

# matters of substance

AT THE HEART  
OF THE MATTER,  
NZ DRUG  
FOUNDATION.

Te Tūāpapa Tarukino o Aotearoa

Drug law reform's growing momentum

Alcohol "as natural as water"

What Kiwis know and think about drugs

A drink a day keeps the doctor away?

February 2010



## Getting our Act together

It's been two years coming, but at last the Law Commission has launched its consultation paper on its review of the Misuse of Drugs Act. The stage may be set for massive drug law overhaul, but will the resulting new legislation strike a much needed balance between enforcement, harm minimisation and the health of New Zealanders addicted to drugs?

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Te Tūāpapa Tarukino o Aotearoa

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IT'S FINALLY here, and it was worth the wait!

Two years of behind-the-scenes work has resulted in a considered, balanced and comprehensive review of a complex bit of law.

That's my humble assessment of the Law Commission's Misuse of Drugs Act discussion document, released for consultation this month.

The document opens with this very blunt – yet accurate – assessment of the Misuse of Drugs Act: It “no longer provides a coherent and effective legislative framework for responding to the misuse of psychoactive drugs... The Act is now outdated and does not reflect current knowledge and understanding about drug use and related health, social and economic harms.” Hear, hear!

The Commission's review covers a lot of ground including: how we should measure and classify drug harm; controls over medicinal cannabis; regulations over substances not covered by international treaties; diversion options for possession; and principles around compulsory admission for addiction treatment.

In developing its proposals, the Commission says the primary justification for regulation is to minimise the harm drugs cause to persons other than the drug user and to society as a whole.

One of the most important areas of the review relates to the personal use of drugs.

In Chapter 11, the Commission identifies options to limit the harms created by the law itself. Much of what the Commission outlines encompasses regulatory models used effectively in other jurisdictions, including from across the Tasman. The Commission also outlines a pathway to support and treatment away from the criminal justice system.

The review's terms of reference constrained the Commission to working within our obligations under the three international drug treaties. (That the international treaties themselves need an overhaul is obvious – but we should not expect the Commission to be burdened with that task!) Some will be frustrated by this. The first treaty celebrates its 50th anniversary next year, and if our 35-year-old law is obsolete, then that treaty is well and truly fossilised. In spite of this, the Commission has rightly identified flexibilities within the bounds of these treaties that allow for many of the progressive options outlined in its review.

Let's not be scared by the Commission's proposals. They are not radical, but they are progressive, and they are exactly what New Zealand needs in order to find a better balance in the ways we seek to reduce drug harm and help those in need.

I recommend you carefully read the Commission's work and have your say.

Happy reading, Ross Bell. ■

#### International Motivational Interviewing Symposium

4–5 March, Christchurch

A unique opportunity for like minded people from the Pacific region and beyond to gather together to share experiences and ideas about motivational interviewing.

[www.pacificcmc.com](http://www.pacificcmc.com)

#### Restoring the Balance

8–11 March, Melbourne, Australia

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

[www.adsc2010.com](http://www.adsc2010.com)

#### Addiction Treatment Leadership Day

25 March, Christchurch

These leadership forums bring together addiction workforce leaders from different functions: policy, planning, funding, training and education, service management and delivery, consumers and cultural leaders.

[www.matuaraki.org.nz](http://www.matuaraki.org.nz)

#### Evolving Communities Beyond Services

14–16 April, Wellington

The 5th Building Bridges Conference aims to bring together the latest thinking on community mental health and addiction services for providers and consumers of services.

[www.buildingbridges.co.nz](http://www.buildingbridges.co.nz)

#### Harm Reduction 2010: The Next Generation

25–29 April, Liverpool, England

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

[www.ihra.net](http://www.ihra.net)

#### ALAC Working Together Conference 2010

6–7 May, Manukau City

This is a 'must attend' event for anyone working on alcohol-related issues. The focus will be on working together to create real and sustainable change in the way New Zealanders think about and use alcohol.

[www.alac.org.nz](http://www.alac.org.nz)

#### Youth Week

22–30 May, New Zealand wide

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

[www.youthweek.co.nz](http://www.youthweek.co.nz)

#### Club Health 2010

7–9 June, Zurich, Switzerland

The 6th International Conference on Nightlife, Substance Use and Related Health Issues aims to promote better interagency understanding of issues that affect the health of young people in nightlife settings.

[www.clubhealth.org.uk/conference](http://www.clubhealth.org.uk/conference)

#### Inaugural National Indigenous Drug and Alcohol Conference

16–18 June, Adelaide, Australia

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

[www.nidaconference.com.au](http://www.nidaconference.com.au)

#### Drug and Alcohol Nurses of Australasia 2010 Conference and Workshops

14–16 July, Surfers Paradise, Australia

Drugs and Alcohol: Every Nurse's Business is the theme for 2010. Explore the role of nurses and their need to be aware of alcohol and drug-related issues and how to start tackling these appropriately.

[www.danaconference.com.au](http://www.danaconference.com.au)

#### Cutting Edge

22–25 September, Auckland

2010 will be the 15th Cutting Edge Conference, New Zealand's most important alcohol and addiction treatment meeting.

[www.dapaanz.org.nz](http://www.dapaanz.org.nz)

#### Publicise your own event on our new-look website

[www.drugfoundation.org.nz/events](http://www.drugfoundation.org.nz/events)

# Getting the MODA running

In March 2008, the Law Commission commenced a review of New Zealand's Misuse of Drugs Act 1975. The aim of the review has been to produce a new legislative framework that would better balance the criminal justice focus of our current drug law with the need to support the health of people who use drugs and to reduce drug harm across our communities.

In February 2010, just before the release of its first discussion paper, *Matters of Substance* spoke with Commissioners **Warren Young** and **Val Sim** about the progress of the review and the initial recommendations and options the paper puts forward.



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**MoS:** *Why is the Law Commissioner reviewing the Misuse of Drugs Act?*

**Val:** The immediate trigger was the Government's concerns about new substances that emerged, such as the BZP in party pills, and whether their regime could deal with those substances. But there are a number of other concerns. The Act is now 35 years old, badly aligned with the newer National Drug Policy and very heavily focused on supply control.

That means insufficient attention is paid to the other aspects like treatment, education and limiting drug harm.

**Warren:** The National Drug Policy is based on the principle of harm minimisation, and we think it's important that any new legislative framework also reflects that policy objective. Unfortunately, harm minimisation is seen by many people as a proxy for a soft liberal approach to drugs or even an agenda for legalisation. That's unfortunate because harm minimisation just simply means

minimising the overall harm resulting from drug use. I think it's very important we don't get sidetracked by semantics.

**MoS:** *One of the issues your discussion paper covers is drug harm. Is the principle of harm to others a key aspect of the review?*

**Warren:** We've taken the view that any form of regulation of what people do in their lives can usually only be justified

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when it is necessary to prevent harm to others. Of course, when people are harming themselves, they're also usually harming a range of other people.

**MoS:** *What are New Zealand's obligations under the various international treaties?*

**Val:** There are three United Nations drug conventions that broadly require countries to prohibit the importation, exportation, production, manufacture, possession and use of a number of substances, but within that framework, there's considerable scope for less restricted approaches, particularly possession and use. The conventions also recognise demand reduction and problem limitation as legitimate drug policy goals.

**MoS:** *Most of those conventions are around prohibition. Has that limited the approach you've taken?*

**Val:** Although there's increasing disquiet about prohibition as a drug policy, still the international consensus is to stay within that framework, and New Zealand agrees. If one country is out of line with another, it risks all sorts

of consequences, like drug tourism as happened in the Netherlands when they liberalised cannabis.

**Warren:** I think it's important to be clear we have looked at policy options in the light of our international obligations. So, for example, it's really not even on the table to legalise the commercial supply of cannabis because that would be contrary to those obligations.

I think it's also worth adding that how we currently approach drugs is a rather peculiar all or nothing approach. Substances covered by the Misuse of Drugs Act, and largely covered by the conventions, we prohibit all together, but until we prohibit them, we largely have no controls over them at all. That means a whole bunch of substances can be happily supplied, sold and commercialised in a fairly unrestricted way, until we get round to saying, "This might be dangerous, and we need to prohibit it all together." We think there is room for considering some controls over a new substance before we start having it supplied and sold at nightclubs.

One of the key issues with that is who any regulatory body would be. An option could be to use the body that already exists under the hazardous

substances regime. Other options would be to create an entirely new body or to graft that function onto the existing Expert Advisory Committee on Drugs.

**MoS:** *Some argue that any regime should be aligned with regulations around legal substances like alcohol and tobacco. Have you included these in your considerations?*

**Val:** No, our terms of reference expressly excluded alcohol and tobacco. And rightly or wrongly, the different historical and cultural associations of alcohol and tobacco mean they have traditionally been regulated quite differently. Obviously, including them in this regime had the potential to complicate the review, but separately, of course, the Law Commission has been doing a review of the Sale of Liquor Act.

**Warren:** I think a lot of the issues, actually, have had some commonality. For example, the need to ensure that those who have alcohol or drug problems have adequate access to treatment and that there are sufficient resources available to deal with people who have dependency has cropped up in both reviews and really needs a very similar approach.



Warren Young

“ Rightly or wrongly, the different historical and cultural associations of alcohol and tobacco mean they have traditionally been regulated quite differently. ”

**MoS:** *What's the Commission's preferred options around classification? Is it a useful tool to measure drug harm?*

**Val:** A drug is classified as either Class A, B or C to determine the level of control to impose over it and the maximum penalties for misusing it. Class A drugs are very high risk, Class B are high risk and Class C drugs pose a moderate risk. But I think it's now most experts agree some of the current classifications are simply wrong. For example, ecstasy is Class B, but most experts now say it's less harmful than a Class C drug like cannabis. So if the system is retained, there needs to be a systematic review.

There are a number of other options. We could just not classify at all, have a single maximum penalty and leave it to the judges to determine what penalty applies to what drug, but that does leave them with a very broad sentencing discretion.

Another option would be to reduce the classification to two: very risky drugs and not so risky drugs. But this is probably too blunt an instrument as drug harms are more nuanced than that. It would be possible to create even further classifications, but too many

classifications could result in even more difficulty defining drug harm levels and make sentencing even more of a problem

**MoS:** *So that brings us to the question of who should do the classifying.*

**Warren:** Currently, it's the Expert Advisory Committee on Drugs, which is made up of a range of experts and officials. However, we think the disciplines represented on that committee are not broad enough and suggest there should be a list of expert areas in the statutes and that members must have expertise in one or more of those areas.

Perhaps more importantly, we think the officials on that committee, that is, the representatives of Government departments such as Police, Customs, Justice and Health, should not actually be members. If you want to have an independent expert committee advising the Minister, then it ought to be genuinely independent. The problem with having officials on it is that they're subject to ministerial direction.

**MoS:** *A lot of your recommendations or preferences are based again on this concept of harm to others. The people causing*

*the most harm are the high-end dealers in large-scale drugs. Those causing less harm are the ones in possession of drugs for personal use. Why have you decided to split harm that way?*

**Warren:** I think the social response to drugs needs to be driven by where the most harm lies and how best to reduce that harm. People who are in the business to make large amounts of money by preying on others require a severe law enforcement response.

However, there is a very large pool whose very small-scale sale, possession and use is driven not by profit but simply because they are supporting their own addiction, supplying to others in their own drug circle or perhaps buying drugs in bulk. Sometimes, the most effective way of reducing harm resulting from that will be to have other forms of intervention, such as treatment, rather than prosecution.

**MoS:** *Can you explain each of your options for reducing the harm the law may cause such people and how it could be used to get them help instead?*

**Warren:** Well, the first one is simply that, when people are caught with small



Val  
Sim

“ In terms of Class A drug dealing, there’s a maximum penalty of life imprisonment. So the approach taken currently is very stringent and tough, and we’re not suggesting any change to that. ”

quantities of drugs for their own use or for small-scale supply, we give them a caution. If they accumulate two or three cautions, we start using criminal law.

A variant of that is instead of a caution, we siphon them into a treatment or education programme after the second or third time they’ve been caught.

Another option is to impose fines for people caught with small amounts. They have to pay the fine, but we don’t have all the costs and negative consequences of prosecution and conviction.

A third option would be diverting small-scale offenders into treatment or education programmes or community work instead of convicting them.

There are pros and cons of these approaches. The problem with fines, for example, is that many people simply accumulate them. We then have all the costs and problems of trying to enforce them, and people end up getting the sanctions they would have got in the first place. So, there are a number of issues that really need to be seriously thought about because, for small-scale offenders, there’s not a lot of evidence the current system is achieving much.

**Val:** We can also add that diverting resources from prosecuting small-scale offenders to detecting and prosecuting

large-scale commercial suppliers will do a lot more to minimise drug-related harm.

**MoS:** *Some may accuse you of opening the door to legalisation with these proposals. Should people be worried about that?*

**Warren:** There are a number of points to make here. First of all, people should have no fear we are pursuing some sort of hidden legalisation agenda here or even a soft liberal option. Our only focus is what’s likely to be most effective, and we hope people will focus on the options with that in mind.

The other point is that none of these options are at all radical. All are either working or have been tried in a large number of other western jurisdictions including states in America, Australia and a number of European jurisdictions.

**Val:** And I think we could add that the evidence from those jurisdictions is that taking a less punitive approach hasn’t resulted in any significant increase in drug use.

**MoS:** *So what do you say to those accusing you of being tough on alcohol and soft on drugs?*

**Val:** I think we’d say that our starting point for each is exactly the same. We’re looking at what the evidence suggests is the best way of minimising harm. In our view, that means some tighter regulation around alcohol. In the context of drugs, because of our international obligations, we’re saying we retain the prohibition framework but that there are things we can do to minimise harm. So I think the two reviews are entirely consistent.

**Warren:** We should also note that alcohol causes massive harm in society. Clearly, it’s a drug that would have many more controls over it if it weren’t for the history and culture around it. The fact that we are proposing that other drugs ought to be dealt with in the same way as alcohol, in terms of treatment for example, doesn’t mean we’re being inconsistent. Far from it; we are being entirely consistent.

**MoS:** *Your review supports the medical use of cannabis. Why?*

**Warren:** In the issues paper, we’ve devoted considerable time to how much room there is for a medicinal cannabis scheme. It would currently be possible because, under the Medicines Act, you can seek approval for a controlled drug like cannabis to be used for medicinal

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purposes. Even as an unapproved medicine, it can be supplied by individual doctors under some circumstances. It hasn't been used like that in New Zealand, but it certainly has elsewhere.

There is a lot of evidence that cannabis is effective in some circumstances, particularly for pain relief, so we think it ought to be seriously considered. However, if we went down that route, it would be important to ensure the form and the way in which it's supplied are appropriately controlled.

**MoS:** *In places like California, the medicinal cannabis regime is seen by some as a back-door way into legalisation. Is that what you're trying to achieve here?*

**Warren:** Most certainly not, and that's why we say we need to think about the options for proper controls. Obviously, you can simply allow cannabis as a raw product under certain circumstances, but that's problematic. It would be difficult to control its strength, its purity and to make sure that it's not actually causing harm. And that's why the Canadian government has decided it will totally control the production and supply of cannabis for medicinal purposes. So obviously, the first issue

in a medicinal cannabis scheme is who is the producer and supplier? Does the Government do it? Does it license other people to do it and under what circumstances?

A second issue is how do people needing it for medicinal purposes access it? In some jurisdictions, people have to go on a central government register before it can be supplied. In other jurisdictions, it's simply available by way of a doctor's prescription. We've canvassed the pros and cons of those various possibilities in the report.

**Val:** I think one of the interesting features about the Canadian situation is its origins. The reason they set up a scheme was because their courts said that there were human rights issues involved. Because there was sufficient evidence to say cannabis was the only effective treatment for certain conditions, the courts required the government to establish the scheme.

**Warren:** It's important to note the Canadian courts could do that because the Canadian Charter of Human Rights is supreme legislation, binding even on the government. We don't have an equivalent legislation in New Zealand. Nevertheless, that the Canadian courts have taken that view means it is something we ought to at least consider.

**MoS:** *You've talked a bit about changing the penalties around low-level and social supply for recreational use. What's your view on large-scale supply?*

**Warren:** We need to ensure that the present severe response to big supply offences and things like the presumption in favour of imprisonment for heavy drug dealing do not change.

**Val:** I think it's worth mentioning that, in terms of Class A drug dealing, there's a maximum penalty of life imprisonment. So the approach taken currently is very stringent and tough, and we're not suggesting any change to that.

**MoS:** *A lot of the proposals you have are about diverting people into getting help. Should we be forcing people into treatment?*

**Warren:** No. Forced treatment has been shown to be pretty ineffective generally. However, we do have a whole chapter on whether or not we should retain the Alcoholism and Drug Addiction Act, or some replacement legislation, which allows for compulsory treatment. We've done that, firstly, because the Government's recently announced

## The World in 1975



### In New Zealand

Our population stands at a staggering 3,143,700. Robert Muldoon is Prime Minister, and Michael Fowler is the Mayor of Wellington.

**15 January:** Publisher and writer A H Reed dies peacefully in his sleep.

**1 April:** The New Zealand Broadcasting Corporation is split into the competing channels Television One and Television Two. Television Two holds our first Telethon.

**12 May:** Rugby legend Jonah Lomu is born.

**13 October:** The Māori Land March reaches Parliament in Wellington, Whina Cooper presents a Memorial of Rights to Prime Minister Bill Rowling and Māori Affairs Minister Matiu Rata.

### In music

**2 March:** Los Angeles police make a routine traffic stop of two people who turn out to be Paul and Linda McCartney. Linda is arrested for having six to eight ounces of marijuana in her pocketbook.

The Goodies had five top 20 singles (in the UK) becoming, according to Bill Oddie, "The first, the only and the most successful comedy rockers."

### In politics

East Germany is ghettoised by the Berlin Wall, and the Cold War rages on. Star Wars is in full swing, with the Soviet's Luna 1975A unmanned space mission.

The Vietnam War draws to a close with the fall of Saigon. The 'Mayagüez Incident' involving the Khmer Rouge in Cambodia on 12–15 May marks the last official US battle in the Vietnam War. The Khmer Rouge goes on to murder millions of Cambodians in mass genocide campaigns termed 'social engineering'.

Indonesia invades East Timor following the Carnation Revolution in Portugal, which led to Portugal's withdrawal from East Timor as its colonial ruler.

Zimbabwe is known as Rhodesia, and South Africa rules under apartheid.

**20 November:** General Franco dies, and Spain begins its transition from dictatorship to democracy.

Methamphetamine Action Plan flagged a review of the Act as a high priority, and it made sense for us to incorporate that within our review.

Secondly, we think it worth considering whether any form of compulsory treatment should be part of the Misuse of Drugs regime so that treatment and supply controls sit side by side rather than being fragmented as they currently are.

Our tentative view is there is some case for having short-term compulsory intervention. Firstly, because people often are not able to make informed choices about treatment until they've gone through detoxification.

Secondly, sometimes short-term compulsory treatment for detoxification is necessary to prevent people from harming themselves or others.

**MoS:** *If we shift to a more balanced regime in New Zealand, do we have the facilities and resources available to cope?*

**Val:** A theme that has come through both in the consultations done for our alcohol report and for the Misuse of Drugs Act is that there are significant gaps in treatment services that need to be addressed.

“ A theme that has come through both in the consultations done for our alcohol report and for the Misuse of Drugs Act is that there are significant gaps in treatment services that need to be addressed. ”

What we suggest in the report is that a blueprint is needed for requirements over the next five years, and we've tentatively suggested a Mental Health Commission might be an appropriate agency to report on that. But I think it's important to say this is an area that has been neglected. Treatment has really been the poor cousin of supply control, and we need to do something to get a better balance between the various limbs of drug policy. And that means we need to invest more resources.

**Warren:** It's important people understand this is not something we can achieve overnight. That's why we've suggested the blueprint; because even if we pool all our resources into it at the next budget, we wouldn't have the community organisations available to use the funding or sufficient personnel with the needed skills.

**MoS:** *Is there a danger that, because of the lack of resources, decision makers will be tempted to opt for the status quo, the blind faith in the criminal justice approach?*

**Warren:** I think there is a danger of that. This area has not been neglected because nobody has recognised the gaps. But solutions have always been too long-term, and they don't fit within election cycles.

We really have to see this as a sustained strategy, and governments need to recognise it's not something they can deliver results on by the next election. We need to be thinking about five, 10, 15 year time horizons. That's a very difficult challenge.

**MoS:** *What's your message to the broader public around this review, and how can they get involved?*

**Warren:** We are inviting submissions to our February paper until 30 April. We'll then carefully consider all the feedback with a view to producing a final report for Government around about the middle of the year. We're also keen to meet with interested individuals and groups. Anyone who works in the area or has strong views on these matters is welcome to get in touch.

**MoS:** *How have you found the process of the review?*

**Warren:** Drug policy is intensely interesting but a very difficult and challenging area because drug policy excites people's emotions and therefore often produces strong emotional public responses in both directions. There are a lot of polarised views so trying to develop

a rational set of policy recommendations within that environment is not easy.

We are acutely aware in putting forward policy options that there will be people who read into them things we don't intend, that will see hidden agendas or will fear that what we're doing will produce some counter-productive outcome. I think that's inevitable in a process like this, and that's why it's very important we emphasise that nothing so far has been decided. ■

This *Matters of Substance* interview is available on the Drug Foundation's YouTube channel: [www.youtube.com/nzdrugfoundation](http://www.youtube.com/nzdrugfoundation)

## Have your say

The Law Commission's consultation paper, Regulating and Controlling Drugs, is available online at [www.lawcom.govt.nz](http://www.lawcom.govt.nz).

Register and have your say through the Law Commission's online consultation site: [www.talklaw.co.nz](http://www.talklaw.co.nz).

For further information about the review, analysis of specific options outlined in the review and resources to support you having your say, make regular visits to the Drug Foundation's Misuse of Drugs Act Review website: [www.drugfoundation.org.nz/moda](http://www.drugfoundation.org.nz/moda).

# Drug law reform – a global snapshot

The Law Commission’s current review of the Misuse of Drugs Act is a rare opportunity for New Zealand to drag its drug laws into the 21st century. Around the world, several other countries have also recently re-examined their drug laws. In this feature, **Sanji Gunasekara** reviews the global state of drug law reform and finds that, while there is a trend towards more public health-focused legislation, sometimes it is a case of one step forward, two steps back.



Sanji Gunasekara

**THE ‘WAR on drugs’** has dominated the approach most countries have taken towards illicit drugs ever since the term was first coined by President Nixon in 1969. Restrictive and punitive national drug laws are partly a result of the global framework for drug control, which is prohibitionist in nature. Yet in recent years, several countries have sought to adopt more humane, evidence-based and public-health focused drug law.

So what is behind the growing momentum towards drug law reform?

The hard line approach has not led to a ‘drug-free world’ after all. While the United Nations Office on Drugs and Crime believes global prohibition has contained drug use, its own figures show

that between 140 and 250 million people worldwide reported using illicit drugs at least once in the past year. Even if some kind of plateau might have been reached, over the past 40 years, there has been a “massive increase in the scale and diversity of international markets for illegal drugs and increasing rates of drug use in almost every country” according to the International Drug Policy Consortium.

The consequences of a zero tolerance approach to drugs have often been more harmful than the drug use itself, with overly punitive drug laws contributing to serious violations of human rights. According to Navanethem Pillay, UN High Commissioner for Human Rights, “Individuals who use drugs do not forfeit

The Obama administration’s new drug czar, R. Gil Kerlikowske, says he wants to banish the idea that the US is fighting “a war on drugs”, a move that would underscore a shift favouring treatment over incarceration in trying to reduce illicit drug use.



USA feature page 13 ▶



Latin America feature page 13 ▶



The Bull Dog coffee shop – one of many coffee shops in Amsterdam where customers can buy cannabis for personal consumption. It was established in 1975.

Europe feature page 12 ▶



Portugal introduced a law that eliminates jail time for possession or use of small amounts of any illegal drug. Instead, users are sent to a panel of experts who provide assistance, leaving police to focus on large-scale trafficking. Here, the Policia Judiciaria seized almost three tons of cocaine with an estimated street value of more than €150 million (NZ\$294 million).

Indonesia feature page 14 ▶

Drug violence in Mexico is likely to continue without a major reduction in demand from across the US border.

their human rights. Too often, drug users suffer discrimination, are forced to accept treatment, marginalised and often harmed by approaches which over-emphasise criminalisation and punishment while under-emphasising harm reduction and respect for human rights.”

Shifting resources towards prevention, treatment and harm reduction is more effective in reducing drug-related harms than relying solely on the criminal justice system. Such a rebalancing also frees up law enforcement, courts and prisons to focus on more serious crime, including large-scale drug trafficking, while removing barriers for drug users to access treatment. Recent advances in addiction science support the notion

that drug use should be viewed through a health and social policy lens instead of a criminal justice one.

“ Shifting resources towards prevention, treatment and harm reduction is more effective in reducing drug-related harms than relying solely on the criminal justice system. ”

Despite growing consensus about the need for drug law reform, there is little agreement on the form this should take.

Public debate is often reduced to prohibition versus legalisation. This oversimplification obscures what is actually a continuum between the poles of harshly enforced punitive prohibition at one end and completely unregulated commercial drug markets at the other. Legislative reform aims for a point somewhere in between these extremes.

Until recently, Western Europe was the centre of gravity for drug law reform. Similar reform has also taken place in Canada and in certain states in Australia and the US. Across Latin America, the most innovative legislative changes are taking place, while in some countries, legislative changes have been decidedly retrograde.



## Europe

While drug laws still vary widely across the European Union (EU), many states are moving towards a more health-based approach. The European Monitoring Centre for Drugs and Drug Addiction describes a “trend to conceive the illicit use of drugs (including its preparatory acts) as a relatively minor offence, to which it is not adequate to apply sanctions involving deprivation of liberty”.

In practice, this has meant that many EU states have adopted formal or de facto forms of depenalisation – drug use remains a criminal offence but imprisonment is no longer imposed for possession or usage. With specific regards to cannabis, de facto decriminalisation is virtually unanimous across the EU. Only very few countries – Sweden, Latvia and Cyprus – still exercise the option to impose prison sentences for possession of small amounts of cannabis. Legalisation has not been adopted in any EU state.

In 2001, Portugal formally decriminalised the use, possession and acquisition of all types of illicit substances for personal use, which was defined as being up to 10 days’ supply of that substance. The law change ended the use of criminal sanctions for drug possession and introduced a system of referral to the Commissions for the Dissuasion of Drug Addiction, regional panels comprising social workers, legal advisors and medical professionals that aim to dissuade new drug users and encourage dependent drug users into treatment.

The commissions are mandated to use targeted sanctions including

community service and fines. These changes did not legalise drug use in Portugal. Possession remains prohibited, and criminal penalties still apply to drug growers, dealers and traffickers. The law change stemmed from the desire to focus police resources on those who profit from the drugs trade while enabling a public health approach to users and occurred during a period of problematic drug use, primarily related to heroin.

After nine years, the impact of decriminalisation in Portugal remains controversial. This is largely because drug use is influenced by many factors in addition to the underlying legislative framework, so attributing any change in the patterns of drug use or harm to the law change alone is difficult.

Nevertheless, some observations are worth noting. Since the law change, cannabis use appears to have increased although levels are still lower than in most other European countries. This may simply reflect an increased willingness to report use. Heroin use appears to have decreased, and there has been a marked drop in drug-related disease and deaths. This has been accompanied by a large increase in the uptake of treatment.

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**“ Contrary to widespread belief, drug use remains illegal in the Netherlands. Rather, the Dutch government has adopted de facto decriminalisation. ”**

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While the Portuguese experience has been described as ‘a resounding success’ by the Cato Institute, the Beckley Foundation concluded that the beneficial impact of the Portuguese initiative has not been as positive as expected. What is clear is that decriminalisation has not heralded a rampant increase in drug use

or made Portugal a haven for drug tourism. Overall, drug usage rates in Portugal remain among the lowest in the EU, and drug-related harms have decreased dramatically since the reforms. A major drawback has been the bureaucratic and resource-intensive nature of the system of commissions.

Contrary to widespread belief, drug use remains illegal in the Netherlands. Rather, the Dutch government has adopted de facto decriminalisation. Cannabis remains prohibited, but there is a formal policy of not prosecuting offences that involve a small amount of cannabis for personal use. Retail sale of cannabis is tolerated, providing outlets meet certain criteria such as no advertising, no hard drugs, no underage persons and no sale of large quantities.

Despite open sale at these ‘coffee shops’, levels of cannabis consumption are similar to those of neighbouring countries such as Germany and Belgium and much lower than in the UK, France or Spain. The Dutch approach also appears to have been particularly successful in separating the market for cannabis from those for other more harmful substances. But critics have accused the Netherlands of undermining global efforts against drug control, and in recent years, the Netherlands has progressively tightened its approach. New restrictions have been introduced, and the number of ‘coffee shops’ had declined from about 1,500 in 2000 to 702 in 2007.

A major drawback to the Dutch approach relates to the ‘back-door problem’ – while the sale of cannabis to users is tolerated, supply to the retailer is subject to law enforcement, and suppliers can still be prosecuted for transporting cannabis to the shops.

Criminal organisations have taken over a large part of the cannabis industry. According to police, at least 80 percent

of what is grown in the Netherlands is exported. Various initiatives to address this, such as allowing cannabis cultivation for 'coffee shops' within a closed system and hence decriminalising its production, have so far failed.



While the US is the cradle of drug prohibition, there is a remarkable diversity of drug law at state and county level. Currently, 13 states have decriminalised the use or possession of cannabis and 13 states have recognised its medicinal use. Some states fall into both categories. Nevertheless, US law enforcement and prison systems are overwhelmed by prosecutions on drug-consumption charges.

““ While the US is the cradle of drug prohibition, there is a remarkable diversity of drug law at state and county level. Currently, 13 states have decriminalised the use or possession of cannabis and 13 states have recognised its medicinal use. ””

In a sign that the federal position is slowly changing, the Obama administration has signalled its intent to deal with drugs as a matter of public health rather than criminal justice alone, with treatment's role growing relative to incarceration. Federal authorities have been instructed to end raids on medicinal-marijuana dispensaries, and

the ban on federal funding of needle exchange programmes has been lifted.

In a tacit admission that hard line anti-drug policies in the broader region have not worked, the US House of Representatives has voted to create an independent commission to review its anti-drug policies related to Latin America. Since 1980, the US has spent nearly \$14 billion trying to stop drug-smuggling from Latin America yet there are still over 25 million users of marijuana, 5.3 million users of cocaine and nearly half a million users of heroin in the US.

Despite differences across counties and cities, the state of California comes closest to the de facto legalisation of cannabis anywhere in the world. Cannabis is now available as a medicinal treatment in California to almost anyone who tells a willing physician they would feel less discomfort if they smoked it. There are over 200,000 Californians with a medical letter from a doctor entitling them to purchase cannabis and hundreds of dispensaries selling it. Cannabis sold for medical purposes represents only a small fraction of the total California cannabis market but diversion to this wider market clearly occurs. The wholesale price of cannabis has fallen by half since the legalisation of medicinal marijuana.



No region has had greater incentive to reform its drug laws than Latin America. The continent has borne a heavy cost in the war on drugs. Thousands of lives have been lost, drug lords have taken over

entire cities and corruption is undermining governance. Despite billions of dollars spent in supply eradication, the region remains the world's largest exporter of cocaine and marijuana, and domestic drug use is also growing.

Recognising the need for a new approach, the Latin American Commission on Drugs and Democracy, convened by the former presidents of Brazil, Colombia and Mexico, has proposed a paradigm shift away from a prohibitionist strategy to one that embraces treatment and prevention at its core. In a report released in 2009, the commission calls for the status of addicts to change from that of drug buyers in the illegal market to that of patients cared for in the public health system. It also argues that it is essential to differentiate between illicit substances according to the harms they inflict and emphasises the need for better strategies to reduce demand.

““ Not all drug reform across Latin America is progressing in the same direction. ””

Drug law reform across Latin America was well underway even before the commission's clarion call for change. In August 2005, Argentina's supreme court ruled that it was unconstitutional to impose criminal sanctions for the personal possession of drugs, paving the way for new legislation to decriminalise the possession of illicit drugs for personal use. In Brazil, legislative changes early last decade led to the partial decriminalisation of possession for personal use, with diversion into treatment and community service instead.

Some of the most far-reaching legislative reform is occurring in Ecuador, a country long known for having one

## Quotes of Substance

“ I can fly for miles and not see a sign of civilisation, only an occasional smoke plume rising above the jungle. The smoke might be from a farmer clearing an area to grow licit crops, or it might be a burning drug lab. ”

Dave, a 35-year-old crop-duster from Texas, one of 20 pilots who navigate Colombian jungles to spray herbicide on illicit crops while risking pot-shots from cocaine traffickers.

“ If the snow has melted from a neighbour’s house when everywhere else still has a covering, it could indicate that the house is being used for growing cannabis. ”

Sergeant Mel Thomas on new surveillance methods used by Leicestershire Police.

“ The common use of the term ‘junkie’ helps us to maintain the belief that users of substances are in some way lesser beings. Part of the reason we’ve comfortably followed the prohibition path for so long has been mainstream culture’s view of drug users as subhuman creatures who need redemption. What they really need is medical support and laws that make sense. ”

Community worker Chris Middendorp writing in the *Melbourne Age* about the recent publication of *After the War on Drugs: Blueprint for Regulation* by Britain’s Transform Drug Policy Foundation.

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of the toughest anti-drug regimes in the region. In an attempt to address the issue of proportionality and solve a prison crisis, in 2008, Ecuador pardoned more than 2,000 drug ‘mules’ who met three criteria – they were first-time offenders, had been caught with a maximum of two kilograms of any drug and had completed 10 percent of their prison sentence or a minimum of one year. New legislative proposals will have to consider the judicial precedent of this bold move.

Not all drug reform across the continent is progressing in the same direction. While Colombia’s Constitutional Court declared in 1994 that the possession of illegal drugs within fixed limits was not subject to prosecution, the hard-line government of President Uribe believes this is inconsistent with efforts to curtail drug trafficking and has been trying to undo that decision with a constitutional amendment to recriminalise consumption.

“ While there is no simple one-size-fits-all solution, it is clear that overly punitive approaches to drug use have failed elsewhere. ”

Other apparently progressive drug law reform has been double-edged. In Mexico, new legislation was enacted in August 2009 that decriminalised possession of small quantities of all drugs and mandated increased prevention and treatment programmes. Despite many positive aspects, there are real concerns that the new law may end up sending even more people to jail. It sets a very low threshold in differentiating between a consumer and a seller and applies even harsher penalties for small-scale dealing. While cocaine is sold by the gram on the street, the maximum amount deemed for personal use is half a gram. Possession of more than this is punishable by three or more years in prison.

The new law is likely to create additional incentives for police corruption and the extortion of consumers and small-time dealers. Whatever action

Mexico takes is unlikely to have a major impact on the violence without a major reduction in demand from across the border in the US.



## Indonesia

Many drug users in Indonesia experience abuse and extortion at the hands of police during regular ‘crackdowns’. In September 2009, Indonesia passed a new narcotics Bill. Contrary to what drug reform groups such as the Indonesian Coalition for Drug Policy Reform were hoping, the new law maintains the death penalty for some drug offences, continues to criminalise drug addiction and makes it a crime for parents to fail to report their addicted children to authorities. The law also transfers responsibility for fighting drug trafficking from the government to civil society.

Nevertheless, the new Bill does introduce some positive measures. For example, public health concerns are addressed through the requirement to provide medical and social rehabilitation for drug addicts.

### Conclusion

Many countries have grappled with drug law reform. Today, we have a much better understanding of what works and what does not. As New Zealand reviews its 35-year-old drug law, there is much to be learned from overseas. While there is no simple one-size-fits-all solution, it is clear that overly punitive approaches to drug use have failed elsewhere. Alternative approaches to drug law need to be guided by evidence, grounded in public health principles and must firmly embrace human rights.

A drug-free world might not be possible but a world free of the harms from the war on drugs ought to be. ■

Sanji Gunasekara is a Senior Policy Analyst at the Drug Foundation.

# Diversion: Australia's alternative to drug law reform

In the late 1990s, there was an increasing push within Australia to decriminalise cannabis and to provide legal access to heroin for those dependent on it. Political circumstances did not permit this, but Australia did adopt an Illicit Drug Diversion Initiative (IDDI), a national agreement to divert illicit drug users away from the police and courts. This has enabled a vast expansion of diversionary opportunities for illicit drug users in Australia. Caitlin Hughes looks at the nature of Australia's diversion programme and its impacts to date.



Caitlin  
Hughes

AUSTRALIA takes a multi-faceted approach to drugs, involving reduction of both supply and demand, with the overall aim being to minimise the harms of drug use to individuals and society. One policy intervention that has increased in prominence in recent years is the diversion of illicit drug users. Diversion involves providing alternate responses to divert an offender *out* of the criminal justice system or *into* education and treatment.

While diversion had been mainstream police practice for many years, pre-1999 implementation largely rested on informal mechanisms such as police discretion to not charge an offender and/or ad hoc formal programmes within Australia's eight states and territories. A significant shift occurred following the adoption of the Illicit Drug Diversion Initiative (IDDI) on 9 April 1999. The IDDI was a formal agreement by the Commonwealth, states and territories to divert minor drug users via police and courts into education and/or treatment. Critical to enabling the expansion of treatment places, it received federal funding

(amounting to date to over \$490 million).

Somewhat contradictory is that the IDDI funding came through the Coalition Government's recently adopted National Illicit Drug Strategy 'Tough on Drugs'. In essence, three factors were integral to the reform: an evidence base on diversion programmes; law enforcement support; and overcoming the political perception that drug diversion was a 'soft' reform. The latter was achieved through rhetoric that diversion was 'tough on drugs'. For example, it did not alter the criminal law and it remained tough on traffickers and offenders who *failed* to take up diversion. In spite of the rhetoric, the IDDI is essentially a pragmatic and evidence-informed response, one that has received widespread acclaim.

Between 2000 and 2007, 35 new diversion programmes were adopted in Australia, 30 of which were funded by the IDDI. As a consequence, by late 2007, there were 52 diversion programmes operating for drug and drug-related offenders in Australia, with between three and 12 programmes in each state or territory.

## Quotes of Substance

### “ Marijuana leads to homosexuality... and therefore to AIDS. ”

A famous quote from White House Drug Czar **Carlton Turner** in 1986. Two years later, the White House Office of National Drug Control Policy (ONDCP) was established, a result of the Anti-Drug Abuse Act of 1988.

### “ Animation is not only for children. It is also for adults who are on drugs. ”

**Sir Paul McCartney** at the Golden Globe Awards 2010, speaking about his experience in animation with The Beatles' cartoon *Yellow Submarine*.

### “ The reality is that we are all paying the cost – even those of us who drink responsibly or not at all. At a time of financial pressure, it is essential we address this unacceptable drain on our public services and on business. ”

Scottish Finance Secretary **John Swinney** on the cost of alcohol abuse to Scotland.

### “ We have more sophisticated pain management techniques available now than ever before but many doctors turn patients away because they're very concerned about the problems with prescription drug abuse. Because of this, many people suffer needlessly with pain that could be treated. ”

American pharmacist **Kathryn Hahn** on the failure of pain management due to inadequate training of physicians, personal biases and, increasingly, fears of prescription analgesic drug abuse.

The diversion programmes provided across Australia can be categorised into five different types, the characteristics of which are summarised below.

**Police diversion for cannabis only:** aimed at offenders detected using or possessing 15–100 grams of cannabis. A number of different responses are provided, including cannabis cautioning and cannabis expiation. The former involves a more one-off, therapeutic approach – a formal caution, provision of educational information and optional referral to an education session or telephone service. The latter provides offenders with multiple opportunities to avoid a criminal record through the payment of an expiation fee of \$100–300.

**Police diversion for other illicit drugs:** aimed at offenders using or in possession of between 0.5 grams and 2 grams of amphetamines, cocaine, ecstasy or heroin. Offenders are required to undertake an assessment of their drug use and attend education or counselling sessions.

**Police diversion for youth or other drug-related offenders:** aimed predominantly at offenders aged 10–18. This approach results in non-therapeutic sanctions including a warning or the requirement to attend a family group conference.

**Court diversion for minor drug/drug-related offenders:** aimed at *minor* offenders with a recognisable drug (predominantly illicit) problem. Most programmes are pre-plea and require that an offender undergo assessment and be deemed as having a treatable drug problem. Eligible offenders then receive tailored drug treatment (predominantly counselling) for a period of 3–4 months while on bail.

**Court diversion for serious drug/drug-related offenders:** aimed at *drug-dependent* offenders whose offending is directly related to their drug use. Intensive case management, supervision, urine testing and drug treatment for 6–24 months are required. Programmes generally operate pre-sentencing and offer offenders a final chance to avoid imprisonment.

There is variability between the programme designs, which reflects the federal nature of Australia, but with

three exceptions, these five programme types operate in all states and territories.

The provision of five types of programme reflects best practice principles concerning diversion. Core principles include the need for a broad range of diversion programmes with different levels of interventions, access for all offenders regardless of age, gender, ethnicity or substance of use and careful targeting using clear eligibility criteria.

The critical question is do the programmes work? There are a number of challenges to answering this question,

### “ Diversion programmes have reduced demands on the criminal justice system. ”

the first of which is differing definitions for 'work'. Diversion programmes have a variety of goals, for example, reducing the harms from receiving a criminal penalty, reducing offending and increasing access to drug assessment and treatment. Diversion programmes differ in their ability to attain such goals, largely due to their chosen mechanism and target population. For example, the less intensive programmes appear better at reducing demands on police and more intensive programmes appear better at reducing drug use and related problems. Programme outcomes, even among similar programmes, are also often not directly comparable due to population difference.

That said, it has been shown that diversion programmes have had numerous benefits.

Firstly, they have reduced demands on the criminal justice system. For example, the evaluators of the NSW Cannabis Cautioning Programme calculated that the scheme saved 6,000 police hours in each year of operation. This is because fewer offenders were sent to court, and compared to a traditional criminal charge, cannabis cautioning produced a saving of 1.5 hours per officer at the point of arrest and seven hours in cases where an offender would have had to go to court.

Diversion programmes have also reduced offending and the likelihood of imprisonment from reoffending. A national review of 12 police diversion programmes in Australia found the majority of offenders did not reoffend following diversion. Moreover, in spite of marked differences in offending between jurisdictions, the proportionate decrease in offending after diversion was relatively consistent across all jurisdictions, with 69–86 percent of offenders without prior records and 31–54 percent of offenders with prior records not reoffending within 18 months. Even among offenders with prior records – a proven predictor of reoffending – most committed either less or similar levels of offending.

A third benefit has been reduced drug use, frequency of drug use and/or harmful use. For example, the proportion of offenders who self-reported as regular cannabis users decreased from 95 to 74 percent before and after undertaking the Queensland Police Drug Diversion Programme, and participants in the Western Australian Pre-sentence Opportunity Programme also reported significant reductions in self-reported drug use.

Fourthly, the programmes have improved physical health, mental health and relationships. For example, evaluators of the NSW MERIT programme found significant improvements in relation to HIV risk-taking behaviour, poly-drug use behaviour, psychological wellbeing and elements of physical health. They also found improvements (though not significant) in relation to social functioning.

Lastly, the programmes have increased the cost-effectiveness of responses. For example, studies of the NSW Magistrates Early Referral Into Treatment court diversion programme revealed that drug diversion offered savings equivalent to \$2.98 for every \$1 invested. This was attributed to reductions in the costs of police

investigation, hospitalisations, criminal activity and prison and probation supervision costs.

Studies have also shown that diversion programmes can have counter-productive impacts. A particular concern is the issue of net-widening, whereby the likelihood of receiving formal criminal justice contact is *increased* following the introduction of diversion programmes. As shown in the South Australian Cannabis Expiation Notice Scheme, net-widening can occur because diversion is *faster* for police to implement. It can also occur due to the belief that diversion will be beneficial for offenders.

In recent years, there have been two important learnings. First, the likelihood of positive or negative impacts appears shaped by individual programme design, for example, the choice of eligibility criteria. Second, the effectiveness of diversion programmes is shaped by the broader diversionary and criminal justice system design. Good design can be facilitated by careful choice and early evaluation of diversion programmes *and* considering how the programmes operate together. It also helps to identify potential linkages or referral points between the programmes and reduce potential conflicts and gaps for specific types of offenders, for example, indigenous people.

The Australian Illicit Drug Diversion Initiative demonstrates there are alternatives to drug law reform that have the potential to address drug-related offending. The choice and design of programmes needs to suit local circumstances and goals, but with appropriate design, diversion programmes can offer a very useful and politically palatable way of increasing opportunities to reduce drug use, drug offending and criminal justice costs. At the same time, they provide more humane responses to illicit drug offending. ■

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**For a full list of references, visit [www.drugfoundation.org.nz/matters-of-substance](http://www.drugfoundation.org.nz/matters-of-substance).**

“**Nobody, as far as I’m aware, has ever suspected that I’m a drug addict. Why would they? I don’t slur my speech and I’m one of the most productive researchers in the faculty.**”

**Daniel Bouchard** (pseudonym), a 51-year-old mathematics lecturer at an Australian university who takes an average of 50 Nurofen Plus tablets a day to feed a codeine addiction that’s been an on-again, off-again problem throughout his life.

“**Why is there not a greater outcry, so that this sick man receives psychiatric assessment and treatment rather than a bullet to the head?**”

**Marjorie Wallace**, Chief Executive of the mental health charity Sane, on the 29 December 2009 execution of Akmal Shaikh. Shaikh’s family claims a drugs gang exploited his mental illness to trick him into smuggling 4kg of heroin into China where he was caught and convicted.

“**There seems to be a belief among residents that it is legal to drive a golf buggy after consuming alcohol.**”

Gold Coast Police Inspector **Steve Flori** reinforces the messages that drink driving rules are for all vehicles after a 19-year-old woman was caught over the blood alcohol limit while driving a golf buggy on New Year’s Eve.

“**It’s possible people won’t come to hospital if they know they will have their blood tested.**”

**David Edey**, President of the Victorian branch of the Australasian College for Emergency Medicine, expresses his unease towards the new push for hospital staff to drug test all people injured in road accidents. Victoria Police has been asking emergency departments to take blood from people involved in collisions so they can test them for cannabis, methamphetamines, benzodiazepines and alcohol.

# Knowledge of and attitudes to illegal drugs

“P makes you kill people, that’s it in the paper all the time.”

“I think P, that’s what

Last year, the Ministry of Health published a report on research into New Zealanders’ knowledge about and attitudes to illegal drugs.

Sara McFall presents a brief summary of the report’s findings.

## Findings of the quantitative telephone survey

- When you think about drugs causing harm in our communities, which are the first three drugs you think of?
  - 94% said methamphetamine.
  - 58% said cannabis.
  - 39% said alcohol.
- 79% were worried/concerned about the level of drug use in New Zealand.
- 53% thought there was a lack of community focus to deal with illegal drug use.

THE RESEARCH report on knowledge of and attitudes to illegal drugs reveals a mixture of predictable, surprising and encouraging findings: there were high levels of concern about methamphetamine, low awareness of the risks of drugged driving and a heartening belief that drug problems are a community issue and not the responsibility of individuals.

**“ People did not associate drug use with any particular class or ethnicity, and in the case of cannabis, many considered it to be an accepted part of society. ”**

The research sought to understand how New Zealanders viewed illegal drugs, the reasons why people used drugs and perceptions about the risks and harms associated with their use. The research was carried out by consultancy firms Acqumen Ltd and UMR Research Ltd as part of the Ministry of Health-led demand reduction programme for illegal drugs. The programme was created in response to calls for accurate and reliable information about drugs and

their associated harms, and it aims to improve public awareness of and access to sources of information and help.

The research reflects the views of those with experience of drug use (past or present) and those who had never used drugs. A telephone survey was conducted with 750 members of the general public, and qualitative research, both in-depth interviews and focus groups, was carried out with members of the general public (who may or may not have used drugs) as well as people recruited primarily through treatment services. Interviews were carried out with Māori, Pacific and Pākehā, youth (aged 13–17), people aged between 18 and 35 and parents in Christchurch, Napier/Hastings, Wellington and Auckland.

There was a general concern among the public about drug use, about increasing prevalence and problems including crime and violence. People did not associate drug use with any particular class or ethnicity, and in the case of cannabis, many considered it to be an accepted part of society.

There were a number of reasons given why people used illegal drugs, including for perceived benefits such as stress relief and relaxation, as part

“It’s a norm when the bong is still on the table when you get up for school in the morning.”

“Don’t matter who you are, addiction has no boundaries. If you take something for too long, you [will] become dependent on it.”

“As far as I have seen, the side-effects of marijuana can be relatively harmless. They get very, very hungry afterwards...”

“My mum told me that like every time you do [methamphetamine] you lose heaps of brain cells and you can never get them back.”

“If you put it into perspective, the drug that does by far and away the most harm in society is alcohol. And yet we allow it to be marketed and sold at the supermarket, it is readily available, it is made glamorous...”

“No hangovers, you can drive, no mess, you don’t have bottles, you don’t have people lying all over the floor, spillage everywhere.”

of social life, experimentation, peer pressure, for creative reasons and to increase confidence. Past and present drug users talked about trying drugs at a young age, often because it was part of the family environment. And for some, drug production and supply was part of the local economy. At least half of those interviewed had been introduced to drugs by a family member.

“It’s a norm when the bong is still on the table when you get up for school in the morning.”

For older people with experience of drug use, the most common reason for starting was to cope with personal problems including past traumatic events.

People were aware of the illegal status of drugs but did not consider this to be a deterrent or think that police would do anything about possession offences. For those with experience of drug use, the illegal status was not seen as a deterrent but some thought it was a potential deterrent for seeking help.

Past and current drug users talked of the harms associated with drug use in terms of physical and mental health problems, loss of self-esteem, loss of wairua, losing their children and long-term impacts on employment opportunities.

When members of the general public discussed the impacts and harms associated with drugs, these included death, physical and psychological problems, failed potential in employment and education, and harm to personal relationships.

**“For the great majority of people, methamphetamine was perceived as by far and away the most harmful drug and was associated with violence, gangs and serious physical and mental health problems.”**

A differentiation was made between occasional use and problematic use, and some thought there were those with a predisposition to dependence. However, the view of those with experience of drug use was that addiction was a risk for all drug users.

“Don’t matter who you are, addiction has no boundaries. If you take something for too long, you [will] become dependent on it.”

## Methamphetamine

For the great majority of people, methamphetamine was perceived as by far and away the most harmful drug and was associated with violence, gangs and serious physical and mental health problems. There were several comments about brain damage and the addictiveness of methamphetamine and a general fear of it from members of the public.

“I think P, you only have to take it once and you’re addicted, that’s what I’ve heard.”

“P makes you kill people, that’s obvious. You read it in the paper all the time.”

“My mum told me that like every time you do [methamphetamine] you lose heaps of brain cells and you can never get them back.”

Others put the attention on methamphetamine into perspective.

“It was interesting because I was thinking that, in the 60s, the scourge of New Zealand was LSD, in the 70s the scourge of New Zealand was cannabis, in the 80s and early 90s, the scourge was ecstasy, now we’ve got methamphetamine. All these drugs have been around and available for more than 50 years.”

“If you put it into perspective, the drug that does by far and away the most harm in society is alcohol. And yet we allow it to be marketed and sold at the supermarket, it is readily available, it is made glamorous...”

Past and present drug users considered methamphetamine to be a high-risk drug with serious effects on health. Some found it gave them confidence but most talked of the harms to them and their family.

“I taught myself to make P at my house and the smell was so bad. I knew it was really dangerous but kept at it. I had my son living with me at the time and he was nearby. Unbelievable now.”

## Cannabis

One of the interesting findings from interviews with the public was the attitudes towards cannabis. Cannabis was seen as very prevalent and easily available in the community including at schools. It was considered safer than other illegal drugs (and for some people, safer than alcohol), and there were a number of comments about it being OK to smoke and drive.

“As far as I have seen, the side-effects of marijuana can be relatively harmless. They get very, very hungry afterwards and the only negative side-effect of that, I suppose, is they lighten their wallet on crispy chicken or something.”

“No hangovers, you can drive, no mess, you don’t have bottles, you don’t have people lying all over the floor, spillage everywhere.”

There was concern at what was perceived as the increasingly young age of cannabis users, and some discussed the potential mental health problems associated with cannabis. Interviews showed past or current drug users considered most of the harms associated with cannabis were to the individual whereas alcohol and methamphetamine were associated with greater societal harms. Cannabis was not, however, considered harmless and was linked with memory loss, social isolation and depression.

There was some discussion of cannabis as a ‘gateway’ drug:

“Cannabis... trains your brain to be addictive.”

“Cannabis tends to make people stupid... I was never interested in it so maybe it was my gateway... in that I went on to the next thing.”

## Help and support

Most people thought there was a need to raise awareness of the harms of illegal drugs. This should be done in ways that balance the reporting of serious criminal activities in the news with the personal, social and particularly family impacts of drug misuse.

“Society needs to be more real about drugs and acknowledge how common they are. You can’t hide it as it just makes people feel even worse.”

A further goal would be to reduce stigma against people with drug dependence and to promote supportive environments that make it easier to seek help and make changes. For those who had experience of drug use, some thought the media responsible for the stigmatisation of drugs users.

“We don’t need to be judged as addicts. We already know we’ve destroyed our lives and don’t need to hear it again.”

Interestingly, the quantitative and qualitative research with the general public found that the majority considered drug problems were community problems, which required a response from society as a whole, rather than a personal responsibility. The qualitative research found that most people demonstrated care and support for those with drug-related problems recognising they were often caused by significant past events or other problems.

The general public wanted a public education campaign about drugs and the promotion of sources of help such as the helpline. In particular, people called for more information for parents. Many also thought it would be valuable for people in recovery from drug problems to tell their stories.

“**Research with the general public found the majority considered drug problems were community problems, which required a response from society as a whole.**”

When past and present drug users were asked whether they would have wanted help and treatment earlier, some said they weren’t ready as they were still having fun or needed the escape drugs provided. Others called for better access to treatment and practical interventions.

“I would have liked help earlier on and gave up [in my home town] and came [here] because I was told there was going to be less of a waiting list. I then spent close to a year waiting to get in the door. So after two years of trying to get into CADS, I was pretty sure that not only would they have all the answers [but that] there would be oompa-loompas and chocolate rivers once I got inside that building.”

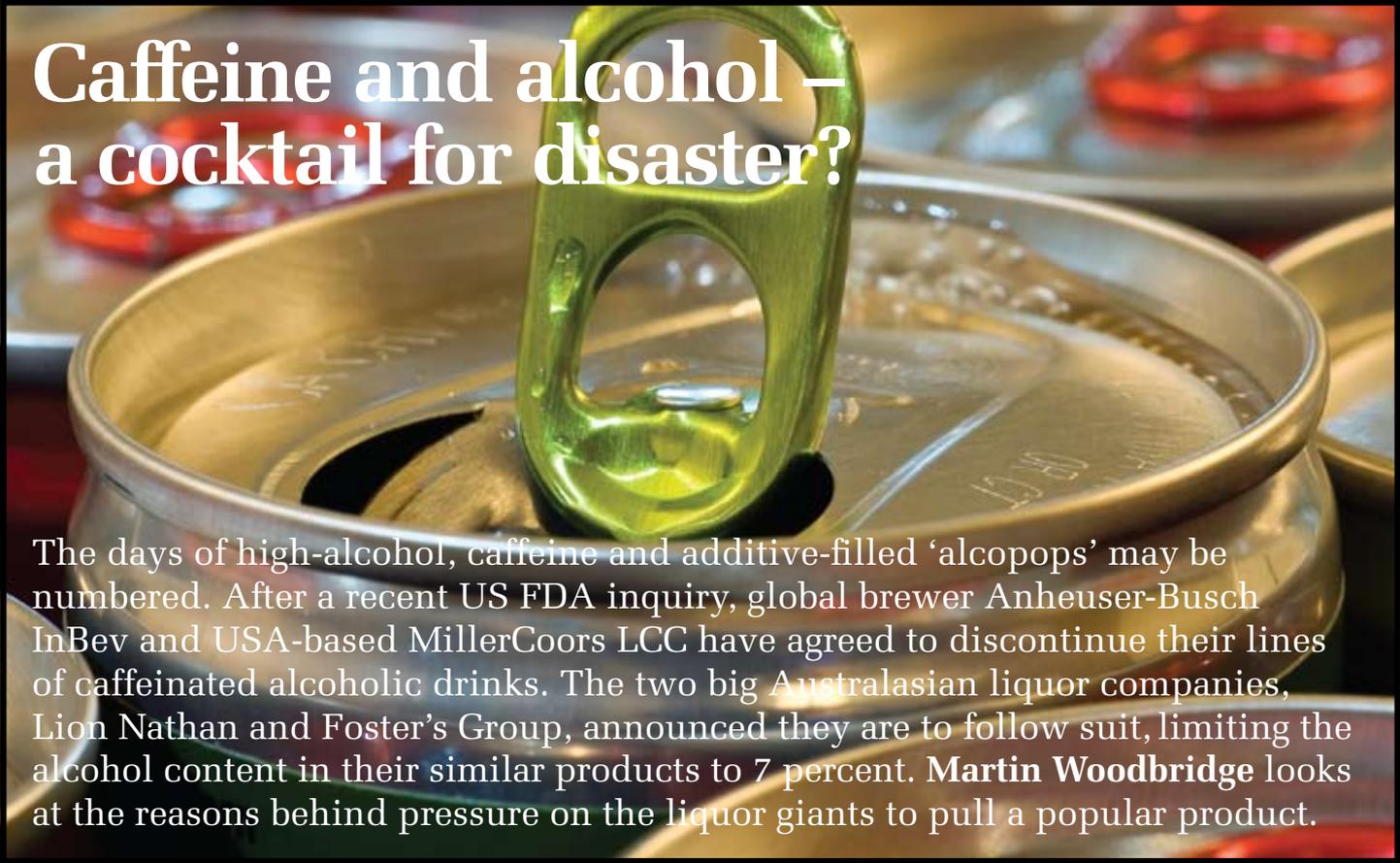
“One thing CADS could do is have a team of people on the phone... saying ‘Look, I know we can’t fit you in for an interview for a couple of months but every couple of weeks, I’m going to give you a call to see how you are going.’”

## DrugHelp

A step towards addressing some of the calls for information about drugs and where to get help is a new web resource funded by the Ministry of Health and developed by a consortium of providers led by the New Zealand Drug Foundation. DrugHelp will provide reliable and objective information about drugs, share stories with people affected by drugs and provide self-help tools and access to further help and support. DrugHelp will be launched in May. ■

Sara McFall is a Senior Policy Analyst – National Drug Policy, Ministry of Health.

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



## Caffeine and alcohol – a cocktail for disaster?

The days of high-alcohol, caffeine and additive-filled ‘alcopops’ may be numbered. After a recent US FDA inquiry, global brewer Anheuser-Busch InBev and USA-based MillerCoors LCC have agreed to discontinue their lines of caffeinated alcoholic drinks. The two big Australasian liquor companies, Lion Nathan and Foster’s Group, announced they are to follow suit, limiting the alcohol content in their similar products to 7 percent. **Martin Woodbridge** looks at the reasons behind pressure on the liquor giants to pull a popular product.

“ Upon close investigation, it is little wonder these products have been earmarked for review or discontinuation. ”

**THERE** are numerous alcoholic drinks on the New Zealand market containing high doses of caffeine. These products supplement the myriad ready-to-drink alcoholic beverages (RTDs) and mixers that flow from the shelves of bars and bargain basement liquor outlets.

There’s plenty of research about the risks and harms associated with alcohol consumption, but the topic of caffeine-laced alcohol has not been so widely canvassed.

Upon close investigation, it is little wonder these products have been earmarked for review and regulation. The vast range of drinks, supplements and mixers available may contain – along with very high doses of caffeine – numerous additives including guarana extract, taurine, inositol, glucuronolactone, niacin, glucose-fructose syrup, B vitamins, flavours, food acids and antioxidants.

Of importance to this discussion is that most contain carbonated water, which, in league with the sugars (specifically fructose and sucrose), facilitates the absorption of alcohol and its metabolism.

A high dose of caffeine promotes alertness and induces urine flow, which may decrease total body water and increase total blood-alcohol content. So are we being fooled, coaxed towards more potent and dangerous drinking habits, or is this concern unfounded?

Senior physicians at Johns Hopkins University School of Medicine hold grave concerns at both the caffeine and alcohol content of these drinks. They say the caffeine content varies, with some containing the equivalent of 14 cans of Coca-Cola. They also note that alcohol adds another level of danger because caffeine in high doses can give users a false sense of alertness.

A 2006 study confirmed this concern when it found taking caffeine with alcohol reduced participants’ perceptions of alcohol intoxication compared with those who took alcohol alone. A Brazilian study made similar conclusions but also revealed, on impartial measures, motor coordination, visual reaction time and breath alcohol concentration to be at expected levels for that consumption of alcohol.

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Another Brazilian study analysed 500 university students' drinking habits and found users of energy and alcoholic beverages might not feel the signs of alcohol intoxication, thus increasing the probability of accidents and the possibility of developing alcohol dependence.

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👉👉 **US researchers suggest being wide awake and drunk at the same time increases the risk of engaging in several forms of violent behaviour.** 🗨️🗨️

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So in reducing the individual perception of intoxication, do caffeinated alcoholic beverages put individuals at greater risk of harm? Do they promote a false sense of safety, thus fuelling greater consumption?

US researchers suggest being wide awake and drunk at the same time increases the risk of engaging in several forms of violent behaviour. This is also evident from the findings of the British study that examined interpretation of expressions by intoxicated and sober men and women.

Professor Doug Sellman of the National Addiction Centre says sober people are better able to accurately interpret facial expressions but that, in drinking situations, this ability becomes far more blurred – especially that of disgust being interpreted as anger.

It is important to remember there are a range of factors that influence the absorption of alcohol. For example, variations between individuals will affect the rate and therefore the timing and magnitude of the intoxicating effects. The faster alcohol is absorbed, the greater the degree of inebriation, so it is not only the caffeine we should be concerned about, but also the carbonated water and sugar content of these drinks.

While some of the big liquor producers are voluntarily limiting these products, it's time New Zealand food and health regulators took a closer look. ■

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**Martin Woodbridge is a Senior Policy Analyst at the New Zealand Drug Foundation.**

For a full list of references, visit [www.drugfoundation.org.nz/matters-of-substance](http://www.drugfoundation.org.nz/matters-of-substance).

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## Are ultra-high caffeine drinks bad for children?

### Experts' views on the safety of consuming very high amounts of caffeine.

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**Dr Elaine Rush**  
Professor of Nutrition  
at Auckland University  
of Technology

🗨️🗨️ **I am very concerned about the sale of caffeine in large doses... Although caffeine does improve physical performance, convincing evidence is accumulating that there are more problems than benefits associated with consuming it.** 🗨️🗨️

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**Dr Jim McVeagh**  
Auckland GP and author  
of popular health blog  
MacDoctor

🗨️🗨️ **I have had to deal with a number of teenagers having psychotic episodes following multiple cans of energy drinks. Caffeine is not a benign pick-me-up, nor is it a dietary supplement – it is a stimulant drug, pure and simple.** 🗨️🗨️

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**Dr David Jardine**  
Clinical Director of the  
Canterbury District  
Health Board

🗨️🗨️ **From what I can see, caffeine is the most used drug in the world. It has been blamed for everything from cardiovascular disease to birth defects but the scientific evidence for chronic consumption being harmful is not there.** 🗨️🗨️

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**Dr Peter Black**  
Professor of Clinical  
Pharmacology at the  
University of Auckland

🗨️🗨️ **Attempts to implicate caffeine as a cause of cancer and heart disease over many years have failed. There is however evidence linking a high intake of coffee to reduced fertility in women. Excessive intake of caffeine can cause irritability, anxiety and insomnia – and that potentially might be an issue in some individuals.** 🗨️🗨️

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**Dr John Birkbeck**  
Adjunct Professor  
in Child Nutrition at  
Massey University

🗨️🗨️ **A product must be either a food, or a drug, and dealt with under the relevant legislation. These energy 'shots' would clearly be drugs and put out of existence by lack of safety documentation. But the 'dietary supplement' industry in this country has been fighting this for decades as it is a very lucrative market...** 🗨️🗨️

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**Geoff Allen**  
New Zealand Food Safety  
Authority Director

🗨️🗨️ **Restrictions on the sale of such products would prove very difficult to enforce. The only other food that carries such an age restriction is alcohol – and this demands a highly complex system of special legislation, licensing and policing effort – a system that is by no means watertight (as any 16 or 17 year old will tell you).** 🗨️🗨️

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Source: [www.sciencemediacentre.co.nz](http://www.sciencemediacentre.co.nz)

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# Talking with Doug after the ‘Ten Things’ tour

Late in 2009, Professor **Doug Sellman**, Director of the National Addiction Centre, University of Otago, Christchurch, toured the country during a university sabbatical, delivering a lecture ‘Ten things the alcohol industry won’t tell you about alcohol’.

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**THE PRIMARY** intent was to publicise an evidence-based ‘5+ Solution’ to New Zealand’s alcohol crisis, in parallel to the Law Commission’s current alcohol law review. A second aim was to set up a network of alcohol action groups throughout the country.

Doug will be elaborating on the lecture and writing it into a book to be released later this year. In the meantime, *Matters of Substance* caught up with him to find out how the lecture series went.

**MoS:** *So how successful were the lectures?*

**Doug:** I think the lecture tour made some real headway on waking people up to the enormous, yet somewhat invisible, presence of the alcohol industry and its unrelenting quest for profit at the expense of the health, safety and wellbeing of New Zealanders.

There’s still an extraordinary amount of apathy in New Zealand around alcohol. A lot of people just don’t understand that alcohol is a neurotoxic drug that directly causes aggression, and they don’t appreciate the destructive effect excessive drinking has on communities, families and individuals.

But after 42 meetings in 30 towns attended by nearly 5,000 people, there are signs that’s starting to change.

**MoS:** *What were the key community issues you noted as you moved around the country?*

**Doug:** Three main concerns people seemed to have were: overt public drunkenness and the sense of danger this brings to downtown New Zealand, particularly after dark; the number of liquor outlets and how communities often feel powerless to oppose their proliferation; and marketing and advertising. I have the impression the lectures helped open people’s eyes to the subtle but powerful influence of the alcohol industry – the excessive commercialisation of alcohol and, in particular, its ready availability. Everywhere you go, there’s alcohol advertising.

A lot of people out there are quite worried, but everywhere I went, people were excited by the possibility that change is going to occur.

**MoS:** *What makes you so sure the 5+ Solution will solve New Zealand’s alcohol crisis?*

**Doug:** We will never solve the problem of alcohol-related damage entirely. Alcohol is here to stay. It’s almost as natural as water. But education campaigns have very little effectiveness, and the hope that individuals will spontaneously begin to act more responsibly is just wishful thinking.

Over the past 20 years, government has allowed the alcohol industry immense freedom to market and sell a Class B equivalent drug 24 hours a day and advertise it on national television. At the same time, the industry has absolved itself of all responsibility for the problems caused by alcohol and blamed them on a fantasy ‘irresponsible minority’.

New effective regulation is now needed to turn the tide of New Zealand’s harmful drinking culture. The 5+ Solution is a set of policy directives that are supported by robust international evidence. It targets the excessively permissive environment in which alcohol is marketed, supplied and sold as well as recommending increased treatment opportunities for heavy drinkers.

**MoS:** *How has the community responded to the lecture series?*

**Doug:** The public reaction has confirmed my belief that there is a lot of public alarm about New Zealand’s heavy drinking culture and that conditions are right for change. We now have a network of enthusiastic and active local alcohol action groups throughout New Zealand that have been working very hard to support the Law Commission’s report and whatever Government action follows. Nearly 400 leading doctors and nurses have also sent the Government an unprecedented sign in an historic statement supporting the 5+ Solution.

**MoS:** *And what do you expect the Government will do?*

**Doug:** I think there are people in Government who understand the issues and want to do something positive to reduce the damage from alcohol. At the same time, there will always be intense lobbying from the alcohol and advertising industries.

Those in Government know alcohol is a major eroding influence. We need to wait and see whether they have the guts and political nous to put up policies that will really make a difference.

**MoS:** *Can you gaze into your crystal ball and describe the legislation that will be written?*

**Doug:** I fear the new legislation won't directly tackle the most important issue – the excessive commercialisation of alcohol. If our parliamentarians really believe alcohol is 'no ordinary commodity' and that alcohol has the public health risk equivalent of a Class B1 drug, they will do something about pricing and marketing. If those two elements of the 5+ Solution do not appear in the new legislation, we are in trouble – New Zealand's heavy drinking culture will definitely continue.

A set of measures involving accessibility (hours, venue density) and drink driving – with the possibility of raising the purchase age, at least for off-licence purchases of alcohol, will have some benefit. But I will be disappointed if that is all it comes to, and I'm sure the sense of community anger that is beginning to appear will become even more overt if a limp piece of new legislation is put up in response to the Law Commission's final report.

If the new law doesn't involve pricing and marketing, then New Zealand's heavy drinking culture could possibly even intensify. Unless there are new restrictions to marketing and advertising, we will very likely see a cranking up of alcohol marketing in 2011, turbo-charged by the best excuse available – the Rugby World Cup. I'm sure the alcohol industry can't wait for the current Law Commission

review process to be over so they can carry on with business as usual.

**MoS:** *Speaking of the industry, did they give your lecture series any tangible opposition?*

**Doug:** Actually, I was expecting more organised reaction at the public meetings, but there were only sporadic comments and challenges, generally trotting out the well-worn arguments around personal responsibility. But I have no illusions the industry will stand idly by.

**MoS:** *What other tricks do you think they may have up their sleeve?*

**Doug:** Well, I think threatening to withdraw election funds is a huge lever they will roll out at some point behind the scenes. The National-led Government is big-business friendly, and it is very hard to do something you know will hurt your friends, even when it is for a greater cause involving your fellow citizens.

**MoS:** *So what can concerned people do?*

**Doug:** The Law Commission's final report will probably be made public in April, so we have a month or two left for people still wanting to become involved. If people go to our website ([www.alcoholaction.co.nz](http://www.alcoholaction.co.nz)), they can join the email list, or contact us directly so we can put them in touch with their local action group coordinator.

This phase is all about letting the Government know that New Zealanders really do want change. We'd like to see people teaming up and going to see their MPs, particularly National MPs.

Writing letters to the editor is another good option and is reasonably easy. Open the newspaper on virtually any day and there'll be an alcohol-related story to comment on. ■

**Watch Doug's public lecture on our YouTube channel at [www.youtube.com/nzdrugfoundation](http://www.youtube.com/nzdrugfoundation).**



## 10 Ten things the alcohol industry won't tell you

1. Alcohol is a highly intoxicating drug with a relatively low safety index.
2. Alcohol is a neurotoxin that can cause brain damage.
3. Alcohol can directly cause aggression.
4. Alcohol is fattening in moderate drinkers.
5. Alcohol can cause cancer.
6. Alcohol cardio-protection has been talked up.
7. The alcohol industry actively markets alcohol to young people.
8. Low-risk drinking means drinking low amounts of alcohol.
9. A lot of the alcohol industry's profit comes from heavy drinking.
10. There is a solution to the national alcohol crisis: the 5+ Solution.

## 5+ Solution

The 5+ Solution, based directly on the WHO sponsored publication Alcohol: No Ordinary Commodity, is as follows:

1. Raise alcohol prices.
2. Raise the purchase age.
3. Reduce alcohol accessibility.
4. Reduce marketing and advertising.
5. Increase drink-driving counter-measures.

**PLUS:** Increase treatment opportunities for heavy drinkers.

# How effective is the New Zealand Drug Harm Index?

There have been numerous attempts made internationally to quantify drug harm. **Martin Woodbridge** looks at New Zealand's Drug Harm Index to see just how useful it is to measure success in reducing social costs from drug use.



Martin Woodbridge

AN illicit drug harm index has a number of potential functions. It could, for example, serve as a standard measure of drug-related harm or as an index to measure the performance of a drug policy or to make comparisons between countries.

The New Zealand Drug Harm Index (NZDHI) is intended as an in-house tool to direct drug enforcement resources and prioritise activities. Police and Customs, however, have used it in the media to make claims about the social cost savings of their drug control activities. Unfortunately, this is not a valid use of the NZDHI.

Business and Economic Research Ltd (BERL), an economic consultancy firm contracted to develop the NZDHI, explicitly states it cannot be used to estimate the avoidable cost of drug abuse, the cost-effectiveness of current interventions or the social impact of shrinking the illicit drug industry. The NZDHI examines only the 'harm'

from drug use in the year 2005/06; it is a benchmark by which to gauge year-by-year progress. However, there remain problems even with this.

## Data credibility

The ability to gauge yearly progress assumes the data is credible and can be compared accurately year by year.

However, the two key data sources used to construct the NZDHI were the Health Behaviour Surveys and Illicit Drug Monitoring System (IDMS), and this poses problems. The IDMS sample sizes are small compared to the Health Behaviour Surveys, and the latter cannot be compared accurately year by year, as the methodology behind them has changed. In addition, there was considerable reliance on Australian data, which will not always translate well to New Zealand.

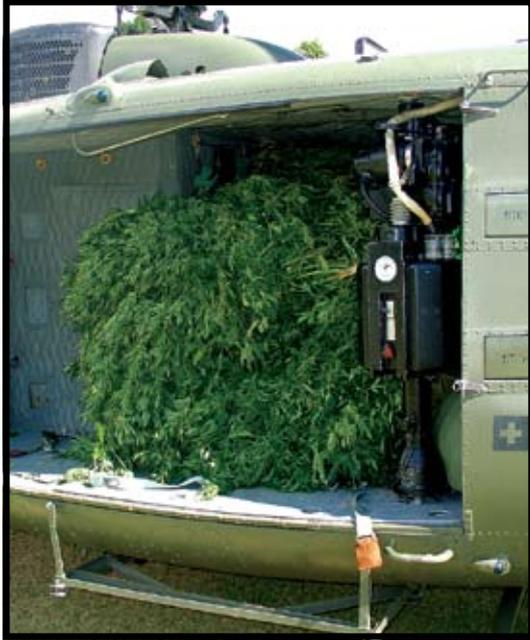
Furthermore, drug use is not constant over time, nor can individual consumption be considered that way; to do so would also disregard the huge gaps that exist in the data. The ability to reliably gauge year-by-year progress with the NZDHI appears, therefore, to be practicably impossible.

## Terminology

The NZDHI assumes all illicit drug consumption is 'abusive', imposing a social cost. The World Health Organization describes abuse as the harmful or hazardous use of psychoactive substances – including alcohol and illicit drugs. However, not all drug consumption is harmful, especially when we compare dependent and non-dependent users.

There are considerable differences in the social costs attributable to dependent and non-dependent drug users; thus, the terminology used to capture costs is important. By describing all drug use as 'abusive', the NZDHI over-accounts attributable costs. It's been estimated that 80 percent of identifiable social costs are attributable to dependent users.

A differential definition would better detail the costs associated to different users – dependent and non-dependent – which would allow for better defined policies and more realistic evaluations of interventions.



## Examination of cost

There is no doubt illicit drugs continue to pose danger to society, especially with the black market for drugs being so profuse throughout society. It is encouraging to see the New Zealand Police working hard towards fixing drug problems.

There has been heated debate about the way the NZDHI attributes cost to the use and availability of drugs. Important to this discussion is that the cost of enforcement is included. Consequently, the more spending allocated to enforcement, the more the cost of drugs on society will increase according to the NZDHI. This is an important concept that requires contemplation.

First, the NZDHI authors state that actual harm depends on consumption, not on how much is seized. This means that a drug seizure only amounts to a

reduction in social cost if it truly reduces the amount of drugs consumed. However, if the drugs seized were simply replaced via the black market, purported cost savings may well have been negated.

Second, credible evidence suggests that the 'enforcement approach' has had only marginal impact on use and availability worldwide. During our active enforcement era, the range, price, purity and quality of illegal drugs improved, which casts doubt on the validity of those supply reduction initiatives.

### A call for suitable comparators

The original intention of the NZDHI was to encourage agreement between agencies about the value of certain types of interventions. The end product has far from hit that mark, however, with Police using it to highlight the benefits of their supply interventions only, rather than in improved cross-agency engagement.

Furthermore, the NZDHI does not address legal drugs such as tobacco and alcohol, the relative costs of which are enormous. While the Ministerial Committee on Drug Policy (MCDP) had called for alcohol to be included in the NZDHI, it was not. The lack of a suitable benchmark across the whole spectrum of drug use makes it extremely difficult to be exact about social cost savings.

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**“ Alcohol use is integrally linked to most other drug use, with the total social cost of concurrent use far greater than that of drug use alone. ”**

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Including alcohol would be particularly useful because alcohol factors significantly in Police work



“ The total potential socio-economic harm to the community prevented by Police from the destroyed cannabis plants and dry plant material is estimated at more than \$379 million. ”

NZ Police, 2009

and because not all alcohol use results in social costs – but when abused, the costs rise markedly. Furthermore, alcohol use is integrally linked to most other drug use, with the total social cost of concurrent use far greater than that of drug use alone.

The report *Costs of harmful alcohol and other drug use*, released a year later by BERL, reveals the cost of alcohol, in comparison to other drugs, is substantial (\$3.2 billion as opposed to \$1.03 billion in 2005/06), but the terminology used in the two reports – ‘abuse’ vs ‘harmful use’ – is not the same, making it difficult to compare the stated social costs.

### A focus on Police

Police activity contributes significantly to the total tangible costs associated with each drug.

While drug offences make up only 4 percent of Police activity, they nonetheless contribute significantly to

the total costs of drugs on society. Of all Police activity related to drug offences, cannabis (55.8 percent) and stimulants (43 percent) contribute the greatest proportion. These drugs also contribute the greatest Police-related (tangible) costs of crime, at 39.5 percent and 49.3 percent respectively – much greater than healthcare of victims (for cannabis, 6.8 percent, and for stimulants, 16.2 percent) and preventative expenditure (for cannabis, 15.3 percent, and for stimulants, 29.1 percent).

Although touted as savings, each drug-related activity conducted by the Police, whether successful or not, actually translates to increased costs. The call by Police for additional resources to combat drug availability therefore will reflect an increase in the social costs of drugs, according to the NZDHI, even further.

### Reducing the cost of enforcement

It is unfortunate the NZDHI doesn't live up to its proposed potential. It could be a very valuable tool to evaluate drug harm minimisation interventions, to help reduce the costs attributed to enforcement, for instance, assessing the effectiveness of Police watch-house nurses, which are a valid attempt at reducing the cost and burden of drugs and alcohol on the justice system.

Promoting good, proactive policing (enforcement) and identifying areas for improvement would be a more credible use of the NZDHI, instead of short-term public relations spin. ■

Martin Woodbridge is a Senior Policy Analyst at the New Zealand Drug Foundation.

For a full list of references, visit [www.drugfoundation.org.nz/matters-of-substance](http://www.drugfoundation.org.nz/matters-of-substance).

## Tipsy teens' sneaky trick backfires

TWO Tauranga teens tried to trick police into leaving the area so they could drive home after drinking. They called in a false report of a gang fight taking place elsewhere.

However, the two 18-year-olds got only a few blocks before being pulled over at about 3.40am. The driver failed a breath test, and his mate was also arrested after Police discovered he was the one who allegedly made the call about the supposed gang fight.

## Smokefree learning



THE UNIVERSITY of Auckland became the country's first smokefree university on 1 January by banning smoking on all its campuses and outdoor spaces, including places previously designated as smoking areas.

The new policy aims to eliminate the effects of passive smoking and create a healthier and cleaner learning environment.

Staff and students were asked for their views, and 75 percent of responses supported total prohibition.

Reaction has been mixed, however. Those on medical campuses were largely in favour of the change, but student smokers were not happy at being forced out onto the street.

## 700,000 problem drinkers

A "HISTORIC and unprecedented" letter, signed by more than 300 leading New Zealand doctors and nurses, says at least 700,000 New Zealanders need help with problem drinking. The letter comes as the Law Commission considers the 3,000-plus submissions into its public discussion document, *Alcohol in Our Lives*.

The letter accuses the liquor industry of using the same tactics as big tobacco to prevent effective regulation and maintain sales despite "enormous personal and social damage".

"Alcohol is a potentially dangerous and addictive recreational substance. It causes more than 1,000 deaths a year – half due to chronic alcohol-related diseases and half due to injuries," the letter says.

"Of critical importance is the fact that these injuries are disproportionately amongst young people.

"A visit to any Emergency Department on a Thursday, Friday or Saturday night, a stroll downtown in most cities in New Zealand after dark during weekends or a visit to a Women's Refuge or addictions clinic will astound many people."

## One out of 21 ain't good

HEALTH authorities want to end the bizarre spectacle of patients in gowns, some with medical tubes hanging off their bodies, smoking on streets outside 'smokefree' public hospitals.

They want all hospitalised smokers to be offered nicotine replacement therapy for the duration of their stay and

afterwards if the patient wants to make a quit attempt.

This is partly why the Government in May introduced the requirement that, by July this year, 80 percent of hospitalised smokers be given advice and help to quit. The required percentage will rise to 90 in 2011 and 95 in 2012.

And from next year, District Health Boards (DHBs) will be held accountable, not only for their own hospitals' performance on providing better help for smokers, but also for GP clinics.

Performance in the first league table for July to September 2009 was generally dismal, mainly because it is a new target. Of the 21 DHBs, only Wairarapa exceeded 80 percent. Waikato came second on 39 percent. Waitemata, which came 20th, blamed "technical issues around accurately collecting the data".

## Buying alcohol now less convenient

HUNDREDS of convenience stores will lose their right to sell alcohol after a landmark Liquor Licensing Authority decision to change its nine-year stance and reclassify convenience stores as dairies rather than grocery stores.

The authority found the Victoria Night 'n Day Foodstore, opposite the Christchurch Casino was not a grocery store, and it will probably have its liquor licence application declined when it comes up for renewal in March.

Police, councils and anti-alcohol campaigners have criticised the easy access to around-the-clock alcohol from convenience stores as a

driver of late-night drunkenness and violence.

Christchurch Police Alcohol Strategy and Enforcement Team Leader Sergeant Al Lawn said that, in recent checks of seven convenience stores, 25 sales were made to volunteers aged 10 to 17 and that some convenience stores tested for age vigilance were "just horrendous".

## Hard time for prisoners' kids



DO THE children of prisoners follow in their parents' footsteps? Is crime somehow hereditary? Do children come to see a criminal life as just normal? Or are the social, economic and emotional effects such that these children are stuck in poverty with no apparent way out?

These are some of the questions a three-year study by community organisation PILLARS and research company Network Research into the status and outlook of the children of prisoners has sought to answer.

They say there are about 20,000 children of prisoners at the moment, and the number is increasing. For the study, they interviewed prisoners, caregivers of the children, some children themselves and a wide range of stakeholders from community and government organisations.

According to the study, children of prisoners suffer from an alarming array of physical, emotional and

(in some cases) mental health issues, and there is little evidence their health needs are being addressed effectively. Not surprisingly, the children tend not to do well at school.

About two-thirds of Māori prisoners and one third of Pākehā prisoners had lived with a family member who had gone to prison when they were a child. The differences in these figures are wholly explained by the eight-times higher rate of Māori imprisonment.

Organisers say the study will continue this year to continue building a full and better informed picture as there has been virtually no research undertaken in this country that examines the effects of imprisonment on the families and children of prisoners.

## Government to tackle "drivers of crime"



**THE GOVERNMENT** says it has made addressing the drivers of crime a whole-of-government priority. Reducing the harm caused by alcohol is one of four pillars to the approach Cabinet has agreed on.

The other three are: antenatal, maternity and early parenting support; programmes to address behavioural problems in children; and alternative approaches to managing low-level offenders and offering pathways out of offending.

Justice Minister Simon Power said there was broad agreement that the drivers of crime are complex, social and intergenerational and require early intervention.

"Though responsibility for reducing crime sits with justice sector agencies, many of the tools to address the drivers of crime are in other sectors, such as health, education, parenting support, housing, recreation, and economic, social and community development," he said.

## Remote rehab a success

**THE SALVATION** Army and the Mongrel Mob are hailing a seven-week drug rehabilitation programme set up in the remote central North Island village of Kakahi as a success.

The programme was the first of its kind because it allowed entire families to attend and work through addiction together.

Edge Te Whaiti, a member of the Mongrel Mob's Notorious chapter, says this is something Corrections should introduce.

"I've done a lot of drug and alcohol and parenting programmes in the prisons and the biggest part you miss in there is not being able to do it with your partner or with your kids."

The Ministry of Health funded the programme, which involved intensive counselling, and participants had to have graduated from one of the Salvation Army's detox programmes to qualify.

Te Whaiti says it's now time for the Government to provide more money for similar programmes.

"Their issue is that they 'don't fund gang members'. I think they need to put their heads around the table properly and decide they're not funding gang members, they're funding the problem."

## Driverless car surprises Police

**POLICE** working at an alcohol checkpoint in Christchurch couldn't believe their eyes when a vehicle came towards them with no one in the driver's seat.

It turned out the driver had seen Police and jumped into the rear seat, while his front-seat passenger tried to get hold of the wheel. Once stopped, the driver blew a positive test and was charged, and his car was impounded for 28 days.

Police got a further shock when they opened the boot and found a friend of the driver.

"Apparently, he'd just gone along for the ride. Imagine if he'd been left in there for the 28 days," Inspector Al Stewart said.

## New ALAC Council

**HEALTH** Minister Tony Ryall has announced Rea Wikaira, Chair of the Auckland Primary Health Organisation, as the new Chair of the Alcohol Advisory Council (ALAC).

"He brings extensive management and governance experience to ALAC, including as a Director of Health Waikato and the Waikato DHB and Chief Executive of the Auckland Westpac Rescue Helicopter Trust," Mr Ryall said

Also joining the Board is Dr Ian Miller, a registered psychologist who has worked for both the Justice Department

and the New Zealand Police, and Barbara Docherty, the Director of Training and Development Services for the Brief Interventions for Harmful Behaviours Unit at the University of Auckland.

## New Zealanders' fondness for drugs

**NEARLY** one in two adults aged 16–64 years has ever used 'any drugs' for recreational purposes in their lifetime, equating to about 1,292,700 people. The majority of these people had used cannabis, with 46.4 percent of all people aged 16–64 years having used cannabis in their lifetime, representing 1,224,600 people.

These findings come from the 2007/08 New Zealand Alcohol and Drug Use Survey and were published by the Ministry of Health last month in the report *Drug use in New Zealand*.

In the past year, one in six (16.6 percent) adults had used 'any drugs' for recreational purposes, equating to 438,200 people.

Cannabis (14.6 percent), BZP party pills (5.6 percent), ecstasy (2.6 percent), amphetamines (2.1 percent) and LSD and other synthetic hallucinogens (1.3 percent) were the most common drugs used in the past year for recreational purposes.

One in three (34.5 percent) past-year users of 'any drugs' reported having driven a car or another motor vehicle (such as a motorcycle or a boat) while feeling under the influence of drugs in the past year.

The full report is available on the National Drug Policy website – [www.ndp.govt.nz](http://www.ndp.govt.nz). ■



### This is why they call it 'dope'

INVESTIGATORS in Florida say they lured a suspected marijuana grower into turning himself in by leaving a ransom note in place of six seized seedlings.

The sheriff's office in Monroe County says detectives discovered the plants in a wooded area and confiscated them, leaving a phone number on a note that read: "Thanks for the grow! You want them back? Call for the price."

Steven Alan Locasio called the number about 10 minutes later and offered \$US200 for the plants. Detectives agreed to meet him for an exchange, whereupon he was arrested on drugs charges.

### Australian Drug Foundation 50 years young

THE AUSTRALIAN Drug Foundation celebrated its 50th birthday last November by highlighting its "new approaches" towards supporting young Australians.

The Foundation was set up to help soldiers returning from wars with serious alcohol problems, but CEO John Rogerson says he is one of a long line of leaders willing to try new methods of tackling alcohol and illicit drug use problems.

"Our view today is still seen as controversial by some but no different to our founders 50 years ago – putting health first and treating drug users as people," he said.

Mr Rogerson has appointed a new Youth Strategy Team of under-26-year-olds who provide a realistic youth view on policy and education around alcohol and other drugs.

He has also given the green light to roll out a Healthy Music pilot – a project designed to work with licensed venues to create a respectful drinking culture through live music performances and broadcasts.

"We have the power to create positive change and healthier communities, and I believe we need to be innovative in our approach to achieving that – where better than in licensed venues?" he said.

### Obama ecstasy pills get popular vote



PRESIDENT Barack Obama's approval rating may be languishing, but that doesn't mean America's Commander-in-Chief isn't catching on with new constituents.

There is now a line of ecstasy pills made in the president's image, according to Texas police who snatched a batch off the streets last December during a routine traffic stop.

The drugs look like a "vitamin for kids", police spokesman Lenny Sanchez said.

Police say that other ecstasy pills they found were made to look like the cartoon characters Homer Simpson and the Smurfs.

The 22-year-old driver is expected to face felony drug possession counts. There has been no word on his political affiliation.

### Brits amused by boozy lemonade brouhaha

A BRITISH lemonade brand boasting an old-style Victorian brew has sparked a police inquiry in the US because of its alcohol content.

It began when a Maine high school student consumed half a bottle of Fentimans lemonade before reading about the 0.5 percent alcohol content on the label. The school administrators called police who referred the matter to state officials.

US anti-drinking groups got involved, warning parents and retailers about the drink's potential perils. To the Brits, the American reaction is puritanical and somewhat batty.

"We see it as slightly absurd," said Tiffany McKirdy, Operations Director at Fentimans, a specialty brewer in northern England.

"It looks to us like utter hysteria, the fact that the principal contacted the police and the substance abuse officials got involved."

McKirdy said a person would need to drink about 28 bottles of the lemonade in order to consume the alcohol found in a typical pint of beer.

However, it is no laughing matter in Houlton, Maine, where Police Chief Butch Asselin asked the state's liquor licensing authorities to determine if the Victorian-style lemonade could legally be sold to minors.

He pointed out that non-alcoholic beers with similar residual alcohol content cannot be dispensed to minors under Maine law.

### Psychoactive drugs classification system off-beam – UK study

DRUG users are well informed about the harms associated with their drugs and perceive alcohol and tobacco as among the most dangerous substances, according to a survey by London researchers.

The findings, published in the *Journal of Psychopharmacology*, suggest the current system of classifying psychoactive drugs in the UK may need to be revisited.

The study surveyed 1,500 UK drug users who were asked to rate 20 psychoactive substances on a 'rational' scale previously developed by Professor David Nutt of the Imperial College, London.

Heroin, crack and cocaine topped the list in terms of harm, but alcohol was rated fifth, solvents seventh and tobacco ninth. Ecstasy came 13th in the harm rating, LSD 16th and cannabis 18th.

The survey therefore found no relationship between a drug's legal status, based on the current classification system, and its users' ratings of harm.

In the UK, the Misuse of Drugs Act (1971) currently classifies psychoactive drugs as A, B or C, though alcohol and tobacco remain unclassified.

Dr Celia Morgan, of the University College London's Clinical Psychopharmacology Unit, said, "Given that the Misuse of Drugs Act aims to signal to young people the harmfulness of drugs, this suggests a flaw with the current classification of drugs."

“We found a high correlation between harm ratings by users and those made previously by scientific experts across all substances, suggesting users are well informed about the harms of drugs.”

### Cocaine users killing the planet



EVERY time they snort a line, part of the rainforest dies – or so say UK police in a new campaign against drugs.

They hope appealing to young people’s environmental concerns will prove more effective than urging them to “just say no” to drugs. Linking with Greenpeace, the police plan to spread the message that, for every gram of cocaine made, four square metres of rainforest are destroyed.

The move is backed by the government. Schools Minister Vernon Coaker said, “Teaching young people about the devastating environmental consequences of the drugs industry is one way we can tackle usage, though we need to balance this with giving young people clear information and advice on the other effects of drugs.”

Virgin rainforest is cleared for illegal coca plantations while toxic chemicals are used to process the leaves. Discarded chemicals, which are dumped in the forest and its rivers, poison rare plants and animals.

The new approach follows evidence that cocaine use is increasing among young people in the UK, partly driven by lower prices.

### Ecstasy collection could be fatal

A MAN who says he spent two decades collecting ecstasy pills of all colours and shapes as a hobby has turned to police for help after they were stolen – because he says some of them are poisonous.

Dutch police say the 46-year-old man decided to report the theft despite the illegal nature of the collection because he was worried about the possible consequences if anybody swallowed one of the poisoned pills.

It was not immediately clear why about 40 red and white pills out of the 2,400-pill collection would be poisoned.

The man claims he is not a drug dealer or user.

“I’ve tried it before but didn’t like it. My passion for collecting comes from the variety of colours, shapes and logos that are printed on the pills.”

Police spokesperson Esther Naber said investigators tended to believe the man’s story.

“Why would you make something like this up?” she said.

### Aussie publicans not to blame

AUSTRALIAN publicans are no longer legally responsible for the behaviour of people who become intoxicated in their bars or for any consequences after they leave the premises.

The High Court has upheld an appeal by a Tasmanian publican against an earlier Supreme Court ruling that held him responsible for the death of a 41-year-old motorcyclist by returning the man’s keys and allowing him to ride home.

The High Court held that dealing with alcohol and its dangers was “a matter of personal decision and individual responsibility” for drinkers and that the publican was not at fault because there was no duty of care.

The judges said that, with the exception of exceptional cases – which this case was not – publicans were bound by important statutory duties but owed no general duty of care at common law to customers requiring them to monitor and minimise the service of alcohol or protect customers from the consequences of the alcohol they consumed.

“That conclusion is correct because the opposite view would create enormous difficulties relating to customer autonomy and coherence with legal norms,” they said.

The Australian Hotels Association said that, while the case could not ease the pain of the tragedy, the ruling had helped to clarify the legal obligation publicans owed people who had been drinking.

But Australian Lawyers’ Alliance President Mark Blumer said the ruling appeared to be in contrast to responsible alcohol laws.

“It’s conservative in that it harks back to a different era in a way, that is, the era if you want to drink you can drink,” he said.

### Cannabis café opens in Oregon



AT PRECISELY 4:20pm on Friday 13 November 2009, the Cannabis Café, the first coffee house in Portland, Oregon, catering to licensed users of medical marijuana, opened for business.

The new café went into operation just weeks after the Justice Department announced that people who use marijuana for medical purposes and those who distribute it to them will not face federal prosecution, provided they act according to state law. The time of day for the opening was a pot-smokers’ in-joke: ‘420’ has been used as code for the drug or its use since the early 1970s.

While there are medical marijuana dispensaries in other states that serve coffee, the National Organisation for the Reform of Marijuana Laws, or NORML, said that the northeast Portland café is the first place in the nation where the drug is not sold to cater to patrons who want to make legal use of it in public.

### Booze blitz on parents

THE AUSTRALIAN Drug Foundation is calling for new laws that will potentially hit adults with \$6,000 on-the-spot fines if children drink alcohol at parties in their homes.

Under the current state law, adults can supply as much alcohol as they like at parties attended by minors, but under proposed federal

legislation, adults would be required to gain permission from parents before they could give under-aged visitors alcohol.

Adults would also be banned from providing an “excessive” amount of alcohol – considered to be anything more than two standard drinks – at teenage parties.

Queensland, New South Wales and Tasmania have already adopted tougher measures to combat the supply of alcohol to youngsters, but Australian Drug Foundation Chief Executive John Rogerson said the remaining states have gaping holes in legislation, putting minors at risk.

“As the law currently stands, anybody could give your kid a drink or 10 and not be responsible for the consequences,” Mr Rogerson said.

“If this legislation was in place years ago, lives could have been saved.”

The Australian Drug Foundation will send letters to the parents of every secondary student warning of a binge-drinking epidemic among adolescents and calling for support for the tough new penalties.

## We could be living longer

**GLOBAL** life expectancy could be increased by nearly five years by addressing five factors affecting health – childhood underweight; unsafe sex; alcohol use; lack of safe water, sanitation and hygiene; and high blood pressure – according to a report published by the World Health Organization (WHO).

*Global Health Risks* provides detailed global and regional estimates of premature mortality, disability and loss of health attributable to 24 global risk factors.

In the previous *Global Burden of Disease Study* (2002), alcohol was risk factor number five for ill health and premature death globally, accounting for 3.2 percent of deaths and 4 percent of the total burden measured in disability-adjusted life years (DALYs).

In the present study, alcohol accounts for 3.8 percent of mortality and 4.5 percent of DALYs, ranking it as the third risk factor to ill health and premature death after childhood underweight and unsafe sex.

The full report is available at [www.who.int/healthinfo/global\\_burden\\_disease/global\\_health\\_risks/en/index.html](http://www.who.int/healthinfo/global_burden_disease/global_health_risks/en/index.html).

## Non-smokers call for leave in lieu

**MANY** non-smokers believe they deserve an extra week of annual leave to match the amount of time their smoking colleagues spend on cigarette breaks, Australia’s Quit Victoria says.

“We’re constantly hearing from non-smokers in the workplace about this issue, with smokers having more free time or more breaks, more time off, and does that add up to an extra week’s leave a year?” Quit Executive Director Fiona Sharkie said.

“We’d encourage workplaces to tell smokers, look – instead of taking the time off to go and smoke, we’d like to give you time to ring the Quitline.”

The routine of going outside for a cigarette could also be replaced with changing a task at work or having a piece of fruit, she said.

“We know that resentment does exist in the workplace with other workers, with taking breaks, but perhaps if it was in such a way as to assist people to quit, there would be less resentment.”

## All the buzz and none of the ‘blah’



**WE MAY** not have personal jetpacks or meals that come in a pill, but at least one futuristic dream may soon become a reality.

Researchers are developing an alcohol substitute that gives the pleasantness of feeling tipsy without the unpleasant hangover. The team, led by UK drug expert Professor David Nutt, has developed the drink using chemicals related to the sedative valium.

It works on the nerves in a similar way to alcohol causing feelings of wellbeing and relaxation. But no matter how many drinks a person has, they should remain only mildly drunk.

The scientists from Imperial College, London, hope the colourless, tasteless synthetic will eventually replace the alcohol content in beer, wine and liquor.

Professor Nutt claimed the substitute could slash Britain’s binge-drinking epidemic, which costs the NHS £3 billion a year, and said it would also reduce the number of deaths from alcohol poisoning.

The team is also working on an antidote pill that would mute the effects of the

synthetic alcohol on the brain receptors, allowing drinkers to drive soon afterwards.

“Law enforcement could even have the antidote to use on revellers who have used the solution. However, they would need the backing of the government because, at present, the substance would be classified as a drug and would fall foul of drug laws,” Professor Nutt said.

That backing is unlikely considering Professor Nutt was recently sacked as a government advisor for the controversial comments he made about cannabis and ecstasy.

He had criticised the decision to reclassify cannabis to Class B from C and said the process had become politicised.

## Anthrax-heroin scare

British health authorities issued an alert to drug users after a drug-injecting heroin user in London tested positive for anthrax infection.

The anthrax case followed the deaths of nine people in Scotland and another in Germany during December and January.

Nineteen cases of anthrax had been confirmed in Scotland, and similarities between those and the London case pointed to the heroin, or a contaminated cutting agent mixed with the heroin, as the likely source of infection.

The European Center for Disease Prevention and Control said that investigations so far “strongly” suggested that all the cases had been infected by a common source but said the heroin was unlikely to have been deliberately contaminated. ■

# Is drinking in moderation good for my heart?

We all know prolonged heavy drinking and regular bouts of binge drinking are bad for our health. But what about light or moderate drinking? Is a small amount of alcohol actually good for the heart? Mythbusters investigates...

**CLAIMS** there were possible benefits for the heart from drinking moderate amounts of alcohol first emerged in the 1970s. Since then, a huge amount of research has focused on alcohol's potential cardio-protective effect.

There are several plausible biological mechanisms for this idea – alcohol increases the profile of 'good' fats such as HDL cholesterol and has an anti-clotting effect on blood – but alcohol also has many other effects that are harmful to cardiovascular health, including raising blood pressure and promoting electrical rhythm disturbances.

Despite the popular notion that a little alcohol is good for the heart, the research is far from clear. For years, a J-shaped curve was used to describe this effect – teetotalers were thought to fare worse than moderate drinkers who in turn fared better than heavier drinkers. This view is now under serious challenge. Several early studies that looked at the association between alcohol and heart disease have been faulted for their design and methods.

Non-randomised trials may have overestimated the apparent benefits of light to moderate alcohol consumption on the risk of coronary heart disease because they were influenced by uncontrolled confounders. For example, people who only consume light to moderate amounts of alcohol also tend to have healthier lifestyles than heavy drinkers, while many abstainers do so because they already have health problems, not so they can avoid them.

Another source of error is the systematic misclassification of ex-drinkers and occasional drinkers as abstainers, which negatively biases the health status of abstainers.

Most studies also failed to capture drinking patterns that may be more relevant to disease causation than overall consumption. As a result of these shortcomings, many researchers now believe that the size of alcohol's cardio-protective effect has been exaggerated.

When it comes to the link between alcohol and cancer, there is little ambiguity. Any level of alcohol is harmful, and there is no level of consumption below which there is not an increased risk of cancer. For breast cancer, each additional standard drink per day increases the risk by 9 percent. The risk of mouth, pharynx and larynx cancer increases by 25 percent per standard drink per day.

Not surprisingly, the World Health Organization has classified alcohol as a Class 1 carcinogen, alongside asbestos and formaldehyde. Yet public understanding of the risks of moderate alcohol intake is low. In a recent US survey, almost one-third of all drinkers cited health benefits as part of their motivation for drinking. Just 10 percent correctly identified breast cancer as a possible risk from moderate drinking.

The underlying dynamics behind much of the research into the potential health benefits of alcohol reflect the powerful commercial interests at play

as much as they reflect improvements in our knowledge about the biological effects of alcohol. A recent review of major studies investigating the alleged protective nature of alcohol on the heart made a startling discovery. Studies reporting a positive protective effect had all been funded by the liquor industry whereas those that showed a negative or no effect had not received any industry funding. This does not mean that industry-funded research is deliberately biased, but it should encourage a more cautious approach when interpreting and reporting results.

Coronary heart disease affects 35 percent of men and 28 percent of women in New Zealand during their lifetime. The idea that alcohol might somehow prevent this may sound attractive but is not substantiated by the evidence.

The overall harms from alcohol overwhelmingly outweigh any potential cardiovascular benefit for most people. Worldwide, at least 2.3 million people died of alcohol-related causes in 2002, and in New Zealand, alcohol is associated with an estimated net loss of 12,000 years of life annually.

While there are many valid reasons to drink alcohol – sociability and relaxation to name just two – Mythbusters thinks improving cardiovascular health should no longer be among them. ■

For a full list of references, visit [www.drugfoundation.org.nz/mythbusters](http://www.drugfoundation.org.nz/mythbusters).



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