

matters of substance

AT THE HEART
OF THE MATTER,
NZ DRUG
FOUNDATION.

Te Tūāpapa Tārukiro o Aotearoa

It's time to shout

What would Jesus decriminalise

Pot's potency probed

Smoke-free sentences

November 2010

The drugs of war

Historically, drug use by personnel has been an issue in almost every army. With the US and its allies currently fighting in a number of theatres where narcotics abound, drug abuse by soldiers is on the increase. How prepared is the military to deal with the fallout, both internationally and here in New Zealand?

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matters of **substance** invites feedback and contributions. If you're interested in contributing a guest editorial or article, please contact us:
editor@drugfoundation.org.nz
p +64 4 801 6303

Brand development/graphic design
Origin Design +64 4 801 6644
info@origindesign.co.nz
www.origindesign.co.nz

NZ Drug Foundation
3rd Floor, 111 Dixon Street
PO Box 3082, Wellington, New Zealand
p +64 4 801 6303

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Te Tūāpapa Tāruḷino o Aotearoa

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Today, more than ever, armies around the world are dealing with serious substance abuse problems and the mental health issues that result. New Zealand is no exception.

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We've trawled the world's headlines to bring you the latest drug and alcohol news from abroad.

Quotes of Substance

Here's a round-up of drug-related pronouncements, ranging from the pithy to the profound to the preposterous.



LEGISLATION THAT will see the most significant changes to New Zealand's liquor laws in 20 years was introduced into Parliament this month.

Predictably there have been two extreme reactions to the Government's bill.

Colleagues from the health sector poured great scorn on the Government's response to Sir Geoffrey Palmer's historic liquor review, dismissing the bill as doing nothing to change New Zealand's heavy drinking culture.

Liquor and hospitality industry talking heads accused the Government of unnecessarily targeting them, saying the focus shouldn't be on their practices, but on individual drinkers.

Based on these responses, the Government has calculated it has struck a perfect balance.

All three positions are wrong.

Far from doing nothing, the Government has surprisingly adopted the vast majority of Sir Geoffrey's 153 recommendations. Of particular importance are the proposals reforming liquor licensing administration and decision-making, especially those providing communities greater input into decisions that affect their neighbourhoods – the Government has rightly listened to those who marched on the streets demanding a voice.

The Government's licensing proposals could be improved, but they do

include some neat features. One is that licensing fees could be higher for pubs that cause the most trouble, which could be a very powerful tool in the hands of a smart local council.

Also, far from picking on the hospitality industry, there are some real benefits for good operators. Those who provide responsible host environments, for example, will have fewer tough conditions on their licences, and fewer visits from Police. The proposals thus offer real incentives for license holders to genuinely provide safe and supervised venues for people wanting good times.

As for Government claims of finding balance? In its effort to avoid pissing off the New Zealand drinker (read: voter), our leaders, sadly, have not used the most important levers of pricing and marketing controls to influence the drinking environment. In these two areas they must go further, and we'll be putting our efforts into encouraging this.

Minister Simon Power has said the bill "should be seen as Parliament's starting point for alcohol reform". Read this as a signal that the door is still open on pricing and marketing, and possibly even more.

The Government is listening. Make sure they hear your voice – loud!

Happy reading, Ross Bell. ■

8th Dangerous Consumptions Colloquium

2–3 December, Canberra, Australia
The Dangerous Consumptions Colloquium is a forum for the presentation and discussion of research on the myriad forms of contemporary dangerous consumption from a social research perspective.
www.adca.org.au

Feb Fast

February 2011, Nationwide
An alcohol awareness campaign born in Australia now arriving in New Zealand for the first time. Feb Fast challenges ordinary New Zealanders to forgo their alcohol consumption and at the same time raise funds to support programmes helping to reduce alcohol and other drug-related harms amongst young people.
www.febfast.org.nz

2nd Sport and Alcohol Conference: Finding the Balance

9–11 February 2011, Auckland
The relationship between sport and alcohol will be examined. Those interested will include health educators, programme initiators, national sporting organisation representatives, academics, government bodies and athletes.
www.sportandalcohol.com



4th International Conference on Fetal Alcohol Spectrum Disorder

2–5 March 2011, Vancouver, Canada
The conference will provide an advanced forum for emerging and cutting-edge research policy and practice that will assist governments' service systems, service providers and parents and caregivers.
www.interprofessional.ubc.ca

School of Addiction 2011

3–5 March 2011, Auckland
Convened by the Drug and Alcohol Practitioners Association, the School of Addiction will provide skill-based workshops on clinical supervision, gambling and smoking cessation. This is a 'must attend' training opportunity for experienced practitioners.
www.dapaanz.org.nz

Young people, risk and resilience: The challenges of alcohol, drugs and violence conference

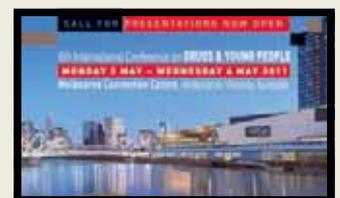
7–8 March 2011, Melbourne, Australia
Young people who use alcohol and other drugs are more likely to participate in high-risk activities, including violent and traumatic incidents such as assaults and committing crimes leading to early involvement in the criminal justice system. Effective interventions and approaches will be discussed to prevent harm towards young people.
www.aic.gov.au

Harm Reduction 2011 Conference

3–7 April 2011, Beirut, Lebanon
The International Harm Reduction conference has become the key forum worldwide for the dissemination of harm reduction ideas and practice and has helped put harm reduction on the map.
www.ihra.net

6th International Conference on Drugs and Young People

2–4 May, Melbourne, Australia
Themed 'Making the Connections', the conference will examine the complexity and interaction of factors that influence young people's lives and will celebrate the role young people play in addressing harm.
www.adf.org.au



Youth Week

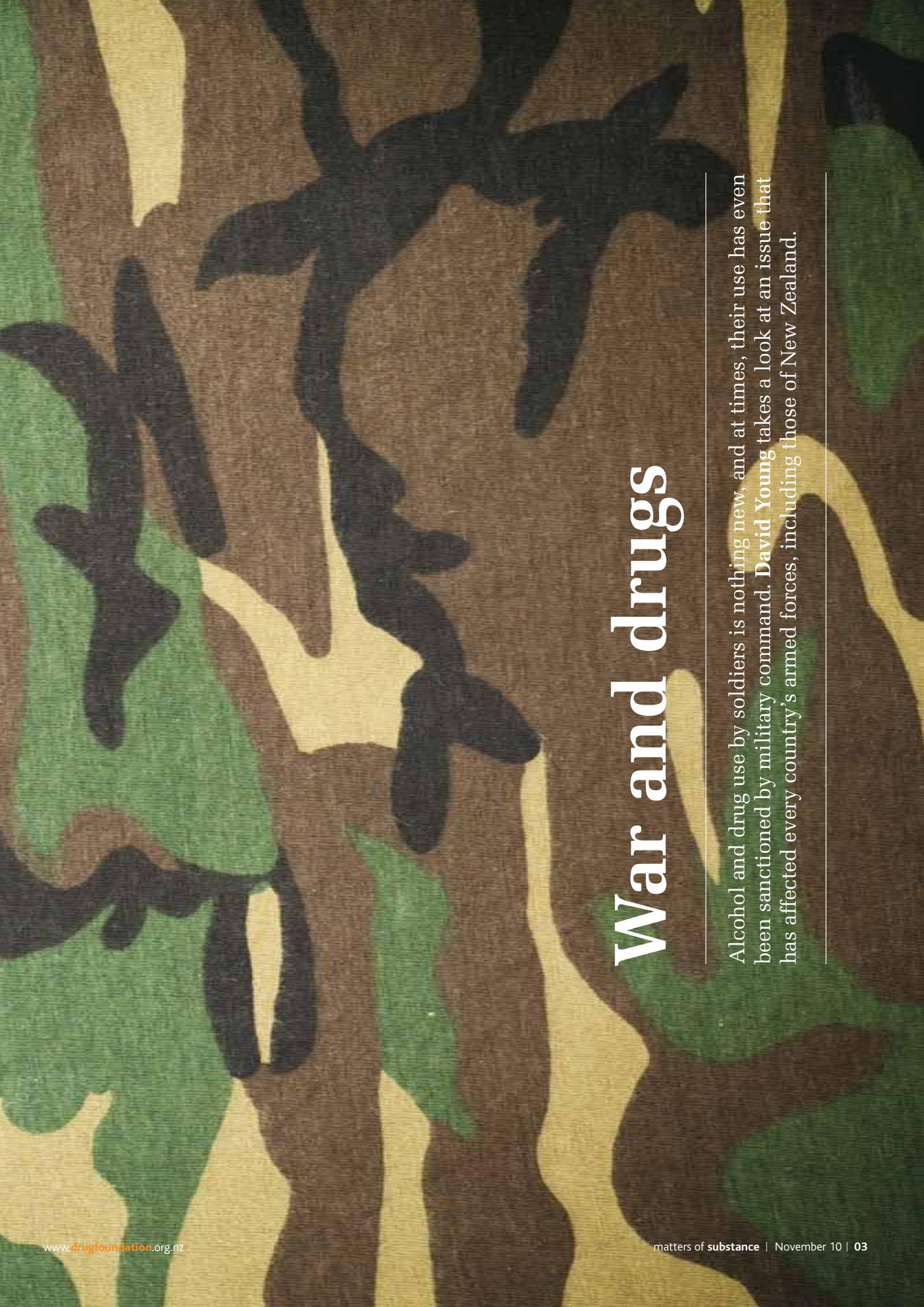
21–29 May 2011, Nationwide
Youth Week 2011 will be held once again in the last week of May. Youth Week 2011 is a 9-day week so more weekend days are available for Youth Week fun!
www.youthweek.org.nz

Hosting a key event?

Promote it online at
www.drugfoundation.org.nz/events

Specialist Jeremy Morlock is charged with premeditated murder in the deaths of three Afghan civilians. His defence attorney says a toxicology expert will testify that Morlock could not have planned the murders because his judgement was impaired by drugs.





War and drugs

Alcohol and drug use by soldiers is nothing new, and at times, their use has even been sanctioned by military command. David Young takes a look at an issue that has affected every country's armed forces, including those of New Zealand.

IN SEPTEMBER, five US infantrymen were charged with murdering Afghan civilians in Kandahar province. Prosecutors say the soldiers killed for sport, dismembered their victims and collected body parts as souvenirs.

But Geoffrey Nathan, defence lawyer for murder-accused Jeremy Morlock, says the real disgrace is a culture of “rampant” drug abuse among troops in Afghanistan that gave rise to the scandal.

Whichever version of events is to be believed, drugs – legal and illegal – are a recurring theme in the story of the ‘rogue kill squad’. The prosecution alleges the killers smoked large quantities of hashish prepared from marijuana that grows in the Kandahar countryside. The war crime allegations were made by a junior soldier who was viciously beaten after telling on his unit for smoking the drug. Morlock’s defence lawyers say that, if he was high, it was on a cocktail of prescribed sleeping pills, anti-depressants and painkillers.

“This lad was all juiced up, and it was by Army doctors”, says Nathan.

In a letter to the *Boston Globe*, Nathan claims that, in Afghanistan, the US military suffers from “rampant and easy distribution of prescription medications without adequate warnings, supervision or proper medical training,” and, he contends, “There are no controls on troops purchasing hashish and other narcotics from interpreters who are drug dealers on the side.”

Prolonged exposure to combat increases the risk of substance abuse and mental health issues. It is 9 years since

the Taliban was toppled in Afghanistan, and 7 years since a US-led coalition invaded Iraq. There are 1.4 million men and women in active service in the US military. As the withdrawal of troops draws nearer in Afghanistan – and 2 months after the last US ‘combat brigade’ left Iraq – multinational forces continue to suffer casualties in both countries.

Media accounts of Kandahar’s “hash-fuelled murder spree” have renewed focus on the US military’s complex relationship with drugs.

Treatment experts worry that drug use has increased during the wars. Researcher Thomas Kosten says that, while soldiers’ “use of [hard] drugs or stimulants seems not very common, many smoke marijuana, and usage rates have gone up as much as 500 percent in some Veterans’ Administration [areas] around the country in the last 6 years. That seems a rather alarming problem.”

Because of its size and primary role in multiple theatres of war, the US Department of Defense has dramatically larger and more serious problems with substance use and mental health issues than any of the militaries it fights alongside. But even troops from smaller defence forces have generated negative drug use headlines during the wars in the Middle East.

This year, British military police tightened border security and introduced sniffer dogs to several Afghanistan air bases after allegations that British and Canadian soldiers were smuggling heroin home in military aircraft.

The Australian military was



“If you went to 10 different places to get your post-traumatic stress disorder treated, you could get 10 different treatments.”

Thomas Kosten

embarrassed in late May when an elite commando in Afghanistan was found unconscious on base with a suspected opiate overdose, the morning after a function at which the commanding officer had allowed troops to drink alcohol.

“Diggers are using cocaine, heroin and other hard drugs while on tours of duty in Afghanistan and are returning home as addicts,” cried one Southern Australian newspaper, although there is no evidence that this is a trend affecting Australian forces.

And while New Zealand’s Defence Force in Afghanistan has experienced next to none of the drug-related problems of the US military, it did have its own, relatively minor brush with drugs when six junior personnel were returned home from Bamiyan province in 2008 for trial by court martial for allegedly smoking hashish.

By all accounts, hashish, opium and heroin can be found fairly easily in Afghanistan. In March, a United Nations Office on Drugs and Crime report revealed Afghanistan has become the world’s largest marijuana producer, growing between 10,000 and 24,000 hectares each year, with yields that surpass Morocco. (The verdant crops posed a unique military problem when Canadian troops complained that Taliban insurgents were hiding in “almost impenetrable forests of 10-foot-tall marijuana plants”. A Canadian general worried that burning the forests could cause “ill effects” for soldiers downwind). And Afghanistan has long

been the world’s largest opium poppy producer, supplying more than 90 percent of the global market for opium and heroin.

Of course, drug use by soldiers did not begin with Operation Enduring Freedom.

“Historically, substance abuse has not only been present but fostered by the military,” Jim McDonough, former Strategy Director at the White House Office of National Drug Control Policy, told a health conference in New York in June 2009.

“At Agincourt, the Somme and Waterloo, soldiers got liquored up before combat. There’s been almost no break in that today.”

As long ago as during the Philippine-American War that started in 1898, enlisted US soldiers were discharged for being habitual drug users. They learned to smoke opium from Chinese and native Filipinos.

But it was the Vietnam War (1955–1975) that saw drug use become a significant problem for the US military and, to a lesser extent, other anti-Communist forces. Since then, drug use by Vietnam soldiers and veterans has been the subject of much research, with both the military and addiction researchers keen to learn lessons from the war’s experiences.

Vietnam War studies have identified two phases of drug use among anti-Communist troops. In the war’s initial stage, there was marijuana use, followed by an influx of potent heroin in 1970. Estimates of drug use have varied

sharply and controversially in different research reports, but today, most experts believe that about 20 percent of all soldiers who served in Vietnam used opiates at least once – although a markedly smaller percentage developed addiction. (In fact, one lesson that many researchers took from the Vietnam War was that addiction was not nearly as inevitable for hard drug users as once thought.)

According to a 1976 study published in the *American Journal of Alcohol and Drug Abuse*, marijuana and opiates were seen as “serving many of the functions performed by alcohol in earlier military conflicts”. The study found the key reasons for drug use among soldiers were the need for self-medication, escape and hedonistic indulgence; the relaxation of taboos against drug use in the United States; the availability of illicit drugs at low cost; and growing disenchantment with the war.

Soldiers’ use of heroin during the Vietnam War forced the US and other militaries to actively crack down on drugs. In 1971, the US military introduced mandatory heroin urinalysis tests for every soldier leaving Vietnam. At the same time, it introduced an ‘amnesty’ policy. In theory, this meant soldiers admitting to drug use would be given help for their addiction. Within just the first 3 months of tests, more than 3,500 military personnel had tested positive for heroin use. Despite the ‘amnesty’, thousands of heroin addicts were dishonourably discharged, and follow-up treatment for troops was

“Historically, substance abuse has not only been present but fostered by the military. At Agincourt, the Somme and Waterloo, soldiers got liquored up before combat. There’s been almost no break in that today.”

Former Strategy Director Jim McDonough





War and drugs

non-existent.

The Vietnam War was a watershed in the understanding of the psychological effects of trauma and eventually led to the introduction of a new diagnosis that is closely aligned with substance abuse: post-traumatic stress disorder (PTSD). PTSD is an anxiety disorder that can develop after a terrifying event or ordeal. Studies have found that individuals with PTSD are more likely to experience problems with alcohol and drugs.

As with estimates of drug use, research into PTSD rates has been controversial. A landmark US report in 1988 found that one in three Vietnam veterans would suffer from PTSD at some point in life; a much-debated re-analysis of the data in 2006 revised the figure downward to one in five.

Thirty-five years after the Vietnam War, some psychiatric trauma experts fear that levels of PTSD and substance abuse in soldiers from the Afghanistan and Iraq wars could turn out to be even more severe.

John Renner, Associate Chief of Psychiatry at the US Department of Veterans' Affairs Boston Healthcare System, warned in 2009 that the longer tours of duty in Afghanistan and Iraq would bring higher rates of trauma.

"We knew in Vietnam that the limit was 1 year [of combat] if you wanted to avoid PTSD. Now, with tours of 18 to 24 months, we should expect a higher level of problems."

Based in part on lessons from Vietnam, veterans' organisations expect a delay before the extent of the problem becomes

clear. It takes an average of 14 years for a soldier to seek help for PTSD, according to the British veterans' treatment and support group Combat Stress.

Some of the data starting to emerge is worrying. According to a study by the Rand Corporation in 2008, 18.5 percent of US military personnel who had then returned from Afghanistan and Iraq were suffering from mental disorders that included PTSD and depression.

While several military forces – including the US – conduct comprehensive, anonymous personnel surveys of self-reported drug use and knowledge, many addiction experts believe these under-represent the extent of the problem.

One set of statistics, however, cannot be doubted: in July, a US Army report revealed that the suicide rate in troops is higher than the civilian rate for the first time since the Vietnam War.

The Times reported in July 2009 that the UK Ministry of Defence was similarly "braced for a surge in the suicide rate" after new data showed 67 service personnel who served in Iraq or Afghanistan were suspected of having killed themselves. The British Armed Forces' suicide rate, though, remains lower than that of the general population.

"Drug and mental health problems are not new," says Thomas Kosten, who is Research Director of the US Department of Veterans' Affairs' National Substance Use Disorders Quality Enhancement Research Initiative and a Professor of Psychiatry and Neuroscience at Baylor College of Medicine.

A British soldier patrols near a poppy field in Helmand province.



“Their contribution to the increasing suicide rates is unclear due to under-reporting of these problems [but we know they] are significant risk factors for suicide.”

According to the US Army’s July report, roughly 20 out of 100,000 soldiers kill themselves, compared with 19 out of 100,000 civilians. The report said if the Army added in accidental deaths, which could often be attributed to high-risk behaviour involving alcohol and drugs, “less young men and women die in combat than die by their own actions”.

The US Army, however, has rejected the direct link some make between combat exposure and suicide.

“We have analysed this closely,” says Walter Morales, Army Suicide Prevention Programme Manager. “We just haven’t found that repeated deployments and suicide are directly connected.”

Army generals point out that about 80 percent of suicides occur among personnel who have never deployed or who have only deployed once. Suicide prevention programmes are therefore not targeted at troops in combat, but are designed to reach all service personnel.

The Army does acknowledge that lowering the standard for recruits in order to get more soldiers into battle has created “a subculture... that engages in high-risk behaviour.” Its data shows that almost 30 percent of the Army’s suicide deaths from 2003 to 2009, and over 45 percent of the non-fatal suicide attempts from 2005 to 2009, involved the use of drugs or alcohol.

There are now literally hundreds of drug awareness and abuse prevention

programmes in the US military, alongside suicide prevention and mental health programmes. Their development is one major change that has occurred in the past few decades. But, in terms of the policing of drug use, not so much has changed.

The US Department of Defense – like every major defence force around the world – has a close to zero tolerance attitude toward substance use by its employees and a highly active policing programme designed specifically to root out and expel drug users.

“Lowering the standard for recruits in order to get more soldiers into battle has created a subculture that engages in high-risk behaviour.”

The military is different from other employers. In the private sector, and even in many government departments, employees can usually expect confidentiality if they refer themselves to workplace-organised counselling for substance or alcohol use. But in the military, an individual’s right to confidentiality is often over-ridden by the defence force’s paramount need for “combat readiness”.

In practice, this means, if a soldier reports concerns about his or her own drug or alcohol use to medical staff, the medics have an obligation to notify his or her commander. In theory, commanders

have discretion over punishment, but anecdotal evidence suggests acknowledgement of drug use most often results in discharge from service.

In April, Army Secretary Pete Geren raised the idea that soldiers should be allowed to volunteer for treatment without commanders being informed. The idea won little support.

A British Army pamphlet for troops explains the lack of tolerance for substance use:

“Soldiers do not work for their own gain or the profit of a company: soldiers are public servants responsible for the defence of the country and the protection of British interests at home and abroad. In addition, today’s professional soldier is in charge of highly dangerous weapon systems and expensive and sensitive equipment. Soldiers must be fit and ready to fight at a moment’s notice. The misuse of illegal drugs puts lives at risk.”

Since it was introduced during the Vietnam War, urinalysis has become a key weapon in the fight to deter troops from using illicit substances. Today, it is used extensively by every modern-day defence force. The British Army’s policy is that someone using drugs only needs to be caught once to face administrative discharge.

A report by the *Journal of the Royal United Services Institute* in late 2007 showed that the number of British Army soldiers caught using cocaine in routine urine tests had climbed four-fold in 4 years. At the time, the Army admitted it was discharging almost the equivalent of a battalion each year because of illegal

“Soldiers’ use of heroin during the Vietnam War forced the US and other militaries to actively crack down on drugs.”





War and drugs

drug use. (Detection rates of ecstasy and cocaine subsequently plummeted in 2009. Analysts attributed this to a shift in use to mephedrone, a drug that was then legal in the UK and undetected in the Army’s urinalysis.)

The New Zealand Defence Force (NZDF) – which has experienced only a tiny fraction of the drug and alcohol-related problems of the US military – also uses urinalysis. All military personnel are subject to random tests, as well as before and on entry to a deployment.

“ All New Zealand military personnel are subject to random drug tests, as well as before and on entry to a deployment. ”

“There is no mandatory course of action commanders must follow in relation to a positive test,” says NZDF Surgeon Captain Alison Drewry, “but some guidance is given around the circumstances they might take into account, and this is based around security and safety.

“The security element does change things. Somebody who becomes a security liability [by using drugs] might well face a different situation than if they were just working at The Warehouse in New Zealand.”

Of the 39 New Zealand Army personnel who tested positive for

cannabis use in 2009, 28 were discharged, ‘released’ from service or took ‘voluntary release’. Ten were given formal warnings, and one was fined and confined to barracks for 21 days.

In the New Zealand Navy, eight personnel returned positive drug urine tests. Two would-be naval recruits lost their chance of serving, two personnel were discharged, and four were warned that they would be dismissed if they ever tested positive again.

Nobody from the New Zealand Air Force tested positive to any drug use.

This trend – of the highest drug use in the Army, lower use in the Navy and lowest use in the Air Force – appears to exist across all of the major defence forces who collect data. Aside from the fact that air forces entrust personnel with multi-million dollar equipment and therefore have a higher incentive to deter drug use, it could suggest a variation in the socio-economic background of staff from different forces. Drewry says that, in many cases of cannabis use, other personnel step forward to report the drug use. The NZDF is small enough that she can recall the details of the handful of incidents where personnel were involved with hard drugs.

“We’re very lucky in that we’re a small country and we are very close-knit. We have our own electronic health system so it’s very difficult for anybody even to have anything prescribed without it being opened to audit, and we audit regularly.

“We only ever had one issue [of an attempt to abuse prescription drugs].

US soldiers at Long Binh base, north-east of Saigon, line up to give urine samples at a heroin detection centre in Saigon, 25 June, 1971, before departing for the United States.



Somebody actually asked for Valium by name. We have such a different population from the normal [civilian] population where you have drug-seeking. We discovered they were a very early part of the methamphetamine distribution problem.” Drewry says the NZDF “stamped out” the problem very quickly.

In contrast, prescription drug use is a major – and growing – concern for the US military.

During the first Gulf War, the public learned that US Air Force and Navy pilots were being given amphetamines – or ‘go pills’ – to fly long distances. The pill-taking was blamed by two pilots involved in a fatal ‘friendly fire’ bombing incident and discontinued in 1992 before being reintroduced in 1996. Technically, pilots ‘volunteer’ to take the pills – although they can be grounded for refusing.

However, it is medically motivated prescriptions that cause concern today. Recall that the lawyer of one of the troops involved in the Kandahar ‘kill squad’ argues that his client was “juiced up” on 11 different prescribed medications.

The pills given to soldiers at war generally fall into two categories – medicines provided for mental health reasons (such as anti-depressants and sleeping pills) and painkilling opiates.

Until 1999, US troops were banned from using anti-depressants in combat. A uniform policy giving anti-depressants the ‘green light’ was only introduced in 2006. According to the US Department of Defense’s own survey of staff in 2008,

Soldiers and booze

Alcohol consumption rates in the Army and Marine Corps (the two armed forces that have seen the most combat in the Middle East) have increased markedly since the beginning of the wars.

“Binge use is a sustained military problem that is common and deserves serious attention since we find it in Veterans’ Administration samples leaving Iraq and Afghan at twice the community rates,” says Thomas Kosten.

But the US is not the only military to have attempted to change attitudes to drinking.

“The culture’s changed enormously even in the 20 years that I’ve been in [the Navy],” reports Surgeon Captain for the New Zealand Defence Force Alison Drewry (right).

“In 1993, they stopped the mess from serving alcohol at lunchtime. That simple sort of thing made a huge impact.”

At some military bases, facilities like gyms and pools are now opened later to stop the army bar being the only source of late-night entertainment. While military bars are not technically ‘public bars’ in a legal sense, the military complies with all alcohol legislation as though they were.

“There is a whole section in our policy [manual] about host responsibility and alcohol and obviously lots of rules on camps and bases about the purchase and use of alcohol.”

Drewry says the New Zealand Defence Force has attempted to “go down a moderate path” on its alcohol use policies



by continuing to provide some places where people can drink and socialise on base to reduce drinking and driving.

All military ‘operations’ are dry, but the New Zealand Navy is one of the last navies in the world whose ships still serve a daily on-board ration of alcohol – two beers – to naval staff who are not on duty or watch.

“In the old days, this was a tot of rum at 12 o’clock – and a tot was a decent whack, at least six standard alcohol units,” says Drewry. New Zealand was one of the last countries to change the rum ration.

The allocation has even been expanded in the past 5 years so that Navy personnel can choose ‘alco-pops’ instead of beer. Drewry has concerns about “encouraging people to think drinking alcohol every day is normal” but says research shows most staff do not actually consume their beer issue.

US soldiers smoke cannabis using the barrel of a shotgun they nicknamed “Ralph”, 13 November 1970.



about 12 percent of soldiers in Iraq and 15 percent of those in Afghanistan reported taking anti-depressants, anti-anxiety medication or sleeping pills. This is likely an under-reporting given the stigma attached to mental health issues.

Kosten identifies use of prescribed opiates as one of the most serious problems today.

“These are given in many cases for musculo-skeletal injuries, but then they are continued for many months and perhaps 15 percent [of these patients] or more then develop problems related to abuse of these opiates.”

This year, *USA Today* claimed prescriptions for painkillers to military members have gone up by four times since 2001 – from just under 900,000 in 2001 to nearly 4 million in 2009.

In part, this reflects a broader societal problem. According to the Substance Abuse and Mental Health Services Administration, more Americans abuse prescription opiates than cocaine, and the abusers far outnumber those who misuse tranquilisers, stimulants, hallucinogens, heroin, inhalants or sedatives.

But it also reflects 9 years of continued conflict, Chief of Staff of the Army General George W Casey Jr acknowledged to the House Appropriations Committee Subcommittee on Defense. He said the US Department of Defense is attempting to create a better tracking system for prescriptions, especially in combat situations.

“It’s something – not a pretty thing – something we need to get on the table and deal with.”

Meanwhile, the US Department of Defense is trying to rapidly expand its provision of substance abuse treatment to soldiers and veterans. Over the last decade, the US military hierarchy has scrambled to keep up with an increase in demand for substance abuse care and recovery programmes.

The United States Department of Veterans Affairs (VA) has long been the world’s largest provider of substance

“It’s something – not a pretty thing – something we need to get on the table and deal with.”

abuse services, but there has been strong criticism that current and recently returned soldiers have not been able to get the help they need.

The Rand Report of 2008, suggesting that nearly one in five returning troops suffered from mental trauma, also found that roughly half of those needing treatment would actually seek it and only slightly more than half of those receiving treatment got “minimally adequate care”. It was particularly difficult for troops in Iraq and Afghanistan to access mental healthcare.

Jim McDonough, the former Strategy Director at the White House Office of National Drug Control Policy, said in 2009 that troop shortages and strains on



“Too many young Americans had been accepted to the Army without ‘coping skills to deal with the challenges we’re asking them to deal with’.”

General George W Casey Jr

the system meant military commanders were trying to “get men back in the fight” instead of dealing with their addictions and mental health problems.

“Between 2004 and 2006, the incidence of substance abuse went up 100 percent, while treatment referrals by commanders went up zero percent.”

And *Stars and Stripes*, the US military’s editorially independent but official newspaper, complained in 2009 that “hundreds of soldiers” were not being provided with counselling because commanders wanted to “keep their numbers up for combat deployments”.

This fear was underpinned by a leaked 2009 memo from General Peter Chiarelli to commanders that blasted them for allowing hundreds of soldiers involved in “substance abuse-related misconduct (including multiple positive urinalyses)” to continue to work without being processed for possible discharge. He also noted that many are not referred to the Army Substance Abuse Programme for help.

In the past year or so, however, the Department of Defense has pumped billions of dollars into programmes designed to improve war-time and post-war care. Much of that has been directed into substance abuse. Some research is specifically looking at barriers to care, including finding out why and when veterans ask for help and why many don’t.

As part of this research push, Kosten has worked on recommendations to improve treatment for returning soldiers experiencing PTSD, depression and

The haze or war

Four recent drugs-related ‘scandals’ in Afghanistan

- **October 2010**, Kandahar: A squad of US soldiers is accused of forming a ‘kill team’ that murdered unarmed civilians for sport. A whistleblower alleges nearly the “entire platoon had been smoking hashish consistently”.
- **September 2010**: British and Canadian troops are smuggling heroin out of Afghanistan to the UK on military planes, the *Sunday Times* alleges.
- **May 2010**, Oruzgun: Australian special forces troops are all tested and cleared for drug use after an apparent opiate overdose on base by an elite commando.
- **March 2008**, Bamiyan: Six junior personnel from the New Zealand Provincial Reconstruction Team contingent are returned to New Zealand for trial by court martial for alleged drug use.

problems with drugs and alcohol. Describing the need for change, he says, “If you went to 10 different places to get your post-traumatic stress disorder treated, you could get 10 different treatments” – and that is just within the VA system.

Now, though, “Evidence-based treatments are being standardised and implemented across the USA in the VA. That is excellent news for veterans, but it will take some time to get this as fully implemented as would be ideal.”

Veterans’ groups express quiet optimism that the slow-moving US military is making small steps in the right direction on substance abuse care, treatment and mental health.

General Casey Jr recently acknowledged that too many young

Americans had been accepted to the Army without “coping skills to deal with the challenges we’re asking them to deal with” and, he said, the Army realised it needed to change.

“We want to bring mental fitness up to the same level we give physical fitness.”

Although it is now scrambling to catch up, the US military proved unprepared to cope with the inevitable, substantial increase in mental health problems and substance abuse from fighting concurrent wars in Iraq and Afghanistan.

As the Army’s July report into suicides concluded, “We are often more dangerous to ourselves than the enemy.” ■

David Young is a New Zealand writer currently based in Denmark.

“ Between 2004 and 2006, the incidence of substance abuse went up 100 percent, while treatment referrals by commanders went up zero percent. ”



It's your
turn to shout

Have your say on the Alcohol Reform Bill

Make sure you have your say on the liquor reform bill currently before Parliament. There is still time to persuade the government to modify its response by making a submission to the Justice and Electoral Select Committee.

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Information on dates and locations of workshops and access to our toolkit and other resources:

[www.drugfoundation.org.nz/
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SUBMISSIONS ARE DUE ON TUESDAY

01 | 02 | 11



THE LAW COMMISSION spent more than 2 years reviewing our liquor laws, engaging in extensive consultations around the country and receiving nearly 3,000 public submissions. Its final report, *Alcohol in our lives: Curbing the harm*, was tabled in April and makes 153 recommendations towards improving our sale, supply and consumption of alcohol laws. The Law Commission says the recommendations should be implemented as a mutually reinforcing package.

The government announced its response in August. It has proposed accepting, in whole or in part, 126 of the 153 recommendations.

Rejected recommendations include some of the most effective policy levers for addressing alcohol-related harms. For example, it has ruled out increasing excise tax, restricting advertising and ending liquor industry sponsorship of sporting and cultural events.

This month, the government introduced a bill to create a new Sale and Supply of Alcohol Act. This bill is currently before Parliament and must pass through a Select Committee. Select Committee hearings are

expected between March and April 2011.

There is still time to persuade the government to modify its response by making a submission to the Justice and Electoral Select Committee. If you want to make an oral presentation, which is often the most effective method, you must make a written submission first.

The closing date for submissions is Tuesday 1 February 2011. If you have already made a submission to the Law Commission, it is important to make another submission to the Select Committee.

To support individuals and organisations in making submissions, the Drug Foundation has developed a toolkit addressing several of the key issues in the debate.

We are also hosting a series of workshops around the country to talk about the issues and provide guidance on how to make effective written and oral submissions.

Visit our website for the dates and locations of the workshops or to access our toolkit and other resources.

[www.drugfoundation.org.nz/
your-turn-to-shout](http://www.drugfoundation.org.nz/your-turn-to-shout) ■



Exposure of young people to alcohol marketing speeds up the onset of drinking and increases the amount consumed by those already drinking.



WORLD HEALTH ORGANISATION

Smoking bans in prison – do they work?

From 1 July 2011, a total smoking ban for prisoners will come into effect across New Zealand. **Sanji Gunasekara** looks at the government's rationale behind this move, the evidence for its effectiveness and what such a ban might actually mean.



Sanji Gunasekara

EARLIER THIS year, Minister of Corrections Judith Collins confirmed that a total smoking ban for all prisoners would kick in from 1 July 2011. Currently, an estimated 5,700 prisoners (two-thirds of our prison population) smoke – triple the rate in the rest of the community.

While there are strong public health grounds to reduce smoking rates in general (half of all smokers will die from tobacco-related illness, and second-hand smoke undeniably threatens the health of non-smokers), there has been considerable debate surrounding the likely consequences of a smoking ban for prisoners. This is mainly because

“ There has been considerable debate surrounding the likely consequences of a smoking ban for prisoners. This is mainly because prisons represent a particularly distinctive and challenging environment. ”

prisons represent a particularly distinctive and challenging environment – being a workplace for staff yet a home for inmates. Furthermore, prison inmates are likely to have greater rates of co-existing psychiatric disorders or drug and alcohol dependency problems than the general population.

Contrary to how the government's proposal is often described, it does not really mean New Zealand prisons will become smoke-free. Under the proposal, all prisoners would be banned from smoking or possessing tobacco, matches and lighters. The ban would also apply to visitors, contractors and volunteers, but importantly, not to Corrections staff who will still be allowed to smoke in designated areas. The smoking ban for prisoners is to be preceded by a 12-month campaign to help prisoners quit smoking, including phone support and nicotine replacement therapies.

At present, prisoners are allowed to smoke in their cells and in designated outdoor areas. They may also possess lighters and matches. Minister Judith Collins cites health and safety concerns as the primary reason behind the ban,



saying the high level of smoking in our prisons poses a serious health risk to staff and prisoners. She has also referred to the safety risks associated with prisoners misusing lighters and matches.

According to the Minister, “Quite simply, making prisons smoke-free is a responsible thing to do. It will reduce the health and safety risks to prisoners and staff.”

But public health and safety concerns are not the sole driver behind the proposed ban. Documents obtained by the Drug Foundation under the Official Information Act and comments by the Prime Minister suggest fears of litigation by prison guards and non-smoking prisoners were also an important factor in the government’s decision.

Indeed, this was the major driver of smoking bans across prisons in the United States following a 1993 Supreme Court ruling that exposing prisoners to environmental tobacco smoke constitutes ‘cruel and unusual punishment’ and violated Eighth Amendment rights.

The main concerns about banning prisoners from smoking arise from the

“Prisoners are already threatening staff, saying, ‘If you guys are going to get rid of smoking, you are going to get the bash. We’ll just take it out on you’.”

unintended consequences of such a move. These include the creation of yet another black market and its associated problems such as intimidation, trading sex for tobacco, smuggling and needing to police another prohibited substance (our prisoners are already accessing illicit drugs).

Experience from smoking bans in Californian prisons suggests packets of cigarettes sell for up to US\$125, and prisoners, visitors and staff have all been caught smuggling or selling tobacco. Other possible unintended consequences of a total ban include less healthy smoking practices – for instance, in some jurisdictions, inmates were more likely to smoke smuggled tobacco rolled in toilet paper wrappers or pages from *The Bible*, both of which contain inks

or dyes that are harmful when smoked.

So what is the evidence to show that banning prisoners from smoking actually works? Of course, the answer to this depends on the outcomes that are being evaluated. In general, there are few studies looking at this issue. The government has drawn attention to studies of air quality in US prisons showing staff and prisoners can be exposed to 12 times the levels of second-hand smoke than in the home of an indoor smoker, but there is no evidence that simply banning smoking will reduce smoking rates over the long term.

Smoking bans also appear to have limited impact on whether prisoners continue to smoke. North American research found that 76 percent of prisoners who smoked continued to do so in prison following a smoking ban and 97 percent smoked when released.

Evidence for the lack of effectiveness of smoking bans has also been found in the juvenile justice system in New South Wales, Australia, where 66 percent of regular smokers smoked in custody despite a smoking ban.

Quotes of Substance

“It’s as though we need to have a super-flash venue to entertain what – let’s be honest – will be a lot of boozed-up Brits and Aussies with a sprinkling of South Africans. I don’t think they’d give a monkey’s cuss about the building’s design as long as the beer holds out.”

David Morris, an Auckland tourist operator and author of *A New Zealand Travel Guide* on the ‘party central’ concepts for Auckland’s wharf area during the Rugby World Cup.

“I was very, very drunk. It was a very, very long time ago, when only sailors and Hell’s Angels were tattooed, honestly, and prisoners.”

64-year-old actress Dame Helen Mirren admits her tattoo was a drunken mistake and an act of rebellion when she was younger.

“Efforts to combat drug trafficking by destroying shrines are rather like bulldozing tattoo parlours to get rid of biker gangs.”

Writer D E Campbell says the Mexican church and government crackdown on increasingly popular heretical death cults, which are often associated with drug lords, could lead to a public backlash.

“I’d be a bit messy after drinking nine beers.”

Prime Minister John Key says he would quite possibly be asleep after drinking the amount of alcohol a *Weekend Herald* test suggested could leave a driver legally entitled to get behind the wheel.

continued on page 19 ▶



NZPA/Ross Setford

In its report *Health in Justice: Improving the health of prisoners and their families and whānau*, the National Health Committee devotes considerable attention to addressing the high smoking rates in our prisons. Rather than call for a total smoking ban, it recommends smoking cessation programmes be given greater support and smoke-free environments be provided for those who do not smoke or who want to quit. The report also stipulates that any health-promoting initiatives in prisons should be workable and make sense to staff and prisoners.

Papers released to the Drug Foundation show one of the options the government considered during its review of smoking policy in prisons was restricting smoking to external smoking areas where fixed lighters are in place. However, a total ban option was favoured on the grounds that it would provide better health outcomes and could be policed more easily.

There are also fears the ban could exacerbate safety risks to staff. Kim Workman, Director of Rethinking Crime and Punishment, believes the move is likely to cause “violence or mayhem of some kind”.

Beven Hanlon, Corrections Association President, reports that prisoners are already threatening staff, saying, “If you guys are going to get rid of smoking, you are going to get the bash. We’ll just take it out on you.”

Such concerns appear legitimate. A recent policy review of the control of environmental tobacco smoke found numerous cases of rioting as a result of smoking bans. In its own briefing to the Minister, government officials acknowledge that international experience links prisoner riots and disorder with smoking bans. However, officials advise this risk can be mitigated with successful implementation, including providing prisoners and staff with 12 months to prepare for the change.

It is clear many experts disagree on the likely consequences of the government’s proposed smoking ban. Jarrod Gilbert, Canterbury University researcher and member of the Howard League for Penal Reform, believes that, while the policy was “fantastic” in principle, it would take more staff and better resourced rehabilitation programmes to work.

“Anyone who’s tried to give up

smoking knows how hard it is under the best of circumstances and in the ideal conditions. Forced to do it in a pressured environment is enormously difficult, and it's easy to see poor outcomes could result." However, Professor Greg Newbold,

“ Anyone who's tried to give up smoking knows how hard it is under the best of circumstances and in the ideal conditions. Forced to do it in a pressured environment is enormously difficult, and it's easy to see poor outcomes could result. ”

also from Canterbury University, believes that, while the ban will create some management problems from the outset and will be tough on staff, the overall impact will be positive.

Some argue the proposed ban is more about further punishing prisoners and is designed to make the government appear 'tough' rather than genuinely concerned for inmates' health and safety.

Former Prison Manager Ceilia Lashlie says, "We are being told it's a health and safety issue, and I don't believe it, and that's the line that makes us middle class people feel acceptable. The reality is this government is heading towards double bunking, restricting all sorts of things in prison."

However, Professor Mike Daub from the Australian Council on Smoking and Health favours the proposal, saying it is working overseas.

"This isn't about penalising prisoners. This is about doing something to improve the health of one of the most health disadvantaged communities we have."

Central to the success of any smoking ban will be providing adequate support for smoking cessation prior to the ban taking effect. This will entail significantly increased resources.

In this regard, Minister Collins's remark that "Corrections is very well practised at dealing with people who have addictions and helping them get over it" is somewhat disingenuous. It is well known that our prisons are failing to fully meet the existing needs of inmates with drug and alcohol issues.

According to official documents, the proposed smoking cessation support is to

come from "within existing resources". Unless resourcing is significantly ramped up, this level of support is unlikely to be adequate. Furthermore, extending the ban on smoking to include all Corrections staff rather than just prisoners would go some way towards dispelling lingering suspicions that this proposal is more about penalising inmates than real concerns about their health and safety.

As with most other issues relating to licit and illicit drugs, the issue of smoking bans for prisoners is a complex one and subject to a considerable divergence of views. The evidence to suggest that such bans actually work is equivocal at best and dependent on what parameters are actually being measured.

While there are compelling public health grounds to tackle the high rates of smoking in our prisons, a smoking ban for prisoners (but not staff) that is poorly implemented could well end up having unintended adverse consequences that outweigh the health and safety benefits envisaged by the government. ■

Sanji Gunasekara is the Drug Foundation's Senior Adviser.

Compulsory treatment Dutch style

In September, **Robert Steenhuisen** visited a compulsory addiction treatment facility in Holland to find out who attends it, how it is run and what lessons it might have for New Zealand's Alcoholism and Drug Addiction Act review.

PEOPLE WITH substance abuse disorders can be treated in most cities in the Netherlands (population 17 million) by a broad range of services. High-quality clinics for people with mental illness are available along with rehabilitation programmes and night shelters for the many homeless.

The cities of Amsterdam, Rotterdam, Utrecht and Den Haag have an estimated 10,000 homeless citizens between them, and systematic efforts have begun to reduce that number by 60 percent.

The homeless are a group with complex social issues, making them particularly difficult to help. These are people with a combination of chronic, untreated mental health disorders, addictions, poor physical health, multiple failed treatment attempts and persistent minor criminal offending. They typically avoid treatment, spend time in and out of prison and upset neighbourhoods and shopping malls with their disturbed and petty criminal behaviour. They squat in derelict buildings, makeshift tents or under bridges, often for years at a time.

The Dutch winter is a lot less forgiving than our winter in Aotearoa, and the homeless are well known to Police, and social and health agencies. For the Dutch, the concern is as much for the suffering of these individuals as it is about the nuisance and safety issues they cause.

“**The homeless are a group with complex social issues, making them particularly difficult to help.**”

In 2007, Amsterdam and Rotterdam combined resources to set up the compulsory treatment facility *Duurzaam Verbijf* for this target group in the countryside of Drenthe, around 150 kilometres away from their cities. Admission criteria include untreated mental illness, chronic addiction, repeated failed treatment attempts, chronic homelessness and repeat minor offending.

The institution is run by the provincial mental health services Geestelijke Gezondheids Zorg Drenthe (Mental Health Care Drenthe – GGZ) in partnership with the provincial alcohol and drug services Verslavingszorg Noord Nederland (Addiction Care Northern Netherlands – VNN). On referral from any service provider or Police, a homeless person who meets these criteria can be reported to the local mental health services in both cities. GGZ will organise a comprehensive assessment and initiate compulsory civil commitment. A High Court judge makes the decision as to whether a person is committed or not on the basis of independent psychiatric advice. The decision is based on the person's ability to care for themselves, the immediate danger to self and the failure of repeated voluntary treatment. Throughout the process, the patient has access to a lawyer for independent legal advice.

Admissions to treatment often fail due to the voluntary and open nature of Dutch mental health and addiction services, and the more extreme behaviour of the target group often remains unmanaged. Dutch prisons offer limited rehabilitation for mental illness or addiction, and the system seems more geared towards punishment than treatment. The government focus is on keeping people out of prisons, and judges have a wide range of alternatives to imprisonment when sentencing. Many offenders are dealt with through community-based sentences. A requirement to attend addiction treatment is part of this approach, and it is common that offenders are on probation, supervised by their local alcohol and drug service.

I met with psychiatrist Wijnand Mulder who is in charge of Duurzaam Verbijf. He told me most patients they receive have been through numerous treatments, are mentally ill and often have medical complications. Inevitably, they end up back on the street.

“Social, mental health and addiction services are totally uncoordinated here. In between residential treatment, they will be attending a variety of out-patient programmes, but tend to forget

appointments, fall back into the old lifestyle, and their drug use escalates. They end up in Police cells for minor offences over and over again. Police become desperate because nothing seems to change. These people need integrated treatment. It starts with creating stability and safety, so Duurzaam Verbijf is drug-free.”

Programme Developer Woody Verhemeltvort is working on a comprehensive therapeutic approach at Duurzaam Verbijf. He says disengagement from drugs and alcohol and having a regular lifestyle are the first tasks for the resident.

“**Drug and alcohol abuse may have temporarily made psychiatric symptoms bearable, but in reality, they've only made things worse.**”

Woody Verhemeltvort

“Drug and alcohol abuse may have temporarily made psychiatric symptoms bearable, but in reality, they've only made things worse. Schizophrenia is a common diagnosis. We have to begin with the basics.”

Treatment at Duurzaam Verbijf is for as long as it takes. Every 6 months, a judge must renew the committal on the basis of a psychiatric report and discussion with the patient, who is advised by a lawyer. The end goal is for the person to be independent and to live in the wider community again. That may mean living in a halfway house or a therapeutic community, but with an acceptable level of self-care and self-responsibility. Living in some form of sheltered facility or supervised care after Duurzaam Verbijf seems inevitable for most.

“Much treatment is about teaching people basic personal hygiene and self-care skills,” says Martinus Stollinga, Advisor to the VNN Board of Directors. “It is often more about ‘habilitation’ than rehabilitation.”

Quotes of Substance

“**It's understandable to think drunk drivers are bad people so we need to punish them severely, but the truth is, heavy fines don't stop people drinking and prison doesn't cure alcoholism.**”

National Committee for Addiction Treatment Co-Chairperson **Robert Steenhuisen** says the government is misguided if it thinks harder punishments for repeat drink-drivers will somehow help.

“**Less controlled access to alcohol should not be used as a reward for commendable public service.**”

The **Law Commission's** response to the United Fire Brigades' Association's assertion it should retain its liquor licence exemption as a way of attracting volunteers.

“**Punishment is there to deter offending. It is not an alternative to treating and preventing the problem in the first place. That is a distinction I think we need to bear in mind constantly.**”

Revenue Minister Peter Dunne in an address to the Institute of Criminology and Crime and Justice Research Centre Seminar, held September this year.

“**We believe the Indonesian people would consider the death penalty appropriate in this case.**”

Indonesian Prosecutor **Purwanti Murtiasih** tells the Denpasar District Court that death by firing squad is the proper punishment for Australian Scott Rush for his role in the Bali Nine drug smuggling plot.

continued on page 25 ▶

“The roofs are covered with a kind of moss, and the place reminds me vaguely of the Hobbit village in *The Lord of the Rings*.”

Added to this is that 80 percent of Duurzaam Verbijf residents were born outside the Netherlands and are from countries such as the Caribbean, Surinam, Morocco, Iran or Somalia. This makes things even more complex for staff who often struggle just to have a simple conversation.

We entered Duurzaam Verbijf through a locked gate staffed by security, and Stollinga took me around the facilities. One hundred and twenty patients live here and a 3.5 metre fence surrounds the complex.

Mulder says that it is as much about keeping the residents in as keeping the hard world out. The roofs are covered with a kind of moss (great heat insulation), and the place reminds me vaguely of the Hobbit village in *The Lord of the Rings*. Facilities include a gym, canteen, shops, workshops and a small church hall. Around 200 staff work here. It costs 400 euros (NZ\$750) per night per person.

The addiction treatment sector in Holland remains divided about Duurzaam Verbijf's approach. Some argue that removing civil liberties is not justified and that people choose the life they lead. They compare the set-up with a concentration camp.

Stollinga and Mulder reject that perspective and argue that society has failed these residents.

Stollinga says, “Their circumstances are often inhumane and their physical and mental illnesses untreated. They are disconnected from their local communities and society and unable to care for themselves. They drift through a shadow world of illegality, petty crime and sex work as a result. And throughout the committal process, the residents' rights are protected as they are independently advised by a lawyer. All Dutch have a right to a minimum standard of living.”

To my surprise, the facility is not run as a therapeutic community and no peer support workers are employed. Reflecting on my own work at Higher Ground (a therapeutic community in Auckland for addiction treatment), I would have thought that such an

approach would be very suitable to teach basic living skills, provide residents structure and provide hope that change is possible.

Verhemeltvort explains that staff are still searching for the best way to engage the residents and to create a living community.

“Many residents are suspicious and difficult to engage. That is not surprising if you consider where they came from. We have to strike a balance between safety for all residents in a drug-free environment, but also not to end up in the role of prison guards.”

As I walk around, Andre is keen to show me his apartment. He speaks slowly.

“I am from Rotterdam. I was slowly killing myself when the local mental health clinic said they had a spot for me here. They didn't explain much, and I went along. It is a lot of luxury here. I have breakfast every day. That didn't happen in Rotterdam. The nurses always want to check if I am smoking hash, but it does not matter. I am OK now.”

New Zealand is reviewing its Alcoholism and Drug Addiction Act (ADA). Is there anything we can learn from Duurzaam Verbijf?

The combination of mental illness, addiction, homelessness and petty crime is difficult to treat, especially if it is well entrenched through years of street living. Like the Dutch, most New Zealanders would agree the State has an obligation to intervene where people can no longer look after themselves, but committing people for compulsory treatment is seen as a last resort.

One of the criticisms of the ADA in New Zealand is that it lacks teeth. A person can only be committed once a registered institution has agreed to accept them, and they do not have to. Institutions are open and easy to leave, and returning committed residents to an institution is a low priority for Police.

Should these institutions build a fence around their facilities? The Salvation Army used to operate a rehabilitation programme on Rotoroa Island in the Hauraki Gulf as a way to avoid fences and to keep people on site.



It was closed because treatment is nowadays considered effective only if it occurs in the community where the person lives. But maybe for a small number of people that's unrealistic.

“ Like the Dutch, most New Zealanders would agree the State has an obligation to intervene where people can no longer look after themselves, but committing people for compulsory treatment is seen as a last resort. ”

They need more structure than can be offered in an open setting. Any revised ADA needs to recognise the needs and rights of these people.

The Dutch set a high bar for compulsory treatment. For those who end up in Duurzaam Verbijf, the road to recovery takes time and may be lifelong,

so it has to be supported with the right kind of services. Though the Dutch have a much wealthier society, this is still expensive. It costs around \$33 million just to run Duurzaam Verbijf for a year. That is almost 25 percent of New Zealand's total annual alcohol and drug services budget.

I strongly suspect many of the people in Duurzaam Verbijf would end up incarcerated in New Zealand, but after a visit there, I am more convinced than ever that we should not endlessly recycle people through prison. Instead, we must help them to find a place in society with dignity and meaning. A revised ADA needs to consider that as well.

When I walked around Duurzaam Verbijf, I thought that New Zealand had a lot to be proud of. When I carefully listened to what actually happens with the patients, I realised that the quality of our mental health and addiction rehabilitation programmes are as good as those in Holland, despite the lower resource base, and our staff are just as committed as their Dutch colleagues.

That is an excellent performance for

4 million people far away from Europe in the South Pacific. ■

Robert Steenhuisen is the Regional Manager Community Alcohol and Drug Services, Auckland.



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Liquor licensing exemptions for Police bars

The current Sale of Liquor Act exempts Parliament and the canteens of Police, prison officers, the Defence Force and the Fire Service from the requirement to hold a licence to sell and supply alcohol.

Why the Police licensing exemption **must go**

THE ARGUMENT for removing licensing exemptions for Police rests squarely on the principles of natural justice. In other words, what's good for the goose is good for the gander. Exemptions for Police bars set a bad example, reduce respect for the law and encourage the perception of unfairness on the part of the public. Why shouldn't Police be subject to the very laws they are charged to uphold? While Police bars are undoubtedly desirable as places where officers, staff and their families can relax and socialise in safety, they are subject to the exact same risks as any other establishments serving alcohol. Host responsibilities are therefore equally important, and there is no reason why those supplying liquor at these premises should not be subject to the penalties of the Act if they sell to intoxicated patrons or minors.

While some may argue Police are held to higher behavioural standards than the average citizen, there has been a string of incidents at Police bars involving both heavily intoxicated senior and junior officers. Offensive behaviour has included assault with a weapon, male assaults female and drinking in the bar when officers should have been on patrol.

Those in favour of exemptions argue Police bars would not survive without them due to the increased costs associated with licensing and compliance, but that need not be the case. The Law Commission recommends that Police bars should be treated as clubs, which would minimise compliance costs. The presence of a manager would not be required if 20 or fewer people were on the premises.

And one would have to argue that, if Police bars are essential to good policing, then the onus is on the Police to find ways to fund them that do not exempt them from the same laws that apply to every other citizen.

While some other countries do have licensing exemptions for Houses of Parliament and the military, none seems to have them for Police. It is time for New Zealand to get in step with the rest of the world. No one should be seen as above the law, least of all the Police.

“ One would have to argue that, if Police bars are essential to good policing, then the onus is on the Police to find ways to fund them. ”

THE LAW Commission has recommended these exemptions be removed on the grounds that the same dangers apply wherever alcohol is being supplied. Therefore, laws designed to reduce potential harms should apply equally to all.

While Parliament, Corrections and the Police have officially agreed to the removal of their exemptions, the Police Association, Fire Service Commission and United Fire Brigades' Association have argued they be continued. Of these

three, the Police Association makes the most compelling argument for retaining an exemption. In this new regular feature, we provide the arguments for and against continued exemptions for Police bars.



Viewpoints

**Police liquor licence exemption:
Should they stay or should they go?**

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“**The controversy around drunken behaviour at Police bars has been blown out of proportion by the media, fuelled by a tiny number of incidents involving a few individual Police officers.**”

Why the Police licensing exemption **should stay**

THE ARGUMENT in favour of keeping the licensing exemption for Police bars is that, without it, their continued existence would be impossible. This would be highly undesirable because the very nature of Police work makes these bars a necessity.

Police bars are vital in giving officers and their families a safe place to socialise away from those members of society who simply don't like cops. These people may subject Police staff, and their families, to various forms of harassment and abuse ranging from name-calling to physical confrontation. These situations are more likely to occur when there is alcohol available.

Forcing Police to drink at public bars would also mean they become off duty patrons of the bars and licensees they have to Police while on duty. This could have a number of unfortunate results such as accusations of favouritism or inappropriate dealings when policing a bar they frequent while off duty.

The exemption means Police bars are able to operate relatively inexpensively. They don't have to pay licensing fees or a certified manager. Removing the exemption would create additional compliance costs, which would impact seriously on their viability.

A further concern is that Police managers will see the removal of the exemption as a sign that Police bars are a thing of the past. If legislation does not specifically mention them, it is inevitable that support for Police bars from area and district managers will decline over time and that their space will be allocated to other purposes whenever a Police station is refurbished.

Nor is forcing licences on Police bars necessary to make sure Police staff don't misbehave when drinking. The Police Association argues the controversy around drunken behaviour at Police bars has been blown out of proportion by the media, fuelled by a tiny number of incidents involving a few individual Police officers. In at least one high-profile case, the delinquent officer was drinking at a Police bar that was already licensed.

The idea that Police should not be held to a different standard than anyone else misses the point that the behaviour demanded of Police officer, both on and off duty, is already regulated by the Police Code of Conduct to much higher standard than that of the general public.

The argument has never been that Police want the freedom to behave more badly than anyone else. Police bars simply make it easier for the Police to do their job of protecting the public. Removing the exemption would put these bars under serious threat, and that's not in anyone's interests. ■

Why marijuana decriminalisation should be a Christian issue

James Clark argues that decriminalisation of marijuana is much more aligned to Christian values than mass incarceration because it leaves the door open for redemption and healing.



James Clark

IN JULY, *The Economist* published an article illustrating a widespread failure of American Christianity. Entitled “Rough Justice”, with the subheading “America locks up too many people, some for acts that should not even be criminal”, the article revealed some startling facts. For example, one in 100 American adults is living behind bars. When we narrow the field to young black men, it’s one in nine.

“One in 100 American adults is living behind bars. When we narrow the field to young black men, it’s one in nine.”

Our war on drugs is one of the leading contributors to incarceration. Those who insist the United States is a Christian nation would be hard-pressed to find evidence for it in our drug policy, which condemns millions of our neighbours to be warehoused behind bars for non-violent offences. *The Economist* article brings to light a systemic denial of Christian love and compassion, particularly towards those struggling with addiction.

But on the same day *The Economist* published “Rough Justice”, something else happened that few would immediately associate with the biblical command to love our neighbour: the

California Affiliates of the American Civil Liberties Union (ACLU) endorsed Proposition 19, the ballot initiative to legalise recreational use of marijuana. Christians looking for a more compassionate and successful way forward in fighting drug addiction would do well to consider the merits of marijuana decriminalisation.

The ACLU has long recognised that prosecution of marijuana crimes is among the most successful vehicles of mass incarceration that unfairly targets minorities. According to an ACLU statement, California made 60,000 marijuana arrests in 2008, the majority of them young men of colour. In Los Angeles County, the marijuana possession arrest rate of African Americans is more than 300 percent higher than for whites – although blacks make up less than 10 percent of the county’s population and more white youth use marijuana than black youth, according to a new report from the Drug Policy Alliance.

Communities of faith have historically offered a different response to drug addiction, leading the charge for meaningful treatment. At the core of the Christian tradition is the belief that redemption is available to all, which is precisely why the two greatest commandments are so alike: loving God with all your heart is like loving your neighbour as yourself because God’s love is equally available to you and your neighbour, no matter who you are or what you have done. Many Christian

communities bring this conviction to action when it comes to drug addiction, opening their doors to clinics and 12-step programmes and providing direct services like addiction treatment and counselling – programmes rooted in the value of compassion.

Yet compassion, belief in redemption and love for our neighbours as ourselves are all conspicuously absent from the practice of mass incarceration, the criminal justice system's answer to the problem of drug addiction. While treatment programmes work towards healing, reconciliation and empowering people to build healthy lives, incarceration only puts those goals further out of reach.

California's marijuana policy is currently no different. Even a misdemeanour marijuana possession arrest can prevent someone from obtaining a job, a home and even educational loans. By making these things more difficult, this punitive approach all but eliminates the basic tools for pulling oneself out of the pit of addiction and into a sustainable healthy lifestyle. Often this leads to further drug use, crime and, ultimately, incarceration.

A profoundly different response to sin is modelled by the Incarnation. In becoming human, Christ entered a broken world and took the burden of sin upon himself. He embraced sinners with open arms, using fellowship and love to offer a way out of sin and a path towards healing. Ultimately, the purpose of the Incarnation is to offer redemption and salvation to any and all sinners who accept the offer. This is the lynchpin that holds the two greatest commandments together. If we truly love God with all our hearts, minds and souls, we inevitably turn to our neighbours and reflect God's Incarnational acceptance by loving them as we love ourselves.

California's Proposition 19 provides one unlikely opportunity to live out this Incarnational model. Far from signalling Christian approval of marijuana use, Christian advocacy for decriminalisation signals disapproval of the retributive response to drug abuse. Incarceration must be reserved for those who present

real threats to the safety of our communities, not for individuals struggling with addiction. Christians already know the compassionate response to addiction is far more successful as a road to healing than the retributive one, yet each year, the prohibition of marijuana sends tens of thousands of youth – disproportionately black youth – into a cycle of incarceration and addiction with no light at the end of the tunnel.

Locking up our neighbours and denying them a way to work towards healthy lives is a fundamental denial of compassion and love. Decriminalising marijuana closes one pipeline into that cycle and makes it possible for more people to receive meaningful drug treatment. Proposition 19 is about more than freeing up jail beds and raising tax revenue; it's about firmly standing by the value of compassion and refusing to address social problems by locking our

“Locking our up neighbours and denying them a way to work towards healthy lives is a fundamental denial of compassion and love.”

neighbours behind bars. “Love your neighbour as yourself” should not be seen as a personal virtue to be checked at the door of the county courthouse. Christian communities already provide perhaps the nation's largest network of drug addiction programmes based on compassion and love. It's time they advocated for public policies that align with those same values. ■

James Clark is a Community Organiser and a graduate of Candler School of Theology at Emory University in Atlanta, Georgia. A version of this article originally appeared in *The Huffington Post* – www.huffingtonpost.com.



Comment on this article

www.drugfoundation.org.nz

Quotes of Substance

“We don't want to criminalise young people because, put bluntly, if we arrest young kids for possession of cannabis and put them before the courts, we know what the outcome's going to be, so actually it's perfectly reasonable to give them words of advice or take it off them.”

Chief Constable Tim Hollis of Britain's Association of Chief Police Officers questions the sense of criminalising young people for drugs possession.

“This has been an emotional political discussion for many, many years. It's one of those controversial issues that Cabinet receives advice on and takes its view.”

Transport Minister Steven Joyce on the government's delay of lowering of the blood alcohol content limit (BAC) for drivers, in lieu of further research, and despite more than 300 studies showing a reduced BAC will save lives and money.

“A change in give way laws is also on the cards, as the current laws can be confusing.”

Transport Minister Steven Joyce decides 2 more years of research probably aren't necessary before changing the give way rule, given the evidence...

“It would probably be fair to say we get a small proportion of the potential cannabis harvest out there.”

Detective Inspector Paul Berry, of the National Crime Investigation Group, admits drug supply control efforts have little impact on drug availability. ■

A volatile issue

The Drug Foundation's *Volatile Substances* resource has been online since June 2008. Recent work shows it is a useful tool with which youth service providers and retailers can work together to reduce substance abuse harm within their communities.

VOLATILE SUBSTANCE abuse is a particularly tricky area for drug control. Spray paints, glues, household cleaners and all manner of aerosols that can be inhaled are readily abundant and have legitimate and important uses. It would be impossible to ban the hundreds of substances that could be abused, and regulating the sale of legitimate products is inherently problematic.

And volatile substance abusers are not always easy to trace or identify. Contrary to what many may believe, they are not all young, poor, brown kids from broken homes. Kids tend to have less access to drugs than older people so solvents are typically abused by juveniles (some as young as 7) because they are relatively inexpensive and easily obtained. But many are adults who have become chronic users.

Unlike cannabis and most other drugs that debilitate their users over time, your first shot of solvents is potentially lethal. When you're inhaling highly toxic substances deep into your lungs, death is a distinct possibility, and severe damage to the brain and respiratory tract are almost inevitable.

As a community, then, we're dealing with a life-threatening health issue with no clear solution. One thing that is clear, however, is that retailers can play a key role in minimising volatile substance harms.

Concerns for retailers around solvent abuse are many. Aside from the moral issue – most do not want to supply toxic substances to drug abusers – they are

also the ones from whom solvents are frequently stolen. They're the ones who face the immediate consequences of refusing sale to a desperate or agitated customer. Many are also unsure about what right they have to refuse to sell someone a legitimate product.

So it was particularly with retailers in mind that the Drug Foundation launched an online resource, *Volatile Substances*, in June 2008. The website has simple tools to help retailers,

“ Unlike cannabis and most other drugs that debilitate their users over time, your first shot of solvents is potentially lethal. ”

including how to improve in-store displays and signage, training on handling difficult customers, dealing with emergencies and ways to improve security. It also has video clips of shop owners and health workers talking about the issue.

The resource was never expected to solve all society's problems around volatile substance abuse, but it is something retailers can pick up and run with to minimise some of the problems they face.

But it is also something local or community organisations – be they health services, community action projects or local treatment agencies –

can use to get a better understanding of volatile substance abuse themselves while also helping local retailers use it.

One organisation that has successfully done just that is Regional Public Health's Community Action Youth and Drugs project in the Hutt Valley.

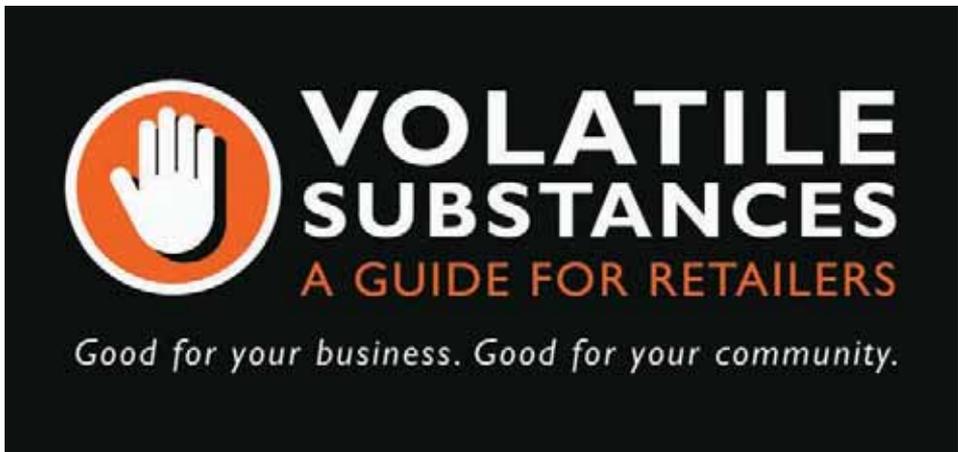
In 2008 and 2009, Public Health Adviser Nadia Freeman went door-knocking around local retailers with printed copies of the resource. Nadia first spoke with Police and local youth service providers to identify what sorts of volatile substances young people were buying, what areas they were buying them in and from what stores.

She then visited these stores speaking with as many managers and staff as possible about the resource and how to use it, leaving them printed copies. The stores ranged from large hardware chains to corner dairies and even \$2 shops.

One of the first things Nadia noticed was how surprised retailers were at the sheer volume of products that could potentially be abused.

“Retailers know about glue, petrol, spray paint and butane, but many were shocked to hear people are inhaling oven cleaner, other household cleaners and even fly spray. Something that is particularly popular with younger buyers is aerosol deodorant.”

However, reactions from managers and shop owners were almost always positive, with most willing to educate their staff and put procedures in place



around sale and display of volatile substances. Others moved the products to more visible areas of their stores or put random security tags on the items to guard against them being stolen.

Of the 25 retailers Nadia approached, all but one were willing to display signs and posters that come free as part of the Drug Foundation's resource. The one who was unwilling had once refused to serve someone and they had smashed his store in retaliation.

Nadia says this unwillingness is understandable and reflects the difficulties many small retailers face.

"Retailers usually know the types likely to steal from them or who should not be buying the stuff, but they're not always sure how to go about refusing a purchase."

She says that, while the resource does provide help in dealing with difficult customers, many found just having the signs up helped avoid confrontational situations.

"Younger or less experienced staff can simply point to them and say, 'This is store policy,' but in many cases, the signs themselves do the job. One store reported that a customer had been coming in every few days buying the same colour and brand of spray paint, but as soon as the signs went up, he was never seen again."

After 3 months, Nadia called the stores she had visited to check how well the resource was working, and a number said they were now finding it much easier to refuse sale to suspicious

consumers and that they were more confident with the new procedures they had put in place.

While *Volatile Substances* is a useful resource retailers can easily work with, Nadia says much more needs to be done

“**Retailers usually know the types likely to steal from them or who should not be buying the stuff, but they're not always sure how to go about refusing a purchase.**”

Public Health Adviser Nadia Freeman

to encourage its widespread use by retailers, and local organisations working with youth could find the resource invaluable.

"These are the groups that are seeing young people at risk with volatile substances every day. Working with their local retailers about the resource could increase understanding levels on both sides and within communities generally.

"This guide recognises retailers as part of our communities and empowers them to help make a difference. It's not going to solve the volatile substance abuse problem overnight, but any effort to reduce the supply of them is worthwhile." ■

Check out the resource at www.volatilesubstances.org.nz

Research findings

In May 2006, the *New Zealand Medical Journal* published a study that concluded inhalant abuse is a persisting problem in New Zealand ("Inhalant abuse in New Zealand", Beasley M, et al). In the study, all calls to the National Poison Centre from 1 January 2003 to 31 December 2004 were analysed. Also, deaths following inhalant use were identified from the Institute of Environmental Science and Research Limited (ESR) database for 2001–2003.

Findings include:

- 70 calls during that time were classified as relating to inhalant abuse incidents
- 83 percent were between 11 and 20 years of age, and 61 percent were male
- the age of users ranged from 7 to 45 years
- the most commonly inhaled substances were propane and butane, propellants found in common household products such as air fresheners and body sprays
- ESR identified 11 inhalant abuse-related deaths, 73 percent of which were among teenagers
- ESR data suggests inhalant abuse may account for at least 10 percent of all poisoning deaths.

In their research, the authors of the study also found:

- it is likely hundreds, if not thousands, abuse solvents daily
- children who abuse inhalants early in life are more likely later to use other illicit drugs
- inhalant abuse in teenagers is a common phenomenon worldwide as the household products commonly abused are inexpensive and simple to hide
- chronic symptoms of inhalant abuse may include a chemical smell on the breath, poor attention to hygiene, obvious intoxication where alcohol is not a factor, personality changes, alterations in sleeping and eating behaviour and a persistently runny nose or eye irritations.

Stealth tobacco marketing on YouTube

TOBACCO companies have used YouTube to market their products, Otago University research reveals, despite a World Health Organisation obligation in 168 countries to ban all mainstream tobacco advertising.

The study looked at the video results for five leading cigarette brands and found at least 71 percent had content supportive of smoking, including the use of celebrities, movies, sports and music.

Researcher Dr George Thomson said the problem was not YouTube users deliberately seeking out tobacco advertisements, but rather users “wandering” through the site and finding pro-tobacco material.

“They go looking for Harley Davidsons and they will find Marlboro right up there.”

British American Tobacco has denied the claims, saying use of social media in this way would breach the Smoke-free Environments Act and its own International marketing standards.

New Zealand's drug culture laid bare

A **NEW** Police report paints a grim picture of the New Zealand drug scene. The *2010 Organised Crime Assessment for New Zealand* outlines trends in organised crime and the drug trade including:

- more young people are using opioids
- organised crime groups may seek to expand the cocaine market here
- indoor cannabis operations linked to Vietnamese organised crime groups are increasing

- Oceania has one of the highest amphetamine-type substance user rates per capita in the world
- our methamphetamine market may be worth more than NZ\$1b per year.

This is the first time the report, prepared by the New Zealand Police National Intelligence Centre, has been publicly released.

Educating kids on drinking – myths exposed



NEW research suggests talking to children about alcohol to help them develop responsible drinking habits doesn't work.

The research, published in the latest *Australian and New Zealand Journal of Psychiatry*, aimed to identify parenting strategies following new guidelines introduced in the UK and Australia on alcohol consumption by people under 18.

The guidelines, which are similar in both countries, say adolescents under the age of 15 should not drink any alcohol and those aged 15–17 should delay drinking for as long as possible. What they do drink should be at low-risk levels in a safe environment supervised by adults.

The suggestions were issued against a backdrop of increasing evidence that drinking before the age of 15 is a significant risk factor for developing alcohol-related problems later in life.

The findings suggest the best things parents can do to

minimise alcohol problems in their children, centre on exposure to healthy drinking habits and fostering good relationships.

Undie support for Christchurch

THE notorious Undie 500 student car race, which was to be held last September, was cancelled and funds instead went to help with the clean-up in Christchurch.

Organisers Canterbury University's Engineering Society (Ensoc) said it could not justify such an event – now renamed the Roundie 500 Charity Drive – when so many people in Christchurch were going through strife.

“There's been a state of emergency, and there have obviously been a lot of people affected,” President Michael Cook said. “Ensoc decided it's a lot more important to be out helping in the community.”

The car rally has been blacklisted from Dunedin after last year's chaos, where Police had to wear riot gear and use pepper spray to disperse hundreds of students as they pelted officers with bottles and bricks.

Government ignores drink-driving advice



THE government turned its back on hundreds of pages of official advice urging a lower drink-driving limit, including a claim that millions of dollars and many lives would be saved each year.

Papers released under the Official Information Act show the government was told that lowering the limit was the best action it could take to cut the number of people killed by drunk drivers.

“Without introducing change, it is likely that the number of alcohol-related road deaths and serious injuries will continue to rise,” the Transport Ministry advice states.

The government was told that, based on data in about 300 international studies, a lower limit would save up to 33 lives and prevent up to 686 injuries each year. Aside from social cost savings of between \$111m and \$238m a year, ACC expected additional savings of up to \$94.5m on claims.

There was no support for the option the government chose – more research.

Bill would give McCully super powers

CRITICS of the Rugby World Cup 2011 (Empowering) Bill, designed to help fast-track liquor licences and hospitality arrangements for the Rugby World Cup (RWC), say it gives RWC Minister Murray McCully too much power.

If the bill becomes law, Mr McCully will be able to approve urgent applications – even if the proper authority opposed them.

The bill will set up a Rugby World Cup Authority to oversee applications relating to the competition, which could have 85,000 visitors and become the biggest event New Zealand has hosted.

The authority will normally decide on applications for activities and

facilities – such as liquor licences or accommodation needs – but Mr McCully would be able to decide urgent applications.

He must take into account the authority's recommendations as well as advice from other ministers. He must also have regard for public safety and for mitigating "any adverse impacts", but his decision is final.

P in the past for Prast

SUPERCITY mayoral candidate Simon Prast admits he's used P and says prohibiting use of the Class A drug is "hypocritical", when people are getting drunk and beating their wives, and the government is profiting from tobacco sales.

His call to bring methamphetamine laws into line with alcohol and tobacco laws has bought him a fight with anti-drug campaigners, including broadcaster Paul Holmes and former Deputy Prime Minister Jim Anderton.

Prast, 48, said he began using the drug in 2004 after being made redundant.

"I dealt with it before it became a problem because, for some people as we have seen, it's highly addictive."

He cited the example of Millie Elder, daughter of broadcaster and columnist Paul Holmes, who has been convicted in connection with methamphetamine possession.

"My heart goes out to that girl. The entire world comes crushing down on this poor waif of a thing. That's not justice, that's not a policy – that is hunting the children of a celebrity."

Quake dries Christchurch



FINDING a drink to calm nerves in Christchurch after the quake became a bit more difficult, with liquor distribution centres losing stock and some bars being unable to open.

Lion Nathan lost 70 percent of its liquor at two Christchurch distribution centres, while its Canterbury Draught brewery was completely knocked out.

Lion Nathan Corporate Affairs Manager Neil Hinton said more liquor had to be shipped in from the North Island, but with distribution centres operating at reduced capacity, many products were not available for some time.

Supermarket groups Foodstuffs and Progressive Enterprises also lost huge amounts of alcohol at their Christchurch distribution centres.

Taxpayers fund Mob youth workers

TWO Mongrel Mob leaders, Roy Dunn and Edge Te Whaiti, are being paid as 'youth co-ordinators' through a Te Puni Kōkiri contract with the Consultancy Advocacy and Research Trust chaired by veteran community worker Denis O'Reilly. Their aim is to try to turn the country's gangs away from drugs and crime.

They have worked with the Salvation Army to organise a series of live-in P treatment programmes for gang members with a \$1m

grant over 2½ years from Prime Minister John Key's action plan on methamphetamine.

They also brought young Wellington members of the Mongrel Mob and Black Power together for horse-riding and diving activities in an effort to end traditional gang rivalries.

Denis O'Reilly, who was the country's first "detached youth worker" in Sir Robert Muldoon's government, said gangs were a reaction to a sense of exclusion, and the way to deal with them was to stop excluding them.

A few drinks is all it takes to make a dick of yourself



ONE of New Zealand's leading bowlers is fighting to stay in the sport after he exposed himself at an Easter tournament in Gisborne.

Forty-three-year-old David File admits he "flopped out my old fella" when he returned from the toilet to illustrate to his losing fours team that they were "playing like dicks" on the middle day of the Easter Burton Cup tournament at Kahutia Bowling Club.

Bowls Gisborne East Coast took the matter into its own hands and hammered the former New Zealand representative with a 10-year ban.

File said he was genuinely disappointed with himself and put the incident down to a combination of a few drinks earlier in the day and his

team playing poorly in the 3-day tournament.

Man escapes methadone manslaughter charge

A 38-YEAR-OLD Masterton man, Daniel George Ewen, has narrowly escaped a manslaughter charge for supplying a 17-year-old with a potentially fatal dose of methadone. The teenager had been taking other drugs and alcohol and died the next day.

Ewen was sentenced to 2 years jail. In the High Court at Wellington, Justice Ron Young said although the manslaughter charge was not proceeded with, Ewen should still feel responsible for the teenager's death.

Pharmacists supplying P precursors only trying to help

A RETIRED pensioner jailed for 5 years for supplying materials for making methamphetamine to a drug ring said he was acting as an "undercover man" for the Police.

Police began observing the Pukekohe Unichem Pharmacy in October 2007. Covert surveillance camera footage showed he would open the pharmacy at 6.15am, well before the normal time.

'Pill shoppers' would approach Pulman for packets of medicines, including Nurofen and Codral. Customers paid cash, which Pulman kept in a cardboard box in a locked side room. He charged well above the retail price.

After Pulman was caught, he told Police he had kept selling the medicines so Police would be able to catch a "wider net" of offenders.

"I continued doing this,

hoping everything would be terminated in the future and everything would go right. Because I was helping the Police, I was their undercover man in a way.”

The Crown did not accept this.

Loss-leading? Never, say supermarkets

DESPITE promises they would abandon controversial ‘loss-leading’, supermarkets are wooing drinkers by selling alcohol for less than the breweries’ listed wholesale price.

Health experts say the practice can have a huge negative impact by encouraging binge and problem drinking, and Justice Minister Simon Power said he was giving the industry a year to voluntarily disclose its pricing information.

“If the industry is not prepared to do this, the government will consider regulatory options,” he said.

The two big supermarket chains, Foodstuffs and Progressive Enterprises, insist their low prices are not loss-leading, but the result of confidential discounts not offered to liquor stores.

Doctors see alcohol abuse daily

EVERY day, some New Zealand GPs see patients whose health has been affected by alcohol abuse, a Royal New Zealand College of General Practitioners survey shows.

The survey found 42 percent of respondents daily saw patients with health problems caused by heavy drinking. Another 40 percent dealt with such patients weekly, while 14 percent saw them monthly.

National Addiction Centre Director Professor Doug Sellman said there were 60 health issues that could be affected by alcohol abuse, including high blood pressure, depression and abdominal pain, but doctors did not always make the link unless they asked their patients.

“We don’t tend to say that to our doctors, so it needs doctors to ask the questions in a non-judgemental way,” he said.

Minor offenders to be let off with warnings



POLICE are rolling out a controversial new policy that means drunks, cannabis smokers and other minor offenders may be given warnings instead of being sent to court.

Police say it will reduce the court backlog by tens of thousands each year, allowing them to focus on serious offenders, but others say the Police are going soft.

“This initiative enables Police officers to spend less time on paperwork, less time appearing in court and more time out on the street preventing offences,” says Superintendent Bill Searle.

The system has been trialled in Auckland where, of 48,000 arrests, nearly 4,500 people ended up with just a warning.

Lawyer and former ACT MP Stephen Franks says the scheme could backfire – big time.

“We know offenders tend

to be gamblers. If there’s a prospect they won’t pay any price, the research is very clear there’s more offending.”

Police say so far none of the offenders warned in their trial has reoffended.

Corrections to become monster department

FINANCE Minister Bill English says the number of directly employed Corrections staff will outstrip other government departments in coming years.

“If you’re wondering why the government is spending a lot of money, that’s one reason. That’s our fastest-growing portfolio.”

A Corrections Department spokesperson said it employed 7,184 full-time equivalent staff and he did not have projections for future staff numbers, but that, with an expected increase in the prison muster, more staff would be needed.

There are currently 9,131 beds catering a muster of about 8,400 prisoners, which is forecast to rise to 12,500 by 2018.

Mr English said the Ministry of Justice, Police and Corrections would have to find \$400 million in the next 3 years to cope with bulging prisons.

“Every time you ask for harsher penalties, that shortfall gets bigger. Lock another person up, that’s another \$90,000 (a year) plus another \$250,000 capital (spending).”

Booze now cheaper than water

NEW research shows alcohol is now so cheap it costs less per drink than bottled water and only slightly more than milk.

Researchers from Otago University’s Wellington campus found cask wine was readily for sale at 62 cents per standard drink, beer at 64 cents and bottled wine at 65 cents; cheaper than bottled water at 67 cents and not much more than milk at 43 cents.

“Our analysis suggests alcohol is now probably the cheapest recreational drug in New Zealand and has become increasingly affordable, at the same time as concern about binge-drinking culture has grown,” Dr Wilson said.

He said the government was too quick to discard the Law Commission’s recommendation to raise alcohol excise to curb binge drinking.

“You had these months of deliberation by the Law Commission, and the government just dismissed it the day after. The government is shooting itself in the foot.”

Justice Minister Simon Power said the study’s results were concerning but the government still believed its alcohol reform package “strikes the right balance”.

Although the government has ruled out an excise increase, it is investigating a minimum pricing regime. ■

Is cannabis a gateway drug?



CANNABIS is not a ‘gateway’ drug that leads to substance abuse, suggests a 12-year University of Pittsburgh study. Its findings call into question the long-held belief that has shaped prevention efforts and governmental policy for 6 decades and caused many a parent to panic upon discovering a bag of pot in their child’s bedroom.

The Pittsburgh researchers tracked 214 boys beginning at ages 10–12. When they reached 22, they were categorised into three groups: those who used only alcohol or tobacco, those who started with alcohol and tobacco and then used marijuana (gateway sequence) and those who used cannabis prior to alcohol or tobacco (reverse sequence).

Nearly a quarter of the study population who used both legal and illegal drugs at some point – 28 boys – exhibited the reverse sequence, and those individuals were no more likely to develop a substance use disorder than gateway sequence subjects. In fact, the reverse pattern was found to be just as accurate for predicting who might be at risk for developing drug dependence.

The investigators found three characteristics that distinguished gateway sequence users from those who took the reverse path. Reverse pattern users were more likely to be poor, had

more exposure to drugs and had less parental involvement as children. Most importantly, a general inclination for deviance from sanctioned behaviours was strongly associated with all illicit drug use, whether it came in the gateway sequence or the reverse.

The findings indicate that environmental aspects have the strongest influence over which type of substance is used. That is, if it’s easier for a teen to get his hands on cannabis than beer, then he’ll be more likely to smoke pot. This supports what’s known as the common liability model – an emerging theory that states the likelihood that someone will transition to the use of illegal drugs is determined not by the preceding use of a particular drug but by the user’s individual tendencies and environmental circumstances.

International groups call for drug centre closure

SEVERAL United Nations agencies and other groups have issued statements opposing drug detention centres. In response to a letter from Human Rights Watch, Joint United Nations Programme on HIV/AIDS (UNAIDS) Head Michel Sidibe called for their “earliest possible closure”.

The World Health Organization also sent a letter reiterating the UNAIDS stance. Sidibe again voiced this position during a recorded speech at the International Harm Reduction Conference in Liverpool, and the United Nations Development Program’s Mandeep Dhaliwal made a clear call for closure during

her closing plenary. The International Network of People Who Use Drugs and the Global Network of People Living with HIV also issued a statement opposing the centres.

Minimum price a NICE recommendation

TOUGH measures to tackle drink-related crime, antisocial behaviour and illness – including a politically controversial minimum price for alcohol – have been recommended to the English Government by the National Institute for Health and Clinical Excellence (NICE).

After spending almost 2 years studying how best to reduce alcohol-related disorders, which between them cost an estimated £27b a year, NICE says minimum pricing is the best way to cut overall consumption, deter underage drinking and limit binge drinking.

NICE believes action is needed because one in four English people drink dangerously high levels of alcohol that can damage physical and mental health. It says alcohol – notably beer and wine – became 75 percent more affordable between 1980 and 2008 and rejected the argument that minimum pricing would unfairly penalise those on lower incomes as “unlikely”, saying they spent less per week on alcohol than the better-off.

Kava not cool in Fiji schools

INTERIM Education Minister Filipe Bole has sent a directive to all Fiji schools prohibiting the consumption of kava in and around school premises.

The Ministry of Education says it hopes to reduce the

number of drugs and substance abuse cases this year by 10 percent as part of Fiji’s goal to become the world’s first drug-free and substance abuse-free nation.

Mr Bole says it’s not very difficult to detect teachers who consume too much grog as it can be seen in their faces.

Vodka prices ‘skyrocket’ as Russian dance of death continues



IVAN the Terrible ramped up its production, Mikhail Gorbachev banned it and Boris Yeltsin wandered the streets of Washington in his underpants after consuming too much of it. Now President Dmitry Medvedev has taken to the floor in Russia’s long and deadly dance with vodka.

City authorities in Moscow have banned the sale of spirits between 10pm and 10am in the most recent of a series of measures designed to break the country’s heavy drinking.

Russia has since increased excise on beer, raised the minimum price of a bottle of vodka to 89 roubles (NZ\$3.75) and announced plans to cut sales at kiosks. Selling alcohol to minors will become a criminal rather than an administrative offence, and Police have begun enforcing a zero drink-drive limit.

The average Russian drinks a litre and a half of pure alcohol every month, a habit that kills half a million people a year and is a major factor in population decline.

An estimated 51 percent of production is on the black market, with factories running illegal night shifts and huge supplies of moonshine distilled in villages, where it acts as a second currency.

Vodka – both legal and illegal – remains the chief killer in Russia, where it accounts for up to 70 percent of consumption, despite the rising popularity of beer and mixed drinks such as gin and tonic in cans.

Meanwhile... Russia's Finance Minister Alexei Kudrin says citizens should smoke and drink more to help lift tax revenues for spending on social services.

"If you smoke a pack of cigarettes, you are giving more to help solve social problems such as boosting demographics, developing other social services and upholding birth rates," he said.

"People should understand; those who drink, those who smoke, are doing more to help the state."

Alcohol and cigarette consumption are already high in Russia, where 65 percent of men smoke and the average Russian consumes 18 litres of alcoholic liquid per year, according to *The New York Post*.

Sausage smuggler caught

A PUERTO Rican man has been receiving a kilogram of cocaine hidden inside a hollowed-out chunk of bologna delivered to his home.

Police say they were tipped off by postal inspectors who had been investigating similar shipments. A dog confirmed the presence of drugs, and the bologna was cut open. The meat was then repackaged and delivered.

Police then executed a search warrant and arrested a 30-year-old man on a cocaine trafficking charge.

Police say the cocaine had a street value of US\$100,000 (NZ\$140,000).

Rhino guards cannabis crop



A ZOO worker in western Austria has been fired for turning a rhinoceros enclosure into a cannabis plantation. The 59-year-old caretaker was able to grow more than 30 marijuana plants in the enclosure, the zoo's director told the Austria Press Agency.

The small plantation was in an area of the cage that was closed to the public and to which the caretaker had exclusive access.

The zoo found out about its employee's side business when narcotics officers turned up in early September, after a tip-off by one of the employee's clients.

He was fired and the plants removed, the zoo said

Pub offers careers advice

A GERMAN pub has set up an advice desk to help the long-term unemployed get back on their feet.

Many regulars in Berlin's Neu-Koelln district live off Germany's jobless benefit, so offering free advice on how to find work again seemed logical, the bar's boss Michael Hasucha said.

"About 98 percent of my clients are regulars, and every

fourth person in Neu-Koelln is on the benefit, so it made sense. The point is not to get drunk. Most people seeking advice just have a coffee or a cola then go."

The desk is run by two social workers who once stopped off at the bar after work and got into conversation with locals.

2-year-old weaned off cigarettes



SOUTH Sumatran Ardi Rizal appeared on the internet in May, drawing attention to Indonesia's failure to regulate the tobacco industry. Six months after his father gave him his first cigarette, the overweight toddler was smoking two packs a day and threw his toys if his addiction was not satisfied.

But after leaving the village in July to undergo treatment, he has quit and no longer asks for cigarettes.

"He received psychosocial therapy for 1 month, during which he was kept busy and encouraged to play with kids of the same age," Arist Merdeka Sirait, the Child Protection Secretary General said.

Ardi's case has highlighted the tobacco industry's aggressive marketing to women and children in developing countries like Indonesia, where regulations are weak and many people do not know smoking is dangerous.

Let's make marijuana the new crack

SOCIAL change advocate Ethan Nadelmann says the Fair Sentencing Act, signed by President Obama on 3 August, is a historic victory.

The Anti-Drug Abuse Act of 1986, which punished the sale of 5 grams of crack cocaine the same as 500 grams of powder cocaine, sending someone to federal prison for 5 years for selling the equivalent of a few sugar packets of cocaine, has been criticised as being unreasonably harsh.

The new law increases the amount of crack cocaine that can result in a 5-year sentence to 28 grams, reducing the crack/powder ratio to 18:1.

Writing on Change.Org's Criminal Justice website, Nadelmann said the move is one more indication that Obama is making good on his commitment to roll back the drug war. Obama has also reversed the government's antagonism to state medical marijuana laws and supported ending the ban on federal funding for needle exchange programmes to reduce HIV/AIDS.

Nadelmann argues a next priority has to be national reform of marijuana prohibition laws. Arrests for marijuana possession, typically of tiny amounts, account for 44 percent of drug arrests nationwide and disproportionately affect African-Americans.

He wrote: "As my colleague Jasmine Tyler said regarding the next frontier of drug policy reform and racial justice, 'It's time to make marijuana the new crack.'" ■

Cannabis potency

“New Zealand now has super-strength [cannabis] strains... the drug is now more than four times stronger than it was when ESR last tested it in 1996.”

Sunday News, 2 May 2010

“We’ve been aware through various techniques and our information that THC level has been increasing, and this study confirms it.”

Detective Inspector Stuart Mills, Chief of the National Drug Intelligence Bureau

THE study referred to above was conducted this year by the Institute of Environmental Science and Research (ESR). In collaboration with Police and under the guidance of a ‘confidential informant’, ESR scientists set up a hydroponic cannabis growing system in their laboratory.

They conducted three grow cycles, consisting of six plants each and, despite their self-acknowledged inexperience, these scientists cultivated considerable quantities of cannabis – averaging around 700 grams of dry groomed cannabis head (the part used for smoking) per plant.

But what was the most interesting thing about these lab-grown cannabis plants was their potency or tetrahydrocannabinol (THC) content. THC is the chemical in cannabis that gets the user high, and recent media reports suggest that the average joint contains more THC than it used to.

Well, does it?

At first glance, claims of increasing cannabis potency appear to have been confirmed by the recent ESR study, with THC potencies of up to 30 percent compared to levels ranging between 1.3 and 9.7 percent in a study by the same institute in 1996.

The 1996 study measured the THC content of cannabis plants seized by Police from illegal growers and found its potency had been largely stable between 1976 and 1996. Those seizures consisted of a mixture of mainly outdoor grown and imported cannabis and only small numbers of indoor grown plants, as the method of hydroponic indoor cultivation

was in its infancy at that time. And this is where claims of greatly increased cannabis potency start to look a little shaky or at least somewhat exaggerated.

It should come as no surprise that scientists were able to cultivate rather potent cannabis under highly controlled conditions in a laboratory and without the need to run as a clandestine operation, but one wonders how legitimate it is to compare the potency of plant matter harvested from this experimental indoor operation with that of the crops seized by Police or product caught at our border.

A better test of changes in THC potency over time would be to continue testing illegally grown cannabis material seized by Police. According to the authors of the 2010 ESR study, this kind of testing is currently underway, and preliminary results show an average THC content of 10.9 percent. This does indicate a slight increase in potency since 1996, where the highest THC measurement was 9.7 percent and most of the samples tested were between 1 and 5 percent THC.

It is likely that the increasing trend towards indoor hydroponic cannabis cultivation in New Zealand is allowing growers to maximise both the yields and potencies of their crops. Even so, there is no evidence as yet to support claims of “four times stronger” cannabis on the street, and even the potent cannabis propagated by the ESR doesn’t warrant the title of “super-strength strains” as described by the media.

The extraordinarily high potency figure of 30 percent reported in the 2010

ESR study was achieved for only one sample, from one plant, from one grow cycle in the entire study. In fact, the average THC content for each plant tended to hover around 7 or 8 percent, which is comparable to THC levels reported for cannabis across Europe.

The overwhelming finding from ESR’s experimental cannabis harvest was the extreme variation in potency, not just between plants, but even between samples taken from the same plant. This reflects the fact that, unlike other manufactured drugs, cannabis is a natural product whose potency is dependent on multiple factors, such as species, method of cultivation, time of harvest and grower expertise.

A report on cannabis potency in European countries by the European Monitoring Centre for Drugs and Drug Addiction in 2002 stated that the natural variation in cannabis THC levels found at any given time is likely to “far exceed” any changes observed over time.

The same report suggested that the focus on the potency of cannabis plant material may be misguided. Rather, the crucial research question should probably be whether those smoking high-potency cannabis have higher blood levels of THC.

Indeed, increasing cannabis potency is only an issue if those using the drug are getting increasingly stoned and cannabis-related harms are likewise increasing. Perhaps we should really be asking, “Are cannabis users getting higher or are they are using less cannabis to achieve the same effects?” ■



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