

matters of substance

AT THE HEART
OF THE MATTER,
NZ DRUG
FOUNDATION.

Te Tūāpapa Tarukino o Aotearoa

Txt-a-drug

Meth mouth madness

Advancing an international agenda

Getting the measure of drug harm



The poppy problem

Despite the Taliban's demise and a massive military presence, record opium crops still supply international heroin demand. What's going wrong in Afghanistan?

matters of **substance** May 2007
 Vol 17 No 2
 ISSN 1177-200X

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Te Tūāpapa Tarukino o Aotearoa

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Last month, thousands of New Zealanders wore paper poppies in remembrance of the nation's war dead.

Using the red Flanders poppy as a symbol of remembrance dates back to the Napoleonic Wars, when poppies were the first plant to grow in the churned up soil of soldiers' graves.

This connection between the red poppy and war dead was renewed over a century later on the Western Front during the First World War.

It was verses by Lieutenant-Colonel John McCrae, a Canadian medical officer, that began the intriguing process by which the Flanders poppy became immortalised:

*In Flanders Fields the poppies blow
Between the crosses,
row on row,
That mark our place;
and in the sky
The larks, still bravely
singing, fly
Scarce heard among the
guns below.*

The poppy is also the plant from which opium is extracted. Opium is a narcotic resin containing morphine, which can be chemically processed to produce heroin. Heroin is controlled under the UN's 1961 Single Convention on Narcotic Drugs. In New Zealand, it is a Class A drug controlled under the Misuse of Drugs Act.

Our cover story examines how the War on Terror and the War on Drugs are now being fought on the same battlefield. The United States argues drug money supports terrorist infrastructure. Their military forces fighting terrorism in Afghanistan have also been engaged in eradicating opium fields. US Central Command has a counter-narcotics budget of 700 million dollars, up from 73 million in 2004. Despite this, and since the overthrow of the Taliban, opium poppy cultivation has hit record levels. Clearly, the US efforts are failing, and many in the international community are urging a new and more effective approach.

In 1998, the UN agreed to a plan for a drug free world by 2008, and they meet in New York next year for a stock-take of progress against that goal. We anticipate that countries such as the US will promote their tough approach, but it's difficult to see how they can command much influence when their efforts in Afghanistan have been such a glaring failure.

International evidence overwhelmingly supports pragmatic harm reduction approaches as more effective solutions to drug problems. Thankfully, New Zealand is firmly in that camp. We hope our representatives will be a strong voice at the summit.

Ross Bell ■

Matters of Substance invites feedback and contributions. If you're keen to contribute a guest editorial or article, please first contact us: editor@drugfoundation.org.nz

World No Tobacco Day

31 May – This year's World No Tobacco Day focuses on 100 percent smokefree environments as the only effective protection from exposure to second-hand tobacco smoke. In a growing number of countries, the norm has already changed: before smoking was allowed practically everywhere; now places are 100 percent smokefree.

www.who.int/tobacco/wntd/

Creating Synergy Between Prevention, Early Intervention and Treatment

14–15 June, University of Wollongong, NSW, Australia 'Synergy' is an interaction or co-operation of two or more individuals or organisations working in partnership to produce a new and enhanced outcome. This conference will explore methods of best practice and provide a forum for services to connect through and initiate working partnerships.

www.uow.edu.au/conferences/SynergyIV/Home.html

Drugs. Families. Solutions. Getting On With Family Work

27–29 June, Melbourne, Australia This conference will focus on interventions and partnerships which improve the health of all family members affected by substance use. Individuals who use drugs problematically are often someone's parent, partner, sibling or child.

www.odyssey.org.au/fadnet/

The Way Forward: Australian Winter School

2–4 July, Brisbane, Australia This school will aim to increase delegates' levels of knowledge and professional skills, present the most recent research, and demonstrate its relevance to those working in the alcohol and other drugs field.

www.winterschool.info

Te Tōrino – Re-imagining Public Health

4–6 July, Auckland The 2007 Public Health Association conference themes are urban

design, food matters and voices. Topics will include kaupapa Māori, systems and structures, workforce, inequalities, determinants of health, and globalisation.

www.pha.org.nz

Regional Perspectives in Practice

11–13 July, University of South Australia, Australia Drug & Alcohol Nurses of Australasia provides a forum for nurses and other health professionals to come together to discuss innovations in the field and evidence that can impact on clinical practice on a day to day basis.

www.danaconference.com

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

Research into Practice, Evidence into Policy Conference

24–26 September, Christchurch Ever wanted to know what difference research makes to the health and development of young people? What is meant by 'evidence-based policy'? Why should services be evaluated? What can research tell us about service improvement?

These questions will be answered at the 6th Australia and New Zealand Conference on Youth Health and Development. www.collaborative.org.nz

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

4–7 November, Auckland The main theme of the combined conference is 'Two Nations, Ten Cultures?' We know which are the two nations, but what is 'culture'? www.twonationstencultures.co.nz



An opium farmer
in Helmand Province.
Photo by **Tom Daniels**.



The poppy problem

In Afghanistan, opium production is at an all time high, while a terrorist and Taliban revival has sent internal stability into an alarming downward spiral. The War on Terror and the War on Drugs have now become inextricably linked as political pressure mounts to reduce the supply of opium and remove the major source of insurgents' funding.

However, many argue that eradication attempts have had exactly the opposite effect, fuelling resentment and forcing more young Afghans into the welcoming arms of the terrorist resistance. Much as in Iraq, allied powers now find themselves damned if they do and damned if they don't.

Rob Zorn investigates the effectiveness of military efforts to eradicate opium poppies on the battlefields in Afghanistan.

IN RESPONSE to terrorist attacks on US soil, Operation Enduring Freedom began in Afghanistan on 7 October 2001. Sustained aerial bombing and massive cruise missile launches from American and British ships were followed with a ground invasion that toppled the Taliban in just two months.

The initial mission of the international troops was to destroy the training camps and infrastructure of Al-Qaeda, who had been using Afghanistan as a safe haven, and to capture or kill its leadership. The priority was to fight the War on Terror and troops were instructed largely to ignore the opium issue in favour of securing the co-operation of local people.

Relying on locals seemed like a good idea. It would be less costly and minimise national resistance to some extent. However, it also brought to power unscrupulous individuals who exploited their new positions to become accomplices in drug trafficking and government corruption. Opium continued to flourish, and much of its proceeds still found its way into the hands of insurgents.

By 2004, the problem of opium funding terrorism both in Afghanistan and abroad had become too large to overlook. The US Central Command (CENTCOM) budget for counter-narcotics grew from just US\$1m in 2002 to \$73m in 2004, and \$420m in 2007. Record opium harvest figures for 2006 saw this amount amended to \$700m by the US Senate to “combat the growth of poppies in Afghanistan and to eliminate the production and trade of opium and heroin, and to prevent terrorists from using the proceeds for terrorist activities in Afghanistan, Iraq and elsewhere”.

Whether the Taliban actively encourages opium production is debated, and evidence linking it directly to drug trafficking is mostly anecdotal. One would think, after all, that trafficking in narcotics runs contrary to Islam, and this is the very reason why some Afghan farmers refuse to grow it.



Photo by Luke Stephens



Photo by Tom Daniels



Photo by Luke Stephens



Photo by Luke Stephens

According to a Western military source in Kabul, it's simply drug criminals who are behind the opium trade, but they do pay heavy tithes from their profits to local Taliban leaders.

Of course, not all armed resistance comes from the Taliban. The drug criminals themselves, along with deposed warlords and others angry at foreign control of their affairs, make up the loosely allied forces against whom the War on Terror is being waged. There is little doubt that opium profits play a large role in funding the terrorism committed by such groups.

Thus the War on Terror and the War on Drugs have become one and the same in Afghanistan. According to Antonio Costa, head of the UN Office of Drugs and Crime, counter-insurgency and counter-narcotics efforts must reinforce each other “to stop the vicious circle of drugs funding terrorists and terrorists protecting drug traffickers” that is “dragging Afghanistan into a bottomless pit of destruction and despair”.

The problem is that opium has become such an important part of life for so many that programmes designed to eradicate it may just exacerbate the very problem they seek to solve.

Historically, Afghanistan has never been a high drug producing country, but 30 years of war and destruction have led to widespread poverty, and today, fewer and fewer households believe they can meet their basic needs without growing opium. For one hectare of opium poppy, farmers can earn nearly ten times more than they could by growing cereal crops.

Opium has become a new form of credit for many Afghan farmers. Drug lords supply huge loans that enable families to survive through the winter, but demand hefty payback in summer in the form of opium. Simply wiping out the opium fields, therefore, just perpetuates the problem. Farmers must grow even more opium in the next season to pay back the debts they owe, and the resultant poverty leads to

increased resentment and insurgence.

In order to address this problem, and in consultation with the present Afghani government, Britain has created the Central Eradication Planning Cell (CEPC) to “ensure that eradication is targeted in a way which takes account of alternative livelihoods”.

Efforts have been made to foster alternative crops such as pomegranates, potatoes and mint, and there have been some successes. According to Afghanistan’s Ministry of Counter Narcotics, 42 percent of villages receiving aid still cultivated poppy, compared to 50 percent of those that did not receive aid.

However, overall strategies to reduce Afghanistan’s dependence on its opium economy have taken more steps backward than forward. None of the country’s legitimate crops can come anywhere near matching the income available from poppy, and many farmers who initially welcomed the opportunity to return to legality quickly became disillusioned.

They accuse many of the provincial authorities who enforce poppy bans of being corrupt, claiming they often just eradicate the poppies of the poorest farmers who can’t afford bribes, and that they keep governmental development aid for themselves.

The Times quoted Kandahar shopkeeper Abdul Shakoor as saying, “When we saw the Taliban go and the foreign soldiers come, we were so full of hope. We were 100 percent sure that, with the world behind it, our government would improve our lives. But now our hopes are crushed.”

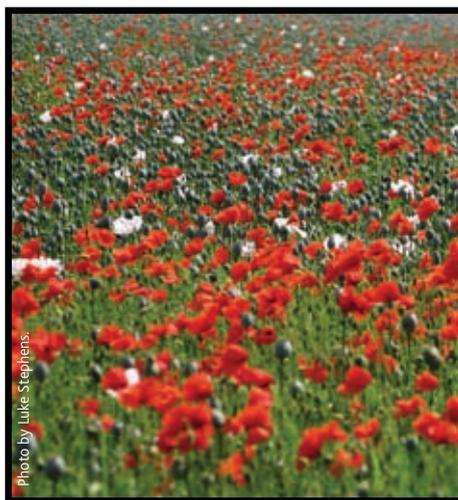
Accusations of corruption extend beyond the local authorities. The UN suspects that many in the Afghan government play a major role in the opium trade, eradicating only enough to keep prices up while still meeting international demand. President Hamid Karzai’s brother is even a suspect. According to Afghanistan’s Minister for Counter-Narcotics, Habibullah Qaderi, the corruption

“goes all the way up through the Ministry of the Interior”.

The powers that be within the NATO-led alliance in Afghanistan have long understood that eradication must be carried out by Afghans themselves. Already massive resentment has been caused by the excessive violence used by foreign troops, and allied military leaders in the field have wisely resisted calls to become more actively involved in wiping out poppy fields. They fear creating even more enemies and further destabilising the enduring peace they are there to secure.

So opium control finds itself caught between a number of rocks and hard places. Foreign powers cannot become too obviously involved. The Afghan government seems too riddled with corruption to make any decent headway, and there is not yet sufficient internal stability for implementing effective alternative crop systems. Eradicating poppy will result in mass starvation and further insurgence. Not eradicating poppy will mean insurgent forces continue to have an important financial lifeline to fund their terrorist activities.

There may, however, be a change of strategy on the horizon. The radical idea of legalising Afghanistan’s opium production is being considered by some NATO leaders and a number of European governments including Germany, France, Italy and even Britain. Some argue that this is the



“We must stop the vicious circle of drugs funding terrorists and terrorists protecting drug traffickers that is dragging Afghanistan into a bottomless pit of destruction and despair.” **Antonio Costa**

silver bullet solution. Officially licensed buyers could purchase Afghan opium for the same price as the drug barons. It could then be sold to pharmaceutical firms who apparently face an international shortage of opiates for legitimate pain control medicines.

The idea has been championed by the Senlis Council, an international think tank whose work includes anti-narcotics policy analysis and proposals, and it has gained support from the British Medical Association.

However, the Afghan Ministry of Counter Narcotics has called the Senlis proposals “senseless for Afghans” and accused it of undermining the opium ban campaign. The US State Department called the research “a waste of billions of dollars” and “complete folly”.

Firstly, Afghanistan is technically a war zone, and much of the country remains in a chaotic and lawless state. Implementing the infrastructure for legitimate production along with the necessary security and high level of

government intervention would present near-insurmountable obstacles.

Secondly, the fact is that demand for non-medicinal opiates will never disappear. Even if Afghanistan’s opium supply was diverted down legitimate channels, a lucrative illicit market would remain. The realities of unregulated supply and demand would potentially result in increased opium production by the same farmers and drug barons in order to accommodate both markets.

Even so, the idea isn’t a completely dead duck. While America continues to oppose legalisation in its entirety, sufficient consideration of the idea is being undertaken by the British government, and some initial exploratory steps in production for legitimate medicinal purposes will probably go ahead.

The Transnational Institute argues that confiscated opium in Afghanistan could be an important first step. Instead of destroying it, why not

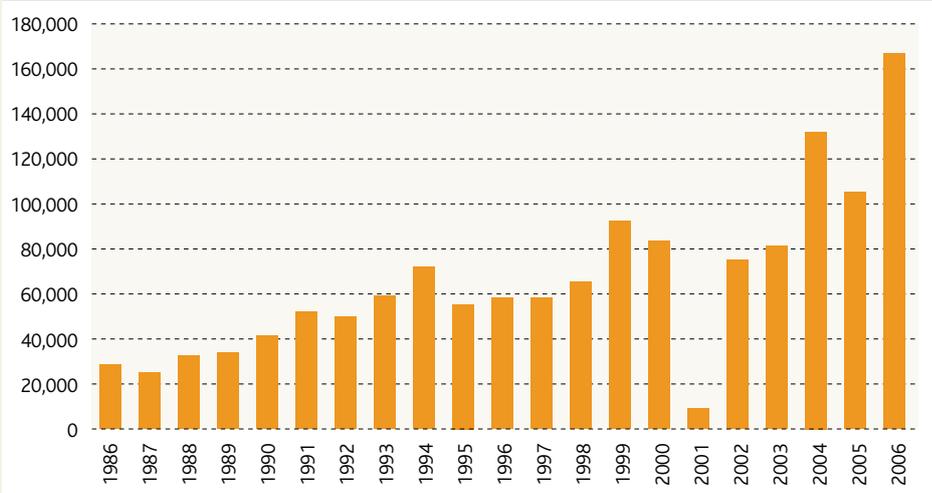
The extent of the poppy problem

IT IS ESTIMATED the Afghan government eradicated 15,000 hectares of poppy by 2006. Nevertheless, production was up 49 percent on 2005, totalling 6,100 tons and representing 92 percent of world production.

Afghan opium reaches the consumption market largely in the form of brown-base heroin – better quality than the Mexican brown-tar heroin, but not as good as the China White heroin produced in Asia and Colombia. Afghanistan supplies its neighbouring countries’ illicit markets as well as those of Central Asia, Russia and the whole of Europe.

Afghanistan itself has around 150,000 opium and 50,000 heroin users and consumes only a small proportion of its total opium production – roughly estimated at 200 tons, or 3–4 percent of its 2006 harvest.

Afghanistan: Opium poppy cultivation from 1986–2006 (hectares)



Graph source: *Losing Ground – Drug Control and War in Afghanistan*, Drugs and Conflict Debate Papers No 15, Briefing Series 2006/5 Transnational Institute, Amsterdam, December 2006, p21.

A drug-free world – can they do it?

process it into valuable medicines that are much needed in the country? After all, whether or not conditions will arise in the future for introducing a legal cultivation system will depend on the success of state building, conflict resolution and reconstruction efforts, and that's going to take time and money – lots of both.

In the meantime, nobody seems to have any better ideas. ■

Rob Zorn is a freelance writer based in Wellington.



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

Capital city	Kabul
Official languages	Pashto, Persian
Government	Islamic Republic
Independence	From Britain 1919
Area	652,090km²
Population	31,500,000 (2006 estimated)
Currency	Afghani (Af)
Time zone	UTC +4:30

THE SINGLE CONVENTION on *Narcotic Drugs of 1961* was the first UN drug control treaty. Designed to standardise international efforts to reduce the impact of drugs, it laid the groundwork for categorising substances according to potential harm, and for measures to suppress their use and distribution. These have included lengthy prison terms and even the death penalty in some countries.

Fuelled by the US-led ideology of zero tolerance, drug control efforts have escalated into a full-scale war that has included military operations against small farmers in developing countries, and the destruction of their fields by aerial fumigation.

Ever since and nevertheless, the illicit drug economy has grown exponentially, and prohibition has left drug criminals in full control of its lucrative markets, with many of the profits funding armed conflicts around the world.

Still, the optimism of the United Nations has remained undaunted. Under the motto "A drug-free world – We can do it!", the United Nations General Assembly Special Session (UNGASS) met in June 1998. More than 150 states committed themselves either to eliminating or significantly reducing illicit manufacture, supply and demand by the year 2008.

Characterising deliberations at the UNGASS was the tense marriage between the concepts of eradication and alternative development. While the UNGASS action plan approved the development of "lawful and sustainable socio-economic options for communities... that have resorted to illicit cultivation as their only means of obtaining a livelihood", it also called for continued eradication and law enforcement as a disincentive to farmers tempted to continue growing opium poppies, coca leaves or cannabis in pursuit of higher profits.

An example of how well this enshrined carrot and stick approach hasn't worked can be seen in the Andean region, where aerial fumigation carried out under pressure from the United States has completely destroyed UN and European-funded alternative development projects in Columbia. In nearby Bolivia, US-funded military eradication operations completely decimated similar initiatives.

In April 2003, the UN Commission on Narcotic Drugs met in Vienna for a mid term review of the progress made towards the

goals set at UNGASS 1998. With the motto "Encouraging progress towards still distant goals", United Nations Office on Drugs and Crime Director Antonio Costa reaffirmed current policy by renewing member states' commitment to the declarations adopted in 1998.

Though a US proposal to add the words 'forced eradication' anywhere alternative development was mentioned as part of the 'approved language' was defeated, no significant shift away from the status quo of 1998 was achieved. A few isolated advances or successes here and there were enough to justify sticking to the current course.

There has, however, been increasing disquiet over the UN's approach to drug control. Critics point out that cultivation will never stop as long as there is a market, and reducing demand for drugs through harm prevention initiatives is the most effective form of disincentive. If profit margins fall, transition to legal cultivation will be significantly more attractive.

In March 2007, the UN Commission on Narcotic Drugs met in Vienna to decide on issues in global drug control. Deliberations revealed that cracks are starting to show in the united hard line the UN has taken to date. The European Union expressed concern at the lack of effectiveness of eradication programmes that "tend to generate social and political violence, and [are] unlikely to succeed in the long term", and insisted that eradication should only be targeted where there is access to legal rural livelihoods.

The Italian Minister responsible for drug co-ordination objected strongly to US proposals to chemically spray Afghan poppy fields, and said his country would support a number of harm reduction approaches including depenalisation of use, and even the purchase of licit opium.

Similar dissent is starting to show in the approaches of other UN states, but as long as the US funds the United Nations Office on Drugs and Crime, things will not be easy for those pursuing change.

It will be interesting to read the motto in 2008 when the UN meets to assess the success of the 10-year Drug Free World programme. Perhaps *Matters of Substance* could suggest: "Ten years on, and time for a rethink". ■

Get the Msg! Information for generation text

‘Hippy crack’, ‘yabba’, ‘jets’ and ‘goop’. You’d be challenged to find these wild words in the *Oxford Dictionary*, but you can easily find them and their meanings in *Get the Msg!* Catherine Clark explains the Drug Foundation’s text message-based drug information service.

LAUNCHED last August as a short-term pilot supported by Vodafone, Get the Msg! is now a permanent part of our information service and is available free to all mobile phone users.

Get the Msg! provides free, factual and honest health and safety information about common legal and illegal drugs. Users text the name of a substance to DRUG (3784) and receive a short health and safety message back, with links to the Drug Foundation website and a direct referral to the Alcohol Drug Helpline.

The service is aimed at young people. It’s particularly attractive because users can send and receive messages discreetly and confidentially in different social settings at any time of the day.

During the pilot, we sent over 38,000 text messages, sourced from the database of 36 common substances, with over 900 slang, street and commonly misspelled terms. The most frequent requests (in order) relate to amphetamines/methamphetamine, cannabis, cocaine, ecstasy, LSD and heroin. Alcohol, tobacco and party pills are lower on the list, receiving fewer requests than magic mushrooms.

It may have taken us a while to wake up to this new technology, but mobile phones and their short-message-service functions have been in use by the health sector for some time. Providers are using text messaging to remind people about appointments, provide

support to those quitting smoking, send health promotion messages, and even (for shy people) to inform partners of sexual infections!



The effectiveness of text message services in healthcare settings has been recently reviewed by Dr Rifat Atun, Director of the Centre for Health Management at Tanaka Business School, Imperial College, London.

The report – *The role of mobile phones in increasing accessibility and efficiency in healthcare* – notes the large penetration mobile phones have made into many populations, and their

acceptance and high usage especially among young people. The report emphasises that text technology offers enormous opportunities to enhance communication with traditionally excluded groups in ways that could improve their access to health care.

That message has been adopted by a number of health providers in New Zealand. The Ministry of Health is developing the Stop Smoking by Mobile Phone (STOMP) service to support youth quitting smoking. STOMP sends text messages containing quitting tips, quizzes and polls throughout the day to users, and has shown great success at a pilot level. The AIDS Foundation operates Safe Sex TXT, which provides information about safe sex, HIV, sexually transmitted infections and other health issues for gay, bisexual and bicurious men. Users text questions and receive answers from the Foundation’s Gay Men’s Health Service.

Get the Msg! and other text services demonstrate new ways of getting through to populations traditionally hard to reach. ATEOTD, it’s up to health providers to trial a bit of innovation – it has certainly worked for us! ■

Catherine Clark is the Drug Foundation’s Policy Analyst, and is responsible for maintaining Get the Msg! and our other information services.

Third time high

The Australian Football League is currently struggling to find a way of dealing with the problem of players and drugs that satisfies all concerned. Its current three strikes policy is unique in the world, but does that make it the best?

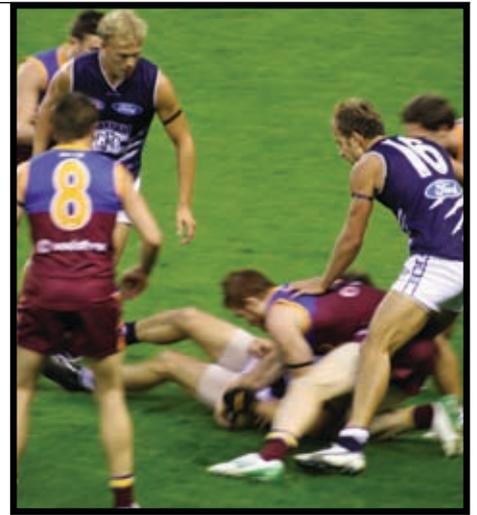


Photo by Rachel Witke.

AS WITH MOST sports, Australian Football League (AFL) players are mainly young people with too much money and time on their hands. Unsurprisingly, some of them indulge in illicit drugs.

To keep this behaviour from bringing Aussie Rules into disrepute, the AFL introduced its three strikes policy in 2005. The first time a player tests positive for an illicit substance, he must receive education and treatment, but only the AFL Medical Officer is informed. A second positive results in more intense treatment, and the player's club doctor is confidentially informed. Coaches and club officials don't get to hear until positive test number three, at which point the player is charged with conduct unbecoming and must face the AFL Tribunal.

Especially unique is that players can be subjected to drug tests at any time, even during the off season or while they are on holiday. This makes the policy more stringent than that of the World Anti-Doping Authority (WADA), which only tests on the day of the game.

WADA allows no strikes at all however, but dishes out an automatic two-year suspension. This is exactly what happened to Australian Rugby Union player Wendell Sailor in 2006 after testing positive for cocaine.

Many AFL clubs criticise the lenience of the three strikes system. Sydney Swans doctor Nathan Gibbs

says a club has the right to know whether new recruits have tested positive in the past. "If a player is on two strikes and gets another in the off season after you buy him, he has to sit it out. It stuffs you up for the next season."

Other coaches and officials have pointed out that not knowing their players have drug issues until they've been caught three times prevents them from helping their own, or knowing whether or not they have a drugs problem at their club.

Some players say insufficient testing leaves ample room to escape the net. Sydney Swans star Michael O'Loughlin pointed out that, in 13 years as a player, he has not once been tested out of competition.

On 19 March this year, West Coast Eagles star player and former captain Ben Cousins was suspended indefinitely after testing positive for methamphetamine, presumably for the third time. Four days later, the ABC broadcasted police surveillance footage of another Eagles player, Daniel Kerr, allegedly ordering ketamine from a known drug dealer.

Critics say this is ample evidence that the policy does not catch offenders. Even Prime Minister John Howard has chimed in, asking for the AFL to become tougher on drugs.

AFL Chief Executive Andrew Demetriou remains staunch, however,

and denies the policy is unsuccessful. "We have seen the number of positives come down. You still have people drink-driving but you haven't got a booze bus on every corner."

Supporters further point out that confidentiality allows players the best opportunity to get back on track. Carlton Blues coach Denis Pagan says, "Naming players for a first offence could end up ruining their lives, compared to the benefits of allowing them to be privately counselled."

On 28 March, the AFL released figures showing the number of players testing positive to illicit drugs in the off season was down from 19 in the previous year to just nine, and that there were no two-time offenders.

Though not perfect, this result has been enough to see the three strikes policy survive for now. On 12 April, the AFL met with its 16 club chief executives and agreed to increase the number of tests (currently 500 per year), although by how many was not made clear. More work will also be put into education programmes for players.

Critics remain vocal, and the issue is far from being settled. No doubt a minority of players will continue to run the drugs gauntlet and take their chances with the random testing. Whether the three strikes policy survives may depend on how many are caught. ■



Making a dramatic impact?

New Zealand prides itself on punching above its weight on the world stage. **Ashley Bloomfield** argues we play an important role in the international response to tobacco, alcohol and illicit drugs.

“ALL the world’s a stage and all the men and women merely players” – William Shakespeare’s *As You Like It* (II, vii, 139–143)

New Zealand is an active participant in United Nations (UN) efforts to address the public health harms associated with tobacco, alcohol and illicit drug use. The ‘sets’ and ‘casts’ for these efforts differ, although, at times, the script feels remarkably similar. The World Health Organization (WHO) is the key UN organisation in the case of the (usually) legal drugs, tobacco and alcohol, while the UN Office on Drugs and Crime (UNODC) leads international efforts on illicit drugs.

Tobacco

The Framework Convention on Tobacco Control (FCTC) is the first international treaty developed by WHO. The FCTC was developed in response to the globalisation of the tobacco epidemic and clearly articulates the intention of parties to “...give priority to their right to protect public health”.

Consistent with the priority afforded our domestic tobacco control efforts, New Zealand played a leading role in the negotiation of the FCTC. This process took several years and required sustained input from both the Ministry of Health and Ministry of Foreign Affairs and Trade.

With the Treaty now ratified by around 145 countries – New Zealand was the seventh country to do so – the ‘real’ work of implementing its provisions is underway. For New Zealand, this is relatively straightforward as our only area of non-compliance relates to the size of warnings on tobacco packages. The introduction of pictorial warnings from February 2008 will address this.

I was involved in the FCTC’s first Conference of the Parties (COP) in Geneva in February 2006. Over two weeks, the parties negotiated and agreed on a work plan to start giving effect to the intent of the Treaty. Associate Minister Damien O’Connor attended the first three days, and the presence of a Minister added greatly to New Zealand’s profile.

Once the business started, it was a busy time for the remaining New Zealand delegation of two – a Geneva-based MFAT official and myself. New Zealand was instrumental in ensuring progress on several key issues, ranging from the agreement on how to progress guidelines on smokefree environments, to agreeing a clear process for establishing the FCTC secretariat. As on many issues, we worked closely with our colleagues from Australia and Pacific Island countries.

Only countries that had ratified the FCTC were able to actively participate in the decision-making. This meant a notable difference between this meeting and other UN meetings – a solitary and silent US delegate! Typically, the US has a large and vocal delegation. It has been interesting to watch the increasing influence of China at the WHO, and this was particularly notable at the COP – from the pre-lobbying to secure the Chair of the Western Pacific Region (WPRO) group, which includes New Zealand, to the slick and memorable address by the Chinese Ambassador.

Alcohol

Alcohol is a different ‘play’ from tobacco. The plot is similar but less predictable. It is more difficult to characterise the players, as even the villains have some redeeming features. Likewise, the cast is somewhat larger, and the leading players have powerful and experienced agents.

A cross-government position on alcohol is essential. New Zealand’s wine exports are increasingly important, and any measures that might impinge on our trade interests or obligations require careful consultation with trade officials.

New Zealand’s previous Minister of Health, Hon Annette King, played an important role in getting alcohol onto the agenda of the World Health Assembly (WHA). She repeatedly raised the issue at regional WPRO meetings, receiving good support from the Health Ministers of Pacific Islands countries. The public health problems caused by harmful use of alcohol finally made it to the agenda of the 2005 WHA, where it rapidly became the central issue.

Multilateral action is agreed at UN meetings through the negotiation of resolutions. Agreement on an alcohol resolution in 2005 took the best part of a week, with regular meetings of a drafting group of interested countries. Of arguably more importance were the endless corridor conversations and lunchtime huddles to test and refine wording for the resolution, and gauge or seek support for different positions. New Zealand was active in these discussions, working closely with other like-minded countries – typically Canada, Norway, the UK (or EU) and Switzerland.

At one stage, the delegate from Iceland, the sponsor of the resolution, requested additional time from the Chair of the responsible committee. His description of alcohol as a ‘tricky liquid’ was more than accurate, as the week’s deliberations proved.

Following eventual agreement on the resolution at WHA 2005, work began on regional responses. The WPRO region was the first to develop

a draft strategy, supported in part by funding from New Zealand. The WPRO grouping has some interesting features. One member – China – has over 80 percent of the region’s population, while some Pacific Island countries have only a few thousand inhabitants, yet each country has just one vote. The US has a voice via Guam, and the UK via Pitcairn (all of 42 people).

The draft regional alcohol strategy was discussed at last year’s Regional Committee Meeting held in Auckland and chaired by our Minister of Health, Hon Pete Hodgson.

Again, it took the usual raft of meetings, corridor conversations and huddles in Auckland – as well as phone calls to MFAT to clarify New Zealand’s position – to agree the wording of the resolution accompanying the draft regional alcohol strategy. It was satisfying that the strategy was endorsed at the Auckland meeting, given the role New Zealand had played in instigating and supporting work on the topic.

Illicit drugs

The annual Commission on Narcotic Drugs (CND) in Vienna is a completely different genre from the WHO meetings. The work falls under the umbrella of the UN Office on Drugs and Crime, so approaches are weighted heavily towards enforcement, and evidence is less of a driver of decisions.

Using the theatrical analogy, the CND ‘play’ sometimes appears to have the wrong script, but we press on regardless. The annual resolution on opium poppy production in Afghanistan is a case in point. While increasingly stringent enforcement measures alone appear to be having little effect to date, alternative approaches receive little consideration or are rejected outright.

The New Zealand delegation usually includes both Police and Health officials. This presents no obvious difficulties, as we have an agreed National Drug Policy and interact regularly through our joint ownership (with Customs) of the

National Drug Intelligence Bureau and participation on the Interagency Committee on Drugs.

While New Zealand is an observer rather than one of the 50 full CND members, we have the right to participate in discussions on resolutions. Again, we work closely with ‘like-minded’ such as the EU, Norway, Australia, Switzerland and Canada. It is interesting to observe tensions that arise from the very different approaches to illicit drugs supported by these countries and groupings – for example, their explicit support for needle exchange schemes and other harm minimisation interventions – compared with those favoured by other developed countries such as the USA, Japan and Russia, which oppose such measures.

The quote from Shakespeare’s *As You Like It* accurately describes the key features of the international response to tobacco, alcohol and illicit drugs. All three are global commodities that require global action (or acting), and multilateral efforts to agree on those actions are something akin to theatre.

In my experience, New Zealand often has one of the leading or supporting roles rather than a non-speaking or walk-on part. I believe that there are three key reasons for this. First, our policy approaches are often progressive and world-leading – this was particularly evident for tobacco. Second, strong domestic political leadership provides our delegations with a clear mandate. Third, New Zealand is frequently viewed as an honest broker, able to work with different sides to find a solution when compromise is needed.

As in many areas of UN activity, New Zealand has made a strong contribution and, while those efforts have paid off, there is still much to be done to address the public health harms associated with drug use and misuse globally. There is no doubt that effective global action is in New Zealand’s interests. ■

Dr Ashley Bloomfield is the Chief Advisor Public Health at the Ministry of Health and chairs the Interagency Committee on Drugs.

America's methidemic – the new reefer madness?

The Montana Meth Project is the latest in a long line of television campaigns urging American youth to say no to drugs. Its detractors warn, however, that it may in fact be helping some young people say yes.

A NEW sensation is gripping tough-on-drug advocates in the United States. The Montana Meth Project, launched in 2005, was recently recognised by the US Drug Czar, John Walters, as the nation's "most powerful and creative anti-drug program".

The project hasn't escaped international attention, with some in New Zealand calling for the hard hitting advertisements to air on our screens. Despite the widespread acclaim, however, there remain concerns about the effectiveness of the project and the many high profile campaigns like it.

The project is the brainchild of billionaire software mogul Tom Siebel, who has reportedly spent over US\$12 million on saturation level advertising to make it the biggest advertiser in the state of Montana. With its messages popping up on billboards, television, radio and newspapers, it reaches 70 to 90 percent of teenagers three times a week.

The project's ads – directed by *Requiem for a Dream's* Darren Aronofsky – are often gruesome in depicting the dangers of methamphetamine, showing users with rotten teeth and open sores. In one ad, a young woman literally plucks out all her eyebrows while on 'meth'. In another, a young woman says that trying methamphetamine even once will lead to addiction and prostitution.

Siebel makes no apology for the scare tactics employed by the project. "The ads are disturbing. They're gripping. They're attention getting. This is a disturbing subject... This is difficult to sugar-coat, OK? This is about disease and degradation."

However, the project has been criticised for making the same mistakes

as earlier scare ad campaigns. Bill Piper, Director of National Affairs for the Drug Policy Alliance, says scare tactic ads like the ones from the Montana Meth Project, whose slogan is "Not even once", have a proven history of failure. "Exaggerated messages that contradict young people's own perceptions and experiences are ignored by teens as lacking credibility. Once teens think they are being lied to, they stop listening to all prevention messages."

Piper also criticises the campaign for giving the impression that Montana's teens are in the grip of an ever-worsening methamphetamine problem. In reality, methamphetamine use has been dropping steadily among Big Sky Country youth since 1999. In that year, 13.5 percent of Montana high schoolers, the specific target of the project, reported using the drug. That figure had already dropped to 2.8 percent by 2005, when the project launched its ads.

For context, usage rates of other drugs are much higher. In 2005, 35 percent of Montana high schoolers reported binge drinking within the last month, 42 percent admitted to smoking cannabis at some point or other, 15 percent said they'd used inhalants, nine percent reported cocaine use.

The project's own evaluation also showed that, since the start of the campaign, fewer teens believe there is 'great' or 'moderate' risk in trying methamphetamine, and the number of teens who believe there is 'no risk' in trying it has increased. The study also found an increase in the number of teens who 'strongly approve' of regular methamphetamine use and a possible



increase in the number who'd actually tried the drug.

These findings are not surprising to those who have followed the progression of US anti-drug campaigns. Maia Szalavitz, Senior Fellow at George Mason University's media monitoring project Statistical Assessment Service (STATS), notes, "A body of literature on drug prevention suggests that, while showing extreme consequences of drug use may win advertising awards and get people talking, such campaigns do not deter – and may even encourage – teen drug use."

Studies of the federally-sponsored National Youth Anti-Drug Media Campaigns – including 'Just Say No', 'This is Your Brain on Drugs', 'Parents: the anti-drug' and 'Above the Influence' – have found that the government's ads are not reducing teen drug use. A 2006 US Government Accountability Office report urged Congress to stop the campaigns, saying that the US\$1.4 billion spent on them since 1998 has not helped reduce drug use and instead might have convinced teens that taking illegal drugs is normal.

A University of Pennsylvania evaluation said parents and teens remembered the ads and their messages, but that exposure to them does not change teens' attitudes about drugs.



It said the reduction in drug use in recent years could be attributed more directly to a range of other factors, such as a decline in high school dropouts.

The Montana Meth Project was introduced during a period of methamphetamine media mania – dubbed the ‘methidemic’ by some. *Newsweek* called it “America’s most dangerous drug” and ran images of ‘meth mouth’. *Fox News* warned that so-called ‘meth babies’, which *Newsweek* said are “choking the foster care system in many states”, “could make the crack baby look like a walk in the nursery”.

Matters of Substance readers will be familiar with such media coverage. The *New Zealand Herald*, for example, runs all methamphetamine-related stories under the banner “The P Epidemic”.

STATS gave such media coverage its 2005 Dubious Data Award, saying “meth was the King Kong of the drug war in 2005... but academic research tells a different story”. It cited the National Youth Risk Behaviour Survey showing methamphetamine use among high school students actually declining 28 percent in the last five years. It noted that the current number of users (583,000) is only slightly greater than the number of crack users (450,000), although the ‘crack epidemic’ is portrayed as a thing of the past. It also challenged the much touted

claim that relapse rates are worse among methamphetamine addicts than other drug abusers, saying, “only six percent of those who have tried methamphetamine also reported using it in that last month” and “studies find that methamphetamine addicts recover at the same rate as other drug addicts”.

STATS editor Trevor Butterworth, provides salient advice to media and politicians: “It is clear there is considerable local concern over meth abuse, and it would be both foolish and a derogation of duty for politicians and the media to ignore or dismiss such concerns. But, to put it gently, public concern over meth is not just a response to easily-gleaned facts on the ground; it is also stirred by how Congress and the media perceive and articulate the nature of the meth problem... No one benefits from the current climate of meth hysteria... The ongoing problem of addiction in the US would benefit more from the calm, compassionate application of science than the rote policies created from impassioned politics.” ■

For critiques of US drug media coverage, visit: www.slate.com and www.stats.org. For evaluations on the youth anti-drug campaigns, visit: www.nida.nih.gov and www.gao.gov.

Quotes of Substance

“It’s political correctness gone mad!”

Prison Union boss Bevan Hanlon provides some insightful analysis of the Drug Foundation’s proposal to introduce needle exchanges into New Zealand prisons to help control the spread of hepatitis C.

“What is tragic is every Friday and Saturday night, it is a menu for murder and mayhem dished up on a bed of alcohol.”

Spokesperson for the Edwardson family after a 13-day trial over the death of 16-year-old Melissa after a drunken night turned into a tragic fight.

“Basic retailing principles hold that the product must be visible or it won’t sell.”

ASH Communications Director Sneha Paul argues the need for cigarette displays to be removed from points of sale.

“The implements to administer the drug are a lesser problem.”

Northern Territory Health and Police Minister Chris Burns on the decision not to follow other Australian states in banning pipes used to smoke crystal methamphetamine.

“I think New Zealand needs to lift its game another rung. We shouldn’t be out of step with the rest of the world.”

National road policing manager Superintendent Dave Cliff proposes lower blood alcohol content limits for drivers, with a zero limit for young drivers, saying it could save at least 14 lives a year.

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Photo by Rob Buchanan.

Getting the measure of drug harm

When drug policies say they aim to reduce drug-related harms, what exactly do they mean? How do we identify and measure harms, and how do we best use that data in developing and implementing drug policies?

Keriata Stuart looks at how the new National Drug Policy has tackled these issues within an international context.

DEVELOPING meaningful measures of harm is one of the challenges for New Zealand's new National Drug Policy (NDP). While the first strategy focused mainly on health harms, the second NDP emphasises "the broader social and economic harms caused by drug use". The drug-related harms mentioned include domestic violence, family breakdowns and increased criminal activity. Economic costs such as work absenteeism and reduced productivity also feature.

This wider scope is also reflected in another key aim of the NDP – to make decisions more "evidence-informed". To meet that aim, a number of new projects are planned. One mentioned

at the NDP's recent launch is an online evidence database bringing together data from different agencies. The database would give people working in the alcohol and other drugs sector easy access to information, and allow policy-makers to analyse information from different sources, and identify gaps in data or research.

In its 2006 submission on the draft NDP, the Drug Foundation noted the need for better and more up-to-date information on patterns and rates of drug use in New Zealand, evidence to support national strategies and information for communities on the best ways they could reduce local problems. We pointed out that, compared to other

countries, New Zealand has relatively little data on the costs of drug use and the relative impacts of different drugs on different communities or populations.

The Drug Foundation also noted that many researchers and research groups in New Zealand are producing internationally respected work, not only on drug use and drug-related harms, but also on how family, social, environmental and economic factors influence harms.

What can you measure?

Until recently, drug statistics focused very much on use, for example, how many people use cannabis and how often. Success was measured solely by whether fewer or more people were

using particular drugs. While these measures had some value, they were often of little practical use to policy-makers and service providers.

Internationally, there has been a significant shift in thinking about measurement. As countries start to evaluate how effective their drug policies are, questions are being asked about the cost-effectiveness of existing frameworks. The Beckley Foundation Drug Policy Programme in the UK aims to support such new thinking. In a recent Beckley report, *Monitoring Drug Policy Outcomes*, the writers point out that, while high levels of drug use and availability tend to be associated with higher levels of harm, drug harms are not all equal. They further note that reducing harms and reducing drug use are not necessarily the same thing.

Policy-makers are also asking questions about the dimensions of harm. For instance, how can health harms be defined, especially where effects are long-term? Which social harms are of most concern to society, and how can they be measured? How should harms to families and whānau be included?

What do you count in?

Canada's Centre on Substance Abuse (CCSA) recently published research showing that the direct social and economic costs associated with illicit drugs was CA\$3.6 billion. That sounds massive – until you read further in the same report and find out that the costs associated with alcohol were CA\$7.4 billion. Obviously, drug policies are very much influenced by what is actually counted as a drug.

To take a local example, a recent *New Zealand Medical Journal* reported on research into the harms of party pills such as benzylpiperazine (BZP). The researchers measured numbers of people presenting to Auckland City Hospital's emergency department with overdoses. In 2004, 21 people presented with party pill-related overdoses, but 85 people were treated after overdosing on gamma-hydroxybutyrate (GHB), a drug used by significantly fewer

New Zealanders. Ahead of all other drugs combined, 61 percent of all presentations (809 people) were for alcohol overdoses.

New ways to measure the harms from drug use

How do other countries measure drug harms, and how do they use that information to develop policies?

The UK has a strong focus on targets measured with complex methods such as their drug harm index (DHI). The DHI is a single number, produced by compiling national data on drug-related crime, community perceptions of drug problems, and drug-related health problems. The DHI helps indicate how effective policies are by comparing change over time.

However, such methods have been criticised as simplistic and unable to capture the complexity of drug-related harms. Research by Professor David Nutt and his team into the relative harms of different drugs is reported elsewhere in this issue. This research has been used in reports by the UK House of Commons and the RSA Commission on Illegal Drugs, Communities and Public Policy.

A much more sophisticated approach is taken by Australia's Drug Policy Modelling Program (DPMP). The DPMP is a comprehensive programme to identify and measure drug-related harms, using methods ranging from economic analysis to simulations and social research. The programme focuses on integrating research, policy and practice. A New Zealand research team has contributed to the DPMP with expertise on 'systems thinking models' which can help identify the intended and unintended effects of policies before they are implemented. Online publications and seminars help the DPMP to get information out to where it can be used.

New Zealand has the opportunity to learn from what has worked (and what has not worked) to develop a way of identifying drug harms and measuring the effects of interventions. ■

YOU CAN find more about the Australian Drug Policy Modelling Program and access its publications at www.dpmp.unsw.edu.au.

The Canadian Centre on Substance Abuse (CCSA) is at www.ccsa.ca.

Information on the Beckley Foundation Drug Policy Programme can be found at www.internationaldrugpolicy.net.

The 2007 research by Theron, Jansen and Miles on the Auckland City Hospital Emergency Department Overdose Database can be found in the *New Zealand Medical Journal* Volume 120 (1249). ■



The National Drug Policy – what's new?

“New Zealand has a drug problem. New Zealand has an alcohol problem. And New Zealand has a problem admitting the seriousness of the problem.”

THESE were the words of Jim Anderton, Associate Minister of Health, while launching the new National Drug Policy in March. The second National Drug Policy (commonly known as the NDP) will guide government policy from 2007–2012.

New Zealand has been a world leader in having a comprehensive National Drug Policy that covers alcohol, tobacco and illicit drugs. The new NDP is based on the principles of harm minimisation, evidence-informed policy, taking a whole-of-government approach, working in partnership, and reducing inequalities.

The NDP does not set out actions to reduce drug-related harms, but is intended as a platform to develop a series of action plans, such as an updated Alcohol Strategy, and plans to improve addiction services.

The National Drug Policy is available online at www.ndp.govt.nz. ■

Keriata Stuart is the Drug Foundation's Senior Policy Analyst. Keriata supported other organisations making submissions to the 2006 draft National Drug Policy.

Celebrity stints

It's hard to pick up a paper or magazine these days without reading about one more public figure who's bitten the big addiction biscuit and checked into rehab to try and get their spiralling life back under control. What are we to make of this?



SHOULD we see these people as objects of pity or do they deserve our derision? Are they seriously seeking help or is there something less (or maybe more) pathetic going on?

Britney's just checked into one, then out again for a quick shave before checking into and out of another. She heads our growing list of recent rehab attendees, which includes Lindsay Lohan, Keith Urban, Robbie Williams, Tara Conner, Isaiah Washington, Weagle Ben Cousins, Mel Gibson, Courtney Love, Jack Osbourne, Boy George, Rush Limbaugh, Leif Garrett, Tom Sizemore and Kate Moss.

Rather than something to be ashamed of, rehab almost looks to have become the new celebrity necessity. Lindsay Lohan, Fergie and Justin Timberlake are just some of many who have spoken openly to the media about their struggles with drug addiction.

It's big business too. The celebrity hotbed Malibu is reportedly 27 miles long and boasts 25 rehab centres. You can just picture celebrities driving down the main street at sundown searching for the one that looks just right and still carries a Vacancy sign.

It would be overly harsh to suggest that, every time a celebrity checks in for addiction treatment, it's just a publicity stunt or cynical attempt to make themselves more newsworthy. No doubt many seriously make the effort to overcome their self-

destructive behaviour, and quite a few seem to succeed. More power to them.

We're not mind-readers, so it wouldn't be right to judge individuals or name names, but some questions and concerns are justified. After all, there's a real danger that, by drawing attention to themselves as addicts, celebrities may in fact be glamorising drug use.

Here are some reasons to be sceptical:

Firstly, rehab is a very public way for the famous to accomplish some damage control, especially when they've been caught doing something embarrassing or despicable. The focus quickly changes from outrage at unacceptable behaviour to sympathy for the weeping star. Their own very obvious shock and shame at what they've done assures us they are nice people after all, and it's still okay to watch their films or buy their music.

Secondly, and in a similar vein, seeing weaknesses helps the lowly identify with the lofty. Since ancient times, our literature has featured flawed champions made greater through struggling with their own demons. Celebrities may therefore earn a few brownie points simply by allowing themselves to be filmed en route to AA meetings or by publicly expressing their determination to get well.

But on the other hand, the public loves a train wreck. If you think there isn't a huge appetite for watching the famous wallowing in misery, consider the fact that Babyshambles front man (and personal shambles himself) Pete

Doherty has reportedly been asked to star in a new reality TV show called *Rock Stars in Rehab*. Produced by *Big Brother* creators Endemol, the show will lock up and film celebrity drug addicts for 24 hours a day while they try to get clean. Presumably all the contestants won't vote each week as to which of them gets given a fatal overdose.

The thought of cashing in by glamorising one's own drug addiction is disturbing to say the least. One foundation of the 12 step approach has always been anonymity, because the addict's own ego is often a very real part of the problem. It will be very difficult to believe that anyone who appears on such a show is really serious about rehab as a way of overcoming their addiction problems.

Lastly, it's a better alternative to jail, and several celebrities have chosen a stint in luxury rehab as a way of avoiding a stretch behind bars. Besides a number of those already mentioned, we could here add to our list Nick Nolte, Winona Ryder, Nicole Richie, Charlie Sheen, Kelsey Grammer and David Crosby.

Let's hope those celebrities who are genuine achieve a speedy and lasting recovery. But we remain a tad sceptical of the many who issue their tearful *mea culpas* in front of flashing cameras, especially when they come out of rehab and engage in the same stupid behaviour all over again. ■

Culture and addictions – policy, prevention and politicians Mark your diaries now for the most significant addictions conference this year. From 4 to 7 November, Auckland will host 'Two Nations, Ten Cultures?', the combined conference between the Australasian Professional Society on Alcohol and Other Drugs and New Zealand's Cutting Edge.

THE DRUG Foundation has recently agreed to sponsor this special combined conference.

Our interest lies in injecting a strong drug policy and prevention component into what is usually a very treatment focused conference. It's our belief we will achieve more just and compassionate drug policies if we can encourage policy-makers, researchers and treatment professionals to collaborate on effective solutions.

Drug policy and prevention initiatives will be examined in a stream running throughout the conference, as well as through a keynote presentation from Mike Daube, Professor of Health Policy at Curtin University. Professor Daube was Western Australia's first Director General of Health and has been described in the British Medical Journal as "probably Britain's leading health campaigner".

And with all eyes on the 2008 general election, the conference will host a panel debate between the 'heavy hitters' from political parties on drug policy challenges and solutions.

Abstracts are invited on the conference themes; the Drug Foundation especially encourages abstracts from drug policy researchers and public health and community action practitioners. Abstracts can be submitted online until 15 June – visit www.twonationstencultures.co.nz. ■

THE theme of the combined conference is 'Two Nations, Ten Cultures?' We know which are the two nations, but what is 'culture'?

This definition is a useful starting point: 'the system of shared beliefs, values, customs, behaviours, and artefacts that the members of a human group use to cope with their world and with one another'.

Understanding culture is fundamental to understanding human behaviour, including aberrant behaviour such as that caused by addiction, and to understanding behavioural change required for recovery from addiction. This definition opens up numerous topics on culture for discussion at the conference relating to addiction and its treatment: indigenous cultures; immigrant cultures; the nature of modern culture and societal subcultures; treatment services; self-help groups; professions; religious groups; and gender/sexual orientation cultures, as well as consideration of more controversial areas such as the genetic basis of culture.

'Two Nations, Ten Cultures?' also provides the hui with a call to discuss culture from the perspective of social subcultures. Many addicted people are members of minority subcultures within society. For instance, prison, gang, and intravenous drug using subcultures dictate member behaviour (which is often overtly antisocial).

Binge-drinking youth, party and sporting event cultures are generally considered more acceptable subcultures for people to belong to within wider society, even when they are associated with antisocial behaviour resulting from drunkenness.

Old age, with its problems of loneliness and disconnection from families – often associated with alcohol and other drug taking – is a subculture of increasing interest to addiction treatment workers within an ageing population.

“ Society’s idea of drug addiction is that any heroin addict is a mad junkie who’ll kill you for the next fix. That’s crap. The other one is that you’ll be an addict from your first taste. That’s crap too... ”

I’ve treated CEOs of some of New Zealand’s biggest companies and I’ve treated third-generation gang members, and to be honest, there’s not a lot of difference in an addiction sense. ”

Tim Harding, Chief Executive of treatment agency CARE NZ, and man about town, in a tell-all interview with *North and South* about his life and times as a junkie-turned-counsellor.

“ The last thing Parliament had in mind when passing the legislation in 2004 was banning the celebration of Mass in prisons, and it is stretching logic and common sense beyond any reasonable bounds to imply otherwise. ”

United Future Leader Peter Dunne is to complain to the Human Rights Commission over a ban on communion wine in prisons. Alcohol is banned from prisons under the Corrections Act 2004. Outraged Catholics call this ban a “denial of religious freedom”.

“ The ban is clearly an unintended consequence of the Act... I hope we can continue to accommodate the invaluable services of the church through the prison system. ”

Corrections Minister Damien O’Connor invites the prison service to reassess its interpretation of the rule that bans communion wine in prisons.

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AT THE HEART OF THE MATTER, NZ DRUG FOUNDATION.

Te Tūāpapa Tarukino o Aotearoa



New chief on the block

Early in 2007, ALAC Chief Executive Officer Mike MacAvoy stepped down after 12 years. Incoming CEO **Gerard Vaughan** has extensive knowledge and experience within the health sector and is looking forward to applying his skills in the alcohol-related arena. In our guest editorial, Gerard shares his first impressions of the new role.

THIS IS an exciting time for me as the new kid on the block facing the challenge of learning about alcohol issues and ALAC's history and involvement in that area. There is also getting to know all the diverse players around New Zealand and understanding what they're doing and where they're heading.

Starting at around the same time as the new chair Peter Glensor and two new council members – Alick Shaw and Robyn Northey – has also been good timing. This influx of new people has been a real opportunity to look at things anew with fresh eyes.

Since beginning in the job, I have been struck by the size of the task ahead, given the high level of tolerance and acceptance many New Zealanders have for excessive drinking. You could even say that the way we drink has become part of the Kiwi identity. If that is the case (and I think it is), then some pretty fundamental changes need to occur; otherwise, we will only be dealing with the problems and never the causes. Those changes will take time, and action will need to happen on many fronts, by many people.

But even though there is still a long way to go, we are not starting from scratch. Having got around and met a lot of people, I do appreciate we are standing on the shoulders of many pioneers who have worked hard over the 30 years since ALAC began. During conversations with people from the treatment sector, I have been struck by how far things have come in meeting the needs of people with alcohol problems. I am looking forward to being part of ALAC's continued involvement with the treatment sector, particularly through the conferences we host and sponsor, and the support we provide in partnership with the Mental Health Commission. We are also actively involved in projects aimed at improving treatment outcomes for Māori and Pacific peoples.

We are also involved in early intervention through our work with the Alcohol Drug Helpline, our workplace alcohol and drug policy work, and the development of resources for those working at the coal face of drug and alcohol problems. Intervening early means we can be the fence at the top of the cliff rather than

just the ambulance at the bottom.

I am also looking forward to continued involvement with other agencies in strengthening the legislative, regulatory and enforcement side of the supply of alcohol.

This is primarily within the Sale of Liquor Act 1989, but also includes the Local Government Act 2002, the Resource Management Act 1991 and other legislative measures. Police, territorial authorities, rūnanga, Māori Wardens, marae committees, Pacific peoples and Public Health Units are critical to this area of work. While enforcement alone cannot change New Zealanders' risky drinking behaviours, it can reduce harm through controlling access to alcohol, establishing relevant alcohol policies for local territorial authorities, effective monitoring, and prosecutions in respect of law breaches.

So there is a lot going on. Each day, it feels like I am finding out about a programme, a piece of work, a partnership or a resource to reduce the social harms from alcohol being developed by advocates, researchers, public health or grass roots organisations.



So yes, I am struck by the dedication and passion of people working in this area.

The third main area of our work is in demand reduction. Demand reduction strategies are designed to prevent alcohol-related harm from occurring by changing New Zealand's cultural attitudes around alcohol. Prior to coming to ALAC, I worked for six years managing the *Like Minds, Like Mine* project. Even though reducing discrimination associated with mental illness is different from reducing social harm caused by alcohol use, much of the territory around the need to change how people think and behave feels very familiar.

I know that there are a range of opinions on whether communications and marketing approaches should be used to help solve complex health and social issues, and I agree that, if all you are doing is a bit of television advertising and PR, then you are wasting your money. However, when mass media communication is part of a mix of activities that includes influencing policy and regulation and engaging people motivated to make changes at an organisational and

community level, then your ducks are starting to line up.

For many of us, media sets the agenda for what we talk about at home and at work. In a very subtle way, media (particularly advertising) reflects back to us what sort of people we are or aspire to be. In previous work, I have seen how mass media can effectively engage hearts and minds around a social issue and create an environment where people are more open to supporting some of the hard changes, be they in policy, regulation, or at a community, group or individual behaviour level.

Already in my time with ALAC, I am proud to say the use of mass media as part of its broad mix of supply and control, demand reduction and problem limitation strategies has looked very promising.

Monitoring shows virtually 100 percent recall of ALAC's mass media programme. In 2006, around three-quarters of adults recognised that heavy per occasion drinking is more likely to cause harm to themselves or others.

The range of harms people associate with such drinking has also

Quotes of Substance

“ The current drug system is ill thought-out and arbitrary. ”

Professor David Nutt of Bristol University raises concerns over the current UK drug classification system, which does not classify harmful substances based on research or on their actual risks to society. (Professor Nutt will be visiting New Zealand in early 2008.)

“ Any seizure of narcotics is significant but I would certainly suggest a cocaine seizure of 140kg is quite substantial. ”

New South Wales Police Detective Chief Superintendent David Hudson believes they have disrupted a major Asian crime syndicate. The cocaine is worth an estimated \$A69 million (\$NZ78.6 million).

“ We are not trying to criminalise it... we just want to take this dangerous device away from the public domain... We are not trying to make a moral statement. ”

Steve Goss of Watauga County on Alcohol With Out Liquid (AWOL). The machine takes alcohol and oxygenates it, creating a mist that is breathed directly into the lungs. The high can be very rapid and intense. AWOL machines have so far been banned in 21 US states.

“ We've got to finish every last cocaine factory and every last airport. Use the A37 planes, bomb and attack these airports, these cocaine factories with machine guns. ”

Peru president Alan Garcia comments to his country's Interior Minister who leads the police war against drugs.

continued on page 20 ►

Quotes of Substance

“ There’s a new web predator coming to your kid’s computer courtesy of Anheuser-Busch. ”

Bruce Livingston, Executive Director of the Marin Institute, voices concern about the launch of Bud.TV, Anheuser-Busch’s online television network, which integrates beer marketing into TV shows, a marketing ploy known as ‘branded entertainment’.

“ We have two shows on this channel... One is called *Replaced by a Chimp*, where you grab a profession, such as a waiter, or a bartender or a trial attorney and replace those people with a chimp. ”

Anheuser-Busch’s Jim Schumacker explains one of the quality shows on Bud.TV, which allows consumers to vote on whether the chimp should stay on the job in place of the professional.

“ Women are having babies later in life when, it seems, it’s harder for them to stop drinking. ”

Researcher Cate Wallace comments on the Australian National Drug and Alcohol Research Centre study which found 47 percent of women consume alcohol during breastfeeding and pregnancy. Older and well educated women are the worst offenders.

“ Cannabis is a dirty drug that can have complications. And we need to bear that history in mind with the BZP story. ”

Professor David Fergusson cautions against claims that BZP is entirely risk free, likening it to cannabis, which has proved to be a more harmful drug than people thought 10 years ago. ■



extended. Three years ago, drink driving and dependency were the dominant concerns. Now, people recognise that crime, violence, accidents, embarrassment and regret are some of the harmful results of binge drinking. Social harm and alcohol is starting to get on the public agenda.

As I travel around the country, I am clearly picking up that this is all contributing to a national conversation taking place amongst families, whānau, friends and workplaces about how we are drinking. Over time, the aim is for this to increasingly create a more supportive environment for growing the range of activities needed to reduce the harms associated with alcohol use.

So it does feel like I have joined ALAC at a very interesting time. The development of the next National Alcohol Strategy is just around the corner and should be a good vehicle

for developing action plans for alcohol under the recently released National Drug Policy 2007–2012.

The ALAC Council has also developed its next Strategic Direction Plan 2007–2012 and, starting in May, will be seeking discussion and feedback on the proposed directions. These meetings will be great opportunities for us at ALAC, particularly the newcomers, to meet and discuss strategies and solutions with a wide range of people.

ALAC, however, is just one organisation among a number all working towards the same goal of preventing alcohol-related harm in New Zealand. To achieve this, we all need to work together. That’s not to say that there won’t be differences in approach and emphasis. But in the long run, it is achieving the goal that’s the priority. ■

Tobacco rewards stubbed out

HANDING out cigarettes to school students to encourage good behaviour has been brought to an end by school inspectors. The latest Education Review Office report into Felix Donnelly College, which caters for students in CYF care, slammed the practice of rewarding students with tobacco. One pupil said, "I guess [the teacher] felt sorry for us – we were all addicted to smoking."

It's in the skin

POLICE are considering a new method of testing drink drivers consisting of a device that reads a person's blood alcohol level by firing infrared light through the skin. The device is being trialled in the United States, and *Time* recently judged it one of the best inventions of 2006. Police say issues of privacy and public acceptability will need to be taken into account.

We like a tipple, or two, or three

THE MINISTRY of Health's epidemiology group, Public Health Intelligence, recently published an analysis of alcohol use in New Zealand. It reports findings from the 2004 New Zealand Health Behaviours Survey:

The majority of us (81 percent) had consumed alcohol at least once in the past 12 months. Although people aged 18–24 years did not consume alcohol as frequently as people 55–65 years, they were significantly more likely to consume large amounts of alcohol per drinking occasion.

Fifty-six percent of people aged 12–17 had consumed alcohol in the last 12 months, and 96 percent of those were successful at least once when trying to purchase alcohol to take away.

Males were more likely to have consumed alcohol than females, but males and females had similar rates of drinking large amounts on a typical drinking occasion.

Only 2.2 percent of us had ever received help to reduce our alcohol consumption; a drug and alcohol counsellor was most commonly used as the source of help.

Around 82 percent of female drinkers who were pregnant had stopped all alcohol consumption during their current pregnancy.

A copy of the full report can be accessed at www.moh.govt.nz.

LET drops the BAT

LIFE Education Trust has closed its doors to funding from tobacco giant British American Tobacco (BAT). Life Education Trust, the mobile education unit, and its mascot Harold the Giraffe are well known to many primary schools. The decision has been welcomed by public health groups. Smokefree Coalition Director Mark Peck says, "Smoking prevention programmes offered to children and young people should never have any links to the tobacco industry."

Happy Birthday Helpline!

TO CELEBRATE its 10th birthday, the Alcohol Drug Helpline released statistics showing an increase in

methamphetamine-related calls over the past three years. Callers are accessing the service as a last resort, with many saying they have reached crisis point, with their addiction impacting on their families, personal health and employment. Meanwhile, the phones are still running hot for advice on alcohol abuse.

Snus use not snuffed out

A MINISTRY of Health commissioned review of the health effects of Swedish snus aims to inform the debate about whether such products can help reduce tobacco-related harm in New Zealand. The review was carried out by New Zealand Technology Assessment, a research unit of the University of Otago. The tobacco in snus is modified so that it is low in cancer-causing nitrosamines.

The review confirms that snus carries a considerably lower risk of harm than smoked tobacco, but that there are still many unanswered questions about its long term effects and the role it might play, if any, in reducing smoking.

Modified smokeless tobacco can be imported for personal use, but is subject to excise tax and its distribution, sale and promotion within New Zealand is prohibited. The Ministry of Health has no plans to review its legal status.

The report is available online at www.ndp.govt.nz.

What's so hard about labels?

ALAC has applied to Food Standards Australia

New Zealand to require alcohol products be labelled with warnings about drinking and pregnancy. FSANZ is considering the application but says a similar application for requiring warnings on alcohol bottles for the general population was rejected several years ago.

The Drug Foundation notes that many wine producers are required to label their bottles for export markets, and wonders why it's so difficult to use the same labels domestically.

Wellington first to get wet

IN A first for New Zealand, Wellington City Council is planning to fund a wet hostel that would give housing and support to some of the city's most vulnerable people – the homeless with a history of alcoholism.

In its 2007/08 Draft Annual Plan, the council is proposing it partner with the Capital and Coast District Health Board and government agencies. It would contribute up to \$500,000 over two years to get the hostel going.

Wet hostels have been in use in countries such as the UK for many years. They provide safe accommodation, support and healthcare for people with late stage alcohol dependence who cannot sustain ordinary tenancies and have been 'living rough'.

Stephanie McIntyre of the Downtown Community Ministry has been leading work to set up the hostel. She has been granted a Churchill Fellowship to visit

and learn from wet housing programmes in the UK, Ireland and the United States.

Wellington residents are invited to comment on the proposal, which can be found at www.wellington.govt.nz.

Support for bewildered communities

ALAC has produced a community support resource to complement its flagship *Bewildered* resource, which helps parents facing alcohol and drug issues see they are not alone and that change is possible.

The community resource promotes *Bewildered* to parents, guidance counsellors, youth workers, and others working in communities. It can be ordered from ALAC and the Alcohol Drug Helpline (0800 787 797).

Meanwhile, Auckland's Community Alcohol and Drug Services have launched an online family and friends support group. *CADSONline* is an online alcohol and drug counselling service provided in 'real time' with a qualified counsellor.

The support group is an extension of the online counselling and is aimed at family, friends and even employees who are themselves affected by someone's abuse of drugs or alcohol. Visit www.cadsonline.org.nz

Out of sight

THE CANCER Society and ASH are seeking a total ban on tobacco and cigarette displays in retail outlets. Their campaign includes the website – www.bancigarette.com – and a petition to Parliament calling for the ban. (Hurry! The petition deadline is 10 June).

Recent Otago University research reports over 60 percent of retail outlets were in breach of the current cigarette regulations, with dairies and convenience stores the worst of offenders. The study's author Dr George Thompson says, "This study clearly indicates that the current cigarette display regulations are failing to protect children from tobacco marketing and harm."

UK classification debate intensifies

IN FEBRUARY, *Matters of Substance* reported on the drug classification debate in the UK. This debate has been further fuelled by the publication of an alternative drug classification system.

Development of a rational scale to assess the harm of drugs potential misuse, by Professors David Nutt and Colin Blackmore, outlines a systematic harm/risk assessment, which measures a substance's potential harm against three factors: physical harm to the user, potential for dependence, and impact on families, communities and society.

Nutt and Blackmore invited two independent groups to use the framework to assess twenty common legal and illicit substances. Heroin was ranked as the most harmful, followed by cocaine, barbiturates, street methadone and alcohol.

Tobacco was ranked ninth, above cannabis (11th), LSD (14th) and ecstasy (18th), although LSD and ecstasy are currently scheduled as Class A.

Professor Nutt said, "We hope that policy-makers will take note of the fact that the resulting ranking of drugs differs substantially from their classification in the Misuse of Drugs Act and that alcohol and tobacco are judged more harmful than many illegal substances." He added, "The exclusion of alcohol and tobacco from the Misuse of Drugs Act is, from a scientific perspective, arbitrary."

Professor Blackmore said

that, while drug policy is aimed at reducing harm to users, their families and society as a whole, the present system was not a "rational, evidence-based method for assessing the harm of drugs". He said the system they have devised, on the other hand, is.

They concluded by saying, "The fact that the two most widely used legal drugs lie in the upper half of the ranking of harm is surely important information that should be taken into account in public debate on illegal drug use. Discussions based on a formal assessment of harm rather than on prejudice and assumptions might help society to engage in a more rational debate about the relative risks and harms of drugs."

New Mexico makes it a dozen

NEW MEXICO has joined the list of US states that have legalised the medicinal use of cannabis. The House of Representatives approved the bill on 13 March by a close 36–31 vote, and Governor Bill Richards signed it shortly thereafter. The bill licenses producers to grow cannabis but forbids its distribution within 300 feet of any church, school or day centre.

Days later, Governor Richards also signed ground-breaking legislation protecting from prosecution friends or family members who seek medical attention for drug overdose victims. The aim of the legislation is to encourage friends or families of overdose victims

Booze up, but drug crime down

IN APRIL, Police released *New Zealand Crime Statistics July to December 2005 and 2006*. The report complements the publication of New Zealand's official recorded crime statistics for the 2006 calendar year. There was a marked decrease in drug offences between 2005 and 2006 (a statistic that was strangely ignored by the media). Offences under the Sale of Liquor Act increased dramatically, with some Police districts reporting rises over 100 percent. ■

Recorded Crime, July to December 2005 and 2006

	Jul to Dec 2005	Jul to Dec 2006	Variance
Drugs (cannabis only)	7,032	6,343	-9.8%
Drugs (new drugs)	1,488	1,385	-6.9%
Drugs (not cannabis)	804	789	-1.9%
Sale of Liquor Act	3,761	4,322	14.9%

or addicts not to fear seeking medical care to save their loved ones from a drug-related death or trauma. The Good Samaritan Act hopes to reduce New Mexico's high number of overdose deaths, reportedly the highest in the country at one per day.

Dutch pharmacy dispenses dope

THE NETHERLANDS has made history by opening the world's first cannabis pharmacy. Bags of dried

marijuana are sold for medicinal purposes to relieve pain for multiple sclerosis, AIDS, HIV and cancer sufferers.

Bid to stop young Thais tying one on

IN A BID to reduce alcohol consumption by teenagers, Thailand's government has endorsed a bill that could potentially provide comprehensive control of alcohol consumption and prohibit the sale of alcohol to people under 20. The

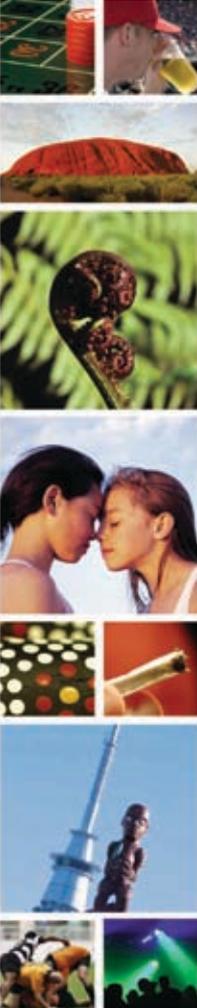
proposed Alcohol Control Bill recommends a zoning system for liquor outlets and consumption, and the banning of all alcohol advertisements on TV (except foreign sports advertising). The bill now awaits approval from the National Legislative Assembly. The majority of the alcohol industry and advertising firms who appeared before the committee during the second reading of the bill have announced their support. One industry

representative even suggested a tax increase measure be added.

Drug ed turns from teens to toddlers

THREE-YEAR-OLD children have become the latest targets in Scotland's battle against illegal drugs. A controversial new scheme will see the anti-drugs message taken into state-funded nurseries for the first time.

High5Lifestyle, established by former head



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ten cultures?

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The evening of the first day of the conference will see politicians from each political party debating key challenges in drug policy. Here is a chance to see what the politicians really think.

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of Scotland Against Drugs, Alistair Ramsay, encourages the discussion of drug topics as they arise and youngsters to reach their own answers on drug matters. Ramsay views the current Scottish drug policy as ‘disorganised’ and sees his new scheme as more favourable, despite widespread concerns that it might be damaging to introduce drugs lessons to very young children.

More overdoses from legal than illegal drugs

FIGURES released for Victorian emergency service calls are causing growing concern over widely available prescription drugs. Within a 12-month period, Melbourne ambulance officers attended 6,150 callouts regarding licit drug overdoses, nearly twice the 3,100 callouts for illicit drug overdoses. Common legal drugs abused were sedatives Valium, Mogadon and Rohypnol, followed by analgesics Nurofen and Panadeine Forte. Women were represented in almost two-thirds of all legal drug overdoses, with the average age being 36. However, alcohol intoxication remains the largest concern for ambulance paramedics.

Finnish tighten liquor laws

FINLAND'S parliament has passed a law change aiming to reduce alcohol-related harm amongst teenagers. The change sets compulsory guidelines for health warning labels on alcohol bottles and other packaging.

The law change also bans alcohol advertising between 7am and 9pm and at all screenings of films rated for under-18s. Retailers cannot offer beer or cider at bulk discounts, and restaurants are no longer able to offer wine at a cheaper rate when ordered by the bottle. Happy hour prices are not allowed to be advertised outside bars, restaurants and shops.

Crashed van contains hidden surprise

AMSTERDAM Police attending the crash of a van were left confused when the occupants quickly fled the scene. Their confusion was resolved when 3,000kg of hashish, with a street value just shy of \$NZ30 million dollars, was found in the van. Presumably they weren't making a pharmacy delivery.

Up the price to save lives

THE LAUNCH of the Adolescent Health Study, London, published by the *Lancet* revealed that one in four deaths of people aged 15 to 29 in the developed world is down to drink – totalling 82,000 fatalities a year. London paediatrician Dr Russell Viner said that Britain is only just waking up to its alcohol problem, behind other countries such as Europe, Australia and New Zealand. London doctors responded to the study's findings by calling for the legal alcohol purchasing age to be raised to 21.

It's not the drinking

VILLAGERS at a wedding in eastern India decided the groom had arrived too drunk to get married, so the bride married the groom's more sober brother instead. The drunk groom was chased away by the bride's family and local villagers after reportedly misbehaving with guests. His younger brother readily agreed to take the groom's place beside the teenage bride at her family's invitation. The groom apologised for his behaviour, but remains concerned that word will spread and he will never get a bride again.

Snort me up

“**THE STRANGEST** thing I've tried to snort? My father, I snorted my father. He was cremated and I couldn't resist grinding him up with a little bit of blow.”

Keith Richards of the Rolling Stones lived up to his reputation for conspicuous drug use when he was interviewed for the *New Musical Express* in early April.

Bert Richards died in 2002 at the age of 84.

Richards added, “My dad wouldn't have cared, he didn't give a shit. It went down pretty well, and I'm still alive.”

Richards' manager later claimed it was just a joke, but journalist Mark Beaumont stood by the story, telling *BBC* radio, “He did seem to be quite honest about it all... there's a few too many details for him to be making it up.”

For respected online magazine *Slate*, the story left out important facts. Their “Explainer” column (6 April 2007) asked the question that must have been on the minds of many readers: is it unhealthy to snort your dad?

According to experts, only if Richards made a habit of it. Years of snorting (or smoking) substances that put small particles into the lungs leads to problems such as cancer and emphysema. And while embalmers use toxic substances such as formaldehyde, those would be burned off during cremation.

Slate's medical advisers thought that Richards should be more concerned about the effects of the cocaine, his cigarette smoking, and past drug use.

By his own account, this wasn't Keith Richards' most dangerous drug use experience either. In the same interview, he told Beaumont that the worst was when “someone put strychnine in my dope. It was in Switzerland. I was totally comatose, but I was totally awake... I could listen to everyone, and they were like, ‘He's dead, he's dead!’ waving their fingers and pushing me about, and I was thinking, ‘I'm not dead!’” ■

One addiction at a time

Te Rau Hinengaro – the 2006 Mental Health Survey reveals around 56 percent of people with a substance use disorder are smokers compared to 24 percent in the general population. This means clients in substance abuse treatment are at much higher risk from smoking-related illnesses or death.

UNFORTUNATELY, New Zealand addiction treatment services tend to ignore this important addiction, and *Mythbusters* say this needs to change – starting with some of the things we believe.

There are a number of prevalent myths about substance abusers and smoking. It is widely accepted that people in treatment either do not want to stop smoking, wouldn't be able to stop if they tried, or may relapse to other drug use if they make the attempt.

That treatment providers and their staff tend to believe and operate according to these myths has kept smoking interventions out of substance abuse programmes, and commonly, providers don't even discuss with their patients the issues of tobacco dependence and quitting. Some staff members are even known to smoke alongside patients, further normalising tobacco addiction and perhaps even enhancing its perceived value as a therapeutic aid.

However, the belief that patients in addiction treatment do not want to stop is challenged by recent surveys finding most patients entering drug treatment do express an interest in quitting smoking when asked.

There doesn't appear to be any research supporting the contention that alcoholics should not try to quit

smoking at the same time as they are attempting to quit drinking. In fact, the research more closely supports the view that “smoking and drinking are correlated behaviours; anything causing a reduction in one may be associated with a reduction in the other”.

New studies have shed much light on cross-addiction. For example, Dr Dzung Anh Le and colleagues from the Centre for Addiction and Mental Health, University of Toronto, have found that nicotine increases the craving for alcohol.

Several other studies have reported overwhelmingly favourable responses to implementing concurrent intervention for nicotine and other substance dependence. Treating multiple addictions at once does not seem to make recovery any more difficult. In fact, smoking cessation may be modestly associated with an improved abstinence rate.

The treatment centre at the University of Texas Medical School reports that, since it became smokefree in 1991, it observed no change in the rate of premature discharge, in the percentage of people who completed the programme or in patient stress or unusual incidents.

So there is plenty of evidence that smoking cessation interventions can be

effective at increasing short-term quit rates in people with substance use disorders, and the attitudes and approach of treatment providers need to change to reflect that evidence.

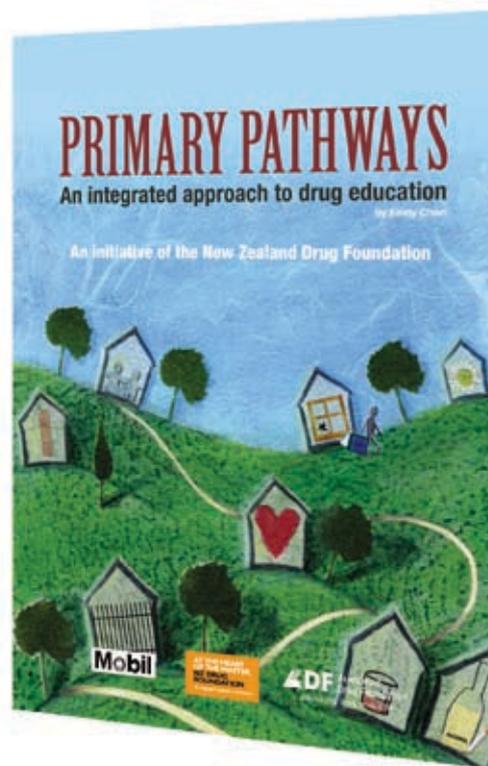
The newly revised *Smoking Cessation Guidelines* recommend that advice to stop smoking should be given by healthcare workers – including alcohol and other drugs (AOD) staff – to all people who smoke, irrespective of whether they are ready to quit or not.

Treatment staff who are tobacco dependant should seriously consider quitting, and *Mythbusters* would urge employers to ensure that their staff who are smokers have access to the resources, support and encouragement to deal with their tobacco addiction.

You may also be eligible to become a Quit Cards provider. This means you can distribute nicotine replacement exchange cards for subsidised nicotine patches and gum to people who want to quit smoking. There are currently six AOD treatment centres who are Quit Card exchange providers.

To qualify, some criteria needs to be met. For more information, go to www.quit.org.nz or call 0800 778 778. ■

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



Primary Pathways One of the strongest concerns for all communities is ensuring their children lead safe lives so they can reach their full potential. Whether we're a parent, teacher, health professional, police officer or the local shopkeeper – we all place the highest priority on protecting our children.

www.drugfoundation.org.nz

In today's world, the threats to children's safety are extensive. While burns, falls and other potential injuries have been with us for generations, obesity, depression and social isolation are more recent concerns, as are the potential dangers from alcohol and other drug use. There are many dangers resulting from substance use by children and young people, or through use by their parents or others in their communities.

Schools play an important role in addressing these issues. Over time, we have come to understand that any curriculum initiatives in this area need to be embedded in a school policy that addresses alcohol and other drug use. We also know that any effective classroom initiatives are best conducted by teachers as part of an integrated learning programme.

Based on those understandings, the Drug Foundation has produced a new resource to support primary schools teaching good drug education. *Primary Pathways: An integrated approach to drug education* will assist primary teachers to work with their pupils in a manner that is integrated and age-specific. It begins with the premise that alcohol and other drug use is, to a greater or lesser degree, part of the pupils' world. They will be influenced by it in some way, and the issue cannot be ignored. Communities rate alcohol and other drug misuse as a social issue of major concern, but parents rate it even higher!

Primary Pathways focuses on each child's sense of self-worth while developing their life skills through building resilience and fostering connectedness to each other and the community. It provides good advice

to schools and teachers on how to approach alcohol and other drug issues, and includes practical learning activities linked to the health and physical education curriculum.

We are very grateful for the valued support from Mobil New Zealand who assisted with the development of this resource.

The *Primary Pathways* manual (220 pages) costs \$82 (including GST and postage). Order this, and our other drug information resources, directly from the Drug Foundation: www.drugfoundation.org.nz.

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