationship with alcohol. Whether you need help to cut back on the booze or you've decided you've had your last drink, help is available, and it comes in many forms. **Matt Calman** talks to the trailblazers of three thriving online communities.

MATT CALMAN

Writer and mother of three Lotta Dann often sits at her dining table in suburban Wellington, sips her steaming coffee and looks out towards a hillside dotted with houses. Her eyes dart between the flickering living-room lights, and she wonders which houses harbour someone who appears fine but is secretly miserable because of their drinking.

In September, she will be five years sober. It's two years since she appeared on TVNZ's Sunday – supported by husband and TVNZ political editor Corin Dann – to reveal she was a recovering alcoholic, putting a face to her Mrs D blog persona. At the time, she was getting about 600 visits to her blog daily. The day after the interview, she got a staggering 30,000.

"I just felt really driven to do it," Dann recalls. "I just knew ... there were lots of people out there, and I just kept one image of one imaginary person in my mind. If I reach her, that's all that matters. I'll take any shit that comes at me."

Dann says she often becomes evangelical when talking about how great her sober life is now. She seems to have an inexhaustible enthusiasm for leading people from the darkness into the light – to the better place she has found.

"Everything I do, it's all just to reach people. Because I know how stuck and alone and miserable I felt and how good I feel now, and I just want other people to see that it's possible."

Her blog and subsequent book of the same name, *Mrs D is Going Without*, have acted as a rallying cry for thousands of mainly middle-aged women. In August 2014, Dann, after noticing a dearth of online support, launched the Living Sober website with Matua Raki, the Health Promotion Agency and the New Zealand Drug Foundation as backers.

"I thought, 'Wouldn't it be great if [my readers] could talk to each other instead of just reading me and leaving me a comment?'."

She writes the website's original content and acts as online moderator for a membership of about 4,000.

Living Sober statistics released in May show 86 percent of members actively interact on the site, and 96 percent said the site helps them make changes to their alcohol use. The membership is mostly female (94 percent) and New Zealand European (93 percent), but Dann says men are starting to join in greater numbers. Most are aged between 36 and 65, and 70 percent use no other form of support. Dann says people are logging in for an average of eight minutes per visit, which even trumps Facebook.

The website offers resources, a calculator that displays days sober and money saved, links to experts and Dann's blog. Membership (which is free) allows access to the Community Area where members post on a live feed. Dann explains the fact members can remain anonymous means there is less of a filter on what people are prepared to share. People vent, describe challenges, share triumphs and give each other support and encouragement. If a member is having urges to drink, messages of support are just a finger click away.

New members are welcomed within seconds of joining, and the connections made online have filtered into the real world, with regular coffee groups meeting in Auckland, Christchurch and Dunedin. On a chilly weekend in June, 23 women from around the country gathered in the Christchurch home of Living Sober member Lizi Reese, who has been sober for more than two years.

"It was magic," Reese, who is 60, recalls. "There was just so much respect and trust in this room. You could harness it."

Reese managed to run successful businesses, raise a family and maintain relationships despite her drinking problem. Through Living Sober, she says she has finally connected with a highly functioning and motivated group of people she can relate to. On the website, she uses the alias Prudence.

"Yes! What a bloody relief. They get it," she thought when she joined. "These are the most deep-thinking, beautiful, warm, intelligent, wonderful people. Without the website, I do not believe I would still be sober."

Reese is what Dann describes as one of the website's "lamplighters", standing at the end of the metaphorical dark tunnel of sobriety and "lighting the way" for those who are struggling. It's a key reason Living Sober works.

Dann says the website's partners provide both funding and valuable "professional" backup to bridge gaps in her knowledge or help navigate potential safety issues that occasionally arise online.

"It gives it validity, because the internet is a wild west. There's all manner of who knows what on there."

"You see people are loving being engaged. They're building new habits. They get to take that home and still get to stay connected and supported."

TANITH PETERSEN, HE WAKA TAPU

Whaiora Online team He Waka Tapu IT Co-ordinator Tanith Petersen and Chief Executive Dallas Hibbs.

"I imagine the culture's changing over in New Zealand as well. Young people are drinking less than they ever have ... which I believe is indicative of drinking cultures becoming aware of themselves."

CHRIS RAINE, HELLO SUNDAY MORNING

Māori social services provider He Waka Tapu is located in one of Christchurch's poorest suburbs, Aranui. Clients are referred there from around the South Island to battle addictions to alcohol and drugs and other social issues such as anger management. Three years ago, He Waka Tapu developed Whaiora Online to support clients, particularly in the often fraught year after discharge. Chief Executive Dallas Hibbs says vulnerable people are many times more likely to commit suicide, for example, in the year after emerging from residential treatment.

"We haven't worked with a lot of the more highly functioning alcoholics," Hibbs point out. "We've tried to have a more targeted lens for those that might struggle a little more."

The Whaiora Online community numbers just over 200. Each eight-week rotation of He Waka Tapu's eight residential clients is added to the website's community (which also includes supporters, peers and clinicians). Members can connect and share on a live feed, and there is also a section where they can choose from a range of health goals and track their progress.

He Waka Tapu IT Co-ordinator Tanith Petersen says users have responded well to the website's nature-inspired graphics and calming colour palette. It is designed to be a nice environment, rather than a cold clinical website, to encourage usage.

"You see people are loving being engaged. They're building new habits. They get to take that home and still get to stay connected and supported."

Petersen has been travelling the South Island sharing the website's story with others from the sector.

"People are just blown away with the tool."

Hibbs adds, "In a sector that historically hasn't had a lot of accountability for outcomes, tools like this are really helpful."

The Canterbury District Health Board is so impressed, Hibbs says, it has committed funding to increase the community by another 200 and is keen to add clients from outside He Waka Tapu.

"To convince the District Health Board to invest a significant amount of money to ensure the tool continues and grows ... is really exciting affirmation for us."

Hibbs says one client's experience sticks out from the hundreds of instances where Whaiora Online has supported someone in a time of stress. A woman whose son was "calling her out" on her addiction and was refusing to go to school logged in and blogged about it. Within seconds, she was receiving messages of support from peers. The woman later reported her social worker had discharged her and that she had gained more parenting

skills and coping techniques. He Waka Tapu clinicians are able to track such incidents in real time and observe subsequent actions such as a follow-up call from a counsellor.

Hibbs says the tool has the potential to support people in isolated communities where there is an absence of treatment facilities. Canada's largely isolated First Nations communities are an example of a group that could benefit from something such as Whaiora Online, Hibbs says.

"We've had interest from people who are in that situation who are watching us closely."

Hibbs believes the Whaiora Online model could be transformative to the sector by driving changes in clinical practice and the composition of services. They had also secured funding to commercialise it.

"For us, the real excitement is in whether we can fundamentally change the way we work with vulnerable people living with mental health and addiction issues."

In Australia, blog-based website Hello Sunday Morning, which began in 2009, now boasts more than 83,500 members who commit to quitting alcohol for a period of time and blog about it.

Hello Sunday Morning founder and CEO Chris Raine says there is evidence of a "strong cultural shift" in the way people view alcohol. He cites recent statistics that 45 percent of Australians want to drink less, and 13.7 percent want help doing it.

"I imagine the culture's changing over in New Zealand as well. Young people are drinking less than they ever have ... which I believe is indicative of drinking cultures becoming aware of themselves."

Raine says a sample study of 245 Hello Sunday Morning members showed 50 percent were initially high-risk dependent drinkers, but after 16 weeks of engaging with the website, this had dropped to 7 percent.

"We have good evidence to show that being part of a therapeutic community online is just as good as being offline."

Much has changed for Raine since he embarked on 12 months without alcohol at the end of 2009 and blogged about the experience. He was a 22-year-old nightclub promoter at the time. He certainly didn't foresee his blogging would lead to Hello Sunday Morning becoming what he describes as the largest online movement for alcohol behaviour change in the world.

"I think that, in cultural change, you have to create artefacts that create conversation. The way to do that in social media is to create positive, inspiring stuff that people want to share and talk about. It's very much more solution oriented than something that's negative."

> **"Everything I do, it's all just to reach people. Because I know how stuck and alone and miserable I felt and how good I feel now, and I just want other people to see that it's possible."**
>
> LOTTA DANN

Raine says a new app called Daybreak will be launched by the end of the year to help people with issues around alcohol and a range of other social ills. While access to Hello Sunday Morning is currently free, the organisation is moving towards a paid membership model by year's end. Licences to its products, including Daybreak, are being sold to Australian Primary Health Networks to provide for their clients, Raine adds.

"We are doing this to be sustainable. We have also found those who pay for premium membership on Hello Sunday Morning currently have greater retention and behaviour change."

The resources on Daybreak will benefit from a raft of data gleaned from seven years of Hello Sunday Morning, research on alcohol behaviour change and input from a team of clinical psychologists. It will include links to clinicians, a range of 100 choices for people to tailor the best approach for them and the all-important peer-to-peer support. One of its main strengths is its immediacy.

"You can access it on your phone right now and get that social connection. I think it's a really huge opportunity ... to build things that are meaningful rather than apps that get us food quicker or help us hail a cab."

While many websites follow a commercial model, Dann says her blogging counterparts overseas are "in awe" of Living Sober being a government-funded free website. Whatever the funding model, the common factor for the success of websites such as Living Sober, Whaiora Online and Hello Sunday Morning is the positive, supportive environment.

Dann says giving up alcohol can be hugely difficult for people, especially while having to navigate a seemingly booze-soaked world.

"It's hard work, and it's gritty. We have to deal with feeling like a sober loser, and we have to deal with our emotions, and we have to deal with reforming our identities as non-drinkers. And so to be warm and lovely and positive can really help."

Reese becomes emotional as she describes the impact of Living Sober and the sheer power of Dann's example.

"Lotta is one brave, strong, driven woman who had the guts to do what she did in that one interview. Lotta is the golden thread that stitches the fabric of our lives together every day. She's changed all of our lives." ■

Story and photos by Matt Calman, a Christchurch-based writer.

Lizi's living sober

Living Sober member Lizi Reese talks about the role alcohol played in her life and her long road to sobriety.

Drinking sort of became a thing with me at about 18. I just didn't know when to stop. I didn't do terrible things like sleep with strangers or fall over in gutters or pee on the streets. I never flaked out. I seldom threw up. But if there was anyone to party with, I'd be there. That carried on through my whole adult life.

While I knew in my early 20s that I had a problem, that didn't make me want to stop. I had my son at 30 and my daughter at 34. In my late 30s, I was happy and running a successful fashion business from home and was married with children. But I thought I could be so much better. I arranged for a friend to help look after the kids and take business calls for a few

weeks, and I went to the doctor to tell her I wanted to stop drinking.

I cried and I told her I was ready. She didn't laugh at me, but she said there was nowhere really for me because I was too highly functioning. I said OK, I can function. I can look after my children, run my business, run my home and everything else, but I still get really drunk every Wednesday, Friday and Saturday night. By Sunday, I need a rest, and then I make myself not drink until Wednesday. I'm stuck in this pattern, and it makes me miserable.

It was so big for me to go to the doctor that day. I was ready to face it, but there was no help. She sent me to some place where I answered thousands of multiple-choice questions for their research, but no one spoke to me personally. That place was really more for them than me. I was totally disillusioned. I went to one AA meeting to kind of reinforce to myself that I'd do it alone. I didn't like it there, and after a short time, I thought, "Fuck it," and gave up.

I used to drink because I loved alcohol. At the end of my busy workday, it was nothing less than I deserved. It was like my little friend, my comfort zone – having fun and playing music and swanning around the kitchen. Some people are haters on alcohol, but I'm not. I will never forget how much I loved alcohol, but it did me no favours.

I was generally a fun drinker. I'd drink from about 4 or 5pm till about 8 or 9, and sometimes I'd kick on until midnight. I didn't get completely messed up every time.

My children knew about my drinking. They saw me give up for four months once in recent years. I had no intention of giving up permanently. It was just to see who was boss. They'd seen me give up for 12 months once with their father. I had actually never been happier in my whole 19 years with my husband. I was sober, clear headed, living in the country and completely devoted to my family. Business was booming. But the year ended and we drank again, and he fell in love with my new friend. So there ended the marriage. My world got really shattered, and I thought, "Fuck giving up alcohol. That didn't go too bloody well!"

When I saw Lotta Dann on the television two years ago talking about being a recovering alcoholic, I thought there goes a younger me. She gave me the courage, and the next day I ordered her book. Then I put it on the shelf for a couple of weeks and got a bit of drinking in. Then one Sunday night, I thought it's time. I sat down by the fire, and I read the first half. I finished what I was drinking, and I never drank again.

Living without alcohol is so different that it's sometimes hard for me to come to terms with. It's quite lonely becoming a sober person. I have been very social all my life, and I've found that I still am. It wasn't just the booze. It's also a comfort to discover I still sometimes make big, blundering, blonde errors. It's a relief to find I'm still me. But I found a lot of my friends were really more drinking friends. Why invite me to something where everyone will be drinking except me? Maybe I'm just not on the scene as much, so I'm a little bit more forgotten about. It's no one's fault, it's just how it is.

Not drinking at the end of the day was really hard to get used to at first. I replaced alcohol with soda water, ice, mint, lime juice and stuff like that. At first, I'd think, "Fat lot of fricking use that is!"

"I've gained self-respect, complete clarity and a sort of very genuine confidence."

I used to hate soda water and the people who drank it! But it really did help to have that little ritual, a drink to sip on, some snacks, a little unwind time. I'd just think how my body's thanking me. Gradually, I started thinking I'm not tipping poison down my throat any more. I don't need it now.

The gains are so much bigger than what I've lost. I've gained self-respect, complete clarity and a sort of very genuine confidence. I'm grateful for my children, for my home, for my life, my business and my abilities. I sleep better, and everything about my physical body is healthier. It's worth every single struggling moment for how proud my kids are and what they have said to me. All my relationships are better too.

I've logged in to Living Sober every day. Sometimes, I'll just go on and say, "Good morning and have a happy day." Sometimes I'll have a little pearl of wisdom to impart for all those who are struggling – to tell them just hold on and why it's so worth it. They're my tribe, and I care about them.

What I have found is that I am not alone.

Portugal:

Putting health and welfare at the centre of drug policy

With solid evidence showing punitive approaches to drugs do not work, the question that arises is what to do instead? In this first instalment of a *Matters of Substance* series on innovative drug policies in different countries, we look at Portugal – the small European country heralded as having a particularly successful drug harm-reduction approach.

> **"A "model of best practices".**
>
> WERNER SIPP, PRESIDENT, INTERNATIONAL NARCOTICS CONTROL BOARD

The problem

Portugal's drug policy reforms stemmed from past concerns about it having one of the worst drug problems in Europe, notably a heroin epidemic. Reports revealed almost 1 percent of the population suffered from drug dependency in 1999, and a new approach was needed.

The new policy model

In 2001, Portugal both decriminalised minor drug offences for all drugs and significantly scaled up public health and social support activities under a five pillar model of prevention, drug use dissuasion, harm reduction, treatment and reintegration.

Drug offences approach

- Minor drug use/possession offences (up to 10 days personal supply) for all drugs are decriminalised but remain civil offences.
- Drugs are confiscated and offenders appear before regional panels – Commissions for the Dissuasion of Drug Addiction (CDTs).
- The CDT panels:
  - comprise three people: a medical professional, a social worker and a lawyer
  - evaluate the drug user's personal situation – if addicted, they are encouraged into treatment; if a recreational user, advice is given about physical, social and psychological health to discourage use
  - assess whether the offender has any broader health or social issues, such as mental health, school, employment or housing, and can refer to support agencies
  - can also impose a wide range of sanctions like community service or fines – but for non-dependent first-time offenders, almost always suspend proceedings and impose no sanction.

Public health and social support

Portugal's drug policies were refocused on a public health model with significant state financial investment in drug harm-reduction activities. These included:

- expansion of needle and syringe exchange programmes and low-threshold opiate substitution treatment
- free hepatitis B vaccinations
- better co-ordinated and bolstered drop-in centres and shelters
- mobile health and outpatient treatment units
- provision of drug outreach workers
- housing and subsidised employment initiatives
- drug checking programmes.

The results

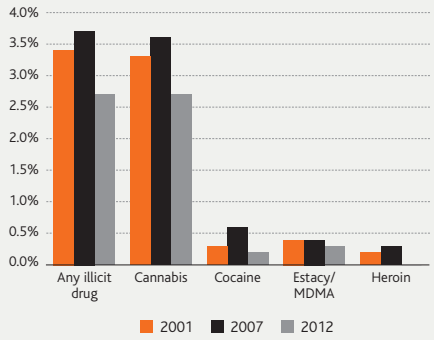
Overall, while Portugal's drug use rates went up and down after its reforms, they were followed by dramatic reductions in drug-related harms, increased social inclusion and significantly reduced social costs.

Since the new approach, changes include:

- less illicit drug use in the general population – Portugal's level of drug use remains generally below the European average
- more cannabis use in adolescents – but this is in line with very similar trends in other European countries like Spain, Italy and notably Poland, which has very different, more punitive policies
- significantly fewer drug-related deaths
- a steady drop in problematic drug user numbers
- strong increases in numbers of drug-dependent individuals accessing treatment
- reductions in transmission of drug use-related infectious diseases
- dramatically fewer drug offenders in the criminal justice system
- reduced stigmatisation
- more focus on major trafficking and increased amounts of drugs seized.

> **"Even if a citizen is not able to stop using drugs, he [or she] still deserves to have a better and longer life."**
>
> JOÃO GOULÃO, NATIONAL COORDINATOR FOR DRUG PROBLEMS, PORTUGAL

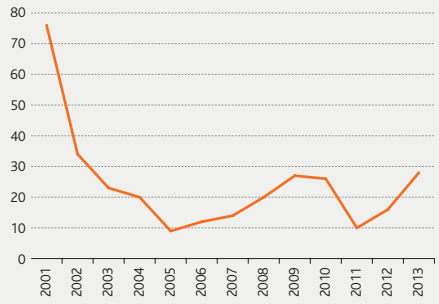
Past-year use of selected drugs in the Portuguese general population (aged 15–64) 2001, 2007 and 2012



Source: SICAD, *Annual Report 2013: The country's situation on drug matters and drug addiction.*

Note: By 2012, heroin use had become so rare that the population survey finding rounded to zero percent.

Drug-induced deaths in Portugal 2001–2013



Source: SICAD (General-Directorate for Intervention on Addictive Behaviours and Dependencies, Portugal), EMCDDA (European Monitoring Centre for Drugs and Drug Addiction).

+ THE NUMBERS

4.5 PORTUGAL **19.2** EUROPE AVGERAGE

Deaths per million drug-induced mortality rate (2014) among 15–64-year-olds. By contrast, the most recent European average is four times higher at 19.2 deaths per million.

40% Decrease in injecting drug use 2007–2012 (estimate).

97% Decrease in new HIV cases through intravenous drug use, down from 1,482 in 2000 to 40 in 2014.

16% Past-year cannabis use rates more than doubled amongst 15–16-year-olds, up from 8 percent in 1999 to 16 percent in 2011.

29 New outpatient treatment units, up from 50 in 2000 to 79 in 2009.

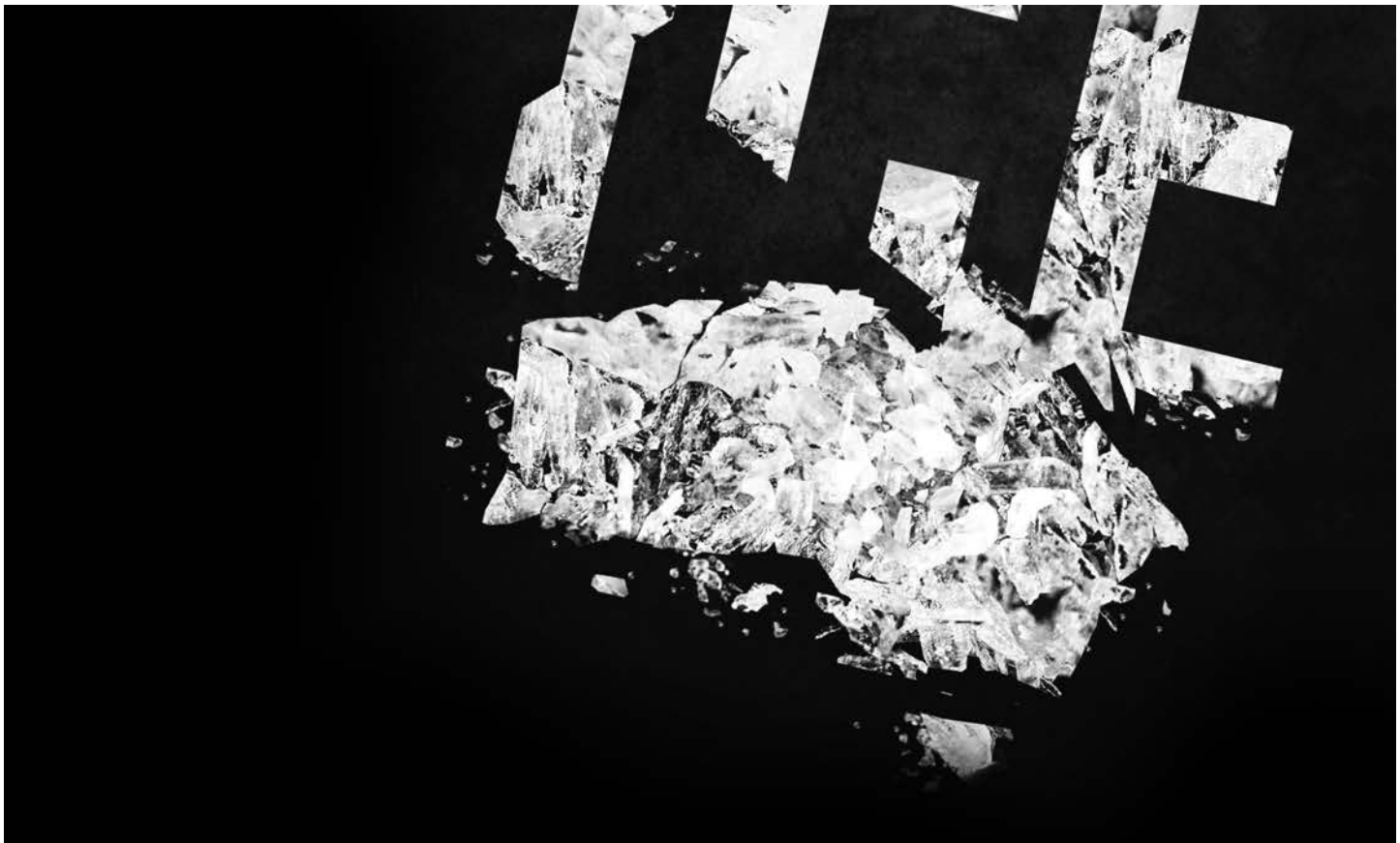
10% Decrease in problematic drug users – numbers reduced from 7.6 to 6.8 per 1,000 population aged 15–64 years between 2000 and 2005 (estimate).

18% Reduction in drug-related social costs over the first 10 years of reforms. Figure includes health and legal costs and avoidance of lost income and lost production.

5000 Criminal drug offences dropped from about 14,000 per year in 2000 to an average of 5,000–5,500 per year after decriminalisation.

44% **24%** In 1999, 44 percent of prisoners were incarcerated for drug offences – by 2013, that had halved to 24 percent.

500% Increase in the amount of drugs eized between 1995–99 and 2000–04.



Breaking the ice:

how we will get through Australia's methamphetamine crisis

Worried that parents were getting misinformation about out-of-control methamphetamine use in Australia, **Matt Noffs** wrote a book to reassure people not to panic. Reprinted here is Chapter 35: "Strange bedfellows - when police and health worked together" of *Breaking the ice: how we will get through Australia's methamphetamine crisis.*

MATT NOFFS

"I wanted to convert a warehouse in southwestern Sydney ... into a 'Street' university that would help create positive outcomes for young people in the area. The Street University is a private space run for public use. It may be in a converted warehouse but it is a metaphorical blank space – filled with resources, mentors and guides but stripped of preconceived judgements and politicised agendas."

Most people would assume that police have a 'lock 'em up' mentality when it comes to drugs like ice. We are, after all, bombarded with news of drug busts and large seizures. But if you examine what's actually happening beneath the surface, you'd be surprised to discover that a lot of what the police are currently doing comes from political pressure as opposed to what many police really think they should be doing. Take, for example, former police superintendent Frank Hansen.

Hansen retired from the police force in 2011 after having spent over forty years in the force. After starting out in the local area command, Hansen joined the Drug Squad in 1979 and it was shortly after that that he took on the role of working on the NSW Police Force's policies around illicit drugs and law enforcement.

When I spoke to Hansen about his time in the Drug Squad, he said that when he first started 'law enforcement and health were seen as two independent strategies and there was no need for them to talk to each other'. But then in the late 1980s, Australia was gripped by the HIV epidemic and along came the needle/syringe exchange program – a harm-reduction strategy to drug policy. Law enforcement and health workers realised they needed to develop relationships. "That was the first time we developed a policy that talked about using police discretion in regards to a public health facility and looking at drugs being a public health issue," Hansen told me.

'You started to question not the futility of law enforcement but the role of law enforcement in dealing with mild drug offending, and you thought to yourself, "There's probably other ways of doing this." What I suppose came through was the overriding need for good public health. Of course we had a looming HIV epidemic and that was seen obviously to be far more important than prosecuting drug offenders and, by our actions, restricting their access to health services.'

A decade later, Hansen was called in to deal with the highly visible street dealing of heroin in Cabramatta. The troubled neighbourhood was on everybody's lips, and in the early 2000s the film *Little Fish*, starring Cate Blanchett, shone an international light on the issues there. There were photos in the media of bodies littering the streets of Australia. It was a difficult time for health professionals, but police felt hamstrung – as many do now with ice.

Hansen told me that drug users in Cabramatta weren't all actually locals. 'They'd come in, buy their drugs, use them – and we had lots and lots of overdoses. They used them immediately after purchasing or they'd catch the train back out again. But they weren't locals and they'd come in by the train. It was quite extraordinary.' He described the overdose statistics as 'pretty horrible' and said that it all had a very adverse effect on the general community.

He said that the people using heroin 'didn't use it in conjunction with a good time. They used it because it gave them some form of relief and of course as the addiction grew, they needed to take it to satisfy their addiction.'

Hansen started to hold community meetings and said there was a passionate response from locals who recognised it was local kids doing the dealing. He told me that people started coming to his office asking him, 'Please, can you do something? We are trying to run businesses here; we've got a vibrant community and it is being very badly affected by this.'

Hansen immediately set about showing the human face of local policing. He performed a daily foot patrol of the Cabramatta CBD and always had lunch at one of the local food outlets. He discouraged use of sniffer dogs and enticed high-profile media personalities to come to Cabramatta and report not on drug issues but rather the diversity and vibrancy of the area. In short, he clearly demonstrated that the police

Reverend Ted Noffs at Wayside Chapel, Kings Cross, 1976.

Photo credit: NAA: A6180, 30/1/76/36, Kings Cross 1976.

"In a way I was born into this". Noffs' grandfather Ted set up The Wayside Chapel in Kings Cross which was to become the largest youth centre in the Southern Hemisphere. Ted went on to co-found Lifeline as well as the Aboriginal Affairs Association. Setting up the first drug referral service followed this. Matt Noffs' parents, Wesley and Amanda, followed in this pioneering tradition. The couple set up Australia's first treatment and rehabilitation service for adolescents suffering from drug-related issues in the 1990s.

"Gino Vumbacca [former director of the Australian National Council on Drugs] describes campaigns like this one as "political tools". 'Government have to be saying, "We're doing something", so they make their mass media campaign'. Instead he would like to see the government giving the task of developing ads to non-government organisations. ... 'That way, it would be by the community for the community, rather than government talking at community.'"

were there to support the community through proactive measures. Street dealers were still arrested but the ultimate goal was to reduce the harm being caused to the community.

I have had my own experience in Cabramatta community, since starting the Street University in Liverpool in 2008, and I've noticed that the area feels completely different now to how it did back when we started. I'm not the only one. Many people talk about the changes over the past decade and a lot of people in the health field credit Hansen for taking a harm-reduction approach to the issue.

One of the reasons I wanted to talk to Hansen was because of what we could learn from his experience developing a campaign in Cabramatta that worked on the hearts and minds of the community instead of enforcing a war zone. How would he approach the issue of law enforcement around drug use today, particularly in relation to young people?

With an addictive drug like ice, he'd look at the addictive aspects of the drug and then chase the dealers as well as the illegal labs, because he said they have become a lot more sophisticated than they were a decade ago. But he'd also look at the broader issue of drug use from the street and user level. 'I'm concerned,' he told me, 'about the strong policing of young people.'

Hansen sees a correlation between the level of policing at dance parties and music festivals – 'where you've got the dogs and the men in black' – and the spate of drug-related deaths in 2015. 'I think what we're doing there is we're alienating a lot of kids, alienating them against police, and I don't think that's helpful', he told me.

Not only is it not helpful in winning the hearts and minds of young people, Hansen also believes that this could lead to very serious consequences. He referred to the evidence of young people, faced with a bank of police officers, 'throwing bags of drugs down their throats before they are detected'. And it's not just Hansen who is worried by the trend. One of the major concerns faced by health professionals like Dr Nadine Ezard, who gave a doctor's perspective on the stimulant in Chapter 9, is that 'the role that criminalisation of health problems, or criminalisation of behaviors associated with those health problems, contributes to the health problems rather than solving them.' She said she and her colleagues have treated young people who have used more of an illicit substance than they intended because they were afraid of getting caught by police. 'They then present as an overdose,' she said. 'That's an inadvertent harm resulting from the criminalisation of drug use.'

Hansen believes that the role of police at music events should be to act as harm minimisers. 'Look at the role of the police and their conduct at the Sydney Olympics and at the Royal Easter Show,' he said. 'They're still there but they're not there in a fashion that causes alienation.' He thinks police should be there mingling with the crowd so that they can assist if someone is having an overdose or bad reaction. In this way, he said, they'll be making sure that if you do take drugs there, that you get proper medical assistance and that people are prepared to tap the friendly policeman on the shoulder and say, "Somebody has just dropped over there; can we get some help?"

So how does Hansen think policy could be changed – so that we move toward the notion of police saving the lives of young people instead of enforcing the law?

'The Commissioner could actually put an edict out and say, "Police will be in the crowd. If you know of anybody that has a problem in the crowd that happens to have taken drugs, please let the police know, and the police will use their discretion in the action that they take." Because, as we know, people will take drugs; with all the best will in the world, with all our best intentions, people are going to take the drugs,' Hansen said.

Hansen is a dad himself; in fact, he's now a grandfather. He thinks the

The "Ice destroys lives" ad campaign was not helpful say health professionals.

Photo credit: Australian Government.

current policy around policing drugs is creating long-term problems, for instance, for people who might have small-time drug convictions appearing on their records, which might prevent them from exploring a diverse range of career choices in the future.

'It would be nice if the police were seen to be part of the solution rather than adding to the problem, because at the moment they add to the problem,' he told me. 'Rather than an effective deterrent it's more like retribution for doing the wrong thing. Again, talking about drug use and the side effects of drug use is more helpful than pretending it's not going to occur. In a perfect world it would be nice to see police as a support mechanism instead of a mechanism of retribution.'

Hansen speaks passionately about change, and he was a significant part of reducing the heroin crisis in NSW. So perhaps we need to change our attitudes towards what police should be doing in the age of ice? ■

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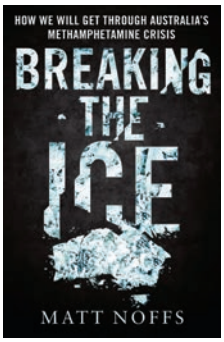
RESOURCES

Copies are on sale at some New Zealand booksellers, or order from Vic Books: nzdrug.org/vicbooks



About Matt Noffs

Matt Noffs is the co-founder of the Street Universities and CEO of Noffs Foundation, Australia's largest drug and alcohol treatment service provider for young people under 25.

Noffs Foundation works with young people for up to five years after leaving treatment. Young people's drug use dropped by over 50 percent – that's for all drugs – after finishing residential treatment. Criminal activity also dropped by a half. Where one in two young people were experiencing suicidal ideation on entering the programme, only one in 10 still felt suicidal on leaving. The Street Universities focus on issues related to drugs, mental health, employment, education and crime. Over 10,000 young people frequent the Street Universities every year, and there are currently more than seven around Australia.

QUOTE OF SUBSTANCE

"I want to legalise the drugs that killed my daughter."

Advocate Anne-Marie Cockburn, who lost her daughter to an ecstasy overdose, argues that a regulated market would have prevented her death.

"Portugal: best drug policy in Europe, now best soccer team in Europe."

Journalist Samuel Oakford, on their recent victory in the Euro 2016 Football Championship.

"Be imaginative. Imagine what the world would look like without prisons."

Activist Moana Jackson argues that the justice system is deeply flawed and needs a total overhaul.

"My God, I hate drugs. And I have to kill people because I hate drugs."

Rodrigo Duterte, the new president of the Philippines on the reasoning behind his tough on drugs stance.

"If you don't know how synthetics are made, you're the guinea pig."

Researcher Sanho Tree responds to a mass overdose of an unknown synthetic drug in New York which left 33 in hospital.


1937
Veronal

ARTICLE 02

Veronal:

Who remembers veronal?

Redmer Yska delves into the dramatic side effects of a popular barbiturate.

The meth 'menace' with its savage violence, property contamination and million dollar seizures continues to tear at the country's social fabric, testing health and law enforcement authorities. But actually, the current outcry over methamphetamine use and manufacture is just part of a long tradition of moral panic over dangerous drugs in Godzone, some of which may have faded into historic obscurity. Like, how many of us have heard of veronal?

Our first drugs sensation dates back to the 1930s when a lethal sedative with the catchy name 'veronal' caught the popular imagination. Quite favoured by writers like Katherine Mansfield, this first commercially available barbiturate became linked to the glamorous London jazz scene of the 1920s.

New Zealand was not far behind. Veronal became notorious here in 1935, as the 'sleeping potion' used by flamboyant Auckland musician Eric Mareo to kill his wife after he found her in bed with another woman. Twice condemned to death for murder, he only narrowly avoided the noose.

So what is veronal and how widely used was it here? In 1903, doctors synthesised the first diethybarbituric acid, hailing it as an "infallible cure for insomnia". Billed as safe and non-addictive, it was an immediate success in Europe. The overdoses and deaths then began.

At the time of World War One, veronal was probably best known to New Zealanders as the name of a prominent racehorse. Then a young woman named Annie Travin overdosed in Gisborne, the first known local case. Her hospitalisation came as a wealthy gay aristocrat named Hugh Eric Trevanion died in London of veronal poisoning. Scandal sheet *NZ Truth* wrote of Trevanion: "he was exceedingly effeminate and lisped like a girl … he wore a kimono and white kid shoes with high heels in the house".

The *Press* was quick to investigate the 'veronal habit' but found it was all hype. A reporter concluded "it appears that veronal is fairly costly …. as far as could be ascertained, there are no known cases in Christchurch…" *Truth*, meanwhile, reported that a Nelson woman had used it in a suicide attempt at an Auckland hotel after being spurned by her lover.

During the 1920s, local veronal use accelerated. Though a doctor's prescription was officially required, an inquest into the death of an Auckland woman heard "the tablets could be bought from a chemist like a bag of lollies. Many people considered veronal tablets on a par with aspirins." So many deaths were linked to the drug by 1930 that the New Zealand authorities added it to the prohibited poisons list, along with morphine and cocaine.

Writer Robin Hyde, a sometime user, noted in 1932 "that it had been the cause of so many recent tragedies that the New Zealand Pharmacy Board is moving in this direction. Every chemist in New Zealand has reason to know and fear the effects of veronal when it is rashly used, or administered by people who do not realise its deadly power. The Auckland district, in particular, has in the last few months acquired a veronal death-roll of which it cannot be proud."

A Poisons Act was then drafted, ensuring veronal could only be obtained with a prescription. Weeks before the law came into force in 1935, Auckland was rocked by a sensational murder with veronal at its heart.

The case involved bandleader Eric Mareo and his actress wife Thelma, two 'artists' living a flamboyant lifestyle in Auckland's Mt Eden, both veronal addicts. Mareo, a charismatic Australian, stood out from the scruffy Depression-era crowds, famously walking down Queen Street with "a cigarette holder in one hand, a cane and gloves in the other".

Eric and Thelma, his fifth wife, were habitués of the Dixieland cabaret on the corner of Queen and Waverley Streets, with its sprung dance floor. Patrons enjoyed live jazz and illegal liquor. *Truth* talked of "an orgy of jazz and fizz" at the cabaret and of drunken flappers "whose knees gave way beneath them". The sleepy Queen City was waking up: nightlife had hitherto consisted of musical theatre and silent movies.

Dancer Freda Stark, famous for painting herself gold, was a regular visitor to the Mareos' home at Tenterden Avenue. It was there on 15 April 1935 that Mareo gave Thelma a fatal dose of veronal in a glass of milk. Both were said to be daily users of the hypnotic, who spent a lot of time "canned" or intoxicated. After the coroner diagnosed veronal poisoning, Mareo was charged with murder.

In the lengthy trial that followed, Stark was the main witness for the prosecution. As the word 'lesbian' echoed in the courtroom, Mareo testified that "his wife's desires were met by association with women". Stark's testimony that Mareo was jealous helped secure his conviction.

Twice condemned to death, he eventually served 12 years in prison. The case attracted such public attention that when a jury found Mareo guilty, the news was flashed onto the screen in Auckland picture theatres. The audience cheered.

Robin Hyde speculated that economic insecurity was behind the increased use of drugs: "It has undoubtedly caused increased nervous strain, and has weakened the resistance of men and women who a few years ago would have shunned the drug habit".

She was not far off the mark. Mareo was struggling financially. He'd recently lost his job as a bandleader and was facing economic ruin. He was also worried about the impact of the Poisons Act on his supplies and had gone chemist 'shopping' to stock up. As a result, Thelma, Freda and Eric had been bingeing for days.

During his trial, Mareo openly confessed to being a drug addict, but for a conservative 1930s jury, this counted against him. As a supporter later explained: "… the prejudice against him tightened considerably. You see to those honest citizens from whom juries are selected, there's something heinous about the very word 'drug'… the fact that Eric Mareo was a self-confessed addict enormously depreciated his chances of an acquittal."

Mareo proclaimed his innocence until his death in 1958. Veronal meanwhile dropped from sight, replaced by equally lethal forms of barbiturate. These were widely prescribed (and abused) as sleeping pills or 'downers' until the mid 1970s. Today, barbiturates are only prescribed for serious insomnia. ■

A price too far?

In this edition, Viewpoints looks at whether tax increases are an effective public heath tool to reduce tobacco consumption and finds the answer is yes and no – it depends on your perspective.

New Zealand's tobacco control community was delighted by the Government's surprise inclusion of four more years of annual 10 percent tobacco tax increases in the May 2016 Budget – in the main.

We've had such tobacco tax increases for the last four years, and each time they occur, there are some who argue in the media that all they will do is hurt the poor who won't be able to quit and will consequently have less money to spend on healthy food and shoes for the kids.

However, this year, the voices opposing the increases have been a little louder, perhaps because they'll result in your average pack of 20 costing around $30 by 2020. That sort of cost can put a real squeeze on the finances of a family on a low income, which would have a likely flow-on effect for other areas of family expenditure.

In fact, that price would mean New Zealand had the most expensive cigarettes in the world, rivalled only by Australia.

Opposition to the taxes has been spearheaded by Māori tobacco researcher Associate Professor Marewa Glover. She supported the tax increases as recently as last year but is now on record labelling them as racist. Glover is reported in the *New Zealand Herald* on 30 May saying the measures discriminate against Māori, people with mental health issues and others.

This is because, she says, they simply don't work. According to the 2014–15 New Zealand Health Survey, the smoking rate for Māori women has fallen only slightly since 2006–07, from 41.8 percent to 40 percent. Meanwhile, the survey shows the smoking rate for Pacific women has actually increased over that period from 19.7 percent to 20.6 percent.

So, as the New Zealand Initiative's Dr Eric Crampton points out, for every Māori smoker who actually does manage to quit, there are about 16 and a half who are going to be paying an extra $1,000 a year for a half pack a day smoking habit.

"Can we really say something is working and effective in reducing consumption if it's putting that kind of a burden on some of our poorest communities?" he asked during a Radio New Zealand panel discussion on 5 June.

So, the argument goes, tobacco taxes are inequitable and inherently unfair. The rich can afford to continue to smoke because they can absorb the price increase and still afford the other health essentials. They seem also to be better connected to the health system, being more inclined to access quit smoking services than their poorer counterparts – and are thus more likely to quit.

And it seems they do. The smoking rate for non-Māori New Zealanders has fallen to around 9 percent, the lowest it's ever been, but it's difficult to say just how responsible tax increases have been for this decline or how much has been the result of increased media activity around plain packaging, smokefree areas, vaping and the general cruddiness of tobacco company behaviour.

There's been a corresponding decrease in the social acceptability of smoking. Having friends and colleagues look down their noses at you ever so slightly every time you light up is probably a very effective tobacco control measure. But ask any smoker, and they'll probably tell you that, even more than this and even more than fears for their health, it's the hit to the wallet each day or each week that is finally motivating them to quit.

"Having friends and colleagues look down their noses at you ever so slightly every time you light up is probably a very effective tobacco control measure."

That tobacco tax increases are racist is countered by their original architect, Dame Tariana Turia, who told the *New Zealand Herald*, also on 30 May, that race had nothing to do with it but that "this particular initiative was about stopping the uptake of cigarettes by young people". That's a good argument. Forking over $30 every day may be something someone dependent on nicotine would do. A young person looking to experiment with being cool? Maybe not so much.

It seems to have worked. Youth health surveys by the University of Auckland have found youth smoking rates have plummeted, including for young Māori. For example, the 'smoking at least weekly' rate has fallen from 24.8 percent for Māori secondary students in 2001 to just 8.3 percent in 2012. Tax has probably had something to do with this.

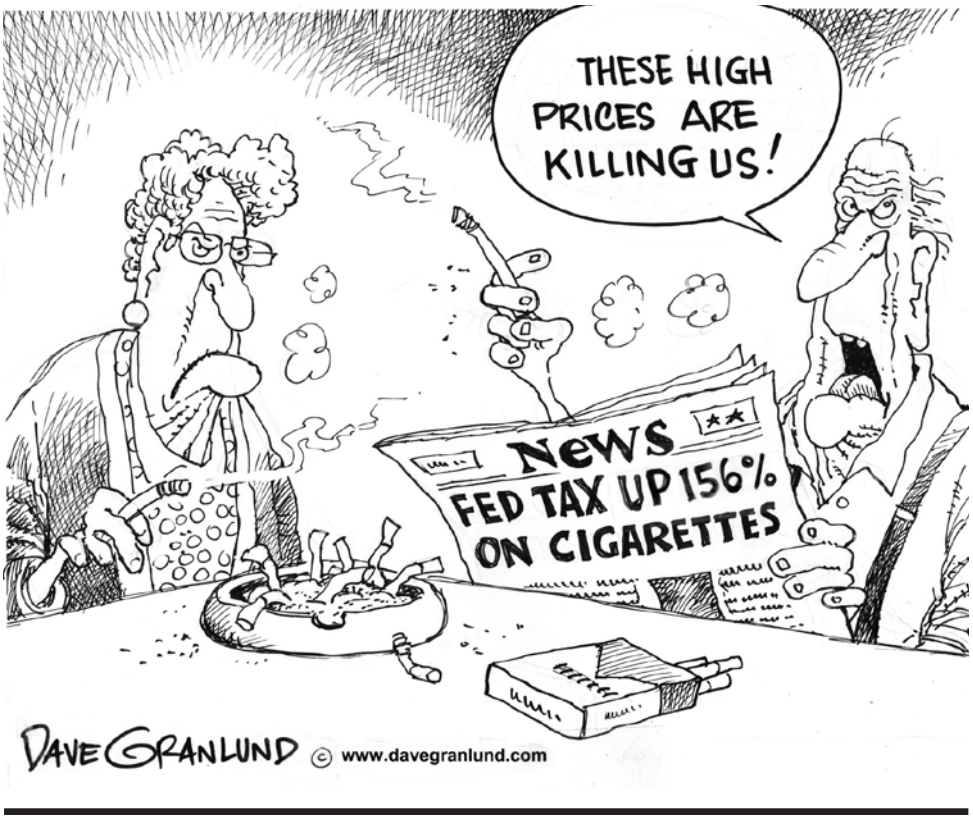
But it seems it may not just be the Māori young. According to the 2013 Census, smoking rates for Māori women has plunged from 45.5 percent in 2006 to 34.7 percent. For Māori men, the fall has been from 27.3 percent to just 20.5 percent. Tax probably had something to do with that too, but it's hard to be certain how much. What it does show is that two sources of statistics can contradict each other and that we don't know for sure how many Māori smoke or whether the rates are still falling.

So what evidence do we have that tax increases reduce smoking rates? The studies have been plentiful.

In France, increases in tobacco taxation that began in the 1990s led to a threefold increase in the inflation-adjusted price of cigarettes and, by 2005, to a halving of cigarette consumption from around six cigarettes per adult per day to three cigarettes per day. Lung cancer rates in

France among men aged 35–44 years fell from 1999 onwards.

A 2010 report of a six-day meeting in Lyon, France, to evaluate existing literature concluded there was sufficient evidence that increased tobacco taxes were effective in improving public health by preventing uptake among young people, promoting cessation among current users and lowering consumption among those who continue to use. The word 'sufficient' means the researchers were pretty certain about 12 of the 18 statements made by the experts at the meeting. Evidence for four of the remaining statements was only described as 'strong'.



"Quibbling aside, that increasing price reduces general consumption is high school economics, even with the added complication of addiction as a purchasing drive."

The World Health Organization *Report on the Global Tobacco Epidemic 2015: Raising taxes on tobacco* says the abundant research shows that a 10 percent price increase will reduce overall tobacco use by around 4 percent in high-income countries and by slightly more in low and middle-income countries.

These figures were reiterated by Professor Tony Blakely from the University of Otago's Department of Public Health who said during the same Radio New Zealand panel discussion that, for every 1 percent increase in price, you probably reduce consumption by 0.4–0.5 percent.

"Does it work? Emphatically yes. Taxing is the most effective way of reducing cigarette consumption," he said.

There is also evidence for the effectiveness of price from other segments of the public health arena – for example, minimum unit pricing (MUP) as a measure to reduce alcohol consumption. MUP directly relates the cost of a product to the amount of alcohol (standard drinks) it contains, so a $2 minimum unit price would mean a pint of beer containing two standard drinks would need to cost at least $4 and a bottle of wine containing nine units would need to cost at least $18.

According to the University of Sheffield, which developed the Sheffield Alcohol Policy Model for evaluating the effectiveness of alcohol policies, there is an extensive and robust body of international evidence showing that increases in the price of alcohol are associated with falls in both alcohol consumption and alcohol-related harm. This evidence includes several meta-analyses and systematic reviews covering over 100 studies and was summarised in a major review it published in 2008.

For example, in terms of price as a deterrent, an Australian study analysed annual data from Australia, Canada, Finland, New Zealand, Norway, Sweden and the United Kingdom and found that, if the price of beer is raised by 10 percent, consumption would fall by 3.5 percent, if the price of wine was increased by 10 percent, consumption would fall by 6.8 percent and if the price of spirits increased by 10 percent, consumption would fall by 9.8 percent.

Another example that has featured prominently in New Zealand media has been the reported success of sugar taxes. In October 2013, Mexico, one of the world's most obese nations, introduced a 10 percent tax per litre on soft drinks to help reduce cardiovascular disease. Early studies suggest that, as a result, annual sales of soft drinks in Mexico declined 6 percent in 2014.

It's still early days, and the real effects of the Mexican tax are still being contested (it may have been too small to have had much of an effect), but that hasn't stopped public health experts in New Zealand from calling for a similar tax here where obesity rates must be giving those in Mexico a decent run for their money.

Quibbling aside, that increasing price reduces general consumption is high school economics, even with the added complication of addiction as a purchasing drive. Even Prof Glover would agree with that. But that doesn't necessarily mean excise taxes are always a good idea.

Returning to the issue of a tax on cigarettes, we probably should accept this debate is one where people will agree to disagree. On the one hand, the public health mantra (and it's a good one) is to take action for the greatest good for the greatest number. If rich Pākehā lives matter as much as poor or Māori or Pasifika lives, the evidence is pretty clear that increasing tobacco taxes is an effective public health initiative. It's hard to argue with that.

On the other hand, it almost seems perverse to introduce a public health measure that you know will make things worse for the vulnerable and those who can least afford it. It's just as hard to argue with that. ■

Complexities and challenges

– NZ's Drug Harm Index 2016

Drug harm indexes are complicated methodological tools used to analyse and measure harms resulting from the complicated and complex practice that is drug use. This year, we have a new one, with some additional layers of useful information. **Professor Alison Ritter** and **Vivienne Moxham-Hall** set the New Zealand Drug Harm Index 2016 in context and suggest some areas for future fine-tuning.

PROFESSOR ALISON RITTER

VIVIENNE MOXHAM-HALL

Measuring the impact of drugs on society is vital. Drug harm indexes are a common metric aimed at quantifying the harms associated with different drugs so policies can be monitored and evaluated, investments can be made in high harm areas and future policies can be directed to specific areas of harm.

This is why a drug harm index is an important tool in advancing drug policy. The revised New Zealand Drug Harm Index (DHI) uses as its common metric the monetary value (social cost) of drug harm. It could equally use another metric, such as a value out of 100 (as with the UK DHI and Nutt's index). The advantage of a monetary value is that it has better intuition as a metric than a simple number. The disadvantage, of course, is that it relies on a large amount of economic data.

One can argue with any number of assumptions and, indeed, the premise upon which the DHI is based. That benefit (pleasure) is not taken into consideration (reducing the social costs by the value of pleasure) is one that is frequently raised. Another is that the metric (monetary value) reflects an economic rationalist world view and undermines or obscures the human suffering associated with drugs. It sends an implied message that the community would be so much better off without drugs, that these are social costs that would be saved, but, of course, the authors of the DHI do not make this claim as they know it is untrue.

The New Zealand DHI relies on identifying all the potential sources of harm and then being able to quantify them in monetary terms. Having established the total social costs (by category), it is then relatively simple to divide this by the numbers of people using drugs (taking into account polydrug use to avoid double counting). It is also relatively simple to

"On the surface, the mortality estimates look simply odd. That there were an equal number of deaths from amphetamine-type stimulants as cannabinoids does not seem to have much face validity ..."

then assign a monetary value per dependent and casual user.

An innovative addition to this new version of the DHI was the separation of personal, community and intervention costs as separate sub-indexes. This meant that the intervention costs could be compared with the personal and community harms, allowing for the neat reflection that the New Zealand Government is investing $351.4 million on an issue costing the community $1.5 billion in harms each year.

Belying this simple description of the steps involved in developing a DHI is the complexity and challenge associated with each one. Take the numbers of people using drugs. The data relied on in the revised DHI is from the 2012/13 New Zealand Health Survey. This is the best data currently available, but one can reasonably ask what proportion of people under-report in such a survey. This is unknown. Similarly the division into 'dependent' and casual' user numbers – if the definition of 'dependent' was varied to include only those who met diagnostic criteria or who used at least five times per week (as opposed to weekly or more), the results presented are likely to look quite different.

The DHI states that "Drug consumption is even more difficult to estimate than the number of users." We concur, but taking statistical averages – that is, the average number of occasions of use in a year, multiplied by the average dose per occasion, multiplied by the number of users – could be more refined in future (for example, by moving to different categories of use patterns). It notes that differences in drug composition and purity are also factors that are difficult to estimate. The 2016 DHI uses the purity estimates from the previous DHI, relying on 2005/06 data.

Moving from the prevalence and consumption estimates to the harms and hence cost estimates, the community harms category includes the monetary value of the economic burden on family and friends, although to be more precise, the monetary value reflects willingness to pay for treatment, the cost of acquisitive crime to the community (property value), organised crime, and reduced tax base (through black market activity). It is pleasing to see that two of these (the economic burden on families/friends and the reduced tax base) are new.

Advancing the approach to social cost estimates and DHI is important for any

"The New Zealand DHI relies on identifying all the potential sources of harm and then being able to quantify them in monetary terms."

research. On the other hand, these two new categories do contribute a substantial proportion to the final social cost estimates, and as such, the methods may require greater scrutiny as they are revised into the future.

Take the reduced tax base category. This relied on estimates of both GST and company tax that had been avoided by organised crime groups through their drug-related activity. The assumptions included that 83 percent of drug-related business was clear profit, GST at 15 percent and a company tax rate of 32 percent. The amount of drug-related business (to which these percentages were applied) was estimated as total revenue for drug trafficking (which was the kilograms consumed by the price per kilogram).

It is notoriously difficult to estimate the economic value of a black market, especially as quantity discounting and price per pure gram versus price per gram can make a large difference to the estimates. Clearly, future work should concentrate on advancing the methods for assessing tax avoided.

The important numbers are the big numbers. In the total social costs, the largest number is for community harms associated with cannabinoids ($720.3 million). This appears to be driven by the family/friends estimate and the reduced tax base, again the two cost categories newly added in this revised DHI. This suggests that more work on these two components would be valuable, and it certainly signals that future social costs estimates need to improve the methods for assessing these two categories.

The personal harm category is made up of only two types of personal harm: mortality and disability. Given there are only two categories, it is important that these estimates are derived with best possible methods. On the surface, the mortality estimates look simply odd. That there were an equal number of deaths from amphetamine-type stimulants as cannabinoids does not seem to have much face validity (the data source was the United Nations Office on Drugs and Crime mortality statistics and based on rankings relative to each other, not actual cause of death data).

Arguably a more precise estimate of the numbers of drug-related deaths could be obtained from analysis of local New Zealand coronial data. A single value of a human life was used ($3,948,300). This statistical average conceals that it fundamentally matters whether one dies at 20 years of age (the value of the life lost will be very large) compared to death at 50 years of age (where the value of the life lost is significantly lower). One is left with much uncertainty about the veracity of the final result for mortality. The disability estimates are similarly problematic in as much as both the numbers and the social cost (derived from a weighted relationship to the death data) are carried across from the mortality data.

At this point, one is tempted to throw one's hands in the air and declare the overall task too difficult, beset by poor data, heroic assumptions and an absence of research methods to deal with the extent of uncertainty. Some may therefore choose to stop at this point and regard the DHI as useless.

Others, however, like ourselves, will argue that, despite the many challenges, these exercises remain useful. An index should never be regarded as a singular or objective indicator used in isolation. It is useful when combined with other knowledge and information and in relation to the context in which it is applied. Scientific knowledge is the progressive accumulation of methods and data such that, over time, index methodology may be refined to provide a more accurate estimate of the complex issue attempting to be measured.

There is never an end to the process, and projects such as these provide opportunities for incremental improvements but will never, and should not, be expected to result in a 'true' estimate. ■

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RESOURCE

Drug Harm Index 2016 http://nzdrug.org/drug-harm-index-16

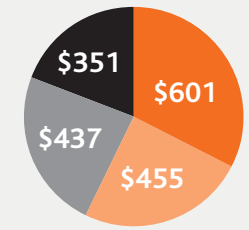
KEY STATS FROM THE DRUG HARM INDEX

The origins of the Drug Harm Index can be found in an interest in measuring the impact of government policy in relation to addressing illicit drug problems.

The first New Zealand Drug Harm Index (DHI) came out in 2008. This second iteration includes factors not previously considered. The two significant modifications from the previous index are the addition of the harm to family and friends figure and a re-evaluation of crimes attributable to drug use, including distinguishing between crime committed to fund drug habits (the standard figures used) and crime funded by the profits of drug trafficking, plus revenue loss to the tax base.

It is vital to recognise that the DHI is based on estimates and best available information. As updated or new information comes to hand, we could expect to see further iterations of the analysis. In this way, it should be considered a living document.

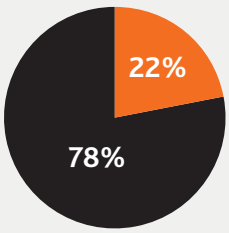
Social costs from illicit drug use in New Zealand in 2016



- Personal harm $601 million
- Community harm $455 million
- Family and friends harm $437 million
- Intervention costs $351 million

Total costs $1.8 billion

Cost of intervention for illicit drugs (all types)



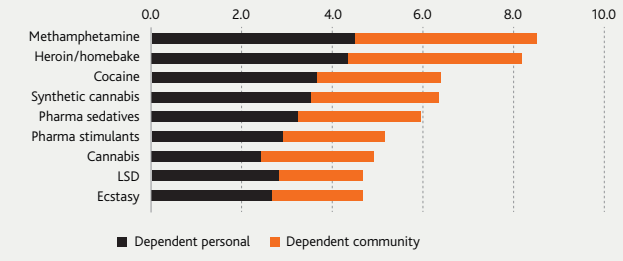
- Health Costs $78.3m
- Police, Courts & Corrections Costs $273.1m

Total costs $351.4m

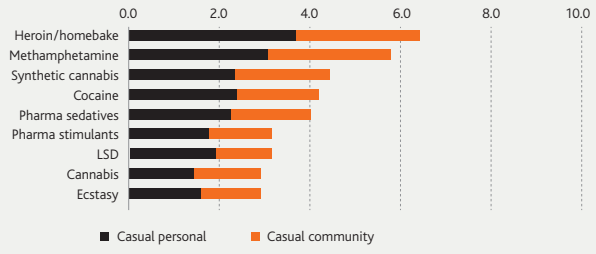
Estimated number of dependent and casual users

Drug group	Harm prevalence	Dependent	Casual	Total
Amphetamine-type stimulants	45.6%	1,392	24,327	25,719
Cannabinoids	22.3%	26,022	253,335	279,357
Hallucinogenic and psychedelic	26.4%	450	53,255	53,705
Opioid and sedative	30.9%	2,025	27,195	29,219
Total		29,889	358,111	388,000

Expert rankings: personal and community harms for dependent users



Expert rankings: personal and community harms for casual users



Costs of three types of drug-related crime

$140m

acquisitive crime by users to support their drug use

$70m

funding of non-drug-related crime types from the proceeds of drug trafficking as part of the diversification of organised crime's business interest

$254m

tax avoidance on the revenue raised from the sale of illegal drugs

Gilbert Taurua

Ngāpuhi, Ngāti Kawa/Te Atihaunui Pāpārangi, Ngāti Pāmoana

In May 2016, Gilbert Taurua joined the Drug Foundation to lead a new area of work promoting better drug laws for Māori. Serving others has been at the heart of this life's work since he was a young bloke, and there is no sign of him slowing down.

Q Where did your commitment to working in social justice come from?

A It all really comes back to Mum and Dad. They were both natural born social workers. They ran both pre- and post-release prison hostels when I was a young fella, so I was brought up pretty much in the criminal justice system where guys used to come and stay with us who often didn't have anywhere else to go.

I still run into some of them from time to time, and they talk positively of their experiences with Mum and Dad. It definitely had an impact on my aspirations to work with people to improve their circumstances.

I've always had an interest in justice and prisons and known that, within those systems, there is injustice and inequality. At times, Māori weren't always offered the same level of opportunities. It was interesting that, in the end, the pre-release hostel only attracted white collar criminals. Even back then, I knew that there was inequity in regards to those ones that were enabled to come to the hostel.

The passion for improving people's wellbeing and their lifestyles has always been with me. I didn't start out in this area. Dad told me to get a trade under my belt first, so I trained as a mechanic and worked in garages in Australia and Christchurch for more than 10 years. I still like playing with the spanners.

Q What were some of the challenges and rewards of this work?

A I guess there are sometimes frustrations working within the system. Working for what was then the Department of Social Welfare had its challenges. Bureaucracy was definitely a challenge, and then there were frustrations wanting to help people who didn't want to be helped. So you couldn't save everybody.

But in many cases, I saw positive results from the interventions we put in place, and it was those that kept me working in residences for more than 12 years.

I counted up, and I've been in the social work game 29 years, so I've been around.

I remember with some fondness working at Christchurch City Mission in the night shelter and in what we used to call the "drunk tank". I really enjoyed that and learned lots. I use the analogy of sitting in the gutter side by side with clients, again trying to improve their lifestyles.

Q Are AOD issues connected?

A From my early experiences working in residences, drugs have been a part of it. I've worked in domestic violence, in Māori health and in sexual violence. I've always had an awareness of where mental health and addiction issues impact on each other. When I was working as Business Development Manager for He Oranga Pounamu (HOP), the Ngāi Tahu Māori development organisation, we hosted a series of ALAC hui. It was at that point that I had a growing awareness of the impact of alcohol in our community.

During my time there, I got involved in some serious advocacy. One thing that really stood out during this time was when they closed the Taha Māori programme at the Hanmer residential facility, and the money got lost. This was too important to let slip, so I corralled some others to hold the DHB and the Ministry to account. It's something we didn't let go of, and the money was once again allocated to kaupapa Māori services. I am proud to have been instrumental in the development of a South Island Māori treatment programme, which grew my awareness and understanding.

As a young fella, I didn't really understand the whole issue of alcohol, but as I've grown older and wiser, I better understand its impacts on both individuals and communities. It was the HOP experience that drove home the issues associated with alcohol and particularly from a Māori perspective. This has led to me working for ALAC and HPA in the alcohol space both in national and South Island roles.

Q What is the Tautāwhihia. Kaua e whiu. project about?

A Primarily, it's about having conversations in Māori communities around drug harm and what law reform might look like from a Māori perspective. That obviously means we have to get political. We've got to work with key leaders, we need to engage iwi, we need to actively work with a whole range of already established entities and organisations. Obviously, the treatment sector is part of the answer as well.

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. I'm really looking forward to engaging with Māori communities to see if we can make a difference.

Q You believe change is necessary?

A When I was on the road one night before I started this job, I heard our Police Commissioner say there was unconscious bias in the way laws are being enforced. This really stunned me. It's something Māori have long known and had to live with, but to hear it being admitted by such a senior officer was something. We know Māori are disproportionately impacted by the criminal justice system, and one of the drivers is drugs. If we can balance the system and offer people affected by drugs an appropriate health or social intervention, we will see a reduction in Māori within the justice system and in turn those that end up in prison.

DID YOU KNOW?

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.

While no use is safest, use these videos to explore the facts before discussing options.

HOW TO USE THE VIDEOS

WATCH THEM TOGETHER

TO CREATE *CONVERSATIONS*, ASK OPEN QUESTIONS LIKE

WHAT DO YOU THINK ABOUT THESE SUBSTANCES?

WHAT STOOD OUT TO YOU?

WHAT WAS IN THESE VIDEOS THAT YOU WOULD WANT YOUR FRIENDS TO KNOW?

LISTEN TO WHAT THEY HAVE TO SAY

AND OFFER ANY SUPPORT THEY NEED

ALCOHOL: KEY TIPS

CANNABIS: KEY TIPS

SOLVENTS: KEY TIPS

View the videos & order resources:

aodcollaborative.org.nz/didyouknow

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