

matters of substance

AT THE HEART
OF THE MATTER,
NZ DRUG
FOUNDATION.

Te Tūāpapa Tarukino o Aotearoa

The hidden price of Pacific free trade

Reading, writing and reefer?

Testing time for drugged drivers

Afghanistan's poppy rock and hard place

November 2009



21 candles for NEP

New Zealand's pioneering Needle Exchange Programme got off to a shaky and controversial start back in 1988. Now the network is all grown up, and there have been many developments over the years. Contrary to the predictions of many, however, the sky hasn't fallen in.

www.drugfoundation.org.nz


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

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**AT THE HEART
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Te Tūāpapa Tarukino o Aotearoa

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Quotes of Substance

Here's another round-up of people's perceptive, puzzling and preposterous drug pronouncements, from both here and overseas.



IN politics, it's often said, if you're explaining, you're losing. This was the unnecessary position Prime Minister John Key found himself in following the launch of the government's new methamphetamine action plan.

The PM launched the plan last month to a roomful of drug sector professionals. He detailed a comprehensive range of policy and funding initiatives and interventions across law enforcement agencies, the health sector and communities (see page 27). Sadly, media coverage and public debate over the following days focused on one small part of his plan – the decision to make pseudoephedrine a prescribed medicine.

The poor media coverage frustrated many, including Paul Holmes, 'ambassador' of methamphetamine awareness charity Stellar Trust. On a primetime current affairs programme, he chided the host for not covering the more important aspects of the plan. The Prime Minister found himself reacting to the cold and flu pill sideshow through a barrage of opinion pieces in major dailies. The Drug Foundation put out a press release saying the media had missed the main point of the plan, but discussion didn't move beyond the pseudoephedrine decision.

That's a real shame, because the PM's plan is a good one, for which he and his officials must be

congratulated. Police have been tasked with targeting high level offending. Assets of drug manufacturers and traffickers seized will be used to fund drug treatment and demand reduction services. The plan also builds on a foundation of community-led activities established by Jim Anderton, the previous Drug Policy Minister. But most significantly, the plan invests new money into addiction treatment services.

This really is its centrepiece – \$22 million for drug treatment, representing a great first step in correcting historic underinvestment. It should be warmly welcomed by those families struggling to get help for their loved ones. Even accounting for the media's penchant for ignoring good news, this part of the plan alone deserved much greater attention.

Another initiative the Drug Foundation is especially pleased about is the programme of work we're leading on improving drug demand reduction information for the public. The first component of this will be a new, comprehensive online drug information service, which pulls together existing work from across the drug sector and creates new drug resources readily accessible for individuals, families and professionals. We'll keep you fully informed as this work progresses.

Happy reading, Ross Bell. ■

World AIDS Day

1 December, Worldwide
December 1 is dedicated to raising awareness of the AIDS pandemic caused by the spread of HIV infection.

www.worldaidsday.org

Gambling in the 21st Century

24–26 February, Auckland

The International Gambling Conference will address new and emerging technologies as major drivers for the growth of the gambling industry and their implications for the future shape of gambling and the groups of people who might be targeted or impacted.

www.pgfnz.org.nz

Restoring the Balance

8–11 March, Melbourne, Australia



The 5th Australasian Drug Strategy Conference provides an important opportunity to hear and learn from a full range of law enforcement, justice, customs, health, academic and community agencies (see backpage advertisement).

www.adsc2010.com

Evolving Communities Beyond Services

14–16 April, Wellington

The 5th Building Bridges conference aims to bring together the latest thinking on community mental health and addiction services. It's an opportunity to share new research, workshop and collaborate on solutions and meet with the many and varied providers and consumers of services.

www.buildingbridges.co.nz

Harm Reduction 2010: The Next Generation

25–29 April, Liverpool, England

Over five days, this conference will be the main meeting point for all those interested in harm reduction. The conference theme, Harm Reduction: The Next Generation, will reflect upon two and a half decades of harm reduction experience but will also explore what is needed to move on to the next 20 years.

www.ihra.net

Youth Week

22–23 May, New Zealand wide



The Youth Week 2010 campaign is already being planned, so get on board now. Get your brand or message to a whole generation of young people. Visit the website for more information on how you can reach a generation of young people by advertising during Youth Week and sponsoring the campaign.

www.youthweek.co.nz

Inaugural National Indigenous Drug and Alcohol Conference

16–18 June, Adelaide, Australia



The National Indigenous Drug and Alcohol Conference aims to assist and contribute to further develop the capacity of those working to address indigenous alcohol issues and associated harms in meaningful and practical ways. The conference will also showcase and celebrate the quiet efforts and achievements of those striving to improve the health and wellbeing of Australia's indigenous communities.

www.nidaconference.com.au

Asia Pacific Conference on Tobacco or Health (APACT) Conference

6–9 October, Sydney, Australia

The APACT conference is the premier tobacco control conference for the Asia Pacific, focusing on change, challenge and progress. APACT aims to encourage tobacco control and public health advocates, researchers, practitioners, policy makers, and especially youth leaders, to share experiences and discuss strategies for implementation of the FCTC.

www.apact2010.org

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Needle exchange comes



of age

The New Zealand National Needle Exchange Programme was the first of its kind in the world, and this year, it turns 21. **Kim Thomas** looks at the history of this quiet achiever and talks to some of those who have helped form its development over the years.

1%

HIV

At less than 1%, New Zealand's HIV prevalence among IDUs is extremely low by world standards.



Needle Exchange New Zealand deals with the tough issues of contracting hep C with a widely successful health promotion campaign.



“I know exactly when I would have caught hep C because I was lazy and didn't have my clean needles.”

Injecting drug user Neil.

CANTERBURY-BASED injecting morphine user Neil reckons he'd probably be dead if it wasn't for New Zealand's National Needle Exchange Programme (NEP).

“Over the years, the needle exchange has quite literally saved my life. I spent every dollar on the score and didn't have money for expensive equipment. If the exchange hadn't been around, I would have just reused old needles or shared with people and probably got AIDS.

“It's not only saved my life, but it's probably saved the lives of lots of ordinary people, like kids who find dirty, used gear dumped around the streets.”

Neil, now 41, has been an injecting drug user (IDU) for more than 20 years but has managed to avoid catching HIV and, until recently, hepatitis C (hep C).

As a curious young man, Neil tried heroin while living in Australia and became hooked. With the exception of three or four years when he was clean, Neil has shot up for the past two decades.

Every time, with the exception of a couple of instances in which he believes he contracted hep C, Neil has used equipment he bought from the needle exchange.

“I kick myself about that (not using clean equipment) every day. I know

exactly when I would have caught hep C because I was lazy and didn't have my clean needles.”

Neil is one of thousands of Kiwis whose lives have been affected by our world's first National Needle Exchange Programme.

From a small Auckland exchange, staffed mostly by volunteers, and a handful of pharmacies around the country, the NEP has grown into a network of 18 dedicated exchanges, more than 175 pharmacies and scores of other outlets including sexual health centres, Prostitutes Collective offices and a mobile van on the West Coast of the South Island.

This year, the NEP celebrates 21 years in operation.

In August 1987, the then Labour government passed a law allowing pharmacies and exchanges to sell needles and syringes.

By August 1988, there were five dedicated exchanges, in Auckland, Christchurch, Palmerston North, Wellington and Dunedin.

In its first years, the NEP sold about 100,000 needles nationwide and now provides IDUs with about 2 million sterile needles and syringes every year.

In 2004, the exchange's set-up changed slightly so users could get a free

78%

Ethnic breakdown of service users: 78% European, 13% Māori, 9% Asian and others.

ETHNIC BREAKDOWN



European
Māori
Asian and others.

“A new, quite progressive Labour government had been voted in at the time, after years of a National government... and there was a sense that anything was possible.”

Dr Michael Baker.

needle and syringe in exchange for a used one. Previously, injection equipment was provided on a user-pays basis.

Health experts say the programme is why New Zealand has one of the lowest rates of HIV among IDUs in the world. They say it has helped limit the spread of the virus within drug injecting communities.

Exchanges have also become focal points for providing health and education to the IDU community.

So how did New Zealand become the first country to have a national network of exchanges?

It seems we can thank the fear of AIDS, open-minded politicians and brave people in communities around New Zealand who believed we would all be better off if IDUs had ready access to clean injecting equipment.

In the mid 80s, Auckland-based health and rehabilitation worker Robert Kemp was asked by the Department of Health (now the Ministry of Health) to join a group looking at how to minimise the spread of AIDS.

“At the time, HIV was a big, unknown, scary disease for the population and politicians. There was a sense of crisis and panic; real Armageddon-type projections that AIDS was going to take over the world and millions of people

were going to die and contribute to the collapse of civilisation,” Kemp says.

This fear among the general population gave politicians the confidence to do things they would never otherwise have done, such as establishing needle exchanges for drug users, who were seen as ‘dirty’ by many, he says.

New Zealand’s participation in the Ottawa Charter, a multinational agreement that promised to improve health in certain quarters of society, particularly among marginalised groups such as homosexuals and drug users, also put momentum behind suggestions for a scheme to sell clean injecting equipment.

Kemp was asked to help set up the first needle exchange in cramped conditions in an office space on Auckland’s Symonds Street in 1988.

It was a chaotic but heady time when Kemp and a largely volunteer workforce felt they were involved in the start of something really special.

“We had no idea what to expect; just that it was very, very important to have needle exchanges in this country. We knew they were unusual times and, in the back of our minds, we knew we were involved in ground-breaking stuff, but mostly we just got on trying to make a go of it.



New Zealand's needle and syringe exchange programme has recently been independently reviewed for the Ministry of Health. The review made some key recommendations to strengthen and improve the programme.

7 KEY RECOMMENDATIONS FROM THE BURNET INSTITUTE REVIEW

- Continue funding the one-for-one system, and extend the funding to wheel filters.
- Investigate new services in areas identified as 'gaps'.
- Allow the current system of Trusts governing needle exchanges to 'develop organically' in response to need.
- Improve resourcing of Needle Exchange New Zealand to facilitate better coordination and consistency of planning and contracts, and continuity of development.
- Needle exchanges and pharmacy groups should identify ways to improve pharmacy needle exchange services.
- Develop a system of accreditation for needle exchange workers.
- Needle Exchange New Zealand is to work with Police to ensure that new regulations and policies are understood and implemented.

Source: Review of New Zealand's Needle Exchange Programme, 2008, Campbell Aitken and Rebecca Winter, Burnet Institute.

"We got money from the government for the premises and a little bit more. We were running on the smell of an oily rag and relied heavily on volunteers, but it was a wonderful time, really special. We got fantastic support from some pretty important people in the Auckland community who joined our board."

Kemp says there was a slow trickle of users in the first six months or so, but word soon spread, and users started streaming through the doors.

Michael Baker, now a seasoned public health researcher at the University of Otago, was a somewhat naive, young doctor in the late 80s.

Baker joined the Ministry of Health just as the idea of needle exchanges were being mooted and ended up shepherding legislation through Parliament to enable the sale of needles and syringes.

"It was a real eye opener for me entering the world of politics. The machines of government are so powerful and mysterious."

Baker says the establishment of the Needle Exchange Programme owes a lot to a brave new political environment in the mid to late 80s.

"A new, quite progressive Labour government had been voted in at the time, after years of a National government. There was a very talented

bunch of new politicians, and there was a sense that anything was possible.

"Michael Bassett was Health Minister at the time, and I believe he can take credit for a lot of really innovative schemes including the NEP. He encouraged staff to look for innovative ways to address the problem of AIDS and gave us a really long leash to explore different interventions.

"It [championing the establishment of exchanges] was a bold political move and a real leap of faith because there was a lot of fear but not a lot of firm evidence or epidemiological information about AIDS at the time."

In the year before the Auckland needle exchange was established, the AIDS Advisory Committee, a group of politicians and advisors, met to work out how such a scheme could work.

Baker says the idea of supplying free drug injecting equipment to addicts was unacceptable to many on the committee, and some were not convinced of the idea of an exchange at all.

However, Baker says, after months of debate, "We were lucky logic prevailed and politicians came together to pass the legislation."

Making the NEP user pays was central to it being voted through Parliament, so the general population

“The authorities warned there would be trouble with addicts coming in for needles, but we had none because we treated them as customers and with respect instead of putting them down.”

Pharmacist Dave Pollard.

18

There are 18 dedicated peer-based needle exchanges and over 180 pharmacies; 75% of all equipment is distributed through the dedicated exchanges.



would not object to the ‘unseemly’ group of drug users being given free equipment on the taxpayers’ purse.

In 1987, Christchurch pharmacist Dave Pollard, then in his 60s, was selling needles to intravenous drug users visiting his inner-city store.

for clean equipment. We realised if we could give them clean needles, it would be good for the community,” Pollard says.

“It was never to make money. It was to help the health of these people. I stood by my decision despite pressure and would have continued to stand by it

strident supporter of the NEP, later received a Canterbury Civic Award for his work.

At the time of his disciplinary appearance before the pharmacists’ professional body, scores of Canterbury IDUs offered to help Pollard pay what would have been a hefty fine back then, because they recognised how vital his work was to their health and safety.

Almost everyone *Matters of Substance* spoke to about how the NEP was established says it would not have happened without the dedication of champions such as Pollard and caring souls who acted as go-betweens for officialdom and the injecting drug taking community.

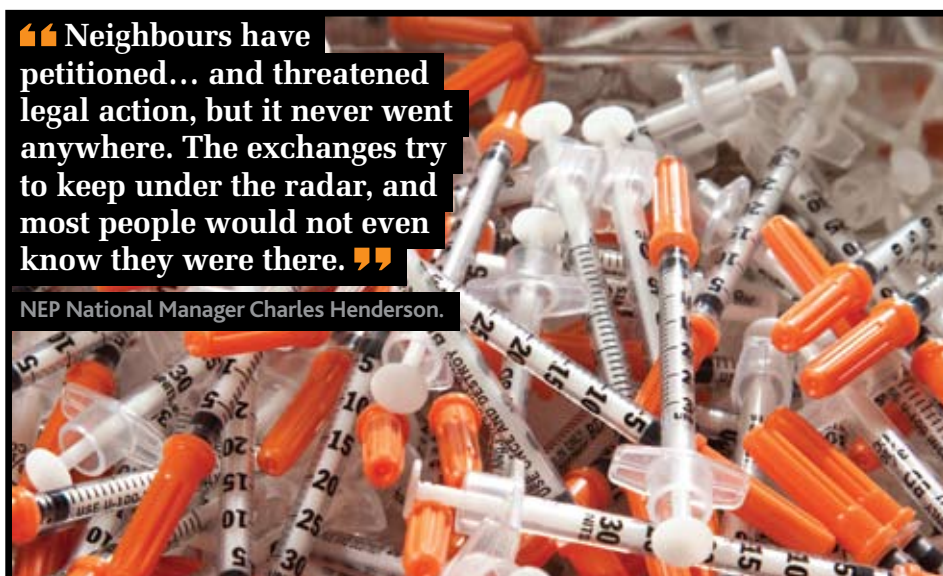
Other everyday champions whose names came up over and over again during interviews were Gary McGrath and Rodger Wright (who, people say, were both instrumental in getting the exchanges working and have since died of HIV) and pharmacist Maree Jensen (who provided clean equipment to IDUs before it was legal).

NEP National Manager Charles Henderson says pharmacists such as Pollard and Jensen were ground-breaking and enabled politicians to see the scheme had merit.

“These people were able to exemplify

“Neighbours have petitioned... and threatened legal action, but it never went anywhere. The exchanges try to keep under the radar, and most people would not even know they were there.”

NEP National Manager Charles Henderson.



For his trouble, Pollard was dragged before his professional body who gave him a \$3,000 fine and a written warning. But neither this, nor being under the watchful eye of Police, deterred him.

“We read a bit about AIDS and had addicts coming in all the time desperate

even if it meant being closed down.

“The authorities warned there would be trouble with addicts coming in for needles, but we had none because we treated them as customers and with respect instead of putting them down.”

Pollard, now retired but still a

2 million

During 2006, two million 'sharps' were distributed under 1-for-1, up from one million during 2002/2003.

'SHARPS' DISTRIBUTED
UP 100%



“There’s always been a lot of NIMBY, for sure. Neighbours have petitioned landlords and local councils to have exchanges thrown out and threatened legal action, but it never went anywhere.”



To find out more about blood-borne viruses, visit www.hepc.co.nz.

how the sky wouldn't fall in if you made safe injecting equipment available.

“Before the legislation was passed, there were pharmacists willing to stick their necks out and provide needles and syringes. They did it even though it was a criminal act and police kept an eye on them. They were before their time in realising that providing clean needles was a health issue and would help stop the spread of HIV.”

Sociologist Steve Luke spent his last years researching and writing a doctoral thesis on the development of New Zealand's NEP.

Luke tragically died from injuries sustained in a car accident in late 2008, but his work lives on as some of the best commentary about how New Zealand became the first country in the world to have a national NEP.

Luke himself experimented with injecting drugs and had strong friendships with those in the IDU community.

His master's thesis was so impressive he was given the opportunity to upgrade it to a doctorate – a rare honour in the academic world reserved for exceptional work.

Like Henderson, Luke's thesis says

“There [were] real Armageddon-type projections that AIDS was going to take over the world and millions of people were going to die and contribute to the collapse of civilisation.”

Rehabilitation worker Robert Kemp.



64%

In 2002, 64% of users had 'reused a needle' in the last month, while in 2008, this dropped to 42%.

REUSED NEEDLES
DOWN 34%



“These people were able to exemplify how the sky wouldn’t fall in if you made safe injecting equipment available.”

NEP National Manager
Charles Henderson.

Collection bins for the 'sharps' at one of the 18 national collection points.

the network would not have been possible without people willing to stick their necks out. He particularly credits the involvement of ‘peer professionals’ – such as former or current injecting drug users who acted as buffers between the nervous IDU community and government bodies – with making the programme a success.

One of Luke’s academic supervisors was Canterbury University Sociology Associate Professor Rosemary Du Plessis.

She says Luke’s research found the success of needle exchanges relied on people with relationships in the drug injecting community making the exchange an accessible and friendly place to come to.

This included staffing the exchanges with people who were known to drug users, engendering trust in a population involved in an illegal activity.

While pharmacies were and remain an important part of the NEP, for many drug users, they were not friendly places to visit, Du Plessis says.

“Some pharmacies didn’t like drug users coming into their pharmacies because users are on the margins of society and are often looked down upon by the general public. The presence of users in suburban pharmacies was therefore not ‘a good look’ to the normal clientele.”

Drugs ‘most often’ injected*

Drug	2002 survey	2008 survey
Methadone	32.3	55.1
Morphine/MST	57.6	43.7
Ritalin	12.3	34.6
Speed	25.6	16.3
Methamphetamine	-	15.7
Homebake	10.8	6.0



Percentages do not add to 100 because many respondents selected more than one answer.

Note that methadone has replaced morphine/MST as the dominant drug injected. This may reflect the ageing of the respondent group and the higher likelihood of them being in methadone treatment and thus with relatively greater access to the drug. The rise of methamphetamine is clear, although it seems to have simply displaced much of what was described as ‘speed’ in 2002. Ritalin injecting, in contrast, appears to have become significantly more common.

Du Plessis says Luke’s thesis highlights the importance of work done by the AIDS Foundation and the IV League, a group focused on empowering IDUs.

“The AIDS Foundation was an incredibly good model for how community networks could work with government to achieve a goal, such as minimising the spread of HIV,” she says.

“Before community-based needle exchanges were set up, the gay community had worked really effectively with government to develop strategies

4.1%

In 2002, the reported 'use of someone else's needle' was 6.6%, while in 2008, this had dropped to 4.1%.

'USE OF SOMEONE ELSE'S NEEDLE'
DOWN 38%



“...we see our priority as providing the best service we can to IDUs. That's really what we are here for.”



for promoting safe sex and condoms. This groundwork was invaluable to the establishment of needle exchanges, which depended on connections between the IDU community and government to get clean needles and syringes to injecting drug users.”

The establishment and running of the NEP has not been without its hurdles.

Henderson, who worked his way up over about a decade from manning the front desk of an exchange to becoming National Manager, says exchanges have always struggled with the ‘not in my back yard’ (NIMBY) factor.

“There’s always been a lot of NIMBY, for sure. Neighbours have petitioned landlords and local councils to have exchanges thrown out and threatened legal action, but it never went anywhere. The exchanges try to keep under the radar, and most people would not even know they were there.”

There have also been successful criminal prosecutions of drug users found with injecting equipment.

Henderson says one of the biggest challenges for the future lies in getting the programme into prisons, where there are high rates of IDUs but no access to clean equipment.

“They are forced to share smuggled equipment. It’s a dire situation. Thank

goodness HIV is low, but this is not the case for hep C.”

Addressing the disturbingly high levels of hep C among IDUs is another big challenge, Henderson says, because it affects so many more people than AIDS.

Canterbury Medical Officer of Health and long-time NEP supporter Dr Cheryl Brunton says the spread of hep C has been difficult to control because it was already circulating widely, unbeknownst to health authorities, before the NEP was established.

“The hep C epidemic wasn’t identified until the late 80s. Trying to slow the spread of something that is already widespread is pretty hard.”

Despite high numbers of IDUs getting clean equipment from the exchange, the odds are that sharing the occasional unclean needle will transmit hep C, she says.

“In the early 90s, a survey showed about 60 to 70 percent of IDUs who used the needle exchanges had hep C.

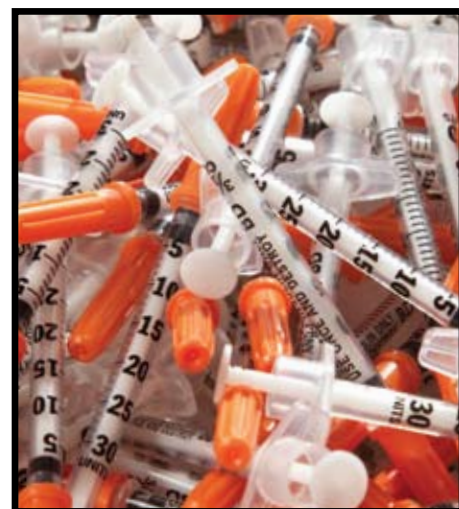
“That means, if you share a needle with someone, you are highly likely to catch it. You are far less likely to get HIV from sharing a needle because only a very small number of people are affected.”

New data is due out soon, and the hope is that numbers have dropped, Brunton says.

If Henderson and his NEP colleagues have anything to do with it, young users will be protected from the threat of disease such as HIV and hep C for many years to come.

“We are happy to take our place in the health sector, and we think we do a lot of good, but we don’t tend to blow our own trumpet. There are lots of organisations out there, such as the Drug Foundation, who lobby well, but we see our priority as providing the best service we can to IDUs. That’s really what we are here for,” he says. ■

Kim Thomas is a Christchurch-based writer.



Where's the line?

Under the Sale of Liquor Act 1989, it is clearly illegal to sell or supply liquor to an intoxicated person; to allow a person to become intoxicated; or to allow drunkenness or disorderly conduct on licensed premises. However, the law doesn't actually define intoxication, so how does a host identify a drunk patron, and what should they do when they have? A new ALAC-developed website could provide some helpful guidance.



ACCORDING to Ross Henderson, Health Protection Advisor at Waikato District Health Board, there are four levels of intoxication.

The first is 'loss of inhibitions', the happy phase most patrons want to reach with those first few drinks in order to relax, socialise and enjoy themselves.

The second stage is 'loss of judgement', the loud stage where the drinker is in danger of saying and doing things they wouldn't do when sober and that they may regret later. The line between loss of inhibitions and loss of judgement is blurry and different for every drinker. One person's 'happy and convivial' may be 'loud and obnoxious'

to others sitting nearby.

This second stage is also one of the most dangerous. It's when people are most likely to make risky decisions such as thinking they're OK to drive when really they're not.

'Loss of reactions' is the third stage, when the physical signs of intoxication are becoming fairly obvious, and the final stage, 'falling over drunk', is when alcohol attacks the motor skills and the drinker begins to stumble, fall and knock into things.

When patrons start drinking, they quickly experience the euphoria associated with a loss of inhibitions. Unfortunately, many are unable to stay

at that stage of intoxication and soon move to the next phase, and that's when the trouble can start.

But knowing when and how to intervene to prevent this happening can be very problematic. Many bars don't have clear procedures in place about how they will identify and deal with intoxicated patrons, some of whom may be argumentative or even unaware it is against the law to be intoxicated on licensed premises.

Several states in Australia have introduced clear legal guidelines about how to identify an intoxicated person. Under the guidelines, bartenders assess a person's speech, balance, coordination

Quotes of Substance from the DVD *Where's the line?*

“ You don't need training to be able to recognise what someone who's pissed looks like. What the industry needs is a better communication of the intention of the Sale of Liquor Act. ”

Barry McDonald, Canterbury District Health Board.

“ It's a very subjective word, and if someone says 'what is intoxication?' to me, my first answer is, I will tell you what it is not. It is not when you're sober. ”

Julie Smale, Rotorua District Licensing Authority.

“ As far as we're concerned, [intoxication] means that you have definitely displayed publicly the loss of at least one of your faculties. ”

Judge Unwin, Chair of the Liquor Licensing Authority.

“ While 70 percent of liquor is consumed off licensed premises, over 50 percent of offending linked to alcohol as an aggravator can be traced back to licensed premises. ”

Gavin Campbell, Manukau Police.

“ The roll of the glassy is not just picking up glasses. They're the eyes and ears of the management. ”

Ross Henderson, Health Protection Advisor, Waikato DHB.

“ You have a moral responsibility to look after those who aren't sensible enough to look after themselves. ”

Barrie Forsyth, Licensee, Westport.

or behaviour to see if they are 'noticeably impaired' by alcohol.

In the absence of such guidelines here, a new website has been developed by the Alcohol Advisory Council called *Where's the line?* It was produced to help New Zealand bar managers and staff understand intoxication and to provide tools and tips to help them keep their customers – and their licences – safe.

According to the website, the time to intervene is well before drinkers reach the second stage of intoxication, but the real key is identifying early the people who are likely to become intoxicated.

Recognising the signs of impending intoxication starts with the way managers and staff engage with patrons when they first come through the door. Interacting with customers in a friendly and open way can help staff get an idea of who might be in danger of second-stage intoxication, who may already be at a stage where they should not be served and who should be asked to leave.

After establishing good monitoring procedures, the second and third steps in managing intoxication are being prepared to intervene and then taking action the minute it is necessary.

The website provides a number of suggestions, such as how to calmly but assertively inform intoxicated patrons they can no longer be served under the law, or when to suggest a water, some food or a taxi instead of another drink.

It also offers a number of resources that can be ordered. These include a DVD and booklet for hospitality workers entitled *That's Intoxicating*, which explains intoxication and how to help customers drink within the law.

A seven-minute preview of the DVD can be viewed online. Posters and stickers designed to make things clearer for both staff and patrons may also be ordered.

The site itself is easy to read and navigate, and each page displays short video excerpts from a range of bar owners, health experts and officials covering issues around intoxication on licensed premises.

Good host responsibility means looking after your customers, and that mindset has to be embraced by the entire staff of any establishment, from the licensee down to security and bar staff, and even to the new guy collecting the glasses.

Where's the line? is an excellent starting point for any licensee wanting to make sure staff are ready to deal with the 'gnarly problem of intoxication'. Check it out at www.wherestheline.org.nz. ■



**OFFER THAT LOUD MOUTH
A WATER OR A SOFT DRINK AND
SOME FOOD OR A TAXI!**

GOOD HOSTS LOOK AFTER THEIR CUSTOMERS



A formidable major

Don't be fooled. A slim stature, soft blue eyes and hands that move with a conductor's grace belie the fact that Lynette Hutson is a formidable advocate and a shining example of compassionate determination.

Krista Ferguson profiles this Salvation Army Major who has provided leadership to many in the treatment and rehabilitation sectors.

WITH responsibility for the Salvation Army's alcohol and other drug programmes, supportive accommodation and prisoner rehabilitation, Lynette Hutson rarely pauses for breath.

Born into five generations of Salvation Army in Gore in 1954, Hutson left Christchurch's Linwood High School at 17, met Ian when she was 19 and married him two years later.

A pivotal moment in her life occurred when she was just 21 and her three-week-old son died of cot death. Thirty years later, his death still haunts and drives her. It underpins her faith and her feeling that, no matter how low someone falls, they can change.

"While I wouldn't wish that experience on anybody, it has given me so much direction in my life. I never had a sense of giving up on people."

It was the deciding moment that set her away from the path of just settling

for "a nice house with children".

Hutson trained to be a Salvation Army officer in 1982 and, following several New Zealand appointments, she and Ian were asked to take on Harbour Light community service in Winnipeg, Canada.

The level of inequality in Winnipeg was the worst she had ever seen. She says the spirit had been "knocked out" of the Native American population with high levels of alcohol and other drug abuse, violence, child sexual abuse and deprivation.

"I remember going to one house on Christmas Eve and it was icy cold. We'd taken a Christmas parcel to Lena, one of the little girls from Harbour Light's children's feeding programme.

"When the door opened, there was this pathetic looking Christmas tree with a few paper decorations. There was nothing else in the room, and there was no food. Around the kitchen table were eight Native American males blind drunk and with bottles and bottles of booze."

Lena's older sister ran away that Christmas preferring to survive on scrap food in the shopping malls rather than return home.

Experiences in Winnipeg developed

“There was no food. Around the kitchen table were eight Native American males blind drunk and with bottles and bottles of booze.”

“These are not people who are shameful failures. They are people who are your friends, your neighbours, your family – and they deserve the opportunity to get back on track.”

Hutson’s thinking around the need for addressing change in the wider systems surrounding individuals.

“Systems impact on people’s lives and their powerlessness – they’re in the cycle, and they can’t get out of it. It’s intergenerational. They need someone else to support them to break the cycle.”

After Canada, the Hutsons returned to work at the Salvation Army’s alcohol and drug addiction Bridge programme. After completing a post-graduate diploma in social work, Hutson had her first leadership role as Director of the Christchurch Bridge programme in 2000.

Her approach to negotiating programme funding was “refreshing” according to former Minister for Drug Policy Jim Anderton.

“She had a way of being an equal in a partnership. It was, ‘We want to find out how we can work together and we can help you help us.’”

But it was Hutson’s care for people that most impressed when she showed him around a rehabilitation unit.

“She was very familiar with staff and had an easy relationship even though she was a senior officer. She was on easy terms with residents and so obviously interested and compassionate.”

New Zealand Drug Foundation

Executive Director Ross Bell says Hutson shines as an advocate.

“She has a real intelligence mixed with fabulous grace, which makes her formidable when talking with politicians.”

Her leadership abilities were recognised by Salvation Army high command, and a role as National Manager Addictions Services and Supportive Accommodation soon followed.

In the seven years she’s been in charge, the budget has doubled to \$18 million. On any given day, her 300 staff deal with over a thousand cases in the Bridge programme and provide services for young pregnant women, the intellectually disabled, ex-prisoners and people battling gambling problems.

In an average week, Hutson works at least 60 hours and usually takes several national flights. She’s on national addictions reference groups and is often called into one-off government consultations. Last year, she was part of the New Zealand delegation to a United Nations Consultation on International Drug Policy in Vienna.

Time off is precious. Hutson sings in two church groups to relax and loves being with her family including her four



Major Lynette Hutson

children, Greg, Craig, Collette and Simon.

She can't explain how she sustains her energy levels but, unlike others with stressful jobs, she doesn't use alcohol to relax. Salvation Army officers do not drink but have worked with those who do since the organisation's founding in 1878.

The Salvation Army's major social report, due to be released later this year, is on alcohol. It will move the movement's stance on alcohol issues up a notch, she says.

"We have allowed our culture to get to the point where anyone speaking against alcohol is looked upon as a wowser.

"The word 'temperance' means moderation. We've come to associate it with people carrying banners saying 'the demon drink'. That's hijacked any voice of moderation saying we're harming ourselves, our children and our community."

She doesn't agree with the 'nanny state' argument.

"I believe there is a duty of care. We are our brother's keeper. If we want a better world, some of us have to take a bit of flak."

Hutson thinks the Salvation Army will fall from favour with the alcohol

industry. Half of her is nervous, and half of her says "bring it on!"

Odyssey House Chief Executive Chris Kalin says Hutson has what it takes to convey strategic arguments with "great gusto, passion and clarity".

"She's little – there's almost a fragility about her – however, she's a formidable woman."

Ross Bell says, "People can be cynical and wary of 'do gooders', and Hutson rocks up in her Salvation Army uniform. She brings a real rawness. You expect a certain thing but she surprises people with her reality and humanity."

In or out of uniform, Hutson takes every opportunity to talk about the problems she sees.

"Who would choose to be addicted, who would wake up every day and say, 'I am going to be a hopeless alcoholic'? Of course they don't want to be there," she says.

"These are not people who are shameful failures. They are people who are your friends, your neighbours, your family – and they deserve the opportunity to get back on track." ■

Krista Ferguson is an Auckland-based writer.

Quotes of Substance

“This can be directly attributed to enhanced intelligence collection and the good flying weather.”

Detective Senior Sergeant **Scott McGill** says blue skies allowed the New Zealand Police to seize and destroy 141,000 cannabis plants during its 2009 National Cannabis and Crime Operation (NCCO) – the highest number in 10 years.

“I have to say that alcohol plays a big part in my idea of fun and in that of many of my friends. In fact, if you take ALAC's purse-lipped definition, binge drinking is my idea of lunch.”

Reader comment on a Publicaddress.net discussion on the annual 'Undie 500' booze fest, which saw dozens of Canterbury and Otago university students arrested.

“That's just ridiculous.”

Transport Minister **Steven Joyce** signals his interest in reducing New Zealand's drink drive limit, saying he could drink three-quarters of a bottle of wine in 90 minutes yet still have every chance of being under the legal limit.

“It's a bit like insulin for diabetics.”

Professor **Jon Currie**, Director of Addiction Medicine at Melbourne's St Vincent's Hospital, supported a call to introduce heroin prescribing to Australia, saying overseas research showed it stabilised long-term problem users, improved their chances of recovery, and reduced crime, blood-borne viruses and overdose fatalities.

“We had several large-scale operations going on at once, and the wires got crossed on this one.”

Sheriff **Phil Redmond** blamed a communications mix-up when an undercover Iredell County Sheriff's Office deputy purchased drugs from undercover Statesville police officers.

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Drug driver testing under the new Land Transport Amendment Act

The Land Transport Amendment Act 2009 (LTAA), which came into force on 1 November, allows Police to better detect drug drivers and charge them with the offence of ‘driving while impaired and with blood that contains evidence of use of a controlled drug or prescription medicine’. Let’s look a little more closely at how the system will work.

“Police will not progress to a CIT for drivers who fail a breath alcohol test, as the primary goal of removing an impaired driver from the road will have been achieved.”

THERE are three steps Police must follow before charging someone with ‘driving while impaired and with blood that contains evidence of use of a controlled drug or prescription medicine’.

1. Good cause to suspect

An officer must first have a good reason to suspect that a driver has consumed a drug or drugs before they can test for drug impairment. Swerving across lanes, erratic driving or a driver’s personal demeanour might give them good cause to suspect that a driver has consumed something they shouldn’t have.

2. Unsatisfactory completion of a compulsory impairment test (CIT)

Once an officer has established good cause to suspect the driver has consumed a drug or drugs, the driver will be breath tested for alcohol to rule out drink driving as the cause of impairment. Good cause to suspect might also be established after a driver is pulled over for suspected drink driving but passes a breath test. In practice, Police will not progress to a CIT for drivers who fail a breath alcohol test, as the primary goal of removing an impaired driver from the road will have been achieved.

If a driver passes a breath test, the officer can then require them to undergo the CIT. The CIT consists of three behavioural tests that check whether a driver is impaired.

The first test is called the ‘walk and turn’. The driver must take a number of heel-to-toe steps along a straight line, then turn and repeat the steps in the opposite direction.

There are eight signs of impairment in this task: losing balance at the start of the test, starting the test before instructions have been completed, stepping off the line, not touching heel to toe, using arms to maintain balance, improper turn (not as demonstrated), stopping mid-test and taking the wrong number of steps. Exhibiting two or more of these signs of impairment constitutes failure to complete the test to the satisfaction of an officer.

The second test is called the ‘one leg stand’. This requires the driver to stand on one leg with the other leg raised in front of them. The driver must then count to from 1,000 to 1,030.

There are four signs of impairment for this test: placing the raised foot on the ground, hopping, swaying and using



arms to balance. The driver fails to satisfactorily complete the test if they exhibit two or more of these signs of impairment or if they place their raised foot on the ground more than three times.

The final test involves assessing the driver's pupil size and responsiveness. One example of this sort of test is called 'gaze nystagmus' and is conducted once for each eye. It requires the driver to focus on an object in front of their face and track its movement. An impaired driver will have trouble following the object, drifting off target then suddenly jumping back on target again. The inability to smoothly follow the target is called 'nystagmus' and constitutes failure of the test.

Additional eye tests will assess the size of the driver's pupils, as different drugs can cause the pupils to dilate or constrict.

The CIT is not a straightforward pass/fail test; rather, it must be completed to the satisfaction of the officer administering it. If there are environmental factors that might influence a driver's ability to complete the test, such as bad weather, being stopped on a busy motorway or poor

light, the officer can require the driver to accompany them to a more suitable location.

If a driver refuses to complete the test, they can be charged with refusing the CIT, which carries the same penalties as an impaired driving offence.

If a driver fails to complete the CIT to the satisfaction of the officer, they will be required to provide a blood sample and will be forbidden to drive for a number of hours.

3. The presence of a drug or drugs in a blood sample

Drivers who do not satisfactorily complete the CIT will be required to undergo an evidential blood test. The presence of a drug or drugs in the blood in any amount will result in a charge of 'driving while impaired and with blood that contains evidence of use of a controlled drug or prescription medicine'.

Blood results will not be available immediately and may take up to four weeks to process. For this reason, unsatisfactory completion of the CIT alone is enough to forbid a driver from driving for a number of hours to enable the impairing effects of the drug to wear

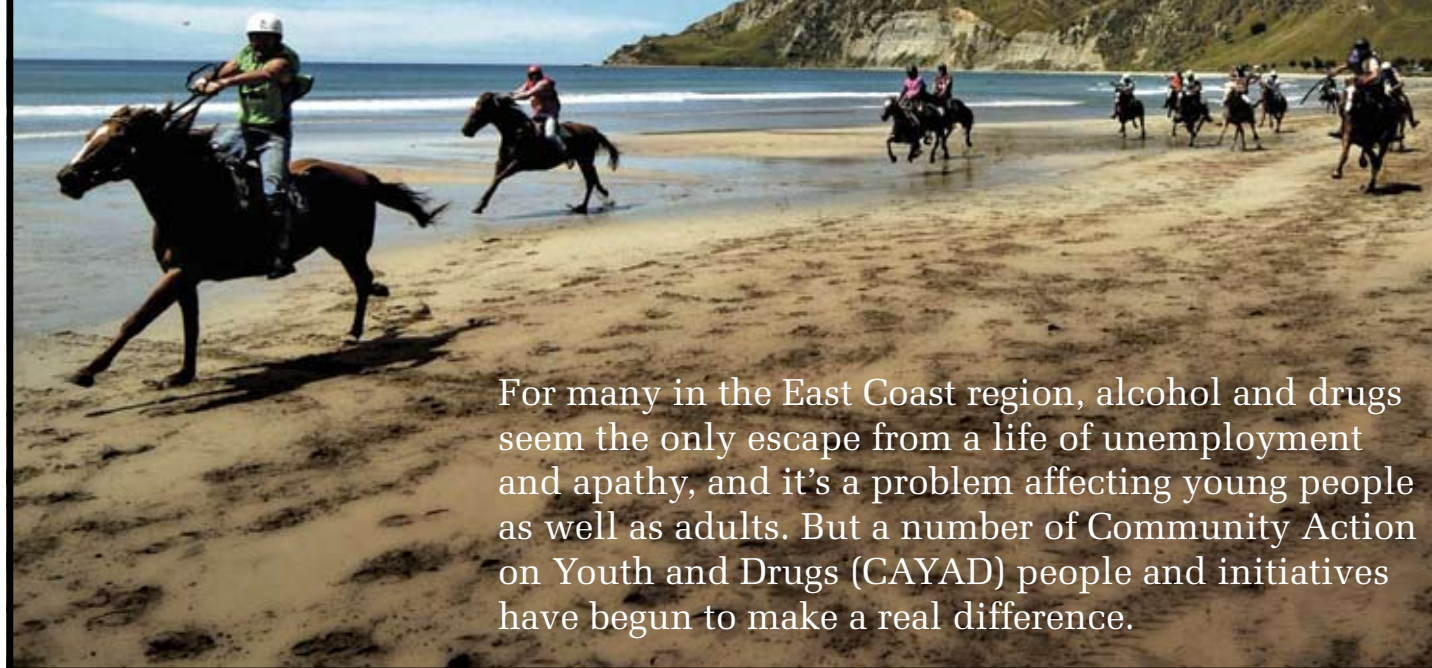
“ Unsatisfactory completion of the CIT alone is enough to forbid a driver from driving for a number of hours to enable the impairing effects of the drug to wear off. ”

off. This achieves the immediate road safety objective of removing the impaired driver from the road. However, a driver cannot be charged with a drug driving offence unless there is also evidence of the presence of a drug or drugs in the blood sample.

Random roadside drug testing is not allowed under the LTAA 2009, primarily because the technology does not yet exist to allow for quick and accurate testing. Saliva testing is growing in popularity overseas, but current saliva testing kits are time-consuming to administer and not sufficiently reliable to be used in a criminal justice application.

Saliva tests will only show the presence of a drug in the specimen, which does not necessarily equate to impairment. ■

East Coast community action



For many in the East Coast region, alcohol and drugs seem the only escape from a life of unemployment and apathy, and it's a problem affecting young people as well as adults. But a number of Community Action on Youth and Drugs (CAYAD) people and initiatives have begun to make a real difference.

WHEN Kerehama Blackwell returned home to Tolaga Bay after eight years in the Navy, he found a deeply troubled town.

Memories of an idyllic East Coast upbringing were replaced with the bleaker reality of a town in the grip of apathy, unemployment and drug and alcohol abuse.

"Tolaga has about 850 people, and we've got five liquor outlets and a heap of tinnie houses," Blackwell says.

"All along the whole East Coast, there are not a lot of jobs. The feeling is sometimes, 'Oh, I'm poor and I can't get a job, I don't feel good so I'll get drunk or stoned'. That's normal in the houses of our youth and is not seen as a problem. People feel sorry for themselves, but they really need to get off their bums and do something about it."

Blackwell decided to do something about the lack of motivation and activities for youth. About five years ago,

he set up a Friday night youth club where teenagers could participate in sport.

"It gave the young people an excuse to get off the streets, gave them a safe environment and also gave them some discipline they weren't getting at home.

"The kōrero [talk] is positive and so are the messages they are getting. There's no running people down allowed, and there's no alcohol and drugs either."

Blackwell's Friday sports night quickly caught on with local youth but getting their parents on side proved to be a much bigger task.

"A lot of adults were saying all the problems in the town were caused by youth. I said, 'No, it's only 5 percent of young people causing the problems. The rest of them are just trying to get along.'"

Blackwell says teenagers from the youth group decided to hold a hui (meeting) where adults were invited to come along and discuss their issues.

Not a single adult turned up, which showed Blackwell there was a lack of adult leadership in the community.

"Some adults from Tolaga Bay have never been out of the area. They might mean well, but they are not exactly being good role models for their kids."

He also realised young people needed more activities to gain positive experiences they might not be getting at home.

About the same time, Blackwell was approached by the Ministry of Health-funded Community Action on Youth and Drugs (CAYAD) initiative to start a drug and alcohol programme in the area.

The scheme, established in Tolaga Bay in 2004, was aimed at reducing young people's alcohol and drug use.

Similar programmes were set up in 2004 in Hicks Bay, which is also in the Gisborne region, and in nearby Ruatōria about two years ago.

Their success in curbing youth

alcohol and drug abuse can be measured in a number of ways. Suspensions and expulsions from school – in the past, largely among teenagers on drugs or carrying them – have dropped significantly since the programmes began.

Four years ago, at least 25 students a year were suspended from the local Tolaga Bay high school. That number has now dropped to about two, Blackwell says.

The town has regular drug and alcohol-free hip hop nights, and several championship winning sports teams have also emerged from his Friday sports nights.

Representatives of his youth group now advise the local council on youth issues.

The Tolaga Bay CAYAD programme also runs diving courses in the pristine waters surrounding the township, and young people are trained as surf life savers to patrol their own beaches.

One of the success stories from Blackwell's CAYAD programme is 17-year-old Ari Parata-Walker.

She is on the Tolaga Bay Youth Council and will soon become the first person from the town to travel overseas on an American Field Service (AFS) international exchange programme.

"It would be easy to fall in the trap of drinking or taking drugs in this place," she says.

"There was nothing to do before, but now Kere [Blackwell] has given us activities and asked for our opinions. Before I joined, I was just doing nothing."

Parata-Walker, whose family has lived in Tolaga Bay since before she was born, says the CAYAD programme has given the town back some of its mana (pride).

"It's stopped some teenagers going off the track, and it's made the adults realise we are not all troublemakers."

In Hicks Bay, the CAYAD coordinator is Moki Raroa, a trained teacher and youth councillor who knows about the rough side of life. As a young man, he associated with patched Black Power members.

Raroa is taking a slightly different tack from Blackwell in addressing social problems in his town of fewer than 1,000

people, but he is having just as much success.

Raroa says, before the start of the CAYAD programme, drug abuse among adults and teenagers was rife.

"We can grow 15-foot cannabis plants here no problem. We are acknowledged as the second-best drug growing region in the country behind Northland. Drugs have always been a large part of the place and so have gangs."

"There have always been a lot of expulsions and suspensions in the school for kids having drugs or being drugged at school."

The situation at the local high school was so bad that, in 1997, an Education Review Office report slammed it as having

👉 **A lot of the kids used to have no respect for anyone, but through achievement, they have found respect for themselves and other people. They have seen the value of their hard work pay off.** 👈

among the country's worst exam results and providing substandard education.

In 2004, Raroa was approached by CAYAD to set up a youth programme in Hicks Bay.

He began running youth-orientated activities such as boxing, waka ama and kapa haka to give young people a sense of achievement.

Raroa also focused on working closely with the Māori immersion school, or kura kaupapa, he and local iwi had established at the town's marae in 2002.

Raroa says the establishment of the school was critical in bringing the largely Māori community together and getting parents involved in their children's lives.

"People are sometimes a bit scared of traditional schools and feel like they are naughty students again walking through the gates. With the marae, they could come whenever they liked, and it feels



like a second home not an institution.”

The kura kaupapa, which has now moved into its own premises on the site of a disestablished school, does not operate like a traditional school.

Raroa says the school operates around what is happening for pupils at that time, and its hours are flexible. If there is a big sporting competition coming up, students may stay late every night to hone their skills, just as they might with major exams approaching.

Te reo Māori is spoken, and subjects taught are relevant to the local environment.

“We’re right on the coast here so we do lots of water sports like diving and fishing, and the students are taught about our local geography and plant life,” Raroa says.

“From the sidelines, we teach them to respect themselves, and when they do this, they realise that drugs and alcohol are not going to do them any good.”

The only compulsory subjects are Māori and mathematics.

Raroa says the school’s focus has been on engendering a sense of identity and pride in students – a tactic that seems to have worked. For the past three years, 100 percent of the kura kaupapa’s pupils have passed NCEA level 1.

Raroa’s sporting programmes have also reaped rewards. The boxing club he established has produced several New Zealand championship-winning athletes.

“A lot of the kids used to have no respect for anyone, but through achievement, they have found respect for themselves and other people. They have seen the value of their hard work pay off.”

A condition of taking part in CAYAD sports programmes is passing a drug test, administered by local Police.

One of Raroa’s main aims in setting up sports programmes was to get parents

more involved in their kids’ lives.

“It was the fathers we were really targeting. Lots of them are patched gang members or involved in tilling the soil and growing the hooch [cannabis]. We needed them to be better role models for their children, although the kids are often less set in their ways and grow their self-esteem quicker.”

Raroa says fathers were called on to help run sports programmes such as boxing and diving and to share their skills.

“We have had a lot of success with boxing. A lot of the major dope growers are involved, and they are spending time doing something productive with their kids. They see their kids succeeding and hopefully see there is a bigger, better future for them.”



Raroa says the CAYAD programme’s main aim – a drop in drug use and convictions – has been a byproduct of the success of the kura kaupapa and sports initiatives.

“We have always known there were drug problems, but the conventional ways like counselling and therapy or the legal ways weren’t having an impact. We realised to make a change took a big conscious decision and involvement of not just the young person but the whole community.”

Blackwell, who runs the Tolaga Bay programme and also oversees CAYAD initiatives in all three areas of the East Coast, says Ruatōria has an extra dimension to its drug problem in that P is starting to be used by young and old.

“We have heard there’s P in school. Kids are selling it in school, mostly because their parents, who are in gangs, are getting them to.”

“We hear forestry workers are using it, truck drivers are doing it to stay

awake on the long hauls and the Black Power is selling it.”

Blackwell says Jimi Hills, who runs the CAYAD programme in Ruatōria (but was unavailable for an interview with *Matters of Substance*) has put the issue on the town’s radar.

“He’s been getting people together in the town and telling them they have got to talk about P. They need to have a hui. If they don’t get on top of it now, it’s going to get out of control.”

For his trouble, Hills has been threatened several times by families involved in selling P, Blackwell says.

“They say they are going to bottle him and that sort of thing. I have been threatened by people in Tolaga, but the situation seems to be worse in Ruatōria, with lots of different groups and families rather than one iwi.”

Blackwell says the CAYAD programme in Ruatōria is in its formative stages, but Hills is making good progress.

“We have to tread really carefully with things in Ruatōria and think really hard about how to deal with this problem of P. I haven’t heard of it being a real problem in Tolaga or Hicks Bay, but it’s only a matter of time.”

Like the CAYAD coordinators in Tolaga and Hicks Bays, Hills is working hard to boost young people’s self-esteem though achievement in sports, Blackwell says.

Hills runs successful basketball and a hip hop club and recently took dancers to a national competition.

Blackwell says the reason for the overall success of CAYAD on the East Coast is that young people are helped to succeed and develop greater mana, rather than being lectured about the dangers of drugs and alcohol.

“A lot of these kids don’t like school, so what’s the point of sitting them down and talking at them like they get in class? When the kids are playing basketball or rugby or whatever we do with them, we get the message through to them, in a more subtle way.

“From the sidelines, we teach them to respect themselves, and when they do this, they realise that drugs and alcohol are not going to do them any good.” ■

The poppy problem 2.0

Not much has changed since *Matters of Substance* ran an article about Afghanistan's poppy problem in May 2007. However, there are signs that the US-led approach to poppy control in Afghanistan may soon be amended. **Rob Zorn** looks at the potentials and the pitfalls of Obama's new approach.



“ The obvious challenges are finding alternatives that are truly realistic and providing the stability to allow them to flourish. It's difficult to determine which of these is the chicken and which is the egg. ”

PUT SIMPLY, the poppy problem in Afghanistan is this: much of the funding behind armed insurgency in the country is derived from opium poppy, which is sold to produce heroin for the global market. That has all sorts of unfortunate consequences, but the livelihoods of so many Afghans are so dependent on poppy that attempting to eradicate it would increase poverty, fuel the flames of resentment and drive Afghan locals into the welcoming arms of the insurgents.

Poppy cultivation is now deeply entrenched in the socio-economic fabric of Afghan society. It's the source of somewhere between a third and half of the country's GDP and underlies the livelihoods of many farmers, tribal chiefs, independent traffickers, members of the police and former warlords who are now government officials.

As well as contributing \$70–100 million each year to the Taliban's coffers (about half its annual income), opium poppy also provides the Taliban and other insurgents with political support from those who depend on it. In a sense,

it imposes an order upon the country that the government has been systematically unable to provide.

Efforts to eradicate poppy have so far proved futile and counterproductive because they only cement the bonds between the population and the insurgents. Interdiction, or controlling poppy by rule of law, has also failed to date because counternarcotics policies cannot be effective without the secure and stable legal infrastructure Afghanistan lacks.

The key, then, to tackling Afghanistan's poppy problem is to diminish the importance of opium and remove it as the central economic driver, and that appears to be what the Obama administration has come to realise.

The new policy, the details of which are still to be released, centres on creating an environment where interdiction can work and on rural development rather than on eradicating poppy crops. As such, it is a courageous break from US-led counternarcotics policies around the world for the last 30 years. It will also mesh nicely with

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“Legalisation is a term that fails to clarify the issue. Bazookas are legally produced, but I can't simply go out and buy one.”

Sanho Tree, Director of the US Institute for Policy Studies' drug policy project (www.ips-dc.org), argues the drug policy reform debate requires more nuanced and thoughtful discussion.

“I don't think you can eradicate drugs from your community. I wish you could, that would be the aim, but I think any politician that tells you they can do that is either being dishonest or a bit deluded in their outlook.”

A pragmatic Prime Minister **John Key** discusses why the government's methamphetamine action plan puts greater emphasis on drug demand reduction initiatives than supply side controls.

“My message to gangs is clear: this government is coming after your business, and we will use every tool we have to destroy it. We will be ruthless in our pursuit of you and the evil drug you push.”

On the other hand, **John Key** also pulls no punches in his message to methamphetamine producers.

“5,000 New Zealanders every single year die from cigarettes. If a country did that to us, we'd declare war. A company's doing it to us, and we're letting it happen. There's something wrong there.”

Māori MP **Hone Harawira** explains why he pushed for a select committee inquiry into the impact of tobacco use on Māori.

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new counterinsurgency measures that will focus on providing security for the rural population. Hopefully, by not targeting farmers and by providing them with realistic alternatives to growing poppy, support for the Taliban can be eroded.

The obvious challenges the new strategy faces are, of course, finding alternatives that are truly realistic and providing the stability to allow them to flourish. It's difficult to determine which of these is the chicken and which is the egg.

To provide enough security so that investors will come and local farmers will commit to long-term alternative crop programmes, there has to be sustained state control of territory, and that means winning hearts and minds. To win hearts and minds in this instance will require offering alternative livelihoods that are attractive enough to make farmers forsake poppy and want to put their trust in the official government rather than the local warlord.

As Muslims, most Afghan farmers would be delighted to forsake poppy for alternatives that gave them a similar income, were viable long term and came with an environment of stability.

Unfortunately, last year's wheat distribution programme is an example of how alternative crop ideas have failed so far. Not enough was done to secure long-term international markets, and many Afghan farmers had insufficient land to cover even their subsistence needs with wheat mono-cropping. Wheat cultivation also employs 88 percent less labour than poppy, so would lead to massive unemployment problems if it became widespread.

Afghanistan may do better to focus on diversified, high-value crops such as fruits, vegetables and expensive items like saffron, but these will also fail if insufficient time is put into securing sustained access to internal and external markets.

Not since Mao wiped out poppy cultivation in China in the 1950s have counternarcotics efforts faced such enormous challenges as they do in Afghanistan. Even under much more

favourable conditions, counternarcotics rural development in Thailand took 30 years.

If change is in the wind, that is a good thing. However, the Obama administration will need to show meaningful and ongoing progress to the world community in advancing human security, mitigating conflict and enhancing state building in Afghanistan if it is to win long-term support. Above all, it must present realistic timelines and reduce expectations for how long rural development and other counternarcotics policies will take.

If they don't, no matter how well designed their counternarcotics policies are, there is a real danger they will be prematurely and regrettably discarded as ineffective. ■

This article acknowledges a debt to *The Obama Administration's New Counternarcotics Strategy in Afghanistan: Its Promises and Potential Pitfalls*, The Brookings Institution Policy Brief Series #171. See www.brookings.edu/papers/2009/09_afghanistan_felbabbrown.aspx.



AFGHANISTAN is a land-locked and mountainous country in central Asia, with plains in the north and south-west. The highest point is Nowshak, at 7,485m (24,557ft) above sea level. Large parts of the country are dry, and fresh water supplies are limited. Afghanistan has a continental climate, with hot summers and cold winters. The country is frequently subject to minor earthquakes, mainly in the north-east of Hindu Kush mountain areas.

Capital city	Kabul
Official languages	Pashto, Persian
Government	Islamic Republic
Independence	From Britain 1919
Area	652,090km ²
Population	31,500,000 (2006 estimated)
Currency	Afghani (Af)
Time zone	UTC +4:30

The cost of free trade in the Pacific



Free trade agreements as a way of stimulating small economies in the Pacific may look promising at first glance. However, as **Sanji Gunasekara** argues, their consequences for health and social wellbeing may be disastrous, especially if global alcohol companies get their way.



Sanji Gunasekara

THE GLOBAL economic crisis does not appear to have dented the enthusiasm of free market fundamentalists. Progress towards a new trade deal at the World Trade Organization may have stalled, but rich countries, including New Zealand, have scrambled to clinch bilateral and regional free trade agreements with developing nations.

Trade liberalisation is touted as a panacea for underdevelopment in the developing world, despite overwhelming evidence showing it is, in fact, associated with increased poverty, inequality and social instability. Of particular concern are the bullying tactics employed by New Zealand and Australia in pushing Pacific Island countries into negotiations on the Pacific Agreement on Closer Economic Relations initiative (PACER).

A recent United Nations Development Programme study showed little relation between trade liberalisation and economic growth, but one effect is undeniable – free trade increases product availability and choice and reduces prices by increasing competition.

This may be advantageous when it comes to fridges or sports shoes, but it is clearly undesirable when it comes to alcohol, a drug that already exerts a huge toll on Pacific Island countries in terms of health, social problems and lost productivity. According to the World Health Organization (WHO), alcohol is the leading risk factor for the burden of injury and disease in the Pacific.

“ According to the World Health Organization, alcohol is the leading risk factor for the burden of injury and disease in the Pacific. ”

The most effective way to reduce alcohol harms is by raising prices and restricting availability to reduce consumption. Free trade agreements have precisely the opposite effects. They are designed to facilitate the entry of global alcohol companies into new markets by lowering tariffs and eliminating other barriers to trade

“Sophisticated marketing portrays alcohol as the gateway to affluence among communities where just meeting basic daily needs can be a struggle.”

including, in some cases, restrictions on advertising.

Signatory states are deprived of control over the most effective policy instruments for reducing alcohol-related harms and lose a valuable source of revenue. This is a serious problem for developing countries in the Pacific, already struggling to limit harms from alcohol.

To date, these countries have successfully excluded alcohol and tobacco from the region's first free trade agreement – the Pacific Island Countries Trade Agreement (PICTA) – but this is up for regular review, and there are worrying signs that they will face enormous pressure not to include similar restrictions in other agreements including PACER Plus and any made with the European Union.

Free trade negotiations are inherently adversarial. In many cases, Pacific Island countries do not have the negotiating power or resources to ensure they receive a fair deal. Trade deals that include services and investments often have far reaching and insidious consequences that are not apparent to negotiators at the outset of talks. Although safeguards to protect public health are enshrined in most deals, they are difficult to invoke in practice and are usually relegated in favour of commercial imperatives. What might be good health policy – differential taxes to favour domestic brands of beer with weaker strengths, for example – is frequently challenged as trade protectionism.

For Pacific Island countries, losing taxation or other regulatory measures as a way of controlling the social consequences of alcohol is just one of the likely impacts from a free trade deal involving Australia and New Zealand. Academics and community leaders in the Pacific have warned such an agreement could result in massive unemployment, lost government revenue and an erosion of public services, including health and education.

In addition, the aggressive promotion of a consumerist culture that accompanies the free trade agenda will further erode

traditional community and family structures, creating fertile conditions for a rise in addiction.

It is no secret that the alcohol industry has been actively pushing for trade liberalisation across the globe. Markets in developed countries are saturated, so the greatest profits are now found in developing countries, but these markets first need to be prised open and new drinkers recruited. Sophisticated marketing portrays alcohol as the gateway to affluence among communities where just meeting basic daily needs can be a struggle.

The priority of trade over public health can be seen in the way the WHO Draft Global Alcohol Strategy has been criticised for recommending that trade agreements treat alcohol as a special commodity. For the WHO strategy to have any real impact, it needs to be elevated to the status of a Framework Convention on Alcohol Control, as has happened with tobacco.

Unfettered free trade is a prescription for worsened health in the Pacific. While this particular horse may have already bolted, it is not too late to mitigate harms from an eventual deal with Australia and New Zealand. Pacific Island countries should not be cajoled into accepting trade terms that will ultimately prove detrimental to their populations.

Any agreement must have sustainable development at its core. Alcohol (and tobacco) should continue to be treated as extraordinary commodities and be excluded from all international trade agreements. It is time for public health experts to have a say in trade deliberations and for the priority of health over trade to be enshrined. ■

Sanji Gunasekara is the Drug Foundation's Senior Policy Analyst

Feedback

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

Good for the goose – time to revoke liquor law exemptions



The Law Commission is currently considering public submissions on the reform of our liquor laws. Legislation regulating sale and supply is at the core of review's efforts to reduce the harms of alcohol abuse, which are potentially present wherever alcohol is sold or supplied. The Drug Foundation asks why, then, does the Act allow for so many exemptions?

THE 1989 Sale of Liquor Act, the focus of the Law Commission's attention, stipulates nine exemptions from itself. These include persons supplying or selling liquor in Parliament, defence force establishments and in canteens for Police, prison officers and firefighters.

In its report *Alcohol in our lives*, the Law Commission makes a strong case for removing these exemptions, arguing that, if the basic rule is that selling alcohol requires a licence, this should apply equally to all.

We concur.

It is difficult to make a compelling case that the sale of liquor in Parliament or a Police canteen should be treated any differently. The risks are the same (and, in some cases, even greater), and it is ridiculous to argue that host

responsibility strategies should not be observed within these precincts.

Furthermore, there is no reason for those selling or supplying liquor at these premises not to be subject to the penalties of the Act if they sell to intoxicated persons or underage visitors. The Alcohol Advisory Council (ALAC) has also called for previously exempted organisations to be brought within the purview of the Act and pointed to evidence that the bars and canteens currently exempt from the Sale of Liquor Act are not conducive to safe and responsible drinking.

A string of incidents following officers drinking in Police canteens has fuelled concerns about a hard drinking culture in the Police and added weight to calls for stricter regulation.

“ One has to wonder why our elected representatives need to drink in a legally unregulated environment. What sort of signal does that send at a time when we're trying to strengthen the existing regulatory regime? ”

Quotes of Substance

“To be brutally frank, I’d like to lynch these bastards.”

Hone Harawira expresses his desire for tobacco industry executives to front up to the select committee inquiry.

“The best thing to do when you are taking alcohol is to realise you are taking a drug, so thoroughly enjoy it. If you are going to take the risk, thoroughly enjoy it, but do not delude yourself that you are doing it to improve your health.”

National Addiction Centre head Professor Doug Sellman provides free and frank advice to viewers of television show *What’s really in our food?*

“It’s just another example of the inaccuracies that we are seeing, in this case, a slightly amusing one – granny on Fantasy – but it shouldn’t happen.”

Staff at a medical centre were ‘flabbergasted’ when an embattled Auckland lab testing company sought clarification on whether an 80-year-old’s blood should be tested for party drug gamma hydroxybutyrate (GHB or Fantasy). The woman’s doctor actually needed the blood tested for glycosylated haemoglobin, a measure of diabetes control.

“Our current liquor laws are insufficient to protect our communities from the harmful effects of alcohol... I will take some convincing that the Act should not be rewritten.”

Justice Minister Simon Power advises a hospitality industry conference of his intention to reform New Zealand’s liquor laws.

continued on page 31 ►



Detective Sergeant John Gualter, an instructor at the Royal New Zealand Police College in Porirua, convicted on drunken driving and dangerous driving charges in the Porirua District Court, Porirua. DS Gualter was arrested for driving two and a half times over the legal limit; he had been drinking at a Police College bar.

“It’s younger Police usually, maybe a sergeant or two behind the bars, and it’s very, very difficult for people of that rank to tell an inspector he’s had enough and he should go home.”

Former Police Association Executive Officer Graeme Butterworth.

Police bars were originally created in the 1960s as places where cops could relax in private after a hard day on the beat. While stations built since 2005 don’t have bars, there are still 28 Police bars throughout country.

Though they have their own rules that are similar to the Act, many reportedly still tolerate behaviour that would normally result in a patron being kicked out of a licensed bar.

According to former Police Association Executive Officer Graeme Butterworth, “It’s younger Police usually, maybe a sergeant or two behind the bars, and it’s very, very difficult for people of that rank to tell an inspector he’s had enough and he should go home.”

However, Police Association President Greg O’Connor says these bars are justified.

“Many of our officers are vulnerable out in the community having a drink. I would hate to see some of our people having their debriefing sessions, call

them what you like, out in the public where they’re not only likely to attract more criticism but more hassle from people who don’t like policemen.”

While the case for exclusive Police canteens may well be valid, it’s hardly a justification for exemption from the Act.

The same goes for the armed forces who are also renowned for a culture of ritualised heavy drinking. Eight Kiwi soldiers were recently sent home from East Timor after getting drunk on duty. Naval staff based in Devonport have been involved in several well publicised alcohol-related incidents. With a large percentage of young people and some canteens that serve liquor to civilian dependants and visitors, it is difficult to understand why these bars are different from establishments subject to the Act.

And as for Parliament, one has to wonder why our elected representatives need to drink in a legally unregulated environment. What sort of signal does that send at a time when we’re trying to strengthen the existing regulatory regime?

The time has come to revoke exemptions from liquor laws that seem increasingly out of place in today’s environment.

As Sir Geoffrey Palmer has said, “The benefit would be that you would know that the law applies, as it is written, to everyone. There’s a sort of equality in that.”

We’d happily raise a glass in agreement. ■

Feedback

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Tackling methamphetamine: government action plan



LAST MONTH, the Prime Minister announced the government's action plan on methamphetamine. The majority of media attention has focused on the banning of across-the-counter sales of cold tablets that use pseudoephedrine, but this is just one component of the wider strategy. There are a range of actions within the plan covering supply control and demand reduction:

Restricting access to precursor chemicals

- Reclassifying pseudoephedrine as a Class B2 prescription-only drug.
- Directing Medsafe to consider a total ban on pseudoephedrine.
- Devising further means of restricting criminal access to other precursor chemicals.

Cracking down on P dealers

- New anti-drug taskforces at the border – 40 Customs officers to be redeployed.
- New Police P control strategy – cracking down on gangs through extra intelligence.
- Working with Customs, targeting P cooks and seizing assets gained through P dealing.
- New Police powers to search for evidence and intercept gang communications and profits.
- All proceeds of crime seized by the Crown directed to anti-P initiatives.

Increased addiction services

- \$22 million extra for treatment services over the

next three years.

- 2,700 patients to access new beds in 'social detox' facilities.
- 400 patients to access new long-term rehab beds in residential facilities – a 60 percent boost.
- Frontline government workers to refer methamphetamine addicts to treatment.
- Improving the drug and alcohol helpline and enhancing online information.
- Families given the power to force addicts into compulsory treatment.

Supporting families and communities

- Promoting new drug and alcohol guidelines for schools.
- Directing Community Action on Youth and Drugs programmes to focus on tackling P.
- Working with voluntary organisations to tackle P in the community.

Providing leadership and accountability

- Making government chief executives accountable for getting results. ■

Reaction to the plan:

A Synovate Research survey of **general practitioners**.

“Most [general practitioners] support new restrictions on pseudoephedrine-based medicines, although support for the phenylephrine alternative is divided.”

Hon **Jim Anderton**, MP.

“[Alcohol] is more serious than the abuse of methamphetamine, even though it is a deadly serious and unacceptable drug... The easy availability of alcohol, the lowering of the drinking age and the influence of the alcohol industry on alcohol-control policy has turned our drinking culture into a pathological problem.”

Len Brown, Mayor of Manukau City.

“It is good to see the government taking a lead on tackling this scourge, and I'm also happy with the support for P treatment and detox. We need to help people who are caught up by this horrible addiction.”

Annabel Young, Pharmacy Guild Chief Executive.

“We hope patients will appreciate that pharmacists will no longer be able to provide pseudoephedrine products without a prescription from their doctor.”

Tim Roper, Executive Director, Self-Medication Industry.

“The problem is not pseudoephedrine, it is methamphetamine. Pseudoephedrine-based medications are perfectly safe and effective when used as directed. If you ban pseudoephedrine sales in pharmacies, it will not solve the P manufacturing problem.”

Christine Kalin, Chief Executive, Odyssey House.

“Increased funding for residential treatment beds at Odyssey House, Auckland, will be great news for a host of people, not just those addicted to P.”



The full *Tackling methamphetamine: An action plan* can be downloaded from www.beehive.govt.nz.

Loophole for after ball-parties needs fixing



THE rules governing the serving of alcohol to under-18s at after-ball parties need to be clarified, according to Law Commission President Sir Geoffrey Palmer. One part of the Sale of Liquor Act says anyone who buys liquor intending to supply it to minors is liable to a fine of up to \$2,000. However, another part of the Act says the law does not apply to anyone who is a legal guardian or anyone attending a private social gathering.

On-duty paramedic's intravenous hangover cure

ST JOHN'S management has confirmed a Dargaville paramedic used an intravenous line to administer himself saline solution as a hangover cure last year. He has been reprimanded for his behaviour and still works at the station.

BERL alcohol harm statistics updated

BERL has recently revised some of the findings of its research into the costs of alcohol use, which were originally released on 7 April 2009. The authors revised their estimate on the basis that alcohol excise should not have been included as a net cost to society, but rather as a transfer payment. Its estimate

of the total social cost for alcohol (tangible and intangible costs) has now reduced from \$4,793.6m to \$4,437.1m.

P smuggled in bags of kava

POLICE in Fiji and New Zealand are investigating allegations that drug traffickers at Nadi International Airport have been packing methamphetamine in bags of powdered kava sent to Auckland. The *Fiji Times* reported three airport workers had been sent home after their implication in drug trafficking activities, and more suspensions were expected.

Man shoots drunk friend at dinner party

ALAN Christopher Paul Gundry (30), who fatally shot his friend in the chest after a drunken dinner party, has been found not guilty of murder or manslaughter by a jury at the Auckland High Court. Crown Prosecutor Kevin Glubb told the court Gene Patrick Atkins (28) had become drunk, had an argument with his girlfriend and left Gundry's house without her. He then returned and, during a dispute, Gundry loaded his rifle with six rounds and shot Mr Atkins twice in the chest. Mr Atkins had been advancing on Gundry and yelling at him he was going "to f*** him up", the court was told. Gundry's lawyer said he only shot his friend as a means of self-defence. Glubb said in his closing address that Mr Atkins died as an inevitable, tragic consequence of drinking and violence.

Mike Williams appointed Chief Executive of Stellar Trust



EX-LABOUR PARTY President Mike Williams has been appointed Chief Executive of the anti-P Stellar Trust, which campaigns to raise awareness of the dangers of methamphetamine. His focus will be on fundraising for the trust.

Policeman charged with perverting the course of justice



A POLICE officer who used a legal loophole to circumvent a drink-driving blood test has been charged with perverting the course of justice.

Off-duty constable Matt Hooper was pulled over by a patrol while driving in central Auckland last December. He was taken back to the station where officers planned to obtain an evidential blood sample. He then allegedly asked if he could go to the toilet, emerged with an injury and was taken to hospital.

The Land Transport Act states that blood collected in a hospital for alcohol testing can only be used in court if the suspect has been hospitalised because of a

car accident. Due to this technicality, no drink-driving charges were laid against him.

He was stood down on full pay during the criminal investigation, returned to work on restricted duties in January and was subjected to an internal inquiry. Hooper, 29, was charged with perverting the course of justice.

Booze branded lollies scrapped

ALCOHOL-LABELLED wine gums that were being sold in Invercargill PAK'nSAVE for the last two years have been removed from shelves after concerns were raised about the influence the sweets could have on children. PAK'nSAVE, owned by Foodstuffs, had stocked wine gums branded with the names of alcoholic drinks, including vodka, rum and port.

Alcohol Advisory Council (ALAC) Chief Executive Gerard Vaughan said, "What is the point? Are they trying to set up a connection between children and alcohol?"

A local mother, Sally Bodkin, parent of four children aged 4 to 9, considered the branding over the top and pointless: "We've got enough of an issue with alcohol already in this country without having it on lollies."

Foodstuffs South Island Retail Operations General Manager Alan Malcolmson said the sweets did not contain alcohol nor taste like the liquors they represented, but that since the problem had been pointed out to them, they'd drop the names on these particular products.

Is alcohol protection for the heart exaggerated?



THE online *New Zealand Medical Journal* has published an article questioning the protective effect on the heart of drinking moderate daily amounts of alcohol. The writers argue that cardio-protection from alcohol is by no means certain and probably has been over emphasised in recent years. Doug Sellman, a professor and one of the authors, said, “When viewed through the lens of two major early reviews in the mid-1980s, then Sir Richard Dolls’s contributions in the mid 1990s, followed by two large meta-analyses a decade ago and two most recent overviews, the health-giving properties of alcohol use becomes increasingly debatable”.

The writers of the article said, “Essentially, we believe that alcohol is still potentially a dangerous drug, which can cause a range of acute and chronic health problems, so should not be promoted by anyone as a health tonic.”

Drunken bus joyride averted

A NIGHTCLUBBER in Hamilton thought it would be a good idea to break into a local school bus and drive it to the Coromandel.

Luckily, police arrested the man before he had left the car park, relieved they had avoided “a potential disaster”.

Police received a phone call from a neighbour who noticed suspicious behaviour around the bus.

Constable Ray Mitchell said, “We arrived to find an intoxicated 21-year-old man sitting in the driver’s seat of the bus... He’d gained entry by kicking in the bus door and rummaged through the compartments trying to find the keys.” He told Police he was planning to head to the Coromandel.

Māori Affairs Committee to launch tobacco inquiry



MĀORI PARTY MP Hone Harawira announced in September that the Māori Affairs Parliamentary Select Committee would hold an inquiry into the impact of tobacco use on Māori. He said there was no other industry operating in New Zealand or internationally that killed so many people and Māori were suffering disproportionately.

Harawira wants the inquiry to see the tobacco industry held to account: “To be brutally frank, I’d like to lynch these bastards... This is a war against people who kill New Zealanders... I don’t particularly give a s*** about what they say [in their defence].”

The inquiry will start in February, and submissions will close on January 29.

It will examine the historical promotion of tobacco to Māori; the impact on Māori health, economic, social and cultural wellbeing; development aspirations; any benefits Māori received from tobacco use and what policy and legislative measures were needed.

Te Reo Marama contract termination

TE REO Marama, an organisation set up in 1998 to advocate evidence-based positions on tobacco-related issues at a local, national and international level, has had its Ministry of Health contract terminated.

A Te Reo Marama press release said, “As we are all aware, the change in government is having a profound impact on our sector. District Health Boards are having to ‘re-jig’ internal full time equivalent positions, and providers (particularly Māori) are having contracts terminated as funding comes under pressure.”

As for the future, Te Reo Marama is “...determining a new direction away from Ministry core contracts and looking at other avenues that have arisen in the past week. So, in short, we’re not going away and, in fact, being off the leash may allow for greater leadership, flexibility and activity on this major public health issue.”

Drug-test kit for use on kids draws flak

A NEW kit that allows parents to drug-test their children using hair has drawn a barrage of criticism from welfare organisations. A \$225 one-use kit requires a parent to cut between 90

and 120 strands of hair – about the thickness of a pencil – at scalp level from their child.

Children’s Commissioner John Angus said it was right that parents were concerned about possible drug use by their children. “However, if they are going to help them with drug issues, then they need to do that in the context of having an honest relationship with them. I don’t think this would be helped by surreptitiously doing a drug test.”

Poll says lowering the drinking age was a mistake



A RESEARCH New Zealand poll has found most New Zealanders think lowering the drinking age to 18 a decade ago has not been good for society. Three-quarters of the poll’s 500 respondents said changing the drinking age had had a negative effect, 5 percent said it had a positive effect, and 17 percent said it had no effect at all. Older people and higher income households were most likely to say lowering the drinking age had a negative effect.

Respondents were split down the middle as to whether they agreed with the Law Commission’s recommendation of a split purchasing age, where 18-year-olds could buy alcohol at bars and restaurants but had to be 20 to buy it at stores. ■



Former high-ranking US immigration official arrested for cocaine smuggling

A **FORMER** high-ranking US Immigration and Customs Enforcement agent, who worked in Mexico prior to 2007, has been arrested on suspicion of conspiracy to smuggle cocaine into the US. The charges are a result of a US Drug Enforcement Agency (DEA) investigation dating back to 2006.

Authorities say Richard Cramer helped a large-scale drug trafficking organisation move cocaine into the United States, by providing them with information from confidential law enforcement databases that told them whether one of their members was a government informant.

It is also alleged Cramer and the smuggling organisation invested about \$400,000 in a 300-kilogram shipment of cocaine that was seized in June 2007.

An informant told DEA agents that Cramer had “very powerful friends” among DEA agents in Mexico and a strong relationship with one particular member of the smuggling organisation.

A recent investigation by Associated Press found that US law officers who work the border are being charged with criminal corruption in numbers not seen before. The investigation counted corruption-related convictions against more than 80 enforcement officials at all levels – federal, state and local – since 2007.

Two executed in Thailand for drug offences

BUNDIT Jaroenwanit, 45, and Jirawat Poompreuk, 52, were

executed at Bang Khwang prison by lethal injection for drug dealing. They were the fifth and sixth to be killed by lethal injection, a method that replaced death by shooting in 2003.

The two were allowed 60 minutes to call or write to their families and were offered a last meal and a sermon from a monk, before being blindfolded and given flowers, candles and incense sticks. They were then taken to the execution chamber. With legs manacled, they turned their faces towards the temple while being laid out on their beds. They received three injections. The first was a sedative, the second a muscle relaxant and the third a drug that stops the heart beating.

UK's injectable heroin trial reports remarkable progress

THE INSTITUTE of Psychiatry in London recently presented the initial findings of its RIOTT (randomised injectable opioid therapy trial) project.

The trial compared treatments using optimised oral methadone, injectable methadone and injectable diamorphine (pharmaceutical heroin).

Though all three trial treatments showed potential, the injectable heroin group made the greatest gains, especially in terms of the primary outcome measure of abstinence from street heroin.

Clients also made notable gains in terms of reduction in crime and in health and social functioning.

Professor John Strang, the trial director, said that the results were “quite spectacular” and called for

wider availability of the treatment modality.

The RIOTT study adds to a growing and increasingly powerful evidence base for heroin-assisted treatment.

IHRA launches online document collection on overdose



IHRA has recently launched the fifth in its series of online ‘50 Best’ collections. The latest issue focuses on the extent and prevention of overdose.

The idea behind the collections is to highlight a selection of documents, papers and resources that best summarise the evidence base, reasoning and justification for particular harm reduction interventions and approaches.

These resources can then be used by other researchers, policy makers, advocates or anyone interested in the field. For more information, see www.ihra.net.

Denmark's Copenhagen County loosens up on marijuana

A **PROPOSAL** that goes beyond decriminalising private use of marijuana has recently been drafted by Denmark's Copenhagen County government.

The model, drafted and accepted by the majority of the city council's members and mayors, would open hash cafés and other ‘relaxed atmosphere’ boutiques, where marijuana sold is sourced

from state controlled farms and where hash is taxed much like alcohol and tobacco products. These ‘hash cafés’ would employ personnel with experience to offer objective advice on the physical and psychological effects of the product's use or abuse and to prohibit sales to children.

The motivation for the model is to take the wind out of the dramatic rise in gang violence in recent years. However, it is likely to face heavy opposition from the radically conservative, nationalistic elements in the Danish People's Party (Dansk Folkeparti).

Beer-drinking Muslim woman to be caned



A **JUDGE** in Malaysia has upheld a court verdict to cane a Muslim woman for drinking beer. The issue has re-ignited controversy over Islamic justice in the moderate Muslim-majority country.

If the punishment is carried out, she would become the first Muslim woman to be caned in Malaysia, where about 60 percent of the 28 million people are Muslims.

The convicted woman, Kartika Sari Dewi Shukarno, 32, former model and nurse, was sentenced in July to six strokes of the cane and a fine of 5,000 ringgit (\$1,400) for drinking beer at a beach resort in violation of Islamic laws. No date was immediately set for the caning.

Bolivia to buy Chinese jets to fight war on drugs



BOLIVIAN President Evo Morales plans to buy six Chinese military aircraft to fight drug traffickers in one of the world's largest cocaine producing areas.

"Last week, we issued a supreme decree to... acquire six K-8 aircraft from China," said Morales. "The aircraft purchase is aimed at the fight against drug trafficking and not... any arms race," he added.

The Chinese K-8 Karakorum jets will cost Bolivia US\$57.8 million. Bolivia looked to China as a supplier after an order of Czech planes was blocked by the United States amid a diplomatic spat with Washington.

Relations between La Paz and Washington intensified after Morales expelled the US ambassador to Bolivia and US counternarcotics agents last year.

Venezuelan President Hugo Chavez (Morales's main regional ally) is also buying Chinese K-8s to be used to pursue cocaine flights. They replace a purchase of Brazilian Super Tucanos blocked by a US arms embargo.

UN endorses harm reduction

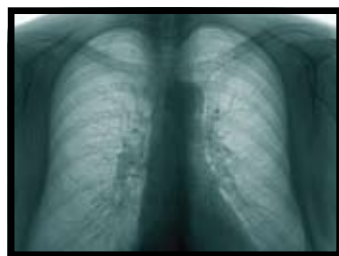
IN JULY, the United Nations Economic and Social Council (ECOSOC) adopted a

resolution containing an explicit supportive reference to harm reduction – the first official mention of harm reduction by this senior UN body. This is further evidence of the expanding acceptance and credibility of harm reduction approaches at the international level.

The resolution relates to the work of the Joint United Nations Programme on AIDS (UNAIDS). It was supported by 31 Member States (and was not opposed during the meeting).

The resolution "recognises the need for UNAIDS to significantly expand and strengthen its work... to support increased capacity and resources for the provision of a comprehensive package of services for injecting drug users including harm reduction programmes."

Soldier dies after receiving smoker's lungs in transplant



CORPORAL Matthew Millington, 31, died less than a year after receiving a lung transplant that was supposed to save his life at Papworth Hospital – the UK's largest specialist cardiothoracic hospital.

Millington was serving in the Queen's Royal Lancers in Iraq in 2005, when he was diagnosed with an incurable condition that left him unable to breathe. He received a double lung transplant at Papworth Hospital in April

2007, but less than a year later, doctors discovered a tumor in the new lungs.

Millington died in February 2008 at his family home in Staffordshire. The inquest found a radiographer failed to highlight the growth of a cancerous tumor on the donor lungs.

Tests found that he had received the lungs of a donor who smoked up to 50 cigarettes a day, the inquest at North Staffordshire Coroner's Court heard.

The hospital said in its statement: "This is an extremely rare case... Patients who are accepted on to the transplant waiting list have no other option open to them. However, we must stress that all donor organs are screened rigorously prior to transplantation.

"Using lungs from donors who have smoked in the past is not unusual. During 2008/09, 146 lung transplants were carried out in the UK.

"During the same period, 84 people died on the waiting list. If we had a policy that said we did not use the lungs of those who had smoked, then the number of lung transplants carried out would have been significantly lower."

Police destroy university hemp crop

DUTCH police proudly announced they had destroyed an illegal marijuana farm and torn up 47,000 plants with a street value of \$9 million. In fact, the crop was a legal research project of the University of Wageningen. University officials said they were trying to develop new hemp fibres for textiles and paper, and the plants had an extremely low THC content, making them unfit for drug use.

“There is a strong financial incentive for drinkers to pre-load and liberal access to very cheap liquor from off-licences.”

Christchurch Mayor

Bob Parker, Environment Canterbury Chair Sir **Kerry Burke** and Canterbury District Health Board Chair **Alister James** express their strong support for a Law Commission proposal to introduce a minimum unit price on alcohol.

“This is not legalisation, this is regulating the issue and giving citizens greater legal certainty.”

Bernardo Espino del Castillo of the Attorney General's Office explains Mexico's decision to decriminalise small-scale drug possession.

“I think I may have made a fool of myself once or twice on your show. But it wasn't that I was excited about you. I think it may have had something to do with the joint I smoked before I came on. But I didn't inhale... so it doesn't count really!”

Madonna explains to US talkshow host David Letterman that her experience on his show in the 90s was a bit hazy.

Quotes of Substance

“If I had been asked by the Home Secretary before he took that decision I would have said that a decision to dismiss Professor Nutt would have caused serious concern.”

Lord Drayson, UK's Science and Innovation Minister, said he agreed fully with a statement issued by leading researchers that said advisors should not be dismissed for disagreeing with government policy.

“Politicians can stand the pressure of corpses piling up in Helmand [Afghanistan], but one corpse at a rave would be too much for their consciences.”

Guardian columnist **Simon Jenkins** lambasts UK politicians for their unwillingness to honestly debate drug policy for fear of being crucified by the notorious tabloid press.

“The government has to wake up to this time bomb and the health risks of alcohol. Across the political spectrum, everyone knows that alcohol is the biggest killer.”

Professor Nutt maintains that the comparison he made between the harm caused by alcohol and Ecstasy, which led to his dismissal, was incontrovertible, adding that alcohol is the “gateway drug” that remains the greatest threat to society, and the government's failure to address the problem epitomises its disregard for scientific evidence.

Cocaine greenbacks



RESEARCHERS from the American Chemical Society in Washington have discovered the practice of consuming cocaine through rolled up paper money is far more than just a cinematic cliché. They found that, in big cities in the US, up to 90 percent of notes tested positive for traces of the drug.

Though some of the contamination can be blamed on cocaine crystals being rubbed from one note onto others in bundles of currency, the researchers did find an apparent growth in the phenomenon. Similar tests conducted two years ago found only 67 percent of banknotes had cocaine traces.

The study put that growth down to a probable increase in cocaine consumption in America, where there are thought to be as many as 6 million regular users of the drug.

For the first time, the researchers compared the results with tests on banknotes from other parts of the world. After the US and Canada, Brazil recorded almost as high a frequency of cocaine residue, at 80 percent of its paper money. China (20 percent) and Japan (16 percent) were notably lower on the scale.

Any film directors hoping to be authentic in their portrayal of cocaine snorting should note the researchers found that, in the US, the bills of choice of cocaine consumers were \$5, \$10, \$20 and \$50.

Both the modest dollar note and the more elusive \$100 note appear to be rarely deployed as an aid to nasal intoxication.

Wii'ing away the time

WITH GUNS drawn and flashlights cutting through darkened rooms, Polk County undercover drug investigators stormed the home of a convicted drug dealer.

As investigators searched the home for drugs, some taskforce members found other ways to occupy their time. Within 20 minutes of entering the house, they found a Wii video bowling game and began bowling frame after frame.

Security camera footage of the scene has made its way on the internet.

Police Chief Nolan McLeod said, “Certainly this was a case of bad judgement.”

Tough Nutt to crack



THE British government has found itself in the midst of a furious backlash from leading scientists following its sacking of Britain's top drugs advisor.

Professor David Nutt, until recently the head of the Advisory Council on the Misuse of Drugs (ACMD), was sacked after criticising the government's decision to reclassify cannabis from Class C to B.

Professor Nutt has consistently argued that drugs such as cannabis and Ecstasy are significantly less dangerous than alcohol and that the restrictions placed on them should be proportional to their potential harm.

Although Nutt's position has long been known, Britain's Home Office Secretary Alan Johnson forced him to resign after he revisited the issue in recent media interviews and accused the government of distorting scientific evidence.

Prof Nutt said he was not prepared to “mislead” the public about the effects of drugs in order to convey a moral “message” on the government's behalf.

He described his sacking as a “serious challenge to the value of science in relation to the government”, adding that, “If scientists are not allowed to engage in the debate at this interface then you devalue their contribution to policy making and undermine a major source of carefully considered and evidence-based advice.”

A further two ACMD members have since resigned in protest at Alan Johnson's treatment of Professor Nutt.

One of these members said the council was “planning collective action” against Johnson, adding, “Everybody is devastated. We're all considering our positions.”

If collective action were to take place, the saga could ultimately prove deeply embarrassing for the British government.

Liberal Democrat Home Affairs Spokesman Chris Huhne said if the government did not want to take expert scientific advice, it might as well have “a committee of tabloid newspaper editors to advise on drugs policy”. ■

Alternative education – the root cause of drug use?

“Many teenagers in the school system of last resort are smoking pot. The high rates of drug abuse are among concerns about the alternative education system that have prompted Education Minister Anne Tolley to review its funding.”

“Drug use by at risk teens causes alarm”, *The Press*, 10 August 2009

IF YOU read the story from *The Press* quoted above, you could well get the impression that attendance at alternative education (AE) classes is in some way linked to drug use by its students.

The story quotes the New Zealand Council for Educational Research (NZCER) report: *Background of students in alternative education: interviews with a selected 2008 cohort*.

But are AE teachers really giving students lessons on how to roll joints?

Here at Mythbusters, we sensed something was fishy, so we decided to see what the NZCER report really had to say about drug use in our education system.

Many AE students come from troubled homes

Students that attend alternative education classes are comprised of ‘at risk’ individuals between the ages of 13 and 16 who have been truanting for more than two school terms or who have been expelled from mainstream schools. In 2008, there were approximately 3,400 alternative education students attending 200 centres throughout New Zealand.

Most of the young people spoken to by the report’s authors had experienced domestic violence in some form, and nearly a third had experienced life in or around gangs.

Many come from homes where drug and alcohol use is the norm

The NZCER report found that, “Nearly 40 percent of the students in our study mentioned the significant use

of drugs and alcohol in their family homes.” It also pointed out that this was likely to be an understatement, as only students who had offered this information freely were counted.

One pupil said, “My family still takes drugs. It was what I thought was normal. I got brought up around it, but it’s not good because it influences me and my sister, and we smoke drugs, drink alcohol, smoke cigarettes. No one ever talked to me about this before I got to AE.”

Is alternative education working?

The NZCER report concludes that AE is highly valued by its participants, but is insufficiently resourced – resulting in students leaving without the qualifications they need.

A lack of funding meant some students required more learning than their AE centre could provide, making reintegration into secondary schools out of the question.

The report states: “There appears to be little or no resourcing to assist these students to return to mainstream settings and very little expectation that they are entitled to the regular New Zealand curriculum.”

Amanda Drogemuller, an alternative education tutor from Motueka, said her seven-student programme was run on its bones.

“For years, we have been hoping for more funding because we see the value in it, but we haven’t been given the opportunity to show that to the wider community.”

What does the future have in store for alternative education?

The Ministry of Education has recently completed a review of alternative education funding, the findings of which have yet to be released. And while Minister of Education Anne Tolley says there are no plans to scrap it, some within the sector are sceptical.

Those who are anxious about the future of AE point to National’s recent scrapping of adult learning night courses and the \$84.5 million sum that has recently been set aside for military-style boot camps for troubled youth.

Chris Jessep, an alternative education coordinator and counsellor at Waimea College, said, “Where are their priorities? Had that funding been tagged to alternative education [rather than boot camps], those students would be far better resourced.”

So, to get back to our original question: did the NZCER report find AE classes to be the cause of drug use by students, as was implied by *The Press* article?

No.

Drug use amongst AE students was found to be linked strongly with what was going on in their homes.

And as for what the future has in store for alternative education... only time will tell. ■

For a full list of references, visit www.drugfoundation.org.nz/mythbusters.



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