

# matters of substance

AT THE HEART  
OF THE MATTER,  
NZ DRUG  
FOUNDATION.

Te Tūāpapa Tarukino o Aotearoa

Potent pot packing more punch?  
Research, rats and remembering  
You think *you're* dying for a beer?  
Totally freaked out journos in wild factual abandon!



KEEPING  
POT  
ON THE  
BOIL

CAN YOU BELIEVE EVERYTHING YOU READ +  
HEAR ABOUT *marijuana*?  
THE CANNABIS CONVERSATION WE STARTED IN  
THE LAST ISSUE OF MATTERS OF SUBSTANCE  
CONTINUES. WE'VE ADDED SOME NEW MATERIAL  
INTO THE MIX, PARTICULARLY AROUND THE MATTER  
OF MISINFORMATION.

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

Te Tūāpapa Tarukino o Aotearoa

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**We're still talking about pot**



In the last issue, we sought to invoke a national conversation around marijuana by inviting various contributors to share their views. The discussion lives on in this issue.

- **Sense and sinsemilla**  
 Legend has it that pot is now 25–30 times stronger than back in the 60s and that today's 'killer weed' is wreaking havoc with the mental health of young stoners. Marilyn Head examines what research there is into potency, and what it actually suggests.

This month's other cannabis conversation stories include:

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LAST YEAR'S Australian election was a lesson for our politicians in how not to conduct drug policy during an election year.

In a move reminiscent of the Tampa 'children overboard' scandal, the Howard Coalition Government launched a controversial Tough on Drugs policy on the eve of the federal election.

Only five days from the November polling day, Howard announced that, if re-elected, he would quarantine welfare payments to "drug criminals" to stop taxpayers' money being spent on illicit drugs, cigarettes and alcohol. Instead, welfare payments would be managed by a third party to ensure they were only spent on essential items. This proposal closely followed a Liberal Party-penned parliamentary report recommending children be taken away permanently from drug-addicted parents.

The quarantine policy met with opposition from drug sector professionals. Howard's own National Council on Drugs warned of unintended consequences that may increase risks for children and families. Other commentators were more forthright, describing the plan as "diabolical" and a "war on drug users, not a war on drugs". One recommended that addiction is best handled by health professionals not politicians with "no expertise in the area who are promoting fear in

the community for personal political gain during an election campaign".

The policy received little comment from Kevin Rudd's Labor Party. While Mr Rudd said Mr Howard was "desperately producing policies in the shadow of polling day to cling to power", he did not address the substance of the proposals, nor did Labor include drug policy in their election manifesto. So, no brownie points there either.

While illicit drugs got attention during the election, the pink elephant in the room was ignored. A Federal Government report released only weeks before the election showed the economic impact from alcohol more than doubled from \$7.6 billion in 1999 to \$15.3 billion in 2005, prompting one addiction worker to ask whether the major parties are "just going to run into an election and not have a position on a 15 billion dollar problem".

Drug policy will make a showing during our election year. With the Misuse of Drugs Act under review and amendments to alcohol law and policy on Parliament's Order Paper, New Zealand political parties cannot imitate their Australian counterparts. Being silent about or indifferent to drug issues is as irresponsible as championing crude and populist solutions just to win votes. We're expecting better. Happy reading, Ross Bell. ■

#### Drugs and Alcohol at Work Conference

6 March, Wellington; 4 April, Napier  
The conference aims to equip employers with knowledge on effective measures needed to implement and deal with alcohol and drug problems in the workplace.  
[www.emacentral.org.nz](http://www.emacentral.org.nz)

#### Addiction Treatment Sector Leadership Days

13 March, Christchurch; 3 July, Auckland; 6 November, Wellington  
These days are an opportunity for managers, funders, planners and senior clinicians to debate and discuss important issues facing the addiction treatment sector.

#### ALAC Partnership Conference: Sustainable Partnerships – Opportunities and Challenges

3–4 April, Rotorua  
An opportunity for agencies charged with enforcing and monitoring compliance with the Sale of Liquor Act 1989 to work together and formalise partnerships.  
[www.alac.org.nz](http://www.alac.org.nz)

#### ALAC Partnership Conference: Local Government – Planning for alcohol in the community

10–11 April, Nelson  
How local authorities can make effective use of legislation to improve planning for alcohol in their communities.  
[www.alac.org.nz](http://www.alac.org.nz)

#### Central Region Addictions Network Forum – Models of treatment across cultures

23–24 April, Palmerston North  
An opportunity to meet colleagues working in a rapidly changing scene.  
[www.alac.org.nz](http://www.alac.org.nz)

#### Pacific Spirit Conference

8–9 May, Auckland  
Strengthening youth participation in the Pacific AOD sector, showcasing new research and traditional knowledge, and highlighting community led initiatives to reduce alcohol harm.  
[www.alac.org.nz](http://www.alac.org.nz)

#### 19th International Conference on the Reduction of Drug Related Harm

11–15 May, Barcelona, Spain  
This is the international forum on reducing drug harm bringing together over one thousand

dedicated harm reduction workers, policy makers and researchers.  
[www.ihrconferences.net](http://www.ihrconferences.net)

#### Australian Winter School – Seen and Unseen Harms

12–14 May, Brisbane, Australia  
Organised by the Alcohol and Drug Foundation Queensland, this Winter School will focus on three themes: families and alcohol and other drugs, workplace and AOD issues, and social exclusion (including mental health and indigenous issues).  
[www.winterschool.info](http://www.winterschool.info)

#### Youth Week

26 May–1 June, New Zealand  
The website has been totally redeveloped by the creative Youth Week team, so check it out.  
[www.youthweek.co.nz](http://www.youthweek.co.nz)

#### Club Health

23–25 June, Santa Eulalia, Ibiza, Spain  
The 5th International Conference on Nightlife, Substance Use and Related Health Issues, held in one of the world's leading nightlife destinations, focuses on protecting and promoting health in nightlife settings.  
[www.clubhealth.org.uk](http://www.clubhealth.org.uk)

#### Involve 08: Relate

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

#### International Addiction Summit

10–12 July, Melbourne, Australia  
The underlying theme 'A climate for change' challenges sector leaders to think creatively about new and innovative ideas that can march the addiction treatment field to the summit.  
[www.addictionsummit.org](http://www.addictionsummit.org)

#### Insights and Solutions

1–3 September, Melbourne, Australia  
A chance to consider innovative approaches and improved practice in the field of acquired brain injury.  
[www.bia.net.au](http://www.bia.net.au)

#### Life and death – Cutting Edge

4–6 September, Christchurch  
The annual New Zealand addiction treatment sector conference.  
[www.addiction.org.nz](http://www.addiction.org.nz)



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- **Caught with cannabis >**
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# SENSE *and* SINSEMILLA

“Skunk 25 times more potent than resin sold a decade ago” – so the recent headlines go, accompanied by articles reporting record numbers of young people requiring drug rehabilitation, and worrying statistics about their cannabis usage. But just how much stronger is ‘the devil’s lettuce’ these days, and is it causing more young people to need treatment? **Marilyn Head** looks to bring a little balance to a subject often fraught with exaggeration and over-simplification.

**WHEN** the USCGC WAGB-4 naval icebreaker nosed into Wellington Harbour at the height of the Vietnam war, there were plenty of kindred spirits ashore eager to show the Americans a bit of Kiwi hospitality. The Americans were equally liberal with their thanks, distributing largesse in the form of the Durban Poison and Panama Red dope they’d picked up on the way over.

“The ships were full of people who dodged the draft – basically they had a choice of going to jail or doing service on the icebreakers,” says one of the volunteer Kiwi hosts, happily reminiscing about the improved product brought to Aotearoa courtesy of the US Coastguard.

“The stuff we got in New Zealand then was rubbish, but this was really strong dope and they were all into it. I remember being onboard once and hearing the Captain broadcast, “And I don’t want any more smoking on parade!”

But times have changed, according to the same source. New imported strains and concentration in the form of sinsemilla, the more potent unfertilised flowering heads, have replaced the leaf and head mixtures of old, and New Zealand green is no longer inferior in comparison. Indeed, some of it packs an unexpected punch.

“I was offered some stuff recently and one drag was too much, though I

“**Though not a single clinical psychologist has cited cannabis as anything more than one factor in the cocktail of dysfunctional social interactions and mental health problems this group has suffered from, it remains the favourite scapegoat of the scientifically challenged.**”

hadn't smoked in a long time so that may account for it," he says. "What's around now is definitely stronger than the mild stuff we used to smoke 30 years ago, though, even then, there'd be the occasional super-strong stuff."

That's hardly surprising. In a country largely dependent on primary produce and a world leader in agricultural research, it would be pretty odd if a little electric puha hadn't come in for some improvement. But how much stronger are today's varieties of cannabis sativa really, and, more importantly, does it matter?

That question, fuelled by some sensational reports of a 25- to 30-fold increase in THC (tetrahydrocannabinol), the active psychotropic ingredient in cannabis, gave rise to much debate in 2007. Antonio Costa, Director of the United Nations Office on Drugs and Crime (UNODC), histrionically advised the British government not to be "swayed by misguided notions of tolerance" for this "dangerous drug". The British *Independent on Sunday* carried this quote in its equally histrionic feature "Cannabis – An Apology", wherein it famously reversed its previously liberal stance

in favour of decriminalising marijuana.

More disturbing, however, were reports of substantial increases in the number of people with cannabis related problems signing up to drug rehabilitation centres, high rates of cannabis use among juvenile offenders and young adults with psychosis, and evidence that cannabis use was starting at a younger age, increasing the risk of harmful patterns of use.

Now that the dust has settled, it may be useful to reflect on that debate and its impact on public health and drug policy, particularly with Metiria Turei's Member's Bill in the offing, which would amend the Misuse of Drugs Act 1975 and legalise cannabis for medicinal use. How valid are the claims that today's marijuana bears no resemblance to the mild hippie drug of choice thirty years ago, and can calls for its reclassification as a 'hard' drug be justified?

Let's start with the science. Disregarding the significant problem imposed by dealing with an illegal substance and having to extrapolate evidence from a small proportion of confiscated products, inconsistently collected, stored and analysed over

time by numerous different agencies, the data seem to show a small upward trend in THC levels, indicating a modest increase in potency in some cannabis products.

In 2005, the British Advisory Council on the Misuse of Drugs, for instance, reported little change in the strength of cannabis resin (hash) and imported herbal cannabis over the past two decades, but a two-fold increase in sinsemilla. Similarly, the THC content of indoor-cultivated herbal cannabis, including skunk, may have doubled from five to 10, or even tripled to 15, percent. That is hardly the 25-fold increase touted by some. And since indoor and homegrown cannabis is less likely to be detected and is far more widespread, the 'average' must be derived from comparatively smaller and even less representative samples. Indeed, stepping up aerial surveillance to detect outdoor plantations in the 1980s and 1990s is often cited as the prime factor in driving cultivation indoors where new biotechnologies and complete environmental control have ultimately resulted in a fresher, stronger and more consistent product.

*Doubling the psychotropic effect of  
likely, however, to be more contentious  
than doubling its vitamin C.*

However, quibbling aside, there is no evidence to support claims of an across-the-board increase of the magnitude suggested, though sensational claims of super-strength dope are regularly invoked – in the 1960s, it was drug-crazed hippies synthesising THC, whereas today’s demon is the high-tech production of genetically-selected sinsemilla “force-fed with fertilisers”.

By comparing the least potent cannabis seized 30 years ago with the most potent today, it is possible, though illogical, to arrive at dramatic figures. But all this proves is that cannabis was, and still is, available in varying strengths.

Regardless of the average THC content of confiscated cannabis in any given year, high-powered premium varieties have always been available. Before prohibition, some were sold over the counter as patent medicines and tonics, and in the Netherlands, where cannabis is not banned, super-strong hash cookies are sold in cafés alongside milder ones. Interestingly, they are less popular. Thousands of years of cultivation have ensured a wide range of potencies and, while the development of sinsemilla, genetic

selection and intensive indoor cultivation may have upped the average kick, that is not evidence that the range itself has increased.

The facts simply suggest that the average quality of cannabis has improved, just as the average supermarket apples are bigger, fresher and more blemish-free than those bought 30 years ago.

Doubling the psychotropic effect of a substance is likely, however, to be more contentious than doubling its vitamin C.

The standard user response, for which there is rather more anecdotal than scientific evidence, is that greater potency is not necessarily more dangerous because consumers tend to adjust their dose according to potency. Double strength dope, it is argued, could actually be more healthy because it reduces the amount of smoke one needs to inhale to get high. Similarly, the popularity of bongs and vaporisers to concentrate the hit and reduce or eliminate smoke inhalation suggests that the anti-smoking message is getting through.

There is a considerable difference between being high and being ‘wasted’. While most actually prefer



*There is a plethora of scientific research on the effects of cannabis, coffee and alcohol, variously interpreted as either beneficial or detrimental, yet the legal status and social response to each differ markedly.*

the former, the concern is that users will readily habituate to a stronger variety, which may make them more likely to move to stronger drugs.

Although there is no evidence for this, it raises some rather circular arguments about addiction/dependence. While cannabis is not chemically addictive in the same way that heroin, amphetamines and nicotine are, it's clear that some people do develop a dependency – just as others depend on their early-morning coffee or glass of wine with dinner but are not technically addicted. Whether such habits or dependencies impair health or competence, and to what extent opportunities to indulge them should be regulated, are key issues that are rarely addressed with any consistency.

There is a plethora of scientific research on the effects of cannabis, coffee and alcohol, variously interpreted as either beneficial or detrimental, yet the legal status and social response to each differ markedly.

For a minority of people, each of these substances can be troublesome, but only cannabis is illegal, which

adds another dimension to concerns about those already marginalised through criminal offending and mental illness. Indeed, as Dr Sandy Simpson of Auckland Regional Forensic Psychiatric Services notes, criminal behaviour, mental illness and drug abuse are often so disastrously interwoven, that it is virtually impossible to extricate causal factors.

Leaving aside the question of whether changes in access, treatment and reporting practices have contributed to the figures for young people seeking treatment for cannabis related drug problems, there is suggestive evidence there has been an increase, though again it is difficult to discern a particular cause. In Britain, where it was reported that the numbers of young people in drug rehabilitation had nearly doubled in one year from 5,000 in 2005 to 9,500 in 2006, the use of cannabis amongst young people had actually gone down by almost a quarter in the past decade. But in Australia, which shows a similar increase, cannabis use appears to be rising.

It could hardly rise any more amongst juvenile offenders, however.

The Australian Institute of Criminology reported in October 2005 that 94 percent of juvenile offenders had used cannabis, with 64 percent being regular users – a third more than those who regularly drank alcohol. Unfortunately, such statistics, coupled with neurological research exploring a tentative connection between cannabis use and psychosis, schizophrenia and depression, only served to fuel Australia's repressive National Cannabis Strategy the next year. Once again, rather than alerting authorities to the multiple factors contributing to antisocial behaviour and the possibilities of mitigating them in a highly vulnerable minority group, scientific research was used to justify continuation of the same failed policies – the 'war on cannabis', recast as a hard drug, continues.

Though not a single clinical psychologist has cited cannabis as anything more than one factor in the cocktail of dysfunctional social interactions and mental health problems this group has suffered from, it remains the favourite scapegoat of the scientifically challenged, ensuring that resources that should be used to protect those at risk are channelled



into largely ineffective enforcement and criminalisation of the young. Although there is a scandalous lack of research into what motivates people to start, stop or refrain from taking drugs, and the problematic behaviours associated with patterns of use, there is an equal paucity of research showing that prohibition has a deterrent effect. In New Zealand, cannabis related offences account for about 40 percent of all drug and anti-social offences, which comprise around 12 percent of crimes.

In spite of this, however, cannabis is freely available to high school students (and when they can waltz into tinny joints in their school uniform for ‘afternoon tea’ and advertise it on Bebo, as one mother indignantly reported, one has to wonder how consistently the law is applied and to whom). Yet many young people are not interested in using it, and it is only problematic for some of those who do.

However, the consensus is that young people are starting to use cannabis at a younger age, more heavily and more regularly. Since these are identifiable risk factors, especially coupled with other social

and psychological factors, there is real cause for concern that harmful patterns of use will become more prevalent.

The question is how to address this potential problem. The simplistic response would be to follow Australia’s tough stance, which would be akin to its following George W’s War on Terror – the same shonky reasoning, the same enhanced powers for the enforcers and the same massive fallout for innocent victims.

New Zealand’s recent experience with the ‘Tuhoë Terrorists’ and the extraordinary abrogation of human rights in the Immigration Bill are testimony to the ease with which we too can be caught up in rhetoric. Hence the danger of media misrepresentation and fear-mongering. It takes courage to swim against the tide, but a rational approach to cannabis use would be to accept that, as with alcohol, the drug is the constant, it’s the human that is the variable, and legislate accordingly. ■

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**Marilyn Head is a freelance writer based in Wellington.**

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“If 25 years of smoking dope has addled my brain, I must have been an intellectual giant in my youth.”

Tim Shadbolt, Author *Bullshit and Jellybeans*

“Marijuana is taken by musicians. And I’m not speaking about good musicians, but the jazz type.”

Harry J. Anslinger, Federal Bureau of Narcotics, 1948

“Pot is a multi-billion dollar industry and organised crime is its biggest beneficiary.”

Economist Stephen Easton from Canada’s Simon Fraser University believes legalisation of marijuana will play a significant role in the fight against violence and gangsterism.

“It would be a mistake for the British community to assume that the public health problems arising from cannabis use can be solved by the stroke of a legislative pen.”

Louise Degenhardt and Wayne Hall from the Universities of New South Wales and Queensland claim that the negative effects of cannabis will not be reduced by debating the criminal status of the drug.

“The nuns did not know what they were and assumed they were large decorative plants.”

A police official in Athens tells of a Greek Orthodox nunnery that employed gardeners who turned out to be cannabis growers using the nunnery as their personal plantation.



# HOME AWAY FROM *drugs*

At least two-thirds of people who have tried cannabis stop using the drug. Some of them seek help to stop. **Chris Kalin** describes the support provided by Auckland's Odyssey House and the therapeutic community model used there.

AUCKLAND'S Odyssey House treats over 500 clients a year. There are about 125 clients in attendance over the course of any given month, and about 100 present at any given time. The clients are distributed between nine programmes (seven residential, two non-residential), of which the largest is the Adult Programme (35 percent of all clients). There is also a Family Centre, where clients may bring young children while they are in treatment, and special treatment programmes for those of school age.

The client population is relatively young. Average age on admission is 23, the median age 20 and the most common age is 16. Sixty percent are male and 40 percent female. Fifty-eight percent of the clients are European, 33 percent Māori, four percent Pacific and five percent Asian. Europeans are slightly under-represented compared with the New Zealand population as a whole, and there are three times more Māori clients than could be expected based on their proportion of the general population, but only half the number of Pacific people we would expect, and only a third the number of Asians.

Almost all clients are multi-drug users. Excluding nicotine, the major

problem substances are:

1. cannabis (70 percent of all clients)
2. alcohol (60 percent)
3. methamphetamines (36 percent)
4. amphetamines (8 percent)
5. all other substances combined (used by 25 percent of all clients).

Methamphetamine usage has grown slowly but steadily from 20 percent of all clients in May 2004 to 36 percent today.

The average waiting time for admission into an Odyssey programme is about four to six weeks. Most clients have more than one admission, and over the last 12 months, the average has been 1.6 admissions per client. The average time they remain in treatment is 5.25 months, but the effectiveness of the treatment is less dependent on time and more dependent on the treatment level reached.

The treatment model used at Odyssey House is called the Therapeutic Community Model. Therapeutic communities are based primarily on a social learning model. Participants are isolated from the influence of their previous peer groups, totally immersed into treatment and given peer counselling and support.

Theoretically, the community itself is the primary therapist, and four major

philosophical issues are addressed:

1. Substance abuse and criminality are symptoms of a disorder of the whole person.
2. The disorder of the person consists of social and psychological characteristics that must be changed.
3. 'Right living' refers to the morals and values that sustain recovery, and is the goal of treatment.
4. Recovery is a developmental learning process.

Addiction is not viewed as a sickness, but rather as a learned condition that can be changed. This is accomplished in a continuous atmosphere of constructive confrontation and feedback where community members confront each others' negative behaviour and attitudes and establish an open, trusting and safe environment where personal disclosure is encouraged and the deviant culture in the general population rejected.

Odyssey House Youth Services provides three programmes for young people who have drug problems and often more complex needs. The residential service caters for youth aged 14–17 years.

The Youth Day Programme runs

People who have tried cannabis:



each week day from 9am to 4pm. The aim is to work with young people and their supportive family and other networks to maintain a drug free lifestyle and support reintegration into education or vocational placements.

The community programme is mainly based in schools. This is an early intervention youth development programme designed to support young people and prevent them from being excluded from their primary support systems (schools).

From our experience of providing drug and alcohol treatment to young people within residential, day and community settings, the following themes have emerged.

A broad based, holistic approach that is able to address multiple issues for youth seems more effective than focusing on drug and alcohol use alone. It is important interventions help young people create a positive self identity that is separated from and not defined by cannabis use that, for many, appears to form an important part of their identity and status.

Utilising positive peer pressure seems an effective way to challenge young peoples' beliefs about cannabis use. An important part of treatment includes helping young people notice

patterns and effects of use that are not immediately obvious. This, for example, includes helping youth notice reductions in motivation, times when they no longer participate in sports activities previously enjoyed, and the social and emotional behaviours that become solely focused on cannabis use.

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“ A broad based, holistic approach that is able to address multiple issues for youth seems more effective than focusing on drug and alcohol use alone. ”

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Some of the key issues identified in our youth work indicate that cannabis use is normalised and sometimes glorified amongst youth culture. It is viewed as an accepted and harmless part of youth socialising.

Young people tend not to regard cannabis as unhealthy (particularly when compared with cigarette smoking). Young people often rationalise their use by focusing on the perceived benefits. Typical statements include: “It keeps me calm”, “I don't get into fights when smoked up but fight when drinking alcohol”, and “It helps me be good in class”.

For female youth, one way to gain access to free, larger amounts, or better deals with cannabis is to engage in risky sexual behaviours.

There appear to be two main influences encouraging young people to first use cannabis. For many, their introduction is through immediate or extended families. For others, the main area of influence is their peer group.

There are numerous examples from our client group where they've been groomed by dealers to sell cannabis to other young people. Dealers sometimes give them incentives for regular weekly purchases and provide credit, which keeps young people trapped in a dealing/use cycle.

It is most important that we focus on the growing evidence around teenage cannabis use, early onset psychosis and other mental health vulnerabilities, and that we don't stigmatise young people. This creates barriers to them seeking immediate support or engaging with services for longer-term support.

It's not about youth culture – this is a family, community and broader society based issue. ■

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Chris Kalin is Chief Executive of Odyssey House Auckland ([www.odyssey.org.nz](http://www.odyssey.org.nz)).

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# CAUGHT WITH *cannabis* - A STONER OR A SCHOLAR?

Incidents involving cannabis provide some of our best chances to foster students' success even while the important social and health issues involved are addressed, argues **Trish Gledhill**. The way we view and deal with these events can make all the difference in promoting young people's resilience, and the results can be quite surprising.

OUR views of young people, their risk taking and, by implication, their resilience drive the ways we respond to drug issues. When there is an incident, the student is typically seen as the problem and often described as being 'at risk' or having complex needs. Adults tend to focus on the drug, dissecting the incident and speculating on reasons for its use. The more we discover, the more pervasive these issues seem. The student may be described as living in a dysfunctional family where "everybody smokes" and failing at school and in the community.

When drugs are involved at school, the initial reaction is typically about discipline and the so-called seriousness of the issue. Sadly, the focus is often on removing or 'fixing' the 'problem'. But perhaps there is another way of looking at young people during these events.

In these situations, young people's capacities usually go unnoticed, but actually, the young person is showing resilience. Intelligence, determination, resourcefulness and other talents keep young people safe and help them survive from day to day, but these factors are overshadowed when the focus is on their drug using behaviour alone.

Without ignoring high risk issues such as abuse, perhaps we should develop views of young people that highlight their potential and scenarios that inspire hope and optimism. Taking the camera as an analogy, perhaps we should widen the aperture and let in more light to help identify and validate young people's strengths in spite of their difficulties. Encouraging, supportive relationships that maintain high but realistic expectations support better outcomes. Resilience studies reveal that these approaches are more likely to open up pathways forward.

We can use events as opportunities to promote resilience. When cannabis is in the picture, there is an ideal chance to respond constructively and create these pathways. Schools, which have key roles in fostering resilience, significantly influence young people's futures.

Most schools are highly protective, providing accessible support and health services, with a range of opportunities to foster success. Young people agree with adults that, as well as being looked after, they need boundaries that convey expectations of success. So some caution is warranted to ensure we don't lower the bar by expecting less,

ignoring issues, or overprotecting and removing opportunities for students to develop their own capacity. Reduced expectations of achievement permit, or even create, a picture of risk rather than resilience.

Interestingly, everyday events matter most to young people. They notice the small things, such as the teacher who recognises their potential. They favour inclusive rather than special services to maintain their identities as resilient young people.

When students are striving to manage the complexities of their lives, they tell us that they do not necessarily expect school to 'take off the lid' and fix up these issues, but they do expect school to protect them when necessary and, most importantly, to do their job by providing opportunities to succeed. They want accessible support, but need opportunities to exercise their own strengths. As young people argue, the best drug education is not about focusing on problems, but about good information and encouragement to build capacity. It's often about giving young people what they need, with respect for their realities and their abilities.

Ideally we expect families to be included. However, sometimes youth

just want a break from stressful home environments. When we discover that families are immersed in problems, it is important to determine who constitutes the main support systems for the student. If family is not available, it is vital that we maintain access to the one place that can provide visions of success. For some young people, this is best achieved by viewing school as a different world from home and community.

Students caught with cannabis tell us very clearly not to overreact over something that is often normalised in the community and in their environment. Students are often caught as a result of experimental use. Their stories illustrate the impact of school exclusion for offences that are often unrelated to educational activities and achievements.

Once a young person is labelled a drug user, it becomes very difficult for them to access other mainstream education. This single event can determine a trajectory of escalating problems leading to increased contact with troublesome peers, non-achievement, unemployment and possibly offending. Ironically, they have many good role models in adults with a history of cannabis use. Real and important issues, such as their mental health or social concerns, can be overlooked in the rush to over-reaction or over-protection.

Recently, I witnessed a young student appearing before a school board of trustees. As the incident was described and questions asked, the young woman sat with her head down, offering no explanation and demonstrating no willingness to address the incident or discuss her return to school.

The principal noticed this and began to outline her potential as a bright young woman. He gave examples of high achieving students who had similar backgrounds and abilities to her own. He also outlined the possible consequences of her

actions. He acknowledged her resilience but emphasised how much she would need it to get through the next year 'trouble free' and to manage peer relationships alongside significant family responsibilities. He portrayed hope and possibility far beyond her own expectation of leaving school early and unqualified.

The approach taken by the principal had far more impact than the threat of exclusion from school. When the promising vision was presented, the student visibly straightened in her chair, looked up and asked questions, becoming far more alert and engaged. This intervention was significant in providing a turning point to both reinforce boundaries and provide high expectations of potential.

Let's not, as a first response, remove young people from school, when it's one fundamentally protective system for young people. Let's not oversimplify the issues either. Young people's lives, like their school environment, can be complicated and hard work.

Some schools are an example to others, undertaking innovative and collaborative responses to drug issues. Schools should also be resourced to maintain organisational resilience, such as validation, strong agency support and robust information about these issues.

We can still address risk, responding with the best interests of the school and community at heart, while allowing students to strive. Let's be sure to view these events as opportunities to create a picture of potential in the young person's life.

As the educationalist Swadener maintains: "We must find the will and the character to view all children through the lens of promise." ■

**Trish Gledhill is the Executive Trustee of Kina Trust ([www.kinatrust.org.nz](http://www.kinatrust.org.nz)). She also sits on the board of trustees of a low-decile secondary school, and was recently elected as a member representative to the New Zealand Drug Foundation board.**

Findings from *Drug use in New Zealand 2002*, Alcohol and Public Health Research Unit, Auckland:

69%

- At least two-thirds (69 percent) of people who have tried cannabis have stopped using the drug.

36%

- At 36 percent, "Didn't like it" was the most common reason people gave for stopping their cannabis use, followed by "just experimenting" (21 percent), "physical health" (19 percent) and "mental health" (13 percent).

9%

- Other reasons included "no longer fun/got boring" and "new friends/new social scene" (each at 9 percent), and "family responsibility/kids" and "fear of law/police" (each at 8 percent).

36%

- People using more cannabis than one year ago were asked why. The most frequently cited reasons were "liked the effect/it's fun" (36 percent), "availability/easy to get" (33 percent), "escape problems" (19 percent), "social pressure" (17 percent) and "new friends" (15 percent).

36%

- People who had never tried cannabis were asked why. Fifty-six percent said they just don't like it or felt no need to try it, 36 percent cited health reasons and 16 percent the risk of being caught. Twelve percent said cannabis wasn't a part of their social scene.

2006

Recent findings from *Drug use in New Zealand 2006*, SHORE, Auckland:

44%

- The proportion of people having ever tried cannabis decreased from 50 percent in 1998 to 44 percent in 2006.

18%

- The proportion of people using cannabis in the last year also decreased from 20 percent in 1998 to 18 percent in 2006. ■

# WHEN *truth* AND BALANCE GO TO POT

Now, more than ever, rational, balanced and informed debate on cannabis use is needed, so that legislation and cultural attitudes can be shaped by right understanding instead of panic and misinformation. Drug Foundation Director **Ross Bell** weighs some news stories in the balance and finds that coverage is often found wanting.

*REEFER MADNESS* was a 1936 propaganda film describing what happened when pushers lured high school students into trying “marihuana”. The tragic consequences included a hit and run accident, suicide, rape, weird orgies and a general descent into degradation, debauchery and despair.

The film was originally financed by a church group and had a clear message: Cannabis, the “smoke of hell” and “the devil’s harvest”, will inevitably lead to drug-crazed abandon, insanity and death.

Cannabis use has become much more widespread in the last 72 years. More than 50 percent of us have tried it at some stage, and those of us who haven’t probably know plenty who have. Few today, even amongst pot’s most vehement detractors, would argue for the full accuracy of the film’s conclusions.

However, a more subtle form of reefer madness persists in the way the effects of cannabis use can be presented by the media. Alarming-sounding statistics are often relayed with little attention given to context or negative research findings, and stories are run under shocking or sensationalist headlines.

An example of this is what happened with the *Lancet* meta-study

on cannabis and psychosis published last July. The main report headline, that smoking cannabis increases the risk of schizophrenia by 40 percent, was very widely reproduced in covering media stories. However, the *Lancet* paper actually stated that the risk pertains to a small proportion of heavy users, and noted that it was related to quantity – the more you use, the greater the risk. It also suggested that 800 cases of schizophrenia would not have occurred if none of the UK’s 6.2 million cannabis users had ever tried it.

These figures boil down to an estimated 0.00129% risk of schizophrenia for cannabis users, probably statistically similar to your chances of being hit by an Aston Martin while crossing the road in Cannons Creek.

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“**Journalists, as influential shapers of public opinion, have a duty to show some restraint and a willingness to do deeper research so that they don’t add further fuel to an already confused and emotional debate.**”

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The *Lancet* study’s authors also admitted that, while a correlation between cannabis and schizophrenia was shown by their research, no causative link could be established.

The point here is not that the possible mental health risks associated with cannabis use should be trivialised – there is a possible link and it shouldn’t be ignored – but rather that the prevailing message of



“New findings on marijuana’s damaging effect on the brain show the drug triggers temporary psychotic symptoms in some people, including hallucinations and paranoid delusions, doctors say.”

the media coverage amounted to wild and inaccurate overstatement.

The next example followed closely on the heels of the *Lancet* story.

A paper by New Zealand researchers appeared in the 31 July edition of the journal *Thorax* considering the relative impacts of cannabis and tobacco on a range of lung functions. The typical headline above stories reporting on the paper was “One cannabis joint as bad as five cigarettes” and, once again, the full extent of the research went largely unreported.

In actual fact (and in layperson’s terms), the research found that:

- tobacco smoking reduced forced expiratory volume (FEV1) but cannabis smoking had no effect
- tobacco smoking reduced maximum mid-expiratory flow (MMEF) but cannabis had no statistically significant effect
- tobacco smoking had no effect on total lung capacity but cannabis increased it with marginal statistical significance
- tobacco smoking reduced carbon monoxide transfer, but cannabis had no effect.

The only test in which cannabis caused worse results than tobacco was in specific airways conductance (sGaw). The negative effect was of

marginal significance for tobacco, while smoking cannabis reduced sGaw to the equivalent of smoking between 2.5 and five cigarettes (note the headlines only mention the maximum number).

A ‘novel finding’ in the research was that those who used cannabis regularly had an “increased percentage of low density lung tissue” – something that also went largely unreported.

So, in every test but one, tobacco had negative effects while the effects of cannabis were statistically insignificant. But when it comes to the battle to capture readers, that single finding is sufficient to ignore the other findings and claim cannabis to be five times more damaging than tobacco.

At the start of May last year, Associated Press ran a story starting with the following paragraph.

“New findings on marijuana’s damaging effect on the brain show the drug triggers temporary psychotic symptoms in some people, including hallucinations and paranoid delusions, doctors say.”

The fact that cannabis sometimes produces paranoia and hallucinations is not new news, and I don’t want to argue that these are good things. But

calling them “damaging effect[s] on the brain” is potentially misleading. ‘Damage’ implies permanent, harmful changes whereas the scans in question only reveal what was happening to the brains of the subjects when they were high, not what happened afterwards, or what their brains were doing a day later when they weren’t high.

Our brains change temporarily all the time – when we eat chocolate, have sex or go for a run, for example. A temporary change in the brain is not the same as brain damage, and only a study that scanned the same people repeatedly over a long period of time could justifiably claim “physical evidence of the drug’s damaging influence on the human brain”.

Cannabis use may or may not lead to brain damage in some, but all this study proved was that it alters the brain while a user is under its influence. Admittedly, there’s not much of a story in that, but journalists should wait for research that shows permanent damage before claiming it occurs.

Watching the media cover cannabis issues is both fascinating and frustrating. It’s fascinating to see how quickly stories that fail to properly place science in context can be churned out and presented to an

often uncritical public. It's frustrating in that now, more than ever, rational balanced and informed debate on cannabis use is needed, so that legislation and cultural attitudes can be shaped by right understanding instead of panic and misinformation.

Journalists, as influential shapers of public opinion, have a duty to show some restraint and a willingness to do deeper research so that they don't add further fuel to an already confused and emotional debate.

Let's return to the schizophrenia story as an example. How hard would it be to investigate a corollary or two such as whether schizophrenia rates have increased in line with cannabis use? After all, when tobacco smoking increased across the population, there was a corresponding rise in lung cancer prevalence.

Since the 1940s, percentages of people who have used cannabis have increased from single figures to around 50 percent in many places. Not all use it regularly, or even at all anymore, but if cannabis is more widely used, then

any ailment it causes should also have increased. Five minutes on Google shows that this is not the case. In fact, some experts think schizophrenia rates may actually have fallen.

Furthermore, few journalists take the time to put their coverage of risk in context. A 40 percent increase in risk of schizophrenia would sound pretty scary to most, but to epidemiologists, it is not especially noteworthy. They usually don't find risk factors significant until the number hits at least 200 percent, and some major journals won't publish studies unless the risk is at least 300 percent.

Citing other research to help readers get a better understanding of risk magnitude could also be helpful and would be easy to do. A recent study by Johns Hopkins University, for example, found that alcohol can increase the risk of psychosis by 800 percent for men and 300 percent for women. Such a parallel would really help put the dangers of cannabis use into perspective.

The last option open to journalists with a bias for balance would be to cite research that disagrees with or questions the findings in the story they are covering. Leslie Iversen, author of *The Science of Marijuana*, for example, told the *Times of London*:

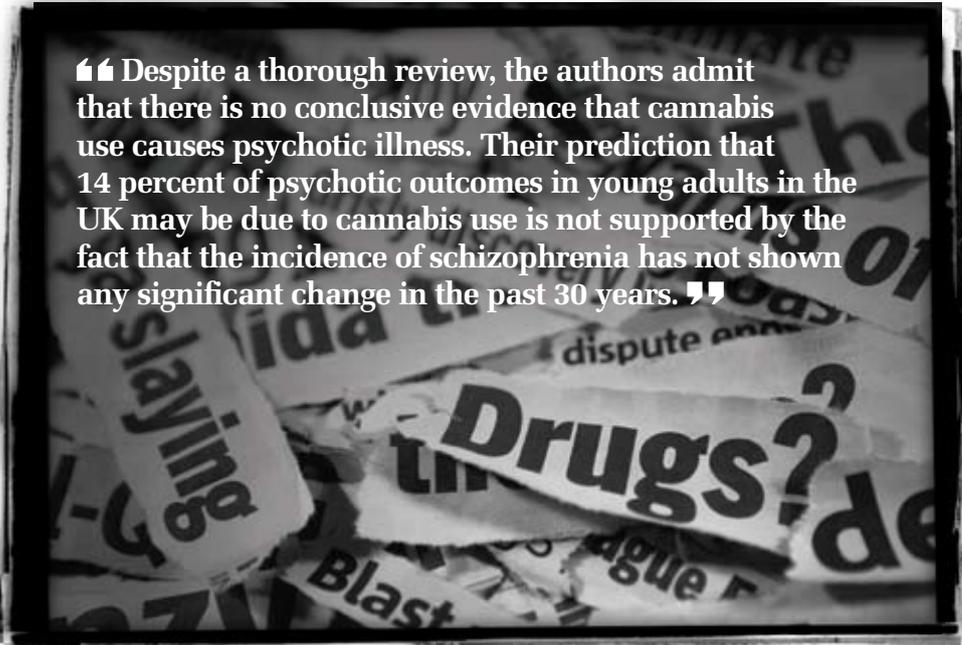
"Despite a thorough review, the authors admit that there is no conclusive evidence that cannabis use causes psychotic illness. Their prediction that 14 percent of psychotic outcomes in young adults in the UK may be due to cannabis use is not supported by the fact that the incidence of schizophrenia has not shown any significant change in the past 30 years."

Comments like these may not help sell papers to a public that prefers its issues to be clear cut, but the role and duty of the media is balance and truth, especially on issues where what we believe and the laws we make can seriously affect so many. ■

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**Ross Bell is the Drug Foundation's Executive Director.**

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Despite a thorough review, the authors admit that there is no conclusive evidence that cannabis use causes psychotic illness. Their prediction that 14 percent of psychotic outcomes in young adults in the UK may be due to cannabis use is not supported by the fact that the incidence of schizophrenia has not shown any significant change in the past 30 years. ■■

### Finding out more

This article acknowledges a debt to the following blogs:

*More shoddy reefer madness reporting of cannabis risks*  
Transform Drug Policy Foundation,  
31 July 2007  
[transform-drugs.blogspot.com/2007/07/more-shoddy-reefer-madness-reporting-of.html](http://transform-drugs.blogspot.com/2007/07/more-shoddy-reefer-madness-reporting-of.html)

*Breaking news: Marijuana gets you high!*  
Maia Szalavitz, 1 May 2007  
[www.stats.org/stories/2007/breaking\\_mari\\_high\\_may1\\_07.htm](http://www.stats.org/stories/2007/breaking_mari_high_may1_07.htm)

*Will one joint really make you schizoid?*  
Maia Szalavitz, 30 July 2007  
[www.stats.org/stories/2007/will\\_one\\_joint\\_schizoid\\_july30\\_07.htm](http://www.stats.org/stories/2007/will_one_joint_schizoid_july30_07.htm)

The Drug Foundation has generated some interest in its 'Let's talk about pot' project. Here are some comments from politicians, the media and the public that surfaced during the first month of the 'conversation'.

### From the politicians:

Press release, Minister responsible for drug policy, Hon Jim Anderton, 4 November 2007

“ I must say that I am surprised and concerned at the comments by the Executive Director of the Drug Foundation that politicians don't want to talk about cannabis because it is not a 'vote winning issue'. He can't be talking about me! I've spoken about the harm it causes, at meetings all around the country, and at some of those, he was also present.

In my view, the jury is now in on cannabis – from research in New Zealand and overseas. Cannabis is a much more harmful drug than its supporters have hitherto declared, and we would encourage its use at the peril, particularly, of our younger citizens. Surely, in alcohol and tobacco, we have enough serious drug abuse problems to deal with, and I'm surprised that the New Zealand Drug Foundation has any doubts at all about that. ”

The Green Party looks forward to the end of anxiety-fuelled stonewalling and the start of an objective and balanced discussion on the status of cannabis in New Zealand society, as called for by a respected authority on drug policy and research.

Press release, Green Party, 1 November 2007

“ The drug debate in New Zealand very quickly becomes dominated by fear and anxiety. Developing a sensible approach to drug use becomes very difficult in that kind of climate. As a result, New Zealand has a set of inconsistent and ineffective drug policies that are little more than a drain on public funds and judicial resources.

The Drug Foundation says that half of New Zealanders have used cannabis, and one in eight people use it regularly. Rather than these figures indicating that every second New Zealander is a drug-addled criminal, they show that current Government policies are not based on the reality of the situation and do not contribute to developing socially responsible behaviour. ”

Tony Ryall, National Party Health Spokesperson, *Gisborne Herald*, 2 November 2007

“ The National Party does not support decriminalisation of cannabis. We are concerned about the social and health consequences of this drug. There is no doubt that drug rehabilitation in New Zealand needs greater priority, but this view does not extend to legalising cannabis. ”

### From the papers:

*Hawkes Bay Today*, 8 November 2007

“ The Foundation recognises that shrill condemnation of the practice makes many addicts unreachable by driving them into hiding. On the one hand is the need to register – in law and policing – the disapproval necessary to demonstrate that use of the drug is unacceptable, while on the other to provide an environment in which addicts will seek help. ”

*Gisborne Herald*, 2 November 2007

“It is this engagement with the issue within our community that will free people from problematic drug use, says Nigal McRoberts, the Unit Manager of Awhina House, Gisborne’s main drug treatment facility. It’s about how we voice our concern and work out why people do not see what a problem cannabis is in our community. Mr Bell is right to say we need to get the issue back on the table – we need to have a really good debate around how people feel about cannabis, and we need for it to start pretty much immediately.”

### From the blogosphere:

Posted by runawayslave on  
[www.talkaboutpot.org.nz](http://www.talkaboutpot.org.nz)

“It is inherently clear that prohibition of marijuana is neither effective nor ethical. Yet the latest poll probing New Zealanders’ views on the legal status of marijuana suggests that the majority of tax payers are still happy spending all their hard earned money on prohibition. Instead of putting the onus onto others to explain why marijuana users shouldn’t be punished, society should be made to explain what their reasons are for continuing to punish marijuana users.”

Posted by tony on  
[www.talkaboutpot.org.nz](http://www.talkaboutpot.org.nz)

“I have spent the last few days doing drafts of my personal experience with medical cannabis. Unfortunately, like so many of the others out there who have discovered the benefits medical cannabis can offer, I am already struggling with medical complications and living constantly with stress and fear of the law. It’s not the legal consequences, I believe I have enough substantive medical evidence and legal opinions to sway a jury. The complication is without regular medpot I would be physically and mentally unable to function and would quickly just give up maybe on life itself. Does medpot work for me? Yes. It was its discovery a few years ago that pulled me out of a pit of pain and hopelessness and pulled me back from the brink of suicide, and since then gained me a quality of life I had near given up on.”

Posted by nznative on  
[www.talkaboutpot.org.nz](http://www.talkaboutpot.org.nz)

“I’ve known a few ‘addicts’ in my time. But it’s always been booze that they are addicted to. The writer of our ‘veil’ story can thank himself lucky it wasn’t the booze that he was abusing for 20 years. He’d be dead.”

Posted by mlang52 on  
[stopthedrugwar.org](http://stopthedrugwar.org)

“If cannabis is so harmful, then why can’t the hypocrites just prohibit alcohol? It is much more deadly. Young people have died from alcohol binges, many times. Yet, it is hard to find any evidence of THC containing products ever killing anyone. The politicians like to say “cannabis is a much more harmful drug than thought” but fail to back it up with evidence.”

Anonymous posting on  
[stopthedrugwar.org](http://stopthedrugwar.org)

“New Zealand has a terrible drinking culture. Young guys get drunk and bash random strangers, people living near universities have bottles thrown through windows, you aren’t cool if you haven’t drunk enough to vomit out your intestines. Getting New Zealanders off the piss and onto something else would only be a good thing; cannabis is a far safer alternative.”

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# Killer beers

In Cambodia, more than 4,000 ‘girls’ are working as beer promoters in popular entertainment venues. Some are surviving on subsistence wages, many are exposed to extremely unsafe working environments, over half supplement their income with sex work, and around 20 percent have HIV/AIDS. Unsurprisingly, the mortality rate for these women is high and climbing. **Catherine Clark** reports on the exploitation of young women by multinational beer barons.

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**TOURISTS** patronising Cambodian bars have no problem finding their favourite beer. In fact, thanks to breweries’ marketing tactics, they can be overwhelmed by choice of product.

For the past 10 years, international beer giants such as Heineken and Carlsberg have made a fortune from Cambodian entertainment venues, thanks largely to their use of ‘beer promotion girls’ competing to sell the brands.

They’re usually young and attractive women outfitted in skimpy beer branded clothing, competing with others to meet their sales quota. They’re good at what they do – in the

South East Asia region, the girls bring in over 40 percent of beer sales.

Part of their success lies in drinking on the job, which is common, as it is seen as critical to please customers

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**“ I force myself to drink because, if I don’t drink with the customers, they don’t buy my beer. ”**

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and increase sales. One woman says, “I force myself to drink because, if I don’t drink with the customers, they don’t buy my beer.” And it isn’t just

one or two drinks either. A recent study found that the beer girls consumed more than five standard drinks per night on average.

Their drinking has direct and harmful effects on the health of these young women. Prevalence of HIV/AIDS is high and is often a consequence of sex work. Sometimes the sex is non-consensual and, even when it is, safe sex practices are often forgotten or poorly understood.

Harassment in the workplace is also very common, but is regarded as an occupational hazard rather than a violation of human rights. One survey found that 31 percent of women had to

## Quotes of Substance

“ If, this time next year, Labour is in the miserable position of having to do an autopsy on where it went wrong in its final year of government, one of the things it will rue is the cruel coincidence of Guy Fawkes and the Australasian conference on addiction...

**Helen Clark's peevish comments about the menace of firecrackers coincided with no fewer than 16 press releases from the anti-drug and alcohol fraternity, including one warning that the officially safe maximum of two drinks a day is not safe, after all.** ”

**Jane Clifton** bestows on Doug and Robert\* the power to bring down governments. \* [Doug Sellman, National Addiction Centre and Robert Steenhuisen, Auckland CADS – convenors of the said conference]

“ The host of government-sponsored addiction-support organisations have become an industry in themselves and need to justify their existence by generating doom-laden scenarios to snare a bigger chunk of the health budget. ”

**Bill Ralston** is overwhelmed by the Cutting Edge conference media coverage. A long lunch should calm him down.

“ It's like the Incredible Hulk syndrome. They become very angry. ”

Victorian paramedic **Alan Eade** comments on the dangers medical staff face when dealing with patients high on 'ice'.

continued on page 24 ▶



seek medical treatment because of violent harassment in the work place.

Health groups have spent years working with these women, focusing on their alcohol consumption and safe sex practices. And they have not been shy in taking on the breweries to achieve social change. Several NGOs and women's rights organisations have described the companies' marketing tactics as unethical, forced and inhumane, and have accused them of turning a blind eye to the abhorrent working environments of the women.

Attempts have been made to build alliances with breweries and entertainment venue hosts, urging them to take a role in safeguarding the girls who work at their premises.

In 2006, six brewers formed Beer Selling Industry Cambodia (BSIC) and issued a code of conduct that aligned beer promoters' employment status with Cambodian labour law. Previously, beer girls were rarely regarded as employees. Instead, they were accounted for in the books as advertising and marketing costs, a scam denying them workers' rights. The code also seeks to protect workers from sexual harassment, to put an end to forced workplace alcohol consumption and to ensure education is provided about safe sex. However, the code is silent on fair wages and the provision of financial support for HIV/AIDS treatment – issues the NGOs have included in their own Fair Trade Standard, which they're promoting to all companies.

While improvements have been made, compliance with the code remains disputed by health groups who argue the brewers refuse to promote a safe and healthy workplace for beer girls.

The NGOs routinely expose the breweries' breaches of the code on their campaign websites, where they also publish the experiences of beer girls and an In Memoriam list of women who have died because of their working environment.

Travelling through South East Asia can be hot and sticky work, no doubt. But while tourists and bar patrons may become thirsty, it's these girls who are literally 'dying for a beer'. ■

**Catherine Clark** is the Drug Foundation's Policy Analyst.

## Killer beers and the brewers

Carlsberg	Tiger	Chang
Angkor	INBEV	Corona
Lao Beer	Becks	Guinness
Holsten	Stella Artois	Singha
Heineken	San Miguel	
Gold Crown	Budweiser	

For more information visit [www.beergirls.org](http://www.beergirls.org) and [www.fairtradebeer.com](http://www.fairtradebeer.com).



**CAMBODIA** is situated in South East Asia, with a population of over 13 million people. Its capital city, Phnom Penh, is also its largest, with a population of over 2 million. The geography of Cambodia is dominated by the Mekong River and the Tonle Sap Lake. Cambodia's main industries are garments and tourism – over 1.7 million foreign visitors visited Cambodia in 2006. Discovery of oil and natural gas deposits beneath Cambodia's territorial water could have significant effects on Cambodia's economy once commercial extraction begins in 2009/10.

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# Review of Alcoholism and Drug Addiction Act 1966

Last year, the Wellington coroner recommended the number of certified institutions for people with alcoholism and drug addiction be increased, and for the Alcoholism and Drug Addiction Act 1966 be updated “without delay”, to take into account social needs and the Bill of Rights Act 1990. The Ministry of Health outlines the proposed review of the Alcoholism and Drug Addiction Act.

THE coroner’s comments followed the death of a Lower Hutt woman, whose family had wanted her committed to an institution for compulsory treatment but found the process too difficult. The coroner said there were insufficient institutions in this country for the placement of persons requiring treatment for alcoholism and drug addiction. New Zealand has only four institutions – in Auckland, Wellington and Christchurch – that provide compulsory treatment.

The stated purpose of the Alcoholism and Drug Addiction Act 1966 is “to make better provision for the care and treatment of alcoholics and drug addicts”. One of the Act’s functions is to provide for the compulsory detention and treatment in certified institutions of people who are persistently and severely affected by alcohol and/or drugs.

However, the 42-year-old Act is considered to be outdated and no longer meets its stated purpose. In particular, the Act has not kept pace with modern human rights concepts, nor with changes in the health sector and other health legislation.

Last year, the Minister of Health agreed to a comprehensive review of the Act, with a view to repealing and replacing it with new legislation. The Ministry of Health has convened internal and external advisory groups to provide support and advice throughout the review, and will soon be seeking

your input by inviting comments on a discussion document, which will particularly examine how community-based alcohol and drug treatment models work in other jurisdictions, and through regional forums.

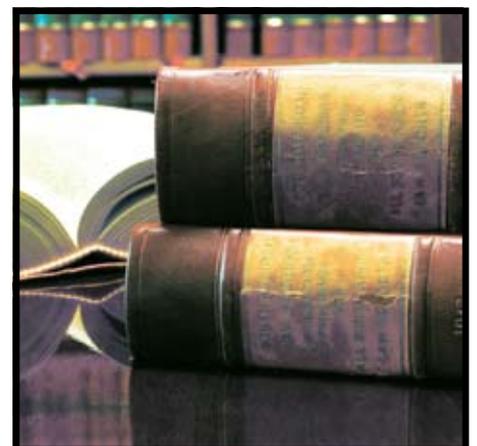
Some of the key issues already identified by the review include:

- Inconsistency with human rights law. Currently, the Act contains extensive powers to deprive people of their liberty without legal protections or a formal process of appeal such as those that exist under the Mental Health (Compulsory Assessment and Treatment) Act 1992.
- A lack of conclusive evidence as to whether long-term alcohol and drug treatments provide outcomes that are robust enough to justify compulsion. This introduces an ethical dilemma as to the right of society to compel treatment that may or may not benefit the addict.
- A lack of ‘certified institutions’. Only two non-governmental organisations are currently functioning as certified institutions under the Act. These are the Salvation Army Bridge Programmes in Auckland, Wellington and Christchurch, and Nova Trust Lodge in Christchurch.
- Some institutions are unable or unwilling to accept certain clients, or are unable to match client need to the right treatment facility.

These include violent patients who need greater security than the institutions can offer.

- There are no formal assessment processes, as there are with the Mental Health (Compulsory Assessment and Treatment) Act 1992.

Despite these issues, there is a generally held view that repeal and non-replacement of the Alcoholism and Drug Addiction Act would leave a small number of people, chronically dependent on alcohol and/or drugs, in a situation of serious danger to themselves or others. It would also result in there being no lawful means of intervening to enforce detoxification or treatment. ■



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For more information about the Ministry’s work on the ADA Act, please contact Michelle Judge on 04 496 2000 or [ada\\_act@moh.govt.nz](mailto:ada_act@moh.govt.nz).

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# The ultimate price: The death penalty for drug offences



China has used the occasion of the UN's International Day Against Drug Abuse and Illicit Drug Trafficking to stage public executions of drug offenders.

AP Images

Over the course of two weeks in November 2007, Vietnamese courts condemned 35 people to death for drug related offences. It was such a flurry of death sentences that even the media became interested after having ignored the issue for so long. According to Amnesty International, the death penalty has been abolished in law or practice in 133 states. Of the 64 states that continue to use capital punishment, nearly half have legislation applying the death penalty for drug related offences. **Rick Lines** illustrates how this ultimate breach of human rights is used by many countries as punishment for drug users and traffickers.

OVER the past 20 years, there has been a remarkable trend towards the abolition of capital punishment worldwide. Yet, during this same period, the number of countries expanding the application of the death penalty to include drug offences has increased from 22 in 1985, to 26 in 1995, to at least 34 by the end of 2000. The majority of these countries are in the Middle East, North Africa and the Asia Pacific region, and in some, drug offences can carry a mandatory sentence of death.

The number of countries actually carrying out executions, and the number of people put to death annually for drug convictions, is more difficult to calculate. While it is clear that not all countries are actually implementing the death sentences provided for in their legislation, it is equally clear that a significant number of executions for drug offences do happen each year. Amnesty International reports that 94 percent of all known executions in 2005 took place in just four countries: China, Iran, Saudi Arabia and the USA. Each of these has legislation allowing the death penalty to be applied in drug cases.

A review of various reports from UN agencies, non-government organisations and media outlets shows that, in recent years, executions for drug offences have been carried out in countries including China, Egypt, Indonesia, Kuwait, Malaysia, Saudi Arabia, Singapore, Thailand and Vietnam.

In some of these countries, the number of executions is small, but in others, drug offenders constitute a significant proportion of total executions. In Malaysia, for example, 36 of the 52 executions between July 2004 and July 2005 were for drug trafficking. Amnesty International reported that 26 of the 50 executions carried out in Saudi Arabia during 2003 were for drug related offences; the following year, Amnesty reported that at least 33 executions were carried out for drugs. The Government of Vietnam admitted in a 2003

submission to the UN Human Rights Committee that, “Over the last [few] years, the death penalty has been mostly given to persons engaged in drug trafficking.” According to a recent media report, “[a]round 100 people are executed by firing squad in Vietnam each year, mostly for drug related offences.”

Amnesty International notes that Singapore has perhaps the highest per capita execution rate in the world. Since 1991, more than 400 people have been executed there, the majority for drug offences. Reports say 76 percent of all Singaporean executions were drug related between 1994 and 1999, and 22 people were executed for drug crimes in 2001 alone.



Two convicted drug dealers, Mulati Tuohudabaike, right, and Tan Xiao, left, have their final cigarettes before being executed in Hangzhou in east China's Zhejiang province.

In recent years, China has used the occasion of the UN's International Day Against Drug Abuse and Illicit Drug Trafficking to stage public executions of drug offenders. In 2001, more than 50 people were publicly executed for drug crimes at mass rallies, at least one of which was broadcast on state television. The following year, the event was marked by 64 public executions in rallies across the country. The largest public execution took place in the south-western city of Chongqing, where 24 people were shot.

While the typical application of capital punishment is for drug trafficking, cultivation, manufacturing and importing/exporting, the definition of capital narcotics crimes is not limited to these offences. In fact,

the types of drug crimes that carry a sentence of death are broad and diverse, and include mere possession in some countries. States such as Jordan, Egypt and Syria impose a mandatory death sentence if the offender is a public official or government employee. Egypt and Iran extend that sentence to anyone inducing others to take or become addicted to narcotics.

Under the International Covenant on Civil and Political Rights (ICCPR), the application of capital punishment, while not prohibited, is restricted in important ways. One key restriction is found in article 6(2), which states: “In countries which have not abolished the death penalty, sentence of death may be imposed only for the most serious crimes.” Executions for crimes that do not meet this threshold are therefore considered to violate the Covenant.

As early as 1982, the UN Human Rights Committee – the expert body that monitors compliance with state obligations under the ICCPR and provides authoritative interpretations of its provisions – said the expression “most serious crimes” must be read restrictively to mean that the death penalty should be a quite exceptional measure. In its report on Sri Lanka in 1995, the Committee specifically listed drug related offences among those that “do not appear to be the most serious offences under article 6 of the Covenant”. In 2000, in its report on Kuwait, it expressed “serious concern over the large number of offences for which the death penalty can be imposed, including very vague categories of offences relating to internal and external security as well as drug related crimes”. In its 2005 report on Thailand, the Committee noted with concern that the death penalty is not restricted to the “most serious crimes” within the meaning of article 6 and is applicable to drug trafficking. This is the most definitive statement to date that drug offences do not satisfy the threshold for capital

punishment under the ICCPR, and are therefore in violation of the protections in the treaty.

The Special Rapporteur of the Commission on Human Rights on Extrajudicial, Summary or Arbitrary Executions has also strongly stated that drug offences do not meet the threshold of “most serious crimes”.

“[T]he death penalty should be eliminated for crimes such as economic crimes and drug related offences. In this regard, the Special Rapporteur wishes to express his concern that certain countries, namely China, the Islamic Republic of Iran, Malaysia, Singapore, Thailand and the United States of America, maintain in their national legislation the option to impose the death penalty for economic and/or drug related offences.”

From the perspective of the UN human rights system, drug offences are clearly not “most serious crimes”, and therefore these executions violate international human rights law. By carrying out death sentences in such dubious legal circumstances, countries that execute drug offenders do so in circumstances likened by a UN Special Rapporteur to summary or arbitrary executions.

Despite this fact, and the significant number of executions occurring annually on drugs charges, there has been little public outcry. Indeed, the dearth of international attention paid to human rights abuses against people who use drugs suggests that some of the same moral blinders that drive repressive policy and legislation have also impeded the development of progressive human rights discourse in this area.

Addressing this situation through established international mechanisms is complicated by the inherent contradictions faced by the UN as the body tasked by the international community with both promoting human rights worldwide, and promoting the international narcotics



A woman attends a vigil for Australian drug runner Ngyuen Tuong Van just hours before his execution in Singapore in December 2005.



The vigil for Ngyuen Tuong Van, executed after being convicted for trafficking almost 400 grams of Heroin while in transit from Cambodia to Australia at Singapore's Changi Airport in 2002.

control regime that either drives, or provides ideological justification for, these abuses.

It is often stated that the progress towards the abolition of capital punishment over the past 20 years is a dramatic example of the success of the human rights movement worldwide. If this is so, then the expansion of capital punishment for drug charges during this same period illustrates a dramatic failure. This situation demands attention and highlights the need for abolitionists and others in the human rights movement to speak

out on state abuses against people who use drugs. ■

Rick Lines leads HR2, the International Harm Reduction Association's Harm Reduction and Human Rights Monitoring and Policy Analysis Programme – [www.ihra.net/HR2](http://www.ihra.net/HR2).

#### Feedback

This article with full references is published on our website – [www.drugfoundation.org.nz/matters-of-substance](http://www.drugfoundation.org.nz/matters-of-substance) – where you can also post responses to this and previous Guest Editorials.

# After the ban: Recreational drug using behaviour and legal party pills



Claims by the party pill industry that a ban would increase methamphetamine use have been put to the test. These claims, made in a policy debate informed largely by anecdote, prompted PhD psychology student **Kate Bryson** to ask pill users about their intentions. Kate summarises the results from her two studies.

I BEGAN researching Benzylpiperazine (BZP) party pills two and a half years ago for my PhD in Psychology at Victoria University in Wellington. My interest in BZP party pills was stimulated by the party pill debate, which, at the time, was based mostly on anecdotal evidence and opinion rather than empirical research.

The party pill industry claimed it was reducing illicit substance use by providing an alternative to illegal drugs, and that if the pills were banned, increased use of methamphetamine would be the likely result.

Together with my supervisor, Dr Marc Wilson, I received funding from the Ministry of Health to conduct two studies. The first investigated whether party pills were, as the industry claimed, reducing illicit substance related harm by providing a legal alternative. The second asked BZP party pill users what they thought they would use instead should they be banned.

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■ ■ **Our study concluded that methamphetamine is an unlikely post-ban alternative to party pills.** ■ ■

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## Testing the 'safe alternative' theory

Our first study surveyed 796 first year university students about their legal and illegal substance use and compared the drug use of party pill users with non-users.

We found:

- More than a quarter (27 percent) of the sample had used party pills at least once in the previous six months.
- Nearly three-quarters (73 percent) of party pill users also used illicit substances.
- Party pill users were 10 times more likely than non-users to be current users of LSD, ecstasy and Ritalin, at least seven times as likely to be current users of speed and nitrous oxide, and at least three times as likely to be current users of

cannabis, methamphetamine and inhalants.

To test if party pills could be reducing the frequency of illicit substance use, we compared two groups of illicit substance users: those who use party pills against those who do not.

We found:

- Party pill users use illicit substances just as often as illicit substance users who do not use party pills.
- Party pill users also use a wider variety of illicit substances than illicit users who do not use party pills.
- Party pills were being used as well as illicit substances and not as an alternative to them.
- Party pills are not the cause of this pattern of use. Rather, party pill users are a self-selecting group of poly-drug users. Party pills are simply another substance on their 'menu'.

“There’s no safe amount of alcohol during pregnancy. However, common sense might suggest, an occasional glass of wine or beer, in small amounts, might not be dangerous.”

Obstetrician **Dr Jordan Horowitz** of the California Pacific Medical Centre demonstrates how mixed messages are often given about alcohol and pregnancy. Let’s be clear: do not drink alcohol at all if you’re pregnant or planning to be pregnant.

“It’s one of the few drinks where you don’t necessarily know you’re drinking alcohol and that’s a conscious effort to make those drinks more appealing to young people. [The] drinks are very much about masking the alcohol taste.”

Whoops! **Mat Baxter**, a partner at Australian marketing agency Naked Communications, forgets to stick to the usual industry script: ‘alcopops are not targeted at young people’.

“It’s a more effective and easier way to get drunk faster and that’s a conclusion that we’ve drawn from understanding the category dynamics.”

**Mat Baxter** spills the beans on alcopops again! Someone shut this guy up; he’s giving the game away.

“Ice, it’s a dirty drug.”

Victorian Mental Health Minister **Lisa Neville** quotes the key message of a new anti-drug campaign that focuses on the dangers of methamphetamine.

continued on page 26 ▶

### Predicting the impact of a ban

Based on the results of our first study, there seemed to be little justification for a legal party pill market in New Zealand. We undertook the second study to investigate what might happen if BZP party pills were banned.

We conducted 60 in-depth interviews with regular party pill users in Auckland, Wellington and Christchurch. We asked what they thought they might use instead if party pills were banned.

We found:

- The illicit substance most frequently mentioned by party pill users was ecstasy.
- Participants who had already used illegal drugs were more inclined to say they would use illegal alternatives to party pills.
- Those who had not used illegal drugs talked more about looking for legal alternatives to party pills.

The party pill industry has often claimed that a ban would force users to resort to using methamphetamine. Our study asked whether party pill users thought methamphetamine was a likely alternative for them.

Participants had extremely averse responses to such a suggestion. They made typically negative comments towards methamphetamine use such as: “Oh, no way! I wouldn’t touch that stuff!” and “...you see so many people get addicted and it drags them down and turns their life upside down...” The few participants who said they would consider methamphetamine as an alternative tended to have an existing history of its use.

Our study concluded that methamphetamine is an unlikely post-ban alternative to party pills.

We also examined the likelihood of a party pill black market after any ban. We asked participants whether they would actively seek out illegal party pills, and how much they’d be prepared to pay for them. More than half the participants said they would

attempt to obtain illegal party pills.

Interestingly, many participants who said they would not actively look for illegal party pills were still prepared to pay for them if they were offered some. Half were prepared to pay more than they do now, and a third would pay double the existing price.

Participants’ decisions to purchase illegal party pills would depend, however, on several factors. For some, the quality and source of the pills would be important. They would need to trust the person they were acquiring them from, and be confident they were taking BZP and not another illicit substance.

For other users, the decision to purchase would depend on the price of party pills compared to ecstasy. Some participants said they would only buy illegal party pills as long as they were cheaper than ecstasy, and if the cost got close to that of ecstasy, they would switch.

We concluded there will likely be a demand for illegal party pills after a ban.

### Discussion

Given the results of the first study, we found it hard to justify maintaining a legal BZP party pill market in New Zealand, especially one claiming to be a harm reduction measure. However, our second study suggests a ban could result in increased illicit substance use and a possible party pill black market.

Both studies provide officials with useful information in preparation for the ban:

- Agencies should be anticipating an increased demand for illicit substances, especially ecstasy.
- To reduce supply for a black market, existing stocks of party pills should be minimised prior to a ban going ahead.
- Treatment support should be provided to party pill users with dependency issues. ■



## Into my arms: Injecting drug use in New Zealand

We've previously updated readers on findings from the Illicit Drug Monitoring System (IDMS). In this update, **Chris Wilkins** and **Charles Henderson** focus on injecting drug use behaviour with data from the IDMS and Needle Exchange New Zealand's seroprevalence surveys.

IN New Zealand, pharmaceutically sourced opioids, such as morphine, methadone and 'homebake heroin', are the main opioids currently in use. Internationally sourced heroin was used by only a quarter of the IDU sample in the past six months (compared with 56 percent in Australia). Methadone and Ritalin (i.e. Methylphenidate) were also commonly injected in New Zealand. Each is taken orally as part of a drug treatment or medical programme, so this level of injection indicates recreational rather than medical use.

The emergence of methamphetamine since the late 1990s appears to have influenced injecting drug use patterns in New Zealand. Forty percent of the IDU sample had used methamphetamine in the past six months, but it is not yet clear whether this level of use represents experienced users taking advantage of methamphetamine's greater availability, or primary

methamphetamine smokers changing to injection to overcome increasing tolerance or economise on the cost of the drug.

This research question has serious public health implications. If younger methamphetamine users are increasingly opting to inject rather than smoke the drug, this could indicate change in the demographic profile of the IDU population in New Zealand, which otherwise appears to be aging. These new younger users may have less contact with established needle support networks, such as needle exchanges, and so may be more likely to be involved in unsafe injection practices and the spread of blood borne viruses.

Alternatively, if existing users are increasingly using methamphetamine rather than traditional opioids, they may be at greater risk of unsafe sexual behaviour and spreading blood borne

viruses due to the stimulating effects of methamphetamine on the sex drive and the existing high rates of infection of Hepatitis C within the IDU population.

Both the 2006 IDMS and the 2004 seroprevalence survey indicate fairly good levels of safe injection practices in New Zealand. Similar proportions of those surveyed had never used a needle after someone else (88 vs. 85 percent). A higher proportion of the IDU sample of the 2006 IDMS compared to the 2004 seroprevalence survey had used a new sterile needle on every occasion (63 vs. 50 percent). Nearly all the IDU sample from the 2006 IDMS and 2004 seroprevalence survey had obtained needles from a needle exchange (93 and 95 percent). A minority of the IDU sample from the 2006 IDMS had obtained their needles from a drug dealer, which raises some safety concerns.

There are currently no needle

## Quotes of Substance

“At least they’ve gone from producing hard drugs to soft drugs. It’s progress, sort of.”

An optimistic drug official gives some positive spin to the embarrassing attempts at drug eradication in Afghanistan. It seems that some farmers are switching from growing poppies to growing cannabis.

“It was drawing a pretty long bow to associate binge drinking with price promotion at off-licences.”

Hospitality Association Chief **Bruce Robertson** is adamant cheap booze and in-store advertising have no influence on our drinking culture.

“We don’t smoke it, and we know it is a sin and against Islam. But my family needs the money and the government stopped us from growing opium, so what can we do? We are saving up for a Toyota Corolla. Everyone else has a car these days. Why shouldn’t poor farmers like us have one?”

Afghan farmer **Muhammad Qol** says that nearly three-quarters of his income comes from cannabis.

“The perfect starter drink for your night or a special pleasure as a reward at the end of the day.”

Socialite **Paris Hilton** launches her new drink Rich Prosecco – it’s sparkling wine in a can. Classy! Just remember, don’t drink and drive, eh Paris? ■

exchange services offered in New Zealand prisons. Both surveys indicate that many continue to inject while in prison with potential implications for the transmission of blood borne viruses among users, their families and the wider community. Similar proportions from each survey had been in prison at some time during their lifetimes (38 and 45 percent), and an identical proportion (9 percent) had been in prison in the past 12 months. The 2004 seroprevalence survey found an association between prison history and Hepatitis C infection, with 80 percent of those imprisoned testing positive for Hepatitis C compared to 61 percent of those who had never been in prison.

Thirty percent of the IDU sample from the 2006 IDMS had used BZP party pills in the past six months, and one-third of these BZP users had injected BZP in the past six months.

Previous research on BZP use in New Zealand has not identified the injection of BZP as a common occurrence. A national household survey conducted in early 2006 found only one respondent who reported they usually injected their BZP party pills. Three respondents reported having ever injected them.

The legality of BZP party pills, their resulting ready availability and relatively low price may explain their attraction. It is a stimulant with characteristics similar to low potency amphetamine. BZP is likely to be prohibited soon, and it will be interesting to track the extent to which it remains a drug of choice for New Zealand’s IDU population in future years. ■

**Chris Wilkins** is the principal investigator on the Illicit Drug Monitoring System. **Charles Henderson** is Needle Exchange Programme National Manager.

### Key findings from the IDMS 2006

The opioids most commonly used by the injecting drug user (IDU) sample were ‘other opiates’ (i.e. morphine, MST, homebake heroin) and methadone.

Forty percent of the IDU sample had used methamphetamine in the past six months.

Forty-three percent of the IDU sample had used Ritalin in the past six months.

Thirty percent of the IDU sample had used BZP party pills in the past six months, and 32 percent of these had injected BZP in the past six months.

Internationally sourced heroin was used by only 24 percent of the IDU sample in the past six months.

Ninety-three percent of the IDU sample had obtained their supply of needles from a needle exchange in the past six months.

Forty-nine percent of the IDU sample who had been in prison had injected drugs while in prison.

Fifty-two percent of the IDU sample who had been tested for Hepatitis C were positive.

Thirteen percent of the IDU sample who had sex with casual partners had never used a condom.

Twelve percent of the IDU sample had accessed an ambulance in relation to their drug use in the past six months.

Further research findings concerning injecting drug use can be found in the main 2006 IDMS report, which is available to download from the National Drug Policy website ([www.ndp.govt.nz](http://www.ndp.govt.nz)) or from the SHORE website ([www.shore.ac.nz/projects/idms\\_study.htm](http://www.shore.ac.nz/projects/idms_study.htm)).

A version of this article with references can be accessed online: [www.drugfoundation.org.nz](http://www.drugfoundation.org.nz).

Website links for these updates are referenced online at [www.drugfoundation.org.nz/matters-of-substance](http://www.drugfoundation.org.nz/matters-of-substance).



Feb 07

### Pain, pot and politics

**THE** first reading of the Misuse of Drugs (Medicinal Cannabis) Amendment Bill, sponsored by MP Metiria Turei, due to be debated this month, is likely to be postponed, once more, until votes sending it to the Health Committee are secured. Medsafe has produced guidelines for doctors applying for approval to use the cannabis based

pain-relief medicine Sativex. In the US, Sativex developer GW Pharma is testing the drug with cancer patients. It expects to receive approval in 2011.

is expected to introduce its own bill in response to recommendations by the 2007 review of alcohol advertising regulations.

### Calling time on self interest

**TWO** members' bills on alcohol advertising are languishing on Parliament's Order Paper. It's not known when they'll be debated. Meanwhile, the government

### Drinking for two

**FETAL** alcohol spectrum disorder will have greater prominence in the new National Alcohol Strategy; a specific FASD action plan is currently being developed.



May 07

### The poppy problem

**AFGHANISTAN'S** opium production has hit record levels for the second year running and shows no sign of slowing. Land devoted to poppy cultivation increased from 165,000ha in 2006 to 193,000ha in 2007. White House drug czar John Walters called the news "disappointing", while William B Wood, the American ambassador to Afghanistan, said, "I think it is safe to say that we should be looking for a new strategy."

Ten Cultures? was a huge success, with a record 738 delegates, nearly 300 papers across 17 streams, over 100 posters, 10 workshops and 20 lunchtime meetings. The conference also received significant media attention, including a cover story in the *New Zealand Herald*. The 2008 Cutting Edge conference will be held 4-6 September in Christchurch.

included in a new national meth prevention campaign.

### America's methidemic

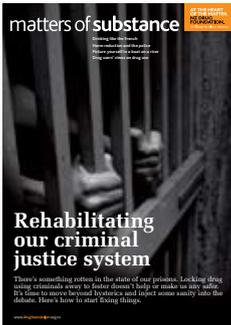
**THE** Montana Meth Project's award winning television advertisements have been selected by the White House Office of National Drug Control Policy to be

### New chief on the block

**ALAC** Chief Executive Gerard Vaughan has appointed two new senior staff to lead the agency's operational and research work, which will be guided by a new five-year strategic plan launched last December. Andrew Hearn, formally Deputy Chief Executive of the Department of Building and Housing, is the new Strategy and Research Manager, and Tuari Potiki, previously ALAC's Southern Region Manager, has been appointed Manager of Strategic Operations.

### Culture and addictions

**THE** Aussie-Kiwi combined addiction treatment conference, Two Nations,



Aug 07

## Rehabilitating our criminal justice system

**OMBUDSMAN** Mel Smith has called for a Royal Commission of Inquiry into criminal justice to get “constructive and clear headed public debate about the issues confronting justice”.

The National Health Committee is carrying out consultation as part of a review of the health of prisoners and their families. New Corrections Minister Phil Goff introduced the Corrections Amendment Bill, which he says will further assist prisons’ crackdown on drug use, saying, “In 1998, more than a third of inmates tested positive for drug use. Today, that figure is down to 13 percent. This bill should ensure a further decline in drug use.” The bill also allows an exemption for the use of communion wine in church services.

### 05 will save lives

NO progress has been made on Police, ACC and ALAC

calls to lower the blood alcohol content limit. However, the Land Transport Amendment Bill (No. 4), which legislates for compulsory impairment testing of motorists suspected of having taken drugs, has been referred to Select Committee, and hearings are expected to begin this month.

### Trading extraordinary commodities

A **MEETING** of Pacific region trade ministers last August agreed to continue excluding tobacco from the Pacific Island Countries Trade Agreement (PICTA), but will discuss this again in 2009. However, they also agreed that countries can consult on alcohol trade liberalisation.

### Bringing down the powerwall

**THE** Ministry of Health is reviewing regulations relating to cigarette displays. Public submissions closed earlier this month. The Cancer

Society is leading a campaign to have retail cigarette displays – known as ‘powerwalls’ – banned. Youthline has added its support to the campaign.

### Party turns sour

**THE** Virginia parents jailed for serving alcohol to teenagers at their son’s 16th birthday party were released on parole after five months. They were originally sentenced to eight years after police broke up a party at their home in 2002.

### Strawberry meth

**ON THE** heels of the strawberry meth myth, visiting Hawaiian ‘drug expert’ Gary Shimabukoro claimed that methamphetamine was “being eaten, mixed with soda or made into milkshakes”. As with the strawberry meth myth, Shimabukoro was unable to back his claims with any evidence. That didn’t stop the *Waikato Times* running the scare story on 27 October 2007.



Nov 07

## Undie 500 aftermath

**CHARGES** against 16 students for rioting following Dunedin’s last Undie 500 mayhem have been withdrawn. Police said they had decided charges would be “very difficult to prove”.

### Party pill ban bill

**THE** Misuse of Drugs (Classification of BZP) Amendment Bill has been reported back by the

Health Select Committee. However, Parliament was not able to pass the bill before the end of its working year. The bill allows a six-month amnesty for possession for personal use only. In anticipation of the ban at Christmas, many retailers had BZP on sale, and were already promoting ‘BZP-free’ party pills. The bill is likely to be passed within the next few months.

### Seeing past the smoke

**RESEARCHERS** at Auckland University’s Clinical Trials Research Unit are testing an electronic cigarette which delivers nicotine without the harmful effects of tobacco. The e-cigarette is smoked like a normal cigarette, and even glows at the tip when inhaled. It delivers a measured dose of nicotine similar to other products such as patches or gum.



### Auckland's pride of the south

RUGBY fans in the City of Sails may soon get a taste of the southern man's beer during game time, as Speights becomes Auckland Rugby's official beer. For the past 21 years, Auckland Rugby has enjoyed the support of DB Breweries, who lost out to Lion Nathan when its contract recently expired.

However, DB Sponsorship Manager Peter Willis was quick to note, "Rugby runs deep in DB's blood, and we remain sponsors of two Super 14 teams." DB won't be left crying in its beer. Its Tui and Heineken brands have had double digit growth over the past year, and it is investing more into the lucrative alcopop market.

### Worst pub shut

THE "worst pub in Canterbury" has been forced to shut its doors by licensing authorities citing the bar owner's links with money laundering, organised crime and blatant non-compliance with its liquor licence.

Authorities had been trying for two years to have the licence cancelled. Frustrated Licensing Inspector Martin Ferguson said, "I guess we have to work through due process, but sometimes it feels like your hands are tied behind your back..."

The system is geared to protect licensees, particularly the dodgy ones. There needs to be a faster system."

### Booze, babies, the law and labelling

YOUTH Court judges plan new measures to identify offenders with fetal alcohol syndrome (FAS) in the wake of research showing 60 percent of babies born with the syndrome eventually get into trouble with the law.

Visiting American experts Kathryn Kelly and Judge Anthony Wartnik told a youth offending conference that young offenders with the syndrome should be treated differently because they are "disabled, not defiant".

Ms Kelly said most victims suffered brain damage, which made them easily frustrated, unable to focus or learn from experience, quick to anger and unable to understand the consequences of their actions.

Principal Youth Court Judge Andrew Becroft said, based on the US figures, New Zealand Youth Courts probably saw about 70 young people with the syndrome every year. "I think it gives us cause for significant concern and reflection about missing what might be a key factor causative of offending," he said.

Meanwhile, Food Standards Australia New Zealand is considering an application from ALAC to mandate health warnings on New Zealand alcohol containers. ALAC's application had been delayed awaiting confirmation of the Australian Drinking Guidelines, which in their current draft form, recommend no alcohol while planning pregnancy, during pregnancy and while breastfeeding. For more information, visit [www.foodstandards.govt.nz](http://www.foodstandards.govt.nz).

The US has required warnings advising pregnant women not to drink, on all alcohol products since 1989.

### Fidel's finally fined

"IT is just getting beyond a joke. This café has been here for 12 years. You just can't change things over night." The owners of Wellington coffee house Fidel's are fuming after being fined for allowing smoking on-site, labelling the move heavy handed and like a police state.

The Cuba St café was convicted and fined \$600 in Wellington District Court late last year after pleading guilty to one charge under the Smokefree Environments Amendment Act.

The Health Ministry prosecuted the café, saying it had issued repeated warnings to co-owners Potti Wagstaff and Roger Young that their smoking area at the rear did not comply with anti-smoking laws because it was not an open area. But Mr Young said the

rules were impossible to interpret, even harder to apply, and the court action was completely over the top.

### Two drinks a day may not keep the doctor away

IT may be a myth that moderate drinking is good for the heart, says Dr Graham Gulbransen, of Auckland's Community Alcohol and Drug Services.

Dr Gulbransen said the convenient and widely held belief that a few drinks are good for the heart is based largely on research of dubious value. "Recent studies have found that teetotallers may be at no greater risk than light drinkers, and there are real weaknesses in studies suggesting moderate drinking is good for you.

"Past studies have tended to involve only one social group, and have lacked comparative controls. Seventh Day Adventists, for example, may well enjoy better health, but is that because they drink less, or because of other factors peculiar to them as a group?"

Dr Gulbransen said recent large studies have found that moderate drinkers probably do other things in moderation as well, which causes them to avoid many health risks. "Moderate drinking may therefore be a characteristic of a healthy person, rather than a cause of their good health."

He said the only comparative studies indicating benefits to moderate alcohol intake have been done with animals such as chickens and rabbits, and the small health benefits they indicated pale in comparison to those arising from good diet, exercise and not smoking.

"I advise my patients that two drinks per day are unlikely to be harmful, but I would never encourage a non-drinker to start drinking moderately for health reasons. There just isn't any certain evidence that this would be good for them."

While the benefits of a drink or two a day may be uncertain, the



relationship between heavy drinking and heart disease is much clearer, with binge drinking being particularly damaging.

New Zealand studies show those who binge drink suffer a higher burden of disease as a result. “The more you drink, the more likely you are to have coronary calcification, a strong predictor of heart disease,” Dr Gulbransen said. “Heavy or binge drinkers are more than twice as likely to die if they have a heart attack.”

### Classifying alcohol as a high risk drug

**PROFESSOR** Doug Sellman, National Addiction Centre Director, says alcohol is a more dangerous drug than fantasy, which is classified as a class B drug in the Misuse of Drugs Act.

Professor Sellman, a member of the Expert Advisory Committee on Drugs, which advised on the 2001 fantasy ban, said alcohol was more dangerous on the six-risk criteria that the committee applied.

Professor Sellman, describing the drug law as “an un-evidence-based mess”, said, “We’re not saying that alcohol should be prohibited. We simply want its dangerousness better publicised. What the results of our analysis can contribute is a more objective perspective on alcohol, especially in relation to other recreational drugs.”

He said alcohol had a high ability to create dependence, a high likelihood of widespread use and abuse, a high risk of death and serious toxic effects to the brain and other bodily organs.

“Alcohol is well known to increase the risk of a number of cancers,” he said. “The risk to the unborn child is also well known. We couldn’t find any evidence of those things with GHB [fantasy].”

### Arrestee drug use

A **POLICE** survey of more than 900 people arrested shows almost three-quarters tested had at least one illegal drug in their system at the time.

The one-year pilot study involved voluntary interviews of those arrested in Whangarei, Henderson, Hamilton and Dunedin.

Interviewees provided 557 urine samples, of which 406 were found to contain at least one illegal substance. Cannabis – known to stay in the body in detectable amounts longer than other drugs – was the most commonly detected illegal drug, turning up in 69 percent of samples, while methamphetamine was detected in 12 percent. Alcohol was the most commonly used drug around the time of an interviewee’s arrest, appearing in 37 percent of cases.

A total of 965 people were interviewed after being arrested for offences including breaching bail (39 percent), serious assault (10 percent) and theft (9 percent).

Of the 775 who said they used cannabis, a fifth said they did “all or most” of their driving under its influence. About a fifth (18 percent) of the 343 who admitted using methamphetamine did most of their driving while affected.

Acting police Assistant Commissioner for Strategy and Policy Performance Paula Rose said one concerning factor in the findings was that those who admitted to being dependant on a drug (39 percent) were already the more vulnerable members of society. “[This] is a group of people who don’t live in their own homes, don’t have reliable forms of income; they’re a group of people who don’t appear to have much light at the end of the tunnel and they’re suffering adverse effects on their lives as a result.”

The success of the study has seen its funding extended to 2010, at a total cost of \$1.2 million.

The full report can be accessed from the National Drug Policy website – [www.ndp.govt.nz](http://www.ndp.govt.nz). ■

### Festive fall

A **CHRISTMAS** party hosted by Northern Territory Sports Minister Matthew Bonson required the services of police and ambulance staff after an intoxicated party goer injured himself in a fall. The minister maintains he didn’t serve alcohol to intoxicated people, so “someone must have spiked the punch”.

The minister is a driving force behind several bans on public drinking.

### Drug consumption rooms

**THE** International Network of Drug Consumption Rooms (INDCR) was established at the First International Scientific Meeting on Drug Consumption Rooms in the Spanish city of Bilbao last October.

INDCR aims to expand communication between countries regarding the policies and practices of drug consumption rooms. Four focus groups (data collection, research, legal and politics) comprised of a selection of international experts will help ensure the network is working to achieve its aim.

### Bali Nine part of increased death penalty count

**AS** death row looms closer for six of the Bali Nine convicted for attempting to smuggle heroin, international efforts opposing the death penalty for drug offences are surfacing.

The International Harm Reduction Association released a report calling for an end to the death penalty for drug offences, and arguing the death penalty is a violation of international human rights law. The report highlights the rise in death penalties for drug related offences, while the death penalty for punishment for other offences has been on the decline.

The Bali Nine pleaded for new Prime Minister Kevin Rudd to raise their situation when he met the Indonesian President in Bali for the UN Climate Change Conference.

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## Washington awash in painkillers

TEN years ago, Washington State began a major push to make sure doctors weren't under-treating pain. As a result, the percentage of people using five major painkillers rose by 96 percent between 1997 and 2005.

Oxycodone, commonly known as Oxycontin, is responsible for most of the increase. Its use grew by 500 percent between 1997 and 2005, while use of morphine and hydrocodone, commonly known as Vicodin, have also increased dramatically; morphine by 223 percent and hydrocodone by 166 percent.

"Awareness of pain management among doctors and the general public has never been higher," says Dr Gordon Irving, a Seattle pain medicine expert, "but that has both pluses and minuses."

Abuse of prescription pain medicine is also rising, with a corresponding rise in the number of deaths involving opiates, although Washington medical examiners report opiate deaths usually involve a mixture of legal and illegal drugs.

"Many people with severe pain are still being under-treated, and those who shouldn't be given opiates are still getting them," says psychiatry professor Richard Ries. He adds, however, that doctors and government officials are now talking about stopping the pendulum swing between over- and under-medication.

State health officials have issued new guidelines giving doctors dosage thresholds at which they should stop and assess whether the drug is helping or hurting. Letters are also sent to doctors when they prescribe a narcotic to a patient who has been prescribed 10 or more opiates in a month. This initiative is said to have helped get 10 percent of excessive narcotic users enrolled in substance abuse programmes.

## The Portugal experiment

IN 2001, Portugal introduced a law that significantly changed the legal response to drug users. The new law decriminalised the use, possession and acquisition of all types of illicit substances for personal use. Criminal penalties still applied to drug growers, dealers and traffickers. The focus of the law change was to divert dependent drug users from the criminal justice system into treatment, and to dissuade new drug users.

A recent review of the law concluded that it resulted in increased use of cannabis, decreased use of heroin, increased uptake of addiction treatment and, significantly, a 59 percent fall in drug related deaths.

However, differing views remain over the impact of the law change, with some arguing the law wasn't properly resourced to succeed in its goal of reducing drug use and harm, and there are signs the previous public and political support for decriminalisation is under strain. The report concludes by saying it appears decriminalisation will continue, but moves to re-criminalisation are possible.

The full report can be accessed from the Beckley Foundation's Drug Policy Programme website: [www.internationaldrugpolicy.net](http://www.internationaldrugpolicy.net).

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## Ice campaign

AUSTRALIA'S anti-drug campaign has launched a new phase targeting 'ice' – methamphetamine. The campaign slogan, "Ice, it's a dirty drug", seeks to highlight the consequences caused by its use, as well as the range of toxic chemicals used in its production.

However, the campaign's scare tactics have seen critics argue the slogan is dangerous, ill considered, does nothing to inform people about the effects of methamphetamine and will result in making users feel worthless and depressed.

Australian National Council on Drugs Executive Officer Gino Vumbaca backed the campaign, saying it's based on rigorous testing. He also noted its key purpose is to stimulate conversations. One keen supporter said 'ice' is so destructive he would prefer people to inject heroin.

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## New licensing laws to boost boutique bars

LIQUOR licensing laws in New South Wales are to be liberalised in a move to encourage the growth of smaller boutique bars.

It currently costs AU\$15,000 for a licence in Sydney. The changes will see fees reduced to \$2,000 for hotels and \$500 for small boutique bars, which will also be allowed to serve alcohol without food.

Local MP Lee Rhiannon supports the law change, saying, "This is a ground breaking change to the serving of alcohol... and would improve the culture of alcohol consumption." Opposing the change is the Australian Hotels Association, which says the concept of host responsibility will take a backwards step.

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## What the kids are listening to

A RECENT study of popular songs found that one-third referred to alcohol and drug use.

Rap music was accused of being the worst culprit, with nearly 80 percent of rap songs mentioning substance use. Country music was ranked second, ahead of R&B/hip hop, rock and pop.

Analysis of lyrics showed the majority of songs portrayed substance use in a positive light, with the most common associations being partying and sex.

The study's authors were concerned exposure to positive associations with drugs may normalise use and encourage initiation, especially among young people.

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## Fair cop or no fair go?

WOOLWORTHS has sacked a “loyal” Safeway manager who spent 18 years working for the supermarket chain because he had two beers over lunch.

Tony Selak, 36, who managed a store in Melbourne’s southeast, was dismissed for breaching the company’s zero tolerance policy on alcohol consumption during working hours, including meal breaks.

The Australian Industrial Relations Commission heard Mr Selak took a subordinate department manager to lunch on 2 May after the duo had completed some errands.

Mr Selak knew the manager was considering quitting and decided to shout him lunch. The duo returned to work and performed their normal duties.

But the two men had been seen by a Woolworths employee who reported them to management. Mr Selak was suspended that afternoon, and he and his colleague were sacked the next day.

Mr Selak subsequently pursued an unfair dismissal action but the commission ruled in Woolworths’ favour. The commission found Mr Selak had been a hard-working and loyal employee whose “intention in all of this was the commendable one of motivating and mentoring [his colleague]”, but it ruled the alcohol ban was a condition of Mr Selak’s contract.

Mr Selak’s lawyer said, “My client maintains that the punishment doesn’t fit the crime. Our case was that the employer has overreacted in a way which borders on being un-Australian in failing to give Mr Selak a fair go.”

Woolworths said the company had a zero tolerance alcohol policy that applied to all staff whether they worked with heavy machinery or in administration.

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## Victoria’s Alcohol Action Plan

VICTORIAN Attorney General Rob Hulls has announced plans to decriminalise public drunkenness

and introduce a Protection of Care regime instead, which will establish ‘sober-up-centres’ to remove drunks from the street and into support and treatment. Further plans will see an increase in licence fees for venues situated in trouble areas.

These suggestions are to form part of the Victorian Alcohol Action Plan but come at a cost of more than \$6 million a year. However, the amount for licence fee increases is still on the drawing board. Current proposals suggest they could generate up to \$19 million a year in revenue.

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## A crap drug

A NEW drug craze has hit the US. ‘Jenkem’ is human faecal matter left to ferment for several days, releasing gases that are inhaled through a balloon. It’s said to produce auditory and visual hallucinations, but a foul taste of sewage can linger in the mouth for several days after use.

Collier County Sheriff’s Office in Naples, Florida, which began circulating warnings to its officers, claimed, “Jenkem is now a popular drug in American schools”. Media reports claimed federal drug officials were doing all they could to wipe jenkem off the streets and quoted concerned parents who were so worried about the drug they were smelling their children’s breath before they went to bed at night.

It is, of course, not true. A teenager duped American media and drug officials after posting a hoax message online about the newest drug craze.

Photographs circulated with the warnings were later found to be a mixture of flour, water, beer and Nutella.

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## Feb Fast

FASTING, usually the religious practice of willingly abstaining from food, is being promoted by public health groups concerned about alcohol use.

Feb Fast challenges all Australians to refrain from drinking alcohol during

the month of February. Founders of the campaign say the fast will help “regain some balance and develop healthier living practices”. February was chosen because it follows the festive season where tradition encourages over-indulgence in alcohol. Special ‘pardons’ can be granted, but only for special events where the temptation may prove too much, such as for those who may need a tippie on Valentine’s Day.

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## First dogs, now smokes

AN estimated two billion counterfeit cigarettes are smoked annually in the United Kingdom. Counterfeit cigarettes are blamed for a multi-billion dollar tax loss for the government, as well as a multi-million dollar loss for tobacco manufacturers.

The fraudulent behaviour of smuggling and counterfeiting cigarettes is soon to be combated with the microchipping of cigarette packets produced for sale in the UK. The devices allow for Customs officials to determine if a cigarette packet is genuine or counterfeit, as well as whether or not duty has been paid. This process would put an end to the lengthy and costly procedure of sending suspicious packets of cigarettes for laboratory checks.

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## Pot-flavoured booze banned

CANNABIS-FLAVOURED drinks were pulled from sale in the UK for breaching marketing rules.

The bottles of spirits had pictures of a cannabis leaf on their labels. Portman Group’s David Poley said the product packaging was a blatant breach of alcohol marketing rules.

“Too many young adults these days regard alcohol and illicit drugs as interchangeable. The industry must not contribute to this attitude but instead distance itself totally from illegal drugs,” he said.

The drinks’ content – thought to include hemp – was not in breach of any rules. ■

# Getting rat-faced

...“Glass of wine aids memory” Auckland University Press release, 26 September 2007... “Don’t forget: drink a beer – or two – daily” *Scientific American*, 26 September 2007...

**DESPITE** an awkwardly verbose title – Paradoxical Facilitatory Effect of Low-Dose Alcohol Consumption on Memory Mediated by NMDA Receptors – the September 2007 *Journal of Neuroscience* article received an awful lot of media attention.

After all, it did appear to carry such good news.

The research behind the article was not as complicated as its title might suggest. Rats given the equivalent of a daily glass of wine or two had enhanced memory.

But Mythbusters wonders whether things are ever that simple, especially when good news seems so obviously involved. One only has to look at the first word in the article’s title to feel the beginnings of disquiet.

Neuroscientists Maggie Kalev of Auckland University and Ohio State University’s Matthew During were the first to point out that their findings were paradoxical because many other studies have established alcohol can, in fact, stop memories being formed.

As well as giving some rats low doses of alcohol (comparable to two or three drinks a day), Kalev and During gave other rats high doses (equal to six or seven drinks a day). Later, they tested the rats for their recall of neutral memories, such as remembering objects, and unpleasant memories, such as mild electric shocks. The rats given low levels of

alcohol had better recall of neutral memories than the control group.

The second paradoxical finding was that, at the same time, sustained heavy alcohol consumption inhibited the ability of the rats’ brains to create



new cells, and increased memories linked to heightened emotion. This led the researchers to comment that drinking to forget “could actually... promote traumatic memories and lead to further drinking, contributing to the development of alcoholism.”

Maggie Kalev added that the research only lasted eight weeks, “and is certainly not a recommendation for a lifestyle of moderate drinking”.

For the researchers, the real importance of the study was that it identified receptors that help form memories, which may lead to treatments for memory disorders such as Alzheimer’s disease.

For Mythbusters, however, the story is yet another in the continuing debate about the good and bad effects of alcohol. November brought high-profile media coverage of an international diet and cancer review highlighting links between alcohol and some types of cancers. Other stories cover research associating health benefits with alcohol.

Mythbusters’ point is that the media often fails to distinguish between different types of drinking patterns when reporting on alcohol’s effects, as *STATS* (one of our favourite websites) found when reviewing media stories on the diet-cancer link. Regular, moderate drinking, which reduces heart disease in some groups, has very different health effects to binge drinking or sustained, heavy alcohol use.

Mythbusters believes it’s important to look behind the first headline. What kinds of drinking are being studied, and in which groups? And how does the media coverage differ from what the researchers actually said or wrote?

Meanwhile, the research and the debate around the effects of alcohol on humans will need to continue, and Mythbusters suggests the jury is still out on whether moderate alcohol intake is always a good thing. Rats! ■

**Readers can find links to the Kalev and Durning research and to the news articles cited here on our website.**

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