# matters of substance

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May 2008

# Fit for purpose? Rethinking drug policy

Sanctioned murder in the name of drug control. What happened to the health and wellbeing of citizens? Is the drug control system broke, as many suggest? If so, how do we fix it?

www.drugfoundation.org.nz

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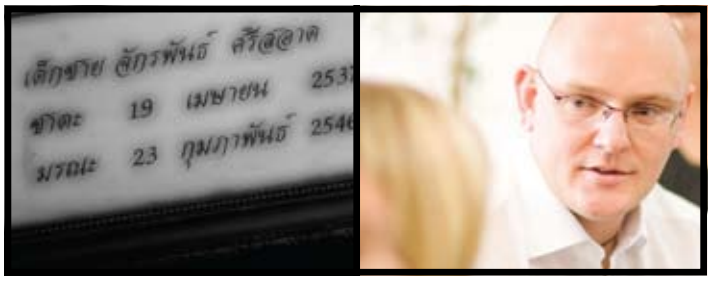


**WELCOME** to our May 2008 *Matters of Substance*. So, what does the International Narcotics Control Board (INCB) consider are the most pressing issues facing international drug control efforts?

- The need for access to harm reduction services to prevent HIV and Hepatitis C transmission through injecting drug use?
- Access to opiates for pain relief for everyone in need, including those with terminal diseases?
- Objection to a possible reinstatement of the 'war on drugs' in Thailand, which, in 2003, claimed the lives of at least 2,200 people through extrajudicial killings?

No. Instead, in the media launch of its annual report, the UN expert body responsible for overseeing the international drug control conventions seemed more worried about celebrities using drugs, claiming that dealing with famous people in a lenient manner encourages a permissive attitude to drugs amongst young people.

This is troubling.

An international body geared towards monitoring the three UN drug control conventions has far more pressing concerns than what model Kate Moss is snorting or singer Amy Winehouse is smoking. Thirty percent of all HIV infections (excluding sub-Saharan Africa) are through unsafe injecting drug use, an issue that is all but ignored in the report.

The INCB visited Brazil in 2007, and the country features in this year's report. Yet there is no mention of the hundreds of deaths in the favelas through indiscriminate police violence. The INCB also visited Viet Nam in 2007, but has not mentioned the all too common application of the death penalty for drug offences, in violation of international human rights law.

The Board has created a new category of offender, the 'celebrity user', one to be made an example of for the benefit of the greater good, something that is completely outside its mandate under the conventions. Indeed, the INCB presents no evidence that celebrities are treated more leniently in the first place. And in suggesting this, the august body contradicts itself; in the first chapter of its own report, the INCB calls for a focus on traffickers, not individual users.

Our advice to the International Narcotics Control Board: worry less about soundbites and celebrities and more about the real issues and the lives of millions affected by your work.

Amy, good luck with your recovery – now, on to the important work.

Happy reading, Ross Bell. ■

## Key Events and Dates

**Family Violence and Specialist Courts: National and International Perspectives**
22–23 May, Canberra, Australia
Reflections and perspectives from a wide range of experts will be shared on the growing international developments of specialised jurisdictions including drug courts, indigenous courts and mental health courts.
**www.victimsupport.act.gov.au**

**Youth Week**
26 May–1 June, Nationwide
Relate: Young people thrive when there are supportive, encouraging and positive people in their lives. Youth Week 2008 is all about relationships.
**www.youthweek.co.nz**

**Hoodie Day**
30 May, Nationwide
Hoodie Day is about challenging the stereotypes of young people. Wear a hoodie to show your support for youth. It's what's under the hood that counts.
**www.youthweek.co.nz**

**CAYAD Central and South Region Hui**
3–5 June, Levin
For CAYAD workers and key stakeholders to learn what's happening across their region.
**Email: s.a.liggins@massey.ac.nz**

**10th International Hepatitis C Conference**
3–4 June, Derby, United Kingdom
The programme will include lessons learned from harm reduction interventions, with a key focus on initiatives in prison settings.
**www.hepccentre.org.uk**

**Club Health**
23–25 June, Ibiza, Spain
The 5th International Conference on Nightlife, Substance Use and Related Health Issues, held in one of the world's leading nightlife destinations, focuses on protecting and promoting health in nightlife settings.
**www.clubhealth.org.uk**

**Involve 08: Relate**
2–4 July, Wellington
A conference about young people and quality relationships, Involve aims to inspire, inform, encourage and challenge those working with and for young people.
**www.involve.org.nz**

**Addiction Treatment Sector Leadership Days**
3 July, Auckland; 6 November, Wellington
These days are an opportunity for managers, funders, planners and senior clinicians to debate and discuss important issues facing the addiction treatment sector.
**www.matuaraki.org.nz**

**International Addiction Summit**
10–12 July, Melbourne, Australia
The underlying theme 'A climate for change' challenges sector leaders to think creatively about new and innovative ideas that can march the addiction treatment field to the summit.
**www.addictionsummit.org**

**Insights and Solutions**
1–3 September, Melbourne, Australia
A chance to consider innovative approaches and improved practice in the field of acquired brain injury.
**www.bia.net.au**

**Life and Death – Cutting Edge**
4–6 September, Christchurch
The annual New Zealand addiction treatment sector conference.
Call for papers out now.
**www.cuttingedge2008.org.nz**

**1st Global Conference on Methamphetamine: Science, Strategy and Response**
15–16 September, Prague, Czech Republic
The first Global Conference on Methamphetamine recognises that many countries have been forced to rush towards solutions in response to this new trend; however, many facets of the problem remain to be discovered.
**www.globalmethconference.com**

**Safe Communities**
20–23 October, Christchurch
The 17th International Safe Communities Conference aims to celebrate and strengthen community safety as an integral part of national and international injury and violence prevention policy, research and practice.
**www.safecom2008.org.nz**

**APSAD 2008 Evidence, Policy and Practice**
23–26 November, Sydney, Australia
The Australian Professional Society on Alcohol and Other Drugs Conference promotes the use of best practice approaches in the prevention, early intervention and treatment of alcohol and other drug problems.
**www.apsad2008.com**

# Fit for purpose? Rethinking drug policy

(AP Photo/Chuvit Khemtong)

The stars are in alignment. This year, as New Zealand reviews its Misuse of Drugs Act for the first time in 33 years, the international community is turning its attention to global drug control frameworks. Our Act closely reflects the international conventions, so decisions made by the international community are critical to the future of New Zealand's drug laws and policies. In this issue of *Matters of Substance*, we focus on some of the critical drug policy debates underway in New Zealand and across the international community.

AP Photo/Sakchai Lalit

**COVER IMAGE:** Rium Kerdprayul displays a photo of her late grandson during an interview on Wednesday 2 April 2008 in Pathumthani Province, north of Bangkok, Thailand. The boy, nine-year-old Chakraphan Srisa-ad, was killed by police as they were shooting at his mother during a drug sting operation in 2003. Thailand has launched a war on drugs, reviving a controversial project of ousted Prime Minister Thaksin Sinawatra, whose critics said his 2003 drug war cost many innocent lives.

**OPPOSITE:** Thai police investigators examine the body of a suspected drug trafficker who was shot dead by police in Bangkok, Thailand, 2003. In February 2003, the government of Thailand, under then Prime Minister Thaksin Shinawatra, launched an unprecedented 'war on drugs' resulting in up to 2,800 killings, arbitrary arrests of thousands more and endorsement of extreme violence by government officials at the highest levels.

**“There is indeed a spirit of reform in the air, to make the conventions fit for purpose and adapt them to a reality on the ground that is considerably different from the time they were drafted.”**

Antonio Costa, Executive Director, UN Office of Drugs and Crime, March 2008

**THE** present system of worldwide drug control is based upon three international conventions that were introduced with a clear purpose in mind – restricting production, distribution and use of controlled drugs. However, since there has been no significant reduction in supply or demand over the last 10 years, the question now being asked is whether the current structures are ‘fit for purpose’.

In 2009, government representatives will gather in Vienna to decide a way forward for the management of the international drug control system. The three conventions underpinning the system – the 1961 Single Convention on Narcotic Drugs, the 1971 Convention on Psychotropic Substances and the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances – enjoy widespread adherence, with 183 states being parties to the first two conventions, and 182 to the third.

Now, many UN members, questioning the value of law enforcement and supply reduction alone, want a greater emphasis on the health and social consequences of drug marketing and use.

In New Zealand, the Law Commission has begun its review of the Misuse of Drugs Act 1975 to determine whether our law suffers the same inconsistencies and incompatibilities as the international framework.

From initial observations, the Law Commission is not shying away from the big issues. Its terms of reference

AP Photo/Sakchai Lalit

Supachoke Thanyaporn, centre, and Suchart Ounwong, right, hide their faces during a press conference in February 2003 at police headquarters in Bangkok, under arrest with 1.79 million methamphetamine tablets.

include whether the long-standing policy principle of harm minimisation should be reflected in drug law and if the drug classification system should be retained in some form or another.

Our cover feature begins with a debate about drug classification. Ted Leggett, from the Vienna-based UN Office on Drugs and Crime, questions the relevance of recent research in the United Kingdom examining the rationale of the current rankings of substances based on their harms. Steve Rolles, from the drug policy reform lobby Transform, details the flaws he sees in the 'ABC' classification system. Both essays provide food for thought for our Law Commission colleagues.

Both our final essays are authored by Martina Melis, Senior Policy Analyst with the New Zealand Drug Foundation. Each addresses a most critical issue facing the UN drug control system; that being the unjustifiable conflict between human rights and drug control. Martina's first essay provides an overview of these issues, and the final essay is a case study of fundamental human rights abuses, including extrajudicial killings, in Thailand's 'war on drugs'.

The happy coincidence of the international and domestic drug control reviews represents the greatest opportunity ever to develop drug law and policy that ensures the health of all citizens, globally and locally. ■

## Beyond 2008

**Beyond 2008, an initiative of the Vienna NGO Committee on Narcotic Drugs, aims to improve NGO partnership and action in the broad area of drug control. NGOs have more commonalities than differences and need to work together to promote shared experiences and values.**

Beyond 2008 runs parallel to the UN review of progress against the targets established by the 1998 United Nations General Assembly Special Session (UNGASS). The NGO process consists of regional review forums, culminating in a global forum in Vienna in July.

In February, New Zealand participants took part in one of those regional consultations, hosted by the Drug Foundation. Outcomes from the consultation will be presented in a report to the Vienna summit.

The global NGO Forum will be held in Vienna in July 2008, and the unified NGO contribution to the UNGASS review will then be submitted to the Commission on Narcotic Drugs and the United Nations Office on Drugs and Crime (UNODC). This will aid examination of progress in meeting targets set in 1998 and develop more effective partnerships for the future.


**VIENNA** is the capital of Austria, and with a population of about 1.7 million, it is by far the largest city in Austria as well as its cultural, economic and political centre.

The Vienna Non-Government Organisation Committee (VNGOC) provides a link between civil society, UNODC and the Commission on Narcotic Drugs.

## Finding out more

**The United Nations Office on Drugs and Crime (UNODC) is the lead UN agency responsible for coordinating international drug control. It runs alternative development projects, illicit crop monitoring and anti-money laundering programmes. For more information or to read the international drug control treaties, visit www.unodc.org.**

The Vienna Non-Government Organisation Committee (VNGOC) provides a link between civil society, UNODC and the Commission on Narcotic Drugs. Created in 1983, the objective of the Committee is to support the work of the UNODC, provide information on NGO activities and involve a wide sector of civil society in raising awareness of global drug policies. www.vngoc.org.

The Transnational Institute has published a website focusing on the 10-year UNGASS review. It provides a useful background into the international drug control system and summarises key policy debates. www.ungassondrugs.org.

For independent information about the international drug control system, including a critique of the problems and weaknesses of the system, read the *UN review of global policy on illegal drugs – An advocacy guide for civil society,* available on the International Drug Policy Consortium website – www.idpc.info.

To stay informed on New Zealand's input into the Beyond 2008 review, including a copy of the regional consultation report, visit www.drugfoundation.org.nz/UNGASS-beyond-2008.

Visit the new International Harm Reduction Association blog, which discusses human rights within the context of drug control. Recent posts describe the workings of the 2008 Commission on Narcotic Drugs meeting. www.ihrablog.net.

To stay informed about the Misuse of Drugs Act review, visit www.lawcom.govt.nz.

# The drug scheduling debate: The view from Vienna

Drug scheduling is the process of sorting controlled substances into categories, generally with the purpose of assigning higher levels of control over those drugs viewed as most hazardous. This implies a process of weighing the respective dangers and benefits of each drug, an undertaking of considerable complexity. As with many controversial topics, members of the public, and especially specialised academics, may feel that their opinions are not given enough credit. This is particularly true for popular drugs with vocal supporters, such as cannabis. **Ted Leggett**.

**THERE** are as many mechanisms for evaluating drug harmfulness as there are agencies involved in the regulatory process. They must all confront certain core questions. One is the mechanism for arriving at a decision. **Who** gets to vote, and how are decisions reached? Another is the criteria to be used in justifying decisions made. **How** is 'harmfulness' to be evaluated?

Many have argued that the process of drug scheduling could be improved, but exactly what this would look like remains controversial. The difficulties of scheduling drugs through scientific consensus were highlighted in a provocative article in *The Lancet*, entitled 'Psychoactive drugs of misuse: rationalising the irrational'.

The article argues that, in the United Kingdom, *'The current classification system has evolved in an unsystematic way from somewhat arbitrary foundations with seemingly little scientific basis'.*

It suggests an alternative model, in which experts from a range of disciplines meet and rank drugs based on a number of pre-selected criteria. The rankings are then averaged to produce a 'mean harm score', which the authors suggest should be associated with scheduling. The article then describes an attempt by the authors to implement that approach and the results it produced.

While such scientific input should undoubtedly be part of the scheduling process, and evaluations of the sort conducted by the authors should be encouraged, the devil is in the details. In the experiment, the key question of **who** was doing the evaluating is left vague, and the reasons behind refusals and dropouts are not well described. Not every expert rated every substance parameter, and the reasons for abstentions are unclear. Efforts were made to achieve a consensus, including a revision process in which outlier scores were challenged. The participants were also given review articles, including some by the authors of the research themselves. In the end, the study seems mainly to demonstrate the ability of the authors to guide a select group of authorities to a reasonably consistent position.

**"Specialists in many fields would like to see public policy decisions made by a referendum among experts, but the practicalities of this process are problematic."**

Despite a well thought out scheme of criteria, the question of **how** to evaluate harm also poses considerable difficulties. Many of these centre on the combination of two distinct types of assessment parameters, one dealing with harm to the individual and the other dealing with harm to society at large. Social harms are directly related to the availability of each substance. As the authors themselves note, *'direct comparison of the scores for tobacco and alcohol with those of other drugs is not possible since the fact that they are legal could affect their harms in various ways, especially through easier availability'.*

However, this is precisely what they

proceed to do, placing both sets of drugs on the same scale and even suggesting an appropriate scheduling for alcohol and tobacco. As a result, Associated Press coverage of this article proclaims, '*Booze and smokes more dangerous than some illegal drugs*'. While this is clearly not the intent of the article, it is a predictable misreading of the results.

Two-thirds of the assessment parameters are types of harm to individuals, and one-third relate to social harm, an implicit weighting that is never justified, giving dangerous but rarely used drugs a higher overall harmfulness rating than commonly used ones. For example, ketamine, a drug used irregularly even among dedicated clubbers, is rated higher in overall harmfulness than cannabis, a drug used by nine per cent of the adult population of the United Kingdom every year, many on a daily basis. Whatever the value of this ranking to scheduling, the authors say they offer these rankings to provide guidance on relative risks so that resources can be more rationally distributed with regard to substance-specific interdiction, education and treatment. Of course, it would make little sense to dedicate as many resources to ketamine as to cannabis, despite the fact that social harms were theoretically included in the overall harmfulness ranking.

Weighting among individual parameters is also troubling. For example, while the types of physical harm of the drug to individuals would seem to be covered by the two assessment parameters of 'acute harm' and 'chronic harm', a third harm parameter – the potential for intravenous injection – is included. This gives excessive weight to drugs that can be injected, without taking into consideration the prevalence of injection for that drug type. For example, cocaine is given the same injection harm rating as heroin (the highest possible rating), despite the fact that injection is more common among heroin users than cocaine users. If injection were removed from the physical harm assessment, cocaine would be deemed scarcely more harmful than alcohol. Even LSD gets a mild boost due to its alleged potential for injection, a practice that, if it occurs, is extremely rare.

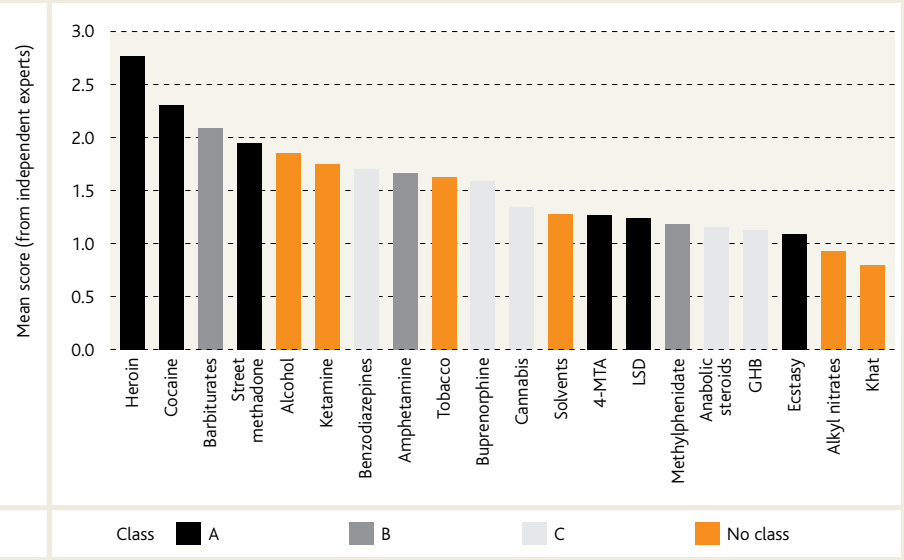
It should also be noted that the results are specific to the United Kingdom and cannot be generalised internationally. This is obvious for types of social harm, which are reflective of the extent of use – methylphenidate abuse would not figure in tallying the impact of drugs in most countries of the world. However, this social bias is also true of the harm to individuals caused by specific drugs. The low rate of physical harm attributed to solvent use, for example, can only be based on the way solvents are most commonly used in the UK, which is to say light recreational use. In developing countries, solvents are used by some groups, such as street children, on a continuous basis, and the impact on health is devastating. The fact that the author's ranking of drugs corresponds to that of studies conducted in other national contexts is offered in validation of the findings. Rather, it should draw suspicion, as it suggests that the study was less an independent inquiry into the specific types of harm experienced in the UK than a reflection of popular views on the relative harmfulness of these substances.

These concerns highlight the difficulties of objectively assessing the relative risks of drugs, particularly on an international basis. Specialists in many fields would like to see public policy decisions made by a referendum among experts, but the practicalities of this process are problematic. While there remains potential for developing this approach, and expert opinion will continue to be an important part of a complex evaluation, the question of who gets a say and how they should evaluate risk will remain at the core of the controversy. ■

**Ted Leggett is a Research Officer with the Vienna-based UN Office on Drugs and Crime.**

## A rational scale to assess the harm of drugs?

### Current classification under UK's Misuse of Drugs Act




The drug classification debate intensified with publication in *The Lancet* of a paper, by leading drug researchers, suggesting a more rational approach to classifying drugs based on their relative harms.

Under their model, the most harmful drug in the UK is heroin, and its Class A is justified, but not LSD and Ecstasy's classification.

Alcohol is ranked 5th most harmful, ahead of tobacco and cannabis, 9th and 11th respectively.

The full paper by David Nutt and colleagues, *Development of a rational scale to assess the harm of drugs of potential misuse*, can be found on **www.thelancet.com**.

# The drug classification alphabet: An un-evidence-based mess

The debate in the UK over cannabis reclassification from B to C made the classification debate headline news, while a damning inquiry report by the Science and Technology Select Committee, combined with the *The Lancet* paper on drug harm rankings, have given the ABC system some long-overdue high-level scrutiny. However, the problem runs much deeper than whether certain drugs are misclassified. **Steve Rolles**.

**THE UK'S** ABC drug classification system has been in place since the Misuse of Drugs Act 1971, but its history can be traced back further to the 1961 UN drug convention to which the UK and over 160 other states are signatories.

Much of the 1961 convention was drafted in the 1940s, in an era when patterns of drug use and drug-related harms were dramatically different to those we face today. At the time, the key concept of using a harm-based hierarchy of criminal penalties as the central plank for the wider aim of eliminating drug use was, while perhaps instinctively sensible, entirely without evidential foundation. The only major experiment with such a prohibition had been US alcohol prohibition in the 1920s, a benchmark for poorly thought out drug policy led by moral imperatives rather than evidence of effectiveness.

**"Any and all medical authorities will acknowledge that the greatest harm to public health from drugs stems from alcohol and tobacco use. Under any realistic assessment of toxicity, addictiveness and mortality rates, both drugs would certainly be criminalised and prohibited under the current system."**

A historical perspective, therefore, suggests that it has been international and domestic political forces, rather than rational analysis of available evidence, that has defined mainstream drug policy thinking and the classification system.

### Why the classification system is fundamentally flawed

**1. There is no evaluation or review of the classification system against meaningful indicators.**

Before trying to establish if the classification system is effective, we must ask what it is seeking to achieve. The Misuse of Drugs Act 1971 seeks to reduce the availability and misuse of prohibited drugs – its ultimate aim being a drug-free society.

However, existing systems of policy evaluation and review are woefully inadequate, with neither drug availability nor levels of misuse (or health harms related to use) being measured in a meaningful or consistent way. There is simply no way of establishing the impact of changes in the classification of individual drugs, or the effectiveness of the system as a whole.

**2. The system is based on the un-evidenced assumption that criminal penalties are an effective deterrent and that stronger penalties are a stronger deterrent.**

At the heart of the classification system is the assumption that criminal sanctions are an effective deterrent to use – specifically for the ABC classification system, that the heavier the sanctions the stronger the deterrence. However, there is zero published research to establish any evidential base for this key assumption. Crucially, there is also no evidence to show that key target groups understand or pay any attention to the classification system when making drug-taking decisions.

The UK's Science and Technology Select Committee challenged the government on this very specific point in their 2006 report *Drug Classification: Making a hash of it?*

*'We have found no solid evidence to support the existence of a deterrent effect, despite the fact that it appears to underpin the Government's policy on classification. In view of the importance of drugs policy and the amount spent in enforcing the penalties associated with the classification system, it is highly unsatisfactory that there is so little*

*knowledge about the system's effectiveness.'*

The scant independent research that has been done in this area suggests that the law and its enforcement are, at best, marginal factors in drug-taking decisions – especially for the most excluded groups who are most vulnerable to problematic use. The wider point here is that criminal law is intended to prevent crime, not 'send out' messages on public health. When this has been tried, it has been spectacularly ineffective, as the unprecedented ballooning of drug use over the last 37 years demonstrates with some clarity. Moreover, it has been arguably counterproductive by fostering mistrust of police and public health messages among young people.

**3. Alcohol and tobacco are not included in the classification system.**

It is this omission that truly lays bare its fundamental lack of consistency, reasoning or evidence base. Any and all medical authorities will acknowledge that the greatest harm to public health from drugs stems from alcohol and tobacco use. Under any realistic assessment of toxicity, addictiveness and mortality rates, both drugs would certainly be criminalised and prohibited under the current system, as was notably acknowledged in the high profile *The Lancet* paper 'Development of a rational scale to assess the harm of drugs of potential misuse'.

The reason they are absent from the classification system is that they are, for entirely political/historical reasons, absent from the international prohibitionist legal system. This distinction is arbitrary, perverse and illogical.

**4. Drug harms are mediated by the nature of the user, the dose of drug consumed and the method of consumption – making a system based upon broad sweep single classifications for each drug fundamentally unscientific and meaningless in most practical terms.**

As an example, the classification system makes no distinction between coca leaf chewing and smoking crack; they are both cocaine (Class A). However, coca chewing is low dose and slow release and is not associated with significant health harms (and even some benefits) – whereas crack smoking is high dose and rapid release and consequently associated with high harm/risks. Similarly, some drugs are low risk if used occasionally, but become increasingly high risk with increasing intensity and regularity of use. The classification system makes no allowance for more responsible or moderate use of any illegal drug and completely ignores the possibility that some drug use may, on balance, be beneficial (pleasure, relaxation, pain relief etc).

**"More significantly, the debate over which drugs should be in which class is a distraction from the more profound problem that the ABC system exists primarily to determine a hierarchy of criminal penalties, and there is no evidence whatsoever to demonstrate that this approach has either criminal justice or public health benefits."**

**5. Translating generalisations about harms/risks to an entire population into penalties for individuals is both unscientific and unjust.**

Even if one accepts that consenting adult use of certain drugs should be a criminal act, it remains unethical and unscientific to base penalties for an entire using population – including the majority of non-problematic users – on the small proportion of drug users who experience difficulties or health problems. This is akin to punishing responsible drivers for the actions of reckless joy riders.

To the objective observer, the intellectual problems with the classification system are as obvious as its abject and ongoing failure on all meaningful indicators. The government's response to its critics has been nothing more than contemptuous and is entirely lacking in intellectual or empirical credibility. The Science and Technology Committee's conclusion that the system was 'not fit for purpose' was altogether too diplomatic.

There is certainly potential for ranking different drugs along the various vectors of drug harm that might usefully include toxicity, addictive potential, particular risks for specific populations (eg. sex, age group, mental health), safety critical activities (eg. driving) or behaviours (eg. injecting, polydrug use, pregnancy). However, this sort of information does not lend itself to the broad generalisations of a simplistic ABC system, however well thought out the placing of individual drugs may be. People need honest and accurate information about drug risks so they can make informed decisions; the ABC system singularly fails to deliver.

More significantly, the debate over which drugs should be in which class is a distraction from the more profound problem that the ABC system exists primarily to determine a hierarchy of criminal penalties, and there is no evidence whatsoever to demonstrate that this approach has either criminal justice or public health benefits. The government's refusal to honour the promise the Home Secretary (before last) made to the House of Commons in January 2006, to hold a review of the classification system, is transparently a politically motivated one. Their 'belief' that the system is effective, when the opposite is demonstrably the case, is simply not acceptable and should be a profound concern to everyone in policy making, law and the wider drugs field. ■

**Steve Rolles is the Information Officer at the UK's Transform Drug Policy Foundation (www.tdpf.org.uk).**

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# Human rights and drug control

Narrow interpretation of international drug control conventions by some countries has resulted in a failure to provide vital health and harm reduction services. **Martina Melis** argues a reinterpretation of the international framework is needed to remove these 'unintended consequences'.

Martina Melis

**THE** United Nations' international drug control conventions were established primarily to prevent and combat supply and consumption of illicit drugs. Essentially, their emphasis falls mainly on controlling and punishing suppliers.

The conventions do contain *some* guiding principles on addressing drug demand and treatment, but, because the language on these measures was left vague, some national governments have been able to use them to restrict their options for public health-driven responses to drug use.

This has particularly been the case with regard to harm reduction, an issue of much debate among UN member states. The consequence has been that interventions aimed at reducing the harms related to drug use – particularly those focusing on HIV and Hepatitis C prevention – are not being implemented in some countries, and drug users with these and other diseases are being denied access to healthcare and treatment.

Despite the fact the conventions nowhere require criminalisation, in many countries, the only response available to drug users is incarceration.

**"While the validity of harm reduction and the importance of refocusing international drug control towards public health priorities can no longer be denied scientifically, it is often negated politically."**

One of the many reasons for these outcomes is the way the conventions are being interpreted.

Traditionally, some international drug control agencies, particularly the International Narcotic Control Board (INCB), have held a very restrictive

interpretation of the conventions and the sanctioning of harm reduction concepts. This continues despite the results of the UN Drug Control Programme Legal Affairs Section review, commissioned by the INCB itself, which found interventions such as needle exchange programmes, opiate substitution treatment and drug consumption rooms compatible with the spirit and aims of the conventions.

Also, after years of research and scientific scrutiny, harm reduction is now endorsed and promoted by almost all agencies comprising the 'UN family' – the World Health Organization, UNAIDS, UNDP and the World Bank, to name a few.

Such incongruence continues to fuel disparities and ambiguity across the international system and often results in extreme variations in policies. While the validity of harm reduction and the importance of refocusing international drug control towards public health priorities can no longer be denied scientifically, it is often negated politically.

Clearly, it is time for some clarity and coherence. The international drug control system must recognise and extend the same level of freedom of interpretation to *all* countries. This freedom has allowed many developed countries to shape drug policies upon their own cultural and economic characteristics and autonomously decide the level of regulation that fits their society.

However, there are reasons to believe we may be entering a better era. The United Nations General Assembly Special Session (UNGASS) 1998–2008 review process is providing worldwide opportunity to review past approaches and imagine a new strategy for the future.

Beyond 2008 is a very significant element of this review process, as was this year's meeting of the Commission on Narcotics Drugs (CND). In the CND report, UNODC Executive Director Antonio Maria Costa acknowledged that the fundamental objectives of the conventions *had* not yet been achieved *and stated*, "Looking back over the last century, we can see that the control system and its application have had several unintended consequences – they may or may not have been unexpected but they were certainly unintended… We must face the unintended consequences, contain them and then undo them."

The 'unintended consequences' have stretched far. Across Asia, legislation based on the conventions criminalises drug use and users. Once incarcerated, users lose their freedom and access to healthcare and drug treatment. In Brazil, children recruited into drug trafficking gangs are shot without hesitation. In Ukraine, police intentionally use withdrawal as an investigative tool to coerce incriminating testimony from drug users and extort money by threatening prolonged detention. Investigations in China uncovered extreme ill-treatment in the name of rehabilitation, such as administering electro-shocks to drug users while they viewed pictures of drug use.

**"The 'unintended consequences' have stretched far. In Brazil, children recruited into drug trafficking gangs are shot without hesitation."**

These and other derogations of human rights in the name of drug control continue in many countries despite the fact that 192 states around the world have subscribed to the Charter of the United Nations, which has very specific obligations regarding 'fundamental human rights' and 'the dignity and worth of the human person'.

At the 2008 CND meeting, an important resolution on drug control and human rights was adopted. While the version adopted was a weakened and watered down version of what was initially proposed, it is significant in that the tensions between drug control and human rights were finally included in the CND agenda. Costa's report stated, "It stands to reason that drug control and the implementation of the drug conventions must proceed with due regard to health and human rights… The gap between international standards and the law of individual nations needs to be bridged by means of negotiations and the promotion of good practices in this difficult area."

According to the UN Charter, when there is a conflict between drug control and human rights obligations, human rights must take priority. Hence, the international community – including countries like New Zealand that make human rights protection the very foundation of their nation – has an obligation to advocate an end to human rights violations stemming from drug control policies and hold countries accountable for such breaches. Moreover, they have a duty to share national good practices with the international community and to assist countries in developing their own standards and practices in accordance with the principles of human rights and public health protection.

Choosing to remain silent is choosing complicity in human rights abuses and the very negation of the *raison d'être* of a United Nations global community of *peoples*. ■

**Martina Melis has recently joined the Drug Foundation as a Senior Policy Analyst. For more about Martina, and others in the Drug Foundation team,** see page 22.

Children recruited into drug trafficking gangs are shot without hesitation – Brazil

# Same same, but different: Thailand's second war on drugs

AP Photo/Sakchai Lalit

**"We will pursue a suppression campaign rigorously. There will be consequences… I will not set a target for how many people should die."**

In a public speech last February, Thai Prime Minister Samak Sundaravej made no secret of plans to revive yet another chapter of Thailand's controversial 2003 anti-drugs campaign. Interior Minister Chalerm Yubamrung said the new campaign would go ahead, even if thousands should die. The new national drug policy was officially launched on 2 April. **Martina Melis**.

**IN** February 2003, the government of Thailand, under then Prime Minister Thaksin Shinawatra, launched an unprecedented 'war on drugs' resulting in up to 2,800 killings, arbitrary arrests of thousands more and endorsement of extreme violence by government officials at the highest levels.

In the first three weeks of the 'war' alone, the National Human Rights Commission received 123 complaints.

On the streets of Thailand, the new climate of fear forced many drug users into hiding. Others were arrested and many were coerced into military-style drills in hastily established treatment 'boot camps'. Outside of so-called 'treatment', drug users shared accounts of discrimination in hospitals and other public institutions and exclusion from government-sponsored HIV/AIDS treatment programmes.

**"Why do you have to kill people? It's better to help drug users find ways to change their behaviour instead of killing them. There are not enough graves to bury us all."**

Odd Thanunchai, 26, a recovering heroin user in Chiang Mai, 2003.

This is not surprising. Simplistic and populist 'tough on' campaigns almost inevitably rely on the marketing of one single concept and result in the stereotyping and demonisation of the campaign target. Prime Minister Shinawatra's Order stated: "If a person is charged with a drug offence, that person will be regarded as a dangerous person who is threatening social and national security."

But mere drug *use* is hardly a

national security threat, and the question on whether it should be a crime is still very much debated. Ironically, through its war on drugs, the Thai government effectively conflated drug use with petty dealing and big-time trafficking. Largely failing to intercept and prosecute the real traffickers, it attacked the fringes – drug users and small-time dealers – and chose to respond to a very complex problem with the simplest of all solutions – that of arbitrary death sentences.

Four years later, in November 2007, the Thai Office of the Narcotics Control Board released information that some 1,400 of the people killed during the 2003 war on drugs – that is over 50 per cent – had no relation to drugs at all and were in fact classified as innocent people by the Royal Thai Police.

Thousands of deaths were not the only result. A number of other disastrous failures stemmed from the 2003 campaign.

For a start, it resulted in gross misdirection of treatment resources. Facilities became filled with people who did not have drug problems, while those with problems were too scared to access them. Arrested drug users frequently spent time in pre-trial detention where heroin was available and syringe sharing was rampant, but where drug rehabilitation and HIV prevention programmes were wholly inadequate.

By exclusively focusing on repression through law enforcement, the government missed the opportunity to develop and invest in demand and harm reduction strategies, indispensable components of any credible, sustainable and cost-effective drug strategy. And while methamphetamine trafficking might have suffered a temporary halt during 2003, it remains a strong and healthy business today. An estimated three million people (five per cent of the population) still use drugs in Thailand.

The 2003 Thai war on drugs highlights that any control approach relying principally on terror is ineffective, unsustainable and fundamentally a crime. The 2008 announcement by the current Thai Prime Minister of another 'war' based on the same principles, means and rationale is therefore recidivism at its worst. As the Thai say, "Same same, but different".

In 2008, Thailand remains a member of the United Nations and is a signatory to the UN Charter and a state party to the International Covenant on Economic, Social and Cultural Rights (ICESCR). As such, it has obligations to respect the rights of all those within its jurisdiction, including drug users. The Committee on Economic, Social and Cultural Rights specifies that "[t]he obligation to respect [the right to health] requires States to refrain from interfering directly or indirectly with the enjoyment of the right to health".

The Thai government's indiscriminate and extrajudicial killings, use of fear tactics to deter drug activity and failure to provide drug services was clearly a failure to protect drug users' rights to the highest attainable standard of health and a violation of its obligations under the ICESCR.

A number of recommendations by NGOs were presented to the United Nations at the conclusion of the 2003 war. These included:

- a demand for UN action to forcefully and publicly oppose the use of any methods resulting in human rights violation, irrespective of objective or target
- ongoing monitoring of human rights violations
- commissioning an independent evaluation of the health impact of Thailand's war on drugs, conducted by individuals with expertise in HIV/AIDS epidemiology, drug demand reduction and harm reduction
- inclusion by donors, of human rights requirements in the provision of financial assistance to Thailand, including redirecting programmes from Thai government agencies to non-governmental organisations in some cases of non-compliance.

Paradoxically, five years later, these recommendations still stand – *same same, but different.*

The difference today is urgency. ■

Sairung Chuwong, a 37-year-old farmer, holds a photo of her late husband Sompong, in Ban Huay Rua, Thailand, 2003. Sompong, who was on a government list of suspected drug dealers, was shot outside his home by unidentified assailants who claimed they had a search warrant. His wife denies he had any connection to the narcotics trade.

AP Photo/Sakchai Lalit

Former Thai Prime Minister Thaksin Shinawatra, center, and Public Health Minister Sudarat Keyuraphun, left, preside over the destruction of narcotic drugs in Ayuthaya, Thailand in July 2001. Worried about the massive flow of the stimulant methamphetamine from neighbouring Myanmar, the government launched a controversial, bloody war on drugs in 2003.

AP Photo/Apichart Weerawong


**Watch**

**Watch the video clip *Thailand's license to kill*.** See page 18 for details.

# BLACK MARKET FORCES

It's a billion dollar business. Or is it? **David Young** explores the economics of cannabis and asks, if the nation is truly making a fortune from pot, where is the money?

**THE** garden is tended no better or worse than any of the neighbours'. The two-door car parked out the front is tired but not a bomb. Matthew's rented house, with its neat white painted door, doesn't stand out in this laid-back, suburban street.

But in mid-2006, this small house was the talk of the neighbourhood. Police officers arrived with a search warrant in hand. They seized Matthew's tools of trade – a set of scales and a cellphone – and charged him with dealing cannabis.

Think of the black market in marijuana and it's likely you are conjuring images of something else. A run-down tinny house with a constant flow of customers. A pair of running shoes thrown over the power lines by way of advertisement. Gang members lurking in the shadows, controlling the proceeds and menacing competitors.

However, research suggests that 34-year-old Matthew is the more commonplace face of dope dealing. For eighteen years – through part-time jobs, studying and a lengthy stretch on the dole – he bought pot and sold smaller quantities to a select group of friends, keeping some for himself. "I wouldn't have to worry about my power bill," he says. "I'd get an ounce, sell four $100 bags or six $50 bags and pay the power bill that day."

It wasn't the lure of money that attracted Matthew to this job: it was love of the product. "I like smoking pot and I wanted to make sure I had a good supply, and the easiest way was to buy enough to sell some onto my friends." He bought cannabis from two dealers, both of whom themselves had just five or ten clients.

Matthew counts himself unlucky to be caught – the police acted on a tip-off and thought they were raiding a methamphetamine seller, not busting a small-scale dope dealer. "They told me themselves that they'd wasted their time coming here."

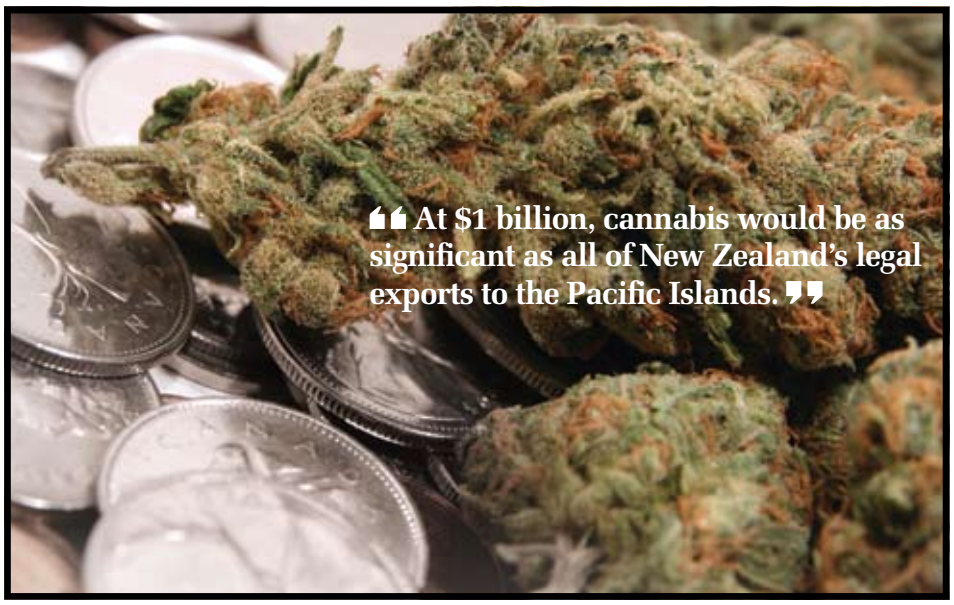
With police presenting incriminating text messages as evidence, he pleaded guilty and spent several months in prison.

Around the time Matthew was hauled before the courts, Massey University researcher Dr Chris Wilkins was publishing a paper that explored the structure of New Zealand's illegal cannabis market.

Dr Wilkins, who works at the Centre for Social and Health Outcomes and Research, found that – as with other black markets in drugs – the industry forms a pyramid. At the top, there is a tiny number of people trading large quantities of drugs. At the bottom are the vast majority of dealers like Matthew who distribute to small groups of friends and acquaintances.

"That's a way you control the risks," Dr Wilkins says. "Instead of one person selling cannabis to 5,000 like a dairy [sells groceries], one sells to ten and those ten to another ten."

According to Dr Wilkins' research, dealers spent an average of $5,988 each on cannabis over the previous year. Half made a net financial gain and the other



half a loss. "The profits earned from selling surplus cannabis were generally not of the magnitude to afford sports cars and luxury houses."

Such small numbers are jarring when you consider media headlines that have put the size of the illegal cannabis market at $1–3 billion, or recall a 1998 Auckland University study that estimated Northland's cannabis industry was earning at least $700 million a year – nearly twice as much as Northland's entire dairy industry.

At $1 billion, cannabis would be as significant as all of New Zealand's legal exports to the Pacific Islands, or a quarter the size of New Zealand's entire legal horticulture industry.

If those sizeable estimates were correct, it would be safe to assume that cannabis is economically incredibly important to some communities.

The policy implications are unexpected. Quite apart from any other effects, decriminalisation could have a significant negative economic impact on vulnerable regions. Eliminating the risk of prosecution would drive the price of cannabis through the basement. After all, in a legal market, growing cannabis would not be difficult or expensive.

If the nation is truly making a fortune from marijuana, where is the money? Matthew certainly isn't swimming in cash, and he doesn't believe his suppliers are earning significant sums either.

Similarly, Denis O'Reilly, former Black Power member, chairman of the Waiohiki Charitable Trust and consultant community worker, hasn't seen big money from dope in the communities he's worked in.

"I still see these [growers and dealers] driving beat-up old Holdens and living in shitty flats, so what's going on?"

O'Reilly is sceptical of cannabis economy estimates that are based on police estimates of the street value of seized plants.

"It's an extrapolation from a faulty thing. That maths is done from the point-of-sale, and only a fraction of that translates back to some small town."

Billion dollar estimates of the cannabis economy are reached by looking at the market's 'supply side'. Take the number of seized drugs, estimate the percentage of crop that this represents, and come out at a figure. The challenge is that the police are loathe to reveal their estimates of the proportion of drugs they seize. Dr Wilkins says the estimates involved are "murky".

The researcher made the first attempt at a 'demand side' estimate of the cannabis black market's value using 1998 National Drug Survey figures. He updated and honed his estimates using the 2001 survey. The survey reveals how many people acknowledge consuming cannabis and how much they consume in a year.

It's not quite as simple as multiplying the figures by the number of people in New Zealand, though.

One complication is the amount of pot that isn't paid for. Up to two-thirds of cannabis users report getting their drugs for free. Rather than indicating that some dealers are extraordinarily generous, this highlights the fact that a lot of people smoke socially.

Allowing for a certain amount of marijuana that wasn't bought or sold, Dr Wilkins concluded in 2001 that the retail turnover of the cannabis black market was $131–249 million. To put this into context, New Zealanders spent $610 million on tobacco products and $1.2 billion on alcohol in the same year.

Wilkins acknowledges the survey results have limitations – consumption is likely to be under-reported.

"The reality is each method of estimation – supply and demand – has weaknesses and strengths," he says. The best approach is to take a range from supply side and demand side estimates.

Even so, it appears likely the market is smaller than previous estimates and media 'guesstimates' suggest. This means that organised criminals gain less money from the illegal drug than previously imagined.

Dr Wilkins also explored how much cannabis buyers spend getting high. The policy implications are obvious: money spent on illegal drugs is not available for food, housing, healthcare or child support.

Nearly eight in ten cannabis buyers spent less than five per cent of their gross personal income on cannabis – about $4 per week. In contrast, a typical opiate user is said to spend $100 a day on their habit.

"For most cannabis buyers, the amounts spent would not ordinarily be associated with causing economic decline or precipitating criminal activity to obtain money," Dr Wilkins concluded.

Matthew says his clients are "middle-class, employed career people. They spend $50, which is for them their café food money, their takeaway money, their pot money."

Cannabis use has the biggest economic impact on people with the lowest incomes – in that group, one in ten smokers spent a fifth of their income supporting their habit. Both buyers and dealers who spent more than 10 per cent of their income on cannabis were four times more likely to be unemployed than the rest of the population.

"Someone with a heavy habit, yes, they'll spend much of their budget [on marijuana], says O'Reilly. "That's where you'll get someone who'll score an ounce off a cuzzy and break it into foils to sell off to satisfy their habit as well as make some money."

Both Matthew and O'Reilly believe that many of those dependent on the industry are 'ordinary' people rather than organised gang members.

O'Reilly says: "I think it's 'mom and pop' operations generally – pretty straight people having a hard time on the farm or living in a district where the economy is marginal, using it to pay the mortgage."

Debate about cannabis decriminalisation is – rightly – framed as a health or legal issue. However, it's important that policy makers understand what they are dealing with. Overstating the black market's size is likely to weaken attempts to deal with its effects. ■

**David Young is a journalist based in Wellington.**

# You get what you pay for

Does the liquor industry buy influence? It's extremely difficult to answer that in New Zealand, but a recent report from California exposes the cosy relationship between industry and politicians in that state. **Keriata Stuart** explains.

**Keriata Stuart**

**CALIFORNIA'S** Marin Institute has provided some hard facts from the US in a report, *You Get What You Pay For: California's Alcohol Lobby*, which concludes that in California the alcohol lobby is "one of most potent political forces", spending millions of dollars a year to sway legislators on bills affecting the liquor, wine and beer businesses.

The report not only details alcohol industry donations and gifts to politicians – more than $3.5 million in 2006 – but matches that information with details of politicians' active lobbying for alcohol interests. That same year, roughly $3 million was spent on lobbying efforts – money spent on influencing policy outcomes – so it's easy to see how the alcohol industry has become a force to be reckoned with.

*You Get What You Pay For* also presents what it calls Profiles in Payback, showing the contributions received by key politicians and the legislation they have promoted.

The relationship is not always exactly subtle. Assemblyman Greg Aghazarian received US$35,796 from alcohol companies in his last election campaign, including US$6,500 from Anheuser-Busch. In 2005, Aghazarian sponsored a bill 'on behalf of the Anheuser-Busch Brewing Companies'.

Aghazarian's major contribution to alcohol legislation may have been a bill that would have defined alcopops as beer – which could confuse readers who know that alcopops are spirits-based. However confusing to the public, the aim of this bill was clear – to ensure alcopops would be taxed as beer rather than at a higher rate as distilled spirits.

The bill was passed by both houses of California's state legislature. However, after widespread public concern, Governor Arnold Schwarzenegger vetoed the law.

This is not to say that Arnold Schwarzenegger is seen as anti-alcohol. In the last election, he received

US$370,096 (around half a million New Zealand dollars) from 'big alcohol' companies. And that was under the California law that limits donations from any single contributor to around NZ$50,000.

As well as cash, California's legislators have benefited from gifts including free tickets to Sea World, basketball games, concerts and (perhaps unsurprisingly) free drinks.

The report was made possible by US requirements to report money spent both on campaign donations and lobbying. In 2006, campaign donations of US$3,516,550 were matched by US$2,953,553 spent on lobbying in California alone. Nationally, more than US$10 million was given to political campaigns, and over US$15 million was spent on lobbying.

How effective is this spending? The Marin Institute report notes that almost all of the bills opposed by the alcohol industry failed, and most bills supported by alcohol companies passed.

The power of the alcohol lobby has already become an issue in the US presidential election, with recent stories revealing that Republican presidential nominee John McCain was once a PR man for an alcohol distributor and that Hillary Clinton has already received over US$200,000 from alcohol companies. ■

**Keriata Stuart is the Drug Foundation's Senior Policy Analyst.**

## Finding out more

Read the report, or find out more about Marin Institute, at **www.marininstitute.org.**

Watch the video clip *You get what you pay for*. See page 18 for details.

Who gives what to NZ political parties? Visit **www.elections.org.nz/parties/donations_summary.html.**

## Alcohol lobbying in New Zealand

**You might be wondering if the alcohol lobby is also active in New Zealand. At the moment, there's no way to really tell. Direct contributions to political parties must be reported to the Electoral Commission, but contributions can be made anonymously, or routed through trusts set up for the purpose.**

At the individual level, New Zealand MPs aren't required to report gifts under $500. As yet, lobby groups in New Zealand aren't required to register publicly as they are in the US, although 2007's controversial Electoral Finance Act may mean that groups lobbying for any party must be registered.

However, it would be possible for an active researcher to find out how individual MPs have voted on legislation affecting the alcohol industry. Given that alcohol bills are still subject to 'conscience voting', the results might be of some interest.

Until November 2006, Lion Nathan New Zealand and DB Breweries jointly funded the Beer, Wine and Spirits Council to "communicate issues within the industry of beer, wine and spirits within New Zealand". The Council closed when Lion Nathan decided to "pursue a more direct engagement with the Government on industry matters".

California state building

# drugtube

Your guide to the best drug policy videos online.


## Thailand's license to kill

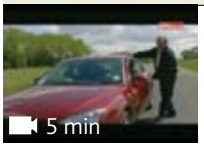
Thailand's new government is planning to revive a controversial drugs crackdown. Thousands of people were killed last time it carried out its war on drugs with critics saying many were innocent civilians. Al Jazeera's correspondent visits the relatives of the victims.

**http://nz.youtube.com/watch?v=hNrfe3uCkcU**

## Drug Policy Alliance podcasts

Sign up to DPA podcasts – twice-weekly feeds of video and audio news on important topics in the world of drugs and drug policy, with occasional interviews or presentations from luminaries of the drug policy reform movement.

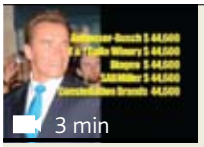
**http://feeds.nooked.com/news/feed/drugpolicyalliance?c=Podcast**




## Spliff, mate?

Quentin Willson, one of Britain's top motoring gurus, gets serious about driving while stoned. Watch a driving test done after a 'typical strength spliff'.

**http://www.youtube.com/watch?v=t3zou4F00Ic**




## You get what you pay for

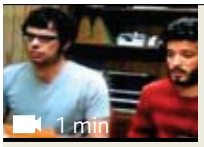
Marin Institute, an alcohol industry watchdog, released a report detailing the money spent by big alcohol companies on lobbying California's politicians. In 2006, Arnie for instance, received a whopping $370,000 in 'campaign contributions'.

**http://www.youtube.com/watch?v=mLVtQf9kPIs**


## The CIA and crack cocaine

Was the CIA really involved in smuggling coke into the US that contributed to the crack epidemic in the 80s? Story features investigative reporter Gary Webb, LA's 1980s crack dealer Freeway Rick and Senator John Kerry.

**http://nz.youtube.com/watch?v=lyLJtkxPC6I**




## Sex, drugs and rock 'n' roll

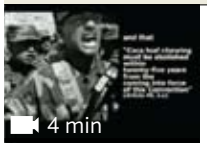
Murray Hewitt gives the Flight of the Conchords a run-down on what it's like to be a rock star.

**http://www.youtube.com/watch?v=yKXMT91Rlc8**


## Ali G on substances. Innit?!

How many Es can you take in one night? Which is the type of acid that actually makes you fly? Ali G probes all sorts of drug-related matters with a British expert.

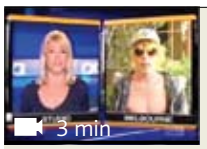
**http://nz.youtube.comwatch?v=DduAbLpZDHg**




## 1,000 lunatics

The Hungarian Civil Liberties Union responds to the rather unsubstantiated comments made by Antonio Maria Costa, UN Office of Drugs and Crime. Mr Costa was describing the Drug Policy Alliance meeting in New Orleans he attended last December.

**http://www.youtube.com/user/HunCivLibUnion**




## Corey Delaney, party liaison

The world-famous party animal from Melbourne interviewed for throwing a party while his parents were on holiday. Corey's message to other teens thinking about throwing a party was, "Get me to do it for you", while his parents were faced with an AUS$20,000 fine. Party on, Corey!

**http://nz.youtube.com/watch?v=X2EDtxEumFI**


## Reefer madness

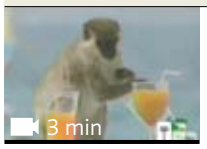
The film that was originally financed by a church group and named *Tell Your Children*, to teach them about the dangers of cannabis use, was rediscovered in the 70s.

**http://www.youtube.comwatch?v=QZdhcNegZgU**


## LSD army

Could acid bring world peace? Here's an experiment where the effects of LSD were tested on British soldiers.

**http://nz.youtube.com/watch?v=n-rWnQphPdQ**




## Hey, that monkey drank my mai tai

Like us, most monkeys drink 'responsibly', some get trashed all the time, and a small group of teetotallers go for ginger ales.

**http://www.alternet.org/blogs/video/51357/**


## Prisons: A terminal sentence

Hepatitis C is endemic in Australian prisons – over 50 per cent of inmates have the virus. The discussion provides a stimulating debate of what should be done to more effectively manage Hepatitis C in our prisons.

**http://video.google.com.au/videoplay?docid=-3829621676337194310&hl=en-AU**


## Legalize it

Should drugs like marijuana, heroin and cocaine be legal? Watch the fireworks as Ethan Nadelmann, author of *Think Again: Drugs* and executive director of the Drug Policy Alliance, clashes with David Murray, chief scientist at the US Office of National Drug Control Policy.

**http://nz.youtube.com/watch?v=5QBEN0rseVc**


## Dangers of ecstasy

Who knew India had such a mad problem with E? However, with one viewing of this clip, it becomes fairly obvious. This video provides an invaluable insight into the beginnings of India's outdoor dance party culture.

**http://www.youtube.com/watch?v=yRmqZRPgK1w**


## Better know a lobby – drug lobby

Conservative TV host Stephen Colbert gets doped up to interview Ethan Nadelmann of the Drug Policy Alliance.

**http://www.comedycentral.com/colbertreport/videos.jhtml?videoId=163835**

# drugtube

**Link directly to these videos – visit www.drugfoundation.org.nz/drugtube.**

***Matters of Substance* bears no responsibility for the content provided by external websites – the content of other sites is the responsibility of the host.**

# Lamenting the youth of today

**“Rise in teen crime to fund drug habit. Increasing numbers of 13 and 14-year-olds in Wellington are committing robberies and burglaries to buy drugs, police and social workers say. Police youth aid section said it was working like a ‘juvenile drug squad’…”**

Terrible, isn’t it? The youth of today. **Sarah Helm** asks what has become of young people today. It wasn’t like that in our day, was it?

**EVERY** newspaper you open and television news hour you watch is filled with young people perpetrating vandalism, alcohol-fuelled gang attacks, violence and drug taking. Well, actually, the article above is a headline from over ten years ago. Other headlines of that era include: “Police swoop on troublesome youths in blitz”; “Wainui opts for youth curfew to cut street crime”; “Police spy on teens to nab booze suppliers”.

Sounds much like today, doesn’t it? But these are the youth of the 1990s. My generation. I’m now thirty, own a home and have a fairly respectable job – all in spite of the lament for my generation of no-hoper, drug-taking, suicidal, drunken thugs.

For those of the baby boomer generation, you may remember the 1954 *Mazengarb Report* on moral delinquency in children and adolescents, sent to your homes, that examined the issue of juvenile delinquency, following condemning moral panic headlines in the media about the youth of the day.

Like most stereotypes, these extravagant pictures of youth are based on a mixture of truth and bizarre fiction.

You’d be surprised to find that youth levels of smoking, drink-driving and crime compare pretty favourably to previous generations of youth. And, in fact, many of these more negative traits, such as heavy drinking and crime, are more worryingly increasing amongst older people aged 55 and up.

But young people are not perfect. Young people are in a more adventurous, discovery and risk-taking phase of their development – like a 3-year-old’s need to ask the question “Why?”, a teenager’s role is to explore their increasingly adult world. This process is tricky, messy and necessarily requires making some mistakes. And at the more extreme end, some of today’s youth have been born as second and even third generation gang members, some with foetal alcohol and/or drug syndrome, and really probably aren’t faring well on the socially well-adjusted stakes. But like all generations, young people span the entire socio-economic spectrum. They cannot and should not be painted with one simplistic brush – a brush that fails to take account of the actions of their adult role models, their generational inheritance, or the inequalities that some of them face.

Every generation of youth seems to share a similar story of being labelled, stereotyped and blamed for wider societal problems.

*“The children now love luxury; they have bad manners, contempt for authority; they show disrespect for elders*

(Teen mum) Karli, with her son

*and love chatter in place of exercise. Children are now tyrants, not the servants of their households. They no longer rise when elders enter the room. They contradict their parents, chatter before company, gobble up dainties at the table, cross their legs, and tyrannize their teachers."* (Quote that has been attributed to Socrates, ancient Greek philosopher, born c. 469 BC.)

As a society, we have a tenuous relationship with youth. Like very few other groups, we shamelessly talk about this age bracket in sweeping generalisations. If the same generalisations were levelled at women, ethnic groups, men, religious groups, or older people, there would be at least some public concern. Yet there is very little debate when it comes to labelling young people.

Many leading youth experts claim that the image of youth is, in fact, harmful to them. It lowers expectations and fosters disenchantment and disillusionment amongst youth. British research has shown that, when politicians speak ill of them, they feel alienated and sidelined from the systems and democracy that are supposed to represent them.

And like most destructive cycles, we seem to be mostly oblivious to our own part in it. No sooner have we become adults, than we start to bemoan the foibles of the youth of today. We actively and vocally dread our children becoming teenagers – a word that has become synonymous with monster. We scorn their music (quickly forgetting our parents disdain for our venture into rock and roll), their clothes (for example, the media's reaction to Hoodie Day) and their 'bad' behaviour. We conveniently forget our own mistakes and misdeeds.

Even those of us who work on young people's behalf are sometimes guilty of overlooking the strengths of youth. We continue to refer to young people in terms of their alcohol, drug and sexually transmitted infection rates – even when the evidence doesn't necessarily stack up. We further the stereotypes by failing to acknowledge them. A strengths-based, hauora model of policy work would look quite different.

Leading US psychologist Dr Robert Epstein says we are in the habit of judging young people by their age rather than their competence. He says that, in his recent studies, he has found that young people are subject to ten times as many restrictions as most adults and twice as many as active US marines. This control we place on young people actually creates some of the so-called teenage turmoil that many adults lament. He says the worst thing is the adversarial relationship parents have with their older children. The answer to the West's teenage turmoil is to give young people more responsibility, he muses.

What does not help is broad mistruths that paint a wholly negative picture of youth. Like all people, young people want us to have faith and confidence in their abilities to make decisions. Whether we are parents, policy makers, health workers, youth workers, teachers, decision makers, leaders, or simply members of our community, let's try to stop talking about young people as if they are a scourge on society. Let's have high expectations of them.

Expect the best and get the best. ■

## The youth of today

| |
|---|
| More than 50 per cent of students choose not to drink alcohol because of their parents' attitudes. |
| Protective factors or factors that reduced the chances of young people becoming regular cannabis users included spending quality time with their parents, feeling part of their school and viewing school attendance as important, and attending a place of worship. |
| People aged 55–65 years were significantly more likely to consume alcohol seven or more times a week compared to all other age groups. |
| Parents are the most common source of supply of alcohol to young people aged 12–17 years. |
| 14–15-year-olds had the highest percentage decrease in prevalence of cigarette smoking between 2000 and 2005 compared to any other age group. |
| 70 per cent of 15–19-year-olds have never smoked tobacco. |
| The most common age for first time use of amphetamines was age 21 years or older. |

**A youthful Sarah Helm is the National Executive Officer of the Association of Adolescent Health and Development (www.nzaahd.org.nz). Don't forget 26 May–1 June is Youth Week (www.youthweek.co.nz).**

# A good foundation

Introducing our new Drug Foundation staff. They join the existing team of Ross Bell, Executive Director, Keriata Stuart, Senior Policy Analyst, and Catherine Milburn, Policy Analyst.

**Introducing Hilda Tait**

**HILDA** Tait joined the Drug Foundation in March as its Communications Adviser. She has previously worked for The Children's Society in the UK and the British Red Cross as their Public Relations Manager.

Following this, Hilda worked as an Account Director for hi-tech public relations consultancy Text 100 in New Delhi, India, whose clients included Microsoft and Compaq, and for Ogilvy Public Relations in London on the pan-European IBM account.

Prior to joining the Foundation, she worked as Child, Youth and Family's Senior Communications Adviser for almost four years and in short-term contracts for the Broadcasting Standards Authority and the Ministry of Education.

**Introducing Martina Melis**

**MARTINA** Melis, an Italian-Dane, joined the Drug Foundation in February as its new Senior Policy Analyst. She brings solid international experience to the organisation, having worked for the United Nations and NGOs in varying roles for almost 10 years. This included working as Consultant, Programme Officer and Associate Project Coordinator for the UN Office on Drugs and Crime (UNODC) Regional Centre for East Asia and the Pacific, and as Manager of the European Network on Drugs and Infections Prevention in Prison, a large programme covering the 27 Members of the European Union. Martina has undertaken short-term work in Kosovo and Iran, and, as part of a team of four experts, was recently involved in a European Commission research study on the impact of harm reduction in HIV prevention.

**Introducing Lisa Weakley**

**LISA** Weakley is the Foundation's new Administrator. She comes to us from Immigration New Zealand where she was an Immigration Manager looking after a team of 10 Immigration Officers.

Lisa also lived in the UK for nearly three years, working as the office manager for a New Zealand immigration consultancy there.

Prior to this, Lisa started her career in the travel industry, which gave her the opportunity to travel throughout destinations in the Pacific, specialising in Australia. Lisa has worked as a Personal Assistant for the Motor Trade Association in their public affairs and marketing departments. Whilst there, she learned how to change a tyre and to know when the cam belt needs changing!

**Introducing Ed Ptilidi**

**ED** Ptilidi is the Foundation's new Media and Information Officer. He emigrated here from the Ukraine with his family in 1996, aged 17, speaking minimal English. Now the quality of his English will be his bread and butter as Ed is training to be a journalist at Massey University.

Ed has earned a highly sought after place – only 25 are offered each year and over 100 apply – on the Uni's one year Graduate Diploma in Journalism course. He will learn all about media law and shorthand, and write enough to get 40 of his articles published.

Ed is working part-time for the Foundation, helping with the research and writing of this magazine. ■

# Lore and leadership: changing the smoking culture of Māori

The sun is setting on tobacco in this country. **Shane Kawenata Bradbrook** believes that within 10 years, the countdown to a tobacco-free New Zealand will see a dramatic change in smoking behaviour amongst Māori and non-Māori unlike. The biggest change will not come through legislation, but through Māori lore – tikanga – and through a shift in Māori leadership.

**SIGNS** are already emerging that iwi leaders are taking a stronger lead on tobacco use as a preventable cause of death and illness. Te Arawa, Ngāti Kahungunu, Ngāti Hauiti and Ngāti Te Ata have all signalled their intent to begin the revolution against tobacco use amongst their people. A trickle will become a torrent, as a resistance movement develops to combat tobacco use within the Māori community. We already see signs of this movement across the land with the advent of auahi kore marae from north to south.

Clearly, leadership is occurring on this major public health issue, but what is most promising is the way this leadership can and will extend to other issues such as the use of methamphetamine or any other harmful substance within Māori communities. The role of leaders/rangatira on matters of health will be a return to core leadership principles that underscore the notion of serving the people well and protecting them.

Protection of people by leaders has been eroded over time as a more individualistic notion of freedom has prevailed, and leaders have not seen it as their role to tell their own what to do.

But times have changed, and to let a preventable killer like tobacco be seen as normal is no longer tolerable. The real challenge to Māori leaders is to lead on the controversial, not just on the obvious crowd pleasers such as Treaty claims.

Whilst legislation has definitely had its benefits for both Māori and non-Māori, it is the use of tikanga that will have the most impact on tobacco use within Māoridom. There will come a day when carrying tobacco or any form of drug onto significant sites, such as one's tribal


**"To Parliamentarians who lend their support to tobacco companies: shame on you. There is blood on your hands."**


mountain, river or lake, will be viewed as a desecration of what is held most sacred. No law will work in stopping such practices, but Māori lore will dictate such behaviour.

Tobacco is a barrier to Māori development as a people and Māori self-determination. It shortens our life expectancy by more than 15 years. Time and again you hear that the most important thing of all is the people, the people, the people. Well, here is a newsflash: it is a lie. If leaders really thought that, they would be respected for protecting and caring for the people.

He tāngata, he tāngata, he tāngata. We say that often enough, yet how many more of our tāngata must we lose before we say you will take no more of our people? Supporting a ban ensures we truly live according to that proverb and preserve our people's lifeblood from generation to generation. In doing so, we can then claim the same life expectancy as every other culture and people in Aotearoa.

**"The real challenge to Māori leaders is to lead on the controversial, not just on the obvious crowd pleasers such as Treaty claims."**

While we've made significant strides in smokefree legislation, we still sanction tobacco's place in our lives, despite the heaviest of death tolls (800 Māori and 4,200 New Zealanders each year), all in the name of the tobacco industry-generated phrases of 'choice' and 'freedom'. Addiction diminishes both choice and freedom.

Working in this field, and seeing and hearing what I do, I can only go in one direction: the call for a total ban on tobacco products in New Zealand. I am in favour of preserving life and nurturing the wellbeing and potential of both Māori and non-Māori alike.

Given New Zealand's own political realities, it is refreshing to see a private member's bill in favour of a tobacco ban in New Zealand. We support the Māori Party's stance on this issue.

The consequences of tobacco use affect smokers, non-smokers, whānau and communities across all ethnicities and cultures, and all levels of society. With one in two Māori smokers dying compared to one in every five non-Māori, my people bear the heaviest burden. At 44 per cent prevalence rate, tobacco exacts its toughest grip on Māori families and communities, with each case helping block our development and self-determination as a people.

I would respectfully ask New Zealand's parliamentarians, "What worth do you place on the lives of your constituents, their families and the communities in which they live?" To Parliamentarians who lend their support to tobacco companies: shame on you. There is blood on your hands.

I call on every Māori leader in every whānau, every hapū and every iwi to back the call for the ban on tobacco products. Instead of worrying about the next Treaty settlement, how about worrying about the sweeping rate of disease, disability and death caused by tobacco going from whānau to whānau, from hapū to hapū and from iwi to iwi?

Māori smokers contribute over $260 million in tobacco taxes alone each year. Imagine the difference those funds could make to the lives and self-determination of Māori.

The sun is setting on tobacco, a product that has made money for the fat cats, and disease and premature death for its users.

The day will come when a Māori child will be asked if they would like a smoke and they will turn and say, "I don't smoke, I'm Māori!" ■

**Shane Kawenata Bradbrook is the Director of Te Reo Marama, the Māori Smokefree Coalition. www.tereomarama.co.nz.**

## Feedback

This article is published on our website – **www.drugfoundation.org.nz/matters-of-substance** – where you can post responses to this and previous Opinion pieces.

# A view from the House

It's rare to get insights into the realpolitik of parliamentary drug policy making. *Matters of Substance* took the opportunity to invite this guest editorial from Green member of Parliament and drug policy reformer **Nandor Tanczos**, who recently announced his retirement from parliament at the end of this term.

**DRUG POLICY** can be a frustrating area to work in. It is characterised by legislation that is incoherent, arbitrary and often counterproductive. It is subject to enormous political influence, and most people have strong, often fixed, views on the subject

Even so, I find it hard to accept that the problem of evidence-based drug policy is intractable.

The issues are complex, but no more complex than for most social policy. Despite a systematic bias in international research funding, we now have a reasonable body of evidence on which to base policy.

We have local experience in developing successful elements, such as our campaigns to cut drink-driving and the smokefree legislation. These can give us useful pointers to what effective drug policy might look like.

We have world-class research being conducted in this country, which has helped elucidate the effects of current policy and which can help to monitor and evaluate any changes.

There is also a wealth of international experience to draw on in attempting to evaluate the likely effects of different legislative regimes. While cultural factors will affect those outcomes, we are not entirely blind in addressing problems.

So why does the development and implementation of rational, evidence-based drug policy appear so problematic?

The short answer is politicians. Or, to be more accurate, an adversarial political system that rewards headline grabbing at the expense of collaborative policy making or evidence-based decision making.

We have had some notable advances towards getting it right. The National Drug Policy published in 1998 was a significant step forward, in promoting harm minimisation and respect for individual rights among the principles for policy development and in explicitly recognising the negative consequences of criminalising drug users.

The Inquiry into the Mental Health Effects of Cannabis chaired by Brian Neeson in 1998 was initiated in response to media panic around cannabis and mental health. It surprised many by stating categorically that the dangers of cannabis had been largely exaggerated and that its illegal status prevented people needing help from seeking it.

The Misuse of Drugs Act amendments of 2000 provided a fast-track process for classifying drugs, but crucially set out clear statutory criteria by which substances would be classified. It established the Expert Advisory Committee on Drugs (EACD) to make recommendations on drug classifications, providing hope that drug policy in New Zealand would no longer be driven by political agendas, but by evidence.

These developments gave cause to believe that an evidence-based approach to policy making, able to take into

**“…an adversarial political system that rewards headline grabbing at the expense of collaborative policy making or evidence-based decision making.”**

account the effects of the policy itself, was on the way.

However, that promise has not eventuated.

I won't go into detail on the disappointment of the Health Committee Inquiry into the Legal Status of Cannabis set up in 2000. Suffice to say that, by stalling its report until after the 2002 election, the government ensured that it would not make a clear recommendation. Labour's post-election agreement with United Future prevented that, and in any case, by the time it reported, only two members of the committee had heard any of the evidence.

The Expert Advisory Committee on Drugs has also been a disappointment. Until recently, it has been difficult to get information about its work, despite dissemination of that information being one of its statutory responsibilities. It has also clearly been politically influenced in its decision making, most obviously with regard to its decisions on LSD and BZP.

In fact, it is BZP that provides the best example of how progress has been stymied by political agendas. When Minister Anderton was first confronted with the growing use of piperazines, he asked the EACD to have a look. It identified that the law as it stood provided no framework to regulate a new recreational drug, apart from banning it, and the evidence did not support doing that.

A new schedule to the Misuse of Drugs Act was introduced on the suggestion of the Greens in 2005. It offered a chance to do something very innovative – to establish a regulated legal market for a recreational drug from its introduction, with strong restrictions on age, advertising, point of sale and so on. It was an opportunity to test the harm minimisation potential of a regulation model on a substance with a relatively low risk of harm.

However, it has now become apparent that the minister never intended for it to work like that. He has always seen the Restricted Substances schedule as a holding pen, providing some regulation while enough evidence can be gathered, or massaged, to support a ban. The fact that the minster did not make full use of his regulatory power under the Act confirms that.

Piperazines have now been made illegal, following a recommendation by the EACD. The decision to declare piperazines a 'moderate' as opposed to 'low' risk is difficult to justify on the evidence. Deciding that a substance with 'moderate' risk of harm should be made illegal is also difficult to justify on the evidence, and no attempt at justification has ever been provided by the EACD for recommending search without warrant powers on any substance, although I have asked them for it.

The EACD has clearly come under significant political pressure on BZP. In fact, the minutes of 3 May 2007 state that:

*“One Committee member expressed disappointment at not being able to attend the meeting held on 29 November 2006. He was surprised that the Committee felt the pressure to make a conclusion on partial data.”*

The committee denied any pressure but said:

*“…there was plenty of public interest… Members were aware that the current status quo was not acceptable and therefore the main options were further regulation or classification as a controlled drug.”*

Not acceptable to whom?

An additional problem is that the representation on the committee is strongly biased towards law enforcement solutions. One of the three key reasons behind the recommendation to schedule BZP as a class C drug was “the recreational context of BZP use and lack of therapeutic purposes”. This distaste for (non-alcohol) recreational drug use should not be the basis for reclassifying a drug.

It appears from the minutes that the committee also gave considerable attention to a submission by Jacqui Dean, an MP campaigning against party pills, on the basis that:

*“It was useful for the Committee to have an understanding of the public's views on the impact of BZP on communities. Jacqui Dean had provided the Chair with a submission on BZP and had met with the Chair and EACD… with the Minister's approval.”*

While it is proper for the committee to hear from interested parties, that should be done impartially. The committee cannot arrive at an understanding of the public's views on the basis of a talk with a crusading MP. No opportunity was provided for alternate views, either through ministerial approval or directly by the committee.

I doubt the minster would have accepted any outcome apart from a ban on piperazines. The campaign by Jacqui Dean put huge pressure on a minister who had campaigned against drug use in

previous elections. In addition, he holds a conservative electorate, in a city where the industry behaves least responsibly.

The not unusual irony is that the battle to demonstrate who was most 'tough on drugs (users)' simply showed how similar Jim Anderton and Jacqui Dean are on these matters. MPs who share that authoritarian world view feel free to campaign on drug issues. MPs that do not generally prefer to keep their heads down. They have seen what happens to MPs with a taste for drug law reform.

**"…unless a campaign gains significant public momentum, decisions get made as a result of political arrangements rather than open public debate."**

However, conservative politicians and a conservative media do not represent the public in this. In addition, the Neeson inquiry demonstrated how an open and collaborative approach can lead to good evidence-based outcomes. The problem with the current model is that, unless a campaign gains significant public momentum, decisions get made as a result of political arrangements rather than open public debate.

The Law Commission review of the Misuse of Drugs Act has the potential to spark the kind of public debate needed. It is vital that we have a collective rethink about what we are trying to achieve in drug policy, just as the UN is now doing.

My enthusiasm for that is tempered by caution, following the Commission's treatment of the issue of search without warrant powers under the Misuse of Drugs Act, in its review of search and seizure in New Zealand. I hope it takes this opportunity to rectify its rather casual attitude to those draconian search powers in that review.

But we must find better ways of engaging the public more generally on difficult issues. I am strongly of the view that most people, provided with good information, a diverse bunch of people to discuss it with and enough time to work it through, will arrive at good decisions. Engaging ordinary people, and organisational representatives, in designed processes such as citizens' juries, has great potential for further discussion of difficult and politically contentious issues, in a way that seems difficult for politicians schooled in an adversarial parliamentary system and reliant on product differentiation for votes. ■

**Nandor Tanczos is a Green Party member of Parliament. First elected in 1999, he recently announced his retirement at the end of this 48th Parliament.**

## Feedback

This article is published on our website – **www.drugfoundation.org.nz/matters-of-substance** – where you can post responses to this and previous Guest Editorials.

## Quotes of Substance

**"I will not set a target for how many people should die… We will pursue a suppression campaign rigorously. There will be consequences."**

Thai Prime Minister **Samak Sundaravej** opens a new front in Thailand's war on drugs.

**"Alcohol has become like adult candy."**

**Professor Julian le Grand**, chairman of Health England, has called for a ban on selling alcohol in supermarkets, claiming that it is luring adults into frequent and impulsive purchasing of alcohol.

**"So that's an example of my wife making me a better man once again."**

**Barack Obama** thanks his wife on the *Ellen DeGeneres Show*. Mrs Obama would only agree for Barack to run for President if he agreed to give up smoking.

**"It is a basic human right to have beer."**

Palm Island's CEO **Barry Moyle** expresses outrage at the Queensland state government's liquor reforms, which will see the closure of the island's only canteen, already restricted to selling light or mild-strength beer only. The *Guinness Book of Records* once listed Palm Island as the most violent place on earth outside a war zone.

**"The global cannabis-based drugs market could be worth 4 billion euros."**

**Geert Woerlee,** Echo Pharmaceuticals' CEO, estimates the potential market value of the world's first cannabis pill within the next five years.

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## G lab busted

**IN** a New Zealand first, an over-enthusiastic clandestine lab team busted a suspected methamphetamine lab, only to find a private ginger beer brewery. No arrests were made.

## Going, going, gone

**THE** much delayed bill reclassifying benzylpiperazine (BZP) and related substances into Class C1 of the Misuse of Drugs Act was passed on March 14. The vote was 109–11, with the only opposition coming from the Green, Māori and ACT parties. Manufacturers and retailers had till 1 April 2008, to stop making and selling BZP-based pills, and consumers six months to consume any pills they have for personal use.

## Hiding the horrors

**THE** latest alcohol promotion that gave away a free cigarette tin with every pack of a 'certain' alcopop has outraged the Smokefree Coalition's director, Mark Peck. Peck says the campaign is clearly designed to appeal to young people, circumventing new graphic health warnings that are now compulsory for tobacco packaging. "I smell the yellowed fingers of the tobacco industry behind it," says Peck. The Smokefree Coalition has called on liquor retailers to refuse to take part in the promotion.

## Ketamine Class C

**KETAMINE** will soon be a Class C controlled drug, following Cabinet approval of the reclassification proposal. The change will allow for greater controls over the drug's storage and increased penalties for importation, possession, manufacture, or supply for illicit purposes. It will continue to be used as a prescription-only medicine by health professionals and veterinarians, to be used as a general anaesthetic.

## Youth mental health and AOD services needed

**TE RAUKURA,** the report by the Ministry of Health that focuses on improving outcomes for children and young people affected by mental health and alcohol and other drugs, was released in December. It suggests young people's mental illness and substance use disorders often go hand in hand and that the onset of disorders often occurs early in life.

The report identifies several key issues in the area of alcohol and other drugs services, including lack of clarity on whose responsibility it is to provide services for children and youth, which leads to gaps in access and a lack of services for children and youth.

The report sets out the key priorities that the child and youth sector needs to focus on in the next three to five years. The full version is available on the Ministry's website – www.moh.govt.nz.

## Drug buses hit the road

**TWO** new 'super-sized' booze buses joined the 19-strong Police fleet in March. The costs of each bus, about $236,000, were shared by ACC and Police.

The new buses have space for drug-testing technology should it eventually be needed, although there are no immediate plans for roadside drug testing in New Zealand, other than the subjective impairment tests.

At the same time, *Maryjane* started its 42-city/42-day tour as part of NORML's 2008 Cannabus national campaign.

## Is it enough to stop you puffing?


**FROM** 28 February, tobacco packet pictorial warnings were made compulsory – with retailers having until 28 August to sell any remaining stock with the old text warnings on them. There are 14 new warnings in total, seven of which will appear in year one, with a further seven to be introduced in year two. The images will rotate each year.

The Quit Group expects an increase in the number of quit attempts as a direct result of the graphic warnings on tobacco products. Helen Glasgow, Quit Group director, says, "Calls to quit-smoking services in Australia increased by 30 per cent when graphic warnings came into force, and if overseas experience is anything to go by, then graphic warnings will certainly encourage New Zealanders to try to quit."

Anti-tobacco campaigners say a lot of good came from the smoking law reforms and now is the time for the Government to show 'political bravery' by raising taxes on cigarettes. They point to international evidence showing tax increases on tobacco products are the most effective way to decrease smoking rates.

Meanwhile, 50 per cent of 14 and 15-year-olds say they have never smoked a cigarette. These new findings, from the Youth Tobacco Monitor, also show the mean age of smoking initiation among New Zealand youth is 14.6 years.

## Teens addicted after one smoke

**LANDMARK** research on nicotine addiction exposed the grave danger that even low levels of cigarette smoking may have on children. Results revealed that just one cigarette would leave one in four New Zealand children smokers with symptoms of addiction, and teenage girls are at greater risk. Fifty per cent of those who had tried a cigarette once, went on to become a smoker.

## South Island teens top in binge drinking

**SOUTH ISLAND** teenagers have higher rates of binge drinking than their American and British counterparts. *The Lancet*, a UK medical journal, said 27 per cent of British and

19 per cent of US 15-year-olds admitted to having at least five drinks in a session. Surveys of New Zealand teenagers show much higher rates of binge drinking – 37 per cent of those aged 12 to 17.

In Christchurch, 43 per cent of males and 33 per cent of females aged between 12 and 17 consume five or more drinks in one session. In Buller and Westland, children between 10 and 18 years old were surveyed – 49 and 32 per cent respectively admitted to binge drinking.

*The Lancet* said children of parents who misused alcohol or who had a deteriorating relationship with their children were more likely to drink themselves. It also admonished societies in which being drunk was tolerated, ignored or celebrated. "For a healthy younger generation, society's relationship with alcohol has to change, beginning in the home," it said.

ALAC's chief executive, Gerard Vaughan, said parents were fundamental in encouraging responsible teen drinking. Focus groups with teenagers had reinforced this finding. Other adults, such as sports coaches and teachers, were also responsible, he said. "Children learn from a whole range of ways, not just what we tell them but what we do."

## And it's no wonder: 5 out 6 premises in Christchurch sell booze to minors

**CHRISTCHURCH** produced the worst result yet in recent Police controlled purchase operations, which identify which bars are selling to minors. Five out of the six premises selected in the operation sold alcohol to the 17-year-old male and 16-year-old female. Purchases were conducted in the early evening. Only one of the premises requested ID and then refused service.

Canterbury's Medical Officer of Health said the results were particularly disappointing given the recent and frequent publicity regarding youth access to alcohol.

## ASH accused of misusing atrocity

**ACTION** on Smoking and Health (ASH) has been accused of exploiting the September 11 terror attacks on the twin towers. ASH posted an advertisement on the internet showing two white columns with smoke pouring out. The ad was picked up by ASH's American counterpart, who put it on its website with a caption: "Terrorism-related deaths since 2001: 11,337. Tobacco-related deaths since 2001: 30,000,000."

Claire McKay, of the advertising firm Doyle Dane Bernbach in Auckland, said the ad wasn't meant to "denigrate the victims of terrorism. It was never intended for a US audience. It was a thought-provoking ad for a local anti-smoking website. New Zealanders are 12,000 miles away, and we are slightly less sensitive to the event of 9/11, perhaps."

## Hard hitting, literally

**IN APRIL**, ALAC launched its second wave of television advertisements as part of its 'culture change' campaign. The three new advertisements show graphic examples of harm resulting from excessive drinking, including a child being knocked unconscious, a rape and a bar brawl. The advertisements direct callers to the Alcohol Drug Helpline and a new website – www.hadenough.org.nz.

ALAC has also released new host responsibility guidelines for licensees and a new resource for managing alcohol at large-scale events in anticipation of New Zealand's hosting of the Rugby World Cup in 2011.

## Follow the leader?

**LION NATHAN'S** New Zealand management have yet to decide whether to follow their Australian operation in voluntarily lowering the alcohol content and removing energy additives from its range of alcopops.

Lion Nathan's Australian division followed Fosters Group in announcing it would ensure spirit-based RTDs contained no more than 20 g of alcohol (or two standard drinks). It also claimed it would stop lacing drinks with energy additives such as caffeine, guarana and taurine.

Alcohol Healthwatch director Rebecca Williams said reducing the alcohol

## Quotes of Substance

**"Forests have been cut down to detail the evidence, the data and the research on the death and destruction and family mayhem caused by alcohol, tobacco and gambling. But BZP and party pills – nah, mate, not even. Nowhere near enough evidence has been produced to justify this draconian ban on party pills."**

**Hone Harawira** discusses evidence-based drug policy. The Māori Party eventually voted against the party pill ban.

**"And yet we sit here and kid ourselves that we're serious about dealing with these issues, while we allow the liquor industry to continue to promote its mind-bending products on national television, for heaven's sake! We, here in this House, have the power to change that. The question is, do we have the courage?"**

**Hone Harawira,** MP, confirms his reputation as a straight shooter. He's right on target debating alcohol policy.

**"I'd have said lay off the dope. That's my advice now to all younger members who are into this sort of thing – oh, give it up, it ain't really worth it. I know the fascination, but it ain't worth it, pal."**

Rolling Stones front man, **Mick Jagger,** responds to a question about what message he would send to his younger self.

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content would not stop binge drinking and called for higher taxation of all liquor to make it less accessible.

## Afghan hashish charges spark force-wide probe

**THE** Defence Force is investigating whether drug use in its ranks stretches beyond the six soldiers sent home in disgrace from Afghanistan for allegedly using hashish.

The unnamed six face a court martial after allegedly using the Class B drug at the NZ Provincial Reconstruction Team base in Bamiyan Province.

Commander of Joint Forces New Zealand Major General Rhys Jones said that, although there was no evidence to indicate a wider problem, it was prudent to follow up the possibility.

He said the Defence Force did not tolerate the use of drugs, but "it would be foolish" to believe that no soldier, no sailor or airman took drugs. Drug taking was unacceptable, particularly because other people's lives were at stake in an environment where weapons were present, Major General Jones said.

Meanwhile, Police staff with a drug problem will be offered counselling, as part of a new Code of Conduct. Under the code, any behaviour "associated with impairment in the performance of duties due to the consumption of alcohol or other drugs or substances" will be treated as misconduct.

## High on the highway

**THE NZ** Drug Foundation has won funding from the National Drug Policy Discretionary Grant Fund to conduct the first national attitudinal survey into drug driving in New Zealand. The project will begin in the next couple of months and will consist of an online survey to gather the community's attitudes and experiences regarding this issue. Its aim is to establish policies that will reduce harm from drug driving.

## Surgeons drunk on handwash?

**WAIRARAPA** surgeon Ian Denholm is fighting a drink-driving charge on the grounds that an alcohol wash he used while preparing for surgery pushed him over the legal limit. The case could have worldwide implications. Denholm argues the alcohol-based steriliser used in surgery was absorbed into his kidneys throughout the day, reaching his breath and affecting the results of the breath test – 593 micrograms of alcohol per litre of breath.

Denholm had been in the operating theatre most of that day, then returned home and consumed a couple of wines between finishing work and getting back in his car. Denholm argues the 'moderate' amount he had drunk was not enough to have put him over the limit. His legal team are currently working on the evidence to support the claim. ■

## No boozy breaks

**ALCOHOL** producers in the Henan province of China have banded together and overturned a government ban, introduced in January 2007, forbidding government officials from drinking alcohol at lunch.

They say the ban conflicted with their belief that drinking is a private affair and a drink during lunch is no problem as long as it does not affect their work. The ban saved officials $US6 million in the first six months.

## 420 bottles of coke

**CUSTOMS** in Slovakia intercepted a record cocaine shipment from Argentina. The seized cocaine, weighing 164 kg and worth $92 million, was concealed in 420 wine bottles – considerably more than the 14 kg intercepted between 1998 and 2007.

## Binge drinkers getting younger

**NEW** figures from a major Melbourne drug treatment centre reveal that the age is dropping for those seeking help for alcohol problems, with 12-year-olds frequently enrolled on waiting lists. Treatment centres have seen a six-fold increase in young clients with drinking problems. Problems affecting these young people include cirrhosis of the liver or Hepatitis C, and can be attributed to a bottle of vodka or slab of beer consumed on a daily basis.

## Drug-toting pair flag down cops

**TWO** people are on the run in Fiji after mistakenly flagging down a police car while carrying a rubbish bag full of cannabis. The *Fiji Times* said the pair were waiting at a rendezvous point on the main island of Viti Levu with a rubbish bag stuffed with between one and two kilograms of cannabis. When they saw what they thought was their ride coming towards them, they flagged it down, only to discover it was a police car. They fled the scene, leaving behind two horses and their pot.

## Snack-size smokes

**TOBACCO** giant Phillip Morris's latest ploy is aimed at middle class workers on the run, who don't have time to enjoy a full-sized smoke during break times, as they often have to venture out into the cold weather now more and more places have banned smoking. This new 'snack-sized' cigarette is 1.3 cm shorter than the standard 8.5 cm long cigarette but with the same potency as a standard cigarette. Turkey will be the first country to pilot it.

## Doctors' lobby supports medicinal pot

**USA'S** largest body of medical professionals, the American College of Physicians, announced a historic U-turn in favour of the medical use of marijuana. The policy change was propelled by the growing amount of evidence of the value of medicinal cannabis. While acknowledging that more research is needed around the therapeutic properties of cannabis, the group agreed that prohibition is hindering scientific research. Furthermore, they also commented on the current debate on the classification

system, calling for a complete review that should take into account scientific evidence regarding marijuana's safety and efficacy.

## Dual diagnosis journal

**A NEW** journal – *Mental Health and Substance Use: Dual Diagnosis* – has hit the shelves. The international, interdisciplinary journal is aimed at exploring the complex issues co-existing between mental health and substance use. www.informaworld.com/MHSU.

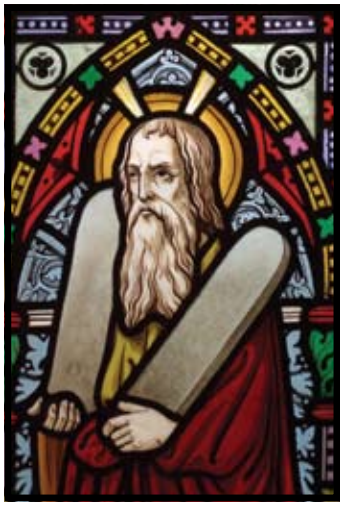
## Doctorate in dope

**AT THE** University of Oaksterdam, California, students can graduate with a degree in dope. The new course was established for those pursuing higher education in the medicinal marijuana industry. Subjects include cultivation and cooking of cannabis, suitability of different strains of cannabis for certain ailments and the legalities surrounding medicinal cannabis. Law enforcement officials have no intention at present to shut it down.

## Death penalty for drinking

**A** breach in Iran's Islamic sharia law on alcohol consumption has left 22-year-old Mohsen facing death row. Mohsen was caught drinking for the fourth time by the police after he made a scene in the street. Since the 1979 Islamic Revolution that enforced sharia law, a person who is caught drinking for the first time faces possible lashes, fines or jail. However, a person who is caught drinking for the fourth time and confesses, gets a death sentence. Mohsen's fate seems to be unfortunately timed to Iranian authorities' call to clamp down on immoral behaviour by means of increasing the number of executions. Alcohol can easily be obtained on the black market in all parts of the country, and minorities such as Armenians are allowed to drink, only behind closed doors.

## Was Moses tripping?



**"MOSES** and the Israelites were on drugs," says Benny Shanon, professor of psychology at Hebrew University. His claims that Moses was on psychedelic drugs when he received the Ten Commandments from God on Mount Sinai are supported by evidence that two naturally existing plants in the Sinai Peninsula have the same psychoactive components as ones found in the Amazon jungle and are well known for their mind-altering capabilities. Shanon admits taking some of these drugs while in the Amazon in 1991. "I experienced visions that had spiritual-religious connotations," he said. The professor believes the infamous vision of the burning bush was a drug-fuelled hallucination by Moses and those with him.

## Zero tolerance

**A UK** man was sentenced to four years in a Dubai prison after Customs officials uncovered 0.003 g of cannabis stuck to the bottom of his shoe. Keith Brown, a council youth development officer, was travelling home to England through the United Arab Emirates, when the discovery was made. Dubai's strict laws of a mandatory four year prison sentence for possession of a banned substance, no matter what amount or type, has also caught out other tourists. A 25-year-old Briton has been awaiting sentence since November after officials traced a minute quantity of cannabis in his pocket.

## Vatican updates list of deadly sins

**IN A** recent interview with the Vatican newspaper *L'Osservatore Romano*, the head of the Holy See's Apostolic Penitentiary announced that the Church had updated its list of mortal sins and that drug taking and selling had made the list. The sale and use of drugs is sinful because they "weaken the mind and obscure intelligence", said Bishop Gianfranco Girotti.

Drugs aren't the only thing on the Vatican's mind. Along with drug taking and selling, the other new-fangled deadly sins are: polluting the environment; human experimentation, including cloning; excessive wealth; creating or deepening social injustice; abortion; and paedophilia.

## Quotes of Substance

**"Known in some circles as 'Jim Anderton's I'm dull and boring and if I can't be happy, then neither can you be happy bill' and in other circles as the 'They ain't killing anyone but let's ban party pills because we're not getting any money off it – but let's allow alcohol and cigarettes to continue to be legal – because although they're killing our kids by the thousands every year – we get heaps of money off them through taxation bill'."**

The honourable member again. **Mr Harawira** offers alternative titles for the party pill ban bill.

**"This rebrands DB as Deceitful Bastards."**

Alcohol policy minister **Damien O'Connor** gives a new tag to DB Breweries. The minister wasn't describing the breweries marketing practices, rather their decision to sponsor an event competing with Hokitika's Wildfoods festival. Still, a nice turn of phrase Minister.

**"She should get her act together… Apart from that, I have got nothing to say to the b****."**

More advice from an aging rocker. This time, Rolling Stones guitarist, and amateur arborist, **Keith Richards** offers Amy Winehouse advice on kicking the drug habit.

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## Quotes of Substance

**“I attended the meeting of the Drug Policy Alliance in New Orleans. 1,200 participants, 1,000 lunatics, 200 good people to talk to. The other ones obviously on drugs.”**

**Antonio Maria Costa**, Executive Director of the United Nations Office of Drugs and Crime clearly didn’t enjoy himself at the International Drug Policy Reform Conference. Mr Costa, you can talk! Your Commission on Narcotic Drugs meetings aren’t too much fun.

**“Look what’s gone and popped its ugly head up again in our august House of Hypocrisy, our Parliament of Pretence, our very own Den of Double Standards.”**

**Māori Party member of parliament** begins debate on the Misuse of Drugs (Classification of BZP) bill.

**“Work is the curse of the drinking classes.”**

**Oscar Wilde,** playwright, novelist, poet and wit.

**“Always do sober what you said you’d do drunk. That will teach you to keep your mouth shut.”**

**Ernest Hemingway,** writer and journalist. ■

The original seven deadly sins – lust, gluttony, greed, sloth, wrath, envy and pride – were focused on individual behaviour, but the modern version is aimed at the social context, said Girotti. “While sin used to concern mostly the individual, today it has mainly a social resonance, due to the phenomenon of globalization,” he said.

### ‘Father’ of LSD dies at 102

**ALBERT** Hoffman, the father of the mind-altering drug LSD has died at 102. He suffered a heart attack at his home in Basel, Switzerland on 30 April.

Hoffman, a Swiss chemist, discovered lysergic acid diethylamide-25 in 1938 while studying the medicinal uses of a fungus found on wheat and other grains.

### New Aussie drug boss

**THE** Australian Drug Foundation has appointed Mr John Rogerson as its Chief Executive Officer following the recent retirement of Mr Bill Stronach after 18 years in the post.

Announcing the appointment, ADF chairman Mr Rick Swinard commented that Mr Rogerson had made a strong contribution to the Foundation over many years and had demonstrated outstanding commitment and ability to “get things done”.

“Nowhere is that more evident than in his leadership of the Foundation’s Good Sports alcohol accreditation programme,” Mr Swinard said. “John has driven this programme from its inception in 2000 to its present level of success, involving more than 2,200 sporting clubs across Australia.

“John Rogerson is widely respected among the alcohol and drug community throughout Australia, and the board of directors has every confidence he will continue to build credibility and effectiveness of the ADF as truly a leading agency in preventing drug-related harms in the community.”

Mr Swinard also paid tribute to the achievements of Bill Stronach during his 18-year leadership of the ADF.

“Bill’s commitment to the cause of harm reduction and his dedicated service to the Australian Drug Foundation is deserving of the highest commendation,” Mr Swinard said. “The status that the ADF enjoys within the alcohol and drug field and the wider community owes a great deal to his visionary leadership over nearly two decades.”

### Cannabis to combat itch

**A UK** man has been shown leniency after explaining he was growing cannabis to use the drug to tackle a genital itch.

He was arrested after police picked up the crop’s smell while at his home looking for someone else.

His attempt to cultivate cannabis was provoked by chronic pain he had suffered for three years, during which time his prescription medicine had failed to tackle pain caused by constant itching around his genitals.

He had decided to try using the drug as a painkiller, after reading about it on the internet, and wanted to grow cannabis himself, instead of buying it from a drug dealer.

His doctor wrote a letter to the court confirming the chronic pain from an itching condition known as pruritus.

The doctor added: “It is quite reasonable that he thought cannabis might help his condition as there have been reports in the press of cannabis relieving pain in multiple sclerosis and other conditions.”

### Australia raises alcopops tax by 70 per cent

**IT’S** been an exciting time for John Rogerson, the new head of the Australian Drug Foundation. One Sunday at the end of April, not long after he’d got the job, he received an early morning phone call he couldn’t have bargained for.

Senator Jan McLucas, parliamentary secretary for health in the Rudd Government, woke him up to deliver the news that taxes on alcopops would be raised by 70 per cent, effective immediately. It caught both Mr Rogerson, who was still in bed, and the alcohol industry by surprise.

The decision comes as new research shows that teenage girls aged 15 and under are drinking more than boys, at levels never seen before. Alcopops are specifically marketed at teenagers, and the research reveals that young people are price sensitive.

“We’ve been waiting a long time for this. It’s the start of redressing the balance and making some significant inroads to changing the culture in our community and reducing the harm caused by alcohol misuse,” says Rogerson.

“It’s going to help reduce binge drinking, it’s going to reduce violence, and it’s going to reduce damage.” ■

# How attractive is the Swedish model?

With the Misuse of Drugs Act and UN drug control reviews, *Mythbusters* wondered how successful other countries have been with drug policies.

**SWEDEN'S** drug policy receives a lot of attention. UK Conservative party leaders are attracted to it as a possible policy for them, and Antonio Maria Costa of the United Nations Office on Drugs and Crime (UNODC) recently described Sweden as a "notable exception" to most countries' experience. Costa said that Swedish drug use levels among students were lower than in the early 1970s and that lifetime prevalence and regular drug use among the population were considerably lower than in the rest of Europe.

**What's so special about the Swedish model?**

Sweden's drug policy aims for a 'drug-free society'. With a zero tolerance foundation, the policy focuses on heavy enforcement against drug users, for example, people can be made to take urine and blood tests on suspicion of drug use, and those caught possessing drugs can be forced into treatment for up to six months whether they are drug-dependent or not. At the same time, drug treatment services are widely available, and Sweden also emphasises drug education.

Sweden does not classify drugs according to their relative harms as New Zealand does, so penalties for cannabis possession are similar to those for heroin. Since the 1960s, Swedish governments have also rejected harm reduction measures, so opioid substitution treatment is very hard to access, and there are only two needle exchange services.

Interestingly, over the same period, alcohol, previously subject to heavy restrictions, has been made more available.

**How successful is Sweden's drug policy?**

At first glance, the statistics are convincing. Only one per cent of Swedes had used cannabis in the past year compared to nine per cent of people in the United Kingdom. Heroin use has stayed at low levels. On most drug use indicators, Sweden ranks below European averages.

However, it is not clear whether low drug use is a result of Swedish drug policies.

Trends are not as good as might be expected if increased enforcement was wholly effective. While drug use declined in the 1970s and 1980s, it rose again from the 1990s.

Critics also point out that the indicators chosen influence how 'successful' a country's drug policy looks. While Swedish drug use indicators are below EU averages, so are those of the Netherlands, which has radically different drug policies.

**Costs and benefits**

Another feature of Sweden's drug policy is high spending on drug control. However, while strong investment may reflect levels of use, research has found no inevitable relationship between expenditure and drug control successes. For example, Greece has the lowest rates of drug use in Europe, while its drug-related spending per person is only a fiftieth of Sweden's, and the United Kingdom has Europe's third highest drug-related expenditure, but the highest use rates for most drugs.

Further, the Swedish rejection of harm reduction practices and its enforcement focus have had substantial human costs. Sweden has high rates of drug-related deaths, and its lack of harm reduction led to negative reports from the UN special rapporteur on rights to health. Injecting drug use has been a major contributor to Sweden's HIV rate.

**Taking a Swedish approach to New Zealand drug policy?**

So are there aspects of the Swedish approach that could be used in New Zealand?

Sweden is culturally unlike most other nations. Its population is ethnically homogenous, and more than 80 per cent belong to the Lutheran church, so it has a long-standing temperance culture.

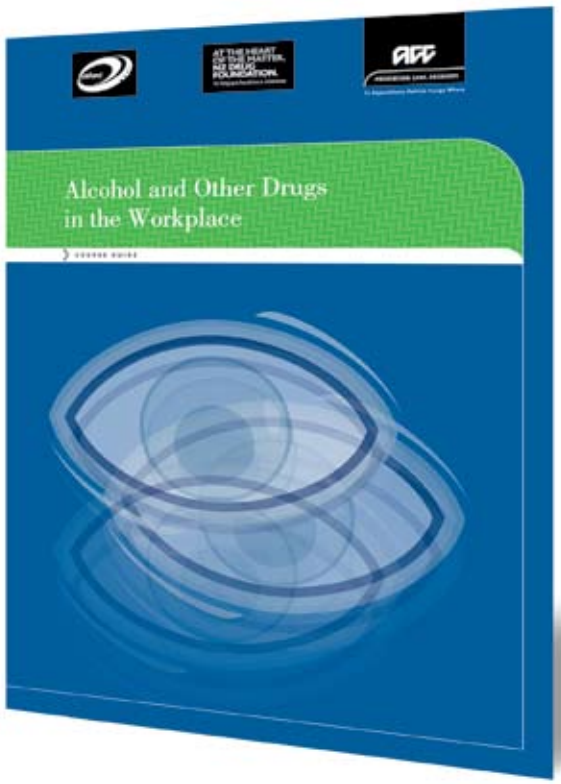
Sweden is also unlike New Zealand in having low income inequality and social deprivation, high median incomes and low unemployment. UNODC cites research showing that inequality and deprivation often go "hand in hand with criminal activities including drug trafficking".

Expert reviewers believe that all these factors have significantly contributed to the "long-term creation of a strong consensus" in which, for instance, over 90 per cent of young people are opposed to legalising cannabis. As one researcher concludes, does drug policy cause a culture, or just reflect it?

It's also unlikely New Zealanders would be ready to support some of Sweden's authoritarian policies such as blood testing on suspicion of drug use.

However, we might be able to learn from Sweden's strong focus on national mandated drug education programmes, as well as its commitment to providing drug treatment to anyone who needs it. ■

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




## Alcohol and Other Drugs in the Workplace: A guide for employers


Absenteeism, lost productivity and workplace injuries are some possible hazards resulting from alcohol and drug impaired workers. How can workplaces best manage these?

ACC, ALAC and the New Zealand Drug Foundation have developed this new resource using the latest local and international research on drugs and the workplace.

It contains statistics on alcohol and drug use in workplaces, information about the effects alcohol and drug use has on the workplace for employers, and translates this into costs to the employer. For example, absenteeism translates into lost time, productivity and profits and other effects such as workplace injuries, staff turnover, company reputation and staff morale.

Legal responsibilities are included, and it promotes the need for a robust workplace policy that needs to be developed in consultation with employees and their representatives.

There is also information on what elements a programme should consider, for example, employee assistance programmes, rehabilitation and support, professional services and testing. No one single method is promoted: the aim is to promote comprehensive approaches to the management of alcohol and drugs as hazards in the workplace, which fit within wider health-based programmes.

This guide is the starting point for an employer to raise the awareness of the issue and what they need to consider in their workplace.

**It is available free of charge from ACC. To order, call 0800 844 657 quoting reference number ACC4460.**

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