

matters of substance

AT THE HEART
OF THE MATTER,
NZ DRUG
FOUNDATION.

Te Tūāpapa Tarukino o Aotearoa

Drinking like the French
Harm reduction and the police
Picture yourself in a boat on a river
Drug users' views on drug use

Rehabilitating our criminal justice system

There's something rotten in the state of our prisons. Locking drug using criminals away to fester doesn't help or make us any safer. It's time to move beyond hysterics and inject some sanity into the debate. Here's how to start fixing things.

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The NZ Drug Foundation has been at the heart of major alcohol and other drug policy debates for over 18 years. During that time, we have demonstrated a strong commitment to advocating policies and practices based on the best evidence available.

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

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Te Tūāpapa Tarukino o Aotearoa

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Quotes of Substance

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WELCOME to our August 2007 *Matters of Substance* quarterly.



"IT'S like shooting fish in a barrel."

This was one description of current political hits scored against the Corrections Minister and his department.

Some of the problems exposed have been serious, such as staff smuggling contraband. Some have been trivial (prisoners being 'rewarded' with takeaways), and one, the death of Liam Ashley, was undeniably tragic. The Ombudsman has also criticised the department in two recent reports. Suffice it to say, the life of the minister hasn't been a box of birds of late.

The 1999 referendum on criminal justice saw 92 percent of New Zealanders voting for minimum sentences and hard labour for violent offenders.

'Lock 'em up' proponents have dominated the criminal justice system debate ever since, even though the referendum also questioned whether greater emphasis should be placed on the needs of victims.

The new Labour Government responded with great enthusiasm. Sentences were reformed and our current record prison population (8,076 at last count) was the result. New prisons have been built to house the current and forecast muster, and many now realise this may not have been the most

effective method to reduce reoffending.

Questions have been asked about prisons' ability to rehabilitate. Last year Corrections scrapped the under-performing Thinking Straight and 100 hour prisoner rehabilitation schemes after it was found that offenders who took part in these were actually more likely to reoffend.

Until recently, little attention has been given to effective interventions, including prison drug treatment units, designed to tackle alcohol and drug problems across the wider criminal justice system – in police cells, courts, prisons, the community and on release.

Our cover story takes a look at what we think are the 'best buys' for the criminal justice system. As well as addressing the serious health needs among prisoners, these measures should go a long way towards reducing reoffending.

This *Matters of Substance* coincides with the release of our policy position on tackling alcohol and drugs in the criminal justice system. We urge all political parties to take a reasoned look at these issues and hope effective responses will be made, rather than mere political point scoring. Ross Bell ■

Ethics and Evidence in Health Promotion, Health Promotion Forum Symposium

3 September, Auckland

Gain a better understanding of what ethics are in health promotion, of what evidence means in health promotion, and how to use ethics and evidence in health promotion practice.

www.hpforum.org.nz

Illegal Drugs and Mental Health Conference

3–4 September, Melbourne, Australia

We are witnessing an explosion in dual diagnosis, putting our entire health system under enormous pressure, demanding new resources and new ways to work. Do these claims stand up to scrutiny? If there is a problem, what is the solution?

www.anex.org.au/conference/

Students Against Driving Drunk Awareness Week

3–9 September

www.sadd.org.nz

Oceania Tobacco Control Conference

4–7 September, Auckland

Do you work in or have an interest in tobacco control? No matter what your area or level of involvement, there will be something for you in the programme.

www.smokefreeoceania.org.nz

Meeting the Future: Innovative and Effective Policy and Practice. 4th Australasian Drug Strategy Conference

22–25 October, Queensland, Australia

A forum to develop strategies aimed at reducing the negative effects of alcohol and other drug use. Themes include: What do we know – what do we need to know? Education, legislation and enforcement, and Global challenges.

www.police.qld.gov.au

Two Nations, Ten Cultures? The combined APSAD and Cutting Edge Addiction Conference

4–7 November, Auckland

The main theme for the combined conference is 'Two Nations, Ten

Cultures?' We know which are the two nations, but what is culture? Register now. Don't forget to book accommodation – the world's netballers are competing for rooms. www.twonationstencultures.co.nz

Drug Foundation Annual General Meeting

19 November, Wellington

Our annual meeting doubles as an end-of-year celebration. Join us for good food and an interesting debate. A Trustee election will also take place. See the Noticeboard (back page) for more information.

Working Together: A practical conference on offending by young people in New Zealand

26–28 November, Wellington

This is an opportunity to bring together those who work tirelessly to improve outcomes for our young people and their whānau. The conference will place an emphasis on establishing stronger links between government and non government agencies, and will provide an opportunity to explore new and creative ways of working with young offenders.

www.yoc.org.nz

19th International Conference on the Reduction of Drug Related Harm

11–15 May 2008, Barcelona, Spain

The international forum on reducing drug harm. It brings together over one thousand dedicated harm reduction workers, policy makers and researchers.

www.ihraconferences.net

Involve 08. Relate: Quality relationships with young people

2–4 July 2008, Wellington

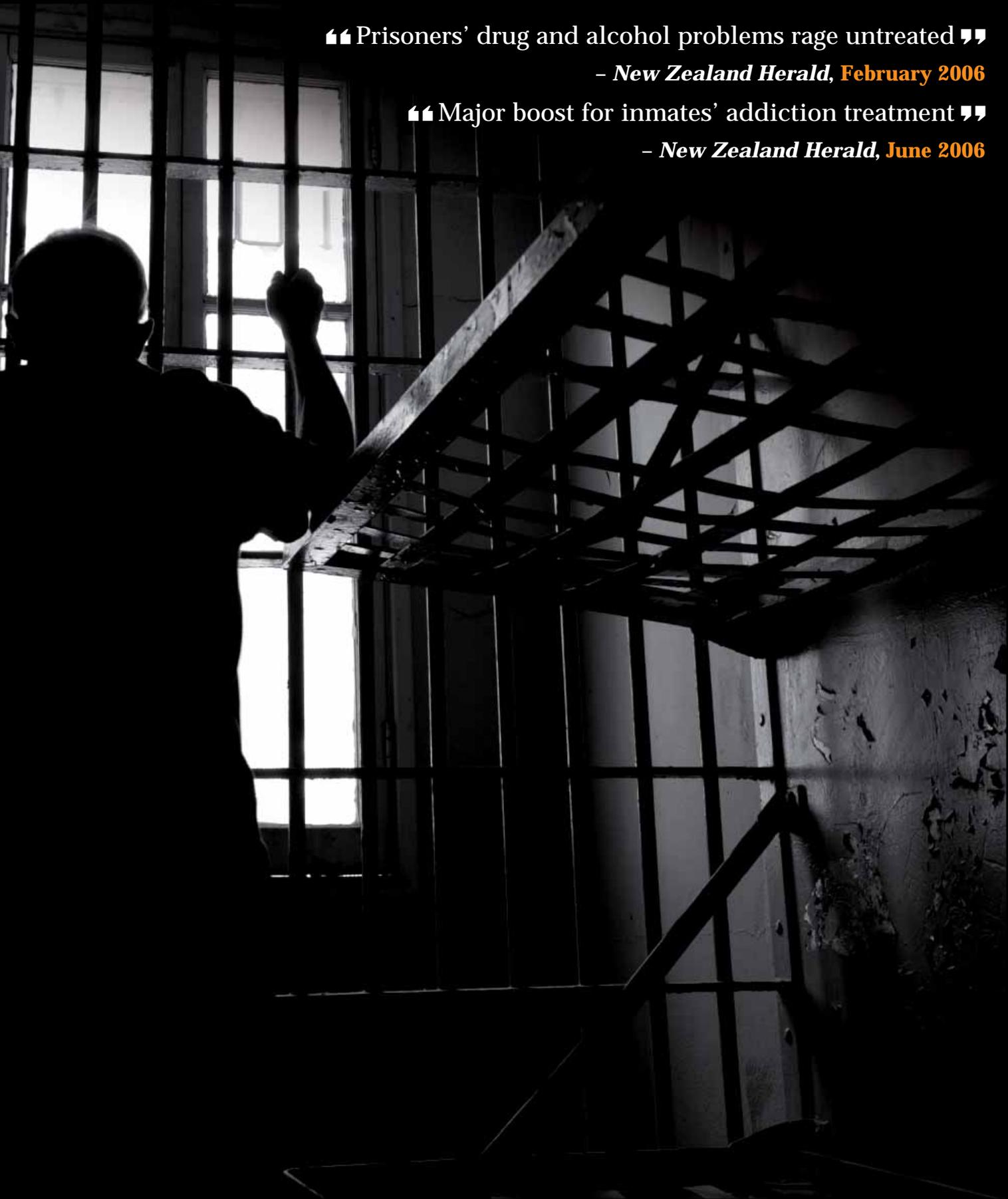
Involve 08 brings together hundreds of diverse peoples from the youth health and development sectors to inspire, inform encourage and challenge. The conference aims to reflect and connect the diversity of those who work with and for young people.

www.involve.org.nz

You can now submit your own event to our online calendar: www.drugfoundation.org.nz/events.

Rehabilitating our criminal justice system





“ Prisoners’ drug and alcohol problems rage untreated ”

– *New Zealand Herald*, **February 2006**

“ Major boost for inmates’ addiction treatment ”

– *New Zealand Herald*, **June 2006**

It's been hard to miss recent media attention given to the problem of drugs within our corrections system. **Keriata Stuart** outlines some of these problems and what the Drug Foundation believes are 'best buys' in addressing them.

It is said up to 80 percent of New Zealand's crime is alcohol and drug related, and about half of all offenders are using at least one drug at the time of their arrest. Some 210 convictions occur each week for drug offences alone.

Problems with alcohol and other drugs significantly contribute to New Zealand's increasing imprisonment rate, and we may need around 10,000 prison beds by 2011 if nothing is done to reduce current imprisonment rates.

The Drug Foundation has been actively looking at these issues since 2005, when we organised a forum featuring leading prison health researcher Michael Levy, but current interest from groups across the political spectrum now presents an opportunity for the Drug Foundation and others to work towards real progress.

A 2006 visit by the Corrections Minister and community leaders to prisons in the United Kingdom, the Netherlands and Finland has helped bring fresh perspectives to decision making.

One key outcome is the government's Effective Interventions project, launched last August. Effective Interventions' focus includes reducing offending, tackling repeat offending, introducing more sentencing options and improving rehabilitation.

Another has been expansion in drug treatment in prisons. One new unit opened in Christchurch last year, another this year in Hawkes Bay, and two units are due next year, taking the number of drug treatment unit places from 160 to more than 500.

Against this background, the Drug Foundation is releasing its policy position this month. Our policy originates from a wide-ranging review of research on what works overseas, and what could be applied here to reduce offending and address the serious health needs of many prisoners. We have identified the 'best buys' for government – policies and practices that could produce the biggest bang per buck.

■ **Best buy no. 1: Services across the criminal justice system**

Interventions need to extend to police cells, courts and remand centres as well as prisons.

When people with alcohol and other drug problems are arrested, it often signals a crisis in their lives, prompting them to seek or be open to treatment. To exploit this window of opportunity, however, requires coordination between police, health providers, courts and corrections agencies. Resources need to be committed to screening and support in cells and in courts. If treatment is not there when the person is ready for it, they can quickly become demotivated,

and the opportunity is lost.

New Zealand has had court-based screening pilots and is about to start two trial services working between cells, courts and prisons.

Similarly, to reach people with substance abuse problems where they are means services need to be available to those on community sentences, such as probation and home detention.

Research in a number of countries shows how important support after release (often called 'aftercare') is for maintaining treatment gains. This kind of support is usually the responsibility of health services, so needs to be closely coordinated with Corrections.

The best example of this intersectoral approach is the United Kingdom's Tackling Drugs, Changing Lives initiative. The UK is implementing its approach gradually, evaluating pilots before extending services nationally. This has created a useful evidence base on what has and has not worked. Among the UK successes have been screening and brief intervention following arrest, and coordinated aftercare, including housing support.

■ **Best buy no. 2: Treatment works**

Over the last few years, the United States National Institute on Drug Abuse (NIDA) has evaluated diversion to treatment and prison-based treatment. Its conclusions were summarised in a *Washington Post*



article by NIDA director Nora Volkow, bluntly headed ‘Treat the addict, cut the crime rate’.

Volkow, whose agency is not known for its liberal stance, argued comprehensive drug treatment “not only reduces drug use, but also curtails criminal behaviour and recidivism”.

NIDA estimates that every dollar invested in prison addiction treatment yields a return of US\$4–7 in reduced drug-related crimes. For some diversion to out-of-prison treatment programmes, savings were as high as US\$12.

Recent research on California’s Substance Abuse and Crime Prevention Act (SACPA) has supported other studies on diversion. SACPA – the result of a state referendum – provides for people convicted of non-violent, drug related offences to be sentenced to probation with drug treatment.

While there have been some difficulties meeting needs and managing people who drop out of treatment, a 2006 University of California study found that, for every dollar invested in SACPA services, taxpayers saved nearly US\$2.50. For people who completed their required drug treatment, savings were as high as 4:1.

Some of the savings came from taxes paid by those able to stay in or re-enter the workforce. This supports

the contention that diversion from prison not only reduces costs, it also benefits families.

These findings are paralleled in the UK where a 2005 report on the National Treatment Outcome Research Study (NTORS) found “substantial reductions in crime at all follow-up points after treatment”. After five years, drug related crime had reduced by about 75 percent among the high-risk group targeted.

Compulsory treatment – a surprising success

One surprise finding in the US review was strong evidence supporting compulsory treatment. While it has been used for many years, there have been concerns that compulsion may violate human rights or result in resistance to treatment.

Contrary to expectations, however, offenders mandated to treatment had drug use outcomes and crime reductions similar to, or sometimes better than, those achieved by voluntary patients.

■ Best buy no. 3: Get the treatment right

A systematic review of international research found that treating imprisoned drug users could not only reduce alcohol and other drug use, it could also reduce recidivism by as much as 20 percent.

The review found that not all

treatment programmes were equal, however. ‘Boot camp’ style programmes were found to be ineffective in reducing either usage or recidivism. Counselling had some effectiveness in reducing recidivism but little in reducing drug use.

The good news from New Zealand’s perspective is that the most effective services were therapeutic communities, which are already the main type of residential treatment in our prisons. Corrections’ research has found that, over two years, people who complete the programmes have reconviction rates 13 percent lower than people who do not receive treatment.

■ Best buy no. 4: Meet treatment needs in full

While New Zealand provides high-quality treatment under present policy and funding regimes, the system’s ability to meet needs is less than satisfactory. Estimates are that less than a quarter of people needing treatment receive it.

Current policies also mean that many prisoners can only access treatment if they are in prison long enough to attend a treatment programme and have already stopped using drugs. This excludes most prisoners on short sentences, a large proportion of whom are women. With a few exceptions, prisoners cannot get treatment until two-thirds of the way

The Drug Foundation's policy position on alcohol and other drugs in the criminal justice sector

Key points

- Addressing alcohol and other drug problems across the criminal justice sector is a cost-effective way to reduce offending and drug harm.
- We support recent moves by our criminal justice and health agencies to expand prison treatment services and improve coordination between responsible agencies.
- We endorse the Department of Corrections' harm minimisation approach.
- We urge Government to develop a 'whole of government' plan across the criminal justice system which includes:
 - extending court-based assessment, and matching referrals to service provision
 - developing alternatives to imprisonment and appropriate treatment for people with alcohol and other drug problems
 - improving treatment access for people on remand, probation and home detention
 - improving prisoners' access to alcohol and other drug treatment when it's needed
 - implementing opioid substitution treatment and other addiction treatment pharmacotherapies on the same basis as the general population
 - increasing harm reduction initiatives in prisons, such as needle exchange
 - ensuring coordinated support and pre-release planning for prisoners, linked to well resourced and managed aftercare
 - ensuring independent evaluation of treatment, with data made publicly available.
- The recently announced review of the Misuse of Drugs Act provides an opportunity to examine drug offences and associated sentences.

Copies of our policy and the supporting evidence review are available from www.drugfoundation.org.nz. ■

through their sentences. This policy does not fit with best practice, and has been subject to criticism.

Treatment programmes that begin in prisons and commit the person to continue after release, as used in other countries, could eliminate such gaps.

■ Best buy no. 5: Harm reduction in prisons

"The current situation of judicial authorities is paradoxical. They have to find a solution to a problem that is not supposed to exist: drugs in prisons." (World Health Organization, in *Health in prisons: A WHO guide to the essentials in prison health*, 2007.)

Unlike many other countries, New Zealand has responded to the dilemma described above by taking a clear harm minimisation approach. This means that, as well as taking action to reduce the entry of drugs into prisons, Corrections supports some services to reduce harm to prisoners who do manage to access drugs.

Many harm reduction initiatives have been well evaluated, especially in Australia. There is particularly strong evidence on the benefits of making opioid substitution therapies, such as methadone, available to prisoners with injecting drug use problems.

New Zealand recently changed its policy so that all prisoners receiving opioid substitution therapies before entering prison can continue their treatment. However, existing prisoners cannot access this therapy.

New areas for harm reduction and treatment include smoking cessation support. In the UK, nicotine replacement pharmacotherapy and smoking cessation programmes have been available in prisons for some time and have had higher than expected uptake.

■ Best buy no. 6: Follow through

International evidence emphasises the importance of well-planned and long-term support for people released from prison. Aftercare, including community-based treatment, housing, and support to find work, helped

maintain reduction of or abstinence from alcohol or other drugs, and reduce recidivism.

New Zealand is trialling coordinated reintegration teams, but we have yet to see how intensive that support will be, or if those services will be available over the three to five years recommended by researchers.

There's no reason why New Zealand cannot replicate the same successes seen overseas and extend on our own experiences of reducing reoffending. It is clear that well planned and resourced services, and programmes delivered across the criminal justice system, will go a long way towards reducing offending and addressing prisoners' health needs.

The challenge facing decision makers now is to introduce new and effective policies while confronting a political opposition scoring easy hits on failures in the system, and selling new ideas to a public, who might perceive that prisoners are receiving too much support and not enough punishment. ■

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

Finding out more

A **JARGON-FREE** summary of the Campbell Collaboration research on the most effective treatment can be found at www.campbellcollaboration.org.

The World Health Organization report, *Health in Prisons Project*, found at www.euro.who.int/prisons, links to new stories and research reports, including several on harm reduction in prisons.

Closer to home, the website for New Zealand's Effective Interventions initiative is at www.justice.govt.nz/effective_interventions/home.asp, with links to policy papers and research reports.

See our profile of Kim Workman (opposite) for more information on the Rethinking Crime and Punishment project and visit their website www.rethinking.org.nz. ■

The phenomenon of penal populism

IF YOU want to know what impact prison has on a prisoner with drug or alcohol problems, you can ask Kim Workman. Few would know better than he.

Kim worked as a police officer for 16 years where success was measured by how many criminals you could get behind bars, and for how long. Upon leaving the force, he worked for the Police Complaints Authority and for the Ombudsman's office investigating complaints against police by prisoners and psychiatric patients.

After working in senior management in the State Services Commission for a number of years, Kim suddenly found himself in charge of prisons from 1989 to 1993, and responsible for overseeing the implementation of prison reforms recommended in the 1989 Roper Report.

And if you did ask him about the impact prison tends to have on alcohol and other drug addicts, he'd be quick to tell it's not very good. In short, says Kim, there are too many prisoners with addiction and other health problems who are simply left to stagnate. Conservatively, 80 percent of prisoners have some level of dependency, with a good number also committing their offence while 'under the influence', but only around three percent are eligible for help. Two-thirds of prisoners are ineligible for treatment programmes because their sentence is less than one year.

Eventually, they are released with no aftercare, and their inability to cope with life outside means even the ones who want to change often quickly revert back to drugs and their past criminal associations.

In 1995, Kim joined Prison Fellowship, a Christian organisation seeking to help prisoners re-integrate through good role-modelling and support, and he saw first-hand what a difference can be made in the lives of inmates who are released to supportive communities.

In fact, Kim will tell you, many of these prisoners should never have been locked up in the first place. Most could be better dealt with in and by the community where they would have access to far better treatment than if they were jailed.

It's not a popular idea and not one that will easily gain political legs. The general public are not at all comfortable with having an unrestrained horde of smashed junkies running amok in society, and most have vague notions that prison should be either punishing or rehabilitating drug addicts.

What most people fail to understand is that punishment is meaningless to someone struggling with an addiction, and rehabilitation opportunities in prison are woefully scarce. Locking drug addicts away actually increases danger to society because many inmates come out in a worse state than when they went in.

According to Kim, criminal justice policies and public opinion have, for too long, been driven by slogans, media drivel and lazy political thinking. By way of examples, he points to ridiculous polls where people are asked whether criminals should be locked up for longer. They're expected to respond simply 'yes' or 'no', but are given no meaningful information upon which to make an informed response. The poll results are predictably hard line, and Kim calls it the "phenomenon of penal populism".

Unfortunately, most politicians operate on the basis of a three-year electoral life expectancy and are quick to see there are votes to be had in anything that will make the public feel safer. The result is longer sentences, increasingly stretched prison resources and worse offending down the line.

The Prison Fellowship is resolved to advocate for change. In May 2006, it convened a conference with the Salvation Army under the theme Beyond Retribution. Out of the conference arose a joint project between the two organisations – Rethinking Crime and Punishment – which aims to encourage public, rational debate about imprisonment. If society at large can be led to re-think criminal justice issues on the basis of sound knowledge, it is likely, argues Kim, to result in more enlightened government policy and real long-term change.

The Rethinking Project is very keen to investigate drug courts in New Zealand. Where these have worked well overseas, they have helped criminals with drug and alcohol problems develop the same sorts of community support networks that Prison Fellowship has worked towards. These courts would be specifically concerned with rehabilitation and treatment, and would place offenders in treatment programmes instead of prison. The programmes would set high expectations for participants and focus on good therapy, including relationship building, developing sustainable work ability and reconciliation with victims and families. Those who refused to comply, or were real dangers to society, could still be confined.



In New Jersey, drug court diversion programmes have kept 6,700 non-violent offenders out of prison since the mid 1990s. The court strictly manages dedicated teams consisting of probation officers, counsellors and judges. Every aspect of the participant's daily life is monitored, right down to curfew times. Only 14 percent have been rearrested for new offences, and the monetary savings and social benefits to the state have been substantial.

The pendulum may just be starting to swing. The Rethinking Project has been encouraged by Minister of Corrections Damien O'Connor's plans to raise the number of places available for drug treatment in prisons to 500. But with a prison population in excess of 8,000, it is still just a drop in the ocean.

Getting the public and the government to 'rethink' is going to be a slow process. We're heading towards a general election, and at this stage, says Kim, it is difficult to identify a political party courageous enough to come up with a progressive policy on this issue, for fear of tilting the public vote against them.

The Rethinking Project, however, is asking the Drug Foundation and other professionals for advice on criminal justice and health policies that the public and policy makers need to be thinking about. Progress will only occur if the public begins to understand the downstream consequences of high levels of imprisonment on the basis of pragmatism and rationality rather than fear and emotional slogans. ■

05 will save lives

A recent nationwide drink drive blitz busted a worrying number of drunk drivers, and included a recording of the highest blood alcohol level ever. In response, National Road Policing Manager Superintendent Dave Cliff has called on Government to lower the drink drive limit. He claims this would save 14 lives and prevent 260 injuries annually. **Catherine Clark** sees whether the superintendent's claims stack up and outlines where the Drug Foundation sits on this issue.

NEW ZEALAND'S road safety laws are some of the best in the world. We have a graduated driver licence system, random drink drive checks and dedicated enforcement. Our road safety record is also improving. Last year's road toll was 387, a 45 percent improvement on 1977's toll of 702. The *Road Safety Strategy* sets a target of no more than 300 deaths annually by 2010.

However, by June 2007, 43 out of 156 road deaths had been caused by alcohol, and more than 12,000 people had been charged with drink driving offences.

"It's like hitting your head against a brick wall. I mean, we're still getting the same results we were two years ago," says Constable Peterson of the Harbour Bridge Traffic Control Group in response to persistent drunk driving.

"New Zealand needs to lift its game another rung. We shouldn't be out of step with the rest of the world." Superintendent Dave Cliff says something more needs to be done. He proposes New Zealand's blood alcohol content (BAC) limit should be lowered from 0.08mg/100ml to 0.05mg/100ml, as in Australia, most of Europe and soon, Britain.

Those opposing a lower limit point to few drink drive deaths being caused by drivers with levels between 0.05 and 0.08, and say that the problem lies with extremely drunk and recidivist

drink drivers. However, research shows driving impairment and slower reaction times kick in at around 0.05, doubling the relative crash risk compared to drivers with a zero BAC. The risk is multiplied by seven for a BAC of 0.08. People drinking to a 0.05 limit are also better able to know when to stop, whereas the higher limit increases the chance of blurred judgement and risk taking around drink numbers.



Despite good research, evidence and advice, the government has twice decided against lowering breath and blood limits. No doubt they fear the move would be unpopular. Most New Zealanders say they would like to go out and have a glass or two of wine over dinner (though the recent blitz shows we like more than a glass or two).

The Drug Foundation, however, thinks the government hasn't tried sufficiently to sell the policy. We support Superintendent Cliff's recommendation, and agree that other countries have lowered their limit for good reasons. It takes about six standard drinks in an hour and a half for a male to hit our generous 0.08 limit – that's a fair bit of grog – and at that level, most drinkers will be a risk on the road.

We propose a limit of 0.05, enforced on a graduated scale. BAC readings between 0.05 and 0.08 should be infringements attracting a fine or demerit points, rather than a full blown criminal penalty with a court appearance. A 0.05 limit will still protect New Zealanders' 'fundamental right' to that shared bottle of wine over dinner.

We also support a 'zero' limit for new and young drivers – estimated to save one life and 26 injuries annually. Lastly, we believe the criminal justice system could be more effective at dealing with recidivist drunk drivers, many of whom would benefit from alcohol dependency treatment, rather than being locked up in prison with no support.

New Zealand has demonstrated road safety success in the past. It's now time for us to go a few steps further. ■

Catherine Clark is the Drug Foundation's Policy Analyst.

In so many words

Have you ever noticed how people saying you can't make something happen just makes you all the more determined? **Deidre Otene** and **Mike Ikilei**, from the Clendon and Auckland Central CAYADs (Community Action on Youth and Drugs), worked on just such a project. It involved bringing families together to discuss issues affecting young people in their communities, particularly drug and alcohol related harms. In this article, Deidre and Mike tell their story.

WE can still distinctly remember the comments when we wanted to run a family engagement workshop on the Friday night of Labour Weekend. People said things like, "Parents don't even come to parent/teacher interviews around here, and you think they'll turn up on Friday night?"

'Around here' meant the suburb of Clendon and 'Friday night' referred to a project we had been working on that included the Clendon and Auckland Central CAYADs and some amazing people from the performing arts department at James Cook High School.

In the past, Clendon has had some poor statistics in terms of educational achievement, health outcomes and unemployment (around 20 percent in 2001). But it is a strong community, proud of a younger generation that is ready to lead. This motivated us to look at developing a tool for engaging young people and their families around community concerns.

In Clendon, a lot of work needs to be done to engage families. Urban Māori and Pasifika make up around 75 percent of the population. Parent/teacher nights have low attendance, and getting support from families is a big ask.

We started with a very simple concept. We used a movie James Cook High School students and their performing arts teacher had created. It was a feature length film based on the journey of a young man living in an urban environment, and all the

actors were students. For us, as CAYAD workers, it was amazing to see how the movie's themes so accurately reflected life in such an environment. It was the foundation we needed to start engaging first the young people and then their fanau.

Here's an idea of how it worked. Leading up to the first workshop day, we gave basic facilitation training to a core group of James Cook High School students who then facilitated to a group of their peers after watching the movie. They talked about youth gangs, drugs and the number of liquor stores, as well as what they loved about where they lived, which included church, family and friends.

Engaging their families was also simple. We wanted them to feel safe when sharing their experiences as young people in Clendon, so that same night we asked them to bring their families back with them so we could sit down and discuss the day over a shared dinner.

Six o'clock rolled around and we were starting to think that maybe the naysayers had been right. But by 6:20pm there were nearly 100 people in the dining area including grandparents, uncles, cousins, parents, sisters and brothers.

The young people presented what they had talked about and, as we hoped would be the case, the families talked too! They talked about how they should look at communicating with



their kids, how they should be more attentive to where their children were, ways to support them and ways to make changes at a policy level.

We will never forget the faces of the parents when they got up to speak – how much passion was in their voices, how much openness and willingness to change things. In this role you don't often get to stop and take in everything around you with a smile. But that's exactly what we did that night as we watched community concern form and transition into community action.

You may be asking, does this really work? Well last month as we sat down to watch the six o'clock news, we found a huge smile on our faces. The third story that popped up was entitled 'Young people march against liquor outlets in Clendon'. ■

Saving us from ourselves

No one doubts the good intentions of the powers that be when they ban substances for the public good. But at what point do such bans become a paternalistic encroachment on individuals' rights to choose? **Anna Nuzum** argues that party pill and other bans go too far and lead to dangers that may be even worse than the problems they seek to address.

SINCE the dawn of time young people have disappointed their elders. Each generation has been more rebellious, more outrageous and more 'in need of a hard day's work' than any other generation in history. Around 700 BC, Hesiod wrote, "I see no hope for the future of our people if they are dependent on the frivolous youth of today, for certainly all youth are reckless beyond words. When I was a boy, we were taught to be discreet and respectful of elders, but the present youth are exceedingly wise and impatient of restraint."

New Zealand has not escaped this phenomenon. The young are often portrayed as out of control; boy racers, drug takers, out all hours – not like in the 'good old days'.

Political figures exploit two common truths. The first is that most young people don't vote; a mere quarter of 18 year olds bother. The second is that their parents, grandparents and people in Talkback Land think there is a real chance life as we know it will end if we allow things to continue as they are.

So when drug issues are legislated, too often a fear of the unknown drives politicians and lawmakers, rather than respect for the choices of individuals. This applies especially to young people, who are regarded as naïve and lacking the wisdom of age.

“Over one's mind and over one's body the individual is sovereign.” Too often the dubious logic of 'one-thing-leading-to-another' is applied and all of a sudden the sovereignty of an individual's choices about their own body is dismissed. ”

Party pills are the latest political football to be kicked around. Isolated cases of people mixing party pills with massive quantities of alcohol, or taking them in handfuls, have been displayed as evidence they are dangerous. Taking a packet of

paracetamol with a bottle of vodka would have equally damaging consequences. In fact, mixing anything with large quantities of alcohol is very likely to go wrong. However that's an argument for prohibition of alcohol – not for banning party pills.

To be taken seriously, supporters of the ban on party pills should be consistent and support banning alcohol and cigarettes too. If they truly think individuals are incapable of making responsible decisions and must be protected from themselves, that's where they should start. To take away the right of an individual to act as they please just to bump up a poll rating or remove a miniscule chance of harm, smacks of the slippery slope to paternalism.

John Stuart Mills said, "Over one's mind and over one's body the individual is sovereign." Too often the dubious logic of 'one-thing-leading-to-another' is applied and all of a sudden the sovereignty of an individual's choices about their own body is dismissed.



Government policy should start with the basic right of every person to choose how they live their own life. This right should be absolute as long as it doesn't impinge on other people's lives. If a substance is so dangerous to society, so likely to cause immediate and long-term harm to a massive number of people and unable to be controlled in any other way, that is the only time prohibition should be the preferred solution.

Alcohol and cigarettes are never seriously considered for prohibition because they are socially ingrained. They are consumed by a wide cross-section of society, which includes our lawmakers. And we benefit from the laws they make. Legislation and regulations enable control over quality, price and supply. If substances are driven underground, manufacture is taken away from businesses that can be monitored, and placed into the hands of criminals, where the same safeguards cannot be maintained. The risk then becomes vulnerable individuals being sold dubious

substitutes such as the 'bathtub gin' of the American prohibition era.

Making policy decisions on the basis of principles means that rights of individuals are better protected from the cheap politicking of tragedies. Too often high profile cases are exploited by lobby groups for their own ends, and the emotion of individual cases becomes unnecessarily involved in decision making around an issue. Personal feelings and experiences have a place, but they should not dictate how others live.

The microchipping of dogs is a perfect example of this. A young girl was seriously injured by a dog and 'something had to be done'. This something manifested itself as small identifying microchips inserted under the skin of dogs. The microchips have not prevented dog attacks; they simply saved time in identifying the owners.

Time should be taken when coming up with solutions to ensure they fit the harm we want to prevent. Too often the

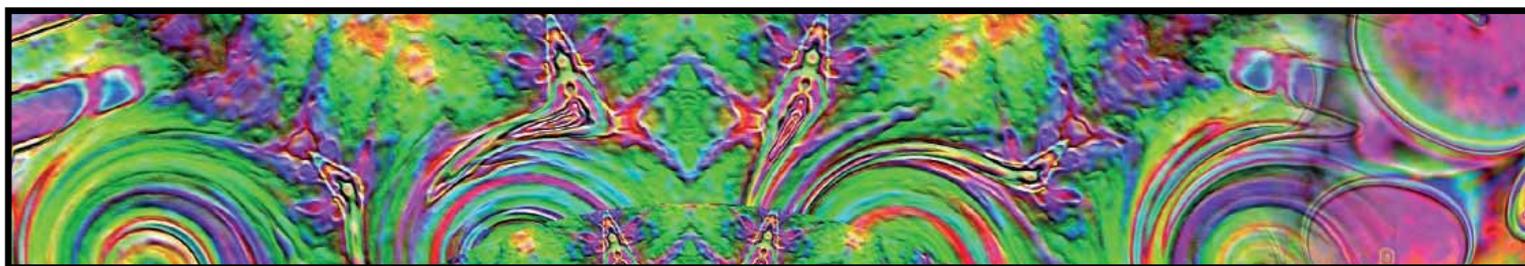
blunt instrument of banning a substance or preventing younger New Zealanders from using it is the only proposed solution. Education is more effective than most people think. The gruesome drink driving ads I remember seeing as an intermediate student terrified me. Later, at high school, my peer group and I took seriously the need to have a sober driver with us.

The campaign against party pills has been successful, and the issue is now done and dusted. New Zealanders, many of whom were probably uncertain about what these pills were, can breathe a sigh of relief. Forget allowing people to make their own choices – another scourge of society has been locked away in the back of the cupboard with its child-safety cap on. ■

Anna Nuzum is a fourth year History and Politics student at Victoria University. She is a member of the Young Nats and Blue Libs.

Tune in, turn on, get better?

When most of us think about LSD or magic mushrooms, we tend to think of unwashed hippies, unbridled hedonism and rocking horse people eating marshmallow pies. But is that all hallucinogens are good for? Could they have therapeutic uses? We may be on the verge of a quiet psychedelic renaissance. **Rob Zorn** looks at why LSD and similar drugs have such a bad rap, and how things might be starting to change.



THE Beckley Foundation, a British trust based in Oxford, has announced it will soon be commencing work on a new LSD research project. It will be the first reputable study using LSD on human subjects since such research was quashed in the 70s. The study will explore why LSD causes such profound changes in consciousness, and how it affects creativity and problem solving.

The clinical use of LSD is not a new idea, but it is one we haven't heard about for several decades. The reasons for this revolve around the nature of LSD's effects. Used sparingly, its results seem promising. But its history is riddled with problems simply because its *unsparing* use is so much more interesting, and this has always led to its downfall.

LSD was accidentally discovered in 1943 when Swiss chemist Albert Hofmann began to see kaleidoscope colours and "vivid, fantastic images" while researching how lysergic acid diethylamide 25 might help cure migraine headaches. The inevitable further experiments sometimes produced frightening and "demonic" hallucinations – symptoms almost identical to those of the schizophrenic and paranoid.

Hofmann's employers, the Sandoz Pharmaceutical Company, began marketing their new drug to psychiatric researchers, encouraging them to experiment with normal subjects, and also upon themselves, as a way of gaining insight into the subjective world of the mentally ill.

And it did seem to have some benefits. Subjects given relatively low doses appeared better able to separate themselves from their psychoses and talk about them with their psychiatrists. Alcoholics who were given large doses sometimes experienced enriching and life changing visions – similar to those experienced in dramatic religious conversions – which enabled them to overcome their addictions to alcohol.

However, the medical world was not prepared for the challenges of dealing with what was, in fact, the most potent psychoactive substance ever known, and many experiments with the seemingly mystical effects quickly escalated beyond the bounds of the scientific method. While some scientists remained cautious, others began to extol hallucinogenic experience, not only as a treatment for the insane, but also as a potential

mind expander for the perfectly well.

Unsurprisingly, LSD use soon found its way into the popular culture, and then to a sub-culture of those beginning to question the basic values and precepts of mainstream America that had led to the Vietnam War. The media, always keen to go along for the ride, provided sensational accounts of hallucinogenic abandon, and the general populace began to see LSD and its proponents as a main cause of accelerating cultural havoc.

Psychiatric leaders, gravely concerned by LSD's threat to public mental health and to their professional image, urged the US government to tighten controls, and in 1965, Congress passed the Drug Abuse Control Amendment, which severely restricted research. In April 1966, Sandoz succumbed to mounting adverse publicity and ceased marketing LSD.

Public repudiation of hallucinogens was sealed when it was revealed the Central Intelligence Agency (CIA) had conducted LSD-based mind control experiments during the 50s and 60s under project MK-ULTRA. The programme had included covert drug tests on both willing and unaware subjects, some of whom were visiting

prostitutes hired by the CIA. The experiments were undisciplined and ultimately disastrous, resulting in at least one death. The full extent of the harm caused by the project will never be known as most MK-ULTRA records were destroyed in 1973 by order of then CIA Director Richard Helms.

While LSD research has continued with animals and has led to great progress in understanding brain

To mark the hundredth birthday of Albert Hofmann in January 2006, an international symposium on LSD was held in Basel, Switzerland. Hofmann himself attended, along with more than 2,000 scientists, consciousness researchers, therapists and artists. The symposium launched an appeal to “all authorities and politicians responsible to do everything in their power to enable

Recognising that scientific credibility is going to be essential for the way forward, the studies mentioned in this article have been carefully and rigorously controlled. The psilocybin study at the University of Arizona was used only as a last resort with severe OCD patients who had failed standard therapies and may face brain surgery. Similarly, subjects can't take part in the Harvard ecstasy

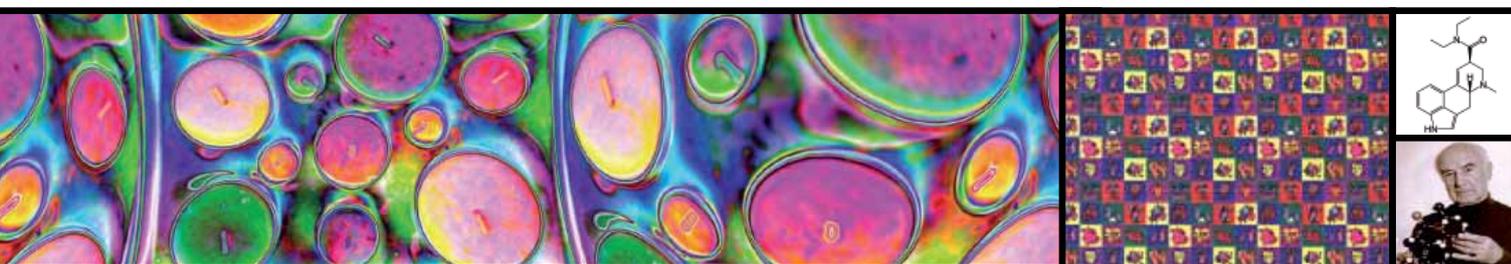


Photo by John Venables

Albert Hofmann

function, human research quickly vanished from the scene. By the 70s, psychiatric academics knew that to advocate for human research using any hallucinogen would be to seriously jeopardise future career prospects, and those in favour of its use became increasingly marginalised and silent. Even the mention of its historic role in research was dropped from psychiatric training programmes.

That is until now.

Last year, results were published regarding two studies that showed clear benefits from the use of psychedelics to treat mental illness. Dr Carlos Zarate Jr, Chief of the Mood and Anxiety Disorders Research Unit at America's National Institute of Mental Health, found “robust and rapid antidepressant effects” that remained for a week after depressed subjects were given ketamine.

Dr Francisco Moreno of the University of Arizona gave psilocybin (the ‘magic’ chemical in certain mushrooms) to obsessive-compulsive-disorder (OCD) patients, many of whom showed “acute reductions in core symptoms”. Researchers at Harvard are currently studying how ecstasy might help alleviate anxiety disorders.

the continuation of scientific research of psychoactive substances according to present-day methodical standards”.

But herein lies the rub.

Hofmann had been deeply saddened by the prohibition and criminalisation of what he referred to as his “problem child”.

“This wonder drug,” he wrote, “could be beneficial to all of us. In LSD-induced altered states of consciousness its discoverer doesn't only see psychotic delusions of a chemically manipulated mind, but windows to a higher reality – true spiritual experiences during which a normally deeply buried potential of our mind, the heavenly element of creation, our unity within, reveals itself.”

It is this blurring of the boundaries between science and mysticism that caused LSD research in the 60s to devolve into the psychedelic excesses of the 70s. The fear that renewed therapeutic investigation will lead to new widespread recreational or ‘spiritual’ use remains the biggest stumbling block to achieving scientific respectability for LSD and other hallucinogens.

trials unless their illness has continued after ordinary treatment.

The Beckley Foundation hopes that its new study will open the door to wider exploration of the processes underlying consciousness and how LSD might be a useful tool in neuroscience, psychotherapy and personal development, but it is keeping the timing, location and exact nature of the research under wraps until it is either concluded or well under way. The fear is that media coverage may upset its progress, and presumably it wishes to produce results that will confirm the worth of its research before the programme is threatened by hysterics or misunderstood partial results.

The value of hallucinogenic treatment seems to revolve around the pathway small doses may provide through the chaotic minefield of a disturbed mind. The biggest challenge for the Beckley Foundation and others may well be convincing the scientific majority and governing authorities that it won't lead down a pathway to the chaos and cultural disturbance of the past. ■

Drug use in New Zealand: drug users' perspectives

New Zealand's Illicit Drug Monitoring System, established in 2005, provides on-going and timely intelligence on changes in drug use and drug related harm. It is conducted annually as part of the National Drug Policy, with support from a range of government agencies. In our new Research Update feature, **Chris Wilkins** describes how the study works and provides key findings from the 2006 survey.

THE ILLICIT Drug Monitoring System (IDMS) is modelled on similar, successful early warning drug information systems conducted in Australia and elsewhere.

New Zealand's system collects data on drug trends from three main sources: face-to-face interviews with frequent drug users in the community; interviews with key experts who have regular contact with illegal drug users through their work; and the collation of secondary data sources on illegal drug use, such as drug related hospital admissions, calls to the Alcohol Drug Helpline and admissions to drug treatment programmes. The three different sources of information are used to corroborate whether a new trend is emerging.

The IDMS is unique in that it collects data from three groups of frequent drug users simultaneously: methamphetamine, ecstasy and injecting opiate users. Frequent drug users are generally poly drug users (that is, they use more than one drug type) and, consequently, often have knowledge of a range of drugs in addition to their drug of choice.

All three groups are asked about availability, price, potency and use

of various drug types. They are also asked about their own drug use patterns, experience of drug related harms and problems, utilisation of health and drug treatment services, sexual health, blood borne viruses and injecting behaviour. This allows trends to be examined from a number of different perspectives.

Firstly, we may be interested in differences in the demographic characteristics of the three groups of frequent drug users, for example, whether there is any difference in age or gender profile between them. We may also be interested in whether there are any differences in levels of LSD use.

Secondly, we may be interested in the extent to which the groups hold the same views about recent trends in a particular drug of interest, such as whether methamphetamine has become more available in the past six months. We may also be interested in the extent to which the use of a new drug type, such as piperazine party pills, has been taken up by each group.

Thirdly, combining the three groups provides an additional sample size by which to examine issues related to less

commonly used drug types such as GHB. The expanded sample size is also valuable when investigating important issues such as the prevalence of blood borne viruses.

Finally, there are substantial cost savings and administrative efficiency gains from interviewing three groups at the same time, rather than having three separate studies.

Key findings from IDMS 2006

Trends in the use of methamphetamine and LSD

Methamphetamine remains widely available in New Zealand, although there has been no overall change in availability levels over the past six months. However, perception did vary between the three groups regarding the trend in the number of people using methamphetamine. The frequent methamphetamine and frequent injecting drug users both thought that 'about the same' or 'more' people they knew were using methamphetamine. The frequent ecstasy users were more likely to say 'less' people they knew were using it. This may represent a decline in the reputation of methamphetamine among the more middle class ecstasy users, a wider shift in methamphetamine use towards lower socio-economic sections of the community, or both.



The frequent ecstasy users were more likely to say 'more' people they knew were using LSD than the other two groups. LSD is a more traditional hallucinogenic drug and, unlike methamphetamine, is not usually associated with addiction and violence. The increased use of LSD by ecstasy users may be a response to a greater awareness of the health risks of methamphetamine and the greater law enforcement focus.

Trends in drug related harm

Frequent injecting drug users had the highest levels of drug dependency, experienced high numbers of physical and psychological problems from their drug use and reported the highest likelihood of accessing a health service in relation to their drug use. Eighty percent were assessed to be dependent on opiates, using a five item short dependency scale. Twelve percent had accessed an ambulance and 13 percent had accessed the accident and emergency department of a hospital in the past six months in relation to their drug use.

The frequent methamphetamine users also had high levels of drug dependency and experienced high numbers of physical and serious

psychological problems from their drug use. Many of the psychological problems experienced were consistent with the symptoms of drug psychosis, such as 'strange thoughts', sound and visual hallucinations, paranoia and short temper. A number of studies over the years have established that methamphetamine can induce a psychotic state characterised by auditory and visual hallucinations and extreme paranoia. In a recent Sydney study, 13 percent of the sample of frequent methamphetamine users screened positive for drug psychosis. Those in the study classified as dependent on methamphetamine were three times more likely to have experienced psychotic symptoms than their non-dependent counterparts, even after adjusting for a history of schizophrenia and other psychotic disorders.

The 2006 IDMS data was released last month. Summary reports are available online from www.ndp.govt.nz or www.shore.ac.nz. ■

Dr Chris Wilkins is the principal investigator on the Illicit Drug Monitoring System. He is widely published on drug use trends and drug harm in New Zealand.

Acknowledgements

IDMS'S SUCCESS is a testimony to the goodwill of a number of organisations working on drug issues – from treatment centres to policy agencies.

In 2006, Needle Exchange New Zealand assisted with recruiting and interviewing frequent drug users. Their workers were interviewed as key experts, and they advised on new sections concerning injecting behaviour, sexual health and blood borne viruses.

Odyssey House Auckland, Auckland's Community Alcohol and Drug Services, the Salvation Army and Higher Ground drug treatment organisations also assisted with recruiting frequent drug users and providing expert advice.

Many also provided important secondary data on trends in their admissions. The National Drug Intelligence Bureau provided statistics on drug seizures and drug related hospital admissions. The Alcohol Drug Association provided call statistics from their helpline. There has also been important on-going support from the New Zealand Drug Foundation.

Methodology

A TOTAL OF 318 frequent drug users were interviewed for the 2006 IDMS, including 114 frequent methamphetamine users, 111 frequent ecstasy (MDMA) users and 93 frequent injecting drug users.

Study participants were recruited using purposive sampling and 'snowballing' (where participants recruit other drug users to be interviewed).

Ethics approval was given by the Massey University Human Subjects Ethics Committee.

Recruiting for 2007

FREQUENT DRUG users living in Auckland, Wellington and Christchurch are being invited to take part in the IDMS 2007 survey. Anyone interested should call the 0800 numbers listed. Participants are offered a food or petrol voucher for their time, and all interviews are anonymous and confidential.

Auckland 0800 854 101 or 0800 854 102

Wellington 0800 854 103 or 0800 854 104

Christchurch 0800 854 105 or 0800 854 106

Policing harm

For as long as street drugs remain illegal, the police will always have a massive impact on drug-related harm. **Jamie Bridge** takes a global look at the good, the bad and the ugly of the sensitive realm of harm reduction policing.



POLICE are front-line workers in the drugs world, both as a result of drug-related crime and the criminalisation of drug use itself. They often have contact with drug users when they are at their most vulnerable and, therefore, have a key role to play in harm reduction around the world.

Over time, many cities have been the subject of targeted ‘crackdowns’ – localised zero-tolerance strategies which are often undertaken amidst political rhetoric about the evils of drugs. In many cases, however, these periods of intensified prohibition do more harm than good.

Crackdowns

In New York, for example, Tactical Narcotic Teams delivered crackdowns in specific precincts across the city in the late 1990s.

Despite widely acclaimed reductions in crime over this period, dubbed the ‘New York Miracle’, researcher Hannah Cooper and colleagues found there were serious side-effects. Due to increases in police searches, drug users were less likely to carry sterile injecting equipment and homeless injectors were often rushed or distracted by increased surveillance of public spaces. The authors

concluded that the crackdown was “imperilling injectors’ health”.

In a separate paper, David Dixon and Lisa Maher discuss how this crackdown is “held out as an exemplar of crime control” and directly affects worldwide policing strategies, including those in the UK. However, the fall in crime could have been due to a range of confounding factors, such as socioeconomic and schooling improvements, and was achieved at significant health, social and economic costs.

In 2003, the Vancouver police launched a Citywide Enforcement Team to target drug use in the notorious Downtown Eastside.

The explicit goals were “disrupting the open drug market and interrupting the cycle of crime and drug use that marks the streets.” But a study by Evan Wood and colleagues reported that drug prices and drug use remained untouched and, if anything, were simply displaced to new areas of the city. Additionally, Will Small and colleagues found that the crackdown led to rushed injecting, riskier injecting environments, and reductions in safer injecting techniques and paraphernalia disposal.

Most damning, however, was *Abusing the User*, a report by Human Rights Watch highlighting human rights violations, police misconduct and barriers to harm reduction in the city. For example, one local resident told the authors, “They come right up to you... going through my pockets... I’m not even being arrested, they’re not even reading me my rights... What did I do wrong, other than living in the poorest zip code in Canada?” The report recommends the immediate cessation of the Vancouver crackdown.

“They come right up to you... going through my pockets... I’m not even being arrested, they’re not even reading me my rights... What did I do wrong, other than living in the poorest zip code in Canada?”

Support

In countless studies, police crackdowns fail to reduce injecting or drug use. For example, a USA-wide survey by Friedman et al found no statistical pattern between ‘legal

repressiveness' and drug use. Instead, crackdowns merely impinge harm reduction services. Among the first to feel the pinch are needle exchanges. Even though exchanges are often legal, they still rely heavily on the co-operation of police, who, theoretically, could permanently target needle exchanges, arresting everybody on suspicion of drug use.

“Across the UK, for example, arrest referral schemes allow drug service staff to work in custody suits, courts and police cells to provide people with harm reduction advice and support at a vulnerable time.”

In 1997, Ricky Bluthenthal and colleagues compared two US needle exchange schemes – one with police support and one without, even though both were technically illegal at the time. The researchers concluded that without police engagement, a needle exchange faces fewer clients, reluctant staff and reduced coverage, and the authors concluded that such pressure is a barrier that must be removed “if preventing HIV infections is truly a priority.” Elsewhere, Corey Davis and colleagues analysed the use of needle exchange schemes before and after crackdowns, and found that service utilisation fell across the board, especially for male and black drug users, once the police raised the stakes.

To confound the problem, even once legal barriers have been removed, the attitudes of police personnel are crucial for needle exchanges. In the USA, Leo Beletsky and colleagues found that officers were generally poorly trained and unaware of the changing legal status of needle exchanges. As a result, the “law on the streets” remained unchanged – with drug users viewed very unsympathetically because of their “poor life choices”.

In Russia, Tim Rhodes and colleagues described an uneasy relationship between the police and needle exchanges due to ongoing surveillance and the criminalisation of syringe possession itself.

The tensions that can exist between harm reduction and law enforcement agencies are probably best illustrated by a legal challenge documented by the American Civil Liberties Union. Faced with continued police harassment, a needle exchange in Connecticut won a federal test case in which the court ruled that the police may not interfere with the harm reduction service – underlying the scientific, public health and judicial support for harm reduction – even in one of the most ideologically hostile nations.

Good practice

Although the majority of research seems to emphasise the worst practice, it is not all bad news. There are several examples of best practice in this field to demonstrate how harm reduction and law enforcement can co-exist, co-operate and benefit one another.

Across the UK, for example, arrest referral schemes allow drug service staff to work in custody suits, courts and police cells to provide people with harm reduction advice and support at a vulnerable time. The system also provides a constructive, and cost-effective, alternative to incarceration. An extensive review of the scheme in 2002 concluded that “the economic and social benefits of the arrest referral initiative are around £4.4 billion over an eight year period” – an estimated saving of £7 for every £1 spent.

Again, arrest referral schemes rely on cooperation and support from police at every level. Overall, they have been well accepted by police on the ground and have helped to bridge a considerable gap between law enforcement and harm reduction in terms of communication, shared goals and mutual understandings.

Inevitably, it can sometimes be tricky for arrest referral workers,

especially when facing the old school attitudes of ‘lock ‘em up and throw away the key’. However, against a national backdrop of over-populated prisons and reports calling for cuts in incarceration rates, these schemes represent an excellent example of how the police can fulfil their potential as a unique and potent harm reduction force.

It is important to educate, train and sensitise law enforcers about drug-related issues and the benefits of harm reduction approaches. In the USA, an online resource from The Centre for Innovative Public Policies explicitly attempts to do just this, and asks “What’s in it for the police?” – such as a reduced risk of infection from needlestick injuries or publicly discarded paraphernalia.

Perhaps the best example, however, comes from Vietnam and China, where the Asia Regional HIV/AIDS Project held two-day seminars for senior police officers. These well-attended meetings outlined the rationale and evidence for harm reduction, the potential interventions and the support that these require from law enforcers. In the seminar evaluations, the vast majority of attendees reported that the meetings had increased “the possibilities of... implementing harm reduction approaches with [their] law enforcement agency.”

The International Harm Reduction Association (IHRA) has identified the 50 best examples of documents studying police involvement in harm reduction. All of the reports and studies mentioned in this article are featured in the collection. The entire IHRA series of 50 Best Collections on a variety of subjects can be viewed at www.ihra.net. ■

Jamie Bridge is the Communications and Project Development Officer at the International Harm Reduction Association. His article was first published in May/June 2007 issue of the UK magazine *Druglink*. Reprinted with permission.

Alcohol, poverty and development

The use of alcohol presents a dual challenge in developing societies. Alcohol related problems, including addiction, family violence and so on, become an additional burden on families and communities already struggling with poverty. Perversely, experience shows that, once developing societies have begun to reduce poverty problems and create economic growth, alcohol consumption tends to rise, with a corresponding rise in related harm. In this guest editorial, **Øystein Bakke** introduces us to these issues.

ALCOHOL has long been in use in most societies throughout history. Normally its use has been regulated by traditions and social norms concerning when, how and by whom it should be consumed. In many locations, however, traditional production is still going on, and new alcoholic products and drinking patterns are compounding already existing problems.

Health issues

Alcohol is a double-edged sword in the developing world. On one hand, drinking is a severe and additional burden to the poor and underprivileged. On the other hand, we are seeing new drinking habits, increasing consumption levels and increasing problems occurring among a growing middle-class.

While consumption is stagnating or even decreasing in the Western world, the two regions showing recent and continuing increases in consumption are South East Asia and the Western Pacific. According to the World Health Organization (WHO) and World Bank sponsored *Global Burden of Disease* study, alcohol is the fifth-ranked risk factor for premature death and disability in the world, and the greatest risk factor in some developing countries. This underscores that alcohol is not just any ordinary commodity.

Numerous development policy

papers describe the importance of good health to combat poverty. That drinking alcohol can be detrimental to health is a well accepted fact. Harm is generated from consequences of long term use related to the toxic properties of alcohol and dependence that some users develop, as well as from unintentional injuries and violence from intoxication.

Thus the alcohol problem is much bigger than dependency alone. Alcohol is the substance abuse problem that affects the highest number of people worldwide. Unlike other lifestyle related health problems (tobacco, heart disease etc.), alcohol kills and disables at a relatively young age.

Risky sexual behaviour often occurs under the influence of alcohol. This contributes to the spreading of HIV/AIDS, which has dramatic consequences in certain regions. A WHO report, *Alcohol Use and Sexual Risk Behaviour: A Cross-Cultural Study in Eight Countries*, shows the patterns of interaction between alcohol use and sexual behaviour, including: the meaning of masculinity and alcohol use; denial and neglect of risk as a way of coping with life; the use of alcohol-serving venues as contact places for sexual encounters; the use of alcohol during (first) sexual encounters; and the promotion of alcohol use in

pornography. The findings of the study imply that alcohol use should be taken into consideration in HIV/AIDS prevention programmes.

Social issues

Poor people around the globe are vulnerable, even to small changes that destabilise their daily hand-to-mouth economy. For those living in harsh circumstances, with few possibilities for relaxation, alcohol may seem an easy way out. This ties in with images often portrayed in marketing, that alcohol offers a taste of luxury, recreation and an entrée into a world beyond everyday worries. But the problems created by alcohol use are, in fact, additional burdens for poor people.

In many places, a pattern of male drunkenness, limited income spent on alcohol and other drugs, and domestic violence is all too commonplace.

In several studies, women report that their husbands have been drinking when violent incidents occur. Some of these studies support the conclusion that alcohol may play a direct precipitating role in domestic violence, though the nature of the association is complex, and simplistic conclusions should not be drawn.

In a qualitative study in Sri Lanka, numerous incidences of domestic violence were reported by field workers. They pointed out that the



women see the connection between men's drinking and their violence very clearly.

Children are also affected. A Child Workers in Nepal study, *Alcohol and Drug Use in Nepal*, found that more than one third of the children (aged under 18) interviewed identified negative effects from parental drinking, including domestic violence, loss of wealth, increased debt, and inability to pay for children's education. In addition, children face mental stress when parents drink excessively, and parental drinking is identified as a 'push factor' for children running away from home.

Economic issues

When alcohol is raised as a poverty issue, expenditures on alcohol are often highlighted as an important aspect. A Sri Lankan study found that over 10 percent of male respondents reported spending as much as or more than their regular income on alcohol.

Researchers also discovered that calculations of the expenditures on alcohol grossly under-represent reality. Not only do drinkers deliberately or unwittingly underestimate the amount of money they spend on alcohol, they also make others pay for it. These expenditures are registered neither by those who consume nor by those who pay. Also, amounts spent during special occasions, such as weddings

and other celebrations, can entail large expenditures on alcohol, and while these tend not to be included in calculations of 'average' alcohol expenditures, people did report becoming indebted because of them.

Over the last 20 years of the twentieth century, rapid income differentiation and economic marginalisation have spurred production and consumption of alcohol in Africa. With the backlash against economic development in that continent since the 1980s, alcohol production has become a substitute economic activity for large numbers of people in both rural and urban areas. In many localities, an expanding supply of alcohol has led to drinking patterns that impinge on general social welfare.

Alcohol revenue is not only economically important at a family level. Many poor countries are also dependent on it. In Nepal, national revenue from alcohol remained steady for the seven years preceding 2000, exceeding 6 percent of government totals, and alcohol contributed more than 50 percent of total excise duties. Nepal is thus in a similar situation to many western countries in the early twentieth century, where alcohol was a major source of state revenue prior to the advent of income tax. Many other developing countries have a similarly

high dependence on national revenues from alcohol.

Countries may seek to maximise income from alcohol, but alcohol's social and economic costs are often overlooked. These include the direct costs of treating injuries and diseases as well as treatment and rehabilitation costs, property losses, law enforcement costs, and losses in productivity due to absenteeism or loss of productive years of life. But the invisibility of these costs can combine with dependence on alcohol revenues to make finance ministries look unfavourably upon any attempts to reduce alcohol consumption.

Alcohol is no ordinary commodity, and development efforts should always be mindful of this fact. ■

Øystein Bakke is the Project Manager – Alcohol, Drugs and Development, FORUT, Campaign for Development and Solidarity, Norway, and the Secretary of the Global Alcohol Policy Alliance.

Finding out more

YOU CAN find out more about alcohol and drugs as a development issue at FORUT's website: www.add-resources.org. The site includes their recently launched toolkit for governments and development NGOs about including alcohol and drug prevention in their programmes and projects.



Trading extraordinary commodities

The purpose of free trade is to lower prices and increase availability and choice for consumers. But should this be extended to include alcohol and tobacco? This month, several Pacific nations will decide on free trade in alcohol and tobacco in the South Pacific. **Linda Hill** discusses the implications for Pacific public health.

THE six nations of Fiji, Tonga, Samoa, Cook Islands, Niue and Nauru have ratified the Pacific Island Countries Trade Agreement (PICTA), which came into force in 2001. In two years' time, under the Pacific Agreement on Closer Economic Relations (PACER), New Zealand and Australia will also be able to negotiate to join.

New Zealand and Australia are home to the region's major beer producers and exporters. Their wine and spirits markets are dominated by global alcohol corporations Diageo and Pernod Ricard. They also have a reputation for pressuring their Forum neighbours, so the likely result of including alcohol in PICTA may well

be small Pacific Islands communities awash under a global tide of alcohol.

British American Tobacco is the sole tobacco producer in the region, and could supply the Pacific Forum market from just a day's production of one of several metropolitan plants. If tobacco is included in PICTA, its increased trade would have severe

negative health and economic impacts.

When PICTA was negotiated, alcohol and tobacco were excluded for two years pending a study of their implications. The report commissioned by the Pacific Forum secretariat considered impacts on government revenue, employment and Pacific Island economies, but the terms of reference did not include health or social impacts. The report recommended that import tariffs be fully replaced by local excise taxes on both local and imported products. It predicted that inclusion would lead to rationalisation of alcohol production, based in Fiji and Papua New Guinea, with loss of local production and jobs. Pacific Island alcohol production is already part-owned by Fosters and Lion Nathan, and a further round of rationalisation could be anticipated should Australia and New Zealand join PICTA.

When the report was leaked in 2004, Pacific non-government organisations expressed concern that it ignored public health impacts. The Secretariat of the Pacific Community (SPC) then commissioned a study on population health impacts, which was presented to Pacific health ministers in 2005. The ministers recommended that governments resist the inclusion of tobacco and alcohol in trade agreements, and two months later, trade ministers agreed to defer the PICTA decision on alcohol and tobacco for two more years “to allow further time to assess all the implications,” that is, until August 2007.

Meanwhile, negotiations are beginning on an Economic Partnership Agreement (EPA) between Pacific Island countries and the European Union. Oxfam New Zealand, which provides training in trade negotiation, recommends moving slowly on this to avoid commitments in areas that may not be intended. An EPA that covers alcohol or tobacco could, for example, override their exclusion from PICTA.

It should also be noted that in other regions the EU has been known to strong-arm trading partners on alcohol issues.

Trade treaties allow a government to protect vulnerable industries by excluding particular goods or services, but ‘exceptions’ or ‘negative lists’ are only temporary and come at the cost of concessions in other areas.

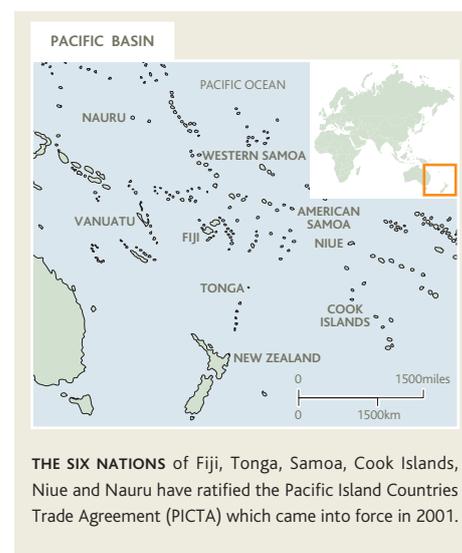
Recent research for the World Health Organization (WHO) noted the extraordinary difficulty of using exceptions to trade agreements to protect public health. Governments can be challenged not only on compliance with tariff reduction and equal treatment of imported and domestic products, but also on non-tariff barriers to trade. A policy that impedes competition or new products entering a market may be perceived as a barrier to trade.

For example, there have been challenges to long-standing policies that differentiate between strong and weaker alcoholic beverages, on state ownership of bottle stores and on advertising restrictions. Most recent treaties specifically allow exceptions for measures “necessary to protect human, animal or plant life or health”. France has successfully defended its very restrictive law on alcohol advertising in the French and EU courts. Sweden retained most of its ban on alcohol advertising, but had to rewrite its legislation to do so. But what Pacific Island country has the funds or expertise to defend itself against ‘big brother’ nations through the international trade courts?

PICTA is unusual in bracketing out alcohol and tobacco in the text of the agreement itself. This collective approach to protecting public health is not only the ‘Pacific way’, it also avoids the hazards individual countries face in negotiating exceptions and defending against policy challenges. It is also in line with the Western Pacific Regional Alcohol Strategy recently adopted by

WHO member countries, including New Zealand. With luck – and the good will of neighbouring countries – this collective approach may be made permanent at this month’s trade ministers’ meeting. ■

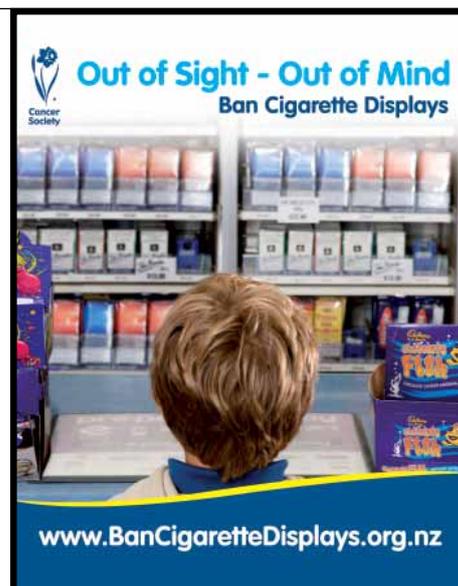
“ This collective approach to protecting public health is not only the ‘Pacific way’, it also avoids the hazards individual countries face in negotiating exceptions... ”



Linda Hill is a Senior Researcher with Massey University's SHORE Centre.

Bringing down the powerwall

Tobacco companies are nothing if not savvy marketers, and it's no coincidence huge displays of row upon row of cigarettes occupy pride of place in just about every convenience outlet in the country. **Sneha Paul** argues these displays are a form of marketing that has to go.



THE TOBACCO industry's dirty tactics and duplicitous behaviour have repeatedly been exposed in documents released by United States courts. These documents make interesting reading, especially when they expose New Zealand players.

In 1999, the marketing director for Rothmans New Zealand said, "You can't sell if the consumer can't see the cigarettes because they are kept behind a perspex glare... You wouldn't sell baked beans that way, so why sell cigarettes like that? ...Basic retailing principles hold that the product must be visible or it won't sell."

Research shows that retail displays of cigarettes – which the tobacco companies call their 'powerwall' – increase average tobacco sales by 12–28 percent. They are a causative factor in the decision to purchase, especially for children and people trying to quit.

While the sale of other dangerous products, such as firearms, pharmaceuticals and industrial chemicals, is highly regulated, cigarettes remain easily accessible and are openly advertised to the public, including our children, through this 'powerwall'.

Recently I interviewed several teenagers at a music festival. The most common places where they purchased tobacco were dairies and service

stations. One teenager said, "You keep telling us not to smoke, but we see cigarettes everywhere." The high visibility of tobacco products in shops clearly acts as a counter to the health messages about smoking teenagers receive.

Cigarette displays are a particular issue for children. Research shows displays normalise cigarettes and trigger impulse purchases by what the industry calls 'learner smokers'. Point-of-sale cigarette displays are simply a form of advertising designed to make smoking attractive to children. It must stop, and the best way for that to happen is to remove cigarettes from displays right behind the lollies, and put them under the counter.

Action on Smoking and Health, the Cancer Society, the Heart Foundation and a number of other supporting agencies are campaigning for the removal of cigarette displays. In our view, what's out of sight is out of mind.

This view is shared by many. Research shows 66 percent of adult New Zealanders support a total ban on the visual display of cigarettes. In June this year, Associate Minister of Health Damien O'Connor accepted a 20,000 signature petition urging a ban on retail cigarette displays.

The smoking prevalence rate in

New Zealand is declining, but very slowly. Twenty-three percent of us still smoke despite concerted tobacco control efforts. This slow decline shows we need stronger control over tobacco marketing activities.

Cigarette displays are active marketing, pure and simple. The Smoke-free Environments Act defines tobacco advertising as anything used "to encourage the use, notify the availability or promote the sale of any tobacco product or to promote smoking". Cigarette displays do exactly that.

Tobacco industry documents from the 1960s show tobacco companies have long known nicotine addiction is the main reason people keep smoking. A lawyer for Brown & Williamson said, "Nicotine is addictive. We are, then, in the business of selling nicotine, an addictive drug."

A total ban on point of sale cigarette displays would remove this important marketing device. Our campaign has only just begun. We urge you to get involved. Let's bring down the powerwall together. ■

Sneha Paul is the Communications Adviser for Action on Smoking and Health. To get involved with the *Out of Sight – Out of Mind* campaign, or for more information, visit www.bancigarettedisplays.org.nz.

Party pills banned, drug law reviewed

THE GOVERNMENT is moving to ban benzylpiperazine (BZP) based party pills and hopes to have legislation before Parliament by the end of this year. The announcement to schedule BZP and related substances in Class C1 of the Misuse of Drugs Act was expected following the Expert Advisory Committee on Drugs' earlier recommendation for the ban.

Once the bill is passed (the votes seem guaranteed, with National and NZ First already promising their support), there will be a six-month amnesty for possession of small amounts of pills, giving users time to get informed about the changes and avoid immediate criminalisation.

Dr Chris Wilkins, from Massey's Centre for Social and Health Outcomes, described the government's decision as a "tough call", but on balance, probably the right one. Meanwhile, the party pill industry has warned of a BZP black market emerging, and the Drug Foundation has maintained its position that tighter regulations would provide greater control than a ban.

The Drug Foundation, however, was impressed by drug policy minister Jim Anderton's decision to conduct a complete review of the 32-year-old Misuse of Drugs Act. This was announced at the same time as the ban, but went largely unreported.

Drug Foundation Executive Director Ross Bell described the current drug law as "a patchwork of amendments, many of which were ad hoc responses to short-term public or political concerns. This has led to inconsistent legal treatment of substances and has limited options available for control, especially for emerging new substances."

Mr Bell welcomed the review, saying that New Zealand's current law is obsolete and should be replaced with a framework that can more effectively tackle existing and new drugs.

"The introduction of party pills exposed the weaknesses of the current law. There was nowhere in the schedule to place them, and even though they'll now be scheduled, we're still left unable

to deal with any new substances cooked up by clever chemists," he said.

Minister Anderton said the review is likely to consider the underlying philosophy of the legislation, as well as its internal consistency and consistency with other legislation.

Queenstown Lakes drying up?

24-HOUR liquor licences will be prohibited in Queenstown after a district council decision in reaction to Queenstown Lakes District being crowned the "alcohol capital of New Zealand". The district has more licensed premises per capita than any other area in New Zealand at one for every 75 residents.

The decision has upset publicans but is welcomed by police and health officials who say it will contribute to curbing alcohol related violence in the area. In more than half the 1,209 offences recorded over 10 months in 2006, offenders were affected by alcohol.

ALAC spokesperson Sandra Kirby said, "Changing an existing policy in the face of a huge number of individual submissions that wanted to retain the status quo shows a commitment by Council to reducing alcohol-related harm and support the community's concerns over the level of violence in the city."

Queenstown's bid for safer streets is a high priority, and includes a plan to spend \$200,000 on lighted walkways and a closed-circuit TV system.

Herbal and hippy crack crackdown

THE MINISTRY of Health has made successful prosecutions regarding BZP supply and possession of nitrous oxide.

In 2005, BZP was scheduled as a restricted substance under the Misuse of Drugs Act. A Christchurch man made history when he was the first New Zealander to be prosecuted for illegally supplying BZP to persons under the age of 18. He received a \$700 fine.

A legal opinion in 2005 found that the sale of nitrous oxide for the purposes of inhalation was illegal under the Medicines Act. A retailer in Christchurch is facing prosecution for possessing nitrous oxide for the purposes of sale for illegal inhalation.

This case follows the successful prosecution of another Christchurch man for the unlawful possession and supply of the gas. He pleaded guilty to one charge of possession of a prescription medicine without reasonable excuse, and was gaoled for two years and ten months.

Regrets, I've had a few

RESEARCH has found most young people want to quit smoking and would rather have not started in the first place.

The government has announced a further \$43 million to be dedicated to tobacco control over the next four years. The money will contribute to primary care initiatives and support for health workers promoting smoking cessation. Quitline will receive a boost in its capacity, as well as a new text messaging service to support quitters. A social marketing campaign will be funded to support the pictorial warnings to appear on cigarette packets.

Meanwhile, latest figures reveal that teen smoking rates have halved in eight years. Now, more than half the population have never smoked.

Youth action

YOUNG people took to the streets of Clendon, South Auckland, to protest against the growing number of liquor licences given out in their community. Over 100 people marched to promote awareness of the damage alcohol causes to the health and safety of families.

The marchers argue that increased availability and access to alcohol has led to an increase in crime, graffiti and violence in their already trouble-prone neighbourhood.

Alcoholism and Drug Addiction Act

THE DEATH of a Petone woman, who had long suffered from alcohol abuse but was denied treatment on several occasions, prompted the Wellington coroner to recommend a reform of the Alcoholism and Drug Addiction Act 1966. The 40-year-old law was last reviewed in 1999. At that time, the Ministry of Health "accepted the

“ I think there are some drink drivers who can drive. ”

An eighth time repeat drunk driver informs a judge of his wise opinion. Maybe, just maybe, there's an opportunity for intervention here.

“ The inability of the WHO member states to agree on a way forward to address the health problems associated with alcohol misuse is disappointing. ”

The liquor industry's Global Alcohol Producers Group expresses its dismay at alcohol action stalling at the World Health Assembly. Strange that, considering they had a hand in the defeat of the alcohol resolution.

“ Cuba wouldn't move an inch. They always came up with new objections. ”

A Swedish diplomat is perplexed about Cuba's recalcitrance towards a Swedish-sponsored resolution for a global strategy on alcohol at the World Health Assembly 2007. Perhaps it has something to do with Cuba's reliance on its rum industry, or that both countries are having a wee diplomatic tiff on another matter.

“ We are aiming for the youth market... Because the alcohol is not in liquid form, we can sell it to people below 16. ”

'A' for effort. Dutch students, as part of their final year project from Helicon Vocational Institute, compliment themselves in the development of a powdered alcohol legally available to those under the legal drinking age.

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practical problems experienced with the Act may be compromising its usefulness... There is clearly a need for a full review of the legal framework for the compulsory treatment of people with drug and alcohol problems.” Nothing changed, however.

The Act is again being reviewed, and many hope for real change this time.

Research funding announced

ALCOHOL and other drug research isn't often at the front of the queue when it comes to funding, so it's worth noting some projects recently funded by the Health Research Council.

Tobacco policy researcher Dr George Thomson is leading a study on effective policy to reduce smoking around children, i.e. in homes, cars and community property.

Professor Doug Sellman and other researchers received funding to extend the Treatment Evaluation of Alcohol and Mood study, which trials the effect of using antidepressants along with anti-craving medications to treat depression in people who are also alcohol-dependent.

Funding has also been extended for the Christchurch Health and Development study. This is a major, internationally recognised study tracking the health and wellbeing of more than 1,000 children born in Christchurch in 1977.

The study, led by Professor David Fergusson, has contributed to numerous publications, including reports on cannabis and mental health.

Now you see it, now you don't

LUXEMBOURG-made cigarettes, packaged in black with a silver fern emblem and sold at New Zealand airport duty-free stores, caused such a stir they were taken from the shelves.

Smokefree advocates were outraged that the marketing linked the lethal products with New Zealand's clean green image. The Smokefree Coalition's Mark Peck said, “This association of our nation's positive attributes with poisonous and addictive cigarettes is despicable.”

Marketing expert Janet Hoek said such cases reinforce the need to remove all branding from cigarette packets.

The quest has begun

LEGAL party pill producer London Underground is testing new non-BZP (i.e. non-regulated) products.

The company is using a highly scientific and ethical process to test the pills: anyone aged 18–25 years can email the company and be sent a free sample of pills of unknown content, along with an evaluation form.

London Underground has, “set up a focus group and we want you, our customers, to sign up. If you want to be part of an elite group of individuals who get to sample our products before they hit the streets then simply register... you are in.”

Some human guinea pigs complained they received pills in a clear bag with no health or safety instructions.

Industry in control

ALCOHOL advertising control should stay in industry hands, says the steering group established to review alcohol advertising regulations. After a ten-month review and hearing over 250 submissions, the group of health and industry representatives concluded that alcohol advertising plays a role in shaping the culture of drinking in New Zealand.

The group has presented a number of recommendations to Associate Minister of Health Damien O'Connor, including that industry self-regulation should remain, but be strengthened and improved by legislation, and that regulation should be extended to include all forms of promotion and marketing, such as mobile phone and viral marketing and product packaging. The group further recommends the regulations be backed by sanctions and be monitored by an independent agency.

The steering group also examined sponsorship, but said insufficient research and evidence meant they couldn't recommend restrictions at this time. They did however recommend further research on the value of

sponsorship and the exposure of young people to sponsorship messages.

The steering group also recommended implementation of their recommendations be reviewed in two years' time to ensure sufficient progress has been made. At that time new research on advertising and sponsorship will be considered.

In receiving the report, the minister said, "We know that alcohol advertising is only one of a number of factors influencing how alcohol is consumed and alcohol related harm, but we can't ignore its impact." The government will consider the recommendations and their practical implications alongside the review of sale and supply of alcohol to minors.

Smoko rooms questioned

PROGRESSIVE Meats is taking to the Court of Appeal its claim that the staff smoking room at its plant is not a 'workplace' covered by smokefree law.

The company had earlier lost its argument in the High Court, which said allowing its appeal would have resulted in "the wholesale creation of smoking rooms".

The Court of Appeal has allowed the company special leave to appeal, to settle whether a smoking room falls within the definition of a workplace under the Smoke-free Environments Act 1990.

The meatworks company built a smoking room off its cafeteria – air-locked so that smoke would not flow back into the plant – because hygiene reasons meant meatworkers in protective clothing could not strip off to go smoke outside. The smoking room was designated a protective clothing area, and not entered by non-smokers.

The Ministry of Health successfully prosecuted the company in February 2005 for a breach of the Smoke-free Environments Act, but the judge put a case to the High Court on the question of whether the smoking room was a workplace.

The Ministry of Health has accepted the issue is a matter of public importance, but opposes giving leave to appeal on the grounds that the bid is "doomed". ■

Party turns sour

PARENTS who hosted their son's 16th birthday party have been sent to jail for 27 months for supplying alcohol to minors.

Albemarle County Attorney James L. Camblos III, who prosecuted the parents, said it was the worst case of underage drinking he has had to deal with in 15 years. "Not only were they serving alcohol to 15 and 16-year-olds, they misled parents who called to ask about alcohol, and they tried to get the kids to cover it up after police got there," he said.

Elisa Kelly and her ex-husband, George Robinson, agreed to host the party and buy alcohol on the condition that everyone stayed the night and didn't drive. "No one left the party," said Kelly, who collected car keys to prevent anyone from leaving. "No one was hurt. No one drove anywhere. I really don't think I deserve to go to jail for this long."

Kelly said she believed the kids were going to drink regardless, and said that supplying the alcohol and keeping them home would be safer than having them out drinking and driving. Court records show she spent \$340 on beer and wine for the party.

Although the 27-month sentence is rare, parents are increasingly being held criminally responsible for underage drinking at their homes, even if they are unaware it is happening.

Scull, sweat, suffer

REPEAT drink driving offenders in 43 US states are now detectable by their sweat. The ankle bracelets, called Secure Continuous Remote Alcohol Monitors (SCARMs), which trace amounts of alcohol in a person's sweat, are being used as an alternative to a jail sentence.

The devices take hourly readings and send the data via modem to court authorities.

Information includes body temperature, alcohol content of sweat

“**This is what kings have drunk for centuries and what kings of hip-hop now drink to end the perfect night.**”

Sofitel's food and beverage director talks of premium Hennessy Ellipse cognac that costs \$10,000 a bottle and is known as the Ferrari of cognacs.

“**He liked to pee on luggage while searching for drugs inside.**”

Two Thai drug dogs' careers have come to an end. Mok and Lai have been fired after several complaints of them urinating on luggage and also sexually harassing female passengers.

“**Almost half of all deaths in working age men in a typical Russian city may be accounted for by hazardous drinking.**”

Research reports on the consequences of Russian men turning from traditional vodka to cheaper but hazardous alternatives such as cologne, medicinal tinctures and cleaning agents.

“**We are too bruised to say anything more.**”

Principal Alison McAlpine from Nelson College for Girls is lost for words after 16 students were caught smoking cannabis at school.

“**Rehabilitation from what?**”

Canadian Andrew Feldmar after he was banned from entering the US, unless he certifies his rehabilitation, because he wrote an article about using LSD 40 years ago.

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Quotes of Substance

“She told us that she had put the drugs in a vibrator because she thought no one would ever think of touching it, let alone looking inside it.”

A 26-year-old Ukrainian fails in her attempt to smuggle marijuana past Kiev customs officials.

“Many scientists believe that cancer deaths among smokers are due to the radioactive content of tobacco leaves and not to nicotine and tar.”

Constantin Papastefanou, from Greece's Aristotle University of Thessaloniki, found the radiation dose from radium and polonium occurring naturally in tobacco can be a thousand times more than that from the caesium-137 taken up by leaves from the Chernobyl fallout.

“You don't get much help in here.”

Former Mr New Zealand body builder Justin Rys, gaoled for 10½ years for importing the drug fantasy, laments the lack of drug treatment support in Rimutaka Prison

“With *Steinlager Pure* we have bottled the spirit of New Zealand.”

Lion Nathan's Peter Kean is unafraid of hyperbole when describing the company's new beer. It's uncertain whether all 4,183,273 New Zealanders will appreciate this metaphor.

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and the distance between the leg and the device (indicating whether people are trying to tamper with it).

Fire-safe smokes

TRADITIONAL cigarettes are set to be forced out by 2009–2010 when the European Commission introduces fire-safe cigarettes in an attempt to reduce the number of casualties from fires started by smouldering butts.

Within two minutes of a cigarette being left, it will go out. In Europe, 7,500 injuries and 2,000 deaths result from house fires caused by cigarettes.

Ah, delicious snus

NEVER one to miss a beat (or a market opportunity), tobacco giant Philip Morris USA has announced the introduction of *Marlboro* snus, which will have a range of flavours including rich, mild, mint and spice.

Safe injecting at risk

IN SEPTEMBER 2003, North America's first and only official safe injecting facility opened its doors in Canada. However, the legal exemption allowing InSite to operate for three and a half years ended in late 2006. Unless Stephen Harper's conservative government receives evidence of the effectiveness of InSite, it will be shut down.

Supporters of InSite say the government's concerns are unfounded. They cite numerous peer-reviewed studies that show InSite has significantly limited public disorder, prevented drug overdose deaths, reduced the spread of HIV/AIDS and moved more people into detoxification programmes, addiction treatment, housing and primary health care programmes.

InSite's experience is in sharp contrast to Australia's only drug consumption room, which will stay open for at least another four years, thanks to legislation introduced to the New South Wales Parliament extending its trial status.

The Medically Supervised Injecting Centre (MSIC) has been open for six years, operating on temporary licences, the latest of which was due to end on 31 October 2007. The decision to extend follows a report by the National Centre in HIV Epidemiology and Clinical Research, which concluded that the MSIC reduced the impact of overdose related events, instances of public injecting and community visibility of injecting drug use. The facility has dealt with over 10,000 visitors – mainly heroin users, but with about six percent using it for methamphetamine – and has referred over one in 10 of these into drug treatment and provided treatment to over 2,000 overdose cases.

According to Dr Ingrid van Beek, the MSIC Medical Director, “There is no doubt that, if those cases had occurred in unsupervised, less safe situations, which they otherwise would have, some of those cases would have resulted in death.” The facts speak for themselves – there have been no fatalities or cases of serious brain or vital organ damage from overdoses at the centre.

Despite the evidence, however, the new legislation stopped short of granting a permanent license, following legal advice that if it was not regarded as a part-time medical trial, it could be challenged in the court under United Nations anti-drug conventions, to which Australia is a signatory.

InSite is urging its supporters to speak out against the possible closure. For more information, and to support InSite, visit www.communityinsite.ca.

Drug policy is health policy

AN ALLIANCE of drug charities has come together to urge the UK government to place public health, harm reduction, and tackling poverty and exclusion, at the heart of drug policy. The Drug and Health Alliance, launched in London in May, supports an evidence based public health approach to dealing with illicit drugs,

and claims the justice-led approach has failed and will continue to fail. The alliance's first target is the UK's ten-year drug strategy, due to expire at the end of this year.

'Powerwalls' collapse

NOVA SCOTIAN tobacco retailers have until November 2007 to remove cigarette display 'powerwalls'.

Retailers, who risk a \$1,000 fine for non-compliance, are outraged at the new regulation and want compensation for the loss of revenue they receive from the tobacco industry for displaying products.

Avalanche

THE LARGEST cocaine factory ever discovered in South America has been found by the Bolivian police, with production capacity of 100kg daily.

Work drinkies questioned

A **CANADIAN** study analysing workplace drinking attitudes and behaviours reveals workplaces that have a restrictive work drinking culture curb individuals' overall alcohol intake, including outside of work. Employees of organisations that discourage social drinking were 45 percent less likely to be heavy drinkers compared to those in workplaces with a more relaxed drinking culture.

Read before you drink

A **THREE-YEAR** negotiation between UK ministers and the drinks industry has resulted in voluntary health warning labels on liquor products. The labels will take effect by the end of next year, and will include standard drink measures, safe drinking levels, and alcohol and pregnancy warnings. The government is threatening legislation if the industry does not comply with the agreement.

Global strategy stalled

A **SWEDISH**-sponsored resolution for a global strategy on alcohol stalled before getting off the ground at the

2007 World Health Assembly (WHA) meeting in Geneva.

The resolution, backed by 40 countries including some from the Muslim world and many European and African countries, would have strengthened efforts to tackle the problems created by alcohol on a global scale. Many saw it as an early step towards a framework convention, just as has happened with tobacco.

However, increasing opposition from Caribbean countries meant that consensus could not be found. Cuba was especially staunch in its opposition to the resolution, taking alcohol policy off the global agenda for another year.

Caribbean nations were worried that alcohol restrictions will impact on their production and trade in rum and sugar. In recent years restrictions on sugar and tobacco have impacted these countries, and the rum industry is Cuba's fifth largest income earner.

Cuba's opposition may have had another explanation. There has been a recent diplomatic spat between Sweden and Cuba, leading some observers to comment that the WHA meeting gave Cuba an opportunity to score points.

Non-government organisations at the meeting lamented the failed resolution, saying that international leadership is needed to tackle alcohol problems, and it will now be more difficult for the World Health Organization to prioritise alcohol.

International day against drugs

26 JUNE marked the 30th International Day against Drug Abuse and Illicit Trafficking. The slogan of the United Nations Office on Drugs and Crime anti-drugs campaign – "Do drugs control your life? Your life. Your community. No place for drugs" – will be used over the next three years to focus on different aspects of drug control: drug abuse in 2007, drug cultivation and production in 2008, and illicit drug trafficking in 2009.

Quotes of Substance

“It's a privilege to buy alcohol. It's not a right to buy alcohol.”

Andy Thibault, of the Vermont Department of Liquor Control, praises Price Choppers' new alcohol policy: the sale of alcohol to customers who appear to be over 40 must be approved by a supervisor or manager; any customers who appear younger than 40 must provide age identification.

“Alcohol is a sexual health problem, as one of the key negative outcomes of drinking is problems with sexual health.”

A recent UK study finds young people are three times as likely to have unprotected sex when they are drunk than when sober.

“We have to work out why, when we have such good data, we are having such a lack of action.”

Professor David Fergusson suggests that New Zealand has been distracted by fanciful tales of methamphetamine and party pills, while good evidence on cannabis is being ignored.

“Cannabis is still a very important part of the drug scene and is the most used drug in Australia still, so we don't want to, in our attempt to fight ice and ecstasy and other synthetic drugs, take our eye off the ball of fighting cannabis.”

Federal drugs minister Christopher Pyne announces a new research and education centre to provide information about cannabis. The AU\$12 million centre will be run by the National Drug and Alcohol Research Centre, at the University of New South Wales. ■

Marketing gone wrong

A marketing company in Japan has been selling non-alcohol beer (*Kidsbeer*) and, recently, marketing non-alcoholic wine, champagne and cocktails to children.

Children as young as three years old are shown in advertisements sipping the beer at parties and singing and dancing the night away. The advertising slogan is, “Even kids cannot stand life unless they have a drink.”

Sober in charge

THE UK'S Department of Transport announced the introduction of a blood alcohol concentration limit of 0.08mg/100ml for recreational sailors and boaties, bringing them into line with professional mariners. The legislation applies to vessels more than seven metres in length and/or capable of a maximum speed of over seven knots.

Meanwhile, a report revealing the UK no longer has the safest roads in Europe has prompted a recommendation to lower blood alcohol content levels for drivers from 0.08mg/100ml to 0.05mg/100ml.

Alcohol and porn ban in emergency response

AUSTRALIAN Prime Minister John Howard made no apologies when he declared that the abuse of young Aboriginal children in remote communities was so widespread it amounted to a national emergency. The federal government moved to seize control of hundreds of Aboriginal settlements and ban alcohol and porn access across an area the size of Afghanistan. Extra police moved into the Northern Territory will ensure that all public computers are checked for evidence of the downloading of porn.

Other measures will see welfare payments cut for parents whose children fail to go to school, and all parents will be required to spend at least half their fortnightly welfare money on food and essentials.

Children under 16 years will be checked by team of doctors, and schools will be funded to provide a daily meal to pupils.

Mr Howard said the federal response was a reaction to the state government's slow efforts to address concerns in Aboriginal communities, but Western Australia's Premier said the alcohol ban will do nothing to stop child sexual abuse and a broader response is needed.

Leading Aboriginal activist and lawyer Michael Mansell also criticised the actions as an “immoral abuse of power” aimed at taking over the lives of Aboriginal people.

“A blind and swift incursion can do more harm than good. What happens after the police and army leave, and the doctors return to their hospitals or private practices, and the election is over? A more compassionate and considered approach [is needed]. Failure to do so will create a bigger gap between whites and Aborigines, who will feel the brunt of white authority,” he said.

Prime Minister Howard defended his plan saying, “Exceptional measures are required to deal with an exceptionally tragic situation.”

BZP in Europe

THERE is insufficient robust data to allow confident comment on the social risks associated with BZP. That's one finding in a recent report by the European Monitoring Centre for Drugs and Drug Addiction for the European Council, which examined the health and social risks of the use, manufacture and traffic in BZP.

The report recommends that BZP become a controlled substance, but also notes a paucity of evidence to adequately inform European policy-makers' decisions. The report predicts a number of possible outcomes of tighter controls, including improving the detection and monitoring of illegal manufacture, limiting the expansion of

supply and use, creating an illegal market with an increased risk of criminal activity and leading users to substitute with other psychoactive substances that may have public health consequences.

Strawberry meth

ACCORDING to media reports, a new marketing tactic is being used by drug dealers to hook American kids. A widely circulated email warns parents, schools and drug treatment workers that drug dealers are adding artificial fruit flavouring, such as strawberry, to methamphetamine to make it more attractive to children. However, the veracity of the story is under question.

Boston University's School of Public Health says, “Flavoured methamphetamine is somewhat akin to the Loch Ness Monster: everyone has heard of it, but firsthand sightings are hard to track down and verify. Various media reports around the US invariably concede no cases have been reported locally.”

One breathless report from Kentucky ran, “A dangerous new form of methamphetamine is headed to the area and it's aimed at kids. It's called Strawberry Quick, but unlike the popular breakfast drink, this drug can kill. Strawberry methamphetamine looks and tastes a lot like the candy known as ‘pop rocks’, and even pops in your mouth, just like the candy.” The reporter then notes that no cases have been reported in Kentucky.

Drug officials from the Drug Enforcement Agency and the White House Office of National Drug Control Policy say they have not been able to identify a single confirmed seizure of flavoured methamphetamine.

Some ingredients used in methamphetamine manufacture can turn it a light-pink colour, and it appears US officials are confusing coloured methamphetamine (which is relatively common) with flavoured methamphetamine. ■

Let's drink like the French

“France is often depicted as ‘a country where the natives drink, sing and dance till the wee small hours of the morning without experiencing any problem’.”
Michel Craplet, *Addiction*, 2005

“One does not see binge drinking in countries like France... where children and young people have grown up with a responsible attitude towards alcohol.”
Patricia Schnauer, MP, *Hansard*, 20 July 1999

WE'RE often told that very young French children are given wine mixed with water, which teaches them to be moderate drinkers. Contrast that with almost 10 percent of New Zealanders claiming they drink to get drunk and many more of us saying that's absolutely fine. Is the way the French drink how New Zealand should model its drinking culture?

A quick look at the statistics shows if you drink like the French, you die like the French. Per capita, France has the sixth highest alcohol consumption rate in the world, with 13.5 litres of pure alcohol consumed per adult per year. New Zealand is 27th, with 9.2 litres. Alcohol is involved in half of the deaths from road accidents in France (31 percent in New Zealand), half of all homicides and one-quarter of all suicides. Rates of cirrhosis of the liver are more than double our own.

But they don't 'binge', do they?

C'est vrai. School-age French children are among the lowest binge drinkers in Europe. Just 16 percent of French 15–16 year olds reported binge drinking in June this year. UK and Denmark rates are more than double that. But youth drinking is on the rise in France, with beer and alcopops driving the increase.

But what about parents and caregivers teaching their kids to drink responsibly?

Introducing an entirely new concept to 'drug education', UK broadcaster

Janet Street-Porter, at an event sponsored by industry lobbyists the Portman Group, said teenagers should be able to experiment with low-alcohol drinks in school, and that pubs should provide drinking rooms for 16 and 17-year-olds.

French politicians have a more modest proposal, recommending that children be given wine appreciation lessons from primary school age. They suggest teaching children about the origins, history and characteristics of French wines would increase “demand for quality and respect for nature”.

Mythbusters wonders whether this proposal has anything to do with the plummet in French demand for domestic wines. In 1970, the French drank 100 litres of wine per capita per year but this amount has fallen to just 55 litres in recent years.

These proposals probably aren't the brightest of ideas.

Research has found that the younger people begin drinking, the more likely they are to become alcohol dependent later in life. Those who begin drinking in their teenage years are also more likely to experience alcohol related unintentional injuries – such as motor vehicle injuries, falls, burns, drowning – than those who begin drinking later in life. Moreover, new research suggests that adolescent brain development may be irreversibly affected by heavy alcohol exposure, and that young age drinking initiation

is strongly related to high level alcohol misuse at ages 17 and 18.

Responding to this, the Australian Drug Foundation advocates young people under 16 should avoid consuming alcohol altogether. They say young people do not need to drink to learn how to use alcohol safely. Most important, say our Aussie friends, is the example set by parents and others on how, where and why they use alcohol.

UK's Alcohol Concern takes this a few steps further, recommending parents who give alcohol to children under the age of 15 – even with a meal at home – should face prosecution. This is precisely the case in the United States, as illustrated most recently by Elisa Kelly who, along with her former husband, will spend the next 27 months in jail for serving alcohol to minors at her son's 16th birthday party.

Mythbusters hopes the government review of the supply of alcohol to minors can find more palatable policy solutions than NCEA credits for alcohol appreciation or sending parents who supply alcohol to prison. ■

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

Do you have a myth that needs busting? Have you seen any questionable media coverage on alcohol or other drug issues, or dodgy spin by the liquor industry? Send it to us at mythbusters@drugfoundation.org.nz

www.drugfoundation.org.nz

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**AT THE HEART
OF THE MATTER,
NZ DRUG
FOUNDATION.**

Te Tūāpapa Tāru kino o Aotearoa

Get active in local body elections

Alcohol harm costs New Zealand \$1–4 billion each year. Alcohol is responsible for 70 percent of accident and emergency hospital admissions, and factors in 75–90 percent of weekend crime.

While a number of central government agencies have responsibilities around reducing alcohol related harm, councils are the lead agencies on local social issues. They have duties under the Local Government Act, such as the granting and enforcing of liquor licences, and responsibilities regarding the health and safety of their communities. People's drinking behaviour is influenced by their environment, and local communities can do a great deal to reduce alcohol related harm.

What is the council doing in your area, and what priority will candidates in 2007 give to alcohol issues in your community?

The 2007 local body elections take place in October. Candidate nominations close this month, so you'll soon know who is standing in your area.

The run-up to the elections is a good time to talk to candidates about the importance of communities taking action to reduce local alcohol related harm and the role your council can play.

The Drug Foundation has produced an information pack suggesting some questions that you or your organisation could put to candidates. You may like to ask them questions at public meetings, or you may decide to compile a short questionnaire to send to all local candidates. You could then publicise the results.

Download the information pack from www.drugfoundation.org.nz/Get-active.

Notice of the Drug Foundation's Annual General Meeting

Monday 19 November,
Museum Hotel, Wellington

The Drug Foundation AGM is an excellent opportunity for our members and friends to celebrate the year, hear from a great guest speaker and eat good food. The AGM will also include a vote for a new member representative to the Board of Trustees (see below).

It's our pleasure to invite you all to our meeting. Please RSVP to agm@drugfoundation.org.nz or phone 04 801 6303.

Become a Trustee of the Drug Foundation

It's been a great year for the Drug Foundation. We have launched a fantastic new-look magazine and website, expanded our Get the Msg! text information service, been very active in major alcohol and other drug policy debates, and provided on-going support to our members.

The Board of Trustees sets the direction of the Drug Foundation. They have some exciting plans for next year as we look towards the 2008 General Election. There is one vacancy this year, and it's a great chance for someone to join a professional, energetic and action-focused governance team.

Organisational members can nominate someone for election. Please send the name of the nominating organisational member, the name of the nominee and a statement (no longer than 300 words) outlining their suitability and reasons for seeking election to:

agm@drugfoundation.org.nz or
PO Box 3082, Wellington.

Nominations close 19 October.

Information about candidates and postal voting forms will be sent to all members in October.

Work for the Drug Foundation

The Drug Foundation is looking for a clever and experienced communications and information person to lead a significant area of our work.

That person will have responsibility for our *Matters of Substance* quarterly and other newsletters, our website and information service and resources. They will also work closely with our policy team to communicate our positions clearly to policy makers and the New Zealand public.

If you're interested, get more information from www.drugfoundation.org.nz/work-for-us.

Submit your vacancies online

Do you have vacancy for a counsellor, researcher, manager, or any other role in the alcohol and other drug sector? You can advertise it free on our website. Submit vacancies online at www.drugfoundation.org.nz/jobs.

