



Synthetic solutions

In country after country, a vast array of new psychoactive substances, rapidly spread via online sources, is causing havoc for law and policy makers. Attempts to arrest their harms almost routinely fail, and many are now looking to the example of recent New Zealand legislation. But have we got it right?



Synthetic Solutions

COVER: The global response to 'legal' highs

New psychoactive substances are causing havoc for law and policy makers. A wide range of solutions have been adopted around the world but which ones are working?

ABOUT
A DRUG

20

KHAT

FEATURE:
SMOKE
FILLED
ROOMS

28

Q&A:
KOFI
ANAN

36

NZ
NEWS

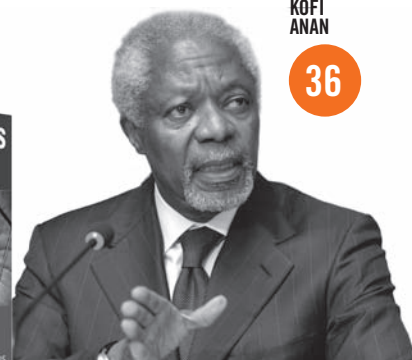
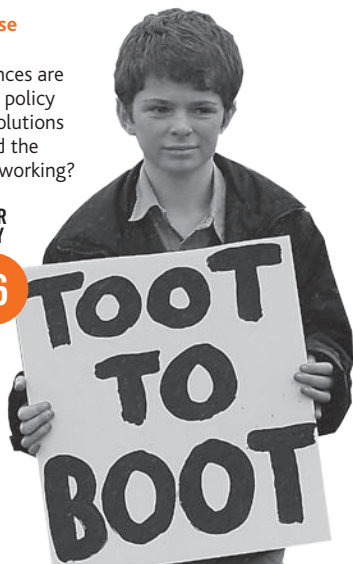
02

COVER
STORY

06

WORLD
NEWS

04



→ FEATURES

13

NPS policies around the world

A review of how governments around the world have addressed new psychoactive substances.

16

Growing alternatives

For almost 20 years the UN has encouraged development of alternative crops in drug-producing countries. The results have been mixed. Find out why.

22

It's not about the drugs

A new report exposes the disparity between races when it comes to drug arrests. Is it racial profiling or just racism?

28

Smoke-filled rooms

Tobacco giants have made it known that plain packaging legislation will meet with forceful litigation. What advice exists for advocates in a field where public health is often poorly perceived?

Become a member

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

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

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

Membership and subscription enquiries
membership@drugfoundation.org.nz
or visit our website.

→ REGULARS

26

GUEST EDITORIAL Sounding the drug war retreat

The global consensus on drugs is fracturing. Ann Fordham writes that recent events in drug policy have started us down the long road to a more rational approach.

32

OPINION Decriminalisation of kratom in Thailand

It's a tree native to Southeast Asia and it has been used medically, recreationally and as a treatment for addiction. Will the Thai Government decriminalise it?

36

Q&A Kofi Annan

Former UN Secretary-General and current board member of the Global Commission on Drug Policy Kofi Annan talks to *Matters of Substance* about drugs.

The Director's Cut	01
Events	01
News	02
About a Drug	20
Viewpoints	34
Q&A	36
Mythbusters	39

www.drugfoundation.org.nz



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ROSS BELL
Executive Director

What was Pope Francis smoking when he declared the Internet “a gift from God”? Had he not witnessed the sticky little fingers of Lucifer all over New Zealand’s social media these past few months?

First was Roast Busters, where young men were accused of getting teenage girls drunk, raping them and posting bragging videos on Facebook. Then there was the very sad case of a drunk 9-year-old being filmed and shamed on YouTube. More recently was the global phenomenon of #neknominate, essentially a pyramid-scheme type of

drinking game played across social media (thought to have originated in Australia; thanks guys). And there’s the perennial “out-of-control Facebook parties” making headline news and prompting political promises to outlaw this behaviour.

Clearly, the behaviours on display in each of these cases were shocking and cannot be condoned. But I was also disturbed by the wailing and gnashing of teeth of those public health commentators who too quickly laid blame at the feet of social media.

Some commentators appeared naively unaware that this sort of behaviour existed before Facebook and YouTube. And many of them spoke fearfully about social media and of the need to control it. In the case of promoting parties via Facebook (because before social media, young people didn’t know how to advertise their parties, right?) some states in Australia have already outlawed the practice.






It’s true many neknominate submissions have helped encourage extremely risky drinking; but humans have always had a great capacity to do immensely stupid things when drunk. And yes we should have concerns that the liquor industry is using social media to great marketing effect. But this should not cause us to scurry away from social media in fear. As Pope Francis also said, the Internet offers immense possibilities and solidarity and we, as public health advocates, should be embracing this.

The Drug Foundation has dabbled in this space with mixed results. Our Driving High campaign helped us engage about the risks of drug-impaired driving, but the conversations tested our profanity filters to the limit. We’re having another crack this month with Steer Clear, and our colleagues at the Transport Agency have had great viral reach with their Ghost Chips marketing.

But the most effective alcohol-related health promotion project using social media is Hello Sunday Morning, which had modest beginnings and is now a global phenomenon. The website (hellosundaymorning.org) exploits the best aspects of the internet: it’s authentic, engaging and global.

And just this month an exciting newcomer has emerged to counter neknominations. #ChangeOneThing challenges people and organisations to “pay it forward” and do good deeds instead of skulking booze.

God bless the Internet. ■

-  **@RICHARDBOOCK** richardboock prediction for 2014: uruguay’s tourist industry will boom... 26 DECEMBER
-  **@DI_F_W** we force poor brown men through a criminal justice system created by & for rich white men & then scratch our heads wondering why it fails. 19 DECEMBER
-  **@STVEBRAUNIAS** Family’s shock that drunk thug who fucked someone up and thought “everything is sweet” got punished 7 JANUARY
-  **@THEDAILYSHOW** #TDSBreakingNews CO launches “Don’t Drive Stoned” ads. Stoners agree not to do anything at all while stoned, just in case. #Selfless #Heroes 15 JANUARY
-  **@SHAYNECURRIENZ** Lorde on celebrating tonight: ‘My whole family is here – I will hang out with them, drink a lot of sparkling water...’ . 26 JANUARY
-  **@RARAHSOBSON** will the new sale and supply of liquor act mean an end to pashing in bars? asking for a friend. 17 DECEMBER

* KEY EVENTS & DATES

- | | |
|------------------|--|
| 13-14 MARCH 2014 | 57th session of the Commission on Narcotic Drugs: High-level review
Vienna, Austria
Commission on Narcotic Drugs resolution 56/12 sets out the preparations for the high-level review of the implementation by Member States of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem.
nzdruk.org/19Dr3YX |
| 20 MARCH 2014 | Pathway to Reform
Auckland, New Zealand
nzdruk.org/pathwaytoreform |
| 4-6 JUNE 2014 | National Indigenous Drug & Alcohol Conference 2014
Melbourne, Australia
Based on the theme What Works: Doing it our way, NIDAC 2014 aims to highlight approaches that are working to reduce the harmful effects of alcohol and other drugs and its associated harms among indigenous Australians.
nidaconference.com.au |
| 20-25 JULY 2014 | 20th International AIDS Conference
Melbourne, Australia
Work together to strengthen efforts across all regions and around the world and build on the momentum of recent scientific advances.
aids2014.org |
| SEPTEMBER 2014 | Cutting Edge 2014
Dunedin, New Zealand
The next DAPAANZ Cutting Edge conference is going to be held in Dunedin. Dates haven’t been announced yet, but look out for more details.
cuttingedge.org.nz |

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NZ.



CANNABIS A HEALTH ISSUE

The first conference in New Zealand on cannabis in 20 years clearly showed the need to treat cannabis use as a health issue.

The 3-day International Drug Policy Symposium Through the Maze: Cannabis and Health, hosted by the New Zealand Drug Foundation, played host to more than 20 speakers from around New Zealand and the globe.

Drug Foundation Executive Director Ross Bell said the Symposium was a success and the speakers clearly outlined the need to address cannabis as primarily a health issue.

"The evidence is clear that treating cannabis use with the criminal justice system adds to the harms the drug causes. Increasing treatment and prevention programmes is a much better option," Mr Bell said.

RESOURCES

Watch videos from the symposium here:
[youtube.com/user/nzdrugfoundation](https://www.youtube.com/user/nzdrugfoundation)

Download the speakers' presentations here:
nzdrug.org/cannabispres

Read the live feed from the symposium here:
nzdrug.org/nzweed13

02 Psychoactive substances hotline



THE MINISTRY OF HEALTH has launched a hotline so members of the public can report concerns about psychoactive substances or retailers in their community.

Associate Minister of Health Todd McClay said that the hotline would enable the Ministry and police to act quickly for infringements on the Psychoactive Substances Act.

In another move to reduce public concern about psychoactive substances, Minister McClay has instructed all products with interim licences to be tested by ESR to validate their active ingredients.

RESOURCES

Call 0800 789 652

03 SkyCity drug bust

330KG
+\$20M



AUCKLAND casino SKYCITY has again been embroiled in a major police operation cracking down on methamphetamine.

Police said several people who were the target of Operation Ghost had gambled millions of dollars in the VIP lounge at SKYCITY.

The operation seized more than 330kg of pseudoephedrine and more than \$20 million worth of assets from the accused.

In 2009, SKYCITY was criticised after a drug ring used the VIP gaming lounge as an office, and in 2007, a report by the Department of Internal Affairs revealed there was evidence that criminal groups were frequenting New Zealand casinos for networking, laundering illegitimate funds.

04 #cooldad

NEW LAWS for supply of alcohol to people under the age of 18 came into force last December.

The new laws make it illegal to supply alcohol to under-18s unless:

- the person supplying the alcohol is the parent or legal guardian and the alcohol is supplied in a responsible manner
- the person supplying alcohol has the express consent of the young person's parent or legal guardian and the alcohol is supplied in a responsible manner.

To coincide with the law change, the Health Promotion Agency created the #Cooldad advertising campaign encouraging parents not to supply alcohol to young people.

RESOURCES

Find out more at
nzdrug.org/1hRHFjt

08 Alcohol and women

From a recently released Alcohol Healthwatch and Women's Health Action policy briefing paper called Women and Alcohol in Aotearoa/ New Zealand.



OF NEW ZEALAND WOMEN DRANK ALCOHOL IN THE PAST



OF UNDER-17-YEAR-OLD GIRLS DRINK RTDS



OF NEW ZEALAND WOMEN ARE CLASSIFIED AS HAZARDOUS DRINKERS



AN ESTIMATE OF BREAST CANCER CASES THAT ARE ALCOHOL RELATED

+10,000

NUMBER OF SEXUAL ASSAULTS THAT OCCUR EACH YEAR THAT INVOLVE A PERPETRATOR WHO HAS BEEN DRINKING

RESOURCES

Read the full report
nzdrug.org/1eAYCcF

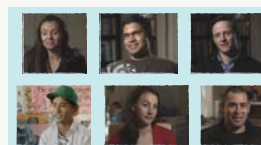
05 Cannabis poll results

58%

FIFTY EIGHT per cent of New Zealanders are in favour of retaining cannabis possession as a criminal offence in a poll conducted by Research New Zealand for the New Zealand Drug Foundation in November last year.



06 PotHelp



AN INNOVATIVE online therapy tool to help people reduce or stop their use of cannabis has been launched.

PotHelp, produced by the New Zealand Drug Foundation and funded by the Ministry of Health, features stories from New Zealanders as well as an online therapy tool based on proven approaches for beating drug dependency.

RESOURCES

Visit *PotHelp* at potherp.org.nz

07 Wanganui councillor



“Synthetic cannabis is full of all sorts of chemicals, whereas marijuana is a plant that grows in the ground and is natural. They’re totally different.”

WANGANUI DISTRICT Councillor Jack Bullock was granted diversion for possession of cannabis. Mr Bullock said he wasn’t proud of what had happened but that he was not going to resign. Previously, Mr Bullock had protested against the sale of synthetic cannabis in Whanganui.



09

BALLOON CRASH DUE TO ERRORS



The final report into a balloon crash in Carterton in January 2012 has found errors of judgement were to blame and that “cannabis impairment was unable to be excluded” as a factor.

The Transport Accident Investigation Commission (TAIC) said that the pilot

did an “unsafe manoeuvre” and did not follow best practice or manufacturer’s instructions.

The TAIC concluded the levels of THC in the pilot’s blood were consistent with long-term and recent cannabis use and called for mandatory

random blood testing for the aviation industry to be introduced.

Eleven people were killed in the crash.

RESOURCES

Read the full report at nzdrug.org/1dtyG6a

World.

¿Que han estado tumando en Uruguay?



URUGUAY has become the first country to legalise and regulate the recreational use of cannabis.

The law, which passed through the Uruguayan senate with a vote of 16–13, will allow registered users to purchase up to 40g of cannabis a month from a pharmacy (at \$1 a gram), and registered growers will be able to cultivate up to six plants. New ‘cannabis clubs’ can have up to 45 members and cultivate up to 99 plants.

Regulations to govern the detailed operation of the law must be drafted by 9 April, and the system is expected to be in place by the middle of this year.

The International Narcotics Control Board (INCB) has taken a dim view of the move and says Uruguay is breaking international law, but Uruguayan President Jose Mujica has responded that someone should “tell that guy to stop lying”.

RESOURCES

Read an infographic explaining Uruguay’s law at nzdrug.org/uruguayinfo

Read the INCB statement: nzdrug.org/INCBstatement

Read analysis of the stoush between Uruguay and the INCB: nzdrug.org/INCBversusUruguay

02 The ‘not knowns’ about under-18s injecting

ESTIMATED NUMBER OF PEOPLE WHO INJECT DRUGS WORLDWIDE

15.9 MILLION

ESTIMATED NUMBER WHO ARE UNDER 18 NOT KNOWN

ESTIMATED NUMBER OF PEOPLE WHO INJECT DRUGS LIVING WITH HIV

3 MILLION

ESTIMATED NUMBER WHO ARE UNDER 18 NOT KNOWN

ESTIMATED NUMBER OF PEOPLE WHO INJECT DRUGS LIVING WITH HEPATITIS C

10 MILLION

ESTIMATED NUMBER WHO ARE UNDER 18 NOT KNOWN

RESOURCES

Read the full Harm Reduction International report: nzdrug.org/injection18

03 UK alone on legal highs



The UK has opted out of proposed European Union (EU) regulations on new psychoactive substances.

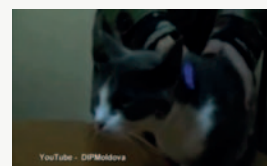
British Home Office Minister Norman Baker said the government was conducting its own review and that the EU would not be able to cope with the “fast-moving scene” of legal highs.

The EU proposal would remove products from the market without making it criminal to manufacture or possess the substances. While substances are off the shelves, they undergo a full risk assessment, taking up to 10 months.

RESOURCES

Read more: nzdrug.org/UKalone

04 Cannabis cat on drug run



A CAT carrying two bags of cannabis has been apprehended entering a Moldovan prison.

A spokesperson from the Moldovan Department of Penitentiary Institutions said they suspected a resident of the nearby village Pruncul was responsible.

RESOURCES

Watch the video: nzdrug.org/cannabiscat



03

06

04

05

08

05 Kenya sues over khat



Kenya is financing a lawsuit against the British Government after Home Secretary Theresa May banned the import, sale and possession of khat in the UK.

The lawsuit requests a judicial review of the ban on the claim it breaches human rights and that the government did not listen to expert advice.

Khat, which is scheduled to become a Class C drug before June, is a herbal stimulant used by many Kenyan and Somali people in Britain. Kenya exports about £15m worth of the plant to the UK every year.

See page 20 for more about khat.



RESOURCES

Read more about the lawsuit: nzdrug.org/khatban

06 ChEckiT



PARTY GOERS in Vienna can now get their dance-enhancing substances tested thanks to a harm minimisation programme run by the city and Vienna General Hospital.

ChEckiT has a team of chemists who go to clubs, parties or festivals to do a free analysis of people's pills. The testing is anonymous and people are offered counselling. ChEckiT toxicologist Professor Rainer Schmid says sometimes the drugs people take can be more toxic and dangerous than they think.



RESOURCES

Check out ChEckiT: checkyourdrugs.at

07 Colorado's cannabis by the numbers

37

NUMBER OF SHOPS THAT STARTED SELLING CANNABIS ON 1 JANUARY

1 OUNCE

AMOUNT OF CANNABIS YOU CAN BUY IF YOU'RE OVER 21

\$250-300

COST OF 1 OUNCE OF CANNABIS

\$1,000,000

WORTH OF CANNABIS PURCHASED IN COLORADO ON 1 JANUARY

15%

EXCISE TAX LEVIED ON CANNABIS PLUS A 10% SPECIAL SALES TAX



RESOURCES

Read more: nzdrug.org/coloradocannabis

08 ADCA withdrawal

1.9m

The Australian Government recently withdrew its \$AU1.9 million funding of the Alcohol and other Drugs Council (ADCA), which had been providing advice on alcohol and other drugs for more than 45 years.

ADCA is now in voluntary administration, and Chairperson Dr Mal Washer says this has been a devastating blow for harm minimisation across Australia.

09 "They may have sunk one ship, but now they have awoken the kraken."

ONLINE drug buying market Silk Road was recently shut down when operator Dread Pirate Roberts, aka Ross Ulbricht, was apprehended by the FBI.

Silk Road 2.0 was online within a month, with the site's new admin, also called Dread Pirate Roberts, declaring this version would be more secure.

See page 13 for more on Silk Road and its closure.

Synthetic solutions: the global response to 'legal' highs

In country after country, a vast array of new psychoactive substances, rapidly spread via online sources, is causing havoc for law and policy makers. Attempts to arrest their harms almost routinely fail, and many are now looking to the example of recent New Zealand legislation.

Max Daly asks whether we have got it right, or does regulation just lead to further problems?







MAX DALY



The proliferation of new psychoactive substances (NPS) and legal highs has changed the drug world forever and thrown a

spanner into the Drug War machinery.

This armoury of chemicals, and the way they are produced and sold, has left policy makers dazed and confused amid a hail of chemical formulae, brands, legal loopholes, underground chemistry labs, virtual currencies and online encryption.

At the start of the Drug War, the enemies were more honest, simply made from plants. Later came LSD, speed and ecstasy, which were made in labs, but everyone knew what they were. Then the NPS revolution happened in the 2000s, and the enemy had changed.

The drugs hid in plain sight. They were confusingly sold in high street shops and on the internet pretending to be anything but psychoactive drugs, some labelled as bath salts, some as plant food. Moreover, they were legal, cheap and accessible.

Their names looked like they had been created by a baby repeatedly hitting a keyboard (25X-NBOMe, X-APDB, PB22-5F) or for a bunch of D-list superheroes (Exodus Damnation, White Rhino). But what exactly are these substances, and where do they come from?

Even what to call them has caused confusion.

Until the late 2000s, what people called ‘legal highs’ were generally a duff mix of herbs and potions people bought online or at head shops and festivals – basically a waste of time. They weren’t quite as inert as dried banana skins, but most were just powdered caffeine with a cosmic name.

“New psychoactive substance” was a term coined in 2012 by the Commission on Narcotic Drugs to cover all novel highs, illegal or legal. It generally refers to the drugs that arrived after the rapid rise of mephedrone in 2009. To complicate matters further, many NPS products are marketed as legal but frequently contain banned substances.

They are a hotchpotch of cheaply made, second-grade versions of well known drugs, and they have a growing client base among young people in the developed world. NPS products are unpredictable but easily available. For drug users, it’s a lucky dip that makes buying a gram of coke or bag of weed seem like a highly reliable activity. Nevertheless, they are popular.

There are many media stories about the number of NPS stacking up year on year. But this is somewhat misleading. Technically and legally, they are new, but virtually all are tweaks to existing chemicals, in most cases, synthetic cannabinoids or mimics of MDMA.

As soon as one substance is banned, another one, with a slightly tweaked chemical structure, materialises. Part of the problem for those tasked with stemming



the NPS supply is seeking out who, exactly, is making them.

According to Mike Power, who investigated the trade in legal highs for his book *Drugs 2.0: The web revolution that's changing how the world gets high*, most originate in laboratories and factories dotted across Eastern Europe, India and predominantly China.

On the surface, these companies are totally above board. Most earn their bread and butter through making intermediary chemicals for products most likely found in your home.

When the new breed of narco-entrepreneurs came knocking with lucrative orders for fairly easy-to-make compounds, who were these firms to refuse?

"Put yourself in their shoes," says Power. "You get an email saying, 'I'll give you £3000 for a kilo of a synthetic cannabinoid'. With chemical, knowledge and access to a library of chemicals, this is something you know you can make for about £50. If you think what £3000 gets you in modern day India, the values of exchange make it a very attractive prospect. And it's completely legal. What would you do?"

Power knows how easy it is to get a brand new drug made. He's done it. Confronted by numerous claims in the media about how easy the process is, he emailed a respectable looking Chinese lab and ordered a tweaked version of the banned stimulant phenmetrazine –

formerly a popular slimming drug and an early recreational drug for The Beatles.

The lab sent him a chromatography rendering of the drug and delivered it for free. When the packet arrived, he got it tested and confirmed the white powder was his own new stimulant powder.

It is not only the labs making a killing. Wholesalers importing the compounds are making astronomical profits. Power estimates that, with a £10,000 investment in his new drug, he could have made £1m within 6 months, though the process is easier said than done.

"It's a fallacy to say that, after a ban, you can just make a new drug the next day. It takes time. The cathinone ban really did wipe out a hugely popular category of drugs, as did the ban on ketamine-like substances. Nothing has been a mephedrone killer yet, no one's stolen its crown."

So where will the next drugs come from? According to Power, the hunt for new drugs is generally led by the people who have capital, such as bio research chemical companies. They will spend R&D resources finding any new chemical that is legal but has psychoactive effects.

"I don't think there are many big players. In the UK, I think there are probably two or three companies working as a cartel. It appears to be a bigger market because each company has maybe 10 different front companies, each appealing to different market segments."

“As soon as one substance is banned, another one, with a slightly tweaked chemical structure, materialises. Part of the problem for those tasked with stemming the NPS supply is seeking out who, exactly, is making them.”

Power says drug forums play a large role in which drugs the companies choose to go big on. A privileged set of forum users will receive a sample in the hope they'll write a good review. "If the reviews are good, they will release it onto the market bit by bit until there's a buzz and it starts selling."

Mike Slocombe, founding editor of the London-based underground bulletin board Urban75, said NPS companies employ people to generate interest on these fora.

"When mephedrone was kicking off, these minions got chatting to people on our drugs forum," said Slocombe. "They make friends with as many people as possible. Then they will send private messages to around 300 people with links to where to buy this great new drug."

NPS sellers have also learnt the art of attracting as much web traffic as possible: gateway pages, algorithms and invisible wording. "If you are in a crowded room

“In the US, more than 11,000 emergency department visits, a third of which were made by children under 17, were specifically linked to synthetic cannabinoids.”



and you want to draw attention to yourself, you have to shout,” said Slocombe.

The new era of the drug trade has its roots in the internet. In fact, the first thing ever bought and sold over the web was a bag of cannabis. Since then, their similarly maverick nature has meant psychonauts and internet geeks have remained bed partners.

The web has facilitated the spread of NPS by shortening the lines of communication between user and producer, effectively bypassing middlemen.

Mephedrone was the catalyst. Created by an online chemist, it was the substance that opened the doors to the possibilities of the online drug trade for the general public and to people with an eye for a quick profit. But mephedrone could not have exploded onto the drug scene in the way it did without the internet.

Websites doubled as both a market stall and a talking shop for the drug, and they caught everyone off balance. Google’s Adword service, which automatically generates ads from keywords, meant that alongside online newspaper stories about the dangers of mephedrone would appear adverts for how to buy it.

The appeal of NPS over and above traditional illegal drugs rides on bang for buck. However unreliable and nasty they are, they are generally cheap and potent. Unlike other drugs, they are available 24/7, rain or shine. Moreover, they attract users because they are or claim to be legal. In countries with strict student and workplace

drug-testing regimes, such as the US, New Zealand and Australia, they have been used to avoid positive drug screening tests.

NPS are very much the drugs of a new generation. A UK investigation into NPS trends among young people carried out by DrugScope found the younger generation viewed the kind of drugs NPS mimic, such as cocaine, LSD, MDMA and cannabis, as remnants of a bygone era. Put simply, NPS were seen as fashionable while traditional drugs were not.

The survey also showed that with NPS, the emphasis was on getting a cheap hit. One drug worker told DrugScope, “From what I’ve seen, it’s the potency of a particular brand that is more of a pull for young people rather than the fact they may be legal. With synthetic cannabinoids, it’s all about getting totally out of it. Lots of them will use a bong and actually say it was a negative experience.”

“It’s not used for relaxing like normal cannabis,” another drug worker said. “There is a real need for escapism. It’s a comfort blanket so they can forget everything. Yes, it’s a substitute for cannabis, but if you use the same dose as cannabis, it wipes you out.”

Worryingly, drug workers have raised concerns that some products seemed to become more popular even after being linked to hospitalisations and deaths.

Still, the use and online purchasing of NPS across the world’s population remains a small proportion of global drug activity.

The ‘old school’ drugs and the local drug dealer still account for the lion’s share.

Yet these products are increasingly causing problems for users. The US and UK, for example, have witnessed slow but steady rises in the number of people being treated by drug services and hospitals for NPS use.

In the UK, PMA, a more toxic substitute for MDMA, was linked to 23 deaths in 2013, while AMT (alpha-methyltryptamine), an LSD-style psychedelic, has been linked to the deaths of three. In the US, there have been five confirmed deaths from the hallucinogenic 25I-NBOMe, and in Sweden 5-IT – legal in most European countries and supposedly resembling MDMA – was involved in 14 deaths.

There is increasing evidence showing synthetic cannabinoids are more harmful than cannabis. Users of these products, marketed at young people in the same colourful, shouty ‘yoof’ way alcopops were, have suffered extreme reactions, including heart attacks. Their inventor, Professor John Huffman, who created 200 types of synthetic cannabinoids for use as anti-inflammatories, has publicly warned that smoking them can lead to serious psychological problems.

In November, researchers at the University of South Florida unveiled a study that officially links synthetic cannabinoids to strokes in “otherwise healthy adults”. In the US, more than 11,000 emergency department visits,



“A UK investigation into NPS trends among young people carried out by DrugScope found the younger generation viewed the kind of drugs NPS mimic, such as cocaine, LSD, MDMA and cannabis, as remnants of a bygone era.”

a third of which were made by children under 17, were specifically linked to synthetic cannabinoids.

In New Zealand last year, three people were hospitalised with serious kidney problems after smoking synthetic cannabinoids. The country's National Poisons Centre has reported a rise in calls from doctors and ambulance officers reporting breathing problems, paranoia and recurrent psychotic episodes as a result of the drug. And doctors have reported concerns over the increase in clients in their emergency departments suffering adverse effects after taking them.

A 12-month study on the adverse effects of synthetic cannabinoids, published in *Human Psychopharmacology* last year, found that one in 40 people surveyed who had used them had sought emergency medical attention. In the same journal, a paper called “*Spicephrenia*”:

a systematic overview of “Spice”-related psychopathological issues and a case report concluded that synthetic cannabinoids posed more of a health risk than natural cannabis.

Stephen Bright, who teaches addiction studies at Curtin University in Australia, says the extra health risks posed by synthetic cannabinoids could be because they do not contain naturally occurring chemicals found in cannabis. CBD is a natural anti-psychotic while THC works as an anti-convulsive.

“Cannabis has been used for thousands of years,” says Bright. “We know the effects. With the synthetic version, thousands of people have unwittingly become lab rats in this global mind experiment. To be sold like this, other drugs would have to have gone through thousands of hours of clinical trials.”

Part of the problem is buyers and even sellers of NPS products often have little idea of what chemicals they contain. Analysis of one ‘Rockstar’ ecstasy pill found it contained 11 different drugs. Yet at a time when the forensic analysis of drugs has become vitally important, many nations have found it impossible to keep track, due to financial constraints and the sheer volume of samples.

Drug services now appear to have come to terms with the new landscape. The philosophy of many services in the UK, which has one of the world's most varied NPS markets, appears to be one of keeping calm and dealing with symptoms rather

than chemicals. “It’s about going back to basics, treating the presenting issues rather than having to be an expert in the compound itself,” said Katy MacLeod, National Training and Development Officer at the Scottish Drug Forum.

Widespread confusion around NPS has predictably been reflected in the global media, although how much of this is confusion and how much is wilful narcotic scaremongering, it’s hard to tell. The truth appeared to walk the plank time and time again with the appearance of mephedrone in the US, the description of ‘bath salts’ and the case of the Miami zombie who turned out not to have taken cathinones, just cannabis.

It is no fluke that New Zealand was the first country to think outside the box and come up with laws to actually regulate NPS.

Its remote location and relatively small population has always kept it adrift from global trade routes. It is one of the few countries not to have a branch of H&M (the fashion world’s equivalent to Starbucks), so it follows that getting hold of ‘exotic’ products like cocaine and MDMA is an expensive or disappointing hobby.

New Zealanders, therefore, with their largely Anglo Saxon-influenced urge for getting out of it, have historically done the only thing they could do: make their own drugs. This is why high-quality home-grown cannabis and locally cooked-up methamphetamine are so big here.



Photo Credit: Myrthall Bransgrove, Timaru Herald

“The reason so many new drugs are appearing is precisely because we keep banning them. That approach worked in the 1960s and 1970s, but in the internet era, it is impossible to control this market. More laws equals more drugs.”

And it's why one firm, Stargate, decided in 1999 to make its own ecstasy or 'party pills' out of the legal stimulant BZP. Abandoned as both an anti-worming drug for cattle and an anti-depressant, BZP was efficiently promoted as a safer, cheaper alternative to methamphetamine and ecstasy. It sold fast. A report prepared for the Ministry of Health estimated that approximately 20 million doses of party pills were sold in New Zealand between 2002 and 2006.

But the party pills were not all 'party'. Research began to link BZP with a number of health risks, including toxic seizures. This prompted the New Zealand Government to begin a trial and error journey of drug law that would see it experiment with a hotchpotch of potential solutions.

The first attempt was the Misuse of Drugs Amendment Act 2005. This created

a classification for new psychoactive drugs deemed lower risk than drugs like cocaine and cannabis. The plan was to place a set of restrictions on the sale of party pills. But the half-baked law backfired. Not only did the government fail to enforce its restrictions, pill makers decided to steer clear of BZP and replaced it with similar, legal alternatives, such as 1,3 dimethylamylamine (DMAA).

This set in motion a cat and mouse game later to be repeated around the globe: as soon as one substance was banned, another hit the shelves. When a new wave of legal highs in the shape of synthetic cannabinoids appeared, the ban-invent-ban-invent game began playing on a bigger and bigger pitch.

BZP was made a Class C drug in 2008, but the production of new legal highs increased in intensity. In total, 35 substances were banned, and every one of them was quickly replaced with another set.

This was clearly not ideal. While some substances fell within the country's existing drug analogue laws and could be banned, others required lengthy chemical analysis before they could be taken off the shelves. It was this delay that worried the government. It meant potentially harmful products could remain uncontrolled and readily available.

Determined to solve what appeared to be the drug law equivalent of a Rubik's cube, the government decided it was time to clear the decks.

“Despite having reduced the number of stores selling legal highs from 3,000 to 170 and removing the most dangerous substances, there is the feeling the new law is just too soft.”

A review by the New Zealand Law Commission review of the Misuse of Drugs Act pointed out that, under existing drug law there was no mechanism for effectively regulating NPS before they reached the market. The onus was completely on the government to determine whether a substance was harmful.

This led to the Psychoactive Substances Act 2013, which sailed through Parliament in July last year with a majority of 119 votes to one. Its key aim was to put the onus on NPS producers to develop products that were low risk. Manufacturers must now send their products for clinical testing before they can be legally sold, while the government oversees the importation, manufacture and sale of these products under tight regulations.

Explaining the logic behind the new law to Australians in the *Sydney Morning Herald* in September last year, Ross Bell, Executive Director of the New Zealand Drug Foundation, wrote: “The producers of synthetic substances always hold the upper hand; their chemists are always one step ahead of any regulation. The New Zealand Government finally lost patience and did something counter-intuitive. It moved new synthetic drugs from a legal grey area to a well defined and robust regulatory framework.

“These substances will be better regulated than tobacco or alcohol. By shifting the burden of proof on to manufacturers, it forces producers into the

“Under existing drug law, there was no mechanism for effectively regulating NPS before they reached the market. The onus was completely on the government to determine whether a substance was harmful.”

light of day and makes them responsible for the safety of their products.”

Bell felt the need to spell all this out because New South Wales (NSW) had just introduced a new “tough” anti-NPS law that made banning them easier. Instead of awaiting scientific analysis, as long as it could be proven a substance had psychoactive qualities (and as long as it’s not alcohol, tobacco or caffeine), it would be banned. “There is no silver bullet to protect people from the scourge of psychoactive drugs, but the NSW Government has developed ground-breaking laws to tackle the problem,” NSW’s Minister for Fair Trading Anthony Roberts explained.

However, as Bell said in his article, the new law was not “ground-breaking”, it was merely a more speedy way of banning drugs and an approach that had been tried across the Tasman for 6 years with little success.

Australian Drug Foundation Chief Executive John Rogerson described the new law as “the typical Australian response to drug-related issues” that “does little in the long term to deal with the issue. We have to try new policies as we know banning drugs does not work and leads to many harmful unintended consequences.”

Weeks after this new law came into effect, the *Sydney Morning Herald* found NPS were still available online and

being shipped into the state. So much for banning.

Meanwhile, European policy makers are still jostling to find a way to tackle NPS. The European Monitoring Centre for Drugs and Drug Addiction says, since 2009, seven European countries have implemented one type of control measure and subsequently initiated another. They say it is clear suppliers are making great efforts to stay within the law.

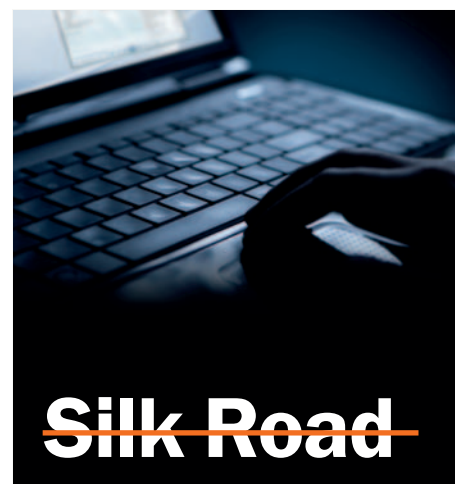
For example, in 2010, Ireland enacted a blanket ban on the sale of NPS, specifically targeting head shops. According to the government, in the 3 months following commencement of the law, the number of shops fell from about 100 to just six. But somehow, the Irish are still getting hold of legal highs. An EU survey in 2011 found that Ireland had a higher proportion of young people trying NPS than any other EU country, and most people said they bought their hit from head shops. Go figure.

The UK’s response has been to ban each substance as it appears via temporary banning orders. The government’s Advisory Council on the Misuse of Drugs surprised many when it recommended adopting US-style analogue laws, something New Zealand has stopped doing and which the US Drug Enforcement Administration recommended the UK not do. There has been no visible slowdown in new substances.

But the problem faced by European countries is that they are packed like sardines in a can. As the European Commission pointed out, a chemical that one country bans is easily available via e-commerce and cheap postal services from a neighbouring country where it is still legal. You can’t check every bit of mail, and websites just reopen under new names.

US attempts at stamping out NPS are faring little better. The US Federal Analogue Act failed to stop the arrival of synthetic cannabinoids and cathinones. The Synthetic Drug Control Act 2011 added a swathe of new drugs to the schedule. Within weeks of the new law, cheaper and more dangerous drugs, such as the NBOMe series of chemicals, experienced a steep rise in popularity, and deaths linked to them spiked.

At the 2013 UN Commission on Narcotic Drugs meeting, a resolution was agreed to “enhance international cooperation in the identification and reporting” of NPS. In policy terms, the resolution encouraged the sharing of



On 2 October last year, the online Dark Web drug market Silk Road, which enabled people to buy any drug from anywhere in the world, was busted by the FBI.

The site’s alleged owner, Texan student Ross Ulbricht, known online as Dread Pirate Roberts, was charged with conspiracy to traffic drugs, money laundering and murder for hire.

Undercover agents, who had Ulbricht in their sights for months before his arrest, estimated Silk Road, the biggest and most brazen online drug bazaar of its kind, had 100,000 users and a turnover of \$22 million a year.

\$22.9m

ANNUAL TURNOVER

It has been a grim 6 months for high-profile online drug sites. A week before Silk Road was shut down, another drug bazaar, Atlantis, suddenly vanished. In the weeks afterwards, two sites, Sheep Marketplace and Black Market Reloaded, decided to close. A third Silk Road 2.0, set up by two former employees of the original site, lasted two months before 2 key figures were arrested.

However, despite the FBI’s success in penetrating these sites, the online trade in drugs continues, largely unaffected. While Silk Road was certainly the largest and most high profile of its kind, hundreds of other sites, small and large, encrypted and highly visible, continue to facilitate the trade in illegal drugs.



effective responses to the unique challenge of NPS, including “new laws, regulations and restrictions”. Cue sounds of tumbleweed and anxious glances towards the Land of the Long White Cloud.

So all eyes are on New Zealand. In August 2013, *The Economist* marvelled at the fact that the country’s new NPS law had resulted in a published list of “all the most prolific drug manufacturers and dealers in the land, complete with their full names and addresses”.

“Anywhere else in the world, such a roll-call of drug makers and dealers would be unthinkable. Many people may be horrified that peddlers of mind-addling concoctions are listed on the health ministry’s website as if they were manufacturers of medicines. But the lists make clear some of the advantages of bringing the business into the daylight.”

But on the ground, there are signs of frustration. Details on dosage limits, the testing system, packaging and health warnings have yet to be announced. Since the law was passed, local newspapers have reported frequently on small-scale community protests against the continued sale of synthetic cannabinoids in high street shops. Despite having reduced the number of stores selling legal highs from 3,000 to 170 and removing the most dangerous substances, there is the feeling the new law is just too soft.

Just over 100 years ago, the world’s superpowers set out in earnest thinking

prohibition would reduce the volume and range and availability of drugs.

Now in 2014, the tide has begun to turn.

This year, Uruguay and the US states of Colorado and Washington legalised recreational cannabis, partly because a regulated market, out of the hands of criminals, would be safer. New Zealand’s changes in regards to NPS have been made for similar reasons.

As well as changing forever the way people produce, buy and use drugs, the era of new psychoactive substances and the online drug trade has made a mockery of prohibition. It was a policy already on a century-long losing streak, but faced with the challenge of an even more resilient and slippery enemy, it’s now a policy that seems to be eating itself whole.

“We are confusing cause and effect,” says Power. “The reason so many new drugs are appearing is precisely because we keep banning them. That approach worked in the 1960s and 1970s, but in the internet era, it is impossible to control this market. More laws equals more drugs.”

While New Zealand’s NPS regulation is sensible, it leaves us with a situation where some substances, synthetic cannabinoids, for example, are legal while arguably less toxic ones like cannabis are banned and the most dangerous drugs, such as heroin and crack, are left to roam wild. Common sense says the only way of solving this narcotic riddle is either to control all drugs or prohibit all drugs out of existence.

“Anywhere else in the world such a roll-call of drug makers and dealers would be unthinkable. Many people may be horrified that peddlers of mind-addling concoctions are listed on the health ministry’s website as if they were manufacturers of medicines. But the lists make clear some of the advantages of bringing the business into the daylight.”

And the dawn of NPS has finally put paid to the latter.

Drug use is not all about logic and science, nor should it be, and a healthy dose of realpolitik must be taken into account. Drug taking is imbued with a cultural, not just chemical, significance. The desire to become intoxicated is a morally charged decision. But as the links between intoxication and morality, largely created by religion and politics, continue to melt away, so the inevitable journey to the cold hard logic of regulation and control becomes ever smoother. ■

Max Daly is a journalist specialising in illegal drugs and author of *Narcomania: How Britain Got Hooked on Drugs* (Windmill, 2013).

NPS policies around the world



IRELAND

The Criminal Justice (Psychoactive Substances) Act came into effect on 23 August 2010 to deal with head shops. This law makes it an offence to sell, import, export or advertise a psychoactive substance (including importation or exportation via online means).

UK

Following concerns that the formal procedure of control was not fast enough, Temporary Class Drug Orders were introduced into the Misuse of Drugs Act on 15 September 2011. Such orders allow the Home Secretary to control a substance as a drug for 1 year with the approval of the UK Parliament. An order may be drawn up where a substance is misused or likely to be misused and where there could be harmful effects. If a substance poses an urgent or significant threat to public safety, an 'urgency procedure' allows for consulting only the ACMD Chair.

PORTUGAL

In 2013, Decree-Law 54/2013 established a list of psychoactive substances that pose a public health risk comparable to controlled drugs and prohibited their advertising and distribution, punishable by administrative fines and closure of premises.

FRANCE

In 2012, a generic definition of cathinones was added to the list of substances controlled by drug legislation.

NETHERLANDS

In 2012, mephedrone was classed as subject to the pharmaceutical laws and therefore could not be distributed without a licence.

DENMARK

In 2012, generic definitions of cathinones, cannabinoids, phenethylamines and tryptamines were added to drug control legislation.

NORWAY

A new regulation on narcotic drugs has been published, omitting earlier references to "derivatives", which had proven unclear in prosecution, and instead including generic group definitions for synthetic cannabinoids, cathinones, phenethylamines and tryptamines.

AUSTRIA

In 2012 Austria's new 'Act on New Psychoactive Substances' criminalised supply of substances that have the potential for "psychoactive effects" and are likely to be abused by certain sections of society and pose a potential threat to consumer health.

ITALY

Italy introduced an analogue classification of synthetic cannabinoids under the drug control law in May 2011. In December, this was broadened, and a group classification of cathinones was also added.

ROMANIA

A law to control NPS in Romania was passed in 2011. A permit is required to sell any product likely to have psychoactive effects. These are defined as those provoking "changes in functions, mental processes and behaviour", or "causing dependency", but no specific reference to harmful substances is made. The unauthorised distribution of these substances and their advertising is punishable by imprisonment but not possession for personal use.

CANADA

The Controlled Drugs and Substances Act is the main legislation for drug control. It contains eight schedules listing substances that are subject to the Act. Substances not listed may also be subject to the Act if they are a salt, derivative isomer, analogue, salt of a derivative, or similar synthetic preparation of a particular controlled substance. For instance, JWH-018 is considered a similar synthetic preparation of cannabis and is therefore considered to be included in Schedule II.

US

The US Federal Analog Act 1986 defines an analogue as a substance that is "substantially similar" to a scheduled substance and has either an effect similar to or greater than a controlled substance or is thought to have such an effect. The Synthetic Drug Control Act of 2011 banned several drugs, such as cathinones and synthetic cannabinoids.

AUSTRALIA

In 2011 Australia placed eight synthetic cannabinoids under Schedule 9 (Prohibited substances) of the Poisons Standard. Prohibited substances are poisons and preparations whose sale, distribution, use, possession and manufacture are prohibited, and they may be used only for medical and scientific research. In New South Wales, new laws provided a blanket ban on psychoactive drugs, with exemptions for tobacco, medicines, foods, drinks, caffeine and herbal remedies. An expert panel will decide what is exempt.

NEW ZEALAND

The Psychoactive Substances Act 2013 made the importation, supply, labelling, manufacture and possession of NPS subject to requirements similar to those imposed upon manufacturers and suppliers of medications, food or chemicals. It aims to balance the demand for access to such substances with the risk of likely harm to individuals and society. Manufacturers will be required to have their products assessed in order to prove that they are low risk before they are approved. Additional restrictions include a sale restriction to minors, no sales from convenience stores, limited advertising, childproof packaging and clear listing of ingredients and health warnings.

Growing alternatives

The United Nations has been encouraging development of alternative crops in poorer drug-producing countries for more than a decade and a half as a way to reduce global supply. Results have been very much mixed, unfortunately, and **Russell Brown** looks at why.



RUSSELL BROWN

By the hit, by the gram, by the kilo, reads the website of one local coffee company. It's an old joke: cast the daily, socially sanctioned fix of caffeine in the spicy language of illicit drugs. But it has a real-life resonance in the fitful, difficult business of drug supply control.

In 1998, a special session of the United Nations General Assembly devoted to the global drug problem anointed a phrase that became a strategy: "alternative development". In one of the endless sentences characteristic of such consensus statements, the assembly defined the alternative development policy as: "A process to prevent and eliminate the illicit cultivation of plants containing narcotics and psychotropic substances through specifically designed rural development measures in the context of sustained

national growth and sustainable development efforts in countries taking action against drugs, recognising the particular socio-economic characteristics of the target communities and groups, within the framework of a comprehensive and permanent solution to the problem of illicit drugs."

In real terms, that means giving farmers, often indigenous people, in Latin America and Southeast Asia and Central Asia viable, legal alternatives to the plants that economically sustain them, chiefly coca bush, opium poppies and cannabis. The hope is that cash crops such as cacao (the core ingredient of chocolate), coffee and palm oil can replace the crops that are turned into illicit drugs for the world market.

On the face of it, it's a considered policy that recognises that the farmers at the foot of the drug ladder need economic alternatives that won't simply appear on their own. Reduction of poverty, improvement of food security and general

rural development all play a part in the strategy, which accounts for a significant part of the operational activity of the UN Office of Drugs and Crime (UNODC).

Long before the General Assembly statement, the UN was actually working along these lines through crop substitution projects in Thailand in 1972. So has the strategy worked? If so, where, why and how?

A 2012 story in *Time* declared that “finally, one of Washington’s most frustrated drug-war priorities” alternative development, was “starting to bear fruit” in the Yungas Valley of Bolivia, where the local people had for years expanded their traditional cultivation of coca in service of the cartels that turn coca into cocaine.

Two things helped. One is that coca growers receive only a tiny proportion of the billions paid by western cocaine users – there is no fair trade in the drug business. The other was a sharp spike in the international price of coffee beans. If the farmers could get a fair share of the returns, it was more profitable to grow coffee than coca. Alongside the Bolivian Government, the American federal agency USAID showed farmers how to grow and prepare the high-quality beans that fetch a premium internationally.

There is no such good news, however, in Afghanistan, which produces 90 percent of the world’s illicit opium. In 2001, after a religious edict from the Taliban, the country’s opium production plummeted to only 185 tonnes. Since the US-backed invasion in that year, production has spiralled, reaching 8,200 tonnes in 2007 before subsiding somewhat. The *2013 Afghanistan Opium Survey*, published in November, found “a worrying situation” with the area in cultivation up 36 percent and production up by nearly half on 2012, at 5,500 tonnes.

There seem to be two reasons for the surge. One is straightforward economics: opium is easier to transport and fetches far, far more than any other crop. The farm-gate price of fresh opium was \$US181 per kilogram last year. The price for wheat was 44 cents. The other is security: a subsequent UNODC statement speculated that farmers “may have driven up cultivation by trying to shore up their assets as insurance against an uncertain future resulting from the withdrawal of international troops next year”.

Although the UNODC survey mentions crop eradication as a positive solution more than 30 times, forced eradication was officially halted – after a change of

management at the White House – by then US Ambassador Richard Holbrooke in 2009. Holbrooke described eradication as a “failed” policy that “just helped the Taliban”, echoing a 2007 paper from the US Army’s Strategic Studies Institute, which said: “While the process of eradication lends itself well to the use of flashy metrics such as ‘acres eradicated’, eradication without provision for long-term alternative livelihoods is devastating Afghanistan’s poor farmers without addressing root causes. The United States should put less emphasis on eradication and focus more attention and resources on the other pillars of the counternarcotics strategy.”

Yet it’s unclear how much has changed since then. Two-thirds of Afghan villages in cultivating regions received no development support last year. Without that support – particularly in processing and marketing – substitution with high-value crops like saffron (where, as with coffee and illicit drugs, almost all the value is captured after it leaves the farm) remains little more than a nice idea.

In his book *Opium: Uncovering the politics of the poppy*, Pierre Arnaud-Chouvy suggests that, on its own, crop substitution has had relatively little impact – even in apparent success stories such as Thailand, where opium production has plummeted. He argues the elements of alternative development that did work were those that increased national cohesion and brought former drug-growing areas into the national mainstream. In other words, better schools and hospitals were more effective than crop substitution programmes. Eradication programmes, like those still active in Afghanistan, were generally counterproductive.

The Thai project “also had, very importantly, the royal blessing”, says Sanho Tree, Director of the Drug Policy Project at the Institute for Policy Studies, “which means tremendous mobilisation of resources which simply don’t exist or are politically unfeasible in other parts of the world.”

Tao Rattana, a Thai New Zealander who runs the specialty coffee supplier Papaya Salad, also emphasises the role of the Royal Family. As far back as the 1980s, he says, successful crop substitution programmes have been linked to royal initiatives. His own company handles high-value, organic specialty coffee, mostly from farms of less than 2 hectares.

“The Thais made a commitment to this in the way the US has never made a

VILLAGE LEVEL PRICES OF DRY OPIUM AND FOOD GRAINS IN 2012 AND 2013 (US\$/KG)

Crop name	(US\$ per Kg)		
	ORAS 2012	ORAS 2013	% difference
Dry opium	248	203	-18%
Fresh opium	181	160	-11%
Wheat	0.44	0.41	-7%
Rice	1.14	1.25	9%
Maize	0.34	0.31	-9%

Source:
Opium Winter Risk Assessment Survey 2012 and 2013

commitment,” says Tree. “We do it as an afterthought – it’s a sugar coating on the very bitter pill of eradication. USAID is very much in the back seat when it comes to international drug war policies. Law enforcement, the Bureau of International Narcotics and Law Enforcement Affairs (INL), is very much in the driver’s seat.”

The key player in Asia is China, which has poured huge resources into Burma and Laos, where the export market for illicit opiates is not the West but China itself. But China’s version of alternative development – focused on large mono-plantations of rubber, sugar cane and tea – has resulted in both shifts and increases in opium production, according to the 2010 Transnational Institute (TNI) report *Alternative development or business as usual? China’s opium substitution policy in Burma and Laos*.

Such a strategy fails to benefit the people most likely to grow opium: the “poorest of the poor”, the report says. To the extent that new initiatives marginalise these communities, they achieve the opposite of their aims.

A subsequent TNI report in 2012 was withering: “China’s opium crop substitution programme has very little to do with providing mechanisms to decrease reliance on poppy cultivation or provide alternative livelihoods for ex-poppy growers. Financing dispossession is not development.”

TNI has also been sharply critical of efforts by the UN and the International Narcotics Control Board to bind Bolivia to the “unjust and unrealistic” requirement of the 1961 Single Convention on Narcotic Drugs that the traditional practice of coca leaf chewing “must be abolished” – a



“In other words, better schools and hospitals were more effective than crop substitution programmes.”

confrontation the Bolivian Government won last year.

It was, says Tree, “a silly demand”.

“It’s been going on for thousands of years, and coca in its natural state, as used by Bolivians, is actually very healthy. There’s nothing negative about it. It’s full of nutrients, vitamins and minerals – things that are hard to find at 15,000 feet elevation. The US Embassy’s own website used to recommend travellers (at altitude) should have coca tea when they landed to avoid altitude sickness.”

Tree says the Bolivian region of Chapare, which underwent forced eradication of coca and an “annual cycle of violence” through the 1990s and 2000s, changed after the election of the Morales Government, which granted local families the right to grow a cato (an indigenous unit of measure, about 40 metres by 40 metres) of coca bush.

“What that does is give them food security and predictability,” he says. “If you don’t know what tomorrow will bring, you’re not going to expand and diversify. You’re not going to take risks. But if you guarantee them they’ll have that cato to sell, you free up a lot of mental space. For the first time, they’re able to think about diversifying their local economies – and I’ve watched this happen. You see a mechanic open, then a restaurant, then a

little hotel. People start to take risks and they start to transition away from coca – which is what we’ve been wanting them to do for decades!”

Matt Graylee of Wellington company Flight Coffee, who has been working on a scheme to raise returns for coffee farmers in Colombia (see sidebar), saw a similar dynamic when he met farmers in Ethiopia.

“Where people are growing other substances, generally they’re pushed that way because it’s economically viable,” says Graylee. “You can never hold that against them, because when you visit them, you find that their father grew coffee and his father before him and they’re not legally allowed to sell the land and they’ve only got 1 acre and they’re trying to get their children to university.”

“If they choose to, say, grow khat in Ethiopia, where you can harvest several times a year – which is a matter of breaking off some branches and going down to the market and selling a bunch of the equivalent of \$5 – the quick maths says that’s about 40 times what you can get for coffee. And it’s legal within the country. So why wouldn’t you? If I had to choose between khat, flowers, strawberries or coffee, I’d choose khat every time if I had to look after my family.”

Another problem with forced eradication, says Tree, is that it may cause



farmers to adapt with unpredictable consequences. After visible coca crops in Colombia were repeatedly wiped out by US spray planes in the early 2000s, “farmers began to intercrop and shade-grown varieties of coca were introduced, along with new processing and extraction techniques with high yields. The varieties they were replanting with were more productive than the old ones – varieties that were suited to cocaine production rather than chewing.”

And then there are the basic economics of scarcity.

“When you’re talking about wide-scale eradication, what that does is act as a price support for drug producers. It’s a crop subsidy. We eradicate just enough to elevate prices, which is good for a lot of these farmers, as long as they’re not the ones that get hit.”

The 1998 General Assembly statement noted that poor farmers faced “the constant threat of forced eradication of their crops” and said that “suitable alternatives” must be offered. And yet, 15 years on, this lesson remains elusive, it seems – if you want marginalised people to quit drug cultivation, you must offer them the security to make that choice for themselves. ■

Russell Brown blogs at publicaddress.net.



The Helena project

Two years ago, the crew of Wellington roastery Flight Coffee began working with a Colombian farm called Helena.

The aim was to demonstrate alternative ways of growing, processing and trading coffee through a new green coffee social enterprise called New Zealand Specialty Coffee Imports (NZSCI).

It wasn’t because no one knew how to grow coffee. Despite its chaotic reputation, the Colombian Government has, since 1927, marshalled the country’s producers into an effective, quality-controlled commodity coffee export business, via the National Coffee Growers Federation.

“But we saw an issue with the commodity market,” says Flight and NZSCI Director Matt Graylee. “For a long time, prices had been falling and farmers hadn’t been able to cover their costs of production through traditional markets.

“Helena was our opportunity to try out all the agronomic techniques we’d learned over the years and see if we could raise the quality of coffee into a specialty realm from a traditional Colombian farm, provide specialty market access, then include other farms.

The NZSCI project isn’t directly replacing coca crops, but by making coffee growing profitable, it is an incentive to choose coffee over narcotics. At its core is a spreadsheet.

NZSCI works backwards to figure out the price. The price people are willing to pay is stable and coffee quality it established by cupping scores, a standardised process that measures coffee quality on a scale of 1–100. A score above 80 is considered specialty.

“We buy at a set rate for an 85, and for every point above we add an extra 50,000 Colombian peso (COP\$), above 90 comes with

another COP\$100,000 per point. Price predictability is of utmost importance.

“At 90 points, they’re up to a million COP\$ for raw parchment coffee before any milling. This season, it costs about 612,000 COP\$ to produce the highest quality coffees. We know the margins the farmers we buy from this season range between 42% and 71%. It’s actually better than ours or anyone else in the middle. There are not many primary-level industries than can boast this kind of margin.”

Graylee says the many fair trade labelling initiatives are “fantastic” but also “they are deliberately middle-of-the-bell-curve targeted programmes” having huge impact through focusing on commodity coffee. He’s chosen to target those most marginalised – farmers who can’t participate in fair trade schemes but produce amazing coffee.

And while fair trade generally sees farm earnings rise by about 25 percent over 5 years, the NZSCI model triples or quadruples earnings.

For Flight and NZSCI the payoff is being able to sell coffee that might normally be reserved for competition as part of its general range.

“All the money we’ve spent on the coffee actually exists inside the coffee. So the quality is through the roof.”

New Zealand Specialty Coffee Imports has already expanded to other regions in Colombia, and the next territory will be Mexico, before Graylee revisits Africa. In the meantime, he says, NZSCI’s system is available to anyone who wants to use it.



Across the Horn of Africa, there is a scraggly plant that grows in the dry hillsides and sandy rocky soils. Its small green leaves and average height don't exactly leave a lasting impression on one's mind, but chewing said leaves might.

القَات

Catha edulis, qat, kat, quat, chat, miraa, Arabian tea, kus-es-salahin

cathinone, (S)-2-amino-1-phenyl-1-propanone
cathine(1S,2S)-2-amino-1-phenylpropan-1-ol



considered a divine food by the ancient Egyptians, consuming khat leaves has been a cornerstone of socialising and cultural practice across northeastern Africa and the Arabian Peninsula for thousands of years. The earliest surviving written reference to the plant is from the 11th century and notes its medicinal qualities, saying it “relieves biliousness, and is a refrigerant for the stomach and the liver”.

Of course, humans aren’t cows: we don’t just stand around chewing vegetable matter for fun. The reason we like to wad khat up and munch on it is that the leaves contain the chemical cathinone. Chewing fresh leaves, or drinking khat tea, releases the cathinone, it’s absorbed through mucus membranes and boom, dopamine goes rushing into your brain in a fashion similar to amphetamine, but with results more akin to a strong cup of coffee.

Fresh leaves are preferred by consumers, as within picking, the cathinone starts to degrade into cathine which doesn’t quite give the same buzz.

With the world’s major plantations literally on the other side of the world and freshness an issue, it comes as no surprise that New Zealanders, being a practical people, have tried their hand at growing khat

“I knew some guys in Christchurch in the mid-80s who refined khat, which was growing somewhere in the city, down to a white powder,” a source told *Matters of Substance*.

“It hurt like blazes going up the nostril, but it worked.”

While cultivation of the plant doesn’t seem like a widespread kiwi pastime, a significant amount of khat is intercepted coming into New Zealand. In a recent *TV3 News* story, Customs said that in the past 2 years, over 110 kilograms had been seized.

In New Zealand, the plant is illegal under the Misuse of Drugs Act 1975 and is scheduled as a Class C drug in the same category as cannabis or coca leaves. Ever eager New Zealand regulators banned the plant in 1981 after the World Health Organization classified it as a drug of abuse, even though there was little evidence of its use in New Zealand.

Many European countries have also banned khat, including Germany, France, and Norway. The UK, which has a large population of people from the Horn of Africa, is in the process of banning it too.

The British Government first became concerned about the legal status of *Catha*

“I knew some guys in Christchurch in the mid-80s who refined khat, which was growing somewhere in the city, down to a white powder. It hurt like blazes going up the nostril, but it worked.”

edulis in the mid-2000s and asked the Advisory Council on the Misuse of Drugs (ACMD) to provide a review of the evidence on the health effects of using the khat. The ACMD recommended, based on the review, that khat remain legal.

Not deterred by a little bit of evidence, in the lead-up to the 2010 elections, the Conservative Party announced they would ban khat and, in 2012, commissioned another review by the ACMD. Once again, the ACMD reported there was no need for a ban because there was little to no evidence of negative health effects and no evidence whatsoever that the importation, sale and/or use of khat was linked to organised crime.

Despite the two reports in less than 10 years, very little public support, legal action from Kenya and the Home Affairs Committee of the House of Commons recommending that there be no ban on khat, Home Secretary Theresa May is (at the time of printing) soldiering on with plans for scheduling the plant as a Class C drug.

And this ignorance of evidence matters, not only because of the cultural significance of khat, but because khat exports to Britain are worth about £15 million to Kenya and the industry supports almost half a million workers there.

Globally, the tide is turning on moves like this. Bolivia has been readmitted to the UN Convention on Narcotic Drugs after arguing for the right of its indigenous people to chew raw coca leaf, and other countries around the world are recognising that prohibition – especially of substances with low risk of harm – is not working. ■

“Shame i’m not a goat.”

— Erowid user Kam on his first experience with khat

“Among them is a tree that is called gât. It does not bear fruit, people eat its leaves, and these resemble the small leaves of the orange tree. They expand the memory and in doing so call the forgotten back into mind. They give pleasure and diminish the desire for food, sexuality, and sleep. For the inhabitants of that land, not to mention the educated, the consumption of this tree is associated with great longing.”

— Egyptian historian Al-Maqrizi writing about khat circa 1400



AMOUNT OF YEMIN'S WATER SUPPLY THAT IS DIVERTED TO KHAT CULTIVATION.



NUMBER OF MINUTES IT TAKES FOR KHAT TO HAVE AN EFFECT



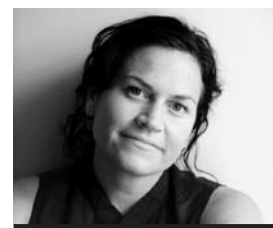
NUMBER OF PEOPLE WHO USE KHAT DAILY



PRICE FOR A GOOD BUNDLE OF KHAT IN LONDON BEFORE THE THREAT OF A BAN

It's not about the drugs

A new report has reignited the call for an even hand in the policing of drugs, citing figures that show the glare of police scrutiny is disproportionately focused on non-whites. **Keri Welham** looks at race and drug arrests.



KERI
WELHAM

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iamh Eastwood is a pale-skinned blonde woman who has lived in middle-class communities in the United Kingdom for the past 17 years.

In all that time, she's never been searched for drugs under the UK's 'stop and search' laws.

But she's not at all surprised by the story of a dark-skinned Ghanaian man – like Eastwood, a non-practising lawyer living in a large British city – who was stopped and searched 27 times in one 3-month period alone.

Eastwood is Executive Director of Release, a London-based centre of expertise on drugs and drug law, and is lead author of a report called *The numbers in black and white: Ethnic disparities in the policing and prosecution of drug offences in England and Wales*.

The report is based on a London School of Economics and Political Science analysis of Metropolitan Police Service data (obtained through a Freedom of Information request) showing the use of stop and search as a policing tool. It explores the details of 250,000 stops in

2010 and illustrates that, although self-reported cannabis use and possession of the drug is more common in white communities, it is those of African and Asian descent who are most often stopped and searched.

The most common demographic was young black men. In all, 50 percent of those stopped were 18–24 years old, and 94 percent were male. In terms of ethnicity, a black person was six times more likely to be stopped and searched than a white person, and an Asian person was two and a half times more likely.

"In my opinion," Eastwood says, "we can say very clearly that over-policing occurs in communities of ethnic backgrounds."

Non-white people are also dealt with more harshly by the criminal justice system. Black people are subject to court proceedings for drug possession offences at 4.5 times the rate of whites, are found guilty of these offences at 4.5 times the rate and are subject to immediate custody at a rate of five times that of white people.

However, a 2011/2012 crime survey covering 16- to 59-year-olds in England and Wales showed much higher rates of illicit drug use in the white population.

“...of those detained using stop and frisk, 55 percent were black, 32 percent were Latino and 10 percent were white.

In the end, 89 percent of those stopped were innocent of any crime.”

More than 70 percent of white people reported using cannabis, compared with just over 40 percent of black or black British, under a quarter of Asian or Asian British and just under 40 percent of Chinese or 'other'.

There are many theories behind figures such as these.

Eastwood says police efforts are concentrated around lower socio-economic locations, and black people, as a group over-represented in poverty statistics, tend to live in more heavily policed streets and towns. She says, to some degree, this is a story of class as much as race. She also claims a lot of drug policing is actually not about drugs but about gaining access to large communities to efficiently hike police case quotas.



One of Eastwood's co-authors Daniel Bear spent a year on the beat with the Metropolitan Police Service and found officers would head to poor communities and intensively police cannabis at the start of their shift. The theory was that they would quickly make enough arrests to free themselves up for more important policing through the rest of their shift.

In New York, police exercise comparable powers under legislation known as 'stop and frisk'. In 2012, 532,911 pedestrians were stopped, questioned and, in some cases, subsequently frisked on New York streets.

The American Community Survey for the US Census put the 2008 New York City population breakdown at 45 percent white, 28 percent Latino and 25 percent black. However, of those detained using stop and frisk, 55 percent were black, 32 percent were Latino and 10 percent were white.

In the end, 89 percent of those stopped were innocent of any crime.

Stop and frisk was a key plank of the zero-tolerance regimes that made former New York Mayor Rudy Giuliani famous. It was aimed at getting guns off the street, but 26,000 of the stops in 2012 were for alleged marijuana offences (5,300 of those stops resulted in arrests).

The US National Household Survey on Drug Abuse and Health shows that, consistently, over the decade to 2010, more white people aged 18–25 used cannabis than black people in the same age group. This was the case, to varying degrees, across most age groups. In terms of whether they'd ever tried cannabis, 46 percent of white people and 41 percent of black people said they had.

Yet, of the 26,000 stops attributable to alleged cannabis offences in 2012, 61 percent of those targeted were African Americans, and just 9 percent were white.

The policy is now the subject of a complex appeal wrangle in the US courts, amidst claims of racial profiling and counter-claims of stop and frisk's life-saving impact.

American commentator Dr Carl Hart argues this is not a class issue at all – it's all about race.

Hart is Associate Professor of Psychology in the Departments of Psychiatry and Psychology at Columbia University. He's also a father of three black sons, and he fears for a system where they are much more likely than their white counterparts to be caught if they decide to experiment with pot.

“ A lot of drug policing is actually not about drugs but about gaining access to large communities to efficiently hike police case quotas. ”

“New Zealand’s nowhere near as bad as Australia, nowhere near. But it still happens. Who do they give a caution and who gets charged?”



“On the issue of more strident policing of dark-skinned communities, [...] the gaze of the police always falls to ‘the other’. In a predominantly white police force, brown becomes the colour of crime.”

He wants to see research into “the long-term consequences of marijuana arrests on black people, especially as they relate to disrupting one’s life trajectory”.

Hart told *Matters of Substance*, “In short, dark people are not more likely to use drugs but are arrested more often because of racial discrimination. This is not unique to drug arrests. It occurs for the majority of criminal offences.”

Some theories on this issue look deeper than the current laws – viewing the disproportionate policing of people with dark skin as a relic of colonialism. Australia’s Brian Steels is the Senior Research Fellow in the Centre for Aboriginal Studies at Curtin University and the Director of the Asia Pacific Forum for Restorative Justice.

Steels says Australia’s Aboriginal population is ruled by customary law, settler law and contemporary law, and he believes there is good reason why some Aboriginal people dismiss the modern laws as nonsense.

“How can we say don’t steal when we’ve stolen their land?”

He says double standards when policing differing ethnicities erode the integrity and legitimacy of laws and therefore the level of compliance with those laws.

On the issue of more strident policing of dark-skinned communities, Steels says the gaze of the police always falls to “the other”. In a predominantly white police force, brown becomes the colour of crime.

“New Zealand’s nowhere near as bad as Australia, nowhere near. But it still happens. Who do they give a caution and who gets charged?”

“Non-indigenous police have in their culture to look at ‘the other’, whether Māori, boat people...”

Figures on the New Zealand Police website show that, at June 2012, almost 11 percent of Constabulary employees were Māori. New Zealand Police ran recruitment drives that resulted in a 31 percent increase in Māori police officers in the decade from 2002 to 2012.

Statistics New Zealand data shows that, of 20,682 apprehensions for illicit drug offences in 2012, 7697 (37 percent) of the alleged offenders were Māori and 11,158 (53 percent) were ‘Caucasian’.

But people of Māori descent made up just 17.5 percent of the New Zealand population in the 2013 Census, against 74 percent of European Descent.

However, unlike international studies that suggest a higher level of cannabis use in the white population, New Zealand



“While the Misuse of Drugs Act itself is not racially discriminatory, the way it is applied and enforced clearly is. Māori are more likely to be stopped, searched, arrested and convicted and are much less likely to benefit from police discretion.”

research through Otago University’s Christchurch Health and Development Study shows Māori use cannabis at a higher rate than Pākehā.

Associate Professor Joseph Boden says, by the age of 25, 85 percent of Māori in the study had used cannabis, against 74 percent of non-Māori. While 43 percent of Māori reported using cannabis at least weekly at some point up to age 25, only 30 percent of non-Māori reported the same. The risks of cannabis dependence for Māori were almost double those of non-Māori (20.2 percent to 11.9 percent).

On the face of it, Release’s legal expert Robert Jappie says New Zealand laws

appear less invasive than stop and search. Under the parts of the Search and Surveillance Act 2012 pertaining to the execution of the Misuse of Drugs Act 1975, a New Zealand officer suspicious of drug offending must have a warrant to carry out a search of a place or vehicle. However, there are various scenarios under which this warrant requirement could be waived, such as concern about the destruction of evidence or that the crime is under way or about to be committed.

At the New Zealand Drug Foundation’s Cannabis and Health Symposium last November, Associate Dean (Māori) at Auckland University’s Faculty of Law Khylee Quince highlighted the “fundamental injustice” of high Māori arrest and conviction rates.

“While the Misuse of Drugs Act itself is not racially discriminatory, the way it is applied and enforced clearly is. Māori are more likely to be stopped, searched, arrested and convicted and are much less likely to benefit from police discretion.”

New Zealand social reform lobbyist Kim Workman says there needs to be accountability in ‘random’ stops and searches.



DR CARL HART

“When you stop people of colour... [it] can’t be random. You have to have a reason and tell [them] what it is.”

A spokesperson from the New Zealand Police says the agency’s primary focus is on preventing and reducing crime and crashes and the impact of those events on all New Zealanders “regardless of their age, race, gender or personal circumstances”.

The Turning of the Tide strategy, a joint iwi/police initiative launched in 2012, was one measure to counter the disproportionate representation of Māori in crime statistics. The prevention strategy utilises strong bonds with iwi leaders to focus efforts on reducing Māori representation in vehicle crashes and as either victims or offenders in the criminal justice system.

While the New Zealand Police declined to address the issue of race in the policing of drugs, the spokesperson did say, “Police and other agencies do... recognise that Māori are over-represented in the justice system.” ■

Keri Welham is a Tauranga-based writer.

Sounding the drug war retreat



There are clear signs that the global consensus on drugs is becoming increasingly fractured, writes **Ann Fordham**, who says the last 18 months have seen several exciting watershed moments on the long road towards a rational and less damaging approach to the control of drugs.



ANN
FORDHAM



Today, at last, we can talk of real, actual legal reforms that are outside the prohibitionist paradigm that has been dominant for so long.

In December 2013, Uruguay became the first country to make cannabis available to adults for recreational use, with the government regulating cannabis production, trade and sale. Two states in the USA, Washington and Colorado, have voted to create legally regulated cannabis markets, and Colorado began cannabis sales through licensed shops on 1 January 2014.

Demand for legal recreational cannabis in Colorado was so high in the first week of the year that many shops allegedly ran out of stock – although this is likely to calm down after the initial rush.

In New Zealand, Parliament approved the Psychoactive Substances Act 2013, which came into force last July to regulate and control less harmful new psychoactive substances rather than blanket ban all new ‘legal highs’, placing an emphasis on limiting harms to users while meeting demand. This was a brave and innovative step that acknowledged the inevitable futility of indiscriminately scheduling all new substances and criminalising their production, trade and use – a strategy that has not deterred users or those seeking to make lucrative profits from the drug trade

by introducing ever-evolving new, and potentially more harmful, ‘legal highs’.

These developments are unparalleled in terms of how progressive and bold policy makers have been in breaking away from the global consensus on punitive prohibition, and it seems certain now that the positive trend is irreversible – in particular, with respect to cannabis.

These changes ‘on the ground’ provide a dynamic new backdrop to the global debates on drug policy that are happening at the United Nations (UN). The next UN General Assembly Special Session (UNGASS) on drugs will now take place in 2016 – 3 years earlier than originally planned, at the behest of Colombia, Guatemala and Mexico (supported by 95 other member states through a UN

resolution). A UN special session is the biggest international governmental forum for discussing issues of concern to the global community.

The impetus for pushing for an earlier UNGASS on drugs followed growing calls for reform from across Latin America at the highest political level. Many Latin American countries have paid a high price for enforcing the war on drugs, spending millions of dollars trying to stem the flow of drugs out of the region but to no avail and with devastating consequences in terms of security, human rights, development and public health.

In 2012, frustrated with the high economic and human costs of these largely ineffective efforts, Colombia's Juan Manuel Santos and Guatemala's Otto Pérez Molina, both sitting presidents, openly questioned the underlying premise of the dominant approach to international drug control and called for a debate on alternatives. This unprecedented development not only led to the rescheduling of the UNGASS but also the release of a groundbreaking report from the Organization of American States (OAS) in May 2013. The OAS report highlights the need for a serious rethink of drug policy and outlines options for the full decriminalisation of drug use and the legal regulation of cannabis.

The OAS process set the wheels in motion for taking this debate beyond the hemisphere. At the UN General Assembly in October last year, President Enrique Peña Nieto of Mexico and President Laura Chinchilla of Costa Rica added their voices to those of Santos and Pérez Molina by calling for more effective responses to drug trafficking based on promoting public health, respect for human rights and harm reduction. All four presidents united in calling for an open and wide-ranging debate leading up to the 2016 UNGASS.

While it's clear the existing consensus is breaking and there is a growing desire to find viable alternatives to the War on Drugs, there are still powerful countries who are staunchly opposed to any kind of reform. The stark reality of these tensions will be played out next month in Vienna (the UN seat of international drug policy) when there will be a special high-level meeting (just before the annual meeting of the Commission on Narcotic Drugs). This meeting is the culmination of a mid-term review of progress against the last international agreement on drug control – the 2009 Political Declaration and Plan of Action on the world drug problem. The review process began some months ago

with the negotiation of a Joint Ministerial Statement that will be adopted in March. This statement will set the scene for the upcoming UNGASS, so the final debate in Vienna on 13–14 March will be interesting.

An early draft of the statement was leaked to the press in November, and the divisions between those governments supporting more progressive approaches and those opposing change were apparent. For those working in the field of drug policy, the political lines were predictable – many European Union countries, Switzerland and some Latin American governments promote progress towards reform while China, Pakistan and the Russia Federation argue fiercely for the status quo and a strong reaffirmation of the existing commitment to the achievement of a drug-free world.

The inclusion of the words 'harm reduction' remains a contentious issue. In the negotiation of the 2009 Political Declaration, this was hard fought and unfortunately lost, although a coalition of 25 member states made it clear they would interpret the compromise language of 'related support services' to mean harm reduction. Human rights is another area that creates tension, with more inflexible governments still questioning the primacy of the human rights instruments over the implementation of the drug control conventions. Meanwhile, calls for an end to the use of the death penalty for drug offences are met with firm resistance from China.

“ At this juncture it would be naïve to say the war on drugs is over, but a retreat from some of the harmful and repressive aspects of this war has undoubtedly begun. ”

Yet there is one important and definite difference between these negotiations and the preceding ones – the position of the US has fundamentally changed. No longer among the hardliners, the US has acknowledged, both at the UN but also more recently domestically, that the over-reliance on incarceration has failed. In August 2013, US Attorney General Eric Holder admitted that mandatory minimum sentences for drug offences were 'draconian' and that too many Americans had been imprisoned for too long for no

good law enforcement justification. He made it clear that the status quo was unsustainable and damaging.

The domino effect of cannabis regulation at state level, with Alaska very likely to be next this year following Washington and Colorado (and several more states have concrete plans in the pipeline), makes the US less sure-footed of condemning other countries for not stringently adhering to a zero-tolerance approach. Cannabis regulation for recreational use is outside of the scope of the current UN treaty framework for drugs, which does create a technical problem for the US (although so far they have managed to avoid any real condemnation from other governments) and also for Uruguay. The International Narcotics Control Board, however, has weighed in on both developments and publicly chided the US and Uruguay for contravening the 1961 Single Convention on Narcotic Drugs, which lists cannabis in the same schedule as heroin and cocaine.

The status of cannabis within the UN treaty system is on the agenda of the next World Health Organization Expert Committee meeting later this year, after which there could be a recommendation to change its current place within the schedules. While wholesale revision of the UN conventions does not seem like an imminent possibility, it is an issue that is becoming more awkward. At the 56th Session of the Commission on Narcotic Drugs (CND), which took place in March 2013, Uruguay, Argentina, Guatemala and the Czech Republic alluded to the need for treaty reform. One country has managed to renegotiate its terms of engagement with the treaty system – in 2013 Bolivia readhered to the 1961 convention with a reservation on the coca leaf, having withdrawn from the treaty a year earlier.

It is not yet clear what exactly can be expected from the UNGASS, but as we move towards 2016, the so-called 'Vienna consensus' on drugs will be no more. The divisions between governments on this issue have become too visible to ignore and the UNGASS is a perfect opportunity for an honest assessment of the evidence that reflects the changing tone of the drugs debate. At this juncture, it would be naive to say the War on Drugs is over, but a retreat from some of the harmful and repressive aspects of this war has undoubtedly begun. ■

Ann Fordham is Executive Director of the International Drug Policy Consortium (IDPC)
www.idpc.net.

What's going on in the smoke-filled rooms?

Around the world, tobacco giants are making it known that plain packaging legislation will meet with forceful litigation in international courts and forums. What advice exists for advocates in a field where public health is often perceived as the poor cousin compared to trade?

David Slack reports.



DAVID SLACK

In Australia today, you can buy a packet of cigarettes in any colour you want, so long as that colour is a drab brown. And you can buy that packet

with any kind of decoration you like, so long as that decoration is a graphic warning about the dire consequences of smoking.

The world's tobacco giants have found this an unedifying prospect. Mark our words, they said, we'll be seeing you in court. True enough, British American Tobacco, Imperial Tobacco Australia Limited, Philip Morris and Japan Tobacco International brought a suit asserting that Australia was helping itself to their intellectual property rights and goodwill. Not so, said the High Court in 2012.

It is not a policy that sets out to acquire anything; it is a policy to discourage people from smoking. The policy proceeded.

But it takes more than one bad day in court to deter a multinational corporation. If there's a courtroom that'll hear them, they'll be there. If there's a trade agreement being negotiated somewhere in the world,

they'll gladly pay a visit. If those negotiation rounds are being held behind closed doors, they'll be content to kill a few days by the pool. If there's a forum hearing trade disputes between sovereign states, they'll be more than happy to help out a nation that sees things their way.

And so Australia, that brave yellow and green canary, stands resolutely in the mine as the legal challenges accumulate.

"The government has breached an international treaty," said Philip Morris spokesperson Chris Argent. "Plain packaging will damage the value of our brands, and there are international business laws against that."

Were it not for the fact that the marketing of tobacco brings death on such a monumental scale, the whole business could almost pass for comedy.

It cannot be easy to assert with a straight face that Australia's plain packaging laws "erode the protection of intellectual property rights" and "impose severe restrictions on the use of validly registered trademarks". But this is what people are declaring, for money, in the name of the proud nation of Ukraine before the World Trade Organization (WTO).

It is truly a small world when Philip Morris Switzerland finds the need to challenge Uruguay's tobacco packaging measures under a bilateral investment treaty and Philip Morris Asia acquires an interest in Philip Morris Australia a few months after Australia's plain packaging measures are announced and then challenges them under a bilateral investment treaty between Australia and Hong Kong.

And now into the mix comes the Trans-Pacific Partnership (TPP) – a bold initiative to open borders to foster trade across the Pacific and perhaps also trample all over the sovereign rights of nations, depending on who you talk to and depending on which leaked section of the agreement you have in your hands.

Is all this litigation a doomed last stand by the tobacco companies, or have they astutely bought themselves the means to continue selling a product that kills five million people a year? Could the TPP give them a renewed licence?

Fifa Rahman, a policy manager at the Malaysian AIDS Council, whose work spans tobacco policy, access to medicines, trade and health, notes the discouraging history of trade disputes. While France did



“Is all this litigation a doomed last stand by the tobacco companies, or have they astutely bought themselves the means to continue selling a product that kills five million people a year?”

indeed prevail in the European Court of Justice defending its law controlling the advertising of alcohol and tobacco, that stands as something of an exception. In trade disputes, the public health exception has failed, she says, 34 out of 35 times.

That's not to say sovereign nations have no power, she adds. “I don't think it's fair or safe to assume local laws have no power ...local laws are very enforceable.” Rather, the issue for developing nations is the affordability of responding to trade actions.

“Legal fees can go into tens or even hundreds of millions.” These trade disputes – or just the mention of them – are acts of intimidation, she says, by corporations whose business – declining in

the first world in the wake of public health initiatives – grows apace in developing countries.

No surprise, perhaps then, that Malaysia proposed a ‘carve-out’ initiative by which tobacco control measures would not constitute any breach of obligations created in the TPP agreement. Fifi Rahman credits this initiative to people power. “We had protestors saying to the government: ‘You don't care about the Malaysian people’.”

Other nations, New Zealand included, have indicated their support for the concept. But is a carve-out advisable? Is it possible that a conflict between trade and public health laws, in which trade would hold the trump card, is being overstated?

In the forthcoming book *Regulating tobacco, alcohol and unhealthy foods: the legal issues*, Jonathan Liberman, Director of Australia's McCabe Centre for Law and Cancer, considers the larger framework in which public health and trade laws operate.

There seems to be a functional harmony between the WTO and World Health Organization.

He notes that the 2012 Ad Hoc Interagency Task Force on Tobacco Control

QUOTES OF SUBSTANCE

“Our best chance is likely to give teens ways to feel like they are moving into the adult world that don't revolve just around alcohol.”

It turns out teenagers who drink alcohol have on average, one more friend than those who don't drink alcohol, but **Joseph P Allen** says adults need to model behaviour better.

“I need to acknowledge what they have gone through these past few weeks, it hasn't been nice for them, being the target and subject of online bullying and essentially keyboard warriorism by some.”

The stigma directed at people who use drugs has hit Wanganui District Councillor **Jack Bullock**, who recently was granted diversion for cannabis possession charges.

“The only good addiction is love. Forget everything else.”

New-found hero of the legalise movement Uruguan President **Jose Mujica** reflects on his life and politics in an interview with Al Jazeera.

“I don't want a kid that smoked dope to think they're a terrible person. I want them to be a better person.”

A school's response to drug use is a crucial factor in whether young people stay engaged. Wellington High's Acting Principal **Dominic Killalea** shows the right way to treat these situations.



“It is unrealistic to expect trade and investment panellists and tribunal members to become overnight public health experts, but it is perfectly reasonable to expect them both to appreciate the limitations of their own expertise.”

stated, “It should be clarified at global trade forums that World Trade Organization agreements and implementation of the Convention are not incompatible so long as the Convention is implemented in a non-discriminatory fashion and for reasons of public health.”

Uncertainty grows, he writes, when you move into the area of international investment agreements. Dispute resolution under those agreements can be less transparent, and they are not part of a unified system. Generally, they are not subject to appeal. That can make it look like dangerous territory, but, he argues, “these uncertainties can be, and are, exaggerated and exploited by those who have an interest in persuading governments that they are unable to act”.

He takes issue with advocates putting worst-case scenarios about the ways agreements might be interpreted and applied. “Such advocates at times say things that are strikingly similar to things the tobacco industry routinely says to governments in its efforts to dissuade them from implementing tobacco control measures.”

Although he acknowledges the value of public health advocates concerning themselves with trade and investment agreements, he notes that advocates have “a responsibility to engage in a nuanced and sophisticated way, understanding that the things they say in one forum – where their intention is to portray the constraints of trade and investment agreements as crippling – may prove highly damaging in others”.

How best, then, might a public health advocate deal with threats, perceived and real, to their work? How should they regard an agreement such as the TPP?

Lieberman advocates the value of sound legal thinking to reinforce the work public health is doing in an increasingly complex and connected world.

Because health and risk factors for non-communicable diseases (NCDs) are the product of social and economic conditions, improving them is a social and economic policy issue.

He would like to see NCD governance capturing some of the risk factors within a single sensible and manageable framework, “allowing for necessary streamlining in governance and the learning of lessons



JONATHAN
LIBERMAN



across the risk factors, while concurrently allowing each to be treated on its health, political and legal merits”.

His is an argument for sustained communication and consultation between the concerned parties. An intricate understanding of likely or possible legal challenges, and the substantive issues on which their resolution is likely to turn, can inform, for example, the drafting of legislation in a way that makes it more likely to withstand them.

What is required is sufficient engagement and sufficient recognition of the respective roles all parties play in a complex world. Players on the same public health team could benefit from a better game plan. “Lawyers and public health researchers should not be learning to understand each other’s languages and disciplines for the first time under the pressures of defending large-scale litigation.”

In a similar vein he offers the example of panels and tribunals who adjudicate on trade matters, who may well take the view that a given public health policy has a valid role but may not be sufficiently conversant with that policy to judge its

place relative to a trade agreement. “It is unrealistic to expect trade and investment panellists and tribunal members to become overnight public health experts,” he acknowledges, “but it is perfectly reasonable to expect them both to appreciate the limitations of their own expertise, and to show an appropriate degree of deference to public health imperatives, values and approaches and to governments’ regulatory choices.”

Notwithstanding the uncertainties and the guesswork that attend these issues, one truth is undeniable. A lack of clarity is serving the interest of one party more than any other: multinational tobacco corporations. As long as they can declare to wavering governments: “Don’t go implementing this legislation until you’ve seen how much of a hammering Australia will get” and as long as debate can impede any comprehensive strategy for tackling NCDs, delay and doubt are their very best and, arguably, only friends. They are keeping them close. ■

David Slack is an Auckland-based writer.

QUOTES OF SUBSTANCE

“Middle-class kids don’t get locked up for smoking pot, and poor kids do.”

Almost half way through his second term, United States President **Barack Obama** comments frankly in *The New Yorker* on cannabis saying he doesn’t think it is more dangerous than alcohol and that the experiment of legalising in Colorado and Washington are important steps forward.

“We should bring the most marginalized populations back into the fold, increasing their interactions with physicians, counsellors and other supportive service providers, without fear of arrest or incarceration, and without demanding abstinence.”

A new approach to treating heroin addiction, by prescribing heroin, is the right move according to the Drug Policy Alliance’s **Meghan Ralston**, because it will create a setting where people are able to access help.

“People are realizing that the war on drugs is a failure, that the amount of money spent, you could have bought all the drugs with that much money rather than create this army of people and incarcerated people.”

Bill “Groundhog-Day, Ghostbustin’-ass” Murray lays down his thoughts on the War of Drugs in an AMA question session on internet community site Reddit.

Decriminalisation of kratom in Thailand



Kratom is a tree native to Southeast Asia. Its leaves have long been used medicinally and recreationally and, more recently, as part of treatment for opiate addiction. The Thai Government is currently considering its legalisation but, according to **Pascal Tanguay**, each day they delay only increases drug harm.



PASCAL
TANGUAY

On 28 August 2013, Thailand's Minister of Justice Chaikasem Nitisiri announced his office was considering decriminalising kratom. The indigenous plant is scheduled in Category 5 of the country's Narcotics Act, along with cannabis and psychotropic mushrooms, which warrants criminal penalties for use, possession, production, distribution or trafficking.

This recent debate represents a third attempt to officially decriminalise kratom since it was scheduled under the Kratom

Act of 1943. Approximately 20 years ago, a Senator from the southern provinces had formed a commission, and in 2010, the Office of the Narcotics Control Board (ONCB) submitted a proposal to decriminalise its use in Thailand.

The Thai Government is currently consulting experts, reviewing evidence and gauging public opinion on the matter in order to formulate a way forward. The Ministry of Justice has delegated management of the consultation process to the ONCB, which is reportedly "responding positively to the proposed legalisation" according to *The Nation*. So far, the ONCB has conducted three consultations with the Food and Drug

Administration, the Ministry of Public Health and the National Police Office to collect expert opinions and review published evidence.

However, since the announcement, many government representatives have spoken out on the issue in public forums. While officials are obviously entitled to have personal opinions, a number of Thai officials have simply distorted and misrepresented facts in favour of their own tainted perception that illegal drugs are "evil". For example, one representative from the Thanyarak Institute for the Treatment of Drug Dependence was captured by media saying kratom was stronger than amphetamines and heroin.

“It can be used in the production of several medicines and can also cut down on Thailand’s dependence on imported morphine.”

Meanwhile, key leaders are defending the evidence and presenting arguments grounded on facts. On 4 September 2013, in the context of the 8th National Conference on Substance Abuse held in Chiang Mai, Dr Viroj Sumyai, representative of the International Narcotics Control Board, custodian of the international drug control conventions, declared, “There is absolutely no international requirement to criminalise kratom. The decision to do so is entirely owned by the national government.” He added that all published evidence to date indicates kratom is safe and that no major negative health or social side effects had ever been recorded and verified empirically.

Mr Sakda Peukchai, Chairperson of the Thai Drug Users’ Network, spoke out as follows:

I do not agree with the statements made by many of Thailand’s law enforcement experts released by the media over the past few weeks. The facts are not being presented to the public; instead, officials are deliberately twisting information to scare the public. There is ample evidence to show that kratom has some positive medical properties and benefits people who suffer from diabetes.

The Senate-appointed committee’s review of the kratom question 20 years ago concluded there was economic potential to market kratom as a traditional medicine. “It can be used in the production of several medicines and can also cut down on Thailand’s dependence on imported morphine,” the panel said.

Indeed, one of the most promising medical applications of kratom relates to substance dependence. A 2011 study commissioned by the Transnational Institute and the International Drug Policy Consortium provides anecdotal evidence from substance users who have successfully managed to wean themselves off alcohol, amphetamine and even heroin dependence using kratom. Justice Minister Chaikasem Nitisiri was adamant in his announcement that kratom could have

substantial benefits as a substitute for methamphetamine and other substances. A recent meeting report prepared by Chulalongkorn University’s Department of Pharmacy confirms kratom has a high potential as a substitute and can help manage cravings and withdrawal.

Meanwhile, during the consultation process, civil society groups across Thailand have rallied around this important issue. A coalition of NGOs led by PSI (Population Services International) Thailand, mobilised approximately 20 civil society and drug user representatives to present a set of recommendations with supporting evidence prior to the consultation hosted at the Ministry of Health on 13 September 2013.

Civil society recommendations were clearly formulated: to urgently decriminalise kratom; to encourage government representatives to provide factual information to the public; and to support more research into the pharmacology of kratom and its potential as a substitute in treating dependence. Pascal Tanguay, Deputy Director of PSI Thailand and author of *Kratom in Thailand: Decriminalisation and community control?*, submitted the recommendations to Dr Pathom Sawanpanyalert, Deputy Secretary General, Food and Drug Administration, and Dr Narong Sahamaetapat, Permanent Secretary of the Ministry of Health. Mr Veeraphan Ngamee, Field Manager at PSI Thailand, noted that witnessing the process was a critical event for Thailand: “We may have the first ever opportunity to map out the decriminalisation process in Thailand. It will allow a range of interested stakeholders to track who is involved, who has power to make decisions, where the bottlenecks are and what evidence is considered compelling.”

At the outset of the consultation process, the Ministry of Justice will make its official ruling known. Preliminary data coming out of the consultations indicates there are a few options being considered including full decriminalisation and legalisation (kratom removed from schedules) decriminalisation of personal possession and production (with thresholds for quantity and number of trees), inclusion in the list of the country’s dangerous drugs (requiring dispensation from a qualified medical professional), additional research including risk-benefit analysis results or the status quo and kratom remains scheduled in Category 5.

“Should kratom be decriminalised, Thailand’s leadership would be acknowledged and celebrated widely.”

The final decision is set to be released in early 2014.

While the vast majority of stakeholders in the country agree that kratom by itself is quite innocuous, fears have been fuelled by media reports that young people may be at increased health risk from drinking a cocktail of boiled kratom leaves mixed with Coca-Cola, ice cubes and cough syrup (4x100), so the whole debate about decriminalisation has stopped being about kratom but rather about the potential risk that some people may mix the kratom tea with a pharmaceutical product that could lead to greater harm. If you’ve followed that train of thought, you can see there are a lot of contingencies and probabilities at play.

Still today, the Thai Government enforces an outdated law in order to reduce young people’s risks associated with the use of 4x100, but completely misses the target. Instead of addressing the real risk that comes not from kratom but from the pharmaceutical products in the cocktail and investing in controls over pharmacy sales, enforcing the Pharmaceutical Drugs Act and taking action against irresponsible pharmacists who regularly turn a blind eye to kids walking out of their shops with cases of cough medicine, the Thai Government has opted to punish the poor, stigmatise the disenfranchised and upset the peace across many communities.

Should kratom be decriminalised, Thailand’s leadership would be acknowledged and celebrated widely. Meanwhile, people who use drugs have been ‘framed’ by the pharmacists as wrongdoers and the story swallowed whole, then regurgitated and embellished by media agencies to be served to the police and the general public. Fortunately, we may be witnessing a landslide turn of events where one of the most conservative governments on drug-related issues is preparing to potentially take a bold step forward on the road to evidence-based responses. ■

Pascal Tanguay is a Bangkok-based drug policy worker.

Should New Zealand have supervised injection sites?

THE CASE FOR

WE'VE heard a lot recently about how needle exchanges reduce the spread of communicable diseases such as hepatitis and AIDS amongst People Who Inject Drugs (PWID) and provide a point of contact with illicit drug users that can help provide them with life-saving information. Many would argue the next logical step is supervised injecting sites Supervised Injection Sites (SIS), which could further increase the health benefits – to all society – manyfold.

SISs go beyond needle exchanges in that they can provide more than just sterile injection equipment and information about drugs and basic health, mostly because clients stay on the premises for a time rather than pick up a new kit and quickly leave.

Sustained contact with PWIDs means there are many more opportunities for interaction and engagement, and it's been shown that staff and social workers are therefore better able to direct clients to services according to individual needs such as primary medical care, welfare, other social services and treatment. For example, SIS use has been associated with improved rates of entry into detoxification services leading to increased use of follow-up addiction treatment.

SISs provide supervised injecting, which is safer – though universal policy is that staff will not actually do the injecting themselves – and more likely to prevent needle sharing and the resultant spread of blood-borne diseases. As such, they are an ideal opportunity to teach harm-reduced injection practices. Research shows clients using these facilities are more aware of high-risk injection behaviour and are more likely to adopt lower-risk alternative practices.

SISs also have trained medical staff on site allowing for vital emergency care and significant reductions in overdoses have been recorded where they exist. It's worth noting, too, that dealing with PWID on site improves the occupational health and safety conditions of health workers and emergency personnel.

Another benefit is that SISs could reduce the debilitating stigmatisation many PWID feel. They are public facilities and – especially as part of a wider public awareness campaign – could lift the veil of secrecy over intravenous drug use and help the public understand the humane intent of harm-reduction initiatives in New Zealand.

Lastly, some form of registering to use an SIS service would provide vital information, greatly enhancing our understanding of the intravenous drug use situation in New Zealand and forming a more solid basis for research and evidence-based health policy. Currently the gap between best evidence and our public policy is all too large.

Admittedly, New Zealand's intravenous drug use scene is quite different from those in Europe, Australia and Canada, but the practice is widespread, judging by the quantity of needles that pass through our exchanges, and our rates of overdose are worrying. It's time we took the next step and introduced supervised injection sites.

Supervised injection sites are legally sanctioned, medically supervised facilities designed to reduce harm from injecting drug use. There are now 90 or more worldwide, the majority in Europe, with two in Canada and one in Australia. Overwhelmingly, the evidence shows they have reduced harm from intravenous drug use in these places, so is it time to consider their introduction in New Zealand?



THE evidence seems pretty compelling that supervised injection sites (SISs) have been successful at reducing intravenous drug use harm overseas, but that doesn't mean they should be introduced here as a priority – and that's mainly because New Zealand's intravenous drug use situation is quite unique. In fact, the overseas models probably wouldn't work at all here, and our harm-reduction dollar could very much be better spent.

Firstly, without dismissing their humane motives, SISs in Europe, Australia and Canada were set up largely because of problems resulting from heroin use. These included illegal 'shooting galleries' (often associated with police corruption) and in response to public nuisance (people injecting in public and leaving syringes etc. lying around).

None of these are issues at all in New Zealand. Our public discard rates, for example, are virtually nil thanks to the success of our needle exchange 'used collection system', and there is very little, if any, injecting up in public. Vancouver's Downtown Eastside may have 5,000 or more people who inject drugs intravenously living in one troubled neighbourhood, but we don't have anywhere near that sort of prevalence. In fact, outside of Brisbane, Sydney and Melbourne, not many places Down Under would even get close.

And, of course, heroin is rare in New Zealand. Instead, our injecting drugs of choice are virtually all diverted pharmaceuticals. They may be injected in the same way as heroin, but in practice, things are much different. With the exception of liquid methadone, almost all drugs diverted into the New Zealand recreational market come in pill form and must be converted into a liquid using heat and/or a chemical process before they can be injected. In the vast majority of cases, this is done by the end user.

So it's not a simple matter of scoring on the street and then heading off to an injection site as it might be overseas. Here our SIS staff would, in fact, be supervising a form of drug manufacturing, which makes things much more complex both legally and practically.

Lastly, the pharmaceutical nature of New Zealand's intravenous drug use scene means users usually have a fairly good understanding of the dose they're taking. This considerably lowers the risk of overdose, which is another major rationale for establishing SISs. While overdoses do occur, they mainly result from combining drugs or 'poly drug use'.

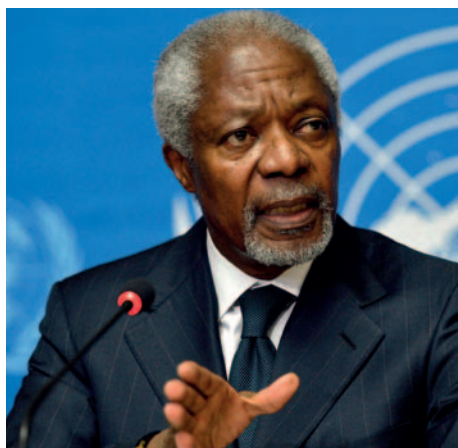
New Zealand's harm-reduction dollar is already heavily stretched, and if we're going to divert existing resources (or spend new ones) there are better things we could do to further reduce intravenous drug use harm. More mobile needle exchanges or needle exchanges in prisons spring immediately to mind.

THE CASE AGAINST

YOUR VOICE



What do you think? Have your say
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viewpoints](http://www.drugfoundation.org.nz/viewpoints)



Kofi Annan

Board member of the Global Commission on Drug Policy.

United Nations Secretary-General and a winner of the Nobel Peace Prize, Kofi Annan took time to answer questions from *Matters of Substance* about his role on the board of the Global Commission on Drug Policy.

Q What is your position on the changes to law around cannabis in Colorado, Washington and Uruguay and the novel approach New Zealand is taking to new psychoactive substances? Do these herald an end to the War on Drugs?

A A new policy approach is needed as the failure of the War on drugs has demonstrated that repressive approaches are not working. Despite vast expenditures, these approaches have clearly failed to effectively curtail supply or consumption. The outright and uniform criminalisation of drug use should be replaced by a public health approach.

The Global Commission on Drug Policy has called for governments to try new approaches, including the legal regulation of less harmful drugs such as cannabis, in order to undermine the power of organised crime and safeguard the health and security of their citizens. Countries should pursue an open debate and promote policies that effectively reduce consumption and which prevent and reduce harms related to drug use. A taxed and regulated market for currently illicit drugs is a policy option that should be explored with the same rigour and safeguards as any other. This option is now being tested in some countries, including New Zealand. By doing so, I believe that

we can help break the endless cycle of violence, corruption and overcrowded prisons that has long characterised drug control regimes in many parts of the world.

Q Like many other former world leaders, you started speaking openly about drug policy matters after you left office. What kind of pressures did you and other world leaders come under while in office, and do you think this will change with José Mujica's openness and willingness to tackle drug policy issues head on?

A For decades, public opinion supported a 'tough on drugs' approach. There was inertia in the drug policy debate, as policy makers understood that current policies and strategies were failing but did not know what to do instead. No elected leader wanted to touch this 'third rail'. The work of the Global Commission on Drug Policy and others has helped break this taboo on drug policy. It is now possible to discuss alternative approaches. For the first time, a majority of Americans support regulating cannabis for adult consumption.

Leaders should take the opportunity presented by these shifts in public opinion to start implementing harm-reduction policies and public health strategies that can make a real and lasting impact on drug trafficking and consumption. All authorities – national and international – must recognise reality and move away from conventional measures of drug law enforcement 'success' (e.g. arrests, seizures, convictions), which do not translate into progress in communities.

There will be a special session of the United Nations General Assembly in 2016, which will provide a great opportunity for an honest and informed policy debate. Hopefully, from that debate will flow drug policies informed by evidence of what actually works in practice rather than what ideology dictates. The international conventions should be interpreted and/or revised to accommodate the robust testing of harm reduction, decriminalisation and legal regulatory policies.

Q The strongest voices calling for reform of drug laws and policies are coming from the south, from nations most affected by the War on Drugs. What message would you give to those richer countries who continue to support the war on drugs approach, and is it time for them to take a back seat in this debate?

A The wave of drug policy reform in Latin America is gaining further strength as

leaders from countries like Colombia, Guatemala, Mexico and Uruguay have started implementing reforms. Since its creation, the Latin American Commission on Drugs and Democracy has called for the adoption of a new paradigm to deal with narcotics. This was taken further by the Global Commission on Drug Policy, which has advocated for an informed, science-based discussion about humane and effective ways to reduce the harm caused by drugs to people and societies.

The Organization of American States studied and evaluated current anti-drug policies in the hemisphere and explored new approaches and alternatives to strengthen and make them more effective. This resulted in a landmark report on drug policy in 2013, proposing different scenarios, including alternative forms of drug regulation.

As my own region, West Africa, has become a major transit and repackaging hub for cocaine following a strategic shift of Latin American drug syndicates towards the European market, I have convened the West Africa Commission on Drugs (WACD). The WACD is analysing the problems of trafficking and dependency in order to deliver an authoritative report and comprehensive policy recommendations on how to best tackle this growing menace to the region's governance, security and development.

Drug trafficking is a global phenomenon. The development and implementation of drug policies should be a global shared responsibility. The UN drug control system is built on the idea that all governments should work together to tackle drug markets and related problems. This is a reasonable starting point, and there is certainly a responsibility to be shared between producing, transit and consuming countries (although the distinction is increasingly blurred, as many countries now experience elements of all three).

However, relatively rich 'consumer' countries need to acknowledge that their citizens' demand for drugs is a direct cause of problems in transit countries. Many of these relatively wealthy countries have implemented progressive, health-oriented policies towards their own drug users. They should help to spread and fund evidence-based prevention, harm reduction and treatment to other, poorer countries that serve as transit corridors to their own drug markets. ■

Firms should encourage workplace ‘drinkies’



Last year, media seized on research that seemed to show using alcohol could have incredible benefits in a white collar work environment. The *New Zealand Herald* and the *Dominion Post* quoted excerpts from a Victoria University study that showed drinks could help create stronger work relationships, make employees work harder out of loyalty (the company becomes a ‘good mate’ for picking up the tab) and feel rewarded for their long hours and efforts.



Alcohol use was seen as an effective way to celebrate company success, make new employees feel welcome and even to build more

relaxed and productive relationships with clients. Best of all, employees were found to drink carefully at work functions to protect their careers and images in front of bosses and managers.

Mythbusters suspects readers might come away from these articles wondering why their own workplaces don’t lay on more free booze. They might also have gained the impression the study was solely about whether alcohol at work was a good thing and that its main conclusion was a loud “Yes!” that could be heard all around the office.

But, of course, this isn’t the case at all. The title of the study is a very unsexy *Organisational identity and alcohol use among young employees: a case study of a professional services firm*. Its purpose was to examine how the workplace can influence young people’s alcohol consumption. Its conclusion was that understanding this can help workplace policy makers reduce the harmful effects of young people’s heavy drinking. This is a lot less fun and exciting than the media may have led us to believe.

Also note that the study looked at a single New Zealand company. The study is quite clear that its findings should not be generalised.

The paper also notes the unnamed firm managed alcohol in the workplace well, and references to training in alcohol

etiquette, high expectations of employee behaviour, “deliberate managerial control” and clear, specific purposes for work functions are scattered throughout.

In other words, this highly professional firm with its deliberate and developed alcohol policy, while probably not completely unique, shouldn’t be seen as the norm – and any conclusion that what happens there proves workplace drinks can do nothing but good is wildly off the money.

Not a lot of this was reflected in the news stories, though to its small credit, the *Dominion Post* includes one line saying organisations shouldn’t encourage or require employees to drink.

Something else the media didn’t seem to want to touch with a barge pole is the paper’s findings that employees may tend to “compartmentalise” their drinking, consuming less alcohol during the working week – to maintain that good impression – and much more during the weekends because of the “work hard, play hard” lifestyle they perceived as being part of their organisational identity.

Another point worth noting is that some employees drank much more heavily at work functions – where they thought people had loosened up – than they did at the more “collegial” Friday night work drinks which they perceived as being much more purposeful (the *New Zealand Herald* did briefly mention this).

Mythbusters acknowledges alcohol can be a social lubricant: it aids relaxation and helps create social bonds. There is a legitimate place for alcohol at work functions that are well managed and where expectations of moderation and good behaviour are explicit.

However, the media stories we’ve referenced give altogether the wrong impression by selectively presenting a single study’s findings. In many cases (if not most), workplace drinks that are solely for the purpose of letting off steam or blowing away the cobwebs of the working week only contribute to alcohol harm and the alarming carnage witnessed each weekend by accident and emergency staff.

Operation Unite, an Australasian campaign to target alcohol-related problems, begins just before Christmas each year and is testament to this. Its purpose in part is to limit the fallout from end-of-year work parties.

And, ironically, the same media that brought us our good news about alcohol at work also publishes articles every Christmas about how to deal with that work party hangover and how not to get so drunk you make a dick of yourself in front of the boss.

The Health Promotion Agency’s fact sheet *Looking after people around alcohol in your workplace: simple tips for employers and social clubs* provides a number of ideas for how employers can manage expectations and ensure alcohol at work functions is enjoyed responsibly. It points out that poorly organised workplace functions can actually hurt rather than help your profit line due to absenteeism, workplace accidents and lowered productivity.

That simply putting on work drinks will help your business is a myth not helped by selective and one-sided journalism. Mythbusters says if you’re going to encourage workplace drinkies, do it right or don’t do it at all. ■

9 What is it you like most about *Matters of Substance*?

10. What is it you like least about *Matters of Substance*?

11. Are there any changes or improvements you would like to suggest?

12 Has anything been published in *Matters of Substance* that made you think differently about a drug or alcohol issue?

13. Do you use the information from *Matters of Substance* to inform your work? How?

14. Are there any alcohol and drug topics you would like us to cover in future issues?

15. Is there any other feedback you wish to give?

16. What best describes your work?

- ☐ Policy analyst
- ☐ Addiction sector worker
- ☐ Teacher
- ☐ Manager
- ☐ Needle exchange worker
- ☐ Member of Parliament/staffer in Parliament
- ☐ Individual interested in drug issues
- ☐ Student
- ☐ Other (please specify)

17. What is your age?

- ☐ Under 18
- ☐ 18–25
- ☐ 26–40
- ☐ 41–65
- ☐ Over 65

18. What is your gender?

- ☐ Female
- ☐ Male
- ☐ Other

Readership Survey

Dear friend,

We really hope that you're enjoying this issue of *Matters of Substance*. If you are, we'd like you to tell us why, and equally, we'd like you to tell us if you're not enjoying it.

The New Zealand Drug Foundation has been publishing this magazine in some form or another for near on 25 years. We see it as a way of keeping people up to date on all the important alcohol and other drug issues and providing high-quality journalism and expert analysis in this often tricky area.

It's been published in this format for the past 7 years. Based on the feedback on our last readership survey in 2011, we gave *Matters of Substance* a bit of a makeover. We tidied up the design and brought in some new regular columns.

As part of our ongoing effort to make the world's best drug policy magazine, we wanted to gauge your thoughts about this makeover and gain some insight into who you are and what you would like.

You can do the survey either here or on our website. If you want to do the paper copy, simply fill in this form, rip it out and send it back to us at:

NZ Drug Foundation
PO Box 3082
Wellington, 6011
New Zealand

You can also fill it out online:
nzdrug.org/readersurvey2014

Thanks in advance for helping making *Matters of Substance* even better!



- 1. How do you prefer to read *Matters of Substance*?**

 - ☐ Print
 - ☐ On the Drug Foundation website (drugfoundation.org.nz)
 - ☐ On Issuu (issuu.com/nzdrugfoundation)
 - ☐ Print and online
- 2. How long do you keep each copy of *Matters of Substance*?**

 - ☐ One month or less
 - ☐ Until the next issue arrives
 - ☐ Indefinitely, as a reference
- 3. Do you pass on your copy of *Matters of Substance* to other people?**

 - ☐ No
 - ☐ Yes: 1–2 other people
 - ☐ Yes: 3–5 other people
 - ☐ Yes: 5+ other people
- 4. What article topics would you consider to be the most memorable in the last year?**

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- 5. How would you rate your interest in the magazine?**

 - ☐ I look forward to reading it each quarter
 - ☐ When I find the time, I flip through the pages and read articles that catch my eye
 - ☐ I receive it just to pass on to others, but don't usually look at it myself
 - ☐ I've no interest in the magazine
- 6. What do you think *Matters of Substance* says about the New Zealand Drug Foundation?**

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- 7. Would you recommend *Matters of Substance* to your friends or colleagues?**

 - ☐ Yes
 - ☐ No
- 8. Please rate the quality of *Matters of Substance* on the following (tick the box that you think best applies)**

	Excellent	Good	Average	Poor	Very poor	No opinion
Content						
Cover						
Ease of reading						
Layout and design						
Images and photography						
Writing						

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