matters of substance

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

Holistic healing and moose stew
Drinking for two
Free P samples
The future of New Zealand's needle exchange

Pain, pot and politics

Is fear, prejudice and ignorance denying suffering New Zealanders relief?

www.drugfoundation.org.nz

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

You can help us. A key strength of the NZ Drug Foundation lies in its diverse membership base. As a member of the NZ 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

WELCOME to 2007 and the first edition of our new look *Matters of Substance* quarterly.

It's no secret that alcohol and drug issues are complex, and policy responses and solutions aren't always simple or palatable. In keeping with tradition, *Matters of Substance* aims to be an honest broker in those policy debates while remaining staunchly committed to the Drug Foundation's fundamental principles.

This means we will advocate for drug policies and practices based on the best evidence available which promote harm minimisation and reduce inequalities. We will publish arguments, discussions and new evidence on current and emerging alcohol and drug policy issues to that end, and we won't apologise for taking a strong editorial position.

Matters of Substance will include local and international stories written by Drug Foundation staff, freelance journalists and others with topic-specific knowledge. We'll include regular features, such as guest editorials, and introduce new ones. Mythbusters, for example, will regularly unpick the hype, hysteria and fictions often found around drug policy debates (especially those covered in the press).

In our first edition we take a look at the medicinal use of cannabis in New Zealand, the legal status of party pills, drug classification in the UK, and the Mythbusters unpick 'P-laced pot'. We have briefs on the regulation of alcohol advertising, a possible fair trade breach by Big Tobacco, alcohol and pregnancy, and the Healing Our Spirit Worldwide gathering. Charles Henderson outlines his vision for the future of needle exchanges, and Doug Sellman pulls no punches in his essay on the human and social reasons why drugs are always likely to have a 'bright future'.

Matters of Substance invited Doug's contribution after seeing him present similar thoughts to the Interagency Committee on Drugs as they considered their strategic plan for implementing the new National Drug Policy.

While the new policy hasn't been released yet, it appears its priority plans will include a focus on drug education, updating the alcohol strategy, and developing a Drug Harm Index for New Zealand. *Matters of Substance* will keep you updated on those projects.

Happy reading,
Ross Bell ■

***Matters of Substance* invites feedback and contributions. If you're keen to contribute a guest editorial or article, please first contact us: editor@drugfoundation.org.nz**

Key Events & Dates

Thinking Drinking II: From problems to solutions
26-28 February, Melbourne, Australia
A conference for those wanting to develop solutions to the risky drinking culture in Australasia. Focus will be on how to transform attitudes, customs and policies in order to create sustainable change.
www.adf.org.nz

Social Marketing Down Under
8-9 March, Wellington
A conference for social marketers and people working in related industries in New Zealand, Australia and the Pacific. Speakers will address key social marketing issues relevant to our region.
www.socialmarketing.co.nz

Central Region Addictions Forum
18-19 April, Palmerston North
This is an opportunity to meet with colleagues working in a rapidly changing alcohol and other drugs scene and to benefit from networking with others while learning about new services and talking with consumers.
www.alac.org.nz

Working Together Conference
3-4 May, Christchurch
Celebrating 10 years of positive partnerships and shared outcomes, the 2007 Working Together Conference is aimed at police, public health representatives, district licensing inspectors, researchers, trainers, council planners and policy makers, councillors, Māori wardens, Māori health providers, safer community co-ordinators, and those working in injury prevention.
www.alac.org.nz

18th International Conference on the Reduction of Drug Related Harm
13-17 May, Warsaw, Poland
This annual international conference, attended by more than 1300 people from over 60 countries, is a key forum for the dissemination of harm reduction ideas and practice. It brings together frontline workers, researchers, policy makers, members of governments, officials from law enforcement, the judiciary, criminal justice workers, UN officials, members of national and international NGOs, and members of drug user organisations.
www.harmreduction2007.org

Youth Week
21-27 May, Nationwide
A celebration of young people, Youth Week is about encouraging young people's participation in and connections to their communities.
www.youthweek.co.nz

Te Tōrino – Re-imagining Public Health
4-6 July, Auckland
The 2007 Public Health Association conference themes are urban design, food matters and voices. Topics will include kaupapa Māori, systems and structures, workforce, inequalities, determinants of health, and globalisation.
www.pha.org.nz

Oceania Tobacco Control Conference
4-7 September, Auckland
This conference promises to be both exciting and informative. Confirmed keynote speakers include, Cynthia Callard of Physicians for a Smoke-Free Canada, Shu-Hong Zhu from the University of San Diego, California and Professor Melanie Wakefield of The Cancer Council Victoria in Melbourne.
www.smokefreeoceania.org.nz

Rugby World Cup game one: All Blacks vs Italy
8 September, France
The All Blacks will begin their assault on the Rugby World Cup by meeting Italy in the second match of the tournament, 1.45 pm in Marseilles.
www.rugbyworldcup.com

Two nations, ten cultures?
The Combined APSAD and Cutting Edge Addiction Conference
4-7 November, Auckland
The main theme of the Combined Conference is Two Nations, Ten Cultures? We know which are the two nations, but what is 'culture'?
www.twonationstencultures.co.nz

Pain, pot and politics

Is fear, prejudice and ignorance on the part of our decision makers denying many suffering New Zealanders the help and relief that medicinal marijuana use could provide? A mere whiff of the term seems enough to scatter the herd in the political fraternity.

The Misuse of Drugs (Medicinal Cannabis) Amendment Bill sponsored by Green Party Associate Health Spokesperson Metiria Turei would allow registered medical practitioners to prescribe cannabis to patients with specific serious medical conditions. The bill is due to be heard in Parliament in May.

Sarah Daniell looks at the issues around the legalising of medicinal marijuana and the arguments put forward by both advocates and opponents.

"I defy anybody to compare or put the morality of medicinal marijuana up against the pain and suffering that people have."

Bruce Kilmister

ANCIENT medicine, anecdotal evidence and widespread consensus suggests that medicinal cannabis has value in treating people with serious conditions who may not respond to other drugs.

It is known to have benefited people who have cancer, HIV/AIDS, MS and other neurodegenerative diseases. Studies have shown it also helps paraplegics prone to body wasting, and sufferers of Tourette's syndrome, epilepsy and motor neurone disease.

New Zealand may lead the world in many areas, but advocates of legalising medicinal marijuana say we lag behind the rest of the world on the issue. In Canada, the United States, the Netherlands, Germany and New South Wales in Australia, it is legal to use cannabis for strictly medicinal purposes. Despite its C-class status here, prosecutors take a tough line on cannabis which is supplied to relieve pain. In just one high profile case in 1998, Neville Yates, was convicted of using medicinal cannabis.

The law may be emphatically in favour of teaching medicinal users a harsh lesson, but it would seem the public of New Zealand is behind Turei. In July 2006, a 3 News/TNS poll showed 63 percent of New Zealanders would support a law change allowing doctors to prescribe cannabis as a painkiller. And on 22 November 2006, Turei herself tabled in Parliament a 3000-signature petition organised by NORML in support of a law change to allow the use of medicinal cannabis.

In a survey of 225 doctors in 2003, 32 percent indicated they would consider prescribing medicinal cannabis products if it were legal. Six percent said they had prescribed medicinal use of cannabis.

The biggest obstacles to medicinal cannabis, according to advocates, are politicians and prejudice.

Bruce Kilmister, of Body Positive, an organisation which supports people suffering from HIV/AIDS, has had many years at the coalface of the issue.

"Over probably 20 years I have watched as the AIDS pandemic has raged through various countries, including New Zealand. I've lost a partner to AIDS, I've seen many people die from AIDS and I have questioned the legitimacy of withholding what could be a comfort to those people suffering the physical effects of AIDS. I'm referring to nausea, body wasting and pain – pain through every part of the body from cancers or pneumonia.

"I defy anybody to compare or put the morality of medicinal marijuana up against the pain and suffering that people have. This is not for recreational or social use. I'm advocating medically prescribed marijuana for a medical situation for which there is no other form of relief."

"The opposition to the use of cannabis is not based on research or evidence, it's based on prejudice and that cannot be justified in a so-called modern, democratic, liberal society." *Metiria Turei*

"I'm advocating medically prescribed marijuana for a medical situation for which there is no other form of relief."

Bruce Kilmister

Metiria Turei believes prejudice is at the heart of the issue.

"We have a potentially useful medicine here and we are denying sick people because we have a prejudice about the nature of cannabis and recreational drugs. The opposition to the use of cannabis is not based on research or evidence, it's based on prejudice and that cannot be justified in a so-called modern, democratic, liberal society."

She says scientific evidence increasingly supports the benefits of medicinal cannabis.

"It's been demonstrated in a number of studies to be useful for some conditions, particularly muscle spasm control for those who are paraplegic, and control of nausea and maintenance of appetite for those who have cancer or HIV, or who are taking other drugs that are causing those kinds of symptoms."

Turei also refuses to accept that the issue is too 'hard-basket'.

"We've been through these kinds of debates before. Abortion is one example, homosexual law reform is another. We've just had the civil union debate. We can tackle these issues sensibly.

"Hopefully the bill, or the discussion around the bill, will help people see these issues more clearly."

But proponents of medicinal marijuana may not only be up against politics and prejudice. In July last year, *New Scientist* reported that while there was clear anecdotal evidence that medicinal cannabis works in some cases, results of clinical trials have been mixed. The problem is there's no way of targeting the drug to a particular place, it said.

Experts at the Federation of Neuroscience Societies meeting in Vienna last July said the human body had its own endocannabinoid system which helps regulate pain, hunger and anxiety. Medicinal cannabis interferes with that system.

Kilmister rejects the notion that medicinal cannabis is a blunt tool.

"Where HIV/AIDS people are concerned we have always been on the cutting edge of science. I can't begin to tell you the number of people who have died more from medication in the very early days, than the virus itself. They became the willing guinea pigs of the pharmaceutical industry in an attempt to stay alive.

"All I can say is I see what actually works. I do see people who are using marijuana for medicinal reasons and it works where everything else has failed. Most of the physicians we work with have no difficulty seeing their patients use marijuana when they have identified nothing else seems to work.

"They will simply turn a blind eye or even sometimes suggest to the person, 'Have you tried this?' knowing full well that it is illegal and knowing full well it could be the only form of relief for that person."

Currently in Britain the only cannabis-based product which can legally be used is a treatment for MS - a nasal spray called Sativex. Cannabis derivatives supplied in a synthetic form may be the ultimate compromise for those in the medical community who cannot countenance patients smoking it for medicinal purposes. A spokesperson for the New Zealand Medical Council said it supported research and debate on the issue, but didn't support people being allowed to smoke the substance as that came with other health issues.

But the problems with synthetic derivatives, says Turei, are the expense and time involved in research and the issue of efficacy.

"My concern is that the government may be committed to looking at pharmaceutically tested products as opposed to whole plant extracts, and I think that's a real shame because the whole plant extract is shown to be more effective, and we end up with a system where medicinal cannabis is made really expensive and really difficult to access."

In The Netherlands there is a strictly regulated system where agents grow cannabis. It's tested to make sure it's clean and doesn't contain any contaminants and the genus of the plant is assessed. They know through testing and anecdotal evidence what kinds of plants are suitable for certain conditions and supply them on that basis.

Kilmister says if the public needs reassurance, it needs only to look to the United States.

"If ever there was a bastion of conservative attitude in terms of the medicinal or morality aspects of marijuana, the United States would

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Billy's Story

Billy is 52 years old and uses medicinal cannabis.

AT 20 he had just earned his trade certificate and started a well-paid job when his vehicle was rammed by a drunk driver. His right leg was shattered and he spent a year in hospital and several more rehabilitating before constant pain led to the decision to amputate.

This improved things at first, but over the years the pain worsened and was compounded by discomfort from using a prosthetic leg. Having to use a wheelchair and crutches has now led to pressure sores on his back and legs, and repetitive strain injury to his hands.

Billy describes the pain as being like a severe toothache, or like wearing shoes that are too tight with a stone in them, and he says no one should have to live with that. He believes he will only be free when he is dead, and the pain's unrelenting persistence, combined with loneliness and the frustration of immobility, has brought him to the brink of suicide on a number of occasions.

The opiate-based painkillers doctors prescribed for Billy dulled the pain, but they also made him moody and depressed. He would sleep for long periods and awake feeling un-rested, de-motivated, nauseous and like he had a severe hangover. Dosages kept increasing to keep pace with the pain and eventually Billy faced the additional burden of overcoming painkiller addiction.

He now refuses prescription drugs, even though they're free, in favour of cannabis which costs him about $50 per week. It isn't a miracle cure either, but it does allow him to get natural sleep which makes him stronger and better able to cope with the pain during the day. He takes it as little as possible, and not at all when his pain is manageable.

Billy's doctor is supportive, and has given him a statement to that effect in writing. He is also an active co-ordinator for Green Cross, a web based support group which asks police to use their discretionary powers in cases where a medicinal cannabis user is being questioned.

While he says many amongst the police are sympathetic, the fact that medicinal use is illegal has left him without protection or recourse. His home has been invaded or burgled on more than twenty occasions and his cannabis and valuables stolen. He says this is common amongst medicinal users who feel unable to report this sort of crime for fear of legal repercussions.

He no longer locks his doors or windows when he goes out as they just get smashed. He lives with the constant fear of a home invasion at a time when his children are visiting.

Under the current Misuse of Drugs Act 1975 the Minister of Health can grant exemptions for medicinal use where a doctor is supportive and cannabis has been the only effective medicine. Billy has applied for an exemption and been turned down three times. In fact no application has ever been successful.

The usual grounds for rejection are either that cannabis has not been sufficiently clinically tested here, that the applicant has convictions for possession, or that it is an unsafe medicine because it is smoked.

Billy says this would be amusing if it wasn't so tragic, and that the hassles that come with medicinal marijuana use mean people wouldn't use it unless it was truly effective. "I can get really strong painkillers from my doctor for free. Why would I put up with the fear of prosecution or burglary and the incredible amount of trouble and expense needed to buy or grow it unless I had to?"

Billy's doctor is concerned about potential lung damage from smoking marijuana, but Billy, who doesn't smoke cigarettes, says any damage that may result from the few tokes he takes each day pales in comparison to the way the prescription drugs knock his brain and body about. "I'm grateful that everyone's concerned about my lungs," he says, "but does nobody see the irony in what they're asking me to live with instead?"

Matters of Substance thanks Billy for his generosity of time and for sharing his story publicly. ■

Quotes of substance

“We do not want our brands or brand imagery depicted in movies and TV shows.”

Philip Morris promotes its new message after recent studies show that smoking in movies is the number one factor prompting young people to take up smoking. One can only wonder then, who is behind the ‘Marlboros in movies’ phenomenon?

“Looking back I would have done things differently.”

National Party’s Associate Health Spokesman Jonathan Coleman, punched after smoking a cigar in tobacco giant BAT’s corporate box, while enjoying a free invitation to an Auckland U2 concert. Hindsight is a wonderful thing, but a modicum of insight would have been better.

“It is very tragic, but I am surprised it hasn’t happened sooner.”

An Australian resident comments on the recent break-in into a meat works factory by four youths to sniff petrol. Two were found dead in the warehouse, while the other two are in hospital, one in critical condition.

“It’s ground-breaking legislation…. I believe we should be tougher.”

Australian Opposition Police and Corrective Services Spokesman Rob Messenger raises the matter of drink driving after a public poll reveals more than 75 percent of Australians supported stripping repeat offenders of their vehicles and licences for life.

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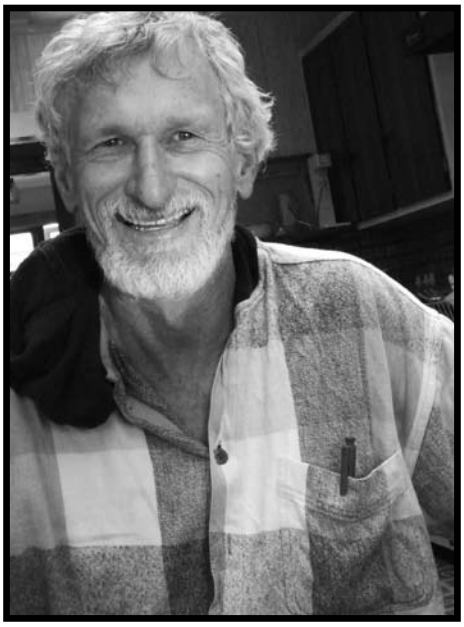
be the absolute heart of it. Yet the US has accepted the legitimate, legal use of marijuana. It is prescribed with a health card that allows the patient, under the very strictest control, to secure marijuana for medicinal purposes – much to allay some of the concerns I briefly mentioned, particularly pain.

“It helps a great deal with other things such as appetite. Nausea destroys appetite and causes body wasting – all of those things which contribute to the on-march of the AIDS virus through the body could be allayed with the use of medicinal marijuana.

“When you are taking a barrage of medication, morning, noon and night, just simply to stay alive, that affects the whole psychology of a person. And to simply shift aside from that briefly, with the support of medicinal marijuana, not only defers the symptoms they’re suffering at the time but also gives them some slight relief.”

So what’s the guts of Turei’s Bill?

“The Bill is set up to allow a doctor to decide whether a patient would be helped by cannabis. They decide the best dosage and the patient applies to the Ministry of Health for an ID card which has dosage, how many plants they can grow, what condition the marijuana is for and the name of the prescribing doctor.



“That information is all passed on to the police so they know who medicinal users are. If the person is unable to grow the plants themselves, they can designate someone to do that for them and that agent becomes registered with the Ministry and the police as well.

“The card provides protection but only to the level specified. It must be done under medical supervision. The patient can access the plant very easily and cheaply because they can grow it themselves.”

Turei accepts that some doctors are against people smoking cannabis, but says there are other alternatives, such as a tincture, a vaporiser or ingesting.

Bruce Kilmister says he is unconvinced by pharmaceutical derivatives.

“We’ve looked very closely at the [cannabis derived] pill but our concern is that it takes too long to work. When a person needs relief they need it immediately. You don’t want to take a pill and wait for an hour when simple marijuana provides instant relief.

“If Turei’s Bill is adopted it would reduce the abuse of our members, many of whom are already living in poverty, purely on a pension. They cannot absorb the exorbitant costs that fuel the profits of the inappropriate growers and dealers. If legislation was passed that allowed for medicinal use only, and it was strictly controlled, I think it would improve the situation for many so that they would not be put further into the clutches of poverty, or risk real violence in dealing with people they would never normally associate with.

“The biggest obstacle is finding sufficient politicians with the fortitude and moral responsibility to meet this debate honestly and sincerely.” ■

Sarah Daniell is a freelance journalist based in Auckland.

"I think we're stuck with 18."

While there was no disagreement from MPs during the parliamentary debate about the need for us to do something about our drinking culture, there was little consensus about what that something might be.

Ross Bell comments on the defeat of Martin Gallagher's Sale of Liquor (Youth Alcohol Harm Reduction) Amendment Bill, and expresses concern for future liquor law proposals before this Parliament.

ASSOCIATE Health Minister Damien O'Connor predicted Parliament would reject the bill seeking to raise the alcohol purchasing age to 20 years. He was right, and the vote wasn't even close.

On 8 November 2006, 72 members of Parliament voted down the bill, and only 49 supported it. The previously 'undecided' MPs, including Health Minister Peter Hodgson and Prime Minister Helen Clark, had the final and decisive say in its defeat.

The defeat wasn't surprising but the margin was, and it raises serious concerns about how this Parliament might vote on future alcohol law changes, especially as we're anticipating possible legislative proposals stemming from the liquor law and alcohol advertising reviews.

While there was no disagreement from MPs during the parliamentary debate about the damage alcohol does or the need for us to do something about our drinking culture, there was little consensus about what that something might be.

Green MP Metiria Turei argued for better and tougher enforcement of existing law, while national MP David Carter said the alcohol industry needs to have a greater role in finding solutions.

So why did the bill fail?

Some commentators and MPs say last minute lobbying by the industry and the political party youth wings' 'Keep it 18' Coalition clinched the deal.

Many suggest that the Justice and Associate Health Ministers' announcement of a bigger review of New Zealand's liquor laws on the day of the vote effectively killed the bill, even though no terms of reference or timetable for the review were announced.

There was also a suggestion by many MPs that the bill as reported back from the select committee was a mess and that its exemptions would prove too difficult to enforce. Indeed, the creation of the new legal status 'former guardian' solely for this legislation did appear ridiculous.

Maybe those of us fighting to raise the age blew it. With more than 70 percent of the population supporting the age increase we should have done better. There must be lessons in this defeat for us. Were our arguments weak? Was the evidence poor? Could we have been better networked with other supporters (including youth organisations)?

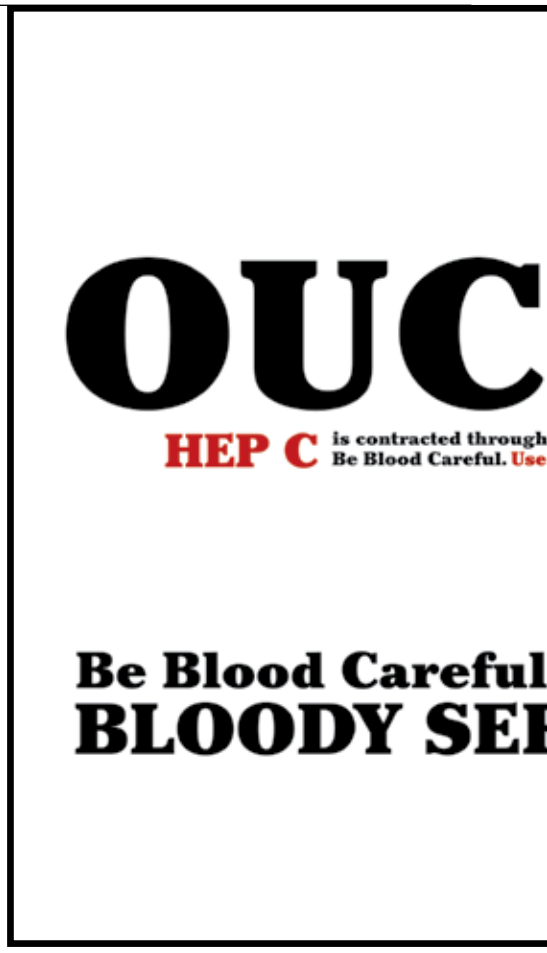
Damien O'Connor was also correct in pronouncing, "We're stuck with 18." The drinking age vote has been lost and the matter is likely to stay off the parliamentary agenda for a long time to come.

However, the community now has heightened expectations that Parliament will demonstrate greater leadership and indeed do something about our drinking culture. That something should come out of the liquor law and advertising reviews. Greater efforts will be needed (including better work by us) to ensure Parliament gets it right next time. ■

The vanguard of harm reduction: the future of New Zealand's needle exchange

In 1987 New Zealand established its Needle Exchange Programme (NEP), perhaps the first country to do so on such a comprehensive scale. Now, 20 years on, there are 212 outlets operating nationally and 17 dedicated exchange outlets utilising a peer service model. There are 182 pharmacies and health related organisations providing new, sterile injecting equipment and collection of used items.

In our Guest Editorial, Needle Exchange Programme National Manager **Charles Henderson** writes about the programme's current status and what should happen to ensure its future.



IT NEEDS to be understood right from the outset. Drug use has always been part of the human condition, and will be for the foreseeable future. Even in our distant past, we used drugs ranging from alcohol to opiates and hallucinogens to induce altered states of mind or assist in spiritual quests.

The grim reality of harmful drug use is apparent to NEP workers on a daily basis. Regardless of our opinions or world view, illicit drug users continue to risk ill-health, addiction, disease and prosecution. Those who have become dependant have a career of narrowing choices. With the knowledge and understanding we now have about drugs and what they do to people, it is an oxymoron to say that those dependant on drugs lack will-power or could stop if they wanted to.

Ongoing prohibition has had many implications in our society. Fear of prosecution means that illicit drug users are forced to act covertly; often resorting to unsafe methods in their attempts to remain hidden. Even though we have been authorised to supply clean injecting equipment since 1987, NEP clients still must run a legal gauntlet because possessing the very equipment we supply is against the law. This has huge implications on the personal and public health objectives of the NEP as we attempt to minimise the spread of blood borne viruses (BBVs) within the IV drug using population, and from there to the wider community.

This is why New Zealand's Needle Exchange Programme has always taken the pragmatic approach of reducing the harm that can result from drug use. Providing clean needles and de-circulating contaminated ones is not condoning drugs. It's a way of reducing suffering and loss of life, and it often provides the only point of contact through which drug users can be educated, informed, and assisted with access to treatment options. Individuals often turn to drug use as a way of coping at a particular point in their lives. They should not then be condemned to a life of despair and worthlessness. The majority get through it with the right assistance and continue on the path as productive and participating members of society.

One of NEP's greatest strengths is its emphasis on peer service. Dedicated exchange outlets are run and staffed largely by people who have themselves been injecting users. They understand the lifestyle and how best to impart information by showing genuine empathy and understanding, and by taking a non-judgemental approach. More than 75 percent of the national distribution of sterile injecting equipment is through the 17 outlets using the peer service model.

We have to recognise illicit drug use as a health issue if we're serious about minimising its related harm - from a Government and policy level through to doctors, pharmacists and public attitude. Treatment must acknowledge that drug addiction is a chronic relapsing condition which may require several interventions over a lifetime, but that there are many ways of reducing its harm. Longer prison sentences and harsher penalties only further prevent these individuals from receiving a health based solution.

So where is NEP now?

Over the last 20 years we've had some very real and measurable success. In 2004 I personally headed a study into the prevalence of HIV, Hepatitis B and Hepatitis C amongst injectors attending the programme. We examined trends in their injecting practices, sexual behaviours and other risk factors associated with BBVs.

The study consisted of an anonymous questionnaire completed by 412 people and a finger-prick blood test. We were able to compare results with two more limited studies done in the late 90s. Many of the results were robust, indicating that drug users are changing their behaviours.

Needle exchange was instigated early in New Zealand, mainly as a response to the potential HIV/AIDS epidemic. As a result we have the lowest rate of HIV transmission amongst injectors attending the NEP in the world. HIV prevalence of 0.3 percent is an outstanding result!

No blood tests were positive for Hepatitis B, but Hepatitis C results were more concerning. It is a difficult virus to control and is easily transmitted via shared injecting equipment. Seventy percent returned positive, and the longer a user had been injecting, the more likely they were to carry Hepatitis C. Of note was that the prevalence amongst injecting drug users under 25 was less than 30 percent, indicating that early education and intervention may reduce the overall pool of Hepatitis C infection amongst them over time.

There is no doubt in my mind that we have saved the country millions of dollars in disease prevention and downstream health costs. This is endorsed by the 2002 NZ NEP Review which stated that New Zealand's NEP is both effective and efficient, particularly with respect to prevention of HIV infections among injecting drug users and every dollar spent on the programme between 1988 and 2001 avoided $20 in lifetime treatment costs.

However, it also seems clear that the programme must be maximised so that it reaches a greater proportion of injecting drug users if we are to effectively reduce Hepatitis C transmission and prevalence in the future.

So what is the future for NEP?

While needle exchange must remain is core activity, NEP must also continue to develop to incorporate

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	1997	1998	2004
Re-use of someone else's needle	19%	21%	15%
Use of new needle each time	40%	48%	50%
Sharing spoon	–	50%	25%
Sharing tourniquet	–	31%	21%
Sharing water	–	22%	11%
Sharing filters	–	23%	6%

The table above compares risk behaviour survey results for 1997, 1998 and 2004.

ancillary services via the dedicated outlets. These should include Hepatitis C clinics, vaccination programmes, provision of food, and more education on sexual behaviour, injecting techniques and wound management. NEP needs increased national awareness to encourage participation, particularly amongst young people and those in more remote areas.

We've made a definite start with all of the above, but the future will largely be determined by two things: funding and targeted interventions based on best evidence.

In terms of funding, we simply cannot allow NEP to be seen as a poor cousin to other approaches in our national drug policy. The recent National Drug Policy 2006-2011 consultation document has relegated our approach of harm reduction to "problem limitation" thereby lessening its importance in respect to the internationally accepted three-pillar approach of supply, demand and harm reduction. Internationally, in places that do not accept harm reduction programmes such as the NEP, HIV/AIDS rates of over 50 percent have been reported.

Household Drug Surveys indicate two percent of New Zealanders inject or have injected drugs in the last 12 months. This means 85,000 people are potentially susceptible to blood-borne viruses from drug use, and these people will have contact with other New Zealanders. We cannot ignore these issues and hope they will go away.

Increased funding is needed to improve the outreach capabilities of the programme. Outreach is fundamental to the successful future of NEP, yet it is relatively ignored as attention and resourcing is concentrated on law enforcement and border interdiction.

Outreach takes the concept of harm minimisation to the most isolated and vulnerable users around the country, often providing a lifeline for those who would otherwise find it near impossible to learn about the help available.

A trial mobile needle exchange has recently begun operating on the West Coast. This service makes contact with those in the injecting community who are well-placed to publicise its availability to their peers. It's another example of the sorts of effectiveness only possible through the ground-level, evidence-based approach the peer-based dedicated exchanges can provide. The service is currently being evaluated and it is hoped it can be rolled out to other areas as part of a broad range of interventions to maximise NEP's effectiveness now and into the future.

While many New Zealanders, including many politicians, remain blissfully unaware or perhaps a little fearful of NEP, its importance as an effective means of minimising harm to all New Zealanders cannot be underestimated. The 2004 survey indicates that on the whole we are getting it right, and we are making an incredible difference.

The introduction of a free one-for-one (new for old) distribution scheme in 2004 is an example of the continued investment and support NEP does receive from Government. Removing the economic barrier (previously distribution of injecting equipment was on a user-pays basis) is crucial if we are to reduce the sharing and re-using of injecting equipment. Such behaviours are devastatingly efficient ways of transmitting BBVs, and other ways may arise in the future.

The future of the Needle Exchange Programme must be centred on consolidating its ground-level approach, providing solid scientific evidence, and through this expanding the service's reach and effectiveness. This will take increased funding, continued strategic management and planning and robust evaluation of any targeted intervention that is implemented. Money well spent in my view. ■

Doubts about drug driving tests

NEW ZEALAND legislation permitting roadside drug driving tests may soon come into effect. A draft bill is set to go before Parliament this year which would make it illegal to drive while impaired with illicit drugs.

Police will have the power to test suspect drivers with a series of roadside impairment tests including walking in a straight line and pupil size. Drivers who fail will be required to undergo a blood test taken by a doctor. A failed blood test could incur penalties similar to those for drink driving.

Doubts regarding the accuracy of the impairment and blood tests have sparked debate. Critics say roadside impairment tests are subjective, and blood tests would only confirm the presence of a drug type, not the amount or time taken, nor whether the driver is impaired by the drug. Certain drug types can stay in the blood for several weeks. However Government is confident the tests will be accurate and able to detect the presence of most illicit drugs including cannabis and amphetamines.

New ALAC Members

THREE new ALAC council members have been appointed replacing chairman Andrew Hornblow, and members Monica Stockdale and Dr Gillian Tasker. Peter Glensor will take up the new role of chairman alongside members Alick Shaw and Robyn Northey. The new members bring to the table a vast array of knowledge, skills and experience from a variety of health fields, all of which will contribute towards the progression of ALAC's key objectives.

Out with the old, in with the new

AFTER 12 years in the job ALAC Chief Executive Officer Mike MacAvoy has stepped down from his role. Mike MacAvoy's career commitment to the drug and alcohol field will continue as he leaves to share his expertise as the head of Drinkwise, an Australian liquor industry initiative based in Victoria. Gerard Vaughan has been appointed as ALAC's new CEO. Gerard has extensive knowledge and managerial experience within the health sector in a variety of sectors and fields. He was recently the project manager for the Like Minds, Like Mine programme.

'Huffing' and puffing and blowing yourself up

IN 2004 volatile substance abuse found its way into media headlines as six people died from 'huffing' volatile substances prompting the Wellington coroner to advocate for an anti-drug education campaign.

Debate dwindled until 2006 when a young Nelson man died after a LPG bottle he and his mates were inhaling from exploded. Weeks later in Australia two teenagers died and two others were critically injured after breaking into a warehouse to sniff a 44-gallon drum of petrol.

Another young man of 19, and a boy, 15, died from 'huffing' just before new year 2007. The mother of the 19 year old from Masterton said, "You can't ban everything. But you can try and reach the kids – warn them. We had a look online and the gas usually stops their hearts after setting it racing. The worst thing is that it's a 15-minute high and then they feel sick afterward."

New CAYAD for Christchurch

IN JULY 2006 a new Community Action on Youth and Drugs project (CAYAD) started in Christchurch, bringing the total number of CAYADs to 24. Key objectives shaping the Christchurch CAYAD's values and services include support of young people, partnership with key stakeholders and the community, and the development, implementation and support of effective harm minimisation policies and programmes. Christchurch CAYAD coordinator Leanne McTear is looking forward to getting out into the community in 2007 to further develop the service.

Bewildered

IN LATE 2006 ALAC launched *Bewildered* for parents and caregivers. This powerful resource tells the story of parents who are dealing with their children's drinking and drug taking, or have had to do so in the past. A 30 minute DVD and workbook complete the pack.

The absorbing DVD shows five parents and two teenagers taking viewers with them on their journey, openly welcoming parents and caregivers in similar situations into their lives. The real life experiences include dilemmas, tips, acceptance, and the future.

The workbook helps parents and caregivers address and work through their situations. The resource is not intended to be the final solution. Rather, it encourages each reader to reflect on their personal circumstances within a holistic framework. Free copies can be ordered from ALAC and the Alcohol Drug Helpline.

Speed use slows

A REPORT on the National Household Drug Surveys conducted in 1998, 2001 and 2003 into recent population trends in amphetamine use was published in 2006.

The findings indicate a general levelling out in usage prevalence and a decrease in numbers who had used amphetamines. There was a mixed response regarding the availability of amphetamines from those surveyed and evidence suggests little or no change in price or harm from use since 2003. The decrease in use is likely to be attributable to law enforcement legislative

changes beginning in 2002 which focused on domestic methamphetamine manufacture and use.

The 2003 respondent sample was somewhat less than the 1998 and 2001 surveys which can to some extent affect the reliability of the comparisons. Researchers believe that the increased exposure, classification, and stigmatisation of methamphetamine may have contributed to the lower response rate in 2003.

Drug problems in the criminal justice system - a year of action

2006 saw real progress from several sectors in addressing the problem of alcohol and other drugs in prisons.

Corrections Minister Damien O'Connor led a delegation to study corrections policy on harm reduction and treatment services in Britain, Finland and the Netherlands in January 2006, and has committed his department to increasing the number of treatment places in New Zealand prisons to 550, double the present number, by 2009.

A report on the initiative Effective Interventions, announced by Government in August which reviewed the interface between mental health, addiction treatment services and the criminal justice system, will be released early this year.

Alcohol and other drugs were also on the agenda at the Beyond Retribution - Advancing the Law and Order Debate conference, hosted by the New Zealand Prison Fellowship. The Fellowship also joined with the Salvation Army to lead Rethinking Crime and Punishment (www.rethinking.org.nz), a project aimed at increasing public understanding about crime reduction and promoting alternatives to current models.

Another significant step has been the Department of Corrections' decision to allow people who enter prison on opioid substitution therapies to stay on those therapies. This move is part of the 2005 agreement between Corrections and the Ministry of Health to improve health services for people in the criminal justice system.

The Drug Foundation has been active since holding its Reducing Crime Through Best Practice on Alcohol and Other Drugs in Prison Settings workshop in July 2005. We also identified treating offenders' drug problems in reducing crime as a priority in our briefing to the incoming government

Census reveals smoking's down

ACCORDING to the 2006 census 597,792 New Zealanders aged 15 years and over, describe themselves as regular smokers, compared with 609,297 in 1996. This represents a 2 percent decline over 10 years. The smoking question has not appeared regularly in the Census. It was first asked in 1976, then again in 1981, 1996 and 2006. ■

World News

Jury not sweet on chocolate defence

BRITISH multiple sclerosis sufferers Mark and Lezley Gibson and Marcus Davies have been found guilty of supplying more than 20,000 cannabis laced Canna-biz chocolate bars to MS sufferers worldwide. The bars contain about 3.5g of cannabis and are only available to those who provide a medical note confirming their condition. The jury rejected their defence claim that the bars are a 'medical necessity'. On 27 January 2007 each defendant received a nine-month jail sentence suspended for two years.

More casualties in the War on Drugs

IN JANUARY, Singapore executed two Africans on drug trafficking charges despite pleas for clemency by Nigeria's president, the United Nations and human rights groups.

Nigerian Iwuchukwu Amara Tochi, 21, was hanged at dawn in the city-state after being convicted of trafficking 727 grams of heroin – nearly 50 times the 15 grams that draws a mandatory death penalty in Singapore. Okeke Nelson Malachy, a 35-year-old stateless African, to whom Iwuchukwu was supposed to deliver the drugs, was also convicted and executed

Some 420 people have been hanged in Singapore since 1991, mostly for drug trafficking, an Amnesty International 2004 report said. That gives the country of 4.4 million people the highest execution rate in the world relative to population. For more information see The death penalty: A hidden toll of executions - web.amnesty.org

Scientists hope for booze buzz blocker

IF SCIENTIFIC practice can treat infection, then why not addiction? Scientists at Melbourne's Howard Florey Institute may have cracked the code for treating alcohol addiction. Orexin is produced by brain cells during the 'high' felt after drinking alcohol or taking drugs. Dr Andrew Lawrence says that if a drug can be developed to block orexin production in humans, we should be able to stop an alcoholic's craving for alcohol as well as prevent relapses once the alcoholic has recovered. Tests are currently underway to develop orexin blocking drugs safe for humans.

The last US anti-NEP bastion caves

UNTIL recently, New Jersey was the only US state with a law prohibiting drug users from access to clean needles. The needle exchange bill (Senate Bill 494) was adopted on 11 December 2006. State health officials applauded the vote, which concluded 13 years of bitter debate about research findings on needle exchange and the effects such programs have on individuals and communities. Supporters anticipate that the bill will impact positively

on the number of HIV/AIDS cases in which New Jersey nationally ranks fifth.

Alcohol finishes Finnish

A RECENT study revealed that alcohol is now the leading killer of Finnish adults with consumption reaching an all time high in 2005. More than 2,000 people between the ages of 15 and 65 were killed by alcohol poisoning or illness, and nearly 1,000 were killed by alcohol-related accidents or violent incidents.

Plenty of snow in England

TO DATE throughout Europe nine million people have used cocaine, but Britain is now officially its cocaine capital. The blow blizzard avalanched into Britain in the mid-1990s and has yet to thaw. Ten percent of those experiencing chest pain are found to have the drug in their system, and one leading expert has said that a healthcare disaster is inevitable The drug is gaining favour most sharply among 25-34 year olds - the so-called 'dinner party cocaine set'.

Bingo gran jailed

AN ARIZONA grandmother who ran drugs to support her bingo habit has been fined US$150,000 and sentenced to three years in prison. Police found 96.3 kilograms of cannabis in the boot of her car. Leticia Garcia said she often played bingo, occasionally winning several thousand dollars at a time, though her only regular income was US$275 monthly welfare support.

Aussie youths fair dinkum drinkers

STATISTICS reveal that an average of 522 Australian youths needed paramedic attention for excess alcohol consumption each year, and over 60 percent of these require hospital treatment. This figure has remained stable since June 1998. ■

Party pills in the headlines – again

Party pills are back in the news as Associate Health Minister Jim Anderton considers their legal status.

IN 2006 Mr Anderton asked the Expert Advisory Committee on Drugs (EACD) to review recent New Zealand research on benzylpiperazine (BZP), the main ingredient in most party pills. The official EACD report was released by Mr Anderton on 20 December 2006. It recommended BZP be classified as C1 under the Misuse of Drugs Act alongside drugs such as cannabis. It is illegal to possess or sell Class C drugs.

Mr Anderton says he is still considering advice and options for controlling BZP, as required by the Misuse of Drug Act. He aims to complete this consideration by March and is currently seeking advice from manufacturers, retailers, researchers and the community.

The release triggered extensive media coverage. National MP Jacqui Dean urged the Minister to act immediately. Matt Bowden, on behalf of the New Zealand Social Tonics Association, said that while the EACD report had focused on risks, it lacked analysis of the benefits of safer, regulated alternatives to illegal drugs.

The stories also triggered correspondence from the public. A common thread amongst comments from current and former users was that while party pills have risks, they are no more dangerous than alcohol or tobacco. Many correspondents argued for stronger regulation such as raising the purchase age to 20, or selling party pills only through licensed retailers.

The Drug Foundation congratulated Mr Anderton for resisting pressure to make a hasty decision, and for reviewing all the evidence and consulting with the public before making a recommendation to Parliament.

The Drug Foundation supports retaining party pills in the Act's restricted substances category, but with new and stricter regulations and enforcement, arguing tighter and improved regulations will allow Government greater control than an outright ban. ■

Information on the Minister's consultation process and media coverage of party pill issues can be found on our website: www.drugfoundation.org.nz

From Nemesis to sleeplessness: a history of party pills

PARTY pills first entered the New Zealand market in 2000 as a product called Nemesis produced by the Stargate company. A number of industry players are now competing in this market, and claim to have sold more than 20 million pills. Most contain benzylpiperazine (BZP) and many are mixed with trifluoromethylphenylpiperazine (TFMPP).

More recently, New Zealand companies have begun exporting to the United Kingdom where BZP and TFMPP are unclassified. The products are sold as 'pep pills'. The UK boom has reached the attention of *New Scientist* (Legally high, 30 September 2006) and *The Guardian* (Exotic, legal highs become big business as 'headshops' boom, 9 January 2006).

In a recent development, the UK's Advisory Council on the Misuse of Drugs started an inquiry into BZP. This followed an earlier investigation into whether the pills should be licensed under the Medicines Act, given piperazine is a licensed veterinary worming medicine in the UK.

Until 2004 there were less than half a dozen studies on BZP or TFMPP. In 2006 Mr Anderton funded several research projects to get better information on how party pills were being used and how they affect users.

Paul Gee and Tania Nicolson published papers in the *New Zealand Medical Journal* on party pill effects among people presenting to emergency departments. The papers indicated problems such as agitation, insomnia and seizures among some users.

Chris Wilkins and a research team at the Centre for Social and Health Outcomes Research and Evaluation produced an extensive report on levels of party pill use and availability which indicated one in five New Zealanders had used party pills. Most of these were aged between 18 and 24. Many had experienced minor health problems, especially inability to sleep.

As Minister Anderton was announcing his consultation, Janie Sheridan and a team of Auckland University researchers released their qualitative research on party pill use.

Their report confirmed party pill use was mainly a social, shared activity, although some were using the drugs to stay awake longer for study or work. Young people commonly said they used party pills instead of illicit drugs. Most knew about negative effects, and those who had cut down or stopped using reported no difficulty.

Despite the media hype, the Wilkins study found only 1.2 percent of users had injected BZP; none of those in the Sheridan study had tried injection. Both studies found that almost all users were using alcohol with party pills despite advice and packaging information to the contrary. Knowledge about the products they were taking or how to use them safely varied.

A Medical Research Institute's study led by Richard Beasley found that party pills improved users' driving. However, the researchers aborted their trial when participants began to suffer nausea, dizziness and hallucinations.

As *Matters of Substance* was going to print, a 23 year old was in a medically induced coma in Christchurch Hospital after collapsing with breathing difficulties at a rave. His collapse was blamed on party pills. The full toxicology report had not yet been released. ■

Same as it ever was: drugs past, present and future

Drugs have played an integral part in human experience from the long distant past to the present. **Doug Sellman** explains why the future is likely to be no different.

FOLLOWING a lifetime of research into psychoactive substances, the famous German research pharmacologist, Louis Lewin (1850-1929) wrote the following in his often quoted *Phantastica, Narcotic and Stimulating Drugs: Their Use and Abuse:* "From the first beginning of our knowledge of man, we find him consuming substances of no nutritive value, but taken for the sole purpose of producing for a certain time a feeling of contentment, ease and comfort."

Taking drugs for their psychoactive effect is not unique to human beings, but securing a steady supply for regular use is. Drugs are an integral aspect of the technology of homo sapiens and can be thought of as just as important to the global culture of the species as clothing. In fact, drugs may have been an important element of the adaptability of early humans; providing emotional and psychological comfort similar to that derived from belief in supernatural gods, and helping our early ancestors cope with the nasty, brutish and short life of a hunter-gatherer.

Currently, drugs are divided into the following seven categories: depressants, stimulants, cannabinoids, opioids, hallucinogens, inhalants, and other. This categorisation is made largely on the basis of the different target receptors in the brain that these substances attach to towards releasing dopamine from the nucleus accumbens, the common neurobiological process that underlies all hedonic experience.

In the future, these seven categories could very well expand to incorporate new 'designer drug' categories such as hallucinogenic stimulants, stimulant opioids and/or opio-cannabinoids. In fact, ecstasy (3,4 methylenedioxymethamphetamine), one of the most popular recreational drugs in the Western World at present, is a synthetic, psychoactive drug chemically similar to the stimulant methamphetamine and the hallucinogen mescaline, providing a compelling 'love drug' hallucinogenic stimulant experience for users.

The main reason there is a great future for drugs in the human world is the same as it ever was - the ability for people to short-cut pleasurable rewarding experience. Apart from the effort of procuring the drug, no work is required to have the emotional high. The different types of euphoria produced by the different categories of drugs provide people with a variety of options. Vulnerability to addiction to a particular drug has been shown to correlate with the degree of pleasure that a user derives from it (as well as the lack of negative effects from taking that drug).

There are at least four major concerns for the West over the next 10-20 years:

1. Increasing anxiety about global conflict over diminishing natural resources and increasing influence of human pollution;

2. Increasing anxiety, anger and pain in an expanding, disenfranchised, poor underclass;
3. Increasing tiredness and stress as people feel they need to work harder to get ahead in a consumption-obsessed economy; and
4. Increasing meaninglessness as Christianity further dissolves into the secular world.

In relation to these four groups, I would predict that our favourite drug ethanol (alcohol), with its powerful anxiolytic effect involving a relaxed euphoria, will continue to find great favour for those in the first group along with those who have anxiety over more immediate concerns.

Opioids such as morphine, with their analgesic properties underlying a 'warm heavenly comfort', provide solace in a chronically miserable world for those in category two, who are also often dealing with pain from the past.

Stimulants have a great future with modern people stressing out to get ahead. Caffeine, BZP-based party pills and methamphetamine will all continue to be sought out for the purpose of staying alert with an energised euphoria, although the negative effects of BZP will be a self-limiting factor.

Finally, for some, the meaningfulness of a drug-induced spiritual experience will help them to find God (or something), and derive comforting meaning from the random complexity and essential emptiness of life in this universe.

There is one drug that needs special mention - nicotine. Bontekoe, a Seventeenth Century Dutch physician, said, "Nothing is more necessary and beneficial to life and health than the smoke of tobacco. It gladdens the heart in solitude and relieves a sedentary life of all discomforts." Even though the current medical profession has a somewhat different attitude towards cigarette smoking compared with 400 years ago, nicotine addiction remains the most common yet most neglected drug addiction. Louis Lewin again: "The use of tobacco, which has made its way thanks to the spirit of imitation as well as to its peculiar effects, has vanquished humanity and will continue to reign until the end of the world." Nicotine is here to stay. The challenge is to develop safe nicotine products that will trump cigarettes. Swedish snus may be such a product.

Finally, it is clear that there is an 'unholy trinity' operating in the market-driven, consumption-obsessed, freedom economy that we all enjoy so much which will continue to drive regular, heavy use of drugs and other addictive products.

First are the highly effective, financially powerful, psychopathic business corporations: the alcohol industry, the tobacco industry, the illicit drug industry, the gambling industry, the food industry, and the retail industry. These corporations know that a good proportion of their profit is derived from customers who exhibit unwanted compulsive behaviour around their product and are suffering because of it.

Second is the complicit political pragmatism of government and opposition, who not only know there are billions of dollars of tax revenue that flow from the 'addictionogenic industries' but that the economy as a whole is somewhat dependent on their activity.

Finally, there is the relatively ineffective, under-resourced and poorly organised public health advocacy sector. The millions of dollars of marketing invested by the 'addictionogenic industries' to perpetuate their market share casts a dense dark shadow over any light that is shone by us 'do-gooders' in health promotion. ■

Doug Sellman is the Professor of Psychiatry and Addiction Medicine at the National Addiction Centre, Department of Psychological Medicine, Christchurch School of Medicine and Health Sciences.

Quotes of substance

"Low-risk drinkers and infrequent or occasionally risky… drinkers accounted for 49 to 66 percent of alcohol-related absenteeism."

Dr Kennith Pidd, Research Officer at the National Centre for Education and Training on Addiction at Flinders University (Australia) reports on his study which revealed infrequent drinkers rather than alcohol abusers take more alcohol-related sick leave due to hangovers.

"The young were forgoing wines, health benefits and tasting pleasure with a desire for higher alcohol content."

Suggestion to Government by French MPs representing constituencies in Burgundy and Champagne that French youths' binge drinking culture could be curbed if schools taught children the health benefits of drinking French wine.

"I would drink and drive again with just me in the car."

A 16 year old comments to the media just days after he was supplied alcohol by his mother, drove drunk at very high speeds and crashed leaving his girlfriend critically injured in hospital. Days later he retracted his statement. If only his mother had introduced him to French wine!

"The primary focus of the test is random."

John Brady, Spokesman of the NRL comments on the proposed drug testing policy where players under suspicion for using illicit drugs can expect a knock on the door from drug testers at anytime.

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Calling time on self interest

The government has been reviewing alcohol advertising controls and is expected soon to announce plans for their tightening. **Leigh Sturgiss** takes a look at the review, and outlines the recommendations made by the Drug Foundation.

WHILE the sale of alcohol has been controlled by legislation since 1842, its advertising and marketing has largely been left in the unregulated hands of the advertising and liquor industries.

During 2006 a steering group of policy, public health and industry interests undertook a review into whether voluntary industry control adequately protected young people by minimising their exposure to alcohol marketing. The group heard over 250 submissions and is due to report its recommendations at the end of March.

There has been strong interest in the review and in wider issues around how advertising and marketing help create and reinforce New Zealand's drinking culture.

Alcohol Healthwatch hosted international alcohol policy and marketing forums in Auckland and Wellington in September featuring presentations by international experts who were also able to spend time with review group members.

Michael Ludbrook, Chair of the Waikato District Health Board, called for a ban on all liquor advertising and sponsorship, saying, "What is of most concern is the subtle and damaging underlying message in today's alcohol advertising. A key strategy of the industry is to present alcohol as an integrated and normal part of our lives. Although this appears to advocate for responsible drinking, the underlying message is that not consuming alcohol is abnormal."

New research from Massey University shows strong support for a ban on alcohol advertising (44 percent support, 26 percent oppose), while support for an alcohol sports sponsorship ban is evenly split (35 percent for and against).

Further focus has come on the issue in Parliament. Green MP Jeanette Fitzsimons' member's bill to severely restrict alcohol advertising was pulled from the ballot in June and the Law and Order Committee split the advertising provisions in Martin Gallagher's drinking age bill into a separate bill. Both bills have been placed on hold pending the review's recommendations.

The Drug Foundation's view is that voluntary industry control is no longer tenable. It's not about the control of advertising content; it's about the pervasiveness of alcohol marketing messages via so many media: television, radio, websites, cell phones, even the jerseys of our young people's sporting heroes.

The Drug Foundation has proposed a solution to this problem based on the French alcohol advertising law (known as the *Loi Evin*). We recommend comprehensive and strong government policy and regulatory control over alcohol advertising and marketing, including a ban of sponsorship of sports and cultural events.

The Drug Foundation's new and expanded website contains a summary of evidence on alcohol marketing, and a copy of our submission to the review. It also provides more information on the Massey University research and the *Loi Evin*. Please visit www.drugfoundation.org.nz. ■

Leigh Sturgiss is the Drug Foundation's Programme Development Manager, and has been supporting other organisations making submissions to the review.

Drug Foundation recommendations to the alcohol advertising review

- Discontinue alcohol advertising on television, radio, cinemas, and in print.
- Discontinue alcohol company and brand sponsorship of sporting and other cultural events.
- Introduce offences and penalties for breaches of advertising and sponsorship bans.
- Empower a government agency to monitor other and new forms of marketing which could be used by the industry (e.g. viral marketing).
- Extend the function of the Health Sponsorship Council to include transitional support for clubs and events that currently receive alcohol sponsorship.

Light on truth

Light or mild cigarettes are not what Big Tobacco would have us believe. **Leigh Sturgiss** takes a look at tobacco descriptors and whether the industry has breached the Fair Trading Act.

WHEN we see a product labelled 'light' we tend to believe that in some way it will be less harmful than the 'regular' version. Perhaps it will be lighter in fat or contain less sugar, toxins or calories.

Recent research by Janet Hoek of Massey University has shown that terms such as 'light' and 'mild' create considerable confusion amongst smokers. Many believe that the risks of harm and addiction are reduced by smoking cigarettes with such labels.

Tobacco companies in New Zealand market a wide range of tobacco products under such branding, providing plenty of choice for the health-concerned smoker seeking a safer alternative. The 2005 Tobacco Return filed by British American Tobacco New Zealand, for example, listed 53 product variants labelled as either 'light' or 'mild'.

The words 'light' and 'mild' are used to describe tobacco products where lower levels of tar, nicotine and/or carbon monoxide are emitted during machine testing compared to 'regular' brands.

However, smokers of 'light' and 'mild' cigarettes tend to engage in what is known as smokers' compensation in order to derive the amount of nicotine their addiction requires. They may inhale more deeply, hold the smoke in the lungs for longer, cover ventilation holes with the fingers, or simply smoke more frequently; behaviours which actually increase the harmful effects of smoking.

The tobacco industry has long known about smokers' compensation and that it delivers the body higher levels of tar, nicotine and carbon monoxide than those produced by testing machines.

In July last year, the Smokefree Coalition, with the support of many health and tobacco control groups, lodged a complaint with New Zealand's Commerce Commission under the Fair Trading Act about tobacco companies misleading smokers by implying that there were health benefits from smoking 'light' or 'mild' cigarettes. The Commerce Commission has agreed to investigate.

In Australia in 2005, a similar complaint to the Australian Competition and Consumer Commission (ACCC) resulted in undertakings from Imperial Tobacco, Philip Morris and British American Tobacco Australia to remove such descriptors from its brand names and pay AU$9 million to the ACCC towards a consumer education campaign informing the public that low yield cigarette brands have no health benefits over 'regular' brands.

However, health groups in Australia were not happy with the result. Quit Victoria's Executive Director Todd Harper stated that an AU$200 million campaign would be needed, and that the industry should not have any say in how the education campaign was produced or screened.

Health groups in New Zealand believe the best outcome would be the prosecution of the tobacco companies for deliberate deception and that they be required to remove misleading descriptors and fund a similar campaign to educate the public about the 'light' and 'mild' myth. Strict regulatory measures should also be developed to prevent further deceptions by the tobacco industry.

A seminar to help encourage further debate around this issue was held in Wellington, during November 2006. Experts from New Zealand and overseas (including Tim Dewhirst, Associate Professor, Management and Marketing, University of Saskatchewan and Anne Jones, Chief Executive Officer ASH Australia) presented on the advertising depths to which the tobacco industry will stoop to keep smokers addicted.

Anne Jones warned, for example, that in Australia, the industry simply began using 'smooth', 'natural', colour-coding and numeric sequences instead of the terms 'light' and 'mild'.

This is reason enough to seriously consider plain generic packaging and under the counter sales. ■

Holistic healing and moose stew - Healing Our Spirit Worldwide Gathering report

In August 2006, the fifth Healing Our Spirit Worldwide Gathering returned to its first host city, Edmonton in Alberta, Canada. **Keriata Stuart** attended, presented her own research, took part in workshops and met with other health workers and researchers. She shares her impressions.

Healing Our Spirit Worldwide is an international movement aiming to bring together indigenous peoples "to share holistic healing experience... in the movement toward healthy lifestyles." It originated with the efforts to identify and share indigenous ways of addressing addiction issues by Dr Maggie Hodgson, of the Carriere First Nation of Canada, Since the first Healing Our Spirit Worldwide Gathering in 1992, the movement has grown to encompass related health and wellbeing issues such as mental health, traditional medicines, indigenous health management and governance.

HEALING Our Spirit Worldwide (HOSW) isn't so much a conference as a full-on experience. Each day begins with drum calls, prayer and smudging - the burning of herbs for ritual cleansing. Clinical research papers are presented alongside personal stories of abuse, recovery and cultural renewal. Presentations mix data analysis with music and traditional storytelling.

For many of the 120 or so New Zealanders who went to Edmonton, one of the most energising experiences was an informal welcome to Māori visitors at Lake Wabamum in the Edmonton countryside. The ceremony was followed by an informal feast of traditional food, which included smoked moose stew.

A parallel gathering of elders from the participating nations has long been part of HOSW, but this was the first time a gathering for young indigenous people was also held. New Zealand's rangatahi group, brought together from Māori organisations and health services and supported by ALAC, was active and highly visible. Daily workshops for children included learning waiata, action songs and traditional Māori games.

The main gathering was challenging in scale, with about 2500 participants, and more than 15 streams of presentations at any one time. There were films, cultural demonstrations and an indigenous craft marketplace. The presentations I attended had some common themes with implications for New Zealand, including the effectiveness of cultural renewal in healing addictions and the value of indigenous groups and university researchers working together on

substance use initiatives.

There was lot of interest in dealing with substance use among indigenous offenders. I was particularly interested in Canada's Aboriginal Offender Substance Abuse Programme. This blends traditional healing models, such as the medicine wheel, with best practice on motivating and engaging offenders to reduce their substance use.

It is a joint project between staff of the Canadian Correctional Service, First Nations, Inuit and Métis elders, and researchers from the Addictions Research Centre. The programme has been shown to be very effective, and should be implemented nationally in 2007. A presentation by New Zealand's Paraire Huata and Claire Aitken on their work with Māori men just out of prison and entitled Vikings of the sunrise - rebuilding the warrior code also attracted significant interest.

New Zealand's contribution to HOSW was significant and appreciated. There was a lot of positive comment about Barry Bublitz's work as New Zealand's representative on the international Council. Paraire Huata's moving keynote speech on healing journeys, was extremely well received, and New Zealanders' collective support for their speakers was noted by many.

The next Gathering, in 2010, will be hosted by Hawai'i, so an even stronger New Zealand presence is expected. ■

Keriata Stuart is the Drug Foundation's Senior Policy Analyst. For more information about Healing Our Spirit Worldwide contact Keriata (Keriata.stuart@drugfoundation.org.nz) or visit www.hosw.com

Quotes of substance

"I should have planned ahead for a ride. For years, I've advocated the responsible use of our company's products. I am sorry that I didn't follow it myself."

A contrite Pete Coors, beer magnate and failed Republican U.S. Senate candidate, after his arrest on a drunk driving charge

"Anything we can do to create a good environment for students to learn, I'm all for it."

USA, Cullman County school board member applauds government funding that will help begin random drug testing for those students who wish to drive to school and those who participate in school extracurricular activities.

"These drug testing programs are ineffective and harmful, deterring students from joining extracurricular activities, eroding relationships of trust at school, creating bizarre incentives to binge drink or switch to harder drugs that leave the body quickly, and perniciously undermining our most intimate notions of privacy and basic rights."

Jennifer Kern, the Drug Policy Alliance's Drug Testing Fails Campaign Coordinator, is less than enthusiastic about drug testing in US schools.

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Drinking for two

To avoid the risk of fetal alcohol spectrum disorder the Ministry of Health recommends women stop drinking alcohol if they know they are pregnant. Despite this, more than half the women who gave birth in the last five years in New Zealand drank while pregnant. A significant proportion drank to excess on at least one occasion. **Keriata Stuart** looks at issues around fetal alcohol spectrum disorder in New Zealand and outlines the Drug Foundation's policy position on alcohol and pregnancy.

WHEN a pregnant woman drinks alcohol, so does her baby. The alcohol absorbed by the developing fetus can cause cell mutations in the developing brain and body, especially during early stages of development. The resulting range of problems is called fetal alcohol spectrum disorder (FASD). Depending on when and how much alcohol is consumed, the effects can include:

- moderate to severe intellectual disability
- learning and behavioural problems
- growth deficits
- heart, lung, and kidney problems
- visual impairment.

FASD is a serious problem. A 2001 study estimated that around 10 percent of New Zealand women drink at high-risk levels when pregnant. Although no research has been done to determine how common FASD is in New Zealand, estimates are that two or three out of every thousand children born will have the most severe condition, fetal alcohol syndrome - about twice as many as Down's syndrome. Another six to 10 will have other FASD effects.

A 2006 report by University of Otago researchers found that while most New Zealand women were aware that alcohol could have damaging effects, 28 percent thought that some consumption was safe during pregnancy. The women least likely to identify any consumption as unsafe were those aged over 35, with some tertiary education. Over half (53 percent) of women who had a baby in the last five years had drunk alcohol while pregnant, and nearly 20 percent had binged at least once.

The new Ministry of Health Food and Nutrition Guidelines for Healthy Pregnant and Breastfeeding Women concluded, "On current evidence, there is no safe limit for drinking during pregnancy, nor any point during the pregnancy at which it is safe to drink." This statement has been welcomed as a clear recommendation which should avoid the often conflicting advice New Zealand women have been given to date.

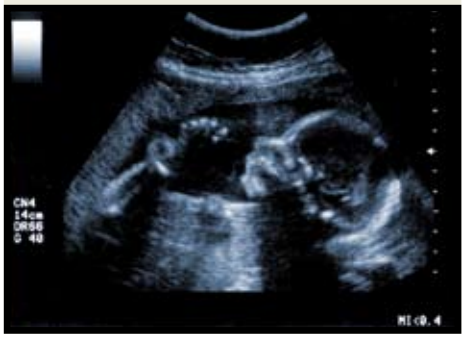
The Alcohol Advisory Council has recently applied to Food Standards Australia New Zealand for mandatory labelling of all alcoholic beverage containers advising women of the potential danger of consuming alcohol while either planning a pregnancy or during pregnancy. ■

Key points from the Drug Foundation's policy position on alcohol and pregnancy

A national public health action plan to reduce FASD should be a priority and include:

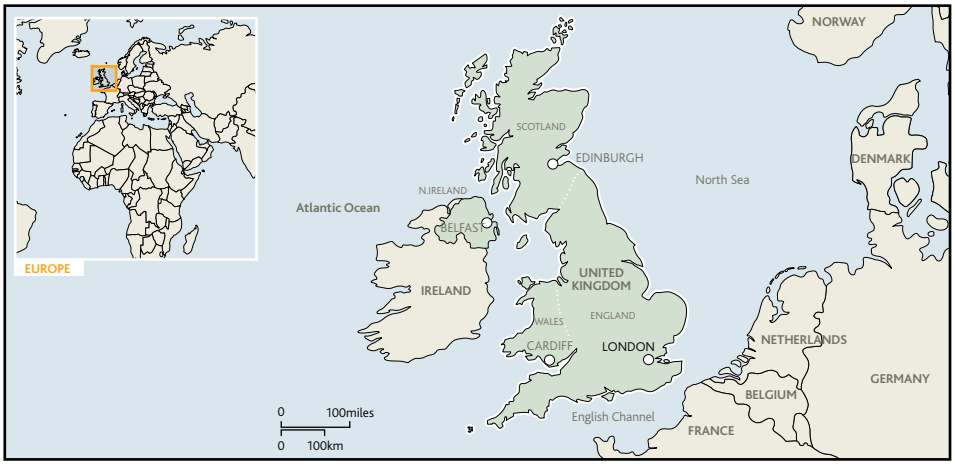
- clear and consistent evidence-based messages about alcohol and pregnancy for women and New Zealanders as a whole
- resources appropriate for Māori, Pacific Islands people and other New Zealand populations
- training for midwives, GPs, and other maternity carers to deliver clear and consistent messages and provide appropriate support to women
- health promotion information for young people in educational settings
- timely, accessible and appropriate treatment services for pregnant women who need support to give up or reduce drinking
- working with professional medical groups to ensure evidence-based guidelines on drinking during pregnancy
- health advisory notices on alcohol containers
- research into the best ways to deliver messages and maximise behaviour change in New Zealand.

Copies of the Drug Foundation's alcohol and pregnancy policy paper and the supporting evidence review are available from the Drugs Debate section of our website: www.drugfoundation.org.nz



Making a hash of it? The UK drug classification controversy

The subject of drug classification may not immediately seem exciting media fare, but in 2006 it became a hot topic in the United Kingdom.



"CLEARLY not fit for purpose," and "Riddled with anomalies." This is how British MPs described the UK drug classification system in a recent review by the Science and Technology Select Committee of how scientific evidence is provided to and used by the government.

One of the anomalies pointed out by the report was that ecstasy and heroin were both categorised as Class A drugs, despite research findings that ecstasy was "several thousand times less dangerous than heroin."

The report included a scientific review of the dangers (addictive qualities, social harm, and physical damage) of legal and illegal drugs, and concluded the top five most dangerous drugs were heroin, cocaine, barbiturates, alcohol and amphetamines. Tobacco was the ninth most dangerous drug, ahead of cannabis and other illicit substances.

The Guardian science correspondent James Randerson noted that in the UK the unclassified drug alcohol contributed to around 1.2m assaults a year, while classified tobacco killed 130,000 people. In Randerson's view, such anomalies show classification to be "an antiquated system that has utterly failed to prevent drug use from rocketing."

How drug classification came about

The UK and New Zealand drug classifications both draw on the international system established under the United Nations drug conventions, and these legally binding agreements create the model for classes and schedules. Signatory countries, such as New Zealand, are required to change their legislation to make it consistent with changes to the UN conventions. The UN conventions also criminalised and set penalties for producing, supplying and possessing drugs such as heroin.

The notable exceptions to this regime are alcohol and tobacco.

In New Zealand, the three drug classes (A, B and C) are schedules of the Misuse of Drugs Act Amendment Act 2000. The amendment established the principle that "the classification of controlled drugs is based on the risk of harm that the misuse of the drug poses to individuals or society," so that a Class A drug should carry the highest risks of harm.

The Act set up the Expert Advisory Committee on Drugs (EACD) and identified criteria to help decide classification, such as a drug's likelihood of abuse, its dependence potential and its associated public health risks. EACD recommendations are presented to the minister with responsibility for drug policy who decides whether to propose changes to classification. This process has recently been followed with the drug BZP. See "Party pills in the headlines - again" on page 14.

The EACD is also going through a process of reviewing how each scheduled drug is classified, so that drugs classified before 2000 are reviewed against the post-amendment criteria. This should mean that drug harms are considered relatively.

Quotes of substance

“…I would look very seriously at the list to take off what I believe are some of the social drugs.”

UK Sports Minister Richard Carbon stunned MPs by proposing that athletes at the London Olympics should not be banned for taking recreational drugs. He further suggested that cannabis is just one of the many social drugs that should be removed from the list of banned substances for competitors.

“Lois: Uh, and here we thought the weed was inspiring us.
Chris: Well, that’s a popular misconception, Mom and Dad. But the fact is the chief ingredient in marijuana is THC, a mild form of acid, prolonged usage of which can cause adverse effects to your sexual potency, short term memory loss, and can also severely damage your brain tissue, central nervous system and basic motor skills. To put it simply, Mom and Dad, there’s a reason they call it ‘dope’.”

American cartoon series *Family Guy*, Season 4, Episode 23: Deep Throats.

“These people are interested in making money and don’t really care about people’s well-being.”

Associate Health Minister Jim Anderton has no doubt about the motives of the (currently legal) party pill industry after it’s disclosed they have developed and stockpiled thousands of non-BZP alternatives in preparation for an expected ban. ■

Similar views came from many NGOs submitting to the select committee. For instance, the Transform Drug Policy Foundation argued that UK drug policy had been defined by “political forces, international and domestic, rather than rational analysis of evidence.” In its analysis deaths from alcohol and tobacco were around 40 times those from all illegal drugs combined.

The report also looked at whether the classification system achieves its aims, such as deterring people from using drugs by “sending out signals” about their dangers. Research found no convincing evidence for any deterrent effect. The report also noted that the government had never established any evidence base from which to determine if such signals had any effect. The committee condemned many classification reviews as “knee-jerk responses to media storms.”

Phil Willis MP, the committee chairman, said, “How can we get the message across to young people if what we are saying is not based on the evidence?”

The UK classification system is similar to New Zealand’s, dividing drugs into three classes with penalties varying accordingly. The UK’s key advisory group is the Advisory Council on the Misuse of Drugs (ACMD).

The House of Commons report was very critical both of the government changing classifications without consulting the ACMD - such as making ‘magic mushrooms’ a Class A drug

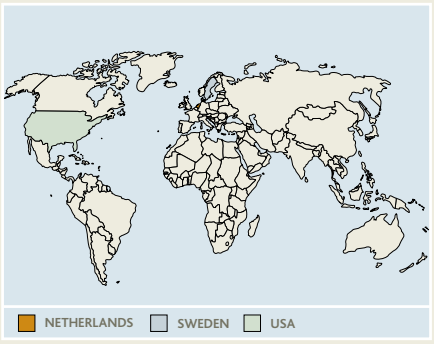
- and of the ACMD for not speaking out against such failures of due process. The MPs concluded that “the ABC classification system does not reflect accurately harm associated with misuse of illegal drugs,” and also that “the UN drug control treaties do not pose a major barrier to reform of the UK system of drug classification.” They recommended the classification system be replaced with a more scientifically based scale of harm, decoupled from penalties.

While the report itself had extensive media coverage, another media storm broke in October 2006 when the Home Office Minister said the government would not carry out a previously announced review of the classification system.

The full report, *Drug classification: Making a hash of it?* can be found at www.publications.parliament.uk ■

More detail on New Zealand’s framework can be found on the National Drug Policy website at www.ndp.govt.nz

Differing aims revealed in report



A research report for the UK review compared approaches to drug control in the US, the Netherlands, and Sweden. One major difference was in the aims of drug policy. The US aim is summarised as “to cut off the supply of drugs to users.” By contrast, Sweden’s focus is on “creating a drug free state,” and the Netherlands’ is “to reduce harm to individuals and society.”

Substance and substantiation

P and tinny houses

"Drug users are giving free samples of P with marijuana teenagers bought." *NZPA,* 29 November 2006 **"Tinny houses are one of the main methods of cannabis distribution to young people and police have previously voiced concern that other drugs such as methamphetamine, known as P, have been pushed through their established channels."** *New Zealand Herald,* 5 August 2006 **"The discovery of gangs selling cannabis laced with P to teenagers has spurred on Auckland police in the war against the cannabis drug trade."** *New Zealand Herald,* 2 March 2006

STORIES like these have been cropping up regularly in the New Zealand media since United Future MP Judy Turner issued her Tinny houses offer 'free' P samples media release in 2003. The November *NZPA* story was widely reported, and led to considerable discussion around the sector (well, around Mythbusters' water cooler, at least). Just how true are such claims?

Are tinny houses selling methamphetamine?

Since 2003, Social and Health Outcomes Research and Evaluation has been tracking changes in drug use and selling by interviewing key drug scene informants including users, treatment workers and enforcement staff. According to its 2004 report, a number of informants did say that some tinny houses and cannabis dealers were now selling methamphetamine.

The 2005 Illicit Drug Monitoring System survey asked regular drug users where they bought drugs. Only 2 percent of methamphetamine users reported buying it from a tinny house in the previous six months. Most had bought it from a friend's house, at an 'agreed public location', or in a nightclub.

Many of the claims have come from unnamed police and are difficult to substantiate. Even when assertions can be attributed they appear to represent differing views. Claims about P and tinny houses were made by West Australian Superintendent Fred Gere at the 2003 New Zealand Annual Police Conference in 2003. However, Dave Montgomery, the chair of the New Zealand Police Managers' Guild Trust, has written that, "Overseas suppliers have made links with ethnic and motorcycle gangs in this country who handle the local distribution. These drugs are not likely to be sold at 'tinny houses' but by people who know people, just like cannabis used to be."

What about the freebies?

As yet no research has addressed the specific question of free methamphetamine being offered to those purchasing cannabis. However, drug surveys have asked current cannabis buyers whether their dealer had encouraged them to buy other drugs. Around a quarter of users (1.4 percent of the overall sample) said they "knew or thought they knew that their dealer sold other drugs," but only 9 percent of these (0.5 percent overall) said their supplier had encouraged them to buy other drugs.

Wilkins, Reilly and Casswell reviewed whether buyers from tinny houses were more likely than other cannabis users to use multiple drugs. They concluded, "Those buying cannabis from 'tinny' houses did not appear to be subject to any additional persuasion to purchase other drug types than those purchasing cannabis from the personal market. 'Tinny' house cannabis buyers also did not appear to have any higher levels of other drug use than personal market buyers, except in the case of high potency cannabis."

P-laced weed? Are you serious?

Claims that gangs are lacing cheap cannabis deals with methamphetamine are widespread among police, and a former user made this claim on TVNZ's *One News* in 2004. However, as yet Mythbusters has been unable to find any case where a drug seller or someone running a tinny house has been charged or convicted of selling cannabis mixed with methamphetamine, or with giving away samples of methamphetamine. We have also been unable to find any case where samples of laced cannabis have been produced.

Sceptics about these claims, including drug treatment workers, have noted that cannabis and amphetamines have significantly different effects. Cannabis is smoked as a relaxant, while methamphetamine is valued as a hyper-stimulant. In his *Hard News* blog, Mythbusters' favourite media commentator Russell Brown also pointed out that methamphetamine is not actually smoked like cannabis but is gently heated to release vapours. The result of smoking would be to burn most of the methamphetamine for little or no effect.

Similar stories have circulated for decades, with opium and heroin taking the place of methamphetamine. An analysis of cannabis samples which regular users considered produced unusual effects found no evidence of adulteration. ■

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

www.drugfoundation.org.nz

A one stop shop for all your drug information needs. You've probably already noticed the New Zealand Drug Foundation now has a new website. It's been made possible thanks to the brilliant and professional efforts of our web developers Signify (www.signify.co.nz) and designers Origin Design (www.origindesign.co.nz).

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

The site has been launched to coincide with this, our new look *Matters of Substance,* and is designed to make information readily available to visitors.

The homepage carries breaking news, hot topics and direct links to the site's three main sections:

Drugs in New Zealand

We tell you everything you need to know about the various drugs used in New Zealand including their health effects, legal status, usage trends and safest use procedures.

The Drugs Debate

This section canvasses many views about drug policy and research. It includes our own policy work and opinions (policy positions, submissions, media statements), as well as the dope on local and international drug policy debates.

Reducing the Harm

This is a collection of resources including information, guidelines and advice for health promoters, families, teachers and students.

Other bits and pieces include:

- a quick and accurate search function to make your visit easier
- an archive of all our earlier stories, policy work, submissions and media
- local and international events, and the ability to submit your own
- employment opportunities in the addiction sector, and the ability to submit vacancies.

You can email your feedback on the new site to admin@drugfoundation.org.nz or click on the email link on the Contact us page.