Punishing dependency

The Welfare Working Group has suggested cracking down on beneficiaries whose drinking or drug use stops them finding work. Critics say the recommendations are based on a tragically flawed understanding of addiction and drug use and that there’s trouble ahead if coercion becomes a basis for the government’s health and welfare policies.
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Whacked out wallabies, class A tortilla dough to the biggest dope plot ever. These are just some of the stories included in our section of news from around the world.

Quote of Substance
Quips, quotes and questionable pronouncements from both here and overseas.
THE Alcohol Reform Bill, back from the select committee, will bring the most sweeping changes to hit the hospitality industry in 20 years.

Some pub owners say it goes too far and unfairly punishes responsible operators.

I disagree. The proposed changes will be good for the hospitality industry.

Currently it’s too easy to get a liquor licence. As long as you’re “of suitable character” you’re pretty much home and hosed. This has led to a disastrous proliferation of poorly run premises.

Under new laws, local authorities would have the power to refuse new licences – or not renew existing ones – on a number of new grounds. These will include whether there are already enough outlets in the area and whether the outlet contributes to the “amenity and good order” of its locality.

Those who own responsible establishments should not be worried by this. But it does mean they are less likely to have their businesses threatened by yet another shonky competitor.

Councils will also be able to charge higher licensing fees and impose greater conditions on high-risk premises. This should be welcome news for good operators, who won’t be punished along with the bad.

Local authorities know that well-run venues are in the commercial and social interests of any city, and their new powers give them the opportunity to weed out dodgy operators and encourage good ones.

More off-licence liquor outlets have made alcohol cheaper and more widely available, and it hasn’t been easy for responsible venues to compete with that. Customers are either tempted to stay and drink at home, or “pre-load”, arriving in town too drunk to be let in the bar.

Making it harder to get an off-licence, reducing their hours and increasing compliance costs for irresponsible sellers will help reduce the difference in prices between on- and off-licence liquor.

The industry will also benefit from a split purchase age. Inevitably, 18- and 19-year-olds will start to drink more regularly in licensed environments. An influx of young drinkers will mean ‘displaced’ more mature patrons with higher disposable incomes will be looking for establishments more suited to them.

This will enable greater diversification, more effective targeting and more sustainable niche markets. That has to be good for the industry.

Safer neighbourhoods and business districts will do much to boost the flagging credibility of the hospitality industry.

All in all the Alcohol Reform Bill provides the industry a much needed public relations shot in the arm.

Happy reading, Ross Bell. ■

Cutting Edge
1–3 September, Auckland
Cutting Edge is the national addiction treatment sector conference covering alcohol and other drugs, problem gambling and smoking cessation. The conference theme is Recovery and Wellbeing.
www.cuttingedge2011.org.nz

International Federation of Non-Government Organizations for the Prevention of Drug and Substance Abuse Conference
8–11 November, Kuala Lumpur, Malaysia
The theme of the conference is Strength, Unity and Diversity: Time for an International Voice for NGOs. The conference will provide a forum for decision makers and professionals to gain an understanding of NGO issues and needs in relation to addressing alcohol and other drug use and associated harm. There will be a particular focus on the Asian and Pacific regions.
www.ifngconference.org

Youth Health 2011:
It’s Totally Important!
9–11 November, Sydney, Australia
The 8th Australian and New Zealand Adolescent Health Conference is an exciting opportunity for a diverse group interested in young people’s health and wellbeing to come together.

The Australasian Professional Society on Alcohol and Other Drugs 2011 Conference
13–16 November, Hobart, Australia
APSAAD will feature a rich programme of national and international speakers sharing new insights in neuroscience, interventions, policy innovations and emerging challenges for our sector.
www.ap sadconference.com.au

Grandparents Raising Grandchildren Conference
16–17 November, Auckland
The conference programme is designed especially for the role of caregivers who will learn new strategies and meet people in the same situation. Furthermore, professionals (including school and family counsellors, policy and legal advisers, family violence practitioners, child advocates, youth workers, social workers, psychologists, family lawyers, judges and academics) will gain an in-depth knowledge of the many issues and layers that face our sector of society, which is growing at an alarming rate.
www.raisinggrandchildren.org.nz

Addiction Treatment Leadership Day
24 November, Christchurch
The Addiction Treatment Leadership Day brings together leaders in the addiction sector workforce from the fields of policy, planning, funding, training and education, consumers, service management and delivery to facilitate professional networking.
www.matuaraki.org.nz

Global Alcohol Policy Conference
28–30 November, Bangkok, Thailand
The Global Alcohol Policy Conference 2011 will bring together leaders from all over the world who are committed to the development and implementation of effective alcohol policy, free from commercial influence. The conference will also be a platform for developing a truly global network and for discussing future efforts to reduce problems from alcohol globally.
www.gapc2011.com

Global Addiction Conference
5–7 December, Lisbon, Portugal
The inaugural Global Addiction 2011 Conference aims to cover all topics relating to the understanding and treatment of addictive disorders. This includes from pre-clinical, neurophysiological mechanisms through diagnostic and treatment strategies to societal guidelines and health economics.

Global Addiction Conference
22–24 February, Auckland
This well established biennial event is one of the leading international conferences on problem gambling, attracting delegates from New Zealand and around the world. The conference is an opportunity to bring the problem gambling sector together to focus on what can be done to eliminate gambling-related harm in our families and our communities.

www.pgfnz.org.nz
The benefit in doubt

Welfare beneficiaries who use alcohol and drugs are likely to be targeted under a new, tougher regime if recommendations by the Welfare Working Group are introduced. The government-appointed group has found the current system is too permissive and proposes benefit cuts and stand-downs as penalties for those who fail drug and alcohol tests and refuse treatment. Critics argue the suggested measures are draconian and could lead to an increase in social harm and criminal offending that would impact on all New Zealanders. By Kelly Andrew
matters of substance | August 11 | 03

www.drugfoundation.org.nz
WHEN New Zealand’s welfare system was first established more than 70 years ago, it was designed as a safety net for the most vulnerable. There are now fears among beneficiary advocates that, if reforms proposed by the Welfare Working Group (WWG) are implemented, this net could turn into one that captures and penalises more than it rescues.

That concern could be particularly relevant for people who drink alcohol or take drugs while receiving a benefit. Critics, including the New Zealand Drug Foundation, are worried beneficiaries with addictions – already one of the most powerless groups in society – will be at greater risk if the WWG’s proposals are introduced.

The group’s hefty February report Reducing Long-Term Dependency details 43 recommendations, including proposals targeting substance abuse.

It says at present there are insufficient consequences if recreational drug use prevents people from finding a job.

“People on a benefit using illegal drugs do not have to look for jobs in industries with pre-employment drug testing. There is also no requirement to engage in drug or alcohol treatment as part of meeting a job search obligation.”

These policies are described as “generally permissive of alcohol and drug dependence that is a barrier to employment”, and in the WWG’s view, the taxpayer should not be required to support someone who is unable to get a job because of drug or alcohol use and is not prepared to take steps to address those issues.

The group notes overseas evidence that suggests considerable benefits from a strategy targeting chronic drug use, with returns as high as $2.50 for every dollar spent.

It recommends a stronger set of rules and obligations regarding alcohol and drug use where beneficiaries would face a regime of graduated sanctions, such as benefit reductions and stand-down periods without a payment, if they refuse to apply for a job because the employer uses pre-employment drug testing or they fail a work-related drug or alcohol test. Refusing to take part in a treatment programme offered to them would also be seen as a failure to meet job search obligations.

Where the wellbeing of the individual or children is deemed to be at risk because of drug or alcohol dependence, the group recommends consideration be given to placing management of their welfare payment into the hands of a responsible third party.

The WWG accepts the new system of stronger rules and obligations it proposes would need to be underpinned by personal advice and rapid access to free rehabilitation, which would require a “significant expansion” of publicly funded drug and alcohol treatment programmes.

A ministerial working group is

“I think, in respect of alcohol and other drugs, [the report is] pretty draconian. It’s ill-conceived, ill-informed, and I think it’s really quite flawed as a way forward.”

Associate Professor Julian Buchanan
currently considering the WWG report before deciding which of the recommendations will become part of National Party policy in the lead-up to the election in November. Social Development Minister Paula Bennett, who is convening the ministerial group, says announcements will be made “within weeks”.

While many taxpayers and potential voters might support moves to motivate long-term beneficiaries with drug problems into seeking treatment and employment, the Drug Foundation has raised serious concerns about the impact of the punitive methods proposed by the WWG.

In the policy briefing *Welfare Reform and Substance Abuse*, written by the Drug Foundation in response to the WWG report and presented to the government, it strongly supports the recommendation for more accessible drug and alcohol treatment services, but says the other measures suggested are based on fundamentally misguided assumptions about substance use, addiction and welfare dependency.

The report’s author, Drug Foundation senior adviser Sanji Gunasekara, says the WWG’s proposal of using economic sanctions as a punishment would not help people with addictions to change their behaviour.

“If you have problematic drug use and addiction, many of the people in this situation aren’t going to be able to make a rational decision and change their behaviour, so the notion of having to meet obligations or face penalties is unrealistic for this group. Even people with the best social supports and from the best socio-economic positions tend to have trouble undergoing treatment successfully on their first attempt, so people on benefits who are some of the most vulnerable in our society are unlikely to be any different.”

Julian Buchanan, an associate professor at Victoria University’s Institute of Criminology, agrees with the Drug Foundation’s stance and is concerned by the overall tone and direction of the WWG report.

“I think, in respect of alcohol and other drugs, it’s pretty draconian. It’s ill-conceived, ill-informed, and I think it’s really quite flawed as a way forward. If it’s designed to reduce drug use, it’s not going to do that, and if it’s designed to try and encourage people with drug problems to get jobs, it’s not going to do that either. The problems with it are that it’s promoting health change with a whole set of coercive sanctions and punishments. Generally speaking, that’s not a sensible way to bring about changes in habitual behaviours.”

As a probation officer in Britain in the 1980s, Buchanan specialised in work with drug users before moving into the academic field 15 years ago. He believes the WWG’s recommendation to impose sanctions on beneficiaries who fail to meet certain obligations would be counter-productive and could potentially increase criminal behaviour. Beneficiaries penalised with stand-downs would be left without any legitimate income to support themselves or their families and would be likely to turn to criminal behaviour, such as drug dealing and theft, which would have a negative impact on families, communities and wider society.

“If you take away their benefit for several weeks and that’s their only source of legal income, they’re going to end up borrowing or committing crime or getting into more trouble and more of a mess as they try and find an alternative way of generating income. It’s not rocket science. And if that happens, we’ll end up spending more state money rather than less.”

People with addictions need to have high personal motivation to change their behaviour and quality programmes tailored to them as individuals for treatment to work, he says. Neither of these conditions is likely to be met when treatment is forced upon someone because they’ve failed to meet their obligations.

He argues penalising people who are often low-skilled or have limited qualifications will further stigmatise them and make it even more difficult for them to find work. This is not a positive way of addressing welfare dependency and will push them further

“The government needs to be guided by scientific evidence and not ‘flawed populist assumptions’ about drug users needing to be punished or coerced into treatment.”

Sanji Gunasekera, NZ Drug Foundation
I think it’s hugely invasive of people’s privacy, including people who don’t actually have an addiction but use alcohol and drugs in a reasonably safe way. They will be impacted by this as well. It’s another layer of abuse and harassment of beneficiaries.

Sue Bradford
and one that wasted resources that would be better spent targeting people with real drug problems.

Buchanan is an outspoken critic of workplace drug testing, which he describes as a growing business internationally. He says it’s a blunt instrument that can have unwanted consequences. A positive test for alcohol, for example, doesn’t identify whether a person is a recreational, social drinker or someone with a drinking problem. Although alcohol is a potentially dangerous drug, a positive result could be completely irrelevant to that person’s work performance, ruling them out of getting a job without any justification.

“Drug testing is flawed because it makes all sorts of assumptions, but it doesn’t really tell you anything. You can also get false positives where someone who has taken a legal substance, such as a prescription painkiller that contains codeine, can show up as using an illegal drug. It doesn’t give you a definitive, black and white answer.”

He believes testing should be reserved for high-risk workplaces – such as machinery operators, commercial pilots or drivers – where intoxication from alcohol or other drugs is manifestly unsafe.

Reading the WWG report gave him a sense of unease about where this country could be heading with regard to the use of drug testing and its consequences.

“I felt some disquiet when I read the draconian tone of the report in terms of human rights. Within that punitive tone, you can imagine drug testing for all people on benefits would be the next step – it wouldn’t have surprised me to read that.”

The Drug Foundation agrees that putting workplace drug testing at the heart of the WWG’s proposed new sanction regime presents a host of practical, legal and ethical fish hooks. In his report, Gunasekara writes: “By placing undue reliance on the role of employment-related drug testing, the WWG’s proposals have the potential to create a new barrier for a group of people whose drug use doesn’t compromise their workplace safety or productivity but are erroneously categorised as having a drug issue, subsequently labelled as such and subject to sanctions.”

He believes, for the majority of beneficiaries, factors such as psychiatric illness, poor physical health, childcare concerns or language barriers are more likely to present a barrier to employment than drug use.

“We already have a treatment sector that is over burdened and under resourced. If you’re going to catch a greater number of people – some of whom may only be using drugs very occasionally and with very little impact on their lives – and pressure them into treatment programmes, it’s going to completely swamp those treatment agencies.”

In 2008, the National Committee for Addiction Treatment estimated the...
capacity of addiction services needed to at least double to allow the most severely affected to get timely access to treatment.

The Salvation Army is one of the largest providers of addiction treatment programmes in New Zealand, with centres from Kaitaia to Invercargill. Its National Manager for Addiction Services, Gerry Walker, says it already has waiting lists in many areas and would be unable to cope with a big increase in referrals from Work and Income New Zealand.

“If there’s not a corresponding increase in capacity and funding, then we’ve got a major problem,” he says. “It could open a veritable floodgate, potentially. We’ve got significant demand for our services. In some of our areas, we’ve got waiting lists for people wanting our service, so we’ve got to be mindful of that or we could end up with longer waiting times.”

Any changes to the way beneficiaries with drug problems are dealt with would have to be carried out in a very planned and co-ordinated way so that infrastructure, facilities and experienced clinicians were available in the workforce to meet higher numbers of people needing treatment.

That is more complicated than simply boosting funding, Walker emphasises.

“Clinicians and staff experienced in treatment of people with drug addictions aren’t plentiful. We’ve got to make sure there’s a strategy that addresses all of those points rather than just an immediate response.”

However, he says the Salvation Army already accepts numerous referrals of clients through the Court system and the Probation Service, and making drug treatment non-negotiable for people does not mean it will be unsuccessful.

“We’re used to dealing with people who are not there by choice initially. But part of our model is to try and work with them and get them to a point of acknowledging they do have a problem and that it’s a good thing they’re having treatment. If people present voluntarily, that’s better, but that’s not the real world.”

He says addiction is extremely powerful for many people, and having on-going support available for those going through treatment is one of the major indicators of success.

Beneficiary advocate Sue Bradford, a member of the Alternative Welfare Working Group set up last year, says her deepest fear is that the government will not properly implement the much-needed expansion of addiction treatment programmes but will instead use the WWG’s recommendations as a way to punish beneficiaries with drug and alcohol problems.

“It is extremely difficult for people to access addiction treatment in a timely way in most parts of the country at present, and it will take a huge investment to bridge that gap, Ms Bradford says. “The whole thrust is to try and get people out of the benefit system, not to try and help them, and I think it’s very unlikely that health services necessary to really help people who do have drug and alcohol problems will be provided.”

Sanctions such as benefit cuts and stand-downs could have a devastating effect on the children of people receiving welfare payments, and she foresees a frightening social cost if the reforms are introduced.

“Addictions are likely to get worse, mental and physical health, crime, homelessness and a terrible impact on children. Ultimately, I think there could be suicides as well. The welfare system is supposed to be a safety net for the most vulnerable and their children. That original safety net has been eroded hugely already, and if these measures go through, there won’t be much of a net left at all.”

Social Development Minister Paula Bennett says it’s too soon to respond in detail about what changes are likely to be made regarding welfare reform, but she could comment on some issues raised by the Drug Foundation in response to the WWG report. She says the Foundation’s submission contains some “strong and well made arguments” and the ministerial group would

“Penalising people who are often low-skilled or have limited qualifications... is not a positive way of addressing welfare dependency and will push them further away from social integration.”

Associate Professor Julian Buchanan
definitely take into consideration the issue it had raised about the importance of distinguishing between those who are addicted to alcohol or drugs and those who use substances recreationally.

Regarding concerns about the use of penalties such as stand-downs, she says the sanction process as it stands gives people full and clear warnings with several opportunities to comply with their obligations before any changes are made to their benefit. Those with children face lesser penalties.

“Final decisions on welfare reform have not been made, so it is too soon to say how the sanction process may look in the future.”

But a harder line seems likely given Bennett’s dissatisfaction with the lack of teeth in the current system.

“If people can work, they should, and if they’re sick, they should be doing what they can to get well so they can get back to work. I don’t think it’s unreasonable to expect those on a benefit due to drug or alcohol addiction to be taking steps to be well, because it is designed to be temporary assistance.

There are some people who are skiving and cheating, but I don’t think they represent the majority of people on benefits. I think they represent a tiny proportion.\textquoteleft{}

Associate Professor Julian Buchanan

“I’m concerned the system currently lacks a requirement for those receiving welfare because of drug and alcohol addictions to be making every effort to get well. I am concerned both that more than 5,400 New Zealanders are currently on either the sickness or invalid’s benefit because they have an addiction problem to drugs and or alcohol. Currently, if someone on a sickness benefit doesn’t wish to seek medical treatment, including rehabilitation for an addiction, there is nothing we can do.”

She says New Zealanders need to decide if they want changes to the system to incorporate a greater emphasis on people getting well so they can get back to work. That may require more resources and support for beneficiaries to get them back to work faster.

The Minister also appears to strongly support the use of employment-related drug testing, saying she has real concerns about young people being work-ready “which means being drug-free and able to take up a job when the opportunity arises”.

“Recently, 17 percent of the young people at a Work and Income seminar said they wouldn’t pass a drug test. Forestry industry leaders tell me they simply will not hire young people who can’t pass a drug test, and they find a large number don’t. This is unacceptable.”

Gunasekara says the key finding of his investigations is that the government needs to be guided by scientific evidence and not ‘flawed populist assumptions’ about drug users needing to be punished or coerced into treatment. He calls on decision makers to enlist the advice of treatment and mental health specialists and use empirical evidence when acting on the WWG’s recommendations on how to tackle substance abuse.

But Bennett says the WWG’s review of the welfare system began in April 2010, and there was a 9-month consultation period where experts and specialists in a range of fields were approached to provide evidence and opinion, “so there has been every opportunity for groups like the Drug Foundation to have a say on this”.

Despite this, the Drug Foundation is not convinced the WWG’s recommendations will achieve its worthy objective of “ensuring drug and alcohol dependence issues are addressed so that people can sustain employment and provide a safe environment for their children”.

James* is a former drug addict who successfully went through treatment while on a benefit. He says: “If you’re talking about getting families functioning again and back to work, you’ve got to be prepared to put in the effort, the support and the resources to allow them to do what they need to do to live without drugs, not just take it away from them.”

Read James’s story on page 10.

Kelly Andrew is a Christchurch-based writer.
James’s story

James* can still remember the overwhelming feeling of powerlessness that came with being a beneficiary with a drug dependency.

NOW AGED 50 and working in the drug treatment field, he spent most of his twenties using pills and injecting homebake, a type of heroin. He traces the beginning of his addiction to when he was 15 and a doctor gave him diet pills to help him lose weight. When these pills made it hard for him to sleep at night, the doctor gave him Valium, and his cycle of popping pills began.

By the time James was 19, he was using pills and alcohol and smoking marijuana. He tried injecting for the first time when a friend gave him a needle as a present. After trying it once, it became easier to do it again.

“I ended up knowing a whole lot of people using homebake. For a while, it was enjoyable, but when you get used to it, it doesn’t make you feel wasted anymore and you need it just to feel normal.”

For most of the decade when he was dependent on drugs, James was either receiving the sickness or unemployment benefit, but he remembers working for about 6 months for a company that hired out heavy machinery such as jackhammers and steam rollers. Somehow he managed to juggle his job and his need to ‘get on’ at least once a day. “It was pretty hard to keep up.”

The feeling of hanging out, needing a fix of drugs, was like having the flu, with intense body aches and nausea. But most of the time, he managed to get a steady supply, using money he made selling prescription pills such as Rohypnol.

In 1988, after being arrested several times, he was close to receiving an 18-month prison sentence. But on the day of his court appearance, the judge changed his mind and offered James a reprieve. He was given the chance to get treatment at Queen Mary Hospital in Hanmer Springs, and he jumped at the opportunity.

At first, he saw it purely as a way out of going to jail, and he was still using drugs right up until he arrived at the centre, including smoking cannabis in the car on the way there.

“I didn’t want to be there, I wasn’t even remotely interested, until they said, ‘No, you can’t stay, because you were supposed to have been off drugs for 2 weeks before you arrived,’ and when they said that, suddenly I wanted to be there.”

When he experienced being free of drugs, he realised there was an alternative to the lifestyle he had accepted as normal.

“For the first time in about 15 years, I went off everything. Before then, I wouldn’t have been without drugs since I was about 14. When I was in this place, detoxed, it was only then that the reality of my life hit home and I realised the impact the drugs had on me. If you’d asked me before, I would have said the using was how you dealt with life. I couldn’t see until I’d given it up that it was the drugs that were causing all of that crap.”

James’s habit had taken a toll on his
health. When he stopped using, he realised several of his teeth had been slowly rotting, but he’d felt no pain because of the regular dose of opiates. Four had to be pulled out, and he needed several fillings in the others. He also contracted hepatitis C from dirty needles and had “the odd overdose”.

After his second attempt at treatment, James became clean and trained as a counsellor. In 1994, he started working at the same Queen Mary Hospital treatment centre where he was once a patient. He says he would never have made the decision voluntarily to give up drugs and seek treatment, and it was only when he had no choice but to stop that he realised how much they had taken over his life and his mind.

“I always believed in my head that it wasn’t that bad, even though my life had turned to shit in every way and I’d been in heaps of trouble with the law and been on remand. I don’t think anyone voluntarily goes into treatment. There’s always some sort of pressure, whether it’s legal pressure, relationship or work, there’s something that impels you. But how you get there isn’t always the biggest predictor of success. Some people can be incentivised into treatment, and others need a bit of a push.”

He supports the Welfare Working Group’s push to get more beneficiaries who need help into drug and alcohol treatment, but he fears the motivations behind the move would be financial rather than altruistic. James also doubts enough funding would be directed into the already over-stretched treatment sector to cope with an increase in referrals.

“I’m rapt that they’ve acknowledged the correlation between alcohol and drug dependence and the impact that has on a family’s ability to look after themselves, and prioritising treatment for that group is good because it shows they can see that connection and they recognise it’s a health problem rather than a moral or criminal one. My concern is how the government would do it.”

When he read the Welfare Working Group’s report, he felt the goal seemed to be to get people off benefits rather than helping them to successfully undergo treatment with all the support, quality resources and encouragement that required. He worries beneficiaries would be given just one chance to stop using drugs, and if that didn’t work, they could be subjected to sanctions and left stranded without welfare payments.

“There’s a lot of evidence around efficacy of treatment. It doesn’t always work first time or even second time for everybody. People respond to different treatment approaches, so if there’s only one option available and it doesn’t work for you, then you’ll be branded a failure and punished. And if your benefit is taken away for 10 weeks, it’s going to increase the chances you may do something illegal to feed your family, because you’ve got to live.”

James is also doubtful about the use of urine testing for drugs. He discovered while working in Hanmer that it was “notoriously unreliable”, particularly when detecting cannabis. Cannabinoids could remain present in a user’s system for several weeks after they smoked the drug. He says the drug that probably is likely to cause the most harm is alcohol, which is legal and widely used so unlikely to be tested for.

Overall, he fears steps targeting beneficiaries using drugs will compound their position at the bottom of the social heap.

“The whole experience of being a ‘druggie’ and being on a benefit is so dehumanising and debasing, and you are so powerless. I’ve never forgotten what that felt like, and I think this is another way of kicking people who are already down anyway. I think it’s about money primarily, as opposed to the wellbeing of families and particularly the kids who live in families where adults are abusing drugs. I just question the motives behind it.

“If you’re talking about getting families functioning again and back to work, you’ve got to be prepared to put in the effort, the support and the resources to allow them to do what they need to do to live without drugs, not just take it away from them.”

I don’t think anyone voluntarily goes into treatment. There’s always some sort of pressure... that impels you. But how you get there isn’t always the biggest predictor of success. Some people can be incentivised into treatment, and others need a bit of a push.”
Hamish McKenzie talks with Dr John Huffman, the inventor of the chemical compounds that underpin controversial ‘herbal highs’ such as Kronic. He finds him a genial man with an easy manner but one also unafraid to dish out withering critiques of those who would profit from peddling chemicals he considers dangerous.

NOW 79 years old and retired, John W Huffman enjoys a quiet lifestyle in the mountains of North Carolina, with his wife, a university professor. He’s quick to laughter, self-deprecating at every turn, and he retains the sharp, analytical mind that helped him excel in a long and distinguished career as a research scientist.

Huffman invented or co-invented more than 450 chemical compounds that mimic the effects of tetrahydrocannabinol (THC), the psychoactive substance in marijuana. The compounds – which bear his initials – are the key ingredients in marijuana alternatives such as Kronic, K2 and Spice. Huffman, however, calls these compounds flat out dangerous.

“It’s like playing Russian roulette,” he says of people smoking Kronic, “because you just don’t know what’s going to happen.”

He also doesn’t hide his contempt for the people who seek to make a profit from the likes of Kronic.

“There are people on this earth who will do anything to make money, no matter what harm it does to other people,” he says. “These people are morally off base, completely.”

He likens the sellers – which include Auckland company Lightyears Ahead, distributors of Kronic in New Zealand – to common dealers.

“These people, they know it is known that these things are harmful. These people are just like drug pushers who push cocaine and crystal meth and all the other nasty compounds.”

Huffman, who, in July, retired from his job as a professor of organic chemistry at South Carolina’s Clemson University and holds a PhD from Harvard, has been one of the few informed voices speaking out against the dangers of what are still largely unknown quantities. Only a small number of cannabinoid experts have stepped forward to educate the public on the ramifications of using the drugs.

That’s partly because there are few people qualified to speak about synthetic cannabinoids and little money to fund their work. In the US, Huffman is one of only “four or five” chemists who have made the compounds – three of whom are over 70 years old.

Huffman, who trained under Nobel Prize-winning chemist Professor Robert Burns Woodward, got involved in cannabinoid research in 1984, when he was funded by the National Institute on
It’s like playing Russian roulette because you just don’t know what’s going to happen.

Dr John Huffman

These people, they know it is known that these things are harmful. These people are just like drug pushers who push cocaine and crystal meth and all the other nasty compounds.

Dr John Huffman
he adds. “It’s not everyone, but any emergency department will see them. It’s not one that comes up every 2 years – one will come up every week.”

Just like the US, New Zealand is short on hard data proving the harm that can be caused by synthetic cannabinoids. Crown research institute Environment Science & Research (ESR), however, has been doing its best to educate the public. In July, it issued a press release that effectively served as a catch-all “this is what we know” information package about the compounds.

ESR pointed out that synthetic cannabinoids were developed in the last 15 years, there is very little scientific and medical knowledge about their wider effects (for example, for chronic use or in vulnerable populations, such as pregnant users) and that there’s virtually no knowledge about the effects of the compounds when mixed with other chemicals.

“We know the acute clinical effects, we don’t know the chronic effects,” says Schep. “There’s just nothing out there because it’s so new. It’s gone straight from a lab to the streets.”

Synthetic cannabinoids have been banned in many countries and in numerous states in the US. In early August this year, New Zealand’s Parliament passed legislation banning their sale for 12 months while, according to Associate Health Minister Peter Dunne, the government “works on a complete overhaul of the Misuse of Drugs Act”.

The ban extends to 43 known synthetic cannabinoid products, and Dunne says if manufacturers try to substitute these with other products, “they will be banned as well”.

Huffman agrees the compounds should be illegal to sell. He also says, however, that New Zealand should consider legalising marijuana as a way to counter the problems with synthetic cannabis. “The synthetics are harmful, they’re dangerous,” he says, “and marijuana is not really dangerous.”

He has a doctor friend in California who was unaware of the synthetic compounds because in his state it’s so easy to get marijuana (medical marijuana is legal in California). “That’s what made me come to the conclusion that legalising marijuana is probably the best thing we could do – and tax it, so the government could make more money.”

A confession. I’ve smoked Kronic. I’ve lived away from New Zealand for 6 years, but when I returned to visit last summer, a friend brought some Kronic along to a party. It was New Year’s Eve, and we were camping by a fire. I’d never heard of the stuff, but my friend said it was a legal alternative to marijuana. He’s a law student.

We got a couple of other friends together and hot-boxed a car. I was shocked at how quickly the stuff acted and needed no more than a couple of drags to last me for the whole night. Because I knew nothing about this drug, and it was available for sale at the dairy,
I didn’t even stop to consider that it might be more harmful than weed. My past experiences with synthetics – party pills, for instance – were pretty disappointing. Kronic, it seemed, was just as strong as the real thing. My friend was happy that it was available legally and for about the same price as pot. It had become his new habit.

I didn’t suffer any negative consequences that night or the next morning, but knowing what I do now, I won’t be touching the stuff again. I wonder how many others are in the same position.

For his part, Huffman knows enough about the drugs to say bluntly: “These are dangerous compounds and should not be used.”

As a kind of unwilling figurehead for these synthetic compounds, he has had more than his fair share of feedback. He’s had a few people blame him for the development of the drugs – including in an unpleasant interview on Russian TV – but he’s actually had more people thank him for it. Wannabe manufacturers often email him expressing their admiration and asking for advice. He doesn’t answer them. The emails that make him most sad, however, are from parents whose teenage sons or daughters have used the drugs and suffered severe psychological problems.

“I never had a really good response to any of those,” he says. “There was one email I got from a woman whose nephew had smoked K2 or Spice and committed suicide. They are really, really nasty compounds.”

Huffman is a little bit put out that his name and reputation are associated with the development of these compounds, but he doesn’t lie awake at night worrying about it.

“The people I know and respect in the field know what I’ve done.”

His real success, he reckons, is in the graduate and postdoctoral students he has trained.

Meanwhile, having his very initials on the compounds that give these new, harmful drugs their kick has gone on for too long to get to him any more. He’s moved on and is enjoying his retirement.

“It’s mildly irritating,” he says of the ‘JWH’ association, “but at least I have a chance to be infamous for something.”

Hamish McKenzie is a writer based in the US.

“Earlier this month, Parliament passed legislation banning the sale of Kronic and other synthetic cannabis products for 12 months while, according to Associate Health Minister Peter Dunne, the government “works on a complete overhaul of the Misuse of Drugs Act”.”

Dr John Huffman
Mob Mumzys moving and shaking

At the last ALAC conference, six women gave a presentation on what they had done in their Porirua community with ALAC funding – and received a standing ovation. What’s unique and surprising about this is the six were all gang women. Their husbands, brothers or fathers are members of the Mongrel Mob, a group most don’t associate with doing community good. Matters of Substance met the Mumzys and was pleasantly surprised.

“This was the first time many of the girls had gone a whole 3 days without booze or drugs, so we had to find some activities to keep them busy.”

THE MUMZYS was started by Liz McMillan-Makalio, who is married to a senior member of the Rogue Chapter of the Mongrel Mob, and Maria Burgess. They are supported by Wesley Community Action, a non-profit agency active in Waitangirua, and five generations of Mob women are involved.

The idea for the group started when the pair was discussing what they could do to help Mob women get themselves and their children out of the ruts they were in and how they could support each other in a safe and positive environment.

Talking about the havoc wreaked by the typical gang lifestyle led to planning a memorial day for all those who had died from alcohol, drugs and violence in the last 30 years.

“We got the girls involved and started researching. We actually came up with 78 names,” says Liz.

The day was called Life Without You and saw Mob men, women and children releasing helium balloons into the sky bearing the names of those who have died.

“The day was such a success, we started thinking about what we could do next, and it all took off from there,” says Liz.

“We got some funding to promote ALAC in the community, and one of the things we did was hold a drug and alcohol-free weekend. This was the first time many of the girls had gone a whole 3 days without booze or drugs, so we had to find some activities to keep them busy.”

The Mumzys painted fences around the kōhanga where their tamariki and mokopuna go. They even built a fence with the help of their menfolk, weeded the gardens and mowed the lawns.

“The women absolutely loved it,” says Liz. “Most didn’t think they could do it, but they did, and they were really pleased with themselves!”

The group has now been going for 20 months, attending outings, sharing activities and organising workshops about “all sorts of crazy things”.

“We’ve done first aid and save a mate classes; we’ve had a dietitian in and a fitness instructor. A lot of the girls are heavy drinkers or drug users, so fitness classes did them a world of good, and it was great to learn about how what you eat affects your health.”

She says support from the Mongrel Mob men has been excellent.

“They’re like our silent partners, and they’re often there, taking part and helping out.”

The group organised a Halloween disco for the entire community, and the men manned the barbecue and helped set up the hall. One patched member

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www.drugfoundation.org.nz
even won the prize for the ‘best parent dancer’ in the father and son dance competition.

Liz says the Mumzys are highly spoken of in the community too.

“The girls want to remove some of the stigma associated with them, and I think they’ve really done that.

“Three are members of the Whitianga Community Law Centre Panel, representing the Mongrel Mob. Five are studying social services at Te Wānanga o Aotearoa, and another is the trustee of the local Māori Women’s Refuge.

“Many of our mums do volunteer work with Wesley, and we actively help the council to find and deal with taggers.

“These women are definitely leaders – they are real movers and shakers!”

Alcohol and drug use is still a factor for most, however.

“It’s the norm and part of the lifestyle,” says Liz.

“The girls don’t really want stuff like drugs in their lives, but they’re just not quite sure how to get rid of them.

“But now they’re much more aware and empowered, and there has definitely been a drop in use. One Mumzy has become completely drug and alcohol free.”

The turning point for Liz came 14 years ago when she was offered a job working for Wesley Community Action. She had spent much of her life stealing, drinking and taking drugs and had been to prison twice.

“I was actually quite happy with my life, when a friend rang and said this group was looking for workers in the community, and he thought I’d be really good at it.

“I started doing casual work with local youth, and I was good at it, because I had been there myself and knew what they were thinking.”

And working with others was a real eye-opener for her.

“Mixing with people outside my circle and watching how they were living was a real motivation to change. I didn’t understand a life without drinking, drugs and stealing because no one had taught it to me.”

Liz is now a Team Leader, running services mainly for young people.

She has nothing but praise for the Wesley Community Action and says they have done untold good in the community.

“If it wasn’t for them, things would be so much different here. It’s amazing the way they are willing to take risks and open their doors to anyone – Mongrel Mob member or not. ■
Javier Sicilia has suddenly become the face of Mexico’s grief. His 24-year-old son, Juan Fransisco, found bound and shot along with six of his friends near the city of Cuernavaca, was another victim of a drug war that has claimed nearly 40,000 Mexican lives. Now, the respected poet, novelist and journalist is doing what he can to make his son’s death count.

“SoON” after burying his son, the poet Javier Sicilia read aloud what he said would be the last lines of poetry he’d ever write.

The world is not worthy of words they have been suffocated from the inside as they suffocated you, as they tore apart your lungs... the pain does not leave me all that remains is a world through the silence of the righteous, only through your silence and my silence, Juanelo.

“Poetry doesn’t exist anymore,” he would later tell the New York Times. Within a week of his son’s death, Sicilia sent an open letter to the perpetrators of the drug war – the criminal cartels and the Mexican government – decrying the state of violence in the nation and calling each to account.

To the politicians he said, “[I]n your fight for power you have shamed the fabric of the nation. Because in the middle of this badly proposed, badly made, badly led war, of this war that has put the country in a state of emergency, you have been incapable – due to your cruelties, your fights, your miserable screaming, your struggle for power – of creating the consensus that the nation needs to find the unity without which this country will not be able to escape.”

(Translation provided by NarcoNews.com.)

“As for you, the criminals,” he continued, “we have had it up to here with your violence, with your loss of honour, your cruelty and senselessness.”

Sicilia promised to take his protest, and the voices of Mexico’s many drug-war victims, to the streets. He started in his home town, Cuernavaca, where 50,000 people showed up, and then led a caravan of 13 buses, 25 cars and 500 people in rallies all over the country.

His National March for Justice and Against Impunity also drew about 200,000 people to the streets of Mexico City and captured front-page headlines in newspapers around the nation.

The goals of the protests, however, haven’t always been clear. The protesters – some of whom have attempted to co-opt Sicilia for their own political agendas – have variously called for an end to the drug war, the withdrawal of military forces, drug legalisation and the resignation of Mexican President...
Felipe Calderón.

Eventually, Sicilia clarified his terms by drawing up a six-point approach. In it, he called for: the withdrawal of the army from the conflict with the cartels; a renewed focus on solving all drug-related crimes; an overhaul of Mexico’s policing and judicial systems to root out corruption; a fight against poverty and joblessness; emergency care for affected youth; and the identification of every victim of drug-related violence, innocents and criminals.

Sicilia says he never intended to be a figurehead for a protest movement. A devout Catholic, he considered the priesthood before ultimately deciding on a career in literature, following in his poet father’s footsteps. While he never attained great fame as a writer in Mexico, in 2009, he won one of the country’s top literature prizes, the Premio de Poesía Aguascalientes, and he is well known in media circles for his political critiques in the left-leaning journal Proceso.

He is an unlikely leader of the masses – a balding, heavy-smoking, bespectacled man with grizzled white whiskers whose favoured attire is an open-coloured checked shirt. Even when he met the President recently in a widely televised event at the historic Chapultepec Castle, the 56-year-old wore his ever-present Indiana Jones-style hat.

“He struck me as still very pensive, weighing his words as a writer does but quite solemn and weary,” says Randal C Archibold, the New York Times Bureau Chief for Mexico, who interviewed Sicilia not long after his son’s death.

“I think he did not expect the crush of attention and struggled with the way the left claimed him, even if his views… were not always in sync.”

Indeed, Sicilia’s aims appear to be just as much about bringing drug war-related violence issues fully into the public consciousness as about applying political pressure.

“He’s not ideological, he’s not a firebrand,” says Andrew Selee, Director of the Woodrow Wilson Centre’s Mexico Institute in Washington, DC.

“He didn’t want to be a leader of a movement around security issues. His son was killed and he responded, and he has moral authority. He’s a very spiritual man.”

Selee says Sicilia comes out of the progressive Catholic tradition but is not...
closely associated with any of the big leftist movements, such as unionists. His Catholic ties also help him earn the respect of many of the more conservative members of the church, so powerful in Mexico, where three-quarters of the population identify as Roman Catholic.

“He really comes to this as a voice of moral authority, and what we’ve seen from him so far has been congruent with that,” says Selee.

“He has tried to put forth a set of proposals to make the government more effective in engaging with organised crime.”

In a way, it is surprising a writer and poet has come to the forefront of a popular movement in Mexico. Even though Mexico’s poetic tradition stretches back to its prehistoric indigenous inhabitants, there is little romanticism attached to literary works in a country that struggles with poverty.

According to author David Lida, “It has long been a commonplace that Mexicans read half a book a year (although a professor told me that the number had recently been updated to 1.9 books annually). This is perhaps unsurprising in a city where the daily minimum wage is 5 dollars and books are as expensive as in the United States and Europe.”

However, if Javier Sicilia wasn’t a household name before, he certainly is now. The subject of many supportive stories in the media, and the leader of a movement that has put a human face on a country’s collective grief and frustration, is now the most prominent voice speaking out for peace in Mexico.

But how effective has he been in bringing about change?

Jorge Hernández Tinajero, President of Mexican drug reform organisation CuPIHD, says it’s hard to tell. One of the problems is that Sicilia’s goals aren’t clear or realistic.

“They don’t think, ‘How can you do that?’ It is much more wishful thinking or good willing. But at the same time, it’s an emotion. They are very emotional, and that’s their force.”

He says that force could ultimately prevail.

“It’s a risky business. Emotions in politics in difficult times can turn really dangerous. But maybe it’s the only way to open some doors.”

There are other encouraging signs. When they met at Chapultepec Castle, President Calderón and Sicilia listened
to each other respectfully, even if the poet made little headway. The President, in fact, vowed to continue using the military against the cartels. Entering the last year of his 6-year term, it is unlikely the conservative leader will change course on any drug policy, even if it will be a key factor in next year’s elections. But then, the talks were a good deal better than nothing.

“They are starting to talk to each other, which is a good sign in Mexico,” says Tinajero. “Usually the enemies can’t deal with the other.”

The Mexico Institute’s Selee says part of Sicilia’s breakthrough can be explained by his political aloofness.

“So much of public debate is around political interest, and this is a man with no political interests but also who is deeply spiritual and so comes to this from an ethical, moral point of view. He has made this a human issue for the first time. That takes the wind out of both sides.”

The government has taken Sicilia’s movement more seriously than that of other political agitators. “This is the first time citizens are being able to sit down and talk to the government,” Selee says.

However, he says, “The flipside of being an honest and respected voice is not necessarily the same as having the political savvy to move a political agenda forward.”

Meanwhile, Tinajero says Calderón’s administration is guilty of a communications failure. The government doesn’t know how to address its critics, and because it is losing the communications battle, it is desperate to be seen to make political amends.

“They are trying to gather with their opponents and trying to understand – in at least a public way. That’s the reason they are talking.”

At the very least, the new dialogue marks a stark change from the general indifference the Mexican authorities have otherwise expressed to victims’ families in the past. Selee has a friend who took part in the first march in Mexico City. The thing that was most shocking to him was hearing the stories about the lack of compassion or action from authorities.

“For the most part, these were people who had lost family members to organised crime groups, but when they went to complain to the Police or the Attorney General’s office, they were laughed at, turned away, ignored, [treated as] afterthoughts, paperwork, and they never heard from them again,” he says.

“I’m not sure this is going to make Calderón victim-centric, but it does create some incentive for the government to pay attention to victims for the first time.”

In his open letter, Javier Sicilia wrote of how his son’s death catalysed the nation’s unified cry of indignation. It’s worth remembering that it also changed him. No longer would Sicilia be the gentle Catholic poet. Here he was, thrust into an uncomfortable and unaccustomed role as the face of Mexico’s heartache. From now on, his words would be reaching beyond the page and into the lives of every Mexican affected by a drug war that continues to spiral out of control.

“There is no life,” wrote Sicilia, quoting Albert Camus, “without persuasion and peace. The history of Mexico today only knows intimidation, suffering, distrust and the fear that, one day, another son or daughter of another family will be debased and massacred.”
Drug courts – there is a better way

Gerald Waters. When the judge read out the driver’s previous offending history before sentencing, it just went on and on. Caught three times, four times, caught five times… Friends and family members gasped in horror at the number of times he had been convicted and then cyclically reoffended… On and on the judge read. Caught 10 times… The reporters in court, I noticed, had stopped writing and were looking at each other and us in shock.

I’ll never forget that day. The judge, it seemed to me, was embarrassed that she had to read, to an already devastated audience, that when the offender broke the terms of his home detention, he was given more home detention, constantly drinking and driving through it all.

Caught 15 times… The news of the imprisonments that had failed to stop his uncontrollable disregard for the safety of the public was lost amongst what we were now hearing – the apparent lack of concern for public safety displayed by the justice system in its seemingly relentless attempt to keep this offender drinking and driving.

Caught 17 times… 5 times in the last 5 years. Eventually, the judge told us of the final insult – that the offender had been released from jail for drink driving just 10 days before he killed ‘Rin’. I’ll tell you this; it was only the thought that it might affect the offender’s sentence that stopped me from leaping to my feet and shouting, “This is madness! Absolute madness!”

The above is taken from an oral presentation I made to a Select Committee on the Amendments to the Land Transport Act last year. In March 2010, recidivist drink driver and chronic alcoholic Warren Jenkins killed our friend Katherine ‘Rin’ Kennedy on a road near Kerikeri while drink driving. I left the courtroom astonished that somebody could be allowed to continue offending after displaying such an inability to stop himself.

I started to notice that media reports of accidents and deaths caused by drink driving in New Zealand appeared with alarming regularity. Whenever my family and I journeyed in a car, I was fearful for our safety. I decided to investigate the problem of drink driving and also to research the background of Warren Jenkins’s contact with the justice system. Warren had a huge list of previous convictions – mostly alcohol-related. I also found out that he had suffered a brain injury in an alcohol-related incident.

As I probed deeper, I became aware of an alarming trend in New Zealand of addressing the offending but not the causes of that offending. My research revealed that the majority of crime in New Zealand is fuelled by alcohol or other drugs. Frequently, offenders are given short sentences of imprisonment during which time they do not undergo any rehabilitation. They are then released back into the community where they continue offending until the next time they are caught. This approach is referred to as a ‘revolving door’.

Some offenders are sentenced to longer terms of imprisonment and required to undergo rehabilitative programmes – if not in prison, then as a parole condition. However, there is no drug or alcohol testing for offenders on parole. If such offenders continue to use alcohol or drugs, their likelihood of reoffending is high.

In the course of my research, I was told of two District Court judges who are also trying to address these problems. I met with Judge Lisa Tremewan of Waitakere District Court and Judge Ema Aitkin of Auckland District Court. They explained to me that, in other countries such as Australia and the United States, drug courts are used to address the underlying causes of alcohol and other drug offending.

Overseas, drug courts have been proven successful and more cost-effective than the ‘catch and release’ approach. They offer treatment, rehabilitation and monitoring to offenders who are able, with support, to make positive changes in their lives, in turn affecting the lives of others.

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Overseas, drug courts have been proven successful and more cost-effective than the ‘catch and release’ approach. They offer treatment, rehabilitation and monitoring to offenders who are able, with support, to make positive changes in their lives, in turn affecting the lives of others.
of their families and dependants. Drug courts challenge the motivation behind criminal offending rather than simply imposing the punitive measures of traditional criminal courts. Currently, the United States has 2,559 drug courts in operation.

Judge Tremewan introduced me to Superior Court Judge Peggy Hora from the USA, who is a leading expert on drug courts. Judge Hora explained to me how they worked and sent me research proving their effectiveness.

I met with healthcare and criminal justice specialists and found that, in New Zealand, there seems to be a chasm between the health and justice systems.

I decided to make my findings available to the public and wrote a paper called *The Case for Alcohol and Other Drug Treatment Courts in New Zealand*. I sent a copy to the Minister of Justice, the Hon Simon Power, who read it and then came to my house to discuss drug courts. We talked about their value and their ability to reduce reoffending. He told me that the Law Commission had also suggested their use in a recent paper on the control and use of drugs. Before he left, he said he would be looking into the matter personally.

I believe the public needs to become informed about what needs to change to best protect our families, livelihoods and communities and also about those who could be rehabilitated. If addiction isn’t addressed, offenders will continue to take risks and become increasingly desperate in their efforts to fuel their addictions, putting the public at increased risk.

It seems obvious that the addicted, the vulnerable, those with limited education and life skills and those who have had difficult upbringings are over-represented in our crime statistics. The question we need to ask is not only how can we tackle the problems caused by alcohol and drugs but also what needs do these substances fulfill that society is not providing?

I am in consultation and correspondence with world-recognised experts and professionals involved in health and justice. I continue to lobby for a rethinking of how we address alcohol and drug-related offending here in New Zealand. I am currently carrying out New Zealand-specific research on drink driving and regularly accompany a Police Traffic Alcohol Group on compulsory breath testing operations around Auckland. I am researching and compiling data regarding the construction of an effective and economically viable drink-drive initiative for New Zealand and am promoting the use of alcohol ignition interlocks (devices that disallow drink driving).

I am investigating in detail how the driver who killed our friend was allowed to be in a position to do so and will try to identify where improvements to the justice system could be made to prevent further avoidable harm.

In the courtroom dock that day, when the driver who killed our friend was sentenced, I did not see a violent killer who was intent on killing. Instead, I saw an out-of-control alcoholic who had presented himself as such to the justice system on many previous occasions. And nothing had been done to address the root cause of his offending. That just makes no sense at all, and there has to be a better way.

Gerald Waters describes himself as just an average guy, with a family, living in New Zealand who has experienced firsthand the devastating effects of when an offender fails to have his or her alcohol/drug issues meaningfully addressed. He is also responsible for the website Drug Courts for New Zealand: www.drugcourts.co.nz. For more about drug courts, see this month’s Viewpoints on page 24.

Should New Zealand introduce drug courts?

As part of its review of New Zealand’s Misuse of Drugs Act, the Law Commission has recommended drug courts be trialled in New Zealand.

Why New Zealand should not have drug courts

DESPITE the hype and hoopla you hear around drug courts, they remain irrevocably flawed at heart because they are still a criminal justice-based response to what is fundamentally a public health problem. Addiction is a sickness, and it is always smarter to treat people who are unwell early, and in their communities, rather than having to clean up after they’ve committed crimes that should have been prevented. Community-based treatment is cheaper, too, because drug courts are heavily resource intensive. They involve lawyers, judges, social workers and court officials, all of whom have to be paid. Drug court rehabilitation programmes are often longer than prison sentences would have been (because treatment takes time), so even though their cost per day is less than for prison, they still end up costing more, and that extra money could have been spent on those outside the court system who want access to more community-based treatment. Drug court supporters often talk about low recidivism rates, but that’s hardly a surprise, because we know treatment works. If we spent those resources on community-based treatment, we could expect a similar reduction in crimes that lead to court appearances in the first place.

And those glowing low-recidivism claims need to be balanced against evidence that up to 75 percent of drug court defendants don’t complete their programmes. Many are kicked out for not sticking to their conditions and end up back in court for resentencing – especially if they’re not wealthy or white. Usually, these people end up with a harsher punishment than originally would have been the case.

But one of the worst things about drug courts is what is known as net-widening. There’s good evidence from overseas that, when drug courts are available, Police actually increase the number of prosecutions they make because they have treatment slots to fill and funding to justify. They may also believe they are more likely to get a conviction.

While everyone would agree our present justice system is woefully inadequate in dealing with addiction-related crime, drug courts are not the answer. They’re just an expensive distraction from where the money really needs to be spent: our communities.
DRUG COURTS have existed in the US since the 80s and are now also being used in around 20 other countries including Australia, Canada, the United Kingdom, Ireland and parts of Europe.

Drug courts differ in that they are not adversarial. The prosecution, defence, judge and case workers all agree that drugs and/or alcohol lie at the heart of the problem and work together to decide on the best sentence and treatment plan for the defendant. In exchange for successful completion of the treatment programme, the court may reduce a sentence or offer some lesser penalty.

Supporters say they have reduced alcohol and drug-related recidivist crime 35 percent more effectively than anything else, but detractors say they’re a misguided waste of money making a bad problem even worse.

In this edition of Viewpoints, we provide the arguments for and against introducing drug courts into New Zealand.

Why New Zealand should have drug courts

MORE research has been published on drug courts than on virtually all other criminal justice programmes combined, and almost all of it is overwhelmingly positive. The fact that the number of drug courts has risen from one to more than 2,000 in the US since 1989 is a ringing testament to their effectiveness, and those critical of them tend only to be those who see them as one more barrier to decriminalising drug use altogether.

We acknowledge the uniqueness of families and youth by having special courts just for them, and the same can be said for the uniqueness of drug-related crime.

Research shows drug court programmes, have an average retention rate that is six times higher than other drug rehabilitation programmes, and it is not hard to understand why. They encourage defendants to face up to their drug or alcohol problem while the prospect of a reduced sentence – or avoiding jail altogether – provides a positive and tangible incentive to remain drug-free.

Of course, it would be best if drug-addicted people sought treatment in their communities before committing crimes, but the reality is such people tend only to seek help when their backs are to the wall and they have run out of other options. This is typically when they find themselves in court, facing the shock of a prison sentence.

In the absence of drug courts, judges often have few options beyond sending the defendant to jail where they will have access to more drugs, associate with other criminals and emerge from incarceration in an even worse state. But drug courts are a way of holding the defendant accountable and providing them with treatment, while reducing the severity of prison sentences or avoiding them altogether.

The small upfront costs associated with drug courts are easily compensated for by reduced rearrests and reincarcerations, and the benefits to society of defendants causing less harm to themselves and others in future are immense and immeasurable.

The integration of treatment into the criminal justice system represents the most significant and necessary judicial reform imaginable, and it is time for New Zealand to stop lagging behind other English-speaking countries and get with the programme.
ONE of New Zealand’s periodic moral panics is under way following the death of a King’s College student after leaving his school ball.

The prime minister, despite reporting he saw no intoxicated teenagers when he picked up his own son from the same ball, publicly lamented a “drug and alcohol culture”.

The Greens want a legislative solution rushed through.

These sentiments aren’t new.

Socrates reportedly declared 2,500 years ago: “[Today’s youth] contradict their parents, chatter before company, gobble up dainties at the table, cross their legs and tyrannise their teachers.”

Plato chimed in: “They disrespect their elders, disobey their parents, ignore the law and riot in the streets.”

Peter the Hermit said 1,500 years later: “As for the girls! They are forward, immodest and unladylike in speech.”

Our very own Herald on Sunday has added to the collection. “Modern teenagers,” it thundered, “are getting hammered at terrifying rates and using a terrifying range of substances. Our kids are endangering themselves at levels that even their most risk-loving predecessors would have regarded as unthinkable.”

Forgotten amid the table-thumping is that, of the four deaths, two appear to be probable suicides, one involved a rare heart condition and the other was the result of a 16-year-old sculling neat vodka.

In no case was lowering of the drinking age or RTDs remotely relevant.

Similarly, parents have been criticised for hosting pre-ball parties for teenagers and their families, with beer, wine and champagne – but is it really so appalling that 16- and 17-year-olds might get a bit tiddly before heading off to an alcohol-free school ball?

To the contrary, isn’t it good if 16- and 17-year-olds are happy to take their dates along to a party with their parents and then head off to the ball in pre-arranged transport?

Others blame access to E, P and cocaine – but aren’t these already illegal for 16- and 17-year-olds and for everyone else? Prohibition hasn’t prevented their abuse.

RTDs

After last year’s moral panic over teen drinking, Simon Power announced a crackdown, including prohibiting 19-year-olds from buying beer and banning RTDs with more than 5 percent alcohol.

The latter idea was apparently dreamed up at the Cabinet table, without supporting advice.

Had the Law Commission been asked, it would have advised that the risks from RTDs are no different from any other drink and that they may come with an advantage “in that they offer a pre-measured, defined quantity of alcohol.”

The Alcohol Advisory Council would have advised that “the myth persists that some types of alcohol are worse than others. It is perpetuated in the media with stories of the latest ‘evil product’.”

Ministers might have been reminded that teenage girls have always preferred drinks that disguise the taste of alcohol – Malibu and Coke anyone? – and RTDs at least regulate the serving size.

Common sense applied

Since then, international experience has been studied, teenage drinking habits researched and common sense applied.

It has become obvious that restricting pre-mixed drinks to 5 percent would see teenage drinkers either switching to wine, with higher alcohol content or, as happened in Australia, obtaining neat spirits, mixing their own drinks and increasing their total intake.

Next time politicians want to act on drugs and alcohol, they might be better to define the problem they are trying to address and to ask what might genuinely be behind it. They might start out by asking for evidence that today’s teenagers are putting themselves at more risk than those of the 1960s, 70s and 80s.

As it happens, governments never collected comparable statistics, so John Key’s government is no better informed than Socrates, Plato or Peter the Hermit about whether youth behaviour is getting worse at all.

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Matthew Hooten is managing director of Exceltium, a corporate and public affairs consultancy.
Adherence to the creed of prohibition is as strong as ever in many countries. But while the UK is still racked with crushing guilt about the original sin of drugs, New Zealand is now questioning the holy writ of its Drugs Act and edging gradually towards a new prohibitionist atheism. Jeremy Sare compares the two countries’ legislative approaches in the modern drugs era and asks where we should put out faith.
can all be matched in the UK.

However, Wellington’s ‘heathen’ approach has not been well received in Westminster (under Labour or Conservative administrations) where the panicking falsetto call for “public protection” is heard above all reforming voices.

Many UK MPs don’t mean it but are caught in an electoral trap of hypocrisy. Former Drugs Minister Bob Ainsworth has admitted he did not believe in many of the drug measures he felt compelled to make when in government and has since been condemned for being so honest. One would hope the recent power shift away from media influence, including the demise of the News of the World, will give some MPs a little more courage to speak the truth.

The UK’s ‘temporary ban’ solution to legal highs is already an exercise in futility. There are simply too many new substances to analyse and report on for the hard-pressed Advisory Council on the Misuse of Drugs (ACMD). According to the European Monitoring Centre for Drugs and Drug Addiction, there were 24 new legal highs imported in 2009, rising to 41 last year. That number looks likely to be equalled in 2011.

ACMD membership is made up of scientists, psychologists, treatment specialists and Police officers. The members were, no doubt, all quietly thrilled to be elevated to the status of government advisors on the nuances of drug harms. They did not expect, I would guess, to be merely drones in a classification factory, relentlessly churning out incomplete reports about barely known substances.

Other influential groups have lobbied for a more practical approach. The think tank Demos, in collaboration with the UK Drug Policy Commission (UKDPC), suggested in May this year using consumer protection legislation, which would reverse the onus on the supplier to demonstrate its product is safe. However, the British media and ministers have become used to expecting drug supply to be dealt with in the traditional manner – standard issue size 12s kicking in the front door of a minor dealer. A legal highs market that is internet-driven means this blunt enforcement style is now rather redundant.

Roger Howard, CEO of the UKDPC says, “The UK has been particularly affected by the rise of new synthetic drugs. The UK government’s response has been to try to control these new drugs with the old Misuse of Drugs Act, but it can’t keep up. The current approach may not be the best way of minimising the harm of psychoactive substances, and we need to think differently about how we control them. It might be time to say those who seek to sell new substances should have to prove their safety, rather than that the government should have to prove otherwise. The New Zealand Law Commission has addressed the subject more thoughtfully than any body in the UK.”

The Home Office has mostly given up offering supportive evidence for its pat responses advocating the status quo. They present a simple ‘belief’ in the old ways, and, clearly, this is simply dogma – an article of faith.

“We believe the Misuse of Drugs Act works and continues to protect the public from the serious harms caused by illicit drug use,” says a spokesman.

When I asked the Home Office how the huge task of assessing dozens of new substances would be managed, they proved, not for the first time, to be at a
It might be time to say those who seek to sell new substances should have to prove their safety...
The New Zealand Law Commission has addressed the subject more thoughtfully than any body in the UK.

Roger Howard, CEO, UKDPC

loss to respond with any detail. They could only submit in the blandest terms that, “the government has in place adequate resource[s] for [the] ACMD”.

One ACMD member did not take such a complacent view and confirmed there were definite concerns across the membership about the sustainability of future workloads. The ACMD has, in the past, supported a review of the MDA and would relish a New Zealand-style assessment of UK drug laws.

The review of the New Zealand Misuse of Drugs Act was carried out by the Law Commission so comes from the heart of government and establishment. No familiar accusations of them being flakes and legalisers will stick here. And the report was 4 years in the making; it runs to 350 pages so is comprehensive and fully considered.

The Law Commission makes a fundamental but often ignored point in defence of its new methods of control. These new substances are not listed in any of the UN Conventions so there is no necessity to 'illegalise' them under any country’s domestic legislation. Over time, reaching for the statute book has provided some very short-term stability to a political issue in both countries but has made hardly any measurable impact on harm reduction. It is time we took these kinds of intellectual steps back from the fray and considered alternatives such as regulating supply and not imposing ineffectual bans.

Nevertheless, progress towards a more rational policy is not likely to be smooth. The battles between the New Zealand Ministry of Health and the synthetic cannabis industry over conforming to the regulations led to a temporary ban being imposed at the end of July. The recalcitrant industry has hardly helped itself – particularly when the product Kronic was found to contain the prescription benzo phenazepam.

The road to a regulated industry is still possible in New Zealand, but the UK government has already closed its mind on synthetic cannabis. It made Spice and other cannabinoid antagonists illegal to possess or supply in December 2009. Because they were not regulated, they had hugely varying strengths, which encouraged lawmakers towards control. It is a symptom of the UK’s perverse drug system that Spice has been classified alongside barbiturates and amphetamines as drugs of equivalent harm and on a higher level of control than GHB and ketamine.

The generic definition of cannabinoids means the legislation captures future tweaking by the manufacturers. Generic definitions have been used before in UK; the 1977 Order making ecstasy controlled covered all similar substances. Dr Les King, former government chemist and ACMD member, says, “It was the uncertainty about dosage that led us to control these compounds. There is little doubt they act in the same way as THC, but with cannabis, it is easy to regulate the dose. The problem with Kronic and the other 100 plus brands is that the content is variable in terms of amount and the particular substance, and some products are mixtures of six or more substances.”

Both our countries are vulnerable to the mysterious ‘chemists’ and their entrepreneurial colleagues who have different ways of thwarting officialdom’s legal responses.

For the UK, they have focused their efforts on powdered stimulants like mephedrone (meow meow) and naphyrone (NRG1) rather than the fake weed of New Zealand. In the UK, there is product called Ivory Wave. As usual, it is a white powder with varying efficacy and unknown harms. However, unlike a drug
When Thaksin came along, it was brutal. There was shooting – bam, bam, bam – and were the results worth it?

More than 2,500 people died in 3 months after former Thai Prime Minister Thaksin Shinawatra ordered Police to draw up blacklists of suspected methamphetamine dealers and act “decisively and without mercy”. Thai monk Phra Kru Manit says the real solution to Thailand’s methamphetamine problem lies in rehabilitation programmes and better educational and economic opportunities.

The situation is not dissimilar to a New Zealander arriving in Greece with a codeine substance and finding there it was a restricted drug.

Lawyer Jonathan Krebs tells the Hastings District Court that his client, Swedish tourist Hannibal Tranell, had not set out to hurt anyone when he spiked their drinks with GHB in a Napier bar in 2010. He noted GHB was legal in Sweden and not even classified as a drug in Poland.

I tended to take it alone at home and play word games, mind spinning. I’d do very difficult crosswords; I would spend hours on those.

British comedian Stephen Fry tells UK Sky Arts programme In Confidence that he found cocaine “extremely easy to stop, but it took me a very long time to get to a position where I was ready to”.

such as mephedrone, it has no consistent drug profile. Five separate purchases could get you five different mixtures of various stimulants. You could not ban it under the MDA if you tried.

Mephedrone and naphyrone have both been banned in the UK but have fared quite differently. Last April, Parliament rushed through controls on mephedrone and portrayed the legal change as the panacea to the extraordinary rise in its prevalence. A new study indicates that, in the world of clubbers, “mephedrone had overtaken all other drugs” despite the ban.

Dr Fiona Measham of Lancaster University said to The Observer newspaper, “People liked mephedrone and were prepared to buy it on the street if they could no longer get it legally... it shows a certain discernment.” The UK’s British Crime Survey shows among 16–24-year-olds, it is just as popular as cocaine.

Naphyrone was banned without the Advisory Council having time to assess its prevalence or harms in any detail. There was no need; its reputation among users has killed its use. It is simply a horribly strong drug whose circulatory side effects can include, “blue hands and burning feet”. Now that’s what I call a deterrent.

There is to be no possession offence for the new drugs in the UK, but Howard Chandler, drugs consultant and Police advisor, fears the new policing regime will be a “minefield” and “virtually impossible to enforce”. He says, “Having no offence for possession is irrelevant. Every time someone is caught in possession of a powder, some crystals or a tablet, the assumption will be made the drug is class A and an arrest will be made. Also, the likelihood is that lab costs will skyrocket. With squeezed resources, forces may not even proceed with testing.”

Police resources should be seen in the context of huge cuts in public service budgets. In July, a 34,000 reduction in Police and civilian staff was announced (about 14 percent of the total) by 2015. Despite the likely increase in workload, the Home Office has announced the timely closure of the “loss-making” Forensic Science Service.

The prospects for political change on drug laws in UK are many years away, and for all their progressiveness, there are still some strong residual anomalies in the New Zealand political structure amounting to ‘roadblocks’ to reform. Although the responsibility for drugs often falls to Peter Dunne, Associate Minister of Health, the Law Commission report was submitted to the Minister of Justice, Simon Power. The recommendation for Justice to hand over all responsibility to Health may appear to make perfect sense but it risks failure because of ancient unwritten political laws of territory and er... power.

Peter Dunne, brushing aside the unworthy sobriquet of ‘Dunne-Nothing’, has welcomed the report, saying, “The existing Act fails to adequately address the rapidly expanding market for new psychoactive substances, such as party pills and smokeable products. We need a robust regime in place to prevent the easy availability of uncontrolled substances.”

However, Power was the essence of insincerity when he said, “There’s not a single, solitary chance that, as long as I’m the Minister of Justice, we’ll be relaxing drug laws in New Zealand.”

Thankfully, ministers are not immortal – Power has already announced his decision to retire prior to November’s election. Whatever the result, one would expect any new minister to bring a more conciliatory tone.

The chances of the Law Commission’s recommendations being accepted wholesale seem pretty remote, but there is at least some political will to tackle party drugs in New Zealand. The UK government’s default response is simply to add to the mountain of laws already consistently and blithely ignored by drug users.

British ministers still preach the Testaments before a cynical congregation. At least New Zealand has realised it badly needs something more than the old scriptures to find its salvation.

Jeremy Sare, former head of drug legislation in the UK Home Office, is a writer based in the UK.
New Zealand News

Four on the floor

A SWEDISH tourist has admitted spiking the drinks of four people at a Napier bar and misleading them about the nature of what he was giving them.

Hannibal Tranell told his victims, late in 2010, that the liquid he had in a small bottle was a natural herbal substance before giving it to them to drink. In fact, it was GHB (or Fantasy).

Later that night, two of them collapsed on the dance floor, with one convulsing before stopping breathing. A third passed out in the toilets and a fourth had been taken upstairs unconscious. All four were hospitalised.

The judge at Tranell’s trial said the evidence indicated he had supplied GHB to the three men and a woman, knowing it might reduce their inhibitions and make them feel more inclined to have sex with him.

He was sentenced to a year in jail, after which he will be deported back to Sweden.

When push comes to shove, it’s still drink driving

A WHANGAREI man was charged with drink driving, early this year, after Police caught him pushing his car while under the influence.

Police say David Karena, 24, had run out of petrol and was attempting to push the car home. He allegedly blew more than double the legal limit when he was stopped.

Senior Sergeant Steve Dickson said he would not have been charged had Police believed he had not been driving.

Otago University Law Professor Mark Heneghan said the definition of driving could be “in control over a car”.

“A car being pushed down the road can still go out of control. You don’t necessarily have to be behind the wheel to be charged with drink driving.”

Mixed response to warning labels

LION NATHAN says it will introduce health warnings on its products after Australia’s liquor industry announced it would do so.

DrinkWise Australia, a group funded by the Australian alcohol industry, said about 80 percent of alcohol products in the country, including beer, wine and spirits, would soon carry warnings.

But Professor Doug Sellman, Director of the National Addiction Centre in Christchurch, said the labelling amounted to nothing more than cunning “Clayton’s warnings”.

He said the Australian messages, such as “Kids and alcohol don’t mix”, were essentially meaningless and that more truthful warnings would be “Alcohol causes cancer”, “Alcohol can cause brain damage” and “Alcohol can make people aggressive”.

But even accurate health warnings would have little impact without more meaningful government action, he said.

“It was the same with tobacco. It wasn’t until the price went up and it became a much less normal thing to do that people started thinking more clearly about the health issues.”

ALAC Chief Executive Officer Gerard Vaughan said the move was a good first step.

“We are pleased the industry is acknowledging its products can cause harm and are providing consumer information to educate the public,” Mr Vaughan said.

“However, ALAC favours mandatory rather than voluntary health warning labels and would like to see messages developed as part of a scientific and evidence-based process to ensure they are clear and unambiguous.”

Mr Vaughan said ALAC currently had an application before the trans-Tasman agency responsible for food labelling, seeking to have health warning labels on alcohol products warning of the dangers of drinking while pregnant.

He admitted there was still a lack of evidence around the efficacy of health advisory labels for changing behaviour but said there was some evidence they can increase awareness of an issue if they are part of a comprehensive approach to reducing alcohol harm.

Meanwhile, DB Breweries has rejected health warnings on labels as ineffective.
Kronic’s demise a Dunne deal

Matthew Wielenga said the ban was a reversal after the government had consistently indicated it would regulate the industry.

“Obviously, it’s election year, and votes are more important than public safety... these actions are more in line with an American-style war on drugs approach, which is a failed approach.”

Report says alcohol and drugs significantly impact the young

ADOLESCENTS growing up in New Zealand have to navigate a gauntlet of dangers that are putting them at unprecedented risk, according to a report by the Prime Minister’s Chief Science Adviser, Sir Peter Gluckman.

Among the issues singled out in Improving the Transition were alcohol and drugs.

The report specifically focused on how to reduce harm to mental health and social functioning during adolescence. It recommended increasing the purchase price of alcohol and restricting its marketing and availability, echoing the Law Commission’s view that these measures have the weight of evidence behind them to reduce binge drinking and harm from alcohol use.

It said the adolescent brain is clearly more sensitive to both alcohol and cannabis, with long-lasting adverse consequences for far too many, and said stronger measures are needed to restrict young people’s access to these drugs.

According to the report, evidence is mounting that regular or heavy use of cannabis may have a number of adverse consequences including increased risks of mental health problems, other forms of illicit drug use, school dropout and educational under-achievement, motor vehicle collisions and injuries.

However, there is also growing evidence that a number of treatments for addressing problems of cannabis abuse and dependence do work. These include cognitive behavioural therapy, motivational enhancement, contingency training and family-based intervention.

The report recommended a sound review of New Zealand’s legislation on the possession of cannabis to obtain a better balance between prohibition and harm-reduction strategies.

Not a patch on the real thing

PRISONERS have been taking nicotine replacement therapy to new levels.

Desperate for a smoke in the lead-up to a total ban on smoking in jails, some prisoners started rolling up and smoking their nicotine patches.

Since 1 June, inmates have been unable to buy tobacco, matches or lighters, and a total smoking ban commenced on 1 July.

Prisoners have triple the smoking rate of the wider community, and last year, it was estimated 67 percent of the country’s prison population smoked.

Prison officers say attempts to smoke nicotine patches were nothing out of the ordinary.

“Prisoners have tried to smoke a variety of things, from tea leaves to grass, so I’m not surprised they’d try to get a hit from the patches. I’m pretty sure it doesn’t work,” said Assistant General Manager of Prison Services Brendan Anstiss.

About 6,000 inmates have taken up the free nicotine patches and lozenges on offer to help them quit. Prisoners can also talk to the Quitline, and prison nurses have been trained as ‘quit champions’. Corrections says there have not been any major incidents arising since the full smoking ban was implemented.

“Our staff deal with prisoners who are withdrawing from drugs and alcohol all the time, so withdrawing from tobacco isn’t any different,” Anstiss said.

Around 180 contraband items related to tobacco had been confiscated so far, including lighters, matches, cigarettes and tobacco.

“There are a few prisoners who are well represented in this number, and that tends to reflect the behaviour of the minority who try to undermine systems, but the vast majority have signed up and gotten on board with this,” Anstiss said.
More dope dispensaries than Starbucks

IN DENVER, there are more medical cannabis dispensaries than Starbucks, according to newspaper reports.

Nearly 300 have been established in Colorado since the passing of Amendment 20 in 2000, and some of these dispensaries are said to be offering first-time customers a free joint to encourage business.

According to one news report, ads from the dispensaries have given one paper enough funds to hire new staff and expand distribution. The ads were so profitable the paper even started a new supplement called 4-20.

Headless body count on the rise

THE NAKED bodies of eight decapitated men dumped along roads are just the latest find in Durango City, which has been plagued by increasingly deadly conflicts between rival Mexican drug gangs.

Six of the corpses were found along a highway leading out of the city with their heads lying nearby, with the other two found in a suburban street. One was identified as Gerardo Galindo Meza, a prison director who had been recently kidnapped. His head was on a different street corner to his body and was accompanied by a threatening message signed by a drug gang.

Earlier in the week, 11 other decapitated corpses had been found in the wider state of Durango. Six had been left lying opposite a school.

Meanwhile, soldiers digging at mass graves in five places around Durango City uncovered another eight bodies still attached to their heads, bringing the total number of victims there to 196.

Durango’s murder rate has more than doubled over the past 2 years. At least 1,025 killings were reported in 2010, compared to 930 in 2009 and 430 in 2008. Authorities suspect some of the most-wanted drug kingpins may be hiding in the mountainous state, which has been a battleground between the Sinaloa, Zetas and Beltran Leyva cartels.

Canadians protest injection site closure

COMMUNITY activists in Vancouver have threatened “civil disobedience” to protest the impending closure of a controversial supervised injection site for drug users.

First opened in 2003, Insite was North America’s first legal supervised injection site based on a harm-reduction model. It functions under a special exemption to the Federal Controlled Drug and Substances Act, and the Federal Government is threatening to close the centre as a constitutional challenge is currently under way.

The Insite programme enjoys overwhelming support and is designed to provide drug users with a safe, health-focused site for injected drug use (primarily heroin, cocaine and morphine). The downtown Vancouver location was selected because of the acute injected-drug epidemic occurring there.

On-site medical staff provide drug users with substance abuse counselling, medical advice and first aid in the event of overdoses or injuries.

Insite has faced continued opposition from Canada’s conservative minority government, despite research showing it has led to a 35 percent drop in overdose death in the area. The government has commissioned studies refuting the harm-reduction model, but critics have condemned the research as being flawed and say cost-benefit analyses have consistently shown the benefits of continuing the programme.

Protests and demonstrations over the threatened closure have become common and are likely to continue given the majority the conservatives received in the last federal election.

Coke now rots your skin

DOCTORS SAY cocaine hitting the streets in New York and Los Angeles is being cut with a drug that causes users’ skin to rot away.

In a report published in the Journal of the American Academy of Dermatology, doctors described six cases where users developed ghastly splotches of dead skin after snorting or smoking cocaine laced with levamisole.

Mary Mercurio, a dermatologist at the University of Rochester Medical Center, said her hospital had treated five cases in the last year.

“We’ve seen very profound areas of necrosis – dying skin – usually located on scalp, ears, face and elsewhere on the body. It’s very alarming.”

The study’s authors say they believe these cases of skin reactions and illnesses linked to contaminated cocaine are just the tip of the iceberg in a “looming public health problem posed by levamisole”.

Levamisole is used to treat farm animals for worms and was once used to fight colon cancer.

Drug officials said its use as a cutting agent has skyrocketed in recent years. In 2010, the Drug Enforcement Agency said nearly 70 percent of the coke coming into the US was cut with it, up from 30 percent in 2008.

Mercurio said she suspected producers were using levamisole because it can cause a small high that adds to coke’s kick.

“The drug devastates blood vessels under the skin, causing patches to turn black and rot off,” she said.

Teenage tipples may lead to alcohol problems

A JOINT study by Australian and US researchers suggests allowing your children a supervised drink increases the likelihood they will abuse alcohol.

The study of more than
1,900 12- and 13-year-olds found those whose parents took a “harm minimisation” approach were more likely to have experienced “alcohol-related consequences” – such as not being able to stop drinking, getting into fights, or having blackouts – in their mid-teens than those whose parents used a “zero-tolerance” strategy.

A year into the study, almost twice as many Australian teenagers (67 percent) had drunk alcohol with an adult than their American counterparts (35 percent).

The following year, just over a third (36 percent) of the Australians had experienced alcohol-related consequences compared to only a fifth (21 percent) of the Americans.

And the disparity can’t be entirely blamed on cultural differences. Teens who had been allowed to drink while supervised were more likely to have had such experiences regardless of which country they were from.

Man arrested for possession of tortilla dough

A MAN travelling through the mountains in North Carolina was arrested for possession of 91 pounds of tortilla dough when authorities mistook it for cocaine.

Antonio Hernandez Carranza was arrested when a Buncombe County Deputy found his car stopped on the side of an interstate highway. A narcotics dog alerted officers who checked Carranza’s baggage, and narcotics field tests determined the substance was cocaine. Carranza was detained for 4 days, but when properly lab tested, the results were negative for narcotics. Instead, the substance turned out to be a mixture of flour and shrimp meant as gifts for his family in Tennessee.

The Buncombe County Sheriff says the cocaine charges have been dropped but that Carranza did plead guilty to failure to stop for officers.

Dope pass laws “tourism suicide”

HOLLAND looks set to introduce laws barring foreigners from its infamous cannabis-selling coffee shops.

Under the new restrictions, only Dutch residents will be able to enter them. Would-be customers will have to sign up for a 1-year membership, or ‘dope pass’, to the coffee shop, and each will be allowed a maximum of 1,500 members.

Some say the rules will be “tourism suicide” that will put an end to many of the tens of thousands of visits made to Amsterdam every year and could cost the country millions in lost revenue.

They also fear Dutch residents, who are allowed to possess 5g of cannabis, could sell it to tourists at massively inflated prices.

But the Dutch Health and Justice Ministries say drug tourists aren’t the only types of tourists wanting to visit Holland and that the law will put an end to the nuisance and criminality associated with coffee shops and drug trafficking.

Young people and drugs a major concern in Europe

DRUGS and drug-related problems are major concerns for European Union (EU) citizens and pose a threat to the safety and health of society, says a new report.

The European Commission has been studying the drug phenomenon in EU member states for several years and says use of drugs, particularly among young people, is at a historically high level.

In 2002 and 2004, surveys were conducted among young people in the then 15 EU member states. In 2008, a survey was conducted among a similar group in the 27 EU member states.

The current report, Flash Eurobarometer on Youth Attitudes on Drugs (No 330), builds on these earlier surveys to measure trends in attitudes among this target group towards drugs.

Main findings include that young people consider cannabis to be the most easily accessible of illicit substances that over 80 percent thought it was easy to obtain alcohol and tobacco and that half of those who had experience with ‘legal highs’ had been offered them by friends.

Retroactive drug law softening would free thousands

The OBAMA administration is attempting to correct the imbalance that skews drug laws against poor black men but is more lenient towards well-off white cocaine users.

When a crack cocaine epidemic caused a crime wave in African-American ghettos in the 1980s, Congress imposed penalties 100 times higher for the use of cheap crack cocaine than for the use of expensive powder cocaine.

This has resulted in the vast majority of men imprisoned for cocaine possession being black and has strengthened distrust of the justice system among the African-American community.

In 2010, Congress passed the Fair Sentencing Act, which reduced the disparity between crack and powder sentences to 18 to one, but the law applies only to new convicts. Estimates are 12,040 federal prison inmates would be eligible for early release if the Fair Sentencing Act were made retroactive.

Attorney General Eric Holder, who advocates for applying the new law retroactively, said there is simply no just or logical reason why crack cocaine users’ punishments should be so much more severe.

But Lamar Smith, a Republican from Texas, accused Obama’s
administration of “supporting the release of dangerous drug dealers” and said they seem more concerned with the wellbeing of criminals than with the safety of communities.

NAACP calls for end to war on drugs

AMERICA’S National Association for the Advancement of Colored People (NAACP) has passed what it calls a “historic” resolution calling for an end to the war on drugs.

The resolution comes as world leaders are taking a hard look at the 40-year war and also as new data shows widened racial disparities within the US.

“The NAACP has taken a major step towards equity, justice and effective law enforcement,” NAACP President Benjamin Jealous said.

“These flawed drug policies that have been mostly enforced in African-American communities must be stopped and replaced with evidence-based practices that address the root causes of drug use and abuse in America.”

The resolution endorses the expansion of rehabilitation and treatment programmes as an alternative to sending drug offenders to prison. It also endorses methadone clinics and other proven treatment approaches.

Robert Rooks, Director of the NAACP Criminal Justice Programme, said the war on drugs has created “a system of racial disparities”. African-Americans are 13 times more likely to go to jail for the same drug-related offence than their white counterparts.

The NAACP approved its resolution on the same day new census data showed the wealth gaps between whites, blacks and Hispanics are the widest they’ve been since the government started keeping track 25 years ago.

Bottles at least 8 bucks in Alice

EIGHT DOLLARS has become the new cheap wine price in Alice Springs. You now can’t buy a bottle for less in Coles supermarkets, and it is no longer possible to buy 2-litre casks.

The new regime, designed to ensure alcohol always costs at least $1.14 a standard drink, is an Australian first.

Coles Managing Director Ian McLeod said he began thinking about the company’s practices when contacted by a Lutheran minister in Alice Springs.

Woolworths followed suit within hours and announced it too would phase out 2-litre casks in Alice Springs, abandoning a popular product that sold for $12.99 or 62¢ a standard drink.

Dr John Boffa of the Central Australian Aboriginal Health Congress said the breakthrough with Coles followed a visit to Alice Springs by a group of liquor division executives.

“You could see their views changing,” he said.

“They didn’t say much but they left with an appreciation of the damage cheap alcohol is doing. They’ve gone from being the worst of the retailers in the territory to the best.”

He said the immediate effect would be to sharply boost beer sales, with resultant health benefits.

“Dependent drinkers will still get drunk, but they will drink less and drink more slowly. By itself, this won’t solve the territory’s problems, but it is a necessary part of the solution.”

Health Minister Nicola Roxon has asked the Preventive Health Agency to develop the minimum pricing concept as part of a nationwide move to combat alcohol abuse.

Hello Sunday Morning wins national award

THE INNOVATIVE alcohol management programme Hello Sunday Morning has won in the ‘Excellence in Services for Young People’ category at the Australian National Drug & Alcohol Awards 2011.

Hello Sunday Morning is a community of bloggers aged from 18 to 30, from all over the world, who have committed to an extended period of sobriety (3, 6 or 12 months) in order to gain the space and motivation to honestly explore their relationship with alcohol.

Founder Chris Raine said, “Recognition such as this, really helps validate the work we’re aiming to achieve through the programme. By sharing their story, each person’s stand is a unique and essential contribution to a better drinking culture.”

We say, well done Chris and colleagues!

Czardinals won’t play ball

SPORT and politics proved a bad mix once again when the US Office of National Drug Control Policy’s (ONDCP’s) softball team, the Czardinals, refused to play against the Capitol Hemp One-Hitters, a team made up of drug policy reform advocates.

In Washington, DC, the Congressional Softball League has almost 100 teams representing many different groups. Games are seen as a fun way for people who work in the political arena to unwind. However, when the Czardinals backed out of the game, the One-Hitters issued a press release connecting their refusal to the broader refusal of the ONDCP to talk with anyone advocating for change. Things then escalated quickly.

ONDCP spokesman Rafael Lemaître said that, when it comes to realistic approaches to America’s drug problem, the One-Hitters were not even in the ballpark.

“Even they should know there’s no crying in softball.”

However, members of the One-Hitters say this is not the first time this has happened. Back in 2005, the ONDCP team laughed off a request from the One-Hitters for a game, according to team captain Jacob Berg.
Plain packaging is inevitable.

Health Minister Tony Ryall gives some welcome news to tobacco control campaigners at a 13 July symposium featuring Sir Michael Marmot, best known as the Chair of the Commission on Social Determinants of Health, set up by the World Health Organization in 2005.

I’m tempted to punish you further for contaminating a perfectly good hedgehog slice. If it was a lamington, that would have almost been a hanging offence.

Ballarat magistrate Peter Couzens said he found it abhorrent that one of his favourite slices had been tainted by drugs. The remarks came while Mr Couzens was considering sentence for Michael Tink, 44, who pleaded guilty to possessing cannabis. Tink had been apprehended carrying cannabis-laced slices of chocolate hedgehog and was fined $200.

It’s gone past edgy. Sure, it is the language of skateboarders and surfers, but it’s also the language of addicts.

Tom Parker, spokesperson for the Oregon Partnership, is critical of Nike, which has replaced its signature “Just Do It” slogan on some of its products with the phrases “Dope,” “Get High” and “Ride Pipe.”

Meanwhile, the One-Hitters have played against other teams who oppose their views, including the Department of Justice and Customs and Border Control.

BOLIVIA’S government has renounced the United Nations’ 1961 Single Convention on Narcotic Drugs because it classifies coca leaf as an illegal drug.

The decision came after a proposal by President Evo Morales to remove language obliging countries that have signed the convention to ban the chewing of coca leaves was rejected following US objections.

Bolivian officials say coca leaf in its natural form is not a narcotic and forms an age-old part of Andean culture. Morales is still a coca growers’ union leader who has campaigned for the leaf’s traditional uses.

Coca is a mild stimulant with high religious and social value in the Andean region, but it is also the raw material of cocaine.

How not to set a great example

IT CAN’T get any more embarrassing for the Police than when an officer gets caught drink driving, can it?

Well, yes it can. A 38-year-old cop in Indiana was recently arrested after side-swiping a parked car with his truck and then ploughing into a tree – apparently while driving drunk.

Unfortunately, the trailer his truck was pulling was emblazoned with branding identifying it as a DARE (Drug Abuse Resistance Education) and Police Department vehicle.

But not only was the driver a cop, he was also the local school resource officer, responsible for seven schools, and required to act as a mentor and role model. Part of his job was to give lectures on narcotics and alcohol and their effects on driving.

We think there may be a change of career coming...

Beware the “Trippy Skippy”

AUSTRALIAN wallabies are eating opium poppies and creating crop circles as they hop around “as high as a kite”, a government official says.

Reporting to a parliamentary hearing, Tasmanian Attorney General Lara Giddings says the marsupials are getting into poppy fields grown for medicine, getting as high as a kite and going around in circles before they crash.

Australia supplies about 50 percent of the world’s legally grown opium used to make morphine and other painkillers.

Rick Rockliff, a spokesman for poppy producer Tasmanian Alkaloids, said the wallaby incursions were not very common, but other animals had also been spotted in the poppy fields acting unusually.

“There have been many stories about sheep that have eaten some of the poppies after harvesting, and they also walk around in circles,” he said.

Retired Tasmanian poppy farmer Lyndley Chopping also said he had seen strange behaviour from wallabies in his fields.

“They would just come and eat some poppies, and then they would just do their circle work in the paddock.”

Biggest dope plot ever

IN A remote desert surrounded by cactuses, Mexican soldiers have discovered the country’s biggest cannabis plantation ever. Soldiers patrolling the area found 300 acres of cannabis plants being tended by dozens of men.

Experts say the crop would have yielded about 120 tonnes and was worth about $160 million.

Most of the men tending the crop escaped capture, but six suspects were arrested later at a military checkpoint.

The men had dug a well at the barren site and pumped water through hoses to irrigate the plants, some of which were more than 2 metres tall.

Mexico is America’s top supplier of cannabis, and most cocaine consumed in the United States passes through Mexico.
Dope driving: I’m a safer driver when I’m stoned – crap or fact?

Getting behind the wheel after smoking weed is a safer alternative to driving drunk, right? And if I only have a couple of beers, then I can have a joint or two and I’ll be sweet. Besides, I slow down when I’m stoned, so I’m actually a safer driver. Doesn’t that just make sense?

Mythbusters says, “Not so fast…”

TURNS OUT the evidence suggesting it’s safe to drive stoned is actually pretty crap. Increasingly, studies are revealing that cannabis is a significant contributing factor in car crash statistics, especially when combined with alcohol, even in small amounts.

There was some initial confusion around whether people who smoked and drove were more likely to cause car crashes because early research findings were mixed. This is because drivers were tested for any traces of a cannabis metabolite (tetrahydrocannabinol or THC) in their system, meaning people who had smoked cannabis days before were included in statistics, even though they were not under the influence of the drug at the time they crashed. These drivers were often not at fault for their crash and essentially ‘watered down’ cannabis driving statistics.

More recently, researchers have tested specifically for active THC, which is only present while the drug is having a psychoactive effect. This enables them to determine whether drivers were actually impaired at the time of the crash. These studies show that cannabis impairment does indeed make you more likely to crash your car, and it’s probably going to be your fault too.

A large Australian study examined the levels of alcohol and other drugs in the blood of 3,398 drivers killed in car crashes over a 10-year period. The researchers also looked at whether these drivers caused the car crash that killed them. When looking at cannabis drivers, they tested for active THC and compared the impact of higher versus lower doses of cannabis (>5ng/ml versus <5ng/ml) on driver culpability. Overall, drivers with active THC in their systems, at any level, were 2.7 times more likely to have caused their crash compared to drug-free drivers.

Drivers with higher levels of active THC in their systems were 6.6 times more likely to have caused their crash. This was equivalent to being almost two times over the current legal alcohol driving limit in New Zealand and clearly shows that, as with alcohol, the more cannabis you smoke, the higher your chances of causing a crash.

Forty three percent of THC-positive drivers had also consumed alcohol. These drivers where 2.9 times more likely to have caused their car crash than drivers who had only alcohol in their systems. Driving drunk is dangerous enough, but adding cannabis to the mix means you’re driving smashed, and this is as lethal as it gets.

It’s also crap that driving slower makes you a safer driver. Studies that put stoned drivers behind the wheel in a driving simulator or in on-road tests find that people driving under the influence of cannabis are more likely to drift and weave across their lane, have slower reaction times when something happens up ahead of them and just simply drive into things.

And the more dope that’s smoked, the dopier the driving becomes. Interestingly, stoned drivers often say they are quite aware they are stoned and believe they are compensating for the effects of cannabis. However, the studies are pretty clear that this compensation is insufficient to overcome the impairment caused by the drug.

Add to this that stoned drivers tend to stop compensating for the effects of cannabis because they think they have worn off when they really haven’t, and you’ve got an accident waiting to happen.

In years to come, we will look back in disbelief at the crap we told ourselves about driving under the influence of cannabis. When all the facts are considered, there’s no denying that cannabis impairs driving ability. And the idea that cannabis driving is safe, or that it is possible to compensate for cannabis impairment by slowing down, is just more delusion.

For a full list of references, visit www.drugfoundation.org.nz/mythbusters.
New Zealanders talk of their experiences of methamphetamine.

Helping you change