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

Moving to a healthy drug law by 2020

The Drug Foundation has developed Whakawātea te Huarahi - A model drug law to 2020 and beyond. It's intended as a conversation starter, and is based on international experience and New Zealand's unique needs. Take a look then share what you think.

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An Aotearoa Free from Drug Harm

COVER: A model drug law to 2020 and beyond

£1BILLION

FEATURES

REGULARS

Become a member

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

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

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

Membership and subscription enquiries
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or visit our website.

www.drugfoundation.org.nz

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THE DIRECTOR'S CUT

W

ROSS BELL
Executive Director

Women's suffrage. Conquering Everest. Nuclear free. Treaty reconciliation. These are all proud moments in Aotearoa New Zealand's short history, but they all happened a wee time ago.

Don't you think it's about time we added another landmark achievement to this list? And can I be so bold to propose that comprehensive drug law reform be our next proud moment?

Let's imagine a new Aotearoa New Zealand where we approach our drug problem in a more sophisticated and compassionate way, where we invest in the potential of young people instead of burdening them, where we equip our Police to better prevent crime, where we empower our communities to look after those with drug use disorders.

The Drug Foundation's vision is for "Aotearoa New Zealand free from drug harm".

For us, this means we not only tackle the direct harms from a person's alcohol or other drug use, we also seek to remove the harms created by our drug control systems and laws.

Changing our drug law is the next step we should take to free ourselves from the harm of conviction, of shame, of discrimination, of stigmatisation.

How should this be done?

We have long engaged in public discussion and debate about what a 'health first' approach to drug law might look like in a fairly general sense. It's now high time to talk specifics.

We're hosting a major parliamentary symposium this month to hear from international colleagues about how they implemented drug law reform and discuss amongst ourselves how we can eliminate the harms currently created by our law. The cover story in this issue lays out our case.

We're also releasing a proposed model drug law, which – because of our impatience – we want in place by 2020. Yes, this is only 3 years away, but we're not starting from scratch.

Our model draws heavily on the Law Commission's earlier Misuse of Drugs Act review (which proposed a model of health referral instead of criminal convictions and of removing any legal barriers to innovative harm-reduction practices) and on the existing Psychoactive Substances Act (which imposes strict public health regulation over lower-risk drugs). Our model also demands new spending in education, harm reduction and treatment – elements of Aotearoa New Zealand's current drug policy that have been limited by a long-term lack of investment.

Let's not let any pre-election short-term political anxiety prevent us from following that new direction. Indeed, it's been welcome to see in the last few months a number of political parties happy to engage in very public discussions about reform. But we still need to find a way to help those larger parties from overcoming their shyness.

We want your feedback on our model drug law. We'll be holding public meetings over the rest of 2017, and you are also welcome to comment via our website.

Happy reading.

SOCIAL

@FullFrontalSamB You're not going to believe this, but we found proof that the War on Drugs is racist. #SamanthaBee ... JUN 9

@NewshubPolitics .@paulabennettmp has admitted the "Westie" in her wouldn't mind marijuana being legalised – for medicinal purposes ... JUN 9

@robhosking Election Year gods smiling mischievously. Medicinal cannabis *and* euthanasia bills win private members' ballot. #nzpol It's all on ... JUN 8

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KEY EVENTS & DATES

27-28 JUL 2017 — **The Australian Winter School: Connecting the alcohol and drugs sector, Brisbane**
winterschool.org.au

6-9 SEP 2017 — **Cutting Edge 2017: Addiction is Everybody's Business**
Te Papa Museum, Wellington
cuttingedge.org.nz

2-4 OCT 2017 — **Valuing Connections, Connecting Values: PHANZ Conference, Christchurch**
conference.co.nz/phanz17

4-6 OCT 2017 — **Mobilising for Change: Alcohol Policy and the Evidence for Action, Global Alcohol Policy Conference, Melbourne**
gapc2017.org.au

11-14 OCT 2017 — **2017 International Drug Policy Reform Conference, Atlanta, Georgia**
reformconference.org

6-8 NOV 2017 — **27th IFNGO Conference: Understanding Addiction, Treatment, Prevention and Harm Reduction Policy, Macau**

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NZ.

01 VAPING COULD BE LEGAL BY NEXT YEAR

The government plans to legalise sale of nicotine e-cigarettes (and nicotine e-liquid) by mid-2018.

The legislation will ban marketing displays and restrict sales to R18, but branding will be ok. Promotions and loyalty rewards will be allowed to encourage smokers to switch.

Associate Health Minister Nicky Wagner said current thinking is e-cigarettes are 95 percent less harmful than regular cigarettes and that this was an opportunity to see whether the move would reduce tobacco smoking.

The Drug Foundation welcomes the change but advises a cautious approach to advertising. 95 percent safer than outright poisonous is still harmful, and overly glamorised images could compel regular smokers to light up.

02 Less trouble in Balclutha since alcohol ban

BALCLUTHA POLICE Sergeant Robin Hutton says disorderly behaviour and alcohol-related incidents in the CBD have reduced by 31–35 percent since the Clutha District Council's 2014 liquor ban, which was extended in 2016.

The only places where incidents had not reduced were around public bars, which Sergeant Hutton says is no surprise.

He said installation of CCTV cameras in central locations had also helped.

03 Study finds young women binge-drink 24 litres of RTDs a year

24L PER YEAR

A MASSEY University study finding women aged under 24 who buy RTDs drink around 24 litres a year – more than the heaviest-drinking group of males – has renewed calls to restrict alcohol advertising and sponsorship.

Alcohol Healthwatch Executive Director Dr Nicki Jackson said binge-drinking was putting young brains at risk and increasing the risk of alcohol spectrum disorder should a young woman become pregnant.

She said restricting the amount of brand advertising and reducing off-licence hours were two ways to control binge-drinking and that research showed a link between liking brands and drinking at a younger age and then drinking heavier quantities.

04 Mental health review

MORE THAN 500 New Zealanders have told the government it's getting harder to access mental health services.

The People's Mental Health Review was an online anonymous survey, carried out by independent group Action Station. The report produced by the review recommendations included an urgent funding increase, independent oversight and a Royal Commission of Inquiry into mental health services.

Meanwhile, the government's recently announced Mental Health Addiction Workforce Action Plan has been greeted with some scepticism. The Ministry of Health admits many people are not accessing services, but Health Minister Dr Jonathan Coleman said $7.5m would be invested with a focus on early intervention.

RESOURCE

http://nzdrug.org/2rBaU5n

05 Lotta Dann now 'going within'

IN MAY, Living Sober signed up its 5,000th member as the online community's leader Lotta Dann launched her second book, *Mrs D is Going Within*. Her first was *Mrs D is Going Without*.

In the book, Dann shares her personal practices and strategies in the hope they may help others.

Drug Foundation Programmes Manager Nathan Brown says being able to transform a private challenge into a positive social experience is a powerful tool for recovery.

Living Sober is a collaboration between Dann, the Drug Foundation, Matua Raki and the Health Promotion Agency. It encourages not just women but anyone to exchange experiences about how alcohol has affected their lives.

06 Medical cannabis law making heats up

MEDICAL CANNABIS will be debated in parliament, after Green MP Julie Anne Genter's Members Bill to legalise and restrict the use of medical cannabis was pulled from the ballot last month.

"We've seen a change in public attitudes about medicinal cannabis in recent years, thanks to the many brave people who have spoken out about their experiences," she said

"The Bill is based on the best evidence of how to improve mental and physical wellbeing and minimise harm."

Meanwhile, Labour Leader Andrew Little said Labour would legislate for medicinal cannabis if elected. He said cannabis products should be available to anyone suffering chronic pain or a terminal condition if their GP signed off on it.

Labour MP Damien O'Connor has drafted a Bill that would shift decision making away from the Health Minister to GPs and medical professionals.

07 Mob president takes on the Crown

FOLLOWING TOM Hemopo's successful Waitangi Tribunal claim against the Corrections Department, many await the outcome of Mongrel Mob president Rex Timu's claim against the health system.

Timu has accused the Crown of systemic racism, saying it has failed to provide care and rehabilitation for Māori and is not doing enough to reduce meth use.

He says he has reduced meth use amongst his members from 80 percent down to 10 percent, so the government has no excuses for its failure.

08 Whanganui LAP would tighten alcohol rules

THE WHANGANUI District Council is developing a local alcohol policy they hope will reduce alcohol-related harm in the district.

The draft policy proposes limiting off-licence number, barring new off-licences near sensitive sites, 'one-way door' restrictions one hour prior to licensed closing hours, and maximum trading hours for licensed premises.

The proposed policy is backed by Police and health and community groups, but liquor sellers, including supermarket chains Foodstuffs and Progressive Enterprises, opposed the 9pm closing restrictions for off-licences.

09 Stress overtakes drugs and alcohol as biggest challenge for youth

A YOUTHLINE survey has found assignments, exams and finances are the biggest stressors for students – not drugs and alcohol, as often thought. Lack of acceptance, bullying and suicide were also named as key challenges.

Youthline Marketing Information and Communications Manager Briana Hill said the results were consistent with international findings.

University of Auckland School of Psychology Associate Professor Kerry Gibson said life was harder for young people today as they faced unrealistic expectations, uncertain financial futures and a much more complex social world.

10 Tenancies Amendment Bill misguided on meth

IN MAY, the government introduced an amendment Bill that would change the Residential Tenancies Act to help ensure meth contamination (among other things) is better managed. It says meth contamination is a "significant issue".

The Bill would give landlords easier access to test for meth, and tenants will be able to terminate their tenancy if unsafe contamination is detected. Meanwhile, Standards New Zealand is working on appropriate contamination thresholds, which will be legally enforceable.

The Drug Foundation has serious reservations and believes the testing industry is playing on the current meth hysteria to make a buck. Executive Director Ross Bell says giving new guidelines legal status is pointless if those carrying out the tests are not properly trained or regulated.

"This industry should have to meet certain standards set by the government around how tests are conducted and how they are analysed and interpreted," he said.

Bell is also concerned about the science behind the guidelines and that we're the only country going down this route.

World.

01 URUGUAY: CANNABIS FULLY LEGAL FROM JULY

Uruguay has become the first country to fully legalise recreational cannabis from production through to sale. Pharmacies will start selling it in July, but buyers must sign up, submitting their fingerprints, to ensure they do not exceed the monthly maximum purchase of 40 grams.

The cannabis is grown at secret plantations by private companies regulated by the state and will cost less than half what it costs on the black market.

Meanwhile, Chile has become the first country in Latin America to sell cannabis-based medicines at pharmacies. The pilot programme is financed by an alliance between Chile's Alef Biotechnology and Canada's Tilray under the supervision of the Chilean National Health Institute.

02 Scotland: Poorest at greater risk from heavy drinking

UNIVERSITY OF Glasgow researchers have found heavy drinkers from deprived areas are at greater risk of dying or becoming ill due to alcohol consumption.

Compared with light drinkers in advantaged areas, excessive drinkers were seven times at risk of an increase in alcohol harm. Excessive drinkers in deprived areas were 11 times at risk of an increase.

Lead author Dr Vittal Katikireddi said it suggests that poverty may reduce resilience to disease.

03 Australians worry about alcohol abuse

78%

WORRY about excess drinking

A FOUNDATION for Alcohol Research and Education (FARE) poll has found 78 percent of respondents believe Australia has a problem with excess drinking. 92 percent thought alcohol and domestic violence were linked, and 35 percent said they have been affected by alcohol-related violence.

FARE Chief Executive Michael Thorn said, despite this, many Australians were resistant to changing their behaviour.

"We know what the solutions are. Fix the way alcohol is taxed, reduce its availability and cut back on the way it is promoted."

The survey also found most people believe the alcohol industry should be held responsible for alcohol harm, but Alcohol Beverages Australia dismissed the poll as sensationalist and lacking in evidence.

04 Myanmar: More health-centred drug policy foreshadowed

LAST MONTH, a draft Bill proposing amendments to Myanmar's Narcotic Drugs and Psychotropic Substances Law was published for public consultation. It notably foresees that drug users will be offered treatment and rehabilitation instead of lengthy prison sentences.

Dr Nang Pann Ei Kham from Myanmar's Drug Policy Advocacy Group said she hopes the country's current repressive approach will be replaced with drug policies based on human rights, public health and sustainable development.

"We welcome the government's intention ... but to be successful, it will be equally vital to ensure that health and social interventions for drug users are truly voluntary and evidence-based."

05 Nearly 95 percent cut for Drug Czar office

DONALD TRUMP promised to rid America of the scourge of drugs, crack down on dealers and invest heavily in programmes to get heroin and other opioids off the streets.

But in May, his administration revealed plans to gut the 2018 budget of his Office of National Drug Control Policy by about 95 percent from $388 million to just $24 million.

The cuts would mean the office could lose up to 33 employees. The budget would also eliminate grant programmes it administers, including the High Intensity Drug Trafficking Areas Programme and the Drug-Free Communities Support Programme.

06 World health organisations oppose revived TPP talks

MĀORI HEALTH workers and international health organisations are calling on the remaining trade ministers of the Trans-Pacific Partnership Agreement to stop revival talks. Their concerns include negative impacts on people's right to health, such as access to affordable medicines, and the influence of tobacco companies.

"Tobacco industries may turn around and say well that's cut into their profitability and take the countries to court in these tribunals that are extra-judicial to our own judicial systems," said Doctors of Healthy Trade spokesperson Dr George Laking.

But New Zealand Trade Minister Todd McClay said New Zealand consumers will not pay more for medicines as a result of TPP and that it includes a specific carve-out restricting tobacco companies from taking action against a member country in relation to tobacco and public health.

07 Italy's community-based naloxone approach a success

ITALIAN PHARMACIES have made naloxone, a medication that blocks the effects of opioids, available without prescription since 1996, and it has been used by harm-reduction services there since 1991.

However, a new report published by Forum Droghe shows community-based harm-reduction services have been most effective in getting naloxone into the hands of those who need it.

Researchers surveyed 204 individuals who claimed to have "used an opiate at least 10 times in the past 12 months". Only one claimed to have bought naloxone in a pharmacy as their normal practice, and only four claimed to have ever purchased naloxone in a pharmacy. Conversely, 84 percent of those surveyed said their regular naloxone sources were local harm-reduction services.

08 Australia: Why tough love won't help

THE AUSTRALIAN Government is planning to drug test 5,000 welfare recipients in three locations based on the presence of drugs in wastewater.

Those testing positive will be placed on a cashless debit card that cannot be used for alcohol, gambling or cash withdrawals. A second strike warrants a referral to a doctor for treatment, and a third sees welfare payments cancelled for a month.

But Adjunct Professor at the National Drug Research Institute Nicole Lee says restricting income and expenditure will not stop people using drugs and would create a number of unintended consequences.

"This proposal doesn't address any of the broader social risk factors that maintain drug use and trigger relapse: mental health issues, disrupted connection with community, lack of employment and education, housing instability and poverty."

09 Canada: Drug reporter team receives award

RIGHTS REPORTER Foundation (RRF) members István Gábor Takács (Video Manager) and Peter Sarosi (Executive Director) received the International Rolleston Award from the board of the Harm Reduction International Conference in Montreal in May.

Sarosi said there are more activists making videos than ever before, referring to the programme of the Drugreporter film sessions at the conference, where as many movies are produced by drug user activists as by professional film makers. Many such activists were trained by RRF.

He also urged participants not to leave behind those activists and professionals who work in countries where harm reduction is in decline.

10 UK: Plans to raise £1 billion by taxing legal cannabis

£1B

BRITAIN'S LIBERAL Democrats unveiled a dramatic manifesto pledge to let shops and social clubs sell cannabis, raising up to £1 billion in tax. They are thought to be the first major political party to campaign on a platform of legalising cannabis, something the government has refused to do.

The manifesto promises to "break the grip of criminal gangs" completely and legalise cannabis for people over 18. After winning just 12 seats in Westminster in the June election, delivering on this promise is very unlikely.

Whakawātea te Huarahi

A model drug law to 2020 and beyond

In line with our mission statement to be a catalyst for action, the NZ Drug Foundation has developed a new model drug law based on evidence and the experiences of other jurisdictions. We believe it makes a lot of sense and would go a long way towards reducing drug harm. What do you think?

“In 2017, the time is ripe for us to set a new course and make real our vision of an Aotearoa free from drug harm.”

New Zealand prides itself on being a trailblazer in progressive reform: think marriage equality, the anti-nuclear act, the welfare state and women’s suffrage.

In 2017, we again have the chance to lead the way by burying the failed War on Drugs and putting health at the core of our drug laws and policies.

Both in the political and the public spheres, we have many areas of consensus to build on. For example, we all agree that drugs can – and do – cause harm to some individuals and to wider society. A key goal of law change, therefore, should be to reduce the risk of harm.

There is also sweeping agreement that our current drug control efforts are themselves causing harm. In a democratic country, punishment should be proportionate to the injury caused by the crime.

This is not the case at present. What we have is a regime that burdens young people with drug convictions that stay with them for years and sometimes for their lives. This makes it difficult – if not impossible – for them to obtain jobs and participate fully in society.

On top of that, drugs cost us a lot. The New Zealand Drug Harm Index estimated the total social cost of illicit drug-related harms at $1.8 billion in the 2014/15 year.

In that year, the Ministry of Health spent $78.3 million on interventions, while the Police, courts and Department of Corrections spent $273.1 million, mostly on enforcement of our laws.

Money is accordingly being used on ineffective attempts at enforcement rather than being spent constructively on a health-focused approach. We would reverse the ratio of spending.

The public is ready to support change. A poll commissioned by the NZ Drug Foundation last year found 64 percent of respondents believe possession of a small amount of cannabis for personal use should either be legal (33 percent) or decriminalised (31 percent).

The results confirm a shift in the community’s mood: regardless of party affiliation, there is consistent support for moving away from the current criminal justice approach to drugs.

We also have growing political support for a new approach, including progressive drug policies developed by United Future, the Greens and The Opportunities Party.

We are fortunate that reforming our drug law does not require us to start from scratch. Within the confines of the Misuse of Drugs Act 1975, we are already under way with positive change.

Excellent drug harm-reduction policies we currently have in place include our needle exchange programmes, opioid substitution treatment, Police warnings and diversion for minor offences and the Alcohol and Other Drug Treatment Court, Te Whare Whakapiki Wairua, in Auckland.

There are also iwi and community justice panels operating in some parts of the country. These provide a constructive means of dealing with minor offending.

On top of that, a lot of the thinking needed to underpin a new, health-based approach to drug regulation has already been done. The Law Commission spent four years researching and consulting the public about drug laws between 2007 and 2011.

More than 3,800 submissions were made on its review, meaning that a very broad cross-section of New Zealand was canvassed before the Commission released its final 350-page report.

The Commission made 144 detailed proposals for reform, including calling for repeal of the Misuse of Drugs Act and its replacement with a new law administered by the Ministry of Health.

The report recommended adopting a more effective approach to personal drug use by directing people away from the criminal justice system and into education, assessment and treatment.

New Zealand’s National Drug Policy 2015–2020 dovetails with that approach. It aims to prevent and reduce the health, social and economic harms linked to drug use and to promote and protect health and wellbeing.

The policy regards drug use as a health and social issue and emphasises health-based approaches. This makes it a good springboard from which to launch change.

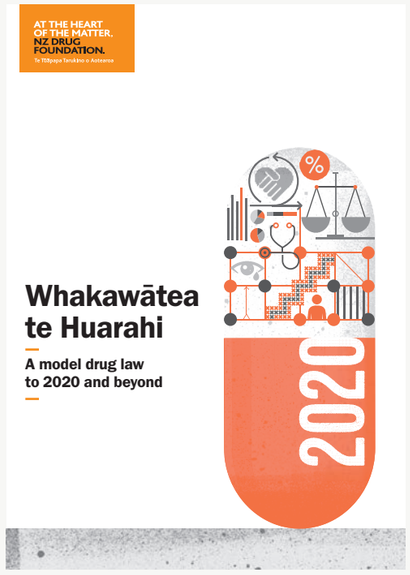
Model drug law

In 2017, the time is ripe for us to set a new course and make real our vision of an Aotearoa free from drug harm.

So we’ve come up with a model drug law that is about just that. It is built on evidence, research and experience. But it is not our final say – it is a conversation starter. We want to hear from you about how we can improve it.

The model drug law we propose has five key goals (see right), including safer communities as a result of less drug-related crime and minimising the harm individuals, whānau and the community experience from drug use.

These aims have been developed from community workshops we have held around New Zealand over the past year, and they also mesh well with international research on drug reform.



Whakawātea te Huarahi
Clearing the pathway forward

‘Whakawātea’ means to clear, free up, cleanse or purify spiritually, while ‘huarahi’ is a pathway, road or track. For us, the t itle “Whakawātea te Huarahi” signifies a fresh start for the debate on drug policy and a sense of movement towards a better future.

Model drug law proposal

5 GOALS

Goals	For example
1 Minimise the harm caused by drug use	• Young people have special protection from harm . • If people decide to use drugs, they start later and use less. • Anyone can access treatment when they want it. • The law makes it easy to take action that reduces the harms caused by drug use.
2 Respect human rights	• Penalties for drug-related behaviour are proportional to the harm caused to others. • People who use drugs have access to an equal quality of care in the health system.
3 Safer communities with less drug-related crime	• Drug-related crime is reduced by investing in prevention, education and treatment. • The black market is reduced, and no one profits by causing harm.
4 Equity for Māori	• Māori are integral to developing and implementing drug law. • Māori are not disproportionately impacted by laws. • If a regulated cannabis market is developed, the economic benefits are felt by Māori communities.
5 Policy is cost-effective and evidence-based	• Money is spent on what works to reduce harm – such as treatment rather than enforcement. • Regulations are as simple as possible and provide value for money.

Portugal has invested heavily in drug treatment and prevention. Mobile health workers hand out methadone, sterile needles and condoms. Portugal's drug-induced death rate is now five times lower than the European Union average.

Photo credit: Neil Moralee Street Shot Portugal flickr

"We support repealing the 42-year-old Misuse of Drugs Act and replacing it with a new law administered by the Ministry of Health."

Decriminalise use

The first part of our model drug law is based on the Law Commission's 2011 recommendations and the Portuguese model of reform. Portugal decriminalised the use of all previously illicit drugs in 2001 and invested heavily in prevention, treatment and harm reduction.

Drug use is still prohibited in Portugal, but it does not result in criminal penalties in most cases. Portugal's experience has been that this approach has decreased drug use among young people, led to fewer people in jail and reduced HIV infections and overdoses.

We support repealing the 42-year-old Misuse of Drugs Act and replacing it with a new law administered by the Ministry of Health. Possession, use and social supply would be decriminalised, and possession of drug utensils would no longer be an offence.

As recommended by the Law Commission, Police coming across someone in possession of drugs would issue a caution notice, provide information about how to get help and confiscate the drugs.

After a set number of cautions – depending on the legal classification of the drug – a person would be required to attend a brief intervention session or be prosecuted. Brief interventions would involve a preliminary screening and a discussion about the risks of drug use and whether the person would benefit from social support or treatment.

People who failed to attend the brief intervention session would be prosecuted. As the aim is to keep the focus on improving health outcomes, the small number of people convicted would face low fines or the option of attending treatment programmes.

The model drug law would also require us to review and reclassify current scheduled drugs according to the harm they pose, as there are many inconsistencies in the current classifications.

We also think the current penalties for dealing and manufacturing drugs need review. For example, the current maximum penalty of life imprisonment for dealing in Class A drugs puts such activity on a par with murder, which we consider to be disproportionate.

Decriminalisation

- Replace the Misuse of Drugs Act 1975 with a new law administered by the Ministry of Health.
- Replace criminal penalties for possession, use and social supply of drugs with a health-focused system. Keep criminal penalties for dealing and manufacturing drugs.
- As proposed by the Law Commission, introduce a mandatory cautioning scheme for possession and use of drugs, with a focus on:
  - reducing the number of people introduced into the criminal justice system
  - ensuring those with drug use issues are offered pathways into treatment as early as possible.

Those found with Class A drugs would be issued with a caution and required to attend a brief intervention run by a community-based organisation. This would establish whether the person would benefit from further assessment and treatment, in which case, they would be referred for non-compulsory treatment. Those found with Class B drugs would be referred to a brief intervention at their second caution and those with Class C drugs on their third caution. Drug classes would be reviewed to ensure classifications accurately reflect likely health harms.

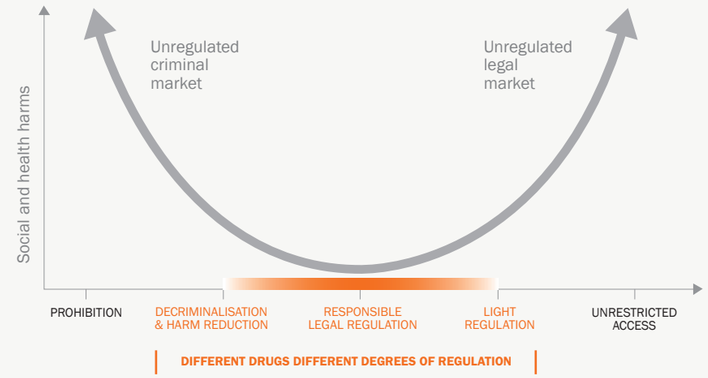
- Remove criminal penalties for the possession of drug utensils.
- Review the maximum penalties for drug dealing, manufacture and trafficking to ensure they are proportional.

"We want to avoid making the same mistakes that were made with alcohol and tobacco, where powerful industries with vested interests resist regulatory changes intended to put health before profit."

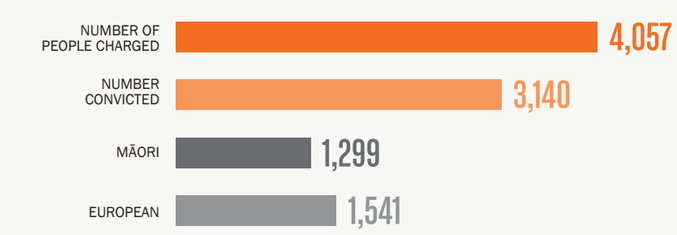
For more on decriminalisation see pages 4-5 of our model drug law

The alternative to prohibition does not have to be a free commercial market: there is a whole spectrum of different policy options, as shown by the Global Commission on Drug Policy's diagram right.

DRUG POLICY SPECTRUM



PEOPLE CHARGED WITH POSSESSION AND/OR USE OF AN ILLICIT DRUG OR DRUG UTENSIL IN 2015



We need to ensure cannabis packaging is fit for purpose and carries prominent health warnings.

“... we support plain packaging with health warnings, limited shop frontage advertising, no advertising outside licensed venues and no sponsorships or gifts. We don’t envisage seeing The Cannabis Shack netball or rugby team.”

Regulate cannabis

Our model also has a separate section covering cannabis. Social and cultural norms about cannabis are changing, as demonstrated by the 2016 poll and by the legalisation of cannabis in eight American states as well as some type of decriminalisation or legalisation in 44 countries.

We know that a majority of people use cannabis without serious health harm. However, a small proportion experience negative impacts such as anxiety, depression, memory loss and mood swings. Those with sustained use face long-term health risks such as respiratory disease (if smoked) and mental illnesses such as schizophrenia, at least for those who may be predisposed.

Cannabis also carries the risk of dependency in around one in 10 users. Heavy use by young people has been linked to poorer outcomes in education and employment as well as a reduction in IQ points, although the research on this is mixed.

We want to create a system that will make it more difficult for those under 18 to access cannabis than it currently is and will make it easier for anyone struggling with their use to access support. Our regime also aims to discourage mixing alcohol, tobacco and cannabis and to provide excellent prevention, education and treatment.

We believe this can be achieved by replacing our current prohibition system for cannabis with a regulatory system. This certainly does not mean open slather or a free commercial market. In an entirely profit-driven market, companies would target heavy users and increase harm from cannabis (as indeed occurs currently). For that reason, we need to regulate any market.

The NZ Drug Foundation’s proposal for a model drug law would start with very strict controls, which could be amended as appropriate over time. We want to avoid making the same mistakes that were made with alcohol and tobacco, where powerful industries with vested interests resist regulatory changes intended to put health before profit. It makes sense to start cautiously and monitor the impacts as we go.

We advocate for a regulated market for cannabis, which keeps health interests central. There is already a regulatory system set out in the Psychoactive Substances Act 2013 that could be modified to accommodate the development of a cannabis market. The purpose of that Act aligns perfectly – it aims to regulate the availability of psychoactive substances to protect health and minimise harm.

We propose that licensed premises would sell only cannabis, cannabis-related paraphernalia and plant seeds. Businesses would be prohibited from selling alcohol and tobacco alongside cannabis to minimise the risk of compounding harms or creating new cannabis markets.

The locations and opening hours of licensed premises would be strictly regulated. There would be no retail outlets near schools, for example. Communities would have a say in whether premises were permitted in their areas.

Workers in cannabis shops would have training in health issues relating to cannabis, such as keeping an eye out for signs of dependency. Only those over 18 would be allowed entry, and all products would be stored securely behind the counter.

From a purely health perspective, setting the age limit at 20 or even higher would be the best option. However, this would create avenues for a black market to flourish, as a large percentage of those who already use cannabis are between the ages of 18 and 20. It makes sense to align the cannabis age with the legal alcohol purchase age and then focus on minimising harm through health interventions.

We do not want to encourage the development of a wide range of cannabis products, as this could encourage new users, especially young people. It would go against public principles to allow THC gummy bears for sale or for people to sell

“In an entirely profit-driven market, companies would target heavy users and increase harm from cannabis (as indeed occurs currently). For that reason, we need to regulate any market.”

A regulated market for cannabis

Within strictly regulated guidelines, it would no longer be an offence to possess, use, grow or sell cannabis.

Cannabis would be sold at licensed outlets and from a single, regulated website

- Licensed shops sell only cannabis products and cannabis-related utensils. Outlets situated a minimum distance from schools, alcohol outlets and other cannabis outlets. Only over 18s allowed to enter, and no products or advertising visible from the street.
- Consumption of cannabis allowed only in private residences or by special licence at events.
- Territorial authorities issue retail licences based on a set of health-focused principles. Where they do not issue any licences, online sales fill the gap.
- Strict regulations around advertising. Sponsorship, gifting and promotional deals not allowed.
- Packaging is child-proof and includes health warnings, information on potency and how to access treatment.
- Online sales allowed through one Trade Me-style site only, under government oversight and regulation. Strict age checks both at point of sale (via RealMe, for example) and at delivery (courier required to check ID). The website would promote harm reduction, for example, facilitating health interventions for those using the most, and would collect valuable data on consumption levels.

Cannabis would be grown under licence or at home for personal use.

- Central authority licenses and regulates growers according to clear guidelines.
- Cannabis farms kept deliberately small-scale to promote community development.
- Individuals can grow up to three plants each (maximum six per household) for personal use.

System would be regulated under the Psychoactive Substances Act 2013 (PSA)

- The PSA already establishes a regulatory authority and a workable regulatory regime covering licensing, marketing, retailing and penalties for breaches. It could be tailored to regulate a cannabis market.
- Existing regulations could be altered to allow the sale of raw cannabis up to a maximum potency for anyone licensed to do so. Those wishing to sell products other than raw cannabis (such as edibles or concentrates) would apply separately for product approval to the regulatory authority established under the PSA.

Pricing and taxes

- To discourage harmful use, cannabis sales would be subject to minimum pricing. A higher price would apply to higher-potency products.
- A levy would also be payable on each purchase. Proceeds from levies would be earmarked to cover the cost of the regulatory regime as well as treatment, education and prevention programmes.

For more on how we would regulate cannabis, see pages 6-10 of our model drug law

Under our model, individuals could grow up to three plants each for personal use.

special brownies at farmers' markets, for example. Therefore, if edible products are to be available, these should be licensed for sale on a case-by-case basis. A licence could only be issued if manufacturers demonstrate a low risk of harm and meet other criteria.

We also want to keep profits in communities and stop Big Cannabis from gaining a stranglehold on the market. We would therefore restrict farm size by keeping each grower below a maximum number of plants. A government body would license all suppliers, but the number of suppliers and amount of product produced would depend on the market.

We support supply models that will enable disadvantaged regions to benefit from growing cannabis. This could be done by keeping licensing requirements simple and inexpensive and helping current small-scale suppliers move from the black market into a regulated market – for example, by providing pre-approved packaging and assisting with taxes and forms.

A levy would be taken at the point of sale, with the money collected going back into covering administration costs as well as education, treatment and prevention programmes.

Our model also provides for people to grow their own plants. We think three plants per adult, with a maximum of six per household, would be a reasonable number. There is no science to setting a limit on the number of plants allowed. Some jurisdictions – such as Washington State – allow none, while others allow six or more. Our compromise of three plants would allow people to grow enough for their own needs but not so much that a black market would be created.

"Portugal's success with its decriminalisation policies to a large extent rests on the fact it combined new drug laws with a hefty investment in prevention, education and treatment."

It is worth noting that, in New Zealand, people are allowed to grow tobacco and brew their own alcohol, but very few people actually do either. We envisage the situation would be the same with cannabis once the novelty of growing plants at home wore off.

Restricting advertising is a key way to reduce demand for a product, so we support plain packaging with health warnings, limited shop frontage advertising, no advertising outside licensed venues and no sponsorships or gifts. We don't envisage seeing The Cannabis Shack netball or rugby team.

We want to avoid the product looking too glamorous and exciting. At the same time, we do not want it to be so standardised that the black market steps in to fill already-existing niche requirements for products. For those reasons, it is important the growers can establish brands by displaying their logos and information identifying the provenance of the cannabis and its effects.

Licensed premises would be required to display public health information prominently, explaining to people how to moderate use and detailing how to access help for drug-use issues.

There would be a limited online market, possibly organised similarly to a Trade Me page. Obviously, there are risks that those under 18 could seek to purchase online, but these can be guarded against by ensuring that the person who accepts the product delivery is the same person named on the credit card used for the purchase. Another option would be using a RealMe account to prove identity.

Even in a legal market, there need to be penalties for not sticking to the rules. Once again, the Psychoactive Substances Act already provides a good model. This would mean those selling cannabis to people under 18 could be fined up to $5,000, while under 18-year-olds buying cannabis would face fines of up to $500. There would be penalties for manufacturing or selling without a licence and for making misleading licence applications.

The government would control cannabis prices to restrict demand – as it does for alcohol and tobacco. We suggest minimum pricing as well as a regime of levies that would be earmarked to fund treatment services.

We have learned from regulating the tobacco industry that keeping prices high is one of the key ways to reduce use. Cannabis would be taxed according to its potency. Those using higher-potency products are most at risk of harming themselves, so consumption of high-potency products would be moderated by higher prices.

The NZ Drug Foundation supports regular reviews of the law to ensure it is working and not having negative health impacts.

As well as improving health and reducing the long-term harm and stigma of convictions, our approach makes economic sense. A Treasury official in 2016 calculated that legalising cannabis would save $400 million a year on drug prohibition enforcement and reap an extra $150 million in tax revenue.

There would be no need for separate laws regulating medical cannabis because the therapeutic use of cannabis would no longer be illegal. Cannabis-based medicines would continue to be available through the pharmaceutical approvals model.

We would like these medicines to be easier to access and fully subsidised.

What's in it for Māori?

An important element of our model law is Māori equity. Te Tiriti o Waitangi provides guarantees to Māori about their status and treatment.

The disproportionate drug prosecution and conviction rates for Māori – who comprised 41 percent of those given jail terms for drug offences between 2010 and 2014 – is discriminatory. Among cannabis users, 3.4 percent of Māori, compared with 1.9 per cent of others, reported legal problems from their cannabis use in the past 12 months.

We believe the model law will benefit Māori by reducing health harms from drug use and drastically reducing the number of drug convictions. Equity could actively be promoted by ensuring Māori experience any economic benefits of law changes.

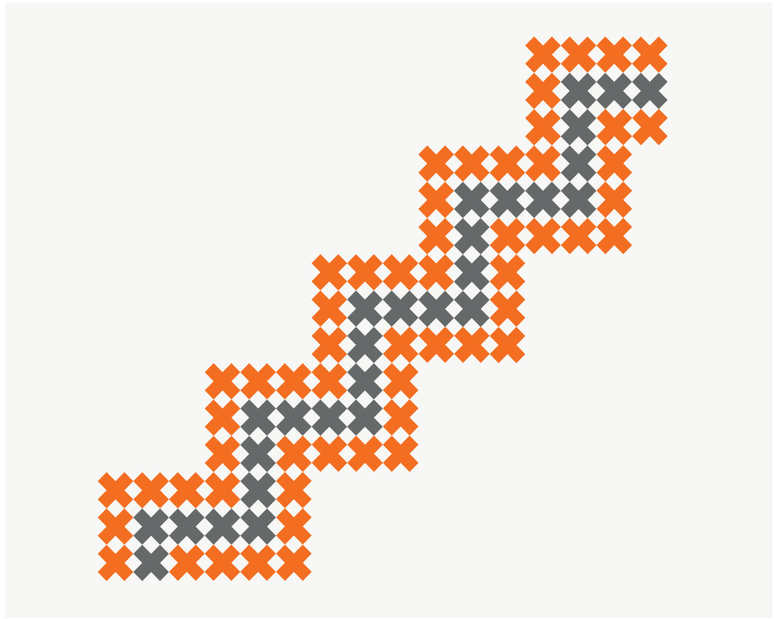
In the United States, indigenous American tribes from California to New York legalised cannabis in their tribal areas in 2015, and a number of tribes began tribal cannabis-growing operations. We are actively seeking Māori/iwi feedback on this proposal to explore whether there is similar potential for Māori communities in New Zealand.

Eliminating harms

We are very realistic about our proposals. Smarter drug regulation cannot by itself eliminate drug harm. Reform needs to be accompanied by upscaled harm prevention.

We need effective education, strong drug harm prevention standards, better access to treatment and drug early-warning

The stepped tukutuku pattern of Poutama symbolises growth and striving ever upwards. In our model drug law this signifies our vision of an Aotearoa free from drug harm.



> **“It is not generally appropriate for the State to intervene coercively to prevent individual citizens from harming themselves.”**

LAW COMMISSION REPORT 2011 *CONTROLLING AND REGULATING DRUGS* (PAGE 48, PARA 1.44)

> **“Right now, we know that young people have easier access to marijuana than just about any other illicit substance. It’s easier to buy a joint for a teenager than it is to buy a bottle of beer. That’s not right.”**

JUSTIN TRUDEAU, PRIME MINISTER OF CANADA

information systems. Portugal’s success with its decriminalisation policies to a large extent rests on the fact it combined new drug laws with a hefty investment in prevention, education and treatment.

We are calling for a doubling of investment in addiction treatment and support services to eliminate waiting lists. The $350 million spent every year on drug-related issues should be targeted away from enforcement and into treatment, support and prevention.

In the past year, around 50,000 people wanted help to reduce their alcohol or drug use but did not receive this support. At present, we only spend 3 percent of the total health budget on addiction services, and this needs to increase. We would also like to see increased spending on community-based and whānau-centred services, including those that focus on young people.

Low-threshold approaches such as online and self-help options should be made available, and there should be a government-funded destigmatisation campaign to reduce negative public perceptions of people who use or depend on drugs or who are in recovery from drug use. Likewise, those in prison should have much better access to drug and alcohol treatment, both in jail and after their release.

The NZ Drug Foundation also supports helping young people remain in education by strengthening supportive school cultures to reduce disengagement and exclusion resulting from drug or alcohol use.

Where to from here?

We see a staged approach to bringing in the model law. A review of the offences and penalties for drug use and possession required by the National Drug Policy is due to start in the second half of this year, which makes now an ideal time to start working on introducing a Portuguese-style model of decriminalisation here.

To do this, we propose the government drafts a new drugs Bill in 2018 to be administered by the Ministry of Health. A public information campaign on the Bill could take place in 2019 prior to submissions being called by select committee. We would like to see the new law in force by 1 February 2020.

Meanwhile, the Psychoactive Substances Act is up for review in 2018. This is therefore the right time to reform it, both to make it work as it was intended and with an eye to bringing the regulation of cannabis into the revised Act.

After 2020, cannabis could be removed from what is currently the Misuse of Drugs Act 1975 and reclassified as a low-harm substance falling under the Psychoactive Substances Act. This would enable a regulated market to be developed.

Five-yearly reviews of the Psychoactive Substances Act and the new drugs law would be built into the legislation.

The War on Drugs has been raging for more than four decades. In that time, it has consumed billions of dollars and failed utterly to cure the harms it seeks to address.

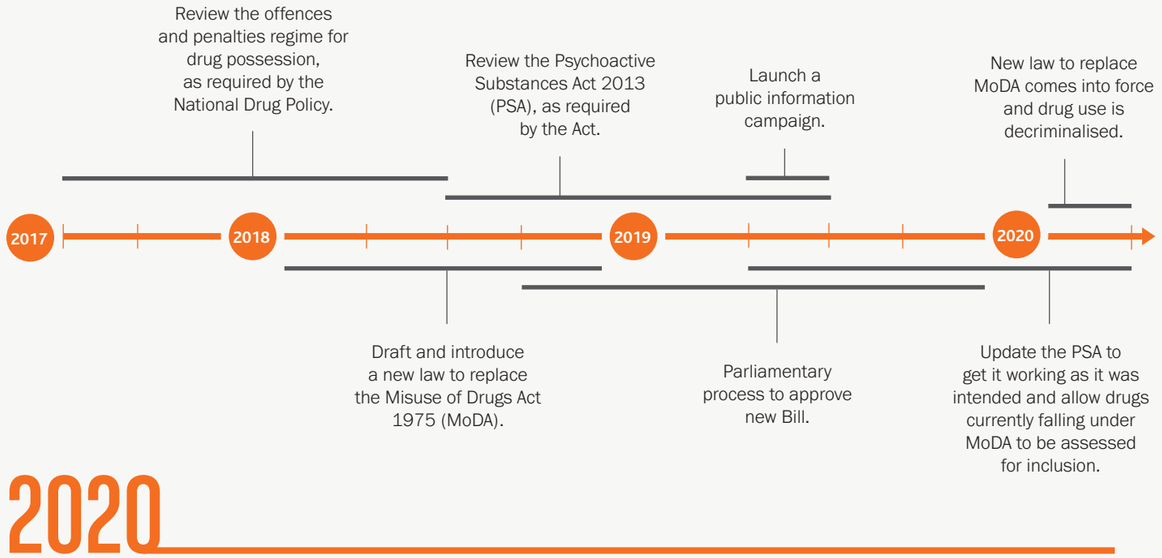
In May, the Police admitted that this country’s meth problem was getting worse and that their battle against it had achieved “no visible impact”. In fact, in 2016, the Police seized more than twice as much meth as in any other year, but this had no impact on the drug’s availability.

We know our proposals are likely to cause controversy and concern. But it is time for a new, evidence-based approach that will actually curtail the harms New Zealand must urgently address. Tough talk on drugs might sound good, but it is achieving nothing. ■

You can download a copy of the model drug law online, or email us at admin@drugfoundation.org.nz for a paper copy.

Timeline for reform

Our vision is a staged approach.



2020 ONWARDS

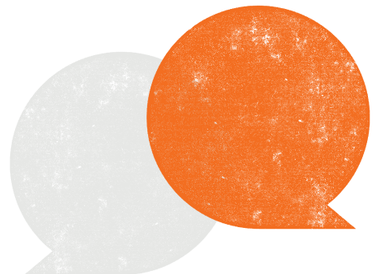
- Reclassify cannabis as a low-harm substance within the PSA and begin developing a regulated market.
- Undertake regular research, monitoring and evaluation on drug use and drug harm under the new legislation.
- Review the new law and the PSA at 5-year intervals.

Let us know what you think

We want these drug reform proposals to be as good as they can be. You are invited to tell us what you think of the proposal. Is it workable? What parts would you change and why?

We are planning to bring as many voices together as possible this year to see whether we can develop some consensus around a workable model. We’ll be holding community hui and talking to iwi, politicians, young people, people who use drugs and many others.

Please let us know what you think of this policy by attending one of our hui or going to **nzdrug.org/drug-law-2020**



Ups and downs with painkiller prescriptions

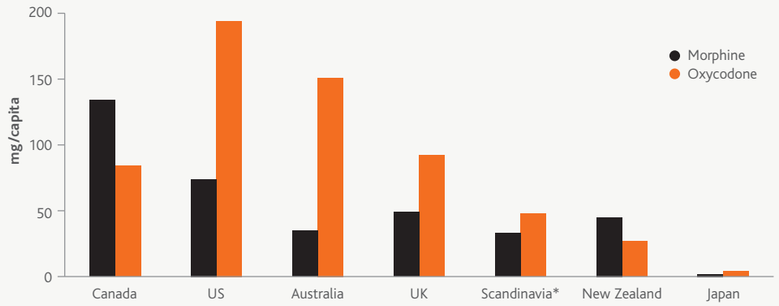
It's widely accepted that over-prescription of opioid painkillers, and associated addiction, is a deadly problem in many countries throughout the world, notably the US. But just how bad are things here in Godzone? How aware are our medical professionals of the dangers of doling out opioids, and are we doing anything to curtail overzealous prescribing? **Matt Black** talks with some medical professionals to find out.

MATT BLACK

"Methamphetamine makes up 70 percent of our admissions. GHB and meth are driving us insane."

JOHNNY DOW

SELECTED OPIOID CONSUMPTION BY COUNTRY (2014)



* Weighted average: Denmark, Finland, Iceland, Norway, Sweden.

Cited in "Opioid rain: opioid prescribing is growing and practice is diverging" by Alan Davis, et al, NZ Medical Journal (2016) Volume 129 Number 1440

Corporate America is no stranger to malfeasance in the pursuit of profit, but by any standard, the US$634 million judgment handed down against Purdue Frederick in 2007 for the misrepresentation of its opiate painkiller OxyContin remains a milestone.

In the judgment against three of the company's top executives, a federal judge extraordinarily bemoaned his inability to jail the plaintiffs for substantial periods as they had already arrived at the multimillion dollar plea deal, but he did additionally sentence them to three years probation and 400 hours community service each – all to be served in drug prevention or rehabilitation. A US Department of Justice media statement from 10 May 2007 reads:

"Even in the face of warnings from health care professionals, the media, and members of its own sales force that OxyContin was being widely abused and causing harm to our citizens, Purdue, under the leadership of its top executives, continued to push a fraudulent marketing campaign that promoted OxyContin as less addictive, less subject to abuse, and less likely to cause withdrawal," said United States Attorney John Brownlee.

"In the process, scores died as a result of OxyContin abuse and an even greater number of people became addicted to OxyContin; a drug that Purdue led many to believe was safer, less abusable, and less addictive than other pain medications on the market."

The early and widespread availability of OxyContin is now considered to be the root catalyst of America's current heroin epidemic, a nationwide disaster and the worst drug crisis in the country's history. Of the 52,000 American overdose deaths since 2015, some two-thirds have been attributed to heroin or prescription painkillers such as Percocet, OxyContin and fentanyl – more deaths than car crashes and gun homicides combined. More than 165,000 Americans have died from opiate overdoses between 1999 and 2014. To provide some New Zealand perspective, that's 30,000 more people than the population of Tauranga.

For a time, New Zealand looked like it was following the American model of oxycodone distribution. Between 2007 and 2011, oxycodone prescriptions rose 249 percent. But in 2014, disturbed by international reports of the drug's potential for addiction and abuse, the Health Quality and Safety Commission and New Zealand's district health boards (DHBs) launched a collaborative initiative to reduce the prescription of oxycodone, clinically championed by Dr Peter Moodie.

"We got a dramatic decrease in the usage of it. Unfortunately, when a drug is still under patent, it tends to be heavily promoted. If you take a drug like morphine, which is now a generic drug that has been around for hundreds of years, it's not actively promoted by any particular company, whereas things like oxycodone were being heavily promoted by the company that was selling it."

"If you've got a new drug, you want to promote it as much as you can to get the sales up." He says drug sales reps have been banned from his medical centre in Karori for a long time. "We just stopped them coming ages ago."

The campaign to make the New Zealand medical profession aware of the perils of oxycodone has been largely successful. Pharmac data shows prescriptions dropped from 180,830 in 2012 to 151,134 in 2016. But prescriptions of other strong opiates across the same period went up, with morphine rising from 161,229 to 203,690 and fentanyl almost doubling from 28,623 to 57,132.

The increase in fentanyl is largely attributed to prescribing in aged residential care, where it has also nearly doubled. Strong opioid prescribing rates for people over 80 are six to seven times higher than for those under 65. There is no hard data to indicate why that is, but one assumption is that there are increased needs for pain relief from operations, arthritis, cancer or other common causes of pain in the elderly.

Despite these seemingly large increases in strong opioid prescription, New Zealand's black market for prescription opiates remains tiny compared to other countries, indicating that the medications are mostly being used by their intended patients as prescribed. Data from the National Drug Intelligence Bureau put 2015 seizures of heroin at 38 grams (across 14 incidents), oxycodone at only 549 tablets and fentanyl powder at 1.6 grams, with most of these drugs seized at the border. Morphine and codeine remained the most seized opioids, with 2,184 codeine tablets seized in 2015.

Presentations at treatment organisations for opiate addiction in New Zealand are also very low. Johnny Dow, Clinical Director at Higher Ground, a residential facility with

> **“You go to Amsterdam or Sydney or New York, and you can go into areas, neighbourhoods where the dealing is physical in the street. I can’t take you anywhere in Auckland to show you that.”**
>
> ROBERT STEENHUISEN

> **“New Zealand has reasonably rigorous safeguards in place designed to prevent over-prescribing, either intentionally or through people ‘doctor shopping’.”**

52 beds, says only one of his current patients used opiates as their drug of choice.

“Methamphetamine makes up 70 percent of our admissions. GHB and meth are driving us insane. Some of our patients would dabble in it a little bit, but it’s not their drug of choice. We used to have a lot of people coming off methadone. It was really hard for them. They needed a lot of clonidine patches, and we’d take them to the sauna just for the last detox of it. I can’t remember the last person who was coming off methadone. I think the population is just getting smaller and smaller.”

Dow suspects much of the medical profession have become cautious of reaching for the controlled drugs pad.

“They’re pretty worried about what happened in America, aren’t they? The medical profession must be aware they over-prescribed, which has caused this latest heroin epidemic.”

Robert Steenhuisen, Regional Manager for the Community Alcohol and Drug Services (CADS) in Auckland, is responsible for admitting addicts to the region’s methadone and Suboxone programmes. He also says the number of people presenting with opiate addiction are static or decreasing.

“The current caseload is around 1,200. Each year, around 100 people come off and another 100 enrol, so there’s a very slow churn.”

But he says within the population seeking treatment, a significant number are users of prescription opiates, before adding he isn’t seeing any transfer from prescription drugs to street drugs like heroin.

“It’s probably the [lack of] availability. You go to Amsterdam or Sydney or New York, and you can go into areas, neighbourhoods where the dealing is physical in the street. I can’t take you anywhere in Auckland to show you that.”

He does suggest that New Zealand may have a group of people using prescription opiates recreationally.

“Most of these people will be fairly reluctant to seek treatment with a DHB-operated alcohol and drug rehab programme. They wouldn’t think they have a problem with it.”

Given the relatively insignificant seizures of prescription opiates by the Police and the lack of presentations at rehab clinics, are these increases in strong opiate prescribing really a problem?

Dr Julie Hancock, a GP at CityMed in Auckland who has recently returned from the International Medicine in Addiction Conference in Sydney, says sometimes the lack of alternatives can make prescribing painkillers problematic.

“There’s codeine, tramadol, and if people can’t tolerate anti-inflammatories, then you really are quite stuck. I find that since useful medicines like Paradex went off the market, there isn’t really very much between paracetamol, codeine and the strong opiates.”

Hancock points to a cultural and educational change among her colleagues about the hazards of strong opiates, and oxycodone in particular, as a result of the American experience.

“When we were at medical school, we were taught, as were doctors in America and everywhere else, that if people had real pain, opiates were blocking the pain perception with very little risk of addiction, so everyone felt comfortable socking in large doses and didn’t give much thought to withdrawing people. But now we have much greater knowledge of chronic pain, that the body has its own natural systems of painkilling – both an opioid one and a cannabinoid one – and that if you use painkillers for too long, it shuts down the body’s own mechanisms, ultimately increasing pain perception.”

Echoing Dow’s comments about a newfound caution among the medical profession, Hancock expresses concern that doctors in general practice have swung too far the other way and become afraid to prescribe strong opiates when they might actually be appropriate.

“I think some doctors have taken that to an extreme degree where they just use paracetamol and ibuprofen, and that’s meant to be adequate for all forms of pain. But everybody has a different level of pain tolerance and perhaps a different severity of muscular-skeletal pain.

“In the case of severe pain, we should have the confidence to introduce, monitor and wean off a medication and inform the patient fully of what the whole process is about. Nobody should have to suffer pain because we’re too scared of getting them addicted. We’re also so terrified of using benzodiazepines that we give them out two at a time. It’s subjecting people to more anxiety and discomfort than is necessary.”

Moodie sees things differently.

“I don’t think that’s the case. I think there’s been a heavy pressure that, if you want to give somebody something, start off with morphine. That gives you a clear internal message that you’re using a potent drug. And if you feel that’s justified, well that’s fine. I’ve got no indication that people are underusing these medications at all.”

He says the explosion in oxycodone prescribing in New Zealand may have been due to a misunderstanding about the power of the drug, which is nearly twice as strong as morphine and has a far higher bioavailability (15–20mg of oxycodone is approximately equivalent to 30mg of morphine).

Dr Peter Moodie

Photo credit: Fairfax Media NZ

“I think what was happening was that people were thinking it wasn’t as powerful as morphine.”

Moodie’s next comment might have come directly from a transcript of the case against Purdue in 2007:

“Because of the name, you thought it was just a strong form of codeine.”

He’s also worried about the rise in fentanyl scripts.

“We have to be careful with drugs like fentanyl, which again seem like an easy way out. It has the supposed advantage that you just put a patch on, so you don’t have to take the medicine regularly. But again, we have to be careful. That’s a seductive message, and I think people are easily being put on it too much and for too long.”

New Zealand has reasonably rigorous safeguards in place designed to prevent over-prescribing, either intentionally or through people ‘doctor shopping’ or otherwise exhibiting drug-seeking behaviour, including peer, clinical and Ministry of Health Medicines Control reviews.

There is also a system called Test Safe, where doctors can see all the prescriptions that have been filled, with the prescriber, dates and quantity of drugs. Nevertheless, Hancock and Moodie agree there is still a danger of prescribing too freely and of becoming known for it among drug users.

Moodie: “The moment you give narcotics to someone who is a drug seeker, that message will go through their networks like wildfire. It happens on occasions, and sometimes they will target out new associates, because they think there’s a new doctor in town. In this practice, we’re always keeping a watch to see how many narcotics we’re using, just to make sure someone hasn’t slipped in and become a drug seeker without us recognising it.”

Hancock: “We’re regularly told how many scripts of this and that we prescribe of various medications compared to our peers. If someone comes in and they have needle tracks all over their arms, you tend to be a little more careful about what they are asking for. We’ve got our eyes out for the devil incarnate, but anyone can get addicted. It’s not a respecter of class, race or intellect. It’s a part of human nature.”

She worries that, once someone is considered a drug seeker or addict, they get substandard care on every level. “Even if they’re seriously ill, all the doctors will see is ‘drug addict’. We don’t want to deal with you, out on the pavement thanks. And I don’t think that’s fair. We haven’t got any right as medical practitioners to judge. That happens right across the board – judgements are made about addiction on whether you should be ‘that type’ of sick.”

She says in the context of prescribing painkillers and other narcotics, despite every one of us having the potential for addiction, it is important to identify some groups that may be particularly predisposed.

> **“The moment you give narcotics to someone who is a drug seeker, that message will go through their networks like wildfire. It happens on occasions, and sometimes they will target out new associates, because they think there’s a new doctor in town.”**
>
> DR PETER MOODIE

“People with a conduct disorder in childhood, AD disorders – and in particular if they had both – they are susceptible. People who come from broken homes, who haven’t had a lot of attention or support and other groups. I think we need to acknowledge every one of us has the potential for addiction, an internal war going on between our impulses to indulge and out impulses to control. As a profession, we need to be advanced and honest enough to embrace addiction as a sickness, recognise the risks of our prescribing but above all not turn our backs on the problem so that it otherwise manifests in preventable deaths and infection.”

New Zealand’s current drug problem with prescription opiates appears to be pretty minor. It seems likely that the action taken by Dr Moodie and New Zealand’s DHBs has prevented a similar situation to the addiction statistics in America and possibly now facing Australia.

“I’m very pleased that the campaign we ran some years ago is still having an effect,” Moodie says. “It means there’s less drugs available for the black market.” ■

Matt Black is an Auckland-based freelance writer.

Photo credit: flickr.com/photos/evarinaldiphotography

Taking a reading of the pills

This summer, people at eight festivals around the country accessed practical harm-reduction services. The low-key approach received much praise from everyone involved. **Russell Brown** talks with those behind the free substance tests, whose job is made all the more difficult for having to operate under the legal radar.

RUSSELL BROWN

It's day one of the festival, and Wendy Allison is seeing a problem.

She and her harm-reduction team have been checking the contents of drugs brought for testing by festival-goers – and alarm bells are ringing. Most of the powders presented throughout the day as MDMA (ecstasy) have not been MDMA but various cathinones – part of a group of chemicals colloquially known as "bath salts".

Most cathinones do not present a critical risk of harm in themselves, but they typically react badly with other drugs – most notably with alcohol. Their preponderance is such that Allison decides it's something the festival's medical staff should know about.

But there's a problem. Officially, Allison isn't doing what she's doing. Or rather, the festival promoters have agreed to allow her to offer harm-reduction advice on site on the basis that they don't explicitly know that the advice will include drug checking.

The reason for this wink-and-a-nod agreement is that section 12 of the Misuse of Drugs Act puts the event organisers in peril of up to 10 years imprisonment if they "knowingly allow" the consumption of controlled drugs on the site they control. That in turn could also void their event insurance. They literally can't afford to know the details of harm reduction.

But Allison is unwilling to take the step of telling the medics without asking the organisers' permission. In the gathering dusk, she reaches the production manager on his mobile phone and explains the situation. The manager listens carefully and says "Yes, do that", and tells her who to seek out in the medical team.

The medics, it turns out, are very grateful for the heads-up. They're keen for her to come along to other events they're working on. It's a good result. But getting to that result has meant defying the law.

—

"It was the common sense thing to do," says the manager who cleared Allison to talk to the medics. "But right up until that point, I was prepared to deny we had any knowledge of it."

The head of the festival's medical team confirmed that the advice from Allison had been extremely useful. "We only had anecdotal evidence when we arrived," adding that, if such harm-reduction services were standard at festivals, it would help save lives and reduce harm to people attending the events.

> **"... if such harm reduction services were standard at festivals, it would help save lives and reduce harm to people attending the events."**

Another festival promoter told us he considered allowing drug checking at his summer show, "but we were advised that the Police would prefer we didn't do it".

He says if the law was changed, "I'd absolutely do it. I don't want kids taking bullshit drugs and passing out. They need to be informed."

He emphasised that his major problem – and the bane of any festival promoter's life – was alcohol, and pre-loading in particular.

Still another promoter was keen to allow drug checking but bowed to the qualms of the site owners.

Nonetheless, this past summer, Allison and her volunteers, under the banner Know Your Stuff, conducted 318 tests on substances presented to them at eight events. Some events were essentially private parties, but the largest, the one described above, was host to thousands. Allison has been conducting drug checking using Marquis and Mandelin reagent kits for several years, but last summer was the first time she's had access to a portable FT-IR spectrometer.

The briefcase-sized device, which uses a frequently updated online reference library to identify drugs in samples, was purchased jointly by the New Zealand Drug Foundation and New Zealand Needle Exchange Programme.

"Adding to the tool kit so people at festivals can get accurate information about what they're taking isn't a new idea. We've seen this sort of service work overseas. Knowing this, we decided to invest in the latest technology. It could be the thing that saves a life," says Drug Foundation Executive Director Ross Bell, who joined the volunteer testing team at the large festival.

At outdoor events, Know Your Stuff set up in a two-room tent. 'Clients' found the tent – by successfully interpreting the signage or word of mouth, the service cannot be advertised – and came in to talk about harm reduction. If they wanted drugs tested, they were shown to the back room of the tent, where each test was conducted using the same process.

The client scrapes three small samples onto a plate (all samples must be handled only by the client), and two are tested with reagents. The client is informed of the result. The third sample is then moved onto the testing plate of the spectrometer where two analyses are done: one for the main ingredient, another to discover whether there is a mixture of substances. Unlike the reagent kits, the spectrometer test is non-destructive – meaning the client has to be warned not to dab a finger and lick off the sample afterwards. Drugs cannot be consumed in or near the tent.

"Having the spec there has improved our service a great deal," Allison says, "but both methods have their advantages and disadvantages. For example, the spec can't pick up LSD because LSD comes in such small doses that it doesn't actually register against all the other things you will find on a blotter or in a liquid sample."

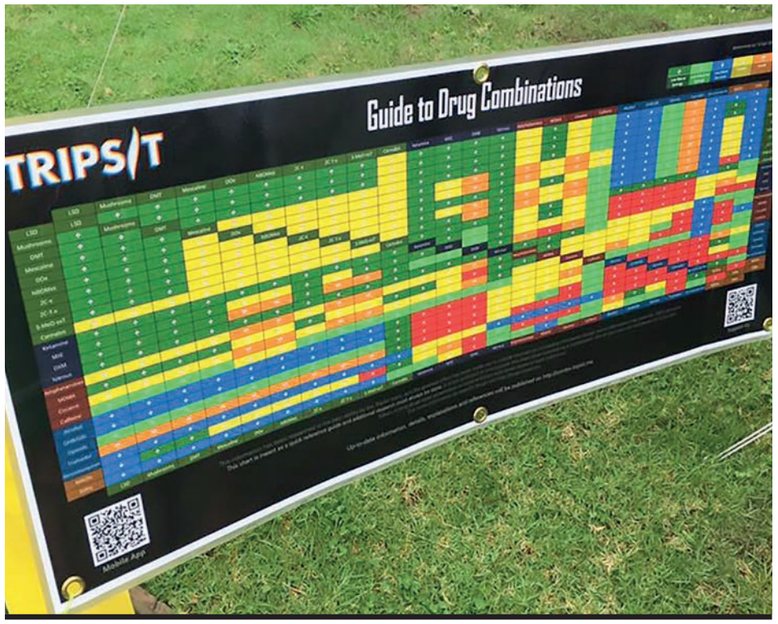
> **"I'd absolutely do it. I don't want kids taking bullshit drugs and passing out. They need to be informed."**
>
> FESTIVAL PROMOTER

"Reagents are really good at picking up the cathinone family. We can very quickly look at a reaction and say, yes, this is a cathinone, but it isn't very good at distinguishing between them. But if you then take that sample and put it on the spec, it can tell you exactly which cathinones are present. Similarly with ketamine and cocaine, reagents are not very good at picking those up, but the spec is. Each has its advantages."

The spectrometer's ability to pick up multiple substances in a sample turned out to be important. "We found a number of samples that had a cathinone mixed in with MDMA, which suggests MDMA may be being included in pills that are mainly cathinones in order to baffle reagent tests."

But reagents have another, perhaps unexpected advantage. People take them more seriously.

Photo credit: Richie Hardcore



“Nearly half of clients with samples that were not as they had presumed chose not to take the drug and had access to a jar of acetone in which to dispose of it.”

“The visual reaction you have there in front of the client is actually quite important psychologically for priming people to be told their sample isn’t what they thought it was,” Allison explains.

“When they actually see it happen in front of them, they have a lot more trust in the result. The machine doesn’t even go beep – it just does its thing, and we tell them the result.

“You can show them the chart and say ‘This is what it’s supposed to do’, and then they see what it does do and it’s not that. So they have a buy-in to the process.”

Nearly half of clients with samples that were not as they had presumed chose not to take the drug and had access to a jar of acetone in which to dispose of it. Those who said they would still take their drug (in some cases, people who had simply paid for cocaine but got amphetamine) were counselled on minimising risk.

There was some good news. Samples presented by users as LSD (the second most common presumed substance presented behind MDMA – ‘unknown’ was third) were much more likely than in past years to be what they were presumed to be. Correspondingly, fewer samples of the potentially deadly LSD substitute 25i-NBOMe were encountered. No 4-FA (the chemical implicated in the recent deaths of several people in Melbourne who thought they were taking ecstasy) was found.

Some substances – most notably cannabis, but also GHB and psilocybin mushrooms – were likely in use but not presented. Demographic trends emerged: on the second day of the festival described above, older punters came in – and their MDMA generally was MDMA and not cathinones. The inability to advertise meant that only 5–10 percent of recreational drug users came into contact with the service, however, and even fewer at the largest event.

But notably, Know Your Stuff was not able to test for dose, meaning that, if any of the very high dose MDMA pills being found in Europe were present in New Zealand, they were hard to spot.

“It is of concern,” says Allison.

“We were brought several pills this year that were larger than usual. If a pill tests as having MDMA as the main ingredient and it’s a large pill, we can advise to approach with caution. We do have scales and weigh anything that looks like an unusually large pill or dose. One pill this year weighed nearly 400mg and contained MDMA – for this person, we advised that, if they intended to take it, to only take a fraction of it and await developments before considering taking more and even then to approach fractionally.

“Our advice is always assume it’s very pure, and if you intend to take it, do not assume that one pill equals one dose. It’s always safer to take in fractions, and we do advise people to weigh their doses – however, we can’t do this for them due to the legality issue of ‘helping’ people take drugs.

“The bottom line is that, until we have NMR or GC-MS testing available to us to test purity, users will be vulnerable to this. It is a real concern that’s likely to grow, and we are limited to advising extreme caution. I am unsure how effective it is to tell people to only take a half without being able to back it with a test reading of purity to show a good reason why, but it’s all we can do right now.”

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“What I’d like to see,” says Allison, “is for the law to get out of the way of this – specifically, a change to section 12 to make an exception for harm-reduction practices. It’s a small change to the Act. It’s not condoning drugs, it’s not legalising – what it’s doing is decriminalising organisers who get us in.”

“The only solution ultimately will be an amendment to the Misuse of Drugs Act,” agrees Associate Health Minister Peter Dunne.

20%

OF SAMPLES NOT THE SUBSTANCE WERE NOT WHAT PEOPLE EXPECTED THEM TO BE

52%

INTENDED NOT TO TAKE A SUBSTANCE IF RESULTS SHOWED IT WAS NOT WHAT THEY THOUGHT IT WAS

39

PSYCHOACTIVE SUBSTANCES FOUND: MDMA = 39%, LSD = 24%

“For practical reasons, and no other, that’s not likely for a little while yet. The prospect of getting something through Parliament as a one-off is pretty remote. So it will have to wait for the overhaul of the Act, which is due in the next couple of years or so.

“For the moment, and in the discussions I’ve had with officials, there’s a general acknowledgement of the value of this form of testing. What it’s really going to come down to is the Police exercising some sort of discretion. Now, that’s fine until you get a zealous cop who sees his chance to stamp his mark on something at a local level.”

The Police response to our questions (“All we are able to say on this,” said a spokesperson) was measured, if inscrutable.

“Police applaud event organisers who operate responsibly and ensure event goers have a good time without over-indulging,” said a Police statement.

“The use of drug-checking kits is a matter for event organisers to consider. However, Police will continue to maintain an appropriate presence at these types of events to ensure people have a good time safely. Police will also respond to any drug or alcohol related harm event which occurs at this type of event.”

Putting this form of harm reduction on a more certain footing would have many advantages. While Allison shares information with medics (and sometimes bar staff) where possible, the law discourages the kind of coordination that would make the service most effective. She would also like to coordinate better with chillout zones, “to the extent that they exist. It’s actually quite a gap in event infrastructure in New Zealand – an acknowledgement that people have difficult experiences and may even end up needing to be in what I would call ‘psychedelic first aid’.

“People end up being dealt with by security or site management – who aren’t trained, don’t know what they’re doing and can often make the situation worse or escalate it to a medical situation where all it needed was for someone to sit down quietly with them and let them get their shit together. I think that’s a service that could run quite neatly alongside what we do.”

Allison and Dunne both envisage this kind of joined-up approach becoming part of health and safety expectations for events so that, instead of voiding promoters’ insurance, it becomes a condition of it.

For the moment, says Allison, “It’s working, but it’s only working because everyone is pretending they haven’t seen us. And that’s not really good enough.

“It should be legal to do what we do.” ■

Russell Brown blogs at publicaddress.net and co-hosts Media Take.

QUOTES OF SUBSTANCE

“When it comes to drug policy, I am proud to affirm here tonight that our government fully supports harm reduction as a key pillar in that policy.”

Canadian Health Minister Jane Philpott had an uphill task convincing HRI conference goers their government is doing enough to combat overdose deaths.

“And, legal or not, nothing changes the fact that in terms of outcomes, the drug doing the most damage, by a factor of 1000, is alcohol, and the NRL knows it. We all know it.”

Former Wallaby player Peter FitzSimons calls for a sense of perspective after league players reportedly used cocaine.

“Tonight, my daughter, born in 2000, cannot conceive of marijuana being illegal – or frankly understand why any drug is illegal.”

On Ethan Nadelmann’s departure from the Drug Policy Alliance, Senior Director asha bandele paid tribute to the high-impact reformer.

A Kiwi in the land of legal cannabis

Setting out to see what is happening in three USA states where it's legal to possess, use and sell cannabis, the Drug Foundation's **Stephen Blyth** was uncertain what he'd find. In this report on his short visit, he shares how things are playing out on the ground.

STEPHEN BLYTH

There is a big difference between what we might conjure up in our imaginations about how legal cannabis might look in the United States and the reality of what's actually happening there. As I packed my bags, I expected to be surprised and not a little shocked by blatant advertising, rampant use and concerted opposition.

In the places I visited, almost the opposite was true, and it was surprisingly ho-hum. Not only was the business side of things restrained, but with use only allowed in private homes, public displays of cannabis use were hidden away. After speaking to taxi drivers, barristers, locals and experts, the heat really seems to have ebbed out of the debate. I came across no controversy. Unexpectedly, it was quite an anticlimax.

The good and bad impacts of legalising cannabis are not necessarily visible to the naked eye, and its significance only comes clear when you dig deeper. Legal cannabis was ushered into Washington state in November 2012 when 55.7 percent of voters put their hands up for Initiative 502. Licensed stores have been operating since July 2014.

"I generally say the sky isn't falling," says Mark Cooke, a Campaigner for Smart Justice with the American Civil Liberties Union (ACLU) Washington State chapter.

"If you ask most people, and there has been some polling about how the Washington law has impacted on your life, they'd say it hasn't made any difference. Life really hasn't changed that much. This really is a reflection that prohibition wasn't working."

The ACLU-Washington spearheaded change to tackle the state's discriminatory approach to drug laws. Almost overnight, cannabis possession charges dropped. Records show arrests fell by 98 percent between 2011 and 2013.

"We immediately see this nose dive in terms of arrests – from an ACLU perspective, this is a big gain. We didn't want to see people harassed or getting in trouble with the law," Cooke says.

Advocates for healthier and fairer ways of dealing with drugs say significant social justice gains follow legalisation. Speaking from a national perspective, Jasmine Tyler, the Open Society's Washington DC-based Senior Policy Adviser, repeated a familiar refrain about the impacts of a simple drug possession conviction being lifelong. Not only do people get tarred with a criminal record, but they face numerous restrictions, including barriers to education loans, public housing, food stamp benefits and access to licences in various professions.

> **"We immediately see this nose dive in terms of arrests – from an ACLU perspective, this is a big gain. We didn't want to see people harassed or getting in trouble with the law."**
>
> MARK COOKE

"Marijuana prohibition has not only cost billions of dollars for taxpayers, but it really has affected millions of lives, particularly communities of colour," Tyler says.

"The drug is only really a gateway to the criminal justice system for the black and brown communities."

A staunch critic of the War on Drugs, Tyler argues that the shift to legalisation is about achieving health and public safety gains by getting control of the black market through good regulation.

"Any system where kids don't have access, where dosage can be controlled, where quality assurance can be maintained and where individuals involved in the business aspect are insured and assured of legitimate business dealings, then we also don't have the problems you see with prohibition," she says.

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While staying in Overlook, Portland, my host told me the New Amsterdam dispensary was just around the corner. It was the first place I headed to. As I strolled down Killingworth Street, passing the friendly Milk Honey neighbourhood

1-502 WASHINGTON STATE

MARIJUANA INITIATIVE AND PUBLIC INVESTMENTS

GENERATE NEW RESOURCES

General support for:

- Education, health care, and public safety

Dedicated funding for:

- Healthcare
- Drug prevention, treatment and research
- Marijuana law enforcement

$533M

ANNUALLY IN NEW TAX REVENUE FOR CARE PUBLIC PRIORITIES

PROMOTE JUSTICE AND EQUALITY

Likelihood of using marijuana

Blacks and whites equally likely to use marijuana

... being arrested for marijuana possession

3.2x

Blacks 3.2 times more likely to be arrested for possesing marijuana

WHAT IT WOULD DO

Initiative 502 would regulate tax and legalise small amounts of marijuana for recreational use among adults in Washington state

REDUCE PUBLIC COSTS

45%

In 2010, 45 percent of all drug arrests in Washington state were for marijuana

... AND COSTS ADD UP

$23M
PER YEAR

It costs the state and local governments almost $3,000 for each individual charged with a marijuana crime

budgetandpolicy.org

> **Marijuana prohibition has not only cost billions of dollars for taxpayers, but it really has affected millions of lives ...**

JASMINE TYLER

Jasmine Tyler, the Open Society's Washington DC-based Senior Policy Adviser.

Photo credit: flickr.com/photos/gbcsumc

café, I had to strain my eyes to see the dispensary across the road. A minimalist green cross was the only sign it was a dispensary and not a doctor's surgery or a yoga studio. A bold notice on the door warns off anyone under 21 years.

The New Amsterdam shared a lot in common with many other dispensaries I wandered by in Oregon. Retail sales in the state began in July 2015 after 56 percent voted to allow recreational use of cannabis, based on regulation and taxation. Businesses have to comply with regulations that stipulate appropriate promotion, location, labelling and a raft of other conditions.

Exterior signage is invariably kept to a minimum. From the outside, no products are visible, and on the inside, everything is under glass or behind the counter. You can't approach a dispensary without knowing the age restrictions, and staff seem vigilant about checking. If you don't have a valid ID, you can't even get in the door at many places. And once back outside, it is not ok to light up. There was no one smoking cannabis in the parking lot or on the footpath. It's takeaway only, intended for consumption on a couch at home.

According to Mark Cooke in neighbouring Washington, similar regulations are working pretty well so far.

"The way the marketplace is set up with a limited number of stores, only marijuana sold there, it can't be by schools or parks, so there's some buffers, there's restrictions on advertising and you have to be 21 years or older," he says.

Picking up price lists for products at the dispensaries, it's obvious there is a lot of money to be made. Some of the strains attract a premium, selling for as much as US$17 a gram. Other products are designed to be sold in bulk, with the price for a pre-rolled joint set at US$4.

The variety is plentiful and the language flowery. The lists of balms, concentrates, whole leaf bags, edibles and topicals are extensive. And it's not only plant matter. Pipes, vaporisers and bongs are also stacked up. At Uncle Ike's, a well established Seattle utensils retailer, you'll find something at every price level. At the top end, a one-off bong costs as much as US$2,500.

Information about what type of high a particular strain will give you is plentiful, but harm-reduction information is scant. If there is signage about health effects, it's most often only the minimum required. It's obvious retailers aren't going out of their way to display anything that will warn people off the products.

It's the same deal with packaging. A warning about age limits and details of the THC and CBD ratio is printed, but cautions about potential health risks are absent.

All this growing and selling is generating a lot of turnover. The profits are spilling over beyond just the growers and shop owners. Visiting a downtown Portland law company specialising in advocating for and defending the interests of cannabis growers, I hear about the scale of the industry. In Oregon, which has a population of 3.7 million, 14,000–15,000 people are said to be employed in the 'canna-business'. And added to this count are the lawyers, security companies, electricians and others in ancillary trades.

The numbers aren't a surprise as it's a labour-intensive process to grow and process crops. I saw this first-hand when I toured an indoor growing operation in an industrial zone near Portland International Airport.

From the street, the innocuous warehouse betrayed nothing whatsoever of the scene inside. But on the day I visited, 20 employees were engaged in various tasks, while the business owner fielded calls from dispensaries, legislators and a printing company. The team were busily engaged in pricking out seedlings, scrubbing down one of three massive grow rooms and harvesting, packing and testing.

It's pretty obvious that cannabis has quickly grown to be a formidable business. The tax take in Oregon bears this out as projected revenues are being surpassed. Last year, US$60 million was collected,

Dan Riffle outside the US Capitol Building.

> **Frankly, the grow and give system like we have in DC ... is probably better from a public health perspective than what you see in Colorado and other states where the drug is heavily marketed and promoted.**

DAN RIFFLE

> **According to exit polls, 70 percent of DC voters were in favour and were so because of racial justice aspects. Given who was consuming and who was getting arrested, it was outrageous.**

SANHO TREE

with estimates being at around US$90 million for 2017. In neighbouring Washington state, the tax take in the second full year of operation was US$220 million, US$60 million ahead of earlier estimates. This suggests growth will continue, with tax being earned at the rate of US$1 million per day.

As much as politicians may be torn between damning the industry and delighting in the economic contribution, the income does accumulate, and it's unlikely anyone wants to see less money flowing in once the pipe is pumping away.

This type of money is not being talked about in the nation's capital itself. Apart from four tightly regulated medical cannabis dispensaries, it is not legal to sell cannabis in Washington DC, so the Council can't generate tax from it. Instead, residents may legally grow up to six plants, carry up to two ounces in public and give away as much as they like.

There were few outward signs that people there 'give and grow'. With outdoor use banned, I smelt as much cannabis in DC as I might in our own cool little capital. That's not much, but, inevitably, there were some trying to bend the rules.

Wandering the bustling Adams Morgan café scene one night, I came across a few people enticing passing revellers with promises of bags of cannabis in return for a donation. One tattered business card from 420 Road Side DC offered 24-hour cannabis delivery.

"A lot of gifting is going on. And of course, some people are trying to push the envelope and get cute with the system in terms of having delivery and home-baked edibles in return for a donation", says Washington DC resident Sanho Tree, a Fellow at the Institute for Policy Studies.

This is the type of thing the local police are unwilling to let get out of hand, so there have been prosecutions of some operators in this 'grey market'. Tree is quick to point out that overwhelming support for legal cannabis wasn't so much about people lighting up for themselves. Voters' primary concern was addressing high arrest rates for drug offences experienced by the African American community.

"According to exit polls, 70 percent of DC voters were in favour and were so because of racial justice aspects. Given who was consuming and who was getting arrested, it was outrageous," Tree says.

The changes have led to a turnaround in arrest rates, but DC voters and politicians still want legal sales. However, despite popular support, the Council is unable to proceed because Congress has vetoed the change. A lack of any regulated approach means usage data is not collected, nor can education efforts be ramped up.

Long-time cannabis advocate Dan Riffle says there is a lot to like about what is happening in DC. He started work as a prosecuting attorney in Ohio and then spent six years working for the Marijuana Policy Project and has been tracking what has happened since cannabis became legal in US states.

"Frankly, the grow and give system like we have in DC, when anyone who wants marijuana can get it but you don't see billboards and signage, is fairly ideal. It is probably better from a public health perspective than what you see in Colorado and other states where the drug is heavily marketed and promoted," Riffle says.

Visitors to Washington State can pick up a gaudy tourist map showing where all the dispensaries are, what tours are offered and details about the types of products available. Kush Tourism offers trips in Seattle where you can see behind the scenes, including journeying through a forest of cannabis. "Breathe deep, relax and enjoy your Washington adventure!" the brochure exhorts.

"You tend to have advertising from the industry that glorifies or glosses over the negative impacts. So far, the laws haven't been written with an eye towards what is the best way to reduce the harms from the use of marijuana," Riffle says.

It's still early days, but the influence of the industry is growing rapidly. For those who have seen the path taken by tobacco and alcohol industries, this is worrying.

"Creating a for-profit industry that promotes a drug is about demand promotion. The way a business that sells marijuana will work is the same as a business that sells shampoo, batteries, t-shirts or other goods. Its aim is to increase demand for its products," says Riffle.

Already the influence of the industry in politics is being felt. Riffle points to funding of advocacy organisations by industry players and a revolving door between regulators and companies.

Under a fully commercial model, there is a certain inevitability to this. Tree, who has studied drug market dynamics in the USA, Central America and Asia since 1998, says a standard business logic will take hold. He argues it'll take active vigilance and checks and balances from policy reformers and legislators to avoid any excesses.

Pushing back against commercialisation is something Cooke would like to see. But he is not optimistic.

> **"In hindsight, change was inevitable. It was like a freight train coming down the track, partly because of culture war politics in the United States and how it has exhausted itself in many respects."**
>
> SANHO TREE

"The best way to do it would be to have state control, so you really can limit advertising and the ability to ensure public health messaging. Unfortunately, I don't think it is a viable option in the United States."

Pick up a copy of *The Nickel*, a Kelso, Oregon-based classifieds-only giveaway, and you'll find an ad showcasing the wares at the local Marijuana Mart, over at the 7th Avenue Shopping Center. A big deal is made about the price of pre-rolls and wax products. In tiny print, a warning mentions that the product is intoxicating and may be habit forming. This is about as good as it gets when it comes to public health messages.

In neighbouring Washington state, promises about education and prevention haven't been kept as legislators try to get their hands on the new pot tax revenue. The ballot initiative included provision for a swag of public health activities such as a helpline, prevention resources for schools and education aimed at adult users. Four years after Initiative 502 passed, the helpline has not been set up and funding for prevention is not at the level expected.

This is galling to one of the ballot's backers, Professor Emeritus of Social Work Roger Roffman. Having researched the impacts of cannabis use since the late 1960s and published many studies while working at the University of Washington, Roffman saw inherent dangers in legalisation.

"I opposed legalisation until this point, because marijuana is a drug that can be problematic. People can and do become dependent," he says.

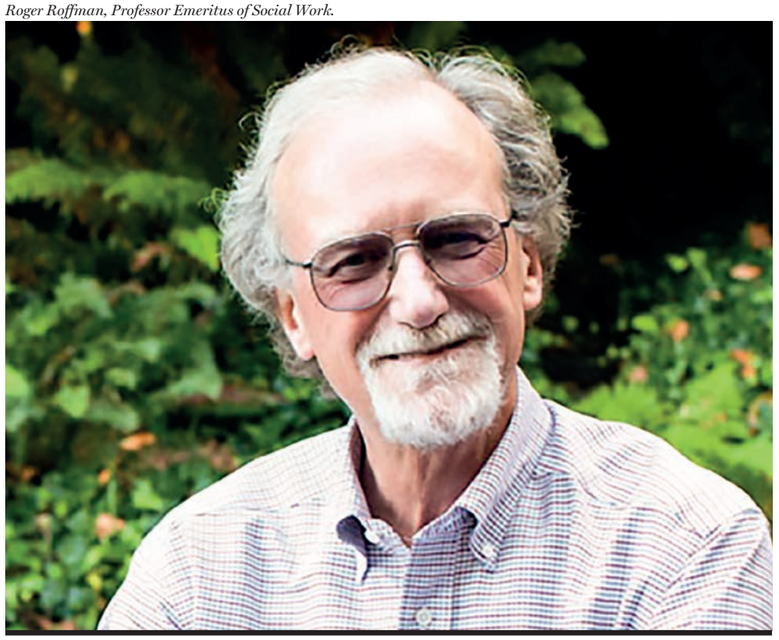
He also cites dangers when people drive, operate machinery or have pre-existing mental health issues. The emphasis on addressing inequalities in arrest rates began to sway Roffman. He ultimately changed his mind when he saw commitment from others behind Initiative 502 to address responsible use by adults, provide good education and adequate treatment. Not all this has come to fruition.

"Public education, prevention, treatment and research is funded at a far lower level than originally stated. Much of the money has gone to other purposes. It's still substantial but not as much as envisaged."

Rather than providing evidence-based guidance, the "just say no" message is being repeated. Efforts to reach out to adult consumers will only be rolled out later in 2017.

"The money allocated for public education went to a state agency and was spent without this new legitimate way of dealing with marijuana, without really acknowledging and accepting legalisation," Roffman says.

Roger Roffman, Professor Emeritus of Social Work.



Notwithstanding these concerns, Roffman believes that legalisation has done more good than bad. Reviews of the impact of legalisation are part of the law, with the first report by an independent research agency due in September 2017. At this point, little is known about whether freer access has meant higher levels of cannabis dependence. But some data on prevalence is in.

"What was feared by many – an explosion of cannabis use by young people – has not occurred," Roffman says.

If what happens with alcohol stores is anything to go by, retail outlet density plays its part in determining how much use there is. Driving through downtown Seattle on the way to my accommodation, I didn't see any dispensaries. It's not surprising, because in the city of almost 4 million, only a few of the 30 odd dispensaries are located in the CBD.

The signs the city is cashing in on green tourism are modest. When I got to the room I booked through Airbnb, I rifled through the care package from my hosts. Along with the standard toothpaste and mints, I found a whiskey miniature and pre-rolled joint. I could have had it for a suggested donation of US$5.

The place of cannabis in society and culture is only going to become more normalised as the years pass. Columnists in local papers share cannabis cake recipes, and it's not hard to find reviews of cannabis varieties and products. In the *Portland Mercury,* the pot lawyer answers readers' questions. Nobody seems bothered by me asking questions about dope, none are outraged. Moves are under way in Oregon for local authorities to offer cannabis café licences, with an option for people to run weddings and other events where guests can take cannabis. This feels like just the beginning.

"In hindsight, change was inevitable. It was like a freight train coming down the track, partly because of culture war politics in the United States and how it has exhausted itself in many respects," Tree says.

"This is particularly with regard to Baby Boomers and their baggage. It was just a question of when."

Despite a conservative Attorney General tilting at pot, most people I talked with agree. Commentator Dan Riffle sees legalisation as inevitable but says look to states other than those adopting a fully commercial model. None of the reformers want to see Big Cannabis having excessive influence.

> **"What was feared by many – an explosion of cannabis use by young people – has not occurred."**
>
> ROGER ROFFMAN

> **"... at the big, big picture level, we didn't want this to be treated as a crime any more, and we wanted to create a market that would replace the black market. So on those two measures, it's working."**
>
> MARK COOKE

For any jurisdiction looking at change, Riffle says the starting point will always be rapidly shifting away from the punitive approach.

"The no brainer part of this is don't arrest and prosecute people for marijuana, don't treat it as a criminal infraction," he says.

Across the country in Washington state, the sentiment is the same as Cooke underlines.

"It's not totally perfect. But at the big, big picture level, we didn't want this to be treated as a crime any more, and we wanted to create a market that would replace the black market. So on those two measures, it's working."

Any change comes with its share of surprises. For me, the most unexpected thing was observing how undramatic the early days of legal cannabis in the USA are playing out. Perhaps it's true that, if you sweep away the allure and make something boring, the fuss dies down. I'm certain that there are many problems that have yet to surface, but I'm also heartened by the certainty that there are many people determined not to let things get out of control. ■

Stephen Blyth is the Drug Foundation's Communications Manager.

Me and my interlock

The government has announced that, this year, alcohol interlocks will become mandatory for some convicted drink drivers. In this article, our correspondent details what it's like to have an interlock installed and how it may help them never to drink and drive again.

I have an alcohol interlock wired into my car's ignition system. It means my car will refuse to start unless I blow into the device with absolutely no alcohol on my breath. It was put there for 12 months by order of the courts after my second drink drive conviction, and I both love it and hate it.

I love my interlock, because every time I go to drive, I'm necessarily reminded that I have two drink driving convictions (one of them disturbingly high) and that I have been courting a potentially serious alcohol problem. I love that it reinforces an association between sobriety and driving in my mind and that, for as long as I have it installed, I'm prevented from drinking and driving again and accidentally killing someone. That's a biggie.

I hate the interlock because it's embarrassing and leaves me with nowhere to hide. Anyone in the car with me will want to know what this device is and why it's there – and what can I tell them but the truth?

The noise I have to make when blowing into it is also embarrassing. I need to sort of hum and blow at the same time for it to work, which sounds a bit like the moans a pig with a very sore tummy might make. And I have to make that noise an average of every 20 minutes or so while driving. The device randomly beeps as long as the ignition is on, and I have to blow again each time or it will refuse to start next time I stop. This is to prevent me from having a sober friend, who's also good at imitating a pig in pain, from starting my car and letting me drive away after drinking. I can't imagine any true friend who would do that, however, and I certainly wouldn't wish for one.

It's also inconvenient. When I first took my car in for repairs, I had to wait around the whole time to start it whenever the mechanics needed to move or test it. The second time we decided it was better for me to spend 15 minutes getting one of the crew up to speed on achieving the porcine blow. That's worked out ok.

Every month, too, I have to drive 25km to the installer so my interlock data can be downloaded for analysis. Any time I attempted to start the car with alcohol on my breath or failed a rolling retest would be recorded as a violation, and I can't apply to have the interlock removed unless I've had no violations at all for the last six months of the sentence.

Once the interlock has been removed, I will only be eligible to apply for a zero alcohol licence. This type of licence is restricted (or limited) to a three-year term. It's a welcome condition. It means that, for the next three to four years, alcohol is no longer a choice if I want to drive my car. It's unthinkable to me to risk another alcohol and driving offence, and if I can go four years without booze, chances are I can make it a permanent thing.

As things currently stand, if you have two drink drive convictions within five years and at least one of them is very high (more than 800 micrograms where the legal limit is 250 micrograms), you are eligible to receive an interlock sentence. You are disqualified from driving for three months instead of the one year and a day that would normally apply in these circumstances. This is a good thing because losing your licence for more than a year means your current licence lapses for good, and you go back to being like a teenager again. After your 366 or 367 days, you have to apply for a completely new licence, get a learner licence, probably have to take driving lessons etc, which would be an absolute pain in the neck. This may extend the punishment, but it would achieve little in terms of deterring anyone from drinking and driving.

"I love that it reinforces an association between sobriety and driving in my mind and that, for as long as I have it installed, I'm prevented from drinking and driving again and accidentally killing someone."

Ordinarily, receiving an interlock sentence would cost you $2,500 or more over the course of the year. This is on top of any fines you receive and covers the rental of the device, its installation and the cost of the monthly data downloads. However, due to low numbers receiving the sentences, the Department of Corrections was running a scheme at the time of my sentencing where they would pay the full cost for 100 interlock sentence recipients. I was lucky enough to get the 97th placing.

It was Corrections' view that cost was the major barrier to people receiving interlock sentences, but I doubt that is truly the reason. Quite simply, almost everyone I encountered in the legal system at the time had little or no understanding of the interlock sentencing scheme, and that's why it was not being used.

I didn't hire a lawyer because I didn't think the one I engaged for my first offence five years ago did anything I couldn't have done. This was a mistake. The tired, harassed and disinterested duty lawyer I was assigned on the day (and who I saw for less than 10 minutes before my appearance) had no idea what an interlock was or how to ask for it. He mentioned it when addressing the judge because I insisted on it but was completely unable to make any case for it.

“Quite simply, almost everyone I encountered in the legal system at the time had little or no understanding of the interlock sentencing scheme.”

And the judge had no idea either. His view was that I couldn't have an interlock because the Land Transport Act 1998 mandated an indefinite licence disqualification. He was unaware that amendments later in this very long and complicated Act override that requirement if an interlock is deemed appropriate. I had done my homework, but before I could ask to explain the Act to the judge, the gavel had come down and my interlock was denied.

It took another six weeks and a few thousand dollars hiring a lawyer with transport expertise – but who knew nothing about interlocks at the start either – before I could get a sentence review and was finally successful. This lawyer presented overseas research to the court about the effectiveness of interlocks and explained how the original judge had gotten things wrong. This was upheld, and I got my interlock.

So my advice to anyone wanting an interlock sentence would be to use a lawyer and not assume that the courts will be on board, think it's a good idea or even know what you are asking for.

The good news is that all this is likely to change as the government intends to bring in legislation this year to make interlock sentences mandatory for anyone convicted of two or more drink driving offences within five years as well as first-time offenders caught driving more than 3.2 times over the legal limit. Offenders will still have to pay, but $4m will be set aside in a subsidy scheme to assist those who can't afford them. Under the new legislation, the mandatory three-month disqualification will be removed. Convicted drivers will only be disqualified until they apply for an interlock licence.

The Land Transport Amendment Bill containing the changes had its first reading in September 2016 and is now with the Transport and Industrial Relations Select Committee. Exactly when the legislation will come into force is uncertain, but it should be this year.

So do interlocks work?

It's not rocket science. Interlocks work very well, at least while they are fitted. Overseas research* shows they significantly reduce drink drive recidivism for those who have them installed. The news is less good, however, once they are removed.

Illinois-based research in 2003 (Raub, Lucke and Wark) found drivers with interlocks were 80 percent less likely to be arrested for drink driving than the comparison group during the one-year term of the interlock fitting. Once the interlock was removed, this ratio continued for up to one year, with the two groups reverting to similar proportions three years after interlock removal.

“In short, if you haven't used your interlock year to work on your alcohol problem, there's no guarantee you'll be in much better shape once the device is removed.”

A 2011 evaluation of Saskatchewan's voluntary interlock scheme (Robertson et al.) followed 681 offenders for up to three years after their interlock was removed, compared with a control group of 2,796 offenders not installing an interlock. For the time between conviction and interlock removal, recidivism rates for the interlock group were 81 percent lower than the comparison group and 21 percent lower up to three years after interlock removal. These are more encouraging results, but it should be emphasised that this scheme was voluntary, meaning participants were more likely to be motivated not to drink and drive.

In 2006, Sheehan et al. reported on a Queensland interlock trial and found that, compared with a control group of offenders, interlock participants had fewer incidents of drink driving during the two years after the programme. Importantly, the study also demonstrated that the positive effects were not due to legal sanctions alone, such as suspension and use of the interlock, but through combining the effects of these with educational and counselling interventions.

In short, if you haven't used your interlock year to work on your alcohol problem, there's no guarantee you'll be in much better shape once the device is removed, even if you have met all the exit criteria.

Normally when you receive an alcohol interlock sentence, you are also required to have an alcohol assessment by a recognised treatment provider. The assumption is that, if you really want to work on your problem and make sure you never drink and drive again, you'll make sure you get the counselling and therapy you need. In other words, the alcohol interlock is not a magic bullet – just one very effective tool in your struggle for redemption.

It works for me. I no longer lie awake at night anxiously ruminating over how I could have killed someone and worrying that it might happen again. My interlock and the therapy I've enjoyed have given me a much needed start on sober driving for the rest of my life.

I'm confident I'll meet the exit criteria when my 12 months are up, and moving to a zero alcohol licence after that will not be a big deal. By then, not drinking and driving should be second nature.

Ultimately, however, whether it remains so will be up to me. ■

* There aren't yet figures available to establish the reoffending rate in New Zealand as the interlock scheme has not been in place for long or had a very high uptake.

SOME FACTS AND FIGURES

2%

of eligible offenders have received an interlock sentence

Interlock sentences have been available since 2012 for repeat drink drivers or drink drivers with high alcohol levels. However, only 2 percent of eligible offenders have received the sentence.

Between 2011 and 2015, the social costs associated with drink driving averaged an estimated $704m per year.

There were nearly 21,000 drink drive court cases in 2014. Around half of those convicted (10,094) had at least one previous drink drive conviction.

While overall drink driving rates are falling, the proportion of repeat offenders is increasing. In 2005, 21 percent of offenders had one previous conviction, and 21.33 percent had two or more. In 2014, nearly 23 percent had one previous conviction, and nearly 26 percent had two or more.

The estimated net value of mandatory interlocks between 2017 and 2036 is $620m in social costs. They are likely to save eight lives and prevent 43 serious injuries per year. An average of 4,250 interlocks would be fitted per year.

REDMER YSKA

ARTICLE 05

Music culture:

Music and Kiwi drug use

Redmer Yska pores through the history of New Zealand song to show how its celebration of drug use has moved from the secretive and scandalous to the relatively commonplace.

Our heady romance between illicit drugs and popular music dates back to World War Two as US jazz superstars sailed in to fire up 100,000 bored GIs. One wide-eyed Kiwi fan, lugging ashore the saxophone of a member of Artie Shaw's band, was stunned when his hero asked if he had any 'jive' or cannabis.

Was that surprising? Though songs like *Reefer Head Woman, Cocaine* and *When You're a Viper* (dope smoker) may have been popular in 1930s African American jazz and blues circles, this was still the so-called 'Reefer Madness' era, with the FBI linking those addicted to cannabis with mass murder.

The warning crackled around the world. At a time when radio was the dominant medium, Kiwi broadcasting, health and customs authorities of the 1930s vowed a tough line on these worrying trends, one official stating, "Gramophone records extolling the virtues of cocaine or other dangerous drugs are a source of danger."

But the cat was out of the bag. By the early 1950s, a reefer club was operating out of the Picasso jazz basement in downtown Auckland, a crew "that didn't like the alcoholic behaviour of the time". About 20 hipsters convened quietly to smoke what they called 'hooch, shit of *marijuju*' bought from visiting seamen or dried plants cultivated in the Domain from imported birdseed.

Writer Brian Bell recalled the "smell of burning rope backstage" at the Wellington Town Hall when big-name groups like the Modern Jazz Quartet passed through. There's a story about Louis Armstrong's 1963 tour when the question was asked in a croaky voice, "Are there any funny cigarettes?" Satchmo was reputed to be a daily smoker.

Our authorities meanwhile framed cannabis as a "sex drug", described as "a far greater menace than opium". The National Party newspaper *Freedom* claimed the drug smuggled into Auckland made locals morally confused. "It gave the smoker supreme confidence, often a dangerous confidence, and temporarily [to feel] on top of the world. He casts aside all his inhibitions and, in some circumstances, most of the conventions."

But nothing could stop the demand for moocha or muggles bought from obliging seamen in the public bar of Wellington's Regent Hotel, smokers heading off to late-night hangouts like the Pines in Houghton Bay or "cool" hotbed the Sorrento. Picasso jazz singer Ricky May recalled, "I used to say what's that strange smell? And they'd say incense. And I believed them until I learned otherwise."

By the early 1960s, cannabis or 'pot' was plastered on the cover of *Time* magazine, the sacrament of an emerging global counterculture. Peter, Paul and Mary, remembered for the song *Puff the Magic Dragon* (or drag-in, as the FBI noted) toured here in 1963. Local folkies were stunned when the Americans openly rolled up cannabis backstage after their Auckland shows.

The presence of cannabis in Auckland's notorious Bassett Road machine-gun double murder at the end of 1963, however, appeared to confirm the old Reefer Madness narratives. For Deputy Police Commissioner Robert Walton, "Marijuana is the thin edge of a revolting wedge into the vice underground, a trade that festers deep in the social flesh but leaves little mark on the surface."

Local musicians took cover. LSD, the other counterculture sacrament, was quietly celebrated in song but in the most covert way. Auckland singer Bryce Peterson wrote and recorded *Slightly-Delic* with his band House of Nimrod about his own 'acid' experience.

But the stigma showed in 1967 as Auckland singer Nick Villard was vilified when caught with a small quantity of cannabis. Kiwi pop king Lee Grant urged pupils at Blockhouse Bay Intermediate to say no to drugs. It was wise advice. Auckland magistrate MC Astley sounded a warning in 1968 that, "All people on drug charges could expect prison."

Not all. In 1974, Bunny Walters (aka Miha Tekokiri Waahi Walters), a widely admired, hugely gifted singer (remembered for *Brandy*) escaped jail when a traffic officer found a cannabis roach in his ashtray. But his career was ruined.

"I got busted … It was only a lousy little joint but it was enough to turn things around," he recalled in 2013. "The media got a hold of it; it was splashed across the papers. Today it's not such a big deal, but back then it was and the media certainly had a field day."

But the tide was turning. Slowly. In 1976, singer Tommy Adderley and his group Headband released *I Get High (On Music)*, with the opening line: "I had a smoke in Auckland with a friend of mine in Ponsonby." Inner city rock heroes Hello Sailor, meanwhile dabbling in harder drugs, celebrated the glass designer syringe used to administer them in the song *Blue Lady*.

Adderley, too, became addicted to opioids, recording the coded ditty *Mauveen* (originally *Morphine Blues*) while on home leave from a jail sentence for selling homebake heroin. In later years, the band Deja Voodoo could be franker about the nation's methamphetamine epidemic in the song simply called *P*.

An intergenerational shift showed by the early 1980s as Gavin, the moustachioed son of divisive PM Robert Muldoon, lectured Young Nationals about the need to update cannabis laws. They agreed it was time: "Police have more important jobs to do than worry about small time cannabis consumers."

As the 20th century arrived, illicit drugs were boringly mainstream. As homegrown cannabis increased dramatically in strength, rap duo MC OJ and Rhythm Slave released *Marijuana*, telling of lurid 'skunk' adventures, once again in the storied lanes of Ponsonby.

But the coding continued. Take Fat Freddy's Drop, the wildly popular dub/reggae band, its name based on a famous counterculture cartoon Fat Freddy's Cat, about a stoner member of the Fabulous Furry Freak Brothers and his weird orange tomcat. Weed is, of course, his favourite 'drop'.

Looking back, the aptly named Herbs probably did the most to make cannabis use (almost) respectable. In his list of the Top 10 NZ Songs about Drugs, Russell Brown notes that the 'light' in second album *Light of the Pacific* was in fact "the light of the bongs". It was a galaxy away from the days of Artie Shaw. ■

Photo credit: supplied

Rebuilding lives, rebuilding communities

So if the treatment sector gets someone into recovery is the job complete? Or is there more that can be done to focus that recovery away from addiction and towards building a positive future? Matua Raki National Manager **Vanessa Caldwell** believes there is and reports on a number of community-focused recovery initiatives she has witnessed firsthand.

VANESSA CALDWELL

We have long known in the treatment sector that addiction recovery is much more than just 'stopping use' or 'reducing harm'. People experiencing addiction may have co-existing issues – most often depression and anxiety – as well as physical health concerns that need to be addressed. The associated shame and guilt results in people becoming isolated, and purpose in life can become entrenched in managing addiction.

We also know it takes a long time, typically many years, between the onset of an addiction and the time someone seeks help. So when someone puts their hand up, the system should be ready to respond. Clearly, the earlier we can start this process with someone, the more effective it is likely to be, but we have a lot of work to do before we get to this.

There is a lot of evidence that treatment works, and New Zealand has a proud history, at times world leading, of providing a range of services to support people to address their addictions and reduce harm from drug use in our communities. We have invested in developing high-quality services supported by a well trained workforce, though reports from many communities suggest we are not keeping up with increasing demand as people struggle to access the support they seek.

While advocating for more services to be available, including community-based peer support, I have recognised that we in the treatment sector need to ensure we are responsive and accessible to people seeking help. Through the National Committee of Addiction Treatment (NCAT), a representative group of sector leaders, we are working to reduce barriers that the system itself has created. We are investigating access issues including making it easier for people to find services so we can improve our responsiveness. While I have paid much attention to supporting the development of high-quality treatment and improved access, I have paid less attention to what happens once someone leaves treatment.

Inadvertently, I've assumed that life largely takes care of itself once someone is in recovery and getting well. It's got to be better than before, right? For some of our tangata whai ora who have good support, that will be true, but I now appreciate that many more will continue to struggle, experiencing significant barriers to employment. They'll remain dependent on the system and locked in an addiction-focused identity, albeit on the more positive end.

Steve Hodgkins established Jobs, Friends & Houses, Lancashire, UK.

Photo credit: supplied

Fortunately, there are others who have challenged why people in recovery should be limited by their earlier experiences and others' expectations. They've endeavoured to provide people real opportunities, not only to dream, but to work towards realising those dreams.

I was privileged this year to visit several people and their enterprises providing supportive and recovery-focused work and training environments for people with significant barriers to employment. One of those is Steve Hodgkins, a serving Police Sergeant in Lancashire, UK. Out of frustration at seeing the same people revolving through both the criminal justice system and treatment, he established Jobs, Friends & Houses, which gives people in recovery with offending histories the chance to learn a trade and get a qualification. At the same time, they can work in a recovery-focused environment where wellness is a key objective.

As a team, these people in recovery have renovated homes within the community of Blackpool, a town hard hit by the recession, to provide each other with high-quality, safe housing – from supported shared recovery houses to independent flats.

The enterprise is now managed by the local council, and Steve has his sights set on a new venture to build modular affordable houses within the prison, again with a focus on giving people an opportunity to obtain a trade and prepare for the workforce upon release.

Speaking with Steve and some of the team, it was easy for me to see how transformative this project has been for those directly involved and for the local community. The highly visible JFH logo on vans and uniforms around town proudly carries the message that recovery is achievable and that everyone is worth the chance at a meaningful life. The community has responded by recognising their achievements with awards for innovation. As word spread of the high quality of work and positive attitude of the workers, new work has kept coming.

In Australia, I visited a social enterprise that has taken a slightly different approach. The Vanguard Laundry, under the banner "Changing lives one wash at a time", was established in late 2015 and currently employs more than 20 people who have not been in paid employment before. The aim of the laundry is to provide job skills and an employment history with a support structure to help people study and transition to work they want to do.

Vanguard director Luke Terry explained that getting a long-term contract is a critical success factor because it is sustainable and gives people the confidence to make a start. He found the biggest employment hurdle for people was inadequate transport, so management adjusted shift times to ensure that people could make use of local public transport. I asked one of the employees what he enjoyed most about his job, and he replied, "I love to be able to say to the check-out chick that I've been at work all day when she asks me how my day is."

In November 2016, Odyssey Café in Auckland launched a training programme for 16–24-years-olds receiving support through Odyssey House. Trainees spend 10–12 hours per week in the café gaining on-the-job experience and working towards NZQA standards in food safety, coffee making and customer service. Odyssey partners with Employment Works to help find trainees longer-term work. In February this year, the first four trainees graduated, having completed their NZQA standards. Families have been quick to report on the positive changes and improved confidence they have noticed in their young people.

A couple of years ago, Hone Pene started He Tohu Aroha Trust to provide a safe, holistic, recovery-focused work environment for participants in the Salvation Army Bridge Programme and Auckland's Alcohol and Drug Treatment Courts. The Trust has contracts to supply native plants to councils to support clean waterways projects and has a small but growing upcycling business. As Hone says, "It's about wrapping recovery around people for life, giving people purpose and a reason to get up in the morning, to contribute to making this place better for everyone, not just themselves."

It has been a humbling reminder for me that treatment, while providing a solid platform on which to make a start at a new life, is just that – a start towards restoring mana and wellness. Like treatment, there is no one size fits all, so providing a range of opportunities that seek to enhance people's assets rather than focus on deficits is key. Investing in people by providing positive social connections and creating sustainable futures beyond the treatment door is critical to long-term success in recovery. ■

Local Alcohol Policies promised more community participation

Has the new Act delivered?

The Sale and Supply of Alcohol Act 2012 promised communities increased input into local policies around the availability of alcohol. It allows each council to develop its own Local Alcohol Policy (LAP), which means issues like trading hours and outlet density can be determined by communities. Until the Act, communities had little control over what happened in their neighbourhoods.

But as we approach five years of the new legislation, *Matters of Substance* asks, "Are communities getting that input and significantly contributing to their LAPS?"

HEALTH RESEARCH COUNCIL RESEARCH

A four-year Health Research Council project, led by University of Otago researcher Dr Brett MacLennan, is now entering its final year. Its aim is to evaluate the effectiveness of the Sale and Supply of Alcohol Act 2012 in:

- improving local input into licensing decisions
- reducing the availability of alcohol
- reducing hazardous drinking and alcohol-related harm in New Zealand communities.

The uptake and development of Local Alcohol Policies will be a prominent feature of this comprehensive study, as will be how communities are being consulted by local government and what communities themselves are saying about this. A series of results papers is due for publication in early to mid-2018.

THE CASE FOR

One of the great things about the 2012 Act is that its wording represents a much more advanced appreciation of alcohol and its effects upon society. Unlike its predecessor, it acknowledges that alcohol-related harm can be indirect as well as direct, and it speaks of the consequences of inappropriate (not just excessive) drinking (section 4) – reflecting an understanding that issues around alcohol harms are complex and affect communities.

Looking at alcohol harm in this broad way, it acknowledges the voices of communities by enshrining their right to have a say at every stage of their council's alcohol policy development, empowering them and opening up channels of communication. This has helped many licensees understand how their businesses affect neighbourhoods. So while there's no actual case yet of a LAP being used to stop a licence, a lot of applications are being withdrawn once the licensee understands the depth of community feeling and that local residents have a right to speak up.

Granted, it isn't always easy for communities to get what they want, and perhaps it shouldn't be. It's not wrong to derive your income from running an alcohol outlet, and if a fit and proper person is to be denied that right, there should be good and demonstrable reasons.

Though it has been nearly five years, the Act is still in its relative infancy. There are examples where LAPs have included measures to curtail local alcohol harm, and it may well be that this will increase as community members and other parties gain a better understanding of what the Act can do. ■

THE CASE AGAINST

The Sale and Supply of Alcohol Act 2012 is clearly not working in terms of community say, and the reason is very simple. Just about every time a council drafts a LAP that reflects the wishes of its communities, the industry rolls in its lawyers to tie proceedings up with expensive appeals until resistance becomes futile.

LAPs go through three main stages. First, a draft LAP is produced, which is open for submissions. Generally at this stage, communities will ask for tighter regulations, while industry submissions ask for looser ones to safeguard businesses, livelihoods, and profits. A Provisional LAP (PLAP) is then produced on the basis of this feedback. PLAPs are then open to appeals adjudicated by the Alcohol Regulatory Licensing Authority (ARLA).

This is where alcohol and supermarket lawyers earn their big bucks, slowing LAP progress, frustrating councils and watering down any policy provisions that would have made any meaningful difference. Fighting appeals is a lengthy and expensive process for councils, which are often significantly out-gunned in terms of resources.

Meanwhile, community members find they have to enter an intimidating and adversarial legal environment to argue their concerns about the very real harms being done on their doorsteps.

But often they don't even get this chance. Many councils choose instead to avoid expensive hearings and negotiate directly with industry appellants under what is known as a consent order. These negotiations are only between the council and the appellant, so community members often don't have any direct input. The negotiations are also conducted behind closed doors, so matters that are very much of community interest don't see the light of day until deals have been done.

It is beyond doubt that industry appeals are rife and effective. ARLA's 2016 annual report says there has been a significant decrease in its workload except for in one area – "appeals against provisional alcohol policies". These rose 69 percent from 39 appeals in 2015 to 66 in 2016.

A December 2016 Alcohol Healthwatch report by researcher Dr Nicki Jackson (who now heads Alcohol Healthwatch) measured the progress of LAP development across New Zealand's territorial authorities. It looked particularly at whether policy elements became more or less restrictive as a result of the public consultation and appeal processes.

As of July 2016, there were 31 PLAPS in place. Thirty of these were appealed, and more than half of these appeals came from Progressive Enterprises, Foodstuffs and Super Liquor Holdings. No surprises there.

Over the course of developing the LAPs, 165 substantive policy changes were made, with 71 percent of these resulting in less restrictive provisions – all from appeals. At the time of the report, 12 LAPS had been fully adopted (as have six more since the report – all under consent orders), but not one has made it through with provisions intact, which sought, for example, to reduce the overall density of premises through restricting further licences.

The report found that the average daily duration of trading hours for off-licences (now 14.9) increased for both bottle stores and supermarkets from the PLAP to LAP stage and that many discretionary conditions (such as those allowing for one-way door policies) had been removed.

The report goes on to highlight just how complex the politics around alcohol policy formulation can be and how progressively less restrictive policy measures signal "an increasing gap between community expectations … and the reality of the legislated LAP process".

The adventures of the Victoria Neighbourhood Association (VNA) demonstrate just how difficult things can be for community members. VNA represents concerned residents in central Christchurch who live on the edge of the city's newly designated entertainment precinct.

Christchurch, by the way, would be a contender for the most long and drawn-out LAP development process so far. Submissions were first called on the draft LAP in May 2013. Nearly four years later, its status remains provisional with no clear end in sight.

VNA spokesperson Marjorie Manthei says many new bars opened in the area when it became one of the few entertainment centres operating after the quakes. With the bars came regular late-night disturbances of the peace lasting into the wee small hours. She says the streets were soon full of people either preloaded or drinking in the bars until 3 or 4am. There were clear signs of intoxication and anti-social behaviour.

The group made successful submissions to the Draft and Provisional LAPs, advocating for maximum trading of 1am in the Victoria Street area. Of course, these provisions were appealed.

It's not possible to go into too much detail because legal proceedings are still under way, but Manthei says the appeals process has been anything but user-friendly. The group participated in mediation proceedings, even though they could not see how this fitted under the Act, and were prepared to talk and negotiate. Because appellants came with lawyers, however, the process felt very one-sided.

Meanwhile, licence applications continued. Eventually, the council agreed to a compromise that would force bars to close at 1am at the northern end of the precinct (with a three-year transition period) and 3am at the southern end. VNA, the Police and the Medical Officer of Health all agreed to support or accept the amendments in the spirit of compromise, even though it was not the outcome they had wanted.

That has not been the end of the matter, unfortunately, as several bar owners have refused to accept the 1am closing, and an appeal hearing is pending.

Manthei thinks communities are quite disadvantaged by how the Act is being interpreted or implemented, even though she agrees the spirit of the Act is enabling for communities. She also said some of the hospitality people she has met with appreciate this. The assumption still seems to be, though, that a licence will be granted unless the community proves it shouldn't be or that there should be conditions imposed – and this requires detailed evidence that can be difficult to collect.

She says the process is time consuming and often ineffective – and that it just goes on and on to the point where she feels like she's trapped in Groundhog Day.

"One thing we had to face was that, once we got involved, we had to see it to the end. That meant engaging in all the related processes as well, from objecting to individual licences to involvement in the PLAP and even at resource consent level. All the processes are so interrelated that you can't cherry pick. It feels like a life sentence.

"And we were the only ones at hearings who weren't being paid or able to write off expenses. We have to fit things around our actual employment or other commitments and cover our own expenses. This is a big ask for local residents."

Councils are also pretty open about their frustration. Local Government New Zealand President Lawrence Yule told us he didn't believe the legislation has made things easier for communities and that the appeals process resulted in councils almost always losing their position.

"If you're a small local authority facing a decision that reflects a community preference and a large corporate with a significant legal budget challenges you, you have to ask whether the $100,000 needed to mount a fight could be spent on a lot of other good things."

So he says what's tending to happen is that councils are just falling back on the default provisions around opening hours and other issues that are found in the Act.

"Doing anything else is way more difficult than anybody imagined it would be."

He thinks the legislation doesn't really give ARLA the teeth it needs and that the Act needs to be tweaked to give community wishes more weight.

Many of the experts we spoke to would agree. If the National Government won't resource councils to mount a fair fight, tighter defaults would be a good start. The evidence is so strong that a lot of these decisions could have been made nationally – things like a freeze on the total number of off-licences, banning off-licences within 500 metres of a school and shorter trading hours.

In the meantime, the LAP provisions of the Act are manifestly failing and simply wasting the time and resources of councils and communities with legitimate concerns. ■

RESOURCE

A review of Territorial Authority progress towards Local Alcohol Policy development is available on the Alcohol Healthwatch website.

Photo credit: Andrew Dean

Values-based politics and drug law reform

In his recent book *The New Zealand Project*, young author **Max Harris** proposes transforming our political process so that it is based on values and focused on truly positive outcomes. Here, he applies that thesis to drug law reform, which, he implies, would be an excellent area in which to make a start.

MAX HARRIS

In 2014, I had a significant health scare. I was told out of the blue that I had an aneurysm in my aorta, the blood vessel that carries oxygen from your heart to the rest of your body. An aneurysm's an expanded blood vessel that is at high risk of tearing, and I was told I'd need urgent open heart surgery. Soon after that, I was told (having led a pretty healthy life for my 26 years) that I had a connective tissue disorder that might give me problems in the future.

What's all this got to do with the Drug Foundation?

When I got this worrying news, I decided I wanted to do everything as if it was the last thing I'd ever do. Just a week before I ended up undergoing the surgery, I was also told I'd received an unusual Fellowship at Oxford that would fund me for seven years to do any kind of research or writing. This strange combination of events led me to write *The New Zealand Project*, which has just been published by Bridget Williams Books. And the argument of that book is relevant to drug law reform.

It's about the need for a reassertion of a values-based politics in Aotearoa New Zealand. Values – principles we hold dear that contribute to a life well led – have been crowded out of politics, especially in recent years. Values have been crowded out by politics becoming technocratic – a numbers game that is the preserve of experts. They've also been crowded out by the loss of any general direction in politics and the rise of selfishness and self-interestedness in society at large, especially since economic reforms of the late 1980s and early 1990s.

In the book, I call for values to be made more central in parliamentary and activist politics. Values connect to the heart as well as the head, and it is values that shift people's minds. In particular, I call for a politics grounded in care, community and creativity. I also float the idea of a 'politics of love', which seeks to secure love in outcomes. Then I apply this values-based approach to a range of specific issues in fields such as climate change and social policy.

I don't discuss drug law reform in detail in the book, but I think it's a crucial issue that politicians ought to debate – and it is connected to the argument of the book in several significant ways.

In political science, there's this concept called the 'Overton window' – the window of what is politically possible at any point in time. I argue that our Overton window in New Zealand has become very small and that we need to widen it – and fling open our imaginations – in order to have big debates about our country's future. One of the casualties of our small Overton window is debate about drug law reform, which has largely been off the agenda for politicians who are too timid to have a proper debate about whether our approach to drug law is the right one.

> **"Values connect to the heart as well as the head, and it is values that shift people's minds."**

At the moment, drugs are treated partly as a health issue, when those who have bad experiences with drugs (like those who have bad experiences with alcohol) end up in hospital. But should drugs be tackled more wholeheartedly as a health challenge? What is the best starting point for regulating drugs, given that it's almost inevitable that drugs will be used by some people in our community? How best should we manage different drugs in light of available evidence about brain development and health effects? These are the questions we should be spending more time on. But we can't have the debate properly, in politics or as a wider society, if politicians won't touch the topic.

The second connection between drug law reform and the book relates to mass incarceration. Per capita, we imprison 30 percent more people than Australia, 45 percent more than the UK and 84 percent more than Canada, according to figures from the International Centre for Prison Studies. Māori make up 56 percent of our prison population, a figure that reached an all-time high this year. The only way we punch above our weight internationally in prison policy is in how punitive we are. That is nothing to be proud of, and inside our prisons, we see suicides and violence all too often. Prisons, at least in their current form, embody a failure of the value of care.

> **"We need to start talking more urgently about steps we can take to reduce our prison population – to start a process American political activist Angela Davis calls 'decarceration'."**

We need to start talking more urgently about steps we can take to reduce our prison population – to start a process that American writer and advocate Angela Davis calls 'decarceration'. Drug law reform is one step that deserves consideration since – as criminal law academic Khylee Quince has said – around half of the people in prison are there for property or drug offending. Specific moves to investigate could include legalising cannabis, something Canada's Liberal Government has done.

Problem-solving courts could also be used to greater effect in place of imprisonment if we must keep some drug laws on our books. Problem-solving courts supervise the structured rehabilitation of offenders after sentence. Offenders maintain contact with their judges (usually the same judge that sentenced them), report on their progress and are affirmed when they complete successful rehabilitation.

In 2012, I met Judge Peggy Hora, a leading proponent of problem-solving courts, who successfully managed such courts in California. In 2013, I spent a morning in the Red Hook Community Court, one of the world's most successful problem-solving courts in New York. Judge Hora and the Red Hook judge and staff spoke glowingly of the court's positive effects for offenders, victims and the general public. And the evidence supports these anecdotal reports.

> **"Talking about drug law reform might also help to get young people more engaged in politics at a time when many of them are put off by its petty, inconsequential squabbling ..."**

There are some limited problem-solving courts in New Zealand, including drug courts. Why couldn't a greater number of people convicted of drug offences (if we must keep convicting them) be channelled towards these courts and their rehabilitation services instead of towards prison? These courts give people continuity of care and contact. In the same way doctors follow up with us once they provide us with care, judges in problem-solving courts stay in contact and don't just abandon the people they sentence. They also help to build positive relationships and keep people out of prison.

We need to have a national conversation about some of these ideas and more. Talking about drug law reform might also help to get young people more engaged in politics at a time when many of them are put off by its petty, inconsequential squabbling and crushing cynicism.

Evidence-based policy is essential, but we mustn't forget values. And a politics that is based on both evidence and values would, in my view, take us towards a much-needed debate about drug law reform. ■

Wellington-raised Max Harris was just 26 when he was elected to the All Souls Prize Fellowship at Oxford University in 2014. He currently resides in Oxford.

Corrections must do more to reduce Māori reoffending

The Waitangi Tribunal's (Wai 2540) Tū Mai te Rangi! report on disproportionate reoffending rates for Māori was released in April. The report is in response to a claim by former Corrections officer Tom Hemopo that the Crown has breached its Treaty of Waitangi obligations by failing to address the high rates of Māori reoffending and reimprisonment.

The Drug Foundation backs this claim and the Tribunal's condemnation of the "grossly disproportionate, decades-long, and increasing Māori overrepresentation in the nation's prisons", which it said was a "devastating situation for Māori, and for the nation". We agree there is a growing threat to Māori culture presented by the normalisation of Māori reoffending and reimprisonment rates.

Our criminal justice system has been failing Māori for decades, and we're not seeing any sign of improvement despite reports over decades highlighting these failures. We endorse the Tribunal's recommendations and recognise that minor drug-related offending is a significant driver behind the high number of Māori entering the criminal justice system.

The report says the disproportionate rate of Māori reoffending prejudicially affects whānau, hapū and iwi and the ability of Māori communities to sustain their wellbeing, culture and mana. This prejudice affects those far beyond the offenders and reoffenders themselves. It suggests up to 10,000 Māori children have a parent in prison, which presents a grave risk that the impacts of reoffending will reverberate through the generations, creating a destructive cycle.

The report affirms Māori have a definite interest in the safety and wellbeing of their own communities through the successful rehabilitation and reintegration of offenders. For whānau and hāpu, Māori offenders are husbands, wives, parents, tamariki and mokopuna removed from their communities.

"As we see it, rangatiratanga demands that Māori be substantially involved in matters affecting them … Māori have a clear interest in the process by which Māori reoffending is reduced, particularly the use of Māori to support a culturally relevant approach. This is consistent with the rangatiratanga right of Māori to ensure that tikanga is followed appropriately and under the correct authority in the rehabilitation and reintegration of Māori offenders."

Further to this, the report finds that the Crown, by failing to make an appropriately resourced, long-term strategic commitment to reducing Māori reoffending, has not sufficiently prioritised the protection of Māori interests or appropriately targeted the reduction of Māori reoffending rates in line with that of non-Māori.

The report sees an urgent need for a new and improved Māori-specific long-term vision and strategic commitment to coordinating Department of Corrections programmes and resources to substantially reduce Māori reoffending. It says this needs to be a top priority in and of itself, not simply included within a general goal.

"We consider that in this situation, where Māori interests are so threatened, consultation with Māori in the design of high-level Department strategies to reduce the disproportionate rate of Māori reoffending is essential. These must be integrated into a broader strategic vision guided by a clear commitment to Treaty principles."

The Tribunal recommends that the Crown:

- gives the Māori Advisory Board more influence, including that it should co-design the Department's rehabilitative and reintegrative programmes operating within a Māori-focused strategic framework
- designs and implements a revised strategy in partnership with the Māori Advisory Board
- commits to a measureable, data-driven, Māori-specific target in order to hold itself accountable for reducing Māori reoffending rates within reasonable timeframes and that it regularly and publicly reports on the progress made towards meeting this target
- has a dedicated budget to ensure a renewed Māori-specific strategic focus and that the target and programmes that fall under this are adequately resourced – the allocation of the budget should be a matter for discussion between the Department of Corrections and the enhanced Māori Advisory Board
- provides appropriate resourcing for senior-level Corrections staff to receive advice and training in incorporating mātauranga Māori and the Crown's Treaty obligations into the Department's high-level practice and operations
- amends the Corrections Act 2004 to state the Crown's relevant Treaty obligations to Māori as addressed in the report. ■

Johann Hari

British journalist Johann Hari's book *Chasing the Scream: The First and Last Days of the War on Drugs (2015)* is still being widely read around the globe. Q&A asked the award-winning author for a quick update.

Q Remind us what you covered in Chasing the Scream.

A One of my earliest memories is trying to wake up one of my relatives and not being able to. I wanted to understand why we have a War on Drugs and what the alternatives are, so I went on a 30,000 mile journey to over 17 different countries and realised that everything we think we know about drugs, about addiction and about the War on Drugs is wrong.

Q What has been the response since the book was published?

A What has been most moving is hearing how many people – either with an addiction problem or who have someone they love who has an addiction problem – felt that the different frames for talking about addiction has helped them in their lives.

Hearing it explained that the addiction is an understandable reaction to human distress and that the solution is to deal with the underlying reasons why they're distressed, that really helps people.

I think it also helps the 90% of people who use current illegal drugs who don't become addicted to have a story for themselves, right? Because they are, like, everyone kept telling me, "Oh my god, you must not use this drug, you're going to become addicted," but they never have become addicted.

The core of addiction is about not wanting to be present in your life because your life is too painful a place to be. We talk all the time in addiction about individual recovery, and there's real value in that, but we need to talk much more about social recovery. Something's gone wrong with us, not just as individuals but as a group.

During the run-up to the US election last year, I spent time in Ohio – the former Rust Belt. When you talk to people who've lost everything that gives life meaning, they are profoundly disoriented. They have super-high addiction rates and super-high suicide rates. The addiction crisis is one manifestation of that. On top of that, you have a terrible drug policy that makes the problem worse by punishing people.

Q Should we still keep an eye on Portugal?

A The Portuguese experiment is really remarkable, which is why I talk so much about it in the book. When you make the argument for reform, people often start asking perfectly reasonable questions like, "How would that work?", "What does that mean?" And very often, people get diverted into a weirdly abstract argument, like we're a philosophy seminar. And I always say to people, "No, no. This isn't an abstract question."

I've been to the places that have the toughest possible policies. I've been to Vietnam where they make drug users go into gulags. I've been to Arizona where people convicted of drug crime wear t-shirts saying "I was a drug addict" while members of the public mock them. And I've been to the places that have the most compassionate drug policies, and we can see how they work.

From these different experiments and methods, the results are very, very clear. Irrespective of what you think of the ethics of them, the Drug War produces more violence and more addiction and does not solve the problems of drug use. Compassionate policies are not a magic bullet – there are still problems – but everywhere they move beyond the Drug War, they've seen a significant reduction in these problems.

We have to look at the evidence. Policies based on shame and stigma and transferring drugs to criminals don't work. Policies based on love and compassion and regulating the drug market have radically better success rates.

Q What is happening in places like Colorado?

A No one should overstate our knowledge of the results, but there are a few things we do know. Since cannabis was legalised in Colorado, support has significantly increased for legal cannabis after people have seen it in practice. Teenage drug use has remained steady and remains lower than the US national average, significant sums of money have been raised in taxation for good purposes and there appears to have not been a significant increase in problems associated with cannabis.

We've also learned some negative lessons. I don't think commercialised packaged edibles are a good idea, especially not ones with little cartoon characters on them. But the good thing about a legal regulated market is we can change the regulations.

Let me stress again, the Colorado option is radically better than what we have now. Even so, I would prefer the Spanish system of not-for-profit cooperatives that can't advertise and don't promote and don't go down a highly commercialised route.

Q Looking forward, where are things heading?

A Every democratic politician in the world is constantly making calculations: "If I take this decision, how much praise will I get and how much shit will I get?" At the moment, if you do the right thing on drug policy, you get a little bit of praise and a whole lot of shit. But we can change that balance of calculations.

I've seen that balance of calculations change in my lifetime on gay marriage. I didn't even hear the concept of gay marriage until I was about 19, and look how widely accepted it is now.

I went to Colorado, and I saw the first legal cannabis shop open. I thought, this is the first act in the end of the Drug War. And it's up to us how quickly we tear it down.

RESOURCE

chasingthescream.com

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

Website [re]launch

The reboot of **drugfoundation.org.nz** is about more than a lick of paint. Sure, the masthead has changed and there are many more visuals. And it is easier to navigate your way around. And search runs on a whole new engine.

Scrape below the surface and you'll find the most substantial changes. New and refreshed drug information pages now focus on #harmreduction. And renewed policy pages clearly set out where we stand. And much more.

Check out the difference:
drugfoundation.org.nz