# **Matters of Substance**

FEBRUARY 2016 Volume 27 Issue No.1 www.drugfoundation.org.nz

AT THE HEART OF THE MATTER, NZ DRUG FOUNDATION.

Te Tūāpapa Tarukino o Aotearoa

# **UNGASS 2016:**

# What prospect for change?

With the UN's drug control policy setting bathed in opaque diplomatic light, civil society advocates are left looking for the subtleties of language and tone to spot any sign of change.

#### **UNGASS 2016:**

# What prospect for change?









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

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ROSS BELL **Executive Director** 

ince 2009, the government has had a \$63 million windfall of cash and assets forfeited under proceeds of crime law, half of which is attributed to the methamphetamine trade. In the past three years, over \$14 million of this has gone to government agencies to fund law enforcement and treatment. Much has been written about the problems associated with criminal asset forfeiture schemes: guilty until proven innocent, perverse incentives created for law enforcement and so on. There are certainly

cases in New Zealand where low-level offenders have suffered greatly under these powers, for example, a small-scale cannabis grower losing his home. We should continue to critically examine the proceeds of crime scheme to ensure powers aren't abused, but I want to touch on how the forfeited assets are distributed. In other words, how do I get my hands on that cash?

The redistributed proceeds of crime scheme forms part of the Prime Minister's Methamphetamine Action Plan, which is progressive, with a good balance between supply control and demand reduction. But that balance is not reflected in where the funds go.

The lion's share (70 percent) has gone to Police, Customs, Justice and Corrections. Health gets the rest.

Some of the funding has gone to residential treatment, AOD and pregnancy services, screening and brief intervention services for young people and media guidelines for reporting on the use of volatile substances (a Drug Foundation project).

From an outside perspective, the decisions look scattergun, and often funds appear to go to initiatives that should normally be covered by departments' baselines. This includes drug testing devices for Customs, staff and equipment for Police crime labs, anti-cannabis surveillance flights and training for drug detection dogs to sniff out even more to be seized! The Police also get a decent chunk to help finance administering and prosecuting under the Act.

Our good friend Shane White works for a Māori drug rehabilitation programme on Hoani Waititi Marae. He's argued that these proceeds of crime come from the community and should therefore go back to communities to support drug harm reduction efforts and essential treatment services. I absolutely agree.

Here's how the Prime Minister could improve this funding

First, prioritise funding towards initiatives already identified under the new health-focused National Drug Policy (many of which are important but don't yet have funding attached). This would be a strategic way to get those funds back to the community.

Second, just as has been done with gaming funding, the decision-making panel should include community representatives who could best assess any proposals for their potential community benefit. I nominate Shane.

- @FreshApproachHI New Zealand: Calling the harsh drug law sentencing (aka War on Drugs) into question. Disparity is clear ... DEC 21
- @AlcoholJustice A-B InBev pumps \$400 mil into Daytona Int. Speedway because nothing goes better together than speeding cars and beer ...
- @TAIKAWAITITI I'm convinced you shouldn't mix booze and sleeping pills while flying. Just ask the lady who wandered NAKED through the plane last night ... JAN 02
- @JOHANNHARI101 Capturing El Chapo makes as much difference to the supply of drugs as capturing Colonel Sanders would to the supply of fried chicken ... JAN 09
- @ELLIPSISTE If [drug law] managed under hauora rather than crim, we'd be better able to rehab our whānau with addictions rather than imprisoning them ... JAN 10
- @Sanhotree One Out of Five Young People Would Move to a State Because Pot Is Legal There http://www.alternet.org/drugs/one-five... Do the other four have couch lock? ... JAN 18

#### **KEY EVENTS & DATES**

14-22 MAR 2016

6-9 APR 2016

19-21 APR 2016

11-12 MAY 2016

16-18 MAY 2016

59th Session of the Commission on Narcotic Drugs and **UNGASS Preparation Segment, Vienna, Austria** www.unodc.org

The 7th National Biennial Conference on Adolescents and Adults with Fetal Alcohol Spectrum Disorder (FASD), Vancouver, Canada www.interprofessional.ubc.ca/AdultsWithFASD2016

United Nations General Assembly Special Session (UNGASS) on the World's Drug Problem, New York, USA www.unodc.org/ungass2016

ISSDP Auckland satellite event www.issdp2016.com

10th Annual Conference of the International Society for the Study of Drug Policy (ISSDP), Sydney, Australia www.issdp2016.com

Australian and New Zealand Addiction Conference 2016, Gold Coast, Australia www.addictionaustralia.org.au

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# NZ.



#### 0.9 percent of Kiwis using meth

Figures released by the Ministry of Health show that, in 2014/15, 0.9 percent of the population still admitted to using amphetamines. This figure has not changed since 2011.

People aged 25-34 years of age had the highest past-year amphetamine use (1.4 percent). The mean age has increased from 29 years in 2012/13 to 33 years in 2014/15. Convictions for all meth-related crimes are up, including for possession and use. The 1,531 convictions made is

the highest number in the past 11 years. These details are sourced from the latest Methamphetamine

Action Plan annual report. Figures are based on Provisional New Zealand Health Survey 2014/15 data.

#### Plain packaging fags for NZ?



#### **SMOKEFREE** CAMPAIGNERS,

including Dame Tariana Turia, and nurses are calling on the government to hastily introduce plain packaging of tobacco legislation. The renewed calls come after the Australian Government won its case against cigarette giant Philip Morris.

Philip Morris went to the Permanent Court of Arbitration, based in The Hague, to get the introduction of plain packaging into Australia overturned. The Court was won over by the argument that it had no jurisdiction to hear the case and rejected it.

#### 03 Auckland wastewater under the microscope



#### MASSEY UNIVERSITY

researchers have received \$220,000 through proceeds of crime funding to investigate what drugs are turning up in Auckland sewage. Samples will be collected before wastewater enters treatment facilities then tested for metabolites produced by the body after drugs are consumed. What drugs people are taking will be known in about a year's time.

A New Zealand Police spokesperson said the research will ensure more accurate detection of the prevalence of illicit drug use, which will inform treatment and enforcement strategies.

#### 04 Drug-driving convictions at all time plateau

#### 205 PROSECUTIONS for

drug-impaired driving were made in the first nine months of 2015 There were 209 recorded in 2014 and 250 in 2013. Police say that, as drivers are tested first for alcohol (which is easier to detect). the total number prosecuted under-represents actual numbers caught driving on drugs.

The low figure is despite results from the Public Attitudes to Road Safety Survey showing 7 percent of New Zealanders drove while affected by medications and 2 percent by other drugs.

#### 05 Moa beer home delivery doesn't fly



BREWER MOA boldly announced in November it would courier its products to Auckland homes within the hour, then failed to deliver. The MoaMule service was dropped

before it started. The courier company UrbanSherpa, which partnered with Moa, said more time was needed to look into whether the concept was above board.

New Zealand Medical Association Chairman Stephen Child is reported as saying any on-demand beer service was sending the wrong message about alcohol consumption.

#### 06 Bill to replace Alcoholism and **Drug Addiction Act introduced**



EIGHT YEARS after the Law Commission identified a series of weaknesses with the Alcoholism and Drug Addiction Act 1966, new legislation is being introduced to replace the outdated laws.

The Substance Addiction (Compulsory Assessment and Treatment) Bill, introduced to Parliament last December, will provide for the compulsory treatment of a small group of people with severe substance addiction and severely impaired capacity who are unable to engage

in treatment of their own accord.

Announcing its introduction, Associate Health Minister Peter Dunne said the Bill is expected to proceed through Parliament to Select Committee in early 2016.

#### **New project:** Healthy drug law for Māori



**OVER THE** next two years, the Drug Foundation will be running a project to support Māori communities to advocate for healthy drug laws. Funding for the project -Tautāwhihia. Kaua e whiu. (Support. Don't punish.) – was granted by the JR McKenzie Trust. The project will be up and running early in 2016. We will share more about this exciting mahi (work) over coming months.





### 09 Drinking patterns in the Pacific

**11** There is scope for implementation of best practice strategies to reduce alcohol-related harm. These need to be gender responsive

and cognisant of

concerning patterns

of youth drinking. ""

RESEARCHERS FROM across the Pacific region jointly published results from surveys about alcohol use in 20 countries and territories in the Drug and Alcohol Review late last year. The article shows that, in eight territories, over 60 percent of the population were current drinkers, while in another nine, less than a third were current drinkers. (In New Zealand, nearly 90 percent of the population are classified as current drinkers.)

The researchers concluded "there is scope in [Pacific Island countries and territories] for implementation of best practice strategies to reduce alcohol-related harm. These need to be gender responsive and cognisant of concerning patterns of youth drinking. Strengthening surveillance of alcohol use and its consequences is vital to inform and monitor the impact of national and regional policies."

#### PREVALENCE (PERCENTAGE) CURRENT DRINKING, AGES 25-64 (SUMMARY)

	MALE	FEMALE
COOK ISLANDS	72.5	47.8
FIJI	36.9	4.3
FRENCH POLYNESIA	72.9	54.6
KIRIBATI	45.1	6.0
NAURU	60.6	28.7
NEW CALEDONIA	88.6	74.2
NIUE	79.8	65.2
SOLOMON ISLANDS	47.6	13.3
TOKELAU	96.0	90.1
TONGA	13.1	4.2
VANUATU	31.7	7.2

Citation: Kessaram, T., McKenzie, J., Girin, N., Roth, A., Vivili, P., Williams, G., & Hoy, D. Alcohol use in the Pacific region: Results from the STEPwise approach to surveillance, Global School-Based Student Health Survey and Youth Risk Behavior Surveillance System. Drug Alcohol Rev 2015.

#### 08 Random drug testing of coppers



**ALL NEW** Zealand Police officers involved in a critical incident involving a firearm will be tested for drugs, and those staff in 'safety-sensitive' roles will be subject to random tests from later this year.

The decision to introduce testing follows repeated recommendations from the Independent Police Conduct Authority after major incidents.

Deputy Police Commissioner Mike Clement said this is one measure the organisation is taking to provide a safe and healthy environment for all employees. The Police union has been consulted on the introduction of drug testing.

# World.









#### Ice Taskforce report shifts focus from policing to treatment

The Australian Government's response to recommendations from the National Ice Taskforce, which overwhelmingly recommended tackling Australia's methamphetamine problem at a grassroots level, has been welcomed by most NGOs and treatment professionals.

The Taskforce recognised that the drug issue requires a health response, not a policing one. This mirrors what happened in New Zealand in 2009.

AU\$300 million is earmarked over four years to expand treatment services, create resources support services for communities and families most affected by ice, establish a new Centre for Clinical Excellence to research and tackle emerging drugs of concern and provide additional support for services funded through Medicare.

"This is the major shift which needs to happen in Australia... we have got to get away from treating it as a criminal justice issue and treating it as a health issue," said the Australian Drug Foundation's John Rogerson.

While praise has been fulsome, there are some who argue the failure to include meaningful support for harm-reduction measures is a serious omission.

#### 02 AU\$1 billion for hep C drugs

#### THE AUSTRALIAN

Government announced in December that new hepatitis C medicines will be publicly funded. Adding six hepatitis C drugs to the publicly funded medicines rota will lead to massive savings for those seeking treatment: a cost of less than \$40 for patients, compared with up to \$100,000 currently.

"There is great hope we can not only halt the spread of this deadly infectious virus but eradicate it altogether in time," said Health Minister Sussan Ley. It is estimated 230,000 Australians live with hepatitis C.

#### 04 UN doubles Iran drug funding despite execution surge



#### ANTI-DRUG **OPERATIONS** in Iran are receiving new US \$20 million funding, despite drug-related executions reaching a 16-year high. More than 500 people were hanged in Iran on drug possession charges in 2015.

The United Nations' Office on Drugs and Crime

(UNODC) is administering the new money, which is expected to support a range of law enforcement operations."

"Instead of following its own human rights policy and freezing support for Iranian drug raids, UNODC has responded by doubling its contributions," a Reprieve spokesperson said. The UK organisation is calling on donor countries to make their contributions conditional on an end to the death penalty for drug offences.

#### 03 FDA OKs naloxone nasal spray



ACCESS TO a new naloxone nasal spray has been fast-tracked by the Federal Drug Agency.

The new way of administering the overdose reversal drug was approved last November and is expected to be available early this year, in the United States at least.

The easy-to-use, needlefree design provides family members,

responders with an alternative to injectable naloxone for use during a suspected opioid overdose. Once widely available,

caregivers and first

it is expected to play a role in reducing overdose deaths.







#### 06 Dope smoking IQ link revisited



#### THE OFT-REPEATED line that using cannabis lessens IQ has been challenged by new research published in the Journal of Psychopharmacology.

British investigators found that, taking into account factors such as childhood depression and cigarette use, young people who had used cannabis 50 or more times did not differ from never users on either IQ or educational performance. The study looked at cumulative cannabis use and IQ at the age of 15 and educational performance at the age of 16, with 2,235 people in the study sample.

#### **07** More medical cannabis in Israel



ACCESS TO medical cannabis is expected to be much easier in Israel as politicians consider proposals for reform. More farmers will be able to grow the crop, and any pharmacy can apply to dispense the drug.

Introducing the reforms, Health Minister Yaakov Litzman said, "There is no reason to make things difficult for whoever really needs it just because there's someone who exploits it illegally."

08 Mexican male life expectancy down 0.6 years



A STUDY reported in Health Affairs shows a deterioration in Mexican male life expectancy between 2005 and 2010. This reverses the trend over the past 60 years of rising life expectancy. Drug violence is seen as the main cause of the decline.

#### 05 Hurdles to Canadian cannabis law reform



CANADIANS ECSTATIC at their new Prime Minister's mention of cannabis law reform in his first speech from the throne are in for a reality check. Government officials are reported as advising Justin Trudeau that Canada will have to find a way to tell the world how it plans

to conform to its international drug treaty obligations.

To make good on election promises to design a new system of cannabis sales and distribution, the Liberal Government is setting up a taskforce comprising federal, provincial and municipal government, with input from experts in public health, substance abuse and the Police. Headed by MP Bill Blair, a former Toronto Police chief, no one is saying how long the process will take.

With the UN's drug control policy setting bathed in opaque diplomatic light, civil society advocates are left looking for the subtleties of language and tone to spot any sign of change. The NGOs closest to the United Nations General Assembly Special Session (UNGASS) on the world's drug problem in April aren't expecting dramatic changes, but they do see things moving in the right direction. **Russell Brown** canvasses what may happen in New York.









n the words of the Grateful Dead, what a long, strange trip it's been.

Debates at UNGASS 2016, the UN General Assembly's third

grand meeting to discuss and agree policy around drugs, will be inseparable from what happened at the first in 1990 and what took place in the decade that followed, which was characterised by both the UN's strongest actions to control the supply of and demand for non-medical drugs and growing doubts about the wisdom of the strategy.

That decade was foreshadowed by the 1988 Vienna Convention on Trafficking, which broke new ground in asserting that criminalisation of drug use, and not just trafficking, was also a matter of treaty compliance. It set the stage for UNGASS 1990's adoption of a Global Programme of Action and the branding of the years 1991–2000 as the United Nations Decade Against Drug Abuse.

The establishment of the United Nations International Drug Control Programme (UNDCP) in 1991 was seen as the beginning of a new era in the fight against drugs. A three-day meeting of the General Assembly in 1993 was intended to foster an unheralded degree of international cooperation in the post-Iron Curtain years. It was to be a new era.

"We have the machinery; we need now to make it work better," declared the British delegation in 1993.

"In particular, we need a more solid international front in support of the 1988 United Nations Convention. This is an instrument with teeth, and we need to make it bite."

The confidence in this betterengineered project to reduce both the supply and demand for drugs echoed throughout the second grand meeting, UNGASS 1998. "A drug-free world - we can do it!" was the meeting's slogan - and the concluding line of a UN-funded TV ad featuring helicopters spraying herbicides, fields of burning drug crops, armed soldiers and a farmer processing coffee.

Pino Arlacchi, Executive Director of the UNDCP, even put a deadline on it, writing a special article for the UN Chronicle under the headline 'Towards a Drug-Free World by 2008 - We Can Do It'.

When 2008 rolled around, the Director of UNDCP's successor, the UN Office on Drugs and Crime (UNODC), Antonio Maria



RUSSELL

Da Costa, insisted to the makers of the Irish documentary War Without End that, "I would like to remind you that the United Nations never used the word 'a drug-free world'. In no official documents of the United Nations you will find reference to 'a drug-free world'."

"At the UN today," intones the documentary's voiceover, "the 'drug-free world' slogan of 1998 appears something of an embarrassment."

By 2008, the anti-reform struggle had turned to more modest goals - including keeping the phrase 'harm reduction' out of any declaration. For the US and its allies, this meant outmanoeuvring European nations pressing for the words to be explicitly included as a reflection of their priorities.

A 2008 US diplomatic cable summarising proceedings of working groups ahead of a 10-year review of progress on the UNGASS 1998 goals to be conducted at the Commission on Narcotic Drugs (CND) early the following year complained of the Europeans' "hard-line", "dogmatic" and "bad faith" attempts to press their case.

But it noted with some satisfaction that the 1998 compromise language, which said that demand-reduction programmes "should cover all areas of prevention, from discouraging initial use to reducing the negative health and social consequences

of drug abuse" had proven "quite durable, consistently being used as a substitute for any explicit 'harm reduction' reference".

The cable noted the support of delegations from Saudi Arabia, Russia, Japan, Indonesia, Tunisia, Algeria, Iran, Saudi Arabia, Egypt, Cuba and Sweden in rejecting the push by the UK, the Netherlands, Romania and New Zealand to have harm reduction added as a new 'third pillar' to the counter-drug paradigm of supply and demand reduction.

(At that point, the dread phrase had slipped through the net just once, in a 2006 UN General Assembly declaration that affirmed that "harm-reduction efforts related to drug use" would play a role in curbing the spread of HIV infection.)

"The US and its allies have consistently pressed the point that the primary goal is to reduce demand of drugs, not the harm associated with drug use," the cable declared.

The 2008 cable also complained about another development: NGOs were included in government delegations and, in Britain's case, allowed to speak for the government. It praised the move by the chair of one committee to "shut down" the Bolivian delegate who called for the removal of coca leaf from the list of substances controlled by the UN drug control treaties.

Sanho Tree, Director of the Drug Policy Project at the Institute for Policy Studies

With some world leaders expected to attend, media scrutiny could be intense.

Photo credit: flflickr.com/photos/unicphoto



in Washington, was present at CND 2009 when, as he puts it, "the term harm reduction threatened the vaunted Vienna Consensus".

He recalls that Germany, the UK, the Netherlands, Switzerland and others fought to get the term included, while the US, Russia and Japan led the opposition.

"The Germany Ambassador said he regretted very much that it didn't explicitly mention the term 'harm reduction' but its essence was covered by what the Draft Political Declaration called 'related support services'. At the end of the meeting, Germany issued an 'interpretive statement' essentially declaring that they were going to interpret 'related support services' as harm reduction, and more than two dozen countries supported that interpretation. Costa tried to minimise the differences in his closing speech as tempest in a teacup, but the writing was on the wall.

"To be fair, the Obama administration had just come into office in 2009, and much of the US delegation was still working off the established script that year in Vienna. The US delegation did agree to meet with a group of us in Vienna. One ONDCP [US Office of National Drug Control Policy staffer remarked that it was the first time they were allowed to meet with 'drug legalisers'."

The failure of harm reduction to make the 2009 political declaration had a

particular effect. It meant that, although harm reduction features in the written domestic policy of more than 70 member states and in documents from other UN agencies, there was no precedent for it to feature in subsequent consensus documents. Even the 2014 joint ministerial statement adopted the workaround "measures aimed at minimising the public health and social consequences of drug abuse".

So where are we now in 2016? UNGASS has been brought forward two years at the request of the presidents of Colombia, Mexico and Guatemala. Latin American countries as a group - always uneasy about the big-guns approach to supply reduction - also made a joint call to review the current system and "analyse all available options, including regulatory or market measures". Bolivia, which left the 1961 Single Convention on Narcotic Drugs in 2011 over the coca leaf issue, has won its case and rejoined the treaty in 2013.

As UNGASS approaches, the US Federal Government is declining to interfere with the regulated, non-medical sale of marijuana in several of its states. President Barack Obama has put his weight behind the increased availability of naloxone, which does not stop people from using opioids, only from dying when they overdose - a textbook harmreduction measure.

2008

**▲▲** The US and its allies have consistently pressed the point that the primary goal is to reduce demand of drugs, not the harm associated with drug use. ">>

From some angles, it does look like a new era might be approaching. Will it all result in momentous change? Well, don't expect the world. Don't even expect to see a consensus around those two words 'harm' and 'reduction'.

"The phrase 'harm reduction' itself is still for many member states a difficult and problematic phrase, unfortunately," says Ann Fordham, Executive Director of the International Drug Policy Consortium (IDPC), which presents a collective face for a global network of 143 NGOs focused on issues related to drug production, trafficking and use.

"We're still in the dynamic where the EU countries in particular have no problem, and they push very strongly to support harm reduction. But countries like the US, despite their more progressive approach in recent years, still have quite an allergic reaction to the actual term 'harm reduction'. And of course Russia and China and many of the Middle Eastern countries don't accept the term.

"What's changed is that there's far less fight around the interventions associated with harm reduction when it comes to injecting drug use. We can now refer to the UN technical documents around HIV prevention, treatment and care for people who take drugs - which obviously means endorsement of needle exchange programmes and substitution treatment. That language is agreed. But the phrase 'harm reduction' is not agreed."

Fordham says that, for many countries, acknowledgement of harm reduction does not extend to all types of drug use. Stimulants and crack cocaine fall outside the harm-reduction comfort zone.

"And then the real outer limits of harm reduction, what's still a fight, is around safe injection rooms, drug consumption rooms. That is not accepted at the UN level. It's seen as too controversial, too much to do with facilitating drug use. And then also heroin-assisted treatment - that's heroin prescribing for people who are dependent on heroin and finding substitution treatment isn't working. Those are the outer limits."

The IDPC has published a list of five UNGASS 'asks', which largely concern good faith. But the final one - "commit to the harm reduction approach" - is specific without insisting on a form of words.

"When we say that, we say commit to it in its broadest sense," says Fordham. "We have this debate with member states about how hard you push for the words 'harm' and 'reduction' to appear next to

**66** We can now refer to the **UN technical documents** around HIV prevention, treatment and care for people who take drugs which obviously means endorsement of needle exchange programmes and substitution treatment. That language is agreed. But the phrase 'harm reduction' is not agreed. "" each other in a political document. That's still a difficult fight to win."

"There will be a fight over it, and it's a fight worth having," says Steve Rolles, Senior Policy Analyst at Transform, a British charitable think tank that campaigns for the legalisation and regulation of drugs. "But as long as the principle is captured, I think the semantics may not be the biggest concern.

"The objectors will look increasingly childish and petulant given realities on the ground and in the UN system - harm reduction has a more accepted definition in the UN context, in terms of the UNODC, UNAIDS, World Health Organization (WHO) technical guidelines - so its not impossible they will finally cave in, especially if the US changes its position."

One break from the past is already evident, however. At UNGASS 2016, civil society groups will be more visible and engaged than ever.

"The civil society engagement has been exponentially greater than last time - the reform movement has expanded enormously," says Rolles.

"It is more sophisticated, more connected and better coordinated. In 1998, there were a few dozen people involved. This time, there are literally thousands. We are working with the UN agencies - you can see our influence across the UN agency submissions - and directly with governments and UN missions, briefing, drafting, coordinating meetings and influencing strategy and language. This UNGASS belongs to civil society as much as it does the member states who called for it."

Fordham agrees that there has been a breakthrough for civil society groups.

"A good marker for that was last March at the CND of 2015 where they had these roundtables that were part of the UNGASS preparations. Two things that were really great happened in terms of civil society participation. One was that each panel had a civil society speaker formally sitting on the panel. And also for the first time that I've seen at the CND – and I think it was unprecedented – civil society speakers were able to put their hands up and make statements from the floor from the beginning and not just at the end. That's a good barometer of engagement from civil society.

"It's still a fight for recognition. For UNGASS, we have convened a civil society taskforce, which is a group of civil society representatives nominated from their regions on thematic areas like harm reduction, recovered drug users, active

Outside the crucible of UN drug policy in Vienna, more nations will have their say.

Photo credit: Drop of Light / Shutterstock.com



drug users, from the medical profession, from youth, farmers. We're trying to cover the range of professions affected by drug control policy.

"That's also a first. I don't think we've had a civil society taskforce in relation to a big UN drugs meeting before. It happens at other UN meetings - for HIV and migration, for example. So I think we're finally there. Although it's always a fight for space and to some extent it still is."

"It will be interesting to see the degree to which civil society will succeed in its effort to formally engage in the debates," says Kasia Malinowska-Sempruch, Director of the Open Society Global Drug Policy programme.

"In the past, almost all talks happened behind closed doors. In this current, more open environment, people are able to come forward to share successes and failures freely."

Another big shift in 2016 is the participation of other UN agencies, which have often been quarantined out of the process in the past.

Fordham says the IDPC called early for "all the UN family" to be able to feed into the UNGASS process in a meaningful way.

"I will say that it was really challenging in the beginning to get the other UN agencies to be engaged and interested in getting involved," she says.

"There was a lot of work in the background to bring them to the table and say, 'You guys need to be involved in this process, it's really important for your mandate'. But they have, and it's been really positive."

Like Rolles, she believes the engagement of the UN Development Programme (UNDP), which published a strong paper last year examining the development dimensions of the drug conventions, has been particularly notable.

"UNDP has been one of the best examples of a UN agency really taking up the mantle and looking at the very serious negative consequences on their development mandate of the punitive and repressive approach to drug control. That has an effect on the debate," she says.

"I think even if nothing else was achieved by the UNGASS, the engagement by the other UN agencies already represents a big win," says Rolles.

"Drug policy has been stuck in the UN drug agency bunker for far too long given its cross-cutting nature. The UNGASS seems to have uncorked some pent-up frustrations about this from the other agencies, and they haven't held back in their criticisms of the control system and its disastrous negative impacts.

"The UNDP report was very striking in its comprehensive demolition job on the Drug War, and the submissions from the

Office of the High Commissioner for Human Rights and Special Rapporteur on the right to health were equally devastating. Other submissions from UNAIDS and UN Women have also been excellent - and have collectively pushed the UNODC to evolve its own tone and messaging as well. This is the need for what is called UN system-wide coherence on issues like decriminalisation, for example, which is now an established position across the UN family from the Secretary-General down."

Malinowska-Sempruch also praises the UNDP report as "spectacular" but believes that UNAIDS could have played a more active role.

"They have much at stake here – HIV infections among drug users are increasing, and access to AIDS treatment among this group is lagging behind. The issue clearly requires their leadership in support of harm reduction. UNAIDS has a strong UNGASS experience - it led the 2001 UNGASS on AIDS. Finally, despite access to essential medicines being a core theme of the debates, the WHO has been almost entirely absent."

But perhaps the most striking contribution so far has been from the lead agency itself. When Richard Branson went public on a UNODC paper on decriminalisation after it was pulled without explanation from the International **66** Drug policy has been stuck in the UN drug agency bunker for far too long given its cross-cutting nature. The UNGASS seems to have uncorked some pent-up frustrations about this from the other agencies, and they haven't held back in their criticisms of the control system and its disastrous negative impacts. ""

Harm Reduction Conference in Kuala Lumpur last year, it made international headlines.

Ironically, although it was almost certainly withdrawn under political pressure, the UNODC paper was, says Fordham, "the best synthesis of the issue, explaining to member states very clearly what their obligations are under the treaties in terms of decriminalisation and making a very clear call for decriminalisation.

"This all provides very importantly what we call 'background mood music' for the UNGASS debate."

New Zealand's position at UNGASS 2016 will be founded in the National Drug Policy 2015-2020 published last year. As such, says Associate Health Minister Peter Dunne, it is "based on minimising harm and promoting and protecting health and wellbeing and on developing drug policy that is compassionate, innovative and proportionate. We intend to take this position with us into UNGASS.

"We intend to reiterate our support for human rights and our position that the death penalty is unacceptable anywhere, any time, for any crime. We also intend to emphasise our support for harm-reduction initiatives such as needle exchanges and opioid substitution therapy and for ensuring the availability of controlled



Despite the many barriers, civil society organisations will try to be heard.

substances for medicinal purposes where this is in line with medical evidence.

"The National Drug Policy also recognises that adverse social factors make people more at risk of being affected, directly or indirectly, by drug harm. We believe that an integrated response is needed in which multiple agencies health departments, Police, correctional services, social services and others work together alongside families and communities to provide a complete response to the full set of social issues that affect vulnerable people."

Dunne says the NDP is "quite a significant shift from its predecessors". And that shift is no more evident than in the policy's ground-breaking recognition that the harms of illicit drugs may stem from the very laws against them. In launching the policy in September, Dunne said that "the laws we make need to be reasonable, and it is crucial that our enforcement response is proportionate".

And yet, the policy also says that New Zealand's Misuse of Drugs Act will not be changed. It's a political contortion, but one likely to be reflected at UNGASS.

Fordham sees a groundswell around the proportionality of drug offence sentences.

"This will be a key debate in the UNGASS process, and for the first time, we're seeing language coming from

member state submissions about the need to address the proportionality of sentences that's in the submission from the US. Many of the Latin American countries also have a massive incarceration issue."

She says sentences for low-level drug offences in many countries exceed those for rape, aggravated assault and, in some countries, even murder.

"There's an acknowledgement that we've gone down a route that is far too repressive, and that has created a number of ther problems. And has that really made our communities safer? Probably not."

New Zealand Drug Foundation Executive Director Ross Bell says New Zealand goes into UNGASS in a unique position in that its attempt to find a new way to deal with new drugs, the Psychoactive Substances Act (PSA), has little support at international level. The government would be in an awkward position if a substance that made it through the PSA's approval process was subsequently scheduled under the UN drug treaties, as mephedrone was last year at Britain's behest.

"What does New Zealand do? Does it keep that product in the PSA? Or does it say, 'We're a good global citizen, and because of our treaty obligations, we're going to have to put this into our Misuse of Drugs Act'?

"There's probably enough room that New Zealand could say, 'Well, the PSA is allowing us to meet our obligations under the treaties because we are controlling these drugs. We're just controlling them this way rather than another way'.

"That argument hasn't yet happened. But one of the things we've been saying to government, and they've picked it up recently in their comments to the various pre-UNGASS meetings, is that countries should continue to be allowed to innovate. So while the PSA isn't working as it should, the government has been quite active in trying to protect it from being undermined by any staunch prohibition debates that happen at the UN level."

Most observers see little or no chance of the UN drug conventions coming up for grabs at UNGASS 2016.

"It's getting increasingly difficult for them to completely avoid any mention of treaty reform," says Fordham.

"But it won't happen at the UNGASS. Even some of the more progressive governments will still say, as a result of political and diplomatic pressure, that the treaties remain the cornerstone of the international drug control system.

"Our point to them is that there are countries, including the US, that have moved towards cannabis regulation for recreational use. The treaty scholars we've spoken to and who are in our network have pointed out that regulated markets for recreational use are beyond the flexibility that exists within the treaties."

"We think it's a good thing that governments are moving towards that model and experimenting and being innovative in their policies. But it's also important to be honest about the challenges this presents for the international treaty system. International law is there for a reason, and for many smaller countries, international law is important to protect them from larger countries.

"So to just ignore the treaties is not really an option. And if member states care abut the integrity of the drug control system and care about the treaties being relevant, they should have an honest and open debate about how the policy changes present a challenge to the system and therefore how the treaty system might be modernised."

"No one is expecting the consensus outcome document to be earth-shattering or for the treaties to be reformed at UNGASS," Rolles agrees.

"But if the reform position is expressed vocally by a core group of member states, then even that represents a victory. The other outcome will be the summaries of the thematic and plenary debates - and these will reflect the disagreements and tensions. It may seem churlish to hope for a big fight at the UN, but in a way, that's what's needed."

Bell believes countries like New Zealand need to put more thought into an idea that has gained momentum in recent years that there is flexibility within the UN drug treaties.

"The UN itself now makes the argument that there is enough flexibility within the treaties for countries to decriminalise. The treaties don't require you to criminalise, but you have to put alternatives into place - which is how Portugal was able to do what it did.

"So if that's the case, the international community is now saying there's not enough flexibility for countries to legalise drugs, but there's certainly enough flexibility to legalise drugs and replace a criminal system with referrals to health services and so on. So domestically, New Zealand should be asking, 'Is New Zealand using the flexibility allowed under the treaties in its own drug law?' And we don't think it is."

Nonetheless, everyone spoken to by Matters of Substance expressed a degree of optimism about UNGASS 2016.

"I am optimistic about UNGASS," says Dunne.

"I think it will present an opportunity to reinforce the merits of an innovative, proportionate and compassionate drug policy. I am hopeful that we will gain greater high-level agreement on the need to adopt a more health-focused approach to drugs."

"No one is seriously saying let's scrap the treaties," says Bell.

"That's off the table for now. But there are some basics. The use of the death penalty is one of those New Zealand has been pushing. What this is all about is how do you turn the fine words spoken at these forums now - drugs as a health issue,  $human\ rights-into\ practical\ changes$ on the ground? If everyone's saying at UN level the death penalty shouldn't be used, why is it that the UN agencies are still working with governments who use the death penalty for drug offences?"

Rolles believes the place to look for a result will not be in the consensus declarations from UNGASS but in the way they and the "cross-cutting engagement"

**≤** So domestically, New Zealand should be asking, 'Is New Zealand using the flexibility allowed under the treaties in its own drug law?'And we don't think it is. ""

sparked by the build-up to UNGASS will feed into the processes to develop the new global 10-year strategy set for delivery in 2019, "which is the moment when the high-level reform talk will become high-level reform action".

Bell believes even 2019 is probably too optimistic a date for reform.

"Ultimately, these are all evolutionary steps to a different legal framework. Countries will have to start talking about whether the treaties are fit for purpose – and if they're not, what would a new treaty look like?"

"I'm optimistic within certain parameters," says Fordham. "I think we have to look at what's been gained already in just having this UNGASS happen. You asked me about civil society engagement and visibility - the other side of that coin is not just about process, it's about the growth of ... a much stronger, more visible and more diverse drug policy reform movement.

"We're not going to have the end of prohibition in April, the treaties are not going to be torn up and started afresh in April. There are still a lot of repressive voices in there – it's a consensus-based environment, we're up against countries like Russia, Saudi Arabia, Iran and China. But it's about seeing how the tone of the debate shifts. You have to take a long-term view."■

#### **COVER STORY**

# **UNGASS 2016:** Hopeful global voices

What can the United **Nations General Assembly** Special Session on the world drug problem achieve? In this feature, we share perspectives from people working in South America. West Africa and Asia and in global development.



Coordinator, Center for Studies on Public Security and Citizenship, University Candido Mendes, Rio de Janeiro

I am hopeful that the UNGASS 2016 is the first of the many next steps we need to take to move forward to a time when the use of all drugs will, again, be considered a normal part of life. To begin with, we need a clear sign that the criminalisation of users will not be accepted any longer, anywhere.

But we need much more than that, particularly in Latin America, which is the most violent region in the world. In Brazil alone, there were more than 50,000 homicides in 2014, and these numbers have been dramatically similar for the last years. A big portion of these homicides are related to the so called 'War on Drugs'. On top of that, also in the name of fighting this 'war', the Police forces kill six people every single day in the country.

We need to stop this senseless and bloody war that makes victims everywhere and has been absolutely incapable of reducing illicit drug use. May the UNGASS 2016 inaugurate a new era of rational and humane drug policy in the world.









#### Pien Metaal 2 2

Programme Coordinator, The Transnational Institute, Amsterdam

As in 1998, the Special Session of the UN General Assembly will provide an opportunity for governments and civil society to take another step towards recovering common sense in drug policy and giving meaning to democracy.

This long and slow process is painstaking sometimes, and one wonders if it is worth all the trouble. At the 2015 Commission on Narcotic Drugs, fundamental differences in approaches became increasingly visible so many civil society representatives could deliver statements and contribute to the debate to a large extent.

At the same time, while a positive paradigm shift from drugs as a crime issue to being a health issue is becoming

increasingly accepted, as reflected in formal country statements, a similar development is not clear on another important and fundamental issue: the people growing the plants needed to produce the drugs. Thousands of famers' families immersed in poverty, targeted by eradication, facing criminalisation and human rights abuses for the past four decades, need to have their voices heard in UNGASS, and attention must be drawn to the urgent need to shift the paradigm in supply control towards sustainable livelihood targets.

My hope for UNGASS is that we will be able to bring these issues to the fore, being comprehensive in our objectives to regain justice for all those actors on the world drugs market who have been invisible until now. A Global Forum will be organised in January by TransNI, together with partners, to ensure this.

#### Persaudaraan Korban Napza Indonesia (PKNI) and Asian **Network of People Who Use** Drugs (ANPUD) 📾 3

UNGGAS 2016 represents one of the highest-level platforms from which to influence the strategic direction and content of drug policies. Despite the significant number of people who use drugs in the Asia region, only a minority of Asian voices are being heard in global drug debates. Countries in Asia have some of the most punitive drug policies, combined with insufficient support for harm reduction, and as such, there is a critical need for voices from Asian civil groups to be heard.

- The UNGASS negotiations must prioritise ending the criminalisation of people who use drugs. We call on all Asian governments to eliminate penalties for drug use and possession of drug paraphernalia.
- We must fund comprehensive harm-reduction and health services. UN agencies recommend the implementation of a comprehensive package of nine health and social care services to prevent HIV and other blood-borne viruses and enable services such as needle exchange programmes, opioid substitution therapy and overdose prevention. Adequate, annual budgets must be set for these programmes, as well as programmes promoting reproductive health and rights, legal assistance and peer outreach for people who use drugs. Reducing HIV and hepatitis C by 75 percent globally amongst people who inject drugs in the next five years should be set as a bold target
- Respecting and protecting the human rights of people who use drugs is also important. Human rights violations against people who use drugs have been extensively documented in many countries across Asia. We urge all

- governments to improve monitoring and accountability for human rights violations, while ensuring the availability of social and legal protections with adequate access to justice and legal aid.
- We must close compulsory centres for people who use drugs and scale up voluntary community-based drug treatment dependence services. The evidence convincingly demonstrates that compulsory detention and forced treatment have been ineffective, costly and out of line with international best-practice guidelines and human rights obligations.
- We also demand the rapid scaling up of voluntary, evidence-based and community-based drug dependence treatment.
- We must meaningfully involve and facilitate the participation of people who use drugs in international policy processes such as UNGASS. We call on relevant UN and donor agencies to promote, facilitate and financially support the meaningful participation of people who use drugs and civil society groups in local, national, regional and global forums relating to drug policy.

#### Maria-Goretti Ane 📸 4

IDPC Consultant for Africa, Ghana

As preparations begin for UNGASS in April 2016, the key debates are being actively engaged in by civil society and regional groups such as Economic Community of West African States (ECOWAS) and the African Union (AU). Drug use, trafficking and production are serious concerns for West Africa and the rest of the continent, but what are these stakeholders expecting from UNGASS?

In West Africa, a range of meetings have been facilitated to raise awareness of the UNGASS and drug policy issues more broadly. The International Drug Policy Consortium (IDPC) partnered

with the West Africa Commission on Drugs and others to run capacity-building workshops in 2015 for civil society and the media. Within several countries, the West Africa Civil Society Institute and the West Africa Drug Policy Network have brought together civil society and government officials, and both ECOWAS and the AU have hosted high-level meetings to deliberate on their respective 'asks' for UNGASS.

The target is to get our governments to engage more in the international discussions and to support an agenda for a human rights-centred approach to tackling drugs, more focus on harm reduction and addressing the issue of drug use and dependence through a public health lens rather than criminal justice.

Progressive voices in the region are also calling for the harmonisation of drug legislation and for people who use drugs to be given support and care rather than being punished and given criminal records.

Achieving this shift requires greater resources for health services, increased support to ensure the provision and availability of essential and controlled medicines for palliative care and pain relief and for alternatives to incarceration or punishment for minor, non-violent drug-related offences. There is a call for more balance between supply and demandreduction efforts, with more emphasis on harm-reduction services. There should also be proportionality in punishments when it comes to drug laws at the local, national, regional and international levels.

There are ongoing challenges as we seek to ensure this approach is listened to. There is a very real lack of African voices and engagement in the international drug policy debates. Many African governments do not have a physical presence in Vienna (where the international drug debates are held), so there is an urgent need to increase their participation and understanding of the issues and options being discussed.



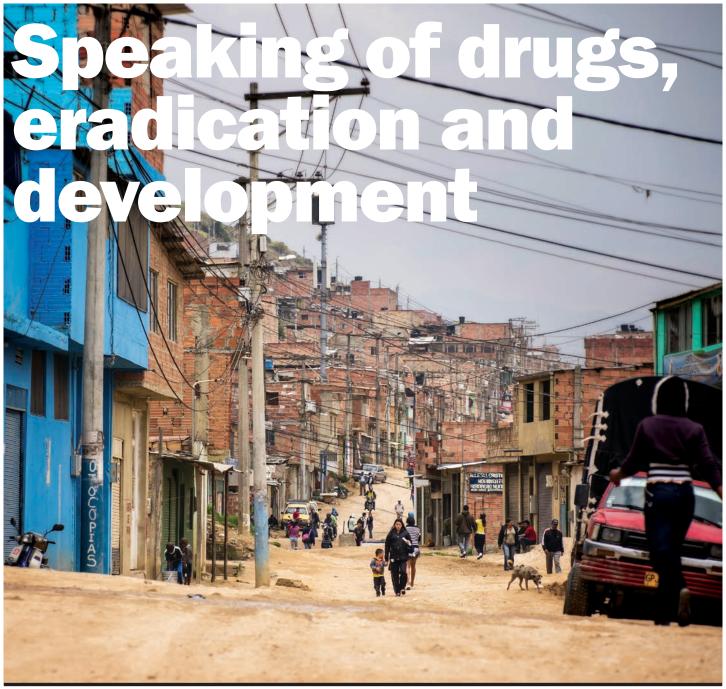


Photo credit: Magdalena Paluchowska/Shutterstock.com

Eradication attacks on Colombian drug crops have been hailed by many (including the White House) as a success. Others point out that illicit crops are often just planted elsewhere or that lack of commitment to development before destroying farmers' income has left many displaced or in poverty. David Young looks at the local cost in Colombia and ponders whether world talks offer any real hope for future change.



DAVID



rom hills in the south-eastern outskirts of the Colombian capital Bogotá, the inhabitants of Ciudad Bolívar. one of the world's

largest mega-slums, look north at the houses of the city's better-off inhabitants.

Maria lives here with a son and several members of her extended family. She is a housekeeper, part of Colombia's informal economy.

This isn't where her family comes from. It's not really where anybody comes from. Like six million Colombians - one-tenth of the nation's population - Maria and her family were internally displaced by the chaos that has roiled the country: natural disaster, civil war and the effects of the American-led War on Drugs.

Some of the most disconnected, worst-off and unfortunate of the displaced citizens end up here. In a nation where four women are murdered every day, Ciudad Bolívar is one of the least safe places to be.

It's where a small-scale drug trafficker known as both 'El Negro' and 'El Capo of the South' was captured last year along with 15 lieutenants. Colombian Police claim Luís Alexánder Arias was making 100 million pesos a week (around NZD\$50,000). Maria can only dream of that kind of money; a better-paid job is high on her list of needs.

"I want to be able to provide for my family," she says. But at the top of that list is security.

"I am scared of something happening to my son or some member of my family. We need many things here, but above all, that there will be security for our children."

#### A crop spray with fall-out

There are many entwined, messy reasons for Colombia's massive internal displacement. Among them is drugs. Cocaine trade-funded violence has forced many from the countryside, and efforts to stamp out drug production have added to farmers' woes.

Colombia is the only country in the world that has conducted a large-scale aerial spraying to wipe out coca plantations. The pesticide used is glyphosate, better known to New Zealand farmers and gardeners as Roundup.

Until it was recently halted by Colombia over concerns from the World Health Organization that the spray could be linked to cancer, the programme was paid for by the US Government at an estimated cost of around US\$2 billion.

At the operation's peak in 2006, 164,119 hectares were sprayed - an area three times the size of New Zealand's Abel Tasman National Park.

To the US, this is officially a successful policy. The official White House website cites "several interviews" with former coca growers in Peru and Colombia as evidence that "the single most important factor in motivating them to move to licit crops was the threat of eradication".

Critics note the flimsiness of the evidence base and argue that this approach

"In the Andean region, you see continual replanting," says Coletta Youngers, Senior Fellow at the Washington Office on Latin America (WOLA).

"In general, the problem with USfinanced programmes is they eradicate first and violate the very principles of what can be successful [in moving farmers away from coca production]", she says.

WOLA and other NGOs point out that, between 2013 and 2014, even as aerial spraying increased, the amount of Colombian land used to cultivate coca grew by 39 percent.

And, despite years of aerial spraying, the US street price of cocaine (which largely comes from Colombia) has fallen dramatically and fairly consistently since 1981, while purity has improved.

#### **Incentivising coca farmers** to change crops

Where once coca was grown on a large scale by relatively wealthy drug traffickers, the United Nations Office on Drugs and Crime (UNODC) estimates that now the average Colombian coca farmer household earns only US\$1,220 per person each year. Most have three hectares of land.

"They are the poorest of the poor," says Youngers.

An obvious strategy is to encourage those farmers to shift to other crops. This approach, labelled "alternative development", has become part of the toolkit of mainstream drug control.

At the United Nations General Assembly Special Session (UNGASS) on the World Drug Problem in 1998, alternative development was defined as "a process to prevent and eliminate the illicit cultivation ... through specifically designed rural development measures".

UNODC has become a proponent of sustainable alternative development for

**66** What the US has done in the so-called War on Drugs is link alternative development to eradication. That has been an abject failure. "

communities involved in the cultivation of illicit crops.

While arguably better than eradication alone, WOLA believes that, in Colombia and elsewhere, many attempts at alternative development have not worked.

Youngers says, "What the US has done in the so-called War on Drugs is link alternative development to eradication. That has been an abject failure."

Years of eradication efforts have generated ill will. The aerial sprays are very unpopular in rural Colombia, not just over health and water pollution concerns but also because they kill food crops as well as coca. Farmers are willing to change crops. Youngers says, "When I talk to campesinos [rural dwellers], they will grow whatever alternative is economically viable."

But the USA and other governments have the order wrong. First come eradication attempts and then efforts to encourage farmers to substitute coca growing with other crops.

"If you eliminate the campesinos' primary cash source of income and you have not first provided an alternative, it's no surprise they will simply replace the coca either where they were or in a new area," says Youngers.

Health Poverty Action (HPA) is another NGO that does not believe the approach has worked. London-based Advocacy Officer Natasha Horsfield says, "Alternative development is pretty much a disaster in the way that it's done because what you have are policies and programmes that result in crop-growing communities having their entire source of livelihood destroyed."

The Transnational Institute (TNI) has looked closely at alternative development, exploring what it sees as a "breach between rhetoric and reality". TNI researched the effects of alternative development in the Upper Huallaga region in Peru, where coca has long been cultivated. Its scathing report argues Alternative Development has done



**▲▲** It means you need to understand the causes of why people are growing certain crops. If you just keep destroying them or paving for communities to destroy them without addressing the reasons why, you're not going to achieve your goal. ""

nothing but drive the cocaine industry underground. Cultivation dropped, but this was a result of forced eradication rather than crop substitution. The alternative crops being foisted upon local farmers were not economically viable or even appropriate, and corruption and lack of monitoring had undermined the entire effort.

Dutch anthropologist Mirella Van Dun, who conducted research for TNI, says, "For Alternative Development projects to work, it remains fundamentally important to understand how illegal activities are embedded in the local context and why they continue to be impenetrable to efforts to combat them."

#### From Alternative Development to development

More recently, there has been a shift in emphasis to focus less on Alternative Development and more on plain old economic development: building livelihoods, education, healthcare and communities.

While the United States remains committed to an eradication-led effort, German foreign aid agency GTZ believes forced eradication is incompatible with development because it creates distrust between donors, state agencies and recipient communities. Similarly, the European Union considers that "unless

alternative livelihoods are available. [forced eradication] could undermine sustainable solutions and thus fail in achieving its goals".

Both agencies are funding development-driven programmes in communities that have traditionally grown drug crops.

"A lot of practitioners are now saying you need to come at this from a development perspective," says Horsfield.

"It means you need to understand the causes of why people are growing certain crops. If you just keep destroying them or paying for communities to destroy them without addressing the reasons why, you're not going to achieve your goal."

Bolivia is cited by some development advocates as an example of a country that has some aspects of its approach right and an example that Colombia and Peru should follow. Coca cultivation has dropped by 34 percent since 2010, and WOLA attributes this to Bolivia's "cooperative coca reduction". This policy approach is based on economic development, cooperation with cocagrowing communities and respect for human rights.

The UNODC's representative in Bolivia, Antonino De Leo, has written, "Bolivia's achievement over the last four years is well known: reduction of coca cultivation through dialogue, participation of coca

growers' unions, and a policy based on respect for human rights. The results are clear in the eyes of the international community."

#### Getting drugs into the **Sustainable Development Goals**

For anyone involved in any aspect of development, 2015 was a massive year in which the Millennium Development Goals (MDGs) were replaced with the so-called Sustainable Development Goals (SDGs).

Where there were eight MDGs, there are 17 SDGs with a whopping 169 different targets. For some advocates in the drug policy world, the SDG process offered an opening to talk more about the links between drug policy and development and to get away from seeing drugs purely as a question of enforcement and eradication.

Khalid Tinasti, Policy Analyst at the Global Commission on Drug Policy, wrote a letter with several colleagues that was published by medical journal The Lancet arguing that the SDGs would not be achieved without drug policy reform.

"The commitment taken by the UN to ensure that all future policies should operate within the sustainable development framework is crucial," they wrote.

Using the language of the SDGs adopted also by other drug policy reform campaigners - they argued that "leaving no one behind also means leaving no drug user behind". (See sidebar for a list of interactions they cited between development targets and drug policy.)

"At the Global Commission, we realised we needed to have more of an interest in the SDG process," Tinasti recalls.

"There were two targets mentioning drugs at the beginning of the process. One was under Goal 16 [relating to crime and justice,] which was just terrible. That was what started people from drug policy to look into it."

Tinasti and the Global Commission argued that "the SDGs should include a set of specific commitments to respond to the drugs issue". That didn't happen, and in the end, drugs were mentioned only under the heading of 'Health', with the target reading: "Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol."

For HPA's Natasha Horsfield, this is a sign that the linkages between development and drug policy are just starting to be recognised.

"Putting drugs under Health [in the SDGs] reduces it to much smaller of an issue than it is. It's quite well understood in the health sector already - those organisations have been working on this for quite some time. Now we're trying to get the development sector to see all those areas where drugs impact on development objectives."

#### A broader discussion on drugs

There are signs that is starting to happen, albeit slowly. A 2015 report by the United Nations Development Programme (UNDP) was startling in how far it went, stating that drug control efforts "have had harmful collateral consequences: creating a criminal black market; fuelling corruption, violence, and instability; threatening public health and safety; generating large-scale human rights abuses, including abusive and inhumane punishments; and discrimination and marginalisation of people who use drugs, indigenous peoples, women, and youth".

While WOLA's Coletta Youngers believes that "the primary obstacle continues to be the UN international drug control system and in particular UNODC", in July 2013, UNODC Chief Yury Fedotov called for drug issues to be aligned with the post-2015 agenda. It remains to be seen whether the organisation's actions match this rhetoric.

Some advocates believe the time is ripe for a broader conversation about the linkages between development and drugs.

"We've seen for many years that development organisations like UNDP, international organisations and NGOs have not wanted to get involved in drugs issues, with the primary reason being that you can't do good development if you're treating the primary recipients as criminals," Youngers says.

Horsfield adds that some development organisations have avoided the issue because of reputational risks.

A sign that this situation is changing came with the November 2015 publication by Christian Aid of a landmark report, Drugs and Illicit Practices.

The report by the massive NGO blasts counter-narcotics efforts as "one dimensional" and says development agencies have their "heads in the sand".

Eric Gutierrez, Christian Aid's Senior Adviser Accountable Governance, says, "The old strategies such as the War on Drugs are simply not working. This report suggests that the commerce in illicit drugs can no longer be treated as something apart, akin to a malignant tumour that can be isolated and surgically removed from a healthy body."

#### **Drugs and development:** where to from here?

For many, this year's UNGASS on the world drug problem is an opportunity to at least advance the conversation about drugs and development.

"In the run-up, we're trying to make sure it's on the table," says Horsfield.

"This is kind of the springboard starting point it's all going to go on from - and that is particularly true of development."

WOLA's Youngers says there has already been some success.

"What is significant is that, around UNGASS, we've already had these discussions bringing development and human rights organisations into the debate and different countries, particularly from Latin America, arguing that it can't just be business as usual."

David W Young is a former New Zealand journalist who lives in Washington, DC.



#### **LINKS BETWEEN DRUG POLICY AND SDGS**

- Can sustainable agriculture (GOAL 2) be achieved and land degradation (GOAL 15) reversed when, in some areas, authorities use carcinogen products to eradicate drug cultivation?
- 2 How do countries achieve universal health coverage (GOAL 3, TARGET 3.8) when its quality and equity elements are denied to people who use drugs?
- 3 How is it possible to achieve gender equality (GOAL 5) when women pay the heaviest toll for small drug offences all over the world?
- 4 How do we promote decent work for all (GOAL 8) while drug users are not given the means to stabilise their use and to engage in a regular professional life?
- 5 How will we make cities and human settlements inclusive and safe (GOAL 11) when drug users are congregated in defined spaces and suffer daily humiliation?
- 6 How do we promote peaceful and inclusive societies (GOAL 16) when a whole part of it is rejected even without doing any harm to others?
- How are we to strengthen global partnerships (GOAL 17) when they focus primarily on supplyreduction measures in the drugs field, leading to incarceration, and the use of the death penalty in many cases?

# The victims of Russia's war on methadone



MICHAEL

Up to 100 users of opioid substitution therapy drugs have died in Crimea since Russia seized the Ukrainian peninsula in 2014 and banned their medication. Michael Bird reports on the dire consequences of Russia's harsh anti-drugs crusade.



had to abandon home, family and friends to a place where nobody was waiting for me."

Former injectable drug user Ivan spoke to me in

Ukraine's capital of Kyiv late in 2014.

Eloquent, educated and talkative, the mid-sized 28-year-old sound technician was a little dishevelled with long hair, stubble and a thick woollen jumper. He resembled a roadie for a 90s Americana rock band and admitted he was open almost too open - to speaking about his addiction.

"I can talk someone to death if given the chance," he said.

Until spring 2014, Ivan lived in Crimea, where he was taking the opioid substitution therapy (OST) drug buprenorphine. This medication regulated his life, helped him hold down a job and broke his link to a damaging lifestyle of injecting narcotics and stimulants up to 15 times per day.

But when the Russians seized the peninsula in March 2014, the new leadership banned the supply of OST opiates methadone and buprenorphine. Along with more than 800 other Crimean OST clients, Ivan faced three choices: leave, detox or risk relapsing into crime and fatal addiction.

#### Entry level: painkillers

Ivan did not choose to become an addict. It started when he was 15 years old in 2001. After a serious bike accident that left his leg injured, doctors tanked him up on narcoticlike pain reliever tramadol. When he left hospital, he was handed 10 packs of the drug, which he shared with his friends.

"After the accident, I realised I wanted to live. I drank and had parties and enjoyed life to the full."

But he wanted to escape from the tramadol, and soon he was injecting a home-made stimulant called vint - a meth-like concoction using the ephedrine extracted from cold and flu tablets. Users told him he could get off tramadol by getting high on vint instead.

Then Ivan tried shirka - a 'village heroin' synthesised from the powdered heads of a Ukraine-grown poppy. He would inject at home, in the countryside, under bridges and in bus shelters. He lost half a year to lack of sleep and food and to memory loss. He did not wash and often slept on the street.

Once, after a shot of vint, he felt a tingle, then a spasm and collapsed. It was a stroke. The right side of his body was partially paralysed, and the pupil of one of his eyes fell to the side.

But he did not stop. Now he took anything to relieve the pain - a cocktail of drugs that gave the effect of feeling as though "I was moving on the earth but also swimming in the sea".

Eventually in 2008, he heard about the availability of OST in the Crimean capital of Simferopol. He entered the local clinic, walked straight into the room of the chief narcologist and told him, "I am told you are a very kind man. Please help me, or I will die."

#### OST: a bridge to society

In 2013, there were 21,100 injecting drug users in the Crimean peninsula among a population of 2.3 million, according to the NGO Alliance for Public Health (Kyiv).

OST was legal in Crimea from 2006. Eight locations in the major towns and cities offered the service, which was taken up by 806 patients. These centres also gave counselling and medical tests and were a vital link between an underground culture and public health.

Here, users talked, played chess, socialised, celebrated birthdays, married and had kids - even rendezvoused with lovers. But they also took drugs to suppress the effects of HIV, hepatitis and tuberculosis - diseases prevalent among drug users in the ex-Soviet states.

OST gave them a daily routine and connected them to society through a regime that reduced their chances of using hard drugs, sharing needles or contracting HIV.

Not long after Russian tanks entered Crimea opioid substitution treatment was withdrawn.



This option is recommended by the World Health Organization and the United Nations as an instrument in a toolbox of services to help users quit.

"Comprehensive harm-reduction strategies, which include opioid substitution therapy, are essential to prevent and treat HIV, hepatitis and tuberculosis among people who inject drugs everywhere, including in Crimea," the Secretary-General's Special Envoy on HIV/AIDS in Eastern Europe and Central Asia Michel Kazatchkine savs.

"Harm-reduction strategies give people who inject drugs the best chance of leading a healthy and productive life and will help to reverse the rising number of new HIV infections across Eastern Europe."

Ivan's course of buprenorphine took him from under the bridges and out of the bus shelters, and soon he was working as a cargo handler in the nearby port, before finding a job as a sound technician.

#### Russia: swift shutdown imposed

But in a near-bloodless coup in March 2014, the Russians seized Crimea. Moscow was reacting to what it perceived was western-backed interference in Ukraine's democracy. After the fall of the Kremlinfavoured President Victor Yanukovich, Vladimir Putin's forces and sympathisers annexed Crimea - a region that had been

traditionally more pro-Russian and that hosts Russia's Black Sea fleet.

Russia banned opiate substitution treatment in 1998, and the new authorities in Crimea gave all OST providers less than a month to close operations. In April 2014, the head of Russia's Federal Drug Control Service, Victor Ivanov, visited Crimea to impose the new policy.

He framed OST as part of a corrupt western attempt to infiltrate Russia's right to decide its own health policy. In a speech, he denounced the NGOs involved in organising OST supply of "representing the interests of western pharmaceutical companies".

Ivanov attacked the civil society members who were complaining about the OST shutdown, claiming they were "provoking anti-Russian protests among consumers of methadone and their relatives" because they were afraid of losing foreign financing.

The drug that had regulated Ivan's life vanished.

Users were scared that a sudden break in their regime could kill them. They also wanted to show the new leadership that their choice of using OST was not part of a political game to discredit Russian health policy.

In May 2014, Crimean drug activist Igor Kouzmenko filmed drug users imploring Russia to allow them to

continue their OST regime. Ten users braved public exposure to state their case for a humane intervention by Moscow. These included a former 'liquidator' who helped clean up radioactive waste from the Chernobyl nuclear power station, invalids, pensioners and parents of teenage boys, many of whom were suffering from HIV, tuberculosis and hepatitis.

A couple, sitting in a park with a new-born baby playing in their laps, pleaded, "If we close the programme, the happiness we built up over several years will be broken down."

Each of the users spoke to the camera without anger or despair, stating, "Please do not let us die."

Kouzmenko's video ended with the words, "They do not talk about politics. They do not ask for much. They just want to live."

But the authorities did not allow the programme to continue. The users had three options: revert to street drugs, flee to mainland Ukraine to continue therapy or detox in Russia.

#### **Every option but methadone**

In Russia's state-run rehabilitation centres, addiction is seen as a psychiatric issue. Medicines given to patients include benzodiazepines, barbiturates, neuroleptics and anti-psychotic drugs such as haloperidol, used in the past to treat schizophrenia.

The fate of many formerly receiving treatment has been dire.



**≜** ■ Without methadone, users can relapse into taking heroin, and because their body is not conditioned to absorb the drug in the quantity they consumed before going on OST, they overdose. ""

In the 1970s and 1980s, the USSR used similar drugs against dissidents as part of a "repressive psychiatry" programme to silence internal opposition and frame critics of the Soviet Union as mentally defective.

"Now, they are using the same drugs to treat drug addicts," says Anya Sarang, President of Russia-based NGO the Andrey Rylkov Foundation.

In Russia, there are also private rehabilitation centres that can use "approved" methods to treat drug users. These patented techniques include prayer, hitting a patient's head with a bolt of lightning, electrodes in the ears, shock treatment, telling the patient to imagine entering God's temple and swearing to give up drugs, charms to be spoken on Tuesdays and Thursdays for men and on Wednesdays and Fridays for women, heating the body to 43 degrees, inducing a coma and implanting the foetal brain tissue from a guinea pig below the patient's cranium to reduce the side effects of treatment and abstinence.

Spanking therapy is also on offer for people fighting an addiction. Used as a cure against alcoholism, depression and obesity, a healer smashes a fistful of thick and heavy branches against a patient's back until the skin bruises. These methods are all available, but methadone is banned.

"The rehabilitation and abstinencebased approach is viewed and presented in Russia as an alternative - or in opposition to substitution treatment," says Anya Sarang. "But shouldn't there be many options for [users] to get what they want; to see what would be most helpful for them?"

Russia is experiencing a massive rise in HIV. The Russian Federal AIDS Centre estimates that Russia will register more than one million infections in 2015. Of even greater concern is the Centre's prediction that this could double in two years to two million. From this figure, 60 percent are injecting drug users.

However, the real number of HIV carriers could be between one and four million people from a population of 146.5 million. Therefore, Russia risks crossing from hosting a 'concentrated' to a 'generalised' epidemic.

"The lack of substitution treatment is one of the reasons why Russia has not been able to control the HIV epidemic," says Sarang.

Drug users with HIV are more likely to adhere to a regime of anti-retrovirals if they receive OST treatment for their addiction at the same time - and ideally at the same place.

Also worrying is tuberculosis, which is on the rise in Russia and is the main cause of death among people with HIV.

Recent research from 13 Russian tuberculosis hospitals by the Andrey Rylkov Foundation found that the rate of drug-dependent patients who dropped out of treatment veered between 70 and 100 percent.

More than 120,000 are also in prison in Russia for drug-related crimes - a massive increase since 2005. Jails themselves become not only a school for crime but a hotbed of addiction and disease.

"There are a whole bunch of issues which could be solved if we had this simple intervention [of OST]," says Sarang. "It's really cheap and cost-effective. If we had that, we could solve all the problems in the medical, law enforcement and criminal fields."

#### Victims: misunderstood

In the video of Crimean drug users is Anton, in his late 30s, dressed in a hoodie with a wan and pockmarked face and a leg disabled from injecting home-made drugs.

When the Russians took over, Anton went to a rehab clinic in St Petersburg. However, he did not receive the detox he expected. Methadone creates its own dependency, and the doctors were unsure how to tackle the side effects of abstinence from it. Anton reverted to using street drugs and died of an overdose.



**1** It is now estimated up to 100 of Crimea's 803 OST patients are dead. ""

Without methadone, users can relapse into taking heroin, and because their body is not conditioned to absorb the drug in the quantity they consumed before going on OST, they overdose – much like someone dependent on alcohol who has been abstinent for three years believes he can still neck a litre of vodka.

Fifty-year-old Andrei also pleads for life in the video. A squat man with a moustache and a flat cap, he resembles a typical Soviet public servant.

The Centre, says Igor Kouzmenko, offered Andrei a home and a family. Shortly after the film was made, he killed himself.

By December 2014, the Simferopol community of ex-users was scattered across a continent. I caught up with Kouzmenko, who tells me that, since the video was made, in Simferopol, which serviced 200 OST clients, 20 people have died.

As well as suicide and overdosing, some died from complications related to HIV and tuberculosis. Because the users were no longer accessing medical services to receive OST, they stopped getting vital medication to suppress these viruses.

It is now estimated up to 100 of Crimea's 803 OST patients are dead.

#### Ivan: taking the refugee option

Meanwhile, Ivan became involved in protesting for the right to his medication. At a public demonstration in front of the Ministry of Health building in Crimea, he found out that the Kyiv-based Alliance for Public Health was offering OST patients from Crimea and the Russianbacked rebel region of Donbas the chance to stay in a hostel in mainland Ukraine and receive OST medication - a project supported by the Global Fund. Meals and career advice were available to the users, half of whom had HIV. Many lost their documents because they were running for their lives.

This was a class of "methadone refugees". In summer 2014, Ivan moved to a hostel in Kviv and worked as a cashier in a supermarket, playing his guitar and singing in his spare time. In the hostel, he put on concerts for audiences of 40.

Ivan sang me a few lines. In a strong tenor voice, he began an a cappella version of the opening lyrics of a Depeche Mode song, which rise high in the first phrase and then dip low in the second:

"Words like violence," he sang, "break the silence."

Music was indispensable from his life "like a hand or an ear", he said. His ambition was "to have a good job and a good family".

"Kyiv is the first place in life I can feel complete freedom. It feels good in Kyiv. People are quite kind, and there are no serious acts of aggression or intolerance."

One year later, I want to find out what has happened to Ivan.

In January 2016, from the 60 'refugees' who made it to mainland Ukraine, seven remain in Kyiv and three in the large southern city of Dnipropetrovsk. The remainder returned to Crimea, due to their strong links to the territory. It was tough for them to make a new life.

But I discover Ivan is still on OST. He lives drug-free, has a girlfriend and is building and selling top-end amplifiers.

Ivan's name has been changed.

Michael Bird lives in Bucharest where he edits theblacksea.eu



#### **RESOURCES**

Learn more about what is happening in Crimea from the Eurasian Network of People Who Use Drugs (ENPUD). nzdrug.org/23JVOp1

#### **QUOTES OF SUBSTANCE**

**≤** The government of the time will say it's terrible and will look into it, but successive governments have done little or nothing on this issue. I get to the end of my tether. It pisses me off. "

Drug Foundation Executive Director Ross Bell, after four children were sent to hospital after engaging in volatile substance abuse.

#### **▲▲I** came to believe there was a better way. 🤫

Canadian MP Bill Blair, the former Toronto Police chief, who is now leading the Trudeau government's marijuana legalisation project

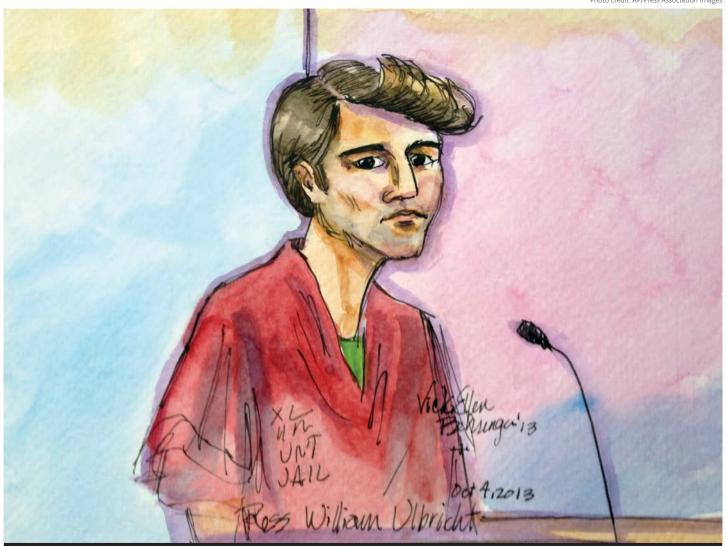
**≤** If your dying child is suffering, you won't wait for doctors or politicians to give you permission to use a drug that would relieve their pain. ""

A Dominion Post editorial arguing that medicinal marijuana can be beneficial for terminally ill patients.

#### **▲▲** I never expected to see my precious daughter in jail. 🤫

Republican presidential candidate Jeb Bush opens up about his daughter's drug addiction.

Photo credit: AP/Press Association Images



# Many follow the Silk Road trail

Amberleigh Jack embraces the dark side to investigate hidden and illicit drug marketplaces online. What she finds is both predictable and surprising with potential learnings for those concerned about harm reduction.



AMBERLEIGH



here are currently 54,361 drugs and chemicals for sale on AlphaBay. It's one of the well known online marketplaces accessible through

the DarkNet – but it's not one of the four biggest. Cannabis and hashish are popular, with 17,078 listings. Opioids and prescription medications are next, with 4,290 and 3,274 active listings respectively. I got into the DarkNet for a quick look. It's a different world. It's uncomfortable, but it's fascinating and hard to leave.

DarkApollo is one of the active vendors, working primarily with heroin and cocaine. His 100 percent positive feedback suggests the description of "high cut #4 Afghan heroin" is accurate. He sells a gram for US\$210. In the user profile, DarkApollo promises "exceptional service all year round". His shipping is a bit slow, and his cocaine seems lesser quality. It's what's resulted in his five 'neutral' feedback comments. In the past 12 months, DarkApollo has made 212 sales.

Similar to Silk Road - shut down by the US Federal Government in 2013 - AlphaBay is a marketplace with similarities to Trade Me. Users can rate on product quality and vendor professionalism. There's also an active forum discussing trustworthy (or not) vendors and safe drug use among other things. Once you're in, the DarkNet is incredibly easy to find and participate in. You need an email address to register, but it doesn't have to be yours. You're given access codes and phrases to remember. If you forget them, you have to start again. I had to create three new accounts before taking the time to note everything down.

Europe and the USA were the most popular shipping destinations, but I found three New Zealand-based vendors shipping domestically. They were selling morphine, cannabis, MDMA and heroin.

The DarkNet exists beyond the general 'surface web', allowing users to be completely anonymous online. This is where Edward Snowden shared information with Pulitzer Prize-winning journalist Glenn Greenwald. It's how users in countries such as China can access blocked sites like Facebook. It has its own version of Facebook. It's called Blackbook (think fewer cat pictures, more naked ones). Where pro-anorexia and neo-Nazi sites are shut down regularly

on the surface web, here they are free to thrive. It's also a place where information and products you may have been curious about can be found, purchased and openly discussed – be they legal or not.

There's a lot of good on the DarkNet, but the media tend to focus on the bad. It's what sells, after all. As one Independent Business Times article put it, "To quote Obi-Wan Kenobi: You will never find a more wretched hive of scum and villainy. We must be cautious."

What is the future of DarkNet marketplaces, and will the FBI ever manage to shut them down completely? Perhaps more importantly, given theories over the ethical aspect of online drug trading, should they? Or is this the new direction we should be heading?

One person who has spent a significant time doing searching through the DarkNet is Tim Bingham. He's a researcher whose knowledge of online drug marketplaces saw him giving evidence at the Ross Ulbricht Silk Road trial. Having spent his time primarily researching drug use and harm reduction, he became fascinated with the online market - and the safety and user rating aspect. Now he spends his time researching these marketplaces and talking to the users, vendors and owners of the sites to better understand emerging trends. He believes the media fear mongering is ultimately what led people to Silk Road and the DarkNet in the first place.

"[Silk Road] didn't need to market itself because the media did it. Suddenly everyone got on the bandwagon," he says.

Very quickly, Bingham suggests, the popularity of Silk Road went from a small group of users to worldwide.

To Runa Sandvik, the importance of online anonymity is far more important than being able to sell drugs, however. The security and IT expert was one of the developers for the Tor Project, consisting largely of volunteers, which allows users to browse anonymously. These days, she's a tech contributor at Forbes.

The ability to use blocked sites online in countries like China and the ability for journalists to research anonymously far outweighs the small number of illegal sites, she says.

"It would be unfortunate if someone at the New York Times was researching [hacking activist group] Anonymous and the owners of the servers got 'journalist@ newyorktimes.com'," she laughs.

She thinks fear of the DarkNet is simply a fear of the unknown driven by the media portrayal of a world of crime and drugs.

**△ △ △ Despite shut-down** attempts by law enforcement and the increasing media fear mongering, DarkNet marketplaces are likely among the safest and most ethical places for buying and selling drugs. ""

"Tor does make it more challenging for law enforcement. They're used to having an IP address they can track, but with Tor, they don't get that. I think making an example of all the bad stuff you find on the DarkNet is the quickest way to get people's attention."

The implications of Ulbricht's trial, and the questions surrounding it, seem to have a far wider reach than simply the future of online drug trading. And perhaps, as filmmaker Alex Winter points out, a far more important one.

"Ross's case was about privacy. It had nothing to do with the DarkNet but with how Silk Road was seized by the government... Digital material and belongings are slippery because they seem to be not that important. It's a hard drive. But these days, your whole life is on that thing. So essentially, what they're doing is breaking into your house and taking everything in your house, everything in your file cabinets and everything on your computer without a warrant."

For Winter, the idea of online anonymity and privacy has always been important. His fascination with the idea began after his role as Bill in Bill and Ted's Excellent Adventure. Overwhelmed by fame, he found himself drawn towards online privacy and anonymity. This led to his making the 2015 documentary

**■■** But Silk Road was run with a philosophy of reducing harm, of creating community, of being there for the people that were on the marketplace. Does it mean every single person was using it that way? Of course not. "

Deep Web, which followed Silk Road and the Ulbricht case through to his conviction.

And, it would seem, the potentially illegal seizure that led to Ulbricht's arrest has done little to stop the online marketplaces. If anything, they're growing. It's difficult to gauge exactly how many marketplaces are currently active. The simple act of searching on Tor for sites is difficult enough - that's kind of the point – and existing links become dead as quickly as new ones become active. Bingham says it will simply keep growing.

"I suppose [Ulbricht's conviction] made the community stronger. I think people are constantly learning from those mistake," he says, adding that new technology is constantly being evolved to make shutdowns and arrests more difficult.

"Basically, all it's done is disperse the market. Take out the big dealer, and suddenly 10 more appear."

However, he does theorise that, following the Ulbricht conviction, a likely scenario would be more decentralised marketplaces. In other words, rather than a few sites where vendors and consumers meet to trade, vendors would simply set up their own private sites. This would make it far more difficult for law enforcement to cease the online market and, perhaps more importantly, more difficult for researchers like Bingham to follow drug trends and find information relating to harm reduction.

The more I delve into the world of the DarkNet, the more one thing becomes increasingly clear. Despite shut-down attempts by law enforcement and the increasing media fear mongering, DarkNet marketplaces are likely among the safest and most ethical places for buying and selling drugs. There are a number of reasons for this. For a start, active forums on the sites allow users to find and provide information about drug safety and dosage. Secondly, the ability for consumers to peer review vendors through a feedback system makes the marketplace drug-based. Thirdly, the sites cut out the middleman, leaving little room for the intimidation, violence and petty crime that comes with street dealing.

Winter knows a thing or two about drug abuse. He's watched friends die from heroin overdoses, and he works in his own time with drug-affected youth in Los Angeles. What surprised him most while researching and filming Deep Web was the ethics behind the trading.

"If you are going to use heroin, the vendor you are talking to is going to vet

**■** Ultimately, the question of whether DarkNet sites could become a new model for drug laws and harm reduction remains. And it seems an idea worth considering. ""

you before selling to you and walk you through how to use clean needles and be safe. To the average person, that sounds like you're handing a gun to the person and showing them how to spin the wheel, but to those of us with any history in drug recovery, that's really important and it does matter."

Silk Road was set up with forums where users could safely discuss drug use and ask questions without any fear of stigma or consequence. Bingham also agrees there was a huge ethical aspect to Silk Road and, consequently, with the sites that have emerged following its demise. He tells me the message from the sites and vendors was basically that they wanted users to be as safe as possible.

"On these sites, there tends to be higher quality and purity and fewer cutting agents. I was really taken by

the recovery and community aspect of Silk Road," he says.

"This is real-life stuff. It's unpalatable to the average citizen. Part of the problem with drug recovery is it's like the elephant in the room that nobody wants to talk about.

"But Silk Road was run with a philosophy of reducing harm, of creating community, of being there for the people that were on the marketplace. Does it mean every single person was using it that way? Of course not."

This, though, is where the ability to rate vendors comes into play.

"Because of the peer-review system, if you were selling bad drugs or screwing people over, you were found out and booted off the site. If those rules are fundamentally more community-based, well then of course that site's going to be driven towards a more communitybased marketplace."

Sandvik agrees and recalls that the main component of Ulbricht's defence was the safety issue with Silk Road.

"Any vendor had to establish a reputation," she says.

"The forums were full of discussions on how to safely use drugs. People who want to use drugs will do so regardless, so why not provide them with a safe way of doing it? That's what the debate has been about for years."

Jamie Bartlett, a UK journalist and director of the Centre for Analysis of Social Media, found himself deep in the world of hidden and illicit drug marketplaces when researching his book The Dark Net. Bartlett was mostly interested in human behaviour when anonymity is guaranteed. What he found with the drug marketplaces was more of a community spirit than he expected.

"There is a lot of effort to keep the market functioning with reputation management - a lot more than I thought" he says.

It's not all rosy on the DarkNet though. It never will be when people gather to trade illegally. Bartlett emphasises there are many scammers on the sites.

"There's a lot of people who are professional, hard core drug dealers who really couldn't care less about how other people take drugs. They just want to sell as much as possible. I think it's more accurate to say it's much more varied than you'd expect."

Ultimately, the question of whether DarkNet sites could become a new model for drug laws and harm reduction remains. And it seems an idea worth considering. After all, people will use drugs if they

want or need to. As Winter points out, "You can't just say to an addict, 'Well, just don't do it'. It doesn't work that way."

So in the meantime, logic dictates that more education around safer use is the best way forward.

"The end game is to get people help, right? And it sounds counter-intuitive that a place that sells you heroin through the mail could be getting you help."

But it's the community aspect and the fact that consumers aren't accessing unknown dealers on unsafe streets that help make these sites safe. Bartlett poses a similar theory.

"It's definitely safer I think. But more importantly is it's a better consumer experience. There's more choice. You can trust more in the quality of the products. But for some people, there's still going to be big risks. You can still be sent something awful."

He suggests that, while it's safer than street trading, online trading means people have access to drugs they may not have found otherwise. This, according to Bartlett, is where the real risk lies.

There's little doubt that the DarkNet is here to stay, and while it's a giant headache for the feds, Winter has a more optimistic view of the future.

"I think we will begin to see online services that help regulate drug markets, and we can begin to decriminalise drugs and start to roll back in a more measured way, because obviously Silk Road was anything but measured."

Bingham agrees that the DarkNet is here to stay.

"Once they're there, there's no way they'll be shut down. I think we'll see the larger marketplaces in the next few years dispersing into smaller places with much more specialised vendors or people having their own vendor sites.

He does believe, however, that changes can be made to how the sites are regulated and treated, suggesting harm-reduction organisations need to start actively using the sites to provide information. In an ideal world, he says, this would pave the way towards decriminalising and better regulating these sites.

To Winter, there's no doubt about the DarkNet's future.

"Drug trading on the DarkNet isn't going anywhere," he tells me, "and ultimately it probably shouldn't. I think it's doing more good than harm."

Amberleigh Jack is an Auckland-based writer.

#### TIMELINE:

#### Ross Ulbricht and Silk Road

"The idea was to create a website where people could buy anything anonymously, with no trail whatsoever that could lead back to them."

Ross Ulbricht, writing about Silk Road in a journal on his computer



#### February 2011

Ulbricht launches Silk Road and sells 10 pounds of his own psilocybin 'magic' mushrooms. Later, he adopts the username 'Dread Pirate Roberts'. a nod to a character in the film The Princess Bride.

#### <u>0</u> 2012

A federal task force - Operation Marco Polo - is set up to investigate Silk Road. The FBI is tasked with breaking the site's encryption mechanisms, while the Drug Enforcement Agency (DEA) gathers information by grooming informants and going undercover.

#### March 2013

One DEA agent poses as a drug dealer supposedly interested in buying Silk Road, befriending Ulbricht in the process. Ulbricht then hires the undercover agent to kill one of his associates. The DEA stages the hit by sending a photo of the 'dead' associate. He wasn't actually dead - he had been arrested in a sting and turned informant.

#### **L** June 2013

A breakthrough occurs when the site's server is found in Iceland.

#### (b) 2 October 2013

Authorities arrest Ulbricht in the science fiction section of a San Francisco public library and shut down Silk Road. In just two years, the value of transactions handled by the site totals more than \$1 billion.

#### February 2014

Ulbricht is formally indicted of computer hacking, money laundering, conspiracy to traffic narcotics and attempting to have six people killed. He pleads not guilty to all charges. Because none of the murders actually occurred, those particular charges were dropped.

#### **13 January 2015**

Ulbricht's trial begins. His defence argues that the evidence against him - namely, the chat logs from the pseudonym Dread Pirate Roberts - could have been fabricated.

#### **9** 4 February 2015

Ulbricht is convicted on all counts.

#### **•** May 2015

Ulbricht is sentenced to life in federal prison without the possibility of parole.

#### **12 January 2016**

A 145-page argument for a new trial is filed by Ulbricht's defence team, calling for a higher court to throw out his convictions.

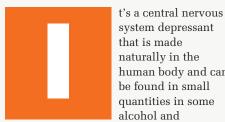






GHB (gamma-hydroxybutyric acid) is most commonly known in New Zealand as fantasy, though its many other monikers include G-riffic, goop, liquid G, cherry meth, blue nitro and the somewhat dyslexic 'grievous bodily harm'. It's also known as liquid ecstasy or liquid E, though it is a completely different drug to MDMA (ecstasy), both chemically and in the way it works.

### GAMIMA-HYDROXYBUTYRICACID



system depressant naturally in the human body and can be found in small quantities in some

fermented foods. Synthesised GHB can come as a white powder that can be made into tablets or capsules. It is most commonly used in liquid form, which is usually mixed with alcohol and can taste either salty or soapy. In liquid form, food colouring may be added by the supplier to distinguish it from other substances.

GHB was first used in 1960 as an anaesthetic before surgery. Other medicinal uses include treatment for narcolepsy (uncontrolled periods of deep sleep) and for alcohol withdrawal. It is most commonly used recreationally (predominantly in the club or rave scene) and by athletes and bodybuilders for its hormone growth promoting properties. Readers may remember it was the drug of choice for Lower Hutt bodybuilder Justin Rys. He was imprisoned for importing the drug, and in the end, it probably killed him.

The human brain has a relatively high count of GHB receptors, and scientists aren't entirely sure of the reasons for this. However, this is why, at high doses, it can easily cause unconsciousness, respiratory failure and death. At low doses, it can produce euphoria (where everything just seems awesome), enhanced empathy (where you feel like you love everybody) and aphrodesia (where you might want to start loving a few people in ways you shouldn't - and without a condom).

The fun stuff can last for three hours or more and is usually followed by more sedative effects that can last for up to two days. Immediate negative effects may include sweating, loss of consciousness, nausea, auditory and visual hallucinations, headaches, vomiting, exhaustion, sluggishness, amnesia, confusion and clumsiness.

The effects vary each time GHB is taken, and it affects each person differently. How a person reacts can also be affected by purity and how adulterated the GHB is with other substances (one of its precursors can be used as a drain cleaner). The amount of alcohol or other drugs it is taken with can also contribute to this variability.

The risk of overdose is also significant. Because GHB often comes as a clear or coloured liquid, it can be difficult to judge potency: there can be a very fine line between the amount required to reach the 'desired effect' and overdose.

GHB can be very addictive if used repeatedly. Withdrawal effects can be severe and incapacitating. These may include hallucinations, insomnia, incontinence, anxiety, tremors, sweating, edginess, chest pains, and muscle and bone aches. Any side effects generally subside after two days to three weeks, and there is no known treatment specifically for GHB addiction or withdrawal.

According to Healthresearchfunding. org, three people currently die from GHB overdose in the US every year, and there have been 72 GHB-related deaths there since 1990. One study, published in the American Journal of Emergency Medicine in 2011, investigated 226 deaths attributed to GHB. Of these, 213 were from cardiorespiratory arrest, and 13 resulted

from fatal accidents. In 71 cases (34 percent), death resulted from GHB use without any other intoxicant.

GHB enjoys a dubious reputation as a date rape drug. Because it is colourless and odourless, it can easily be mixed into drinks with flavours strong enough to mask its bitter taste. Estimates vary as to how frequently this occurs, and it can be hard to measure as GHB is difficult to detect in the body after 24 hours. Also, many possible victims have little memory of what might have happened to them.

While there have been several high-profile cases of GHB allegedly used as a date rape drug in the US, a 2006 British study suggested there was "no evidence to suggest widespread date rape drug use" in the UK at all and that, of the 120 cases investigated, less than 2 percent involved GHB. Interestingly, 17 percent involved cocaine.

GHB has been an illegal substance in most developed countries, including the US, the UK, Hong Kong, Australia, Norway and Switzerland, since the early 2000s.

In New Zealand, it is scheduled as a Class B substance under the Misuse of Drugs Act 1975 carrying penalties of up to 14 years' imprisonment for importation, manufacture or supply; up to 10 years' imprisonment for conspiracy to manufacture, import or supply; and up to three months' imprisonment and/or a \$500 fine for possession.

TripMe New Zealand website discussions indicate GHB is not currently in common use as a recreational drug in New Zealand and that its use among athletes and bodybuilders is restricted to a small minority. ■

# **UNGASS 2016:** Some thoughts on human rights and the War on Drugs

With the next UNGASS looming, Damon Barrett details the widespread human rights violations that stem from the War on Drugs and argues they are systemic and the shared responsibility of all governments. He suggests that only by acknowledging and discussing these violations at an international level can there ever be any hope





of addressing them.

DAMON



ver the years, there has been a real evolution in my thinking about human rights and the War on Drugs. In the beginning, it was about the sheer scale

of the abuse in the context of drug control. Later, it was the systemic nature of that abuse and how the international regime fuelled it. But now, while these two ways of looking at the human rights dimensions of the War on Drugs remain entirely valid, I see something wider, affecting human rights itself. Others have no doubt reached these conclusions before me, but with UNGASS approaching, it seemed a good time to set them out.

It's now trite to say this, but the human rights abuses committed in the War on Drugs are shockingly common, widespread and serious. For example (and I mean for example) this year, two or three people on average will be executed daily for drug offences. Billions of people, four-fifths of the world population, lack access to opiates for the relief of pain. These are people with cancer, late-stage AIDS, injuries from accidents and so on.

A lot of factors contribute to this, but everybody is clear that drug laws and a pathological concern with opiate addiction play a major role. Global HIV targets will be missed by decades at current rates because of ideological resistance to harm-reduction interventions and because

much-needed resources are squandered on drug enforcement.

Hundreds of thousands of people are arbitrarily detained in drug detention centres, facing unbelievable abuses once inside. Hundreds of thousands more, if not millions, are displaced due to drug-related violence and crop eradication campaigns. It is truly frightening to think how many people, how many families, are now saddled with unnecessary criminal records for minor infractions of drug laws, with all the limitations this places on life chances.

We've all seen these kinds of facts laid out before. Unfortunately, we have to keep rehearsing them. Despite all of these abuses, with the notable exception of groups like Human Rights Watch, the War on Drugs has been mostly overlooked by the mainstream human rights movement. More importantly, and related, too many people today still don't understand the scale of the damage and why it continues to happen.

But consider this. If the international drug control system were on trial and the above abuses were part of the indictment read out by the prosecution, all of these facts would be stipulated by the other side. Nobody denies it is happening. The defence would merely be that the international drug control system is not to blame.

I disagree. To my mind, human rights abuses in the War on Drugs are properly described as systemic. By this, I mean systemic at the international level inevitable within the legal and political architecture that has been created and supported by all governments and made much worse by it.

I've made this argument before, and it rests on four main grounds.

First, the Drug War is premised on a narrative of existential threat within which rights abuses are exceptionally easy to justify.

Second, what states are legally required to do under the UN drug control treaties is exceptionally risky from a human rights perspective. They have to arrest people, prosecute them, apply criminal sanctions, eradicate crops, prohibit cultural and religious practices, prohibit private behaviours and more.

Third, and following on from this, how states are rewarded by their peers and by voters for their successes in drug control are some of the very same things we raise as human rights problems. Surely, if the strategy envisaged by the drugs treaties is taken seriously, then millions in prison and with criminal records for drug offences - punished for their crimes as intended by that system – is a success. Surely, if there is a requirement to eradicate crops, then millions of hectares of crops eradicated is a success. Surely, granting states a permissive right to adopt 'severe measures' in each treaty was intended to allow for and to condone such 'severe measures'. In fact, the application of the death penalty for drugs got worse after the 1988 drug trafficking convention was adopted.

Finally, the institutions of drug control at the UN fail to address human rights abuses sufficiently, often masking them behind the veil of consensus and the relatively closed institutions in Vienna. More seriously, they also represent the institutionalisation of the very strategy that has caused the damage. While seeking to hold all violators to account, it is simply not good enough to point at specific governments for their abuses, or even at organised criminal groups for their violence, when the infrastructure within which that abuse takes place is a creation of all governments. This is the real 'shared responsibility' that needs to be taken.

This brings me to my current thinking. I now think the War on Drugs may represent one of the greatest pushbacks we've seen against the entire human rights project.

Human rights are intended in a large part to offer some protection against the overbroad, arbitrary or capricious exercise of state power, to protect us against state abuses, to allow us to seek redress for any abuses committed and to hold violators to account. They are also intended to ensure that states work to improve socioeconomic conditions and to build 'a social floor beneath which nobody should be allowed to fall' (to borrow from the Irish President Michael D Higgins).

The War on Drugs is the opposite of all of this. It represents, to my mind, the legitimisation of state repression in the name of achieving social goals. It represents the normalisation, through international law, of the use of criminal punishment as a strategy for meeting those goals. It marks the institutionalisation of a racist and colonial lack of tolerance for difference, culture and expression that is anathema to human rights.

This is conducted through a decadesold, legally binding international consensus, and in the name of the rule of law, behind which states may hide. It is done within the institutions of the UN in which guardianship of human rights was entrusted but within which states have

**≤** What states are legally required to do under the UN drug control treaties is exceptionally risky from a human rights perspective. They have to arrest people, prosecute them, apply criminal sanctions, eradicate crops, prohibit cultural and religious practices, prohibit private behaviours and more. ""

instead found legal and political cover for their rights violations. Meanwhile, the Drug War diverts effort, attention and resources away from building that 'social floor' and channels them instead into state institutions of repression – while blurring the lines between health, social welfare and development on the one hand and law enforcement on the other.

I am sure that, for many states, this was not intentional, driven along as they were by a fervent pursuit of their 'humanitarian endeavour' of drug control. But I do not think, sadly, that I am exaggerating. The success of the drug control regime, in terms of adherence, is because it in no way threatens state power as human rights law does. On the contrary, it reinforces it, and the exercise of that power with impunity is evidenced in the scale of the abuse we recount again and again and the lack of any accountability for it on the international stage.

We cannot expect this kind of discussion at UNGASS, but we should see the discussion as a beginning of a process anyway. Perhaps with the global spotlight on the UN drug control system and more victims, NGOs and governments speaking up about the human rights consequences of the Drug War, the litany of abuse will become more widely known. This, to my mind, is a great start, and it will ultimately benefit human rights beyond drug policy reform.

Damon Barrett is Director of the International Centre on Human Rights and Drug Policy and a PhD candidate at Stockholm University.

# The BAC and the 'Know your limit' guidelines

**≤** It is perfectly legal for an adult to have a drink and then drive... We believe responsible people, given responsible information, will make responsible decisions. That's the vast majority of New Zealanders. ""

HNZ's 'Know your limit' is both a sensible and appropriate move given the current confusion in punters' minds, which has been exacerbated by mixed and confusing messages from the authorities. Parliament has told us it's fine to drive after drinking in moderation, but NZTA and the Police are saying we shouldn't really drink at all before getting behind the wheel. Meanwhile, the media has characteristically proffered scary stories about how much easier it is to get caught if we're breathalysed under the new limit.

No wonder everyone seems so confused. 'Know your limit' is also justified given that this civic confusion seems to be unfairly hitting the industry in the pocket. HNZ Chief **Executive Bruce Robertson told Radio** 

New Zealand in November 2015 that establishments selling alcohol have reported losing almost a third of their business since the new limit came into force.

NZTA and the Police have acknowledged people are confused and have even praised HNZ's efforts in meeting "public demand for independent guidelines on how alcohol consumption relates to blood and breath alcohol levels". Nevertheless, they persist with their 'counter guideline' that people shouldn't drink before driving at all. And they back this up with troubling television advertisements like the one featuring an apparently sober woman charged and led away to the booze bus in front of her bewildered children after "a couple of drinks with dinner".

These sorts of scare tactics just promote public ignorance about how to stay within the law and throw guilt and fear at people enjoying their legal freedoms. The role of NZTA and the Police is not to make moral judgements or propagate guidelines that contradict what our Parliament has said is okay. They're there to enforce the laws in place and catch those who break them. Nothing confusing about that.

We should also note that 'Know your limit' is not some cynical industry attempt to keep as many people drinking as much as legally possible. The campaign's posters and coasters clearly state that HNZ does not recommend drinking and driving. What's more, the recommendations err on the safe side. The vast majority of car accidents resulting in death

New Zealanders own a lot of cars and drink a lot of booze. As a result, our high levels of alcohol-fuelled road carnage and drink-driving arrests are a culturally embedded national shame. Therefore, efforts by the authorities, namely NZTA and the Police, to make people think twice about drinking at all if they're driving are entirely appropriate and just the sort of social change our booze-soaked society needs.

As these agencies told Radio New Zealand in a joint statement in November 2015, there is no safe level of drinking and driving. Even small amounts of alcohol can impair one's motor functions and therefore one's motoring functions.

They also told ONENews that, during the period in which publicans had decried their drop in sales, there had been a 14 percent drop in drink-driving offences. That has to amount to lives saved and suggests the

authorities' encouraging caution is effective and entirely justified.

Unfortunately, HNZ's four undoubtedly accurate definitions of what constitutes a standard drink hardly conform to what you'd be served in a bar or restaurant. As Wellington Hospital Emergency Department Head Paul Quigley also told ONENews, confusion will remain over what a standard drink is.

"You'll have different standards at different places around the country, which means some people are going to be at greater risk than others."

For example, your glass of wine with dinner is likely to contain considerably more than the relatively tiny 100 millilitres that make up a standard drink. It's fine for me to know that 500 ml of light beer is one standard drink, but getting exactly that from the barperson may be more of a challenge than Bruce Robertson seems to realise. What punters really need to

know is exactly how many standard drinks are in the pint or glass they're actually being served.

So the real confusion lies in trying to reconcile 'Know your limit' with the reality of fluctuating standards and serving sizes. The message to not drink at all if you're driving completely removes that confusion.

We're not arguing here that there should be no such thing as a set of guidelines. There should be, but it's no more the alcohol industry's role to provide them than it is the role of Coca-Cola to define how much sugar we should consume.

So whose role should it be? A number of areas of responsibility need to get involved.

Parliament is responsible for setting the legal limit, and it has done so at 0.05. The most logical agency to explain that to us in a way the average person can relate to is a Crown body dedicated to health (such as the Health Promotion Agency) or to science (such as ESR). In fact, ESR has had guidelines around drinking

On 1 December 2014, New Zealand lowered its legal blood alcohol limit for driving from 0.08 to 0.05 percent. The previous limit, ridiculously high by world standards, meant drinkers could be reasonably relaxed about staying within the law when driving. The new limit, on the other hand, has resulted in quite a cautious change.

The alcohol industry has been quick to label this caution as confusion, saying sales are falling because people are choosing not to drink rather than risk a limit they don't yet understand.

Hospitality New Zealand (HNZ) says NZTA and the Police are to blame because their "either drink or drive" message contradicts the "moderate drinking is okay" message of the law.

The organisation has produced a 'Know your limit' guideline to be propagated in bars and restaurants via posters and coasters. The guideline's rule of thumb, based on data from the Institute of Environmental Science and Research (ESR), suggests most men can have three standard drinks in two hours and women can have two standard drinks over two hours.

Many in the health sector have dismissed 'Know your limit' because they say it encourages drinking and driving. HNZ says it's simply doing its job by restoring clarity around how Kiwis can enjoy a drink or two while socialising without breaking the law.

Will 'Know your limit' remove confusion and save lives or could it cause more harm? Do we even need such a guide, and if so, just whose job is it to define safe drinking levels before driving?

and serious injury are from blood alcohol levels much higher than 0.05.

HNZ does not deny that people come in all sizes and metabolisms and has deliberately made the guidelines conservative. Its "three over two" and "two over two" allowances are slightly below ESR's official recommendations, which would allow an extra half to full drink for both men and women.

But any suggestion that the guidelines only add confusion because everyone is different in how they process alcohol won't stand. By that reasoning, no one should ever produce any guidelines. The fact is we all understand the concept of guidelines and that an individual may need to adjust them for themselves if they know they differ from the average. For example, if I'm a very skinny girl not eating anything while I'm out, I might be wisest to stick to one drink

over my two hours at the pub. The guidelines will help me do exactly that by making it clear what quantities of various alcoholic beverages are safe for me.

In Robertson's words, "It is perfectly legal for an adult to have a drink and then drive... We believe responsible people, given responsible information, will make responsible decisions. That's the vast majority of New Zealanders."

The alcohol industry receives a lot of flak for its behaviour, and much of that may be justified, but 'Know your limit' does not deserve such criticism. It's as clear a guide as there can be to help the vast majority of New Zealanders stay responsibly within the law.

and driving in existence since 2013 but has not done a brilliant job of making them accessible to the public. And, of course, there's individual responsibility. It's my job to make sure the amount I drink keeps me under the limit rather than "just having a couple", as Bruce Robertson suggests, and then hoping for the best.

And the alcohol industry?

If HNZ is so concerned about the wellbeing of drinking patrons, perhaps it should put less effort into encouraging people to drink as much as legally possible before driving and a whole lot more effort into helping licensed premises give clear information about how much alcohol is in every drink they serve.

People out socialising enjoy being able to choose from a variety of drink sizes, strengths and mixtures, so we're not suggesting each serving must contain no more than one standard drink. But how hard would it be to make it clear that a typical pint of this particular lager or a typical glass of this particular wine as

served in this particular establishment contains this many standard drinks? A column could be added to wine lists, bar staff could have a chart to consult when customers ask and taps for the most popular beers could include alcohol content per serving on the handle.

No doubt this would result in agitated squeals from the industry about extra costs and dire warnings about how much more people would have to pay when dining out, but we've heard such squeals before. Similar requirements are made of the food industry because it's important consumers have a clear choice about what they put in their bodies. Drinkers are just as entitled to that sort of clarity when out socialising, especially before driving.

The truth is it wouldn't cost anyone an arm and a leg, but the industry not owning up to this responsibility could cost drivers a whole lot more than that.





Drugs can tear families apart. So too can the laws that police them. But family can also motivate users to put their lives back together again, writes Patrick Hilsman.



PATRICK



amantha\*, who works full-time as a security guard in a large store, goes to the Bellevue clinic in Kips Bay, Manhattan, once a week to pick up her supply of

methadone. She's permitted to pick up her whole week's supply in one go because she has tested negative for heroin and other illegal drugs for years. Sometimes, she takes her 12-year-old daughter with her.

"It's kinda scarv. She hasn't asked questions, but I know there will be a day that she starts, and I wanna be able to answer."

Still, Samantha, who is now in her 40s, is happy that she can be a good mom to her daughter. She feels like a different person from the woman who was addicted to heroin and lost custody of her children from her first marriage.

Samantha's story with drugs began with that unhappy marriage. She grew up in Queens and married her first husband

at 17. By the time she was 23, she had three sons and realised that her relationship wasn't working.

"I was miserable, but I couldn't leave because he had a lot of money," she says. "I had three kids and had dropped out of school, no education."

A prescription to Tylenol with codeine following a knee injury felt like "a godsend", she says. "Not only did it take away my physical pain, but it took away my mental pain. It was OK to stay in the house, it was OK to stay in the marriage."

Her then doctor was more than happy to feed her habit, even as she needed more and more pills to get high.

"He kept saying, 'Whatever you do once you leave my office is your business," Samantha recalls. "Then he'd push the prescription pad towards me and say, 'I take tips.'" She would typically hand over a \$50 "tip".

Before long, Samantha had prescriptions all over Queens. She was taking up to 90 pills of various kinds of opioids daily.

I don't want her to follow in my footsteps. She hasn't seen me using or getting high, but my other kids... I'm so scared they will become addicts because of me. Being a mother, whatever your kids do, you put the blame on yourself. ">>

But eventually, her doctor was investigated and shut down. That's when she began using heroin instead.

Her family soon discovered this and disowned her, and she lost custody of her children. Her mother-in-law was particularly cruel.

"One day, she called me and made me listen to a conversation she was having with my son, and she didn't tell him I was on the line. I kept yelling, 'Jimmy, it's Mom!' She laughed and said, 'You'll never see them again.'"

Samantha later remarried – to another person who used heroin - and continued injecting heroin during her pregnancy and the first year of her daughter's life.

The day in 2006 when she tried to make her second husband stop using is the day she got arrested.

"He was high in the hallway, and I took his stuff and said 'Let's go to detox,'" she recalls. "I took his pipe; I took his needle. I stepped out in the hallway, and the cops were there. They arrested me 'cause I had the stuff – and he walked! I was so pissed!"

Sitting in her jail cell, she realised she was on her own after her husband kept promising – and failing – to appear with money and clothes. She realised that she didn't want other people raising her children.

"I told myself when I got out I was gonna do the right thing. It took a while, it was hard."

She was sentenced to 45 days in Rikers Island. Her experience in this notorious jail solidified her desire to quit heroin for good.

"I looked at these women, and it was a revolving door for them," she says. "They were all buddy buddy with the COs [correctional officers]. I was looking at them, and I was like, this isn't who I was born to be. I thought about my boys. It was already too late. They were gone and adopted."

After her release, Samantha had nowhere to go but a homeless shelter. She briefly relapsed. But then she heard about the methadone programme administered from Bellevue. The pain and regret of losing custody of the children from her first marriage motivated her to seek help so she could keep custody of her daughter.

"I had to go to parenting classes, I had to go to the treatment programme, methadone management, one-to-one therapy," she says. "At the end of it, the judge said, 'You have restored my faith in reunification of family."

Samantha still faces some serious challenges. She's made great strides in her professional life – gaining important certifications - but she still lives in fear that her past addiction and current treatment programme will be discovered. "Work doesn't know! They can't fire me [based on her involvement in the methadone programme], but I think they would find a way to fire me."

Samantha's third and current husband also quit using heroin. But he has used benzos problematically a few times in the past year - a binge every three months or so. Samantha's daughter has noticed this, and it bothers her.

"She says, 'Is he coming home as a human being or an alien?"," Samantha says, while stressing that her husband is "a great father" to her daughter. "He is doing right by her. But I don't want her to see me settling, 'cause I don't want her to settle in life."

Despite her worries and troubles, Samantha has an optimistic outlook and is deeply proud of her daughter. "When she smiles, it brightens up my whole world. She's the love of my life. She sings, she dances, she's on YouTube all the time. She's very creative and talented."

Above all, Samantha doesn't want her daughter or any of her children to experience problems with drugs. "She knows some things. I don't want her to follow in my footsteps. She hasn't seen me using or getting high, but my other kids... I'm so scared they will become addicts because of me. Being a mother, whatever your kids do, you put the blame on yourself."

Her attempts to reconnect with her other children didn't go as well as she'd hoped. "I guess I expected things to go back to where they were. But they're grown now, so they don't need me, and it's hard for me to accept. They didn't get to say much about how they felt. We did exchange emails."

And while she accepts responsibility for losing custody of her sons, she wishes that Child Protective Services would explore more options for families.

"I would like them to try helping before yanking the kids. I wish there were more programmes where mothers can go get help with their kids instead of separating them, because what good is taking a child away? You're instilling more of that hurt and failure. I understand children are not getting the care they would normally get, but I do think there are good mothers [using drugs] who don't deserve to have a kid yanked."

Although Samantha is still in some ways trying to come to grips with her difficult past, she presses forward positively. "I'm sorry for the hurt along the way," she says. "But I definitely like who I am today. I like myself."

\*Name changed to protect her identity.

This article was originally published by TheInfluence.org, an online publication covering the full spectrum of human relationships with drugs.



### **Greg O'Connor**

Greg O'Connor has seen a lot of change since he was elected New Zealand Police Association President in 1995. Ahead of his retirement from presidential office in October 2016, Matters of Substance sought his thoughts about drug policy.

Q New Zealand has changed a lot since you were elected President. What trends around alcohol and other drugs stand out to you?

A Methamphetamine has undoubtedly been the big game changer. I was a Police officer in Wellington in the late 1970s when heroin was a major issue, characterised by large numbers of overdose deaths and people addicted to drugs committing crime. The demise of the Mr Asia syndicate in 1980 meant that, until the mid-1990s arrival of methamphetamine, New Zealand had very little 'white powder' illicit drugs

available. Old criminal informants of mine then began telling me about changes to the drug scene such as the prevalence of P, pushed by the biker gangs. Very shortly, all levels of gangs - from ethnic gangs at street level, biker gangs at mid and manufacturing level and Asian crime gangs at the importing level - had become involved in the market. Today, much of the crime Police deal with has a P element to it, especially the violent crime. The difference with a methamphetamine-type substance is the effects of the drug itself that causes the problem, as opposed to most other drugs where it is the addiction and need to feed it that causes most of the associated crime issues.

#### Q Alcohol abuse and the problems it causes are rife. Can more be done to minimise harms?

A The other major change has been around liberalisation of alcohol laws. Whatever the discussion around illicit drugs, alcohol remains far and away the major problem for Police and society. Price, availability and promotion of alcohol are all issues. The theory that liberalisation would lead to a more responsible drinking culture left one important factor out - the business of alcohol is about increasing markets and sales, and a largely unfettered market has successfully achieved just that. The only places where successful regulation of drinking practices is possible, the bars and licensed premises, are not generally the places where the problems occur. Pre-loading with cheap alcohol and other off-premises drinking are where the real issues lie for Police. And that is without considering the long-term health implications and the domestic violence associated with drinking outside regulated premises in particular.

#### **Q** What are your views about shifting to a more health-focused drug law?

A In my opinion, all the focus on drug and alcohol policy should be about health, both of the individual and society. We should balance the damage that is likely from the inevitable short-term increase in the amount of drug use from legalisation of drugs against the damage done to society by the same drugs being illegal and supply and quality being left in the hands of unregulated criminals. Mexico is a very good example where the damage of the illegal drug trade is turning Mexico into a narco state. The crime damage would appear to vastly outweigh any

likely damage to individuals from legalising drugs.

Other issues where a health focus would be important are quality control and access to treatment. I think our synthetic cannabis laws are a good example of the success of a health approach. It was much easier to achieve because the industry was legal and dominated by legitimate business people. When the regulation required them to prove substances were not harmful, they couldn't, and they mostly left the industry. There is some criminal supply still, but it's no longer the problem it was before regulation.

#### **Q** What can we learn from states where cannabis has been made legal?

**A** I have spent time in The Netherlands and in Colorado looking at their cannabis regimes. They are quite different in that cannabis in The Netherlands is not legal, just 'permitted', but the supply to the 'coffee shop' trade has not been legalised and remains largely in the hands of criminals. In Colorado, everything is legal and heavily regulated supply-wise from 'seed to weed'. In my view, decriminalisation does not remove the issue of illicit supply, whereas the Colorado legalisation of the trade achieves what I believe should be one of the primary strategies of drug policy - to make it safer by taking the trade out of the hands of criminals. It also introduces an element of quality control.

I am not advocating legalisation but do believe that, if we were to liberalise our cannabis laws, the main reason should be to get the criminals out of the business, and only full legalisation and regulation does that. Otherwise, we risk increasing consumption only and, in doing so, increasing the power and sphere of intimidation of the criminals involved in the still illicit supply.

#### **Q** More pre-charge warnings are being issued for minor drug possession offences. Is this a good direction to head in?

A Pre-charge warnings diminish the seriousness of the offending in the eyes of users, so it should never be an isolated policy. Decisions to apply a pre-charge policy should be accompanied by other policy around treatment and supply. In my mind, it is silly to be talking tough about dealing with drug dealers while at the same time becoming more liberal about use, as though the two things are somehow unrelated and can be decoupled.

# Is P lurking behind **New Zealand's white** picket fences?

**■ It's a nightmare scenario** for a new home owner. You borrow a pile of money to buy a house and then discover, after talking to the neighbours, that your new property has been used as a methamphetamine lab. ""



growing number of property owners and potential buyers are testing houses for methamphetamine contamination as public awareness of

the issue grows. Mythbusters investigates whether the concern is justified.

It's a nightmare scenario for a new home owner. You borrow a pile of money to buy a house and then discover, after talking to the neighbours, that your new property has been used as a methamphetamine lab, leaving it contaminated with dangerous chemicals. This might seem like a horribly unlucky, and unlikely, situation, but the problem of meth-polluted homes is real - the question is whether it's on a scale that should cause sleepless nights to home buyers, tenants and landlords.

There have been some alarming reports in recent months, such as a Stuff story from November 2015 reporting the number of state houses tainted by tenants' use or manufacture of P has "skyrocketed" with 174 homes needing decontamination in the first quarter of this financial year. Housing New Zealand Chief Executive Glen Sowry is quoted in the story saying meth contamination is "a significant and growing issue for all landlords".

As public concern rises, business is booming for a growing number of companies in the meth testing and clean-up industry. Miles Stratford, Director of MethSolutions, says his company carried out twice as many tests in 2015 as it did the previous year - at more than 1,700 properties. About 40 percent of them had positive results, either from use or manufacture of the drug in the property. He believes a backlog of affected properties from the past decade is only now coming to light as testing becomes more common. He worries this

could be more serious than the leaky homes crisis.

Hill Laboratories, one of the country's biggest independent analytical testing labs, started processing meth test samples just three years ago, but they are now a growing part of its business. Client Service Manager Environmental Graham Corban says the rate of positive results is surprisingly high.

"We're seeing 75 percent of samples that are positive and 28 percent that are over the Health Ministry's guideline level."

However, he warns this could be misleading because there are often multiple samples taken from the same property, and it is probably being tested because of suspicion it's been affected. Corban says, rather than meth use increasing, perhaps more tests are being done and the systems are better for picking up contamination.

How many houses can there be with a toxic history when official figures show meth use in New Zealand has remained static for the past few years at about 0.9 percent? The problem is that, once meth has been used or manufactured in a house, the chemical residue can seep into carpets, furniture, gib, insulation, ventilation systems and drains and can linger there indefinitely unless the property is thoroughly decontaminated.

Clandestine labs used to cook up methamphetamine have been found in houses, garages, motel rooms, business premises and vehicles. Between 2000 and 2012. Police discovered more than 1.800 of them around New Zealand, A record 211 clan labs were found in 2006, but the total tracked downwards to 94 in 2012. Yvonne Powley, who chairs the Auckland Regional Methamphetamine Working Group, says Police can only uncover the tip of the iceberg. "The meth makers are very mobile, they go from place to place, so the problem keeps increasing every year. It is a big

issue. The impact on people who discover they're renting or have purchased a contaminated property is huge."

Apart from the financial cost, from a public health perspective, long-term exposure to methamphetamine lab chemicals or byproducts can result in liver or kidney damage, neurological problems and increased risk of cancer. Even at low levels, long-term exposure can cause respiratory irritation and anaemia. Children are particularly vulnerable because they have a lower tolerance and are more likely to come into contact with contaminated surfaces.

Companies in the meth testing and clean-up industries have an interest in encouraging unease about contamination, and it is difficult to get a reliable fix on the extent of this hidden issue. At present, local authorities will note meth-contaminated properties on the Land Information Memorandum (LIM) database if they are notified about them, so probably only a fraction of the total number of properties affected are officially recorded. Landlords can call in a discreet decontamination company to clean up their property without having to report it to local authorities.

There won't be former P labs lurking in every neighbourhood, but the problem is a health concern, like other hazards such as asbestos. While the total number of houses affected is unknown, it could be a sensible precaution, especially when there are young children to worry about, to arrange a meth test before buying a new house, particularly if it is a former rental property. Getting samples taken and having them tested at an independent lab can cost a few hundred dollars, and if the result is positive, forensic testing is about \$3,000. This is much cheaper than decontamination, which can cost between \$15,000 and \$50,000, according to Housing NZ estimates.



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