

## Will they ever learn?

What happens when a student turns up to class stoned? Do they get kicked out of school or do they get help and support? Which approach is better for the student, their peers and society?



# Will they ever learn?

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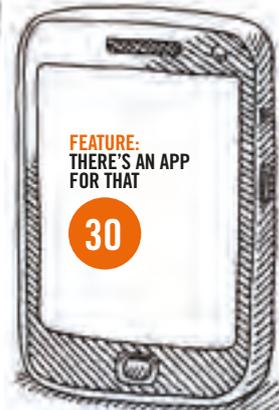
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## Become a member

The New Zealand Drug Foundation has been at the heart of major alcohol and other drug policy debates for over 20 years. During that time, we have demonstrated a strong commitment to advocating policies and practices based on the best evidence available.

**You can help us.** A key strength of the Drug Foundation lies in its diverse membership base. As a member of the Drug Foundation, you will receive information about major alcohol and other drug policy challenges. You can also get involved in our work to find solutions to those challenges.

Our membership includes health promoters, primary health and community organisations, researchers, students, schools and boards of trustees, policy makers, and addiction treatment agencies and workers.

**Membership and subscription enquiries**  
[membership@drugfoundation.org.nz](mailto:membership@drugfoundation.org.nz)  
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[www.drugfoundation.org.nz](http://www.drugfoundation.org.nz)



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**ROSS BELL**  
Executive Director

Those of us living in Wellington, New Zealand's political hotbed, are rightly accused of speaking our own language. It's foreign to those outside of the "beltway" and it consists of insider code words, nudges and winks.

There is one particularly insidious word that I loath for its cynicism: 'Optics'.

Often spoken by government policy advisers, optics is code for "how does this look?" or "how can we spin this?"

Optics is, sadly, becoming a popular euphemism in Wellington. It refers to the impression a particular decision or action will have on people who you would prefer to keep on your side, i.e. the voting public. The use of optics characterises a situation in which we worry about the public perception of a decision more than the substance of the decision itself.

In my opinion, it was the optics of the legal high situation that caused the rapid U-turn performed by New Zealand's Parliament last month. Because, when given sober analysis, the Psychoactive Substances Act was working pretty well. The number of products, and places where they could be sold, reduced dramatically; good health regulations were introduced; hospital presentations were down.

Yet those new controls weren't enough to satisfy a worried public. Out-of-the-blue came intense media scrutiny of the law, of the interim products and of health problems caused by unknown substances. Coupled with community dissatisfaction that products were still on sale, local council politicians frustrated at the limited powers they had to respond to that concern, anger at possible animal testing, and delays by health officials in promulgating tougher regulations, this created some pretty ugly optics for politicians heading into a general election.

The new law is still sitting on the books, but it remains to be seen whether any government will have the appetite to get it working. Once bitten, twice shy.

It remains our firm view that the law must be allowed to work. But a few things need to be addressed before that can happen. One of the most urgent matters is the role of local government in supporting these new regulations. Some bridges need to be mended for that to happen.

And that raises a bigger question of what exactly is local government's role in reducing drug harm in their communities. Our alcohol laws give councils extensive powers to respond in a flexible way to local alcohol matters. On the other hand, they have zero power under the Misuse of Drugs Act, and can only dabble with bylaws under our tobacco laws. This is a question we're keen to engage with local government on.

Community needs should absolutely be considered in drug policy, alongside best practice and good evidence. Getting that balance right will always cause tension. But optics should not be the government's first and last consideration in seeking that balance.

- 🐦 @DI\_F\_W Criminalising weed is a policy that criminalises the poor & brown; weak regulation of alcohol is a policy that protects the rich & white. MAY 5

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- 🐦 @TSLUMLEY New psychoactive substances can be approved after safety testing as long as they aren't new, psychoactive, or tested for safety. MAY 5

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- 🐦 @KATENEWTONNZ The image of John Key staring deep into Moonbeam's beautiful green eyes. MAY 5

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- 🐦 @YAKMOOSE twitter is a drug... but doing twitter in your own home is okay. just don't twitter in public. 29 APRIL

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- 🐦 @MAJORLAZER 4/21 NATIONAL SURPRISE DRUG TEST DAY. APRIL 22

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- 🐦 @JEROMECHANDRA NZ Hug Foundation not NZ Drug Foundation. APRIL 18

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- 🐦 @SOUTHERNSCOOP This Strawberry Meth is off the hook! APRIL 15

★ KEY EVENTS & DATES

- 4-6 JUN 2014 **National Indigenous Drug & Alcohol Conference 2014**  
Melbourne, Australia  
[nidaconference.com.au](http://nidaconference.com.au)

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- 20-25 JUL 2014 **20th International AIDS Conference**  
Melbourne, Australia  
[aids2014.org](http://aids2014.org)

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- 23-25 JUL 2014 **2014 Australian Winter School Conference**  
Brisbane, Australia  
[winterschool.info](http://winterschool.info)

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- 17-20 SEP 2014 **Cutting Edge 2014**  
Dunedin, New Zealand  
[cuttingedge.org.nz](http://cuttingedge.org.nz)

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- 6-8 OCT 2014 **NZ Population Health Congress**  
Auckland, New Zealand  
[pophealthcongress.org.nz](http://pophealthcongress.org.nz)

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- 9-12 NOV 2014 **APSAD Scientific Conference**  
Adelaide, Australia  
[apsad.org.au](http://apsad.org.au)

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- 12-13 NOV 2014 **The International Symposium on Drugs and Driving**  
Wellington, New Zealand  
[drugfoundation.org.nz/drugdriving2014](http://drugfoundation.org.nz/drugdriving2014)

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# NZ.



## 01 PSYCHOACTIVE SUBSTANCES ACT U-TURN

# Parliament has legislated to remove the interim period for approved psychoactive substances

The move essentially bans all ‘legal highs’ until they can be proven ‘low risk’ and comes after political pressure from within the National Party and from Labour and New Zealand First.

Health Minister Tony Ryall said the interim period was supposed to be a bridge to a fully regulated market.

“It is clearly no longer tenable for this situation to continue, given the serious adverse effects which continue to be reported and the authority is unable to respond quickly,” Mr Ryall said.

New Zealand Drug Foundation Executive Director Ross Bell said that the law didn’t need to be changed to remove harmful products.

“This is just politicians playing politics at a time when we need a measured response to a very complex issue,” Mr Bell said.

The law also made it so that evidence from animal testing would not be admissible to prove a psychoactive product was low risk.

### RESOURCES

Read more on the story here: [nzdrug.org/PSARoundup](http://nzdrug.org/PSARoundup)

Find out more about the law and what the politicians said here: [nzdrug.org/PSAparliament](http://nzdrug.org/PSAparliament)

## 02 No minimum price for alcohol

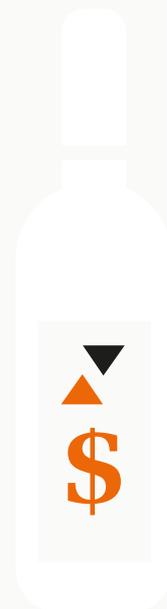


**JUSTICE MINISTER** Judith Collins has refused to set a minimum price for alcohol saying there was no evidence for the approach and it would hit moderate drinkers in the pocket.

This is despite a Ministry of Justice report estimating a saving of between \$318 and \$624 million over 10 years in alcohol-related harm costs and citing reliable evidence on how raising prices impacts on heavy drinking.

### RESOURCES

Read the Ministry of Justice’s report here: [nzdrug.org/nominimumprice](http://nzdrug.org/nominimumprice)



## 03 Bongs out, hookahs in



**NEW** restrictions on drug utensils came into place in early May, making it harder to import, supply or offer for sale bongs, hashpipes and many other types of pipes.

However, the same notice removed traditional Turkish hookah pipes from the prohibited items list, as they have been recognised for their traditional use.

## 04 Steer Clear



A new campaign that shows young New Zealanders that cannabis can impair driving and supports them to find alternatives to driving stoned was launched in February at Splore.

Steer Clear focuses on 16–24-year-olds who use cannabis and drive, as well as their friends, and talks to them in a non-patronising way about how cannabis can impair driving.

### RESOURCES

Check out page 24 for more details

## 05 Treatment needed



**FORTY-TWO** percent of serious repeat drunk drivers do not receive treatment as part of their sentence.

In 2012/13, 874 people who had five or more previous convictions for drink driving were convicted for drink driving. Almost half of these did not receive treatment, according to figures released by the Ministry of Justice under the Official Information Act.

The figures also showed Māori were six percent more likely to get treatment, and males made up over 75 percent of convictions for drink driving.

“Forty-two percent of serious repeat drunk drivers do not receive treatment as part of their sentence.”

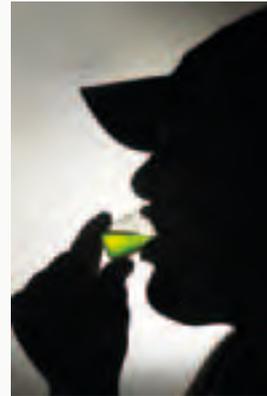


## 06 One in three

One in three New Zealanders knows someone affected by an alcohol and drug problem. Research commissioned by the New Zealand Drug Foundation and conducted by Research New Zealand has shown that one in three New Zealanders has first-hand knowledge of what it is like to deal with a family member who is experiencing negative effects from alcohol or drug use.



## 08 New guidelines for OST



**NEW GUIDELINES** for opioid substitution treatment have been released by the Ministry of Health.

The new guidelines strongly endorse a path towards client-led recovery-focused treatment. They provide advice about driving while impaired and also about naloxone.

### RESOURCES

Read the new practice guidelines here: [nzdrug.org/OSTguidelines](http://nzdrug.org/OSTguidelines)

## 09 Meth testing scam



**HOME BUYERS** are being exploited by companies that test for methamphetamine contamination, a scientist says.

Dr Nicholas Powell says many testing companies only use one swab per house, and this can create a false positive or elevated readings.

Dr Powell was also concerned that, despite Ministry of Health guidelines that say testing companies had to operate independently from clean-up companies, some are working together to maximise profits.

### RESOURCES

Read more from Dr Powell here: [nzdrug.org/methtestingscam](http://nzdrug.org/methtestingscam)

Find out more about the terms of testing companies here: [nzdrug.org/methlabstats](http://nzdrug.org/methlabstats)

## 07 SURVEY

# 5,646

NEW ZEALANDERS TOOK PART IN THE GLOBAL DRUG SURVEY



# 97.9%

HAD EVER USED ALCOHOL

# 71.2%

HAD EVER USED CANNABIS

# 35%

HAD EVER USED OPIOID PAINKILLERS

# 8.7%

HAD BOUGHT A 'LEGAL HIGH'

# \$45.70

AVERAGE PRICE PAID FOR ONE ECSTASY PILL

# \$466.5

AVERAGE PRICE PAID FOR ONE GRAM OF COCAINE



### RESOURCES

Find out more about the Global Drug Survey at [globaldrugsurvey.com](http://globaldrugsurvey.com)

# World.

01



## No death penalty in joint statement

**THE HIGH-LEVEL** segment of the 57th Commission on Narcotic Drugs (CND) ended with disappointment after member states failed to address core issues like harm reduction and the death penalty.

Resistance from Iran, Pakistan, China and others led the European Union to make an interpretive statement on behalf of 58 countries that condemned the use of capital punishment for drug offences.

Tensions were high for the rest of the CND, with the debate on resolutions going until late on the final day.

### RESOURCES

Turn to page 26 for a summary of the CND

## 03 Cannabis vending machines



**A VENDING MACHINE** that sells cannabis will be put in place in Eagle-Vail, Colorado.

The machine was exhibited outside a barbeque restaurant in April but will reside within a dispensary.

The machine will require people to swipe their driver's licence and uses facial recognition technology to ensure the person swiping is the person purchasing.

Anti-cannabis campaigner Kevin Sabet tweeted in surprise saying that "it took 50 years to rid most places of tobacco vending machines, and now we're going to let marijuana ones in?"

## 04 ACT to focus on trafficking



**CANBERRA** looks set to raise the threshold for trafficable quantities of common drugs.

Proposed laws would mean people would be

able to possess three times as much ecstasy and twice as much cocaine and not be charged under trafficking laws.

Attorney-General Simon Corbell said the amounts ensure serious drug offences target people who buy and sell illicit drugs to make a profit rather than people who buy drugs for personal use.

02

### INTERNATIONAL

**80,000**

PEOPLE TOOK PART IN THE GLOBAL DRUG SURVEY

**48.2%**

OF RESPONDENTS HAD USED CANNABIS IN THE LAST 12 MONTHS

**22%**

OF RESPONDENTS IN THE UK HAD PURCHASED DRUGS ON THE INTERNET

**€100**

AVERAGE PRICE PAID FOR ONE GRAM OF COCAINE

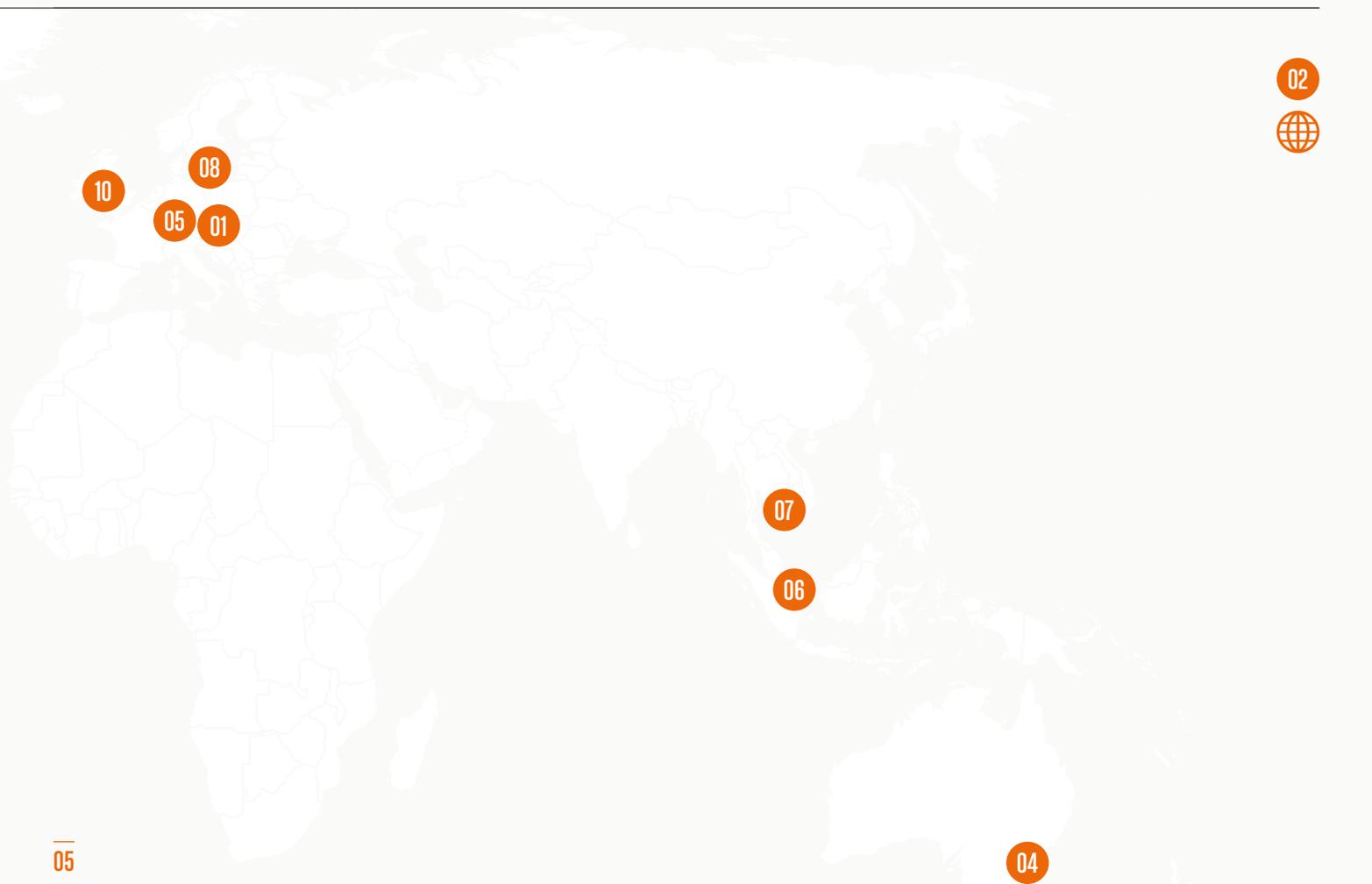
**20%**

OF AMERICAN RESPONDENTS HAD PURCHASED A 'LEGAL HIGH'



### RESOURCES

Find out more about the Global Drug Survey at [globaldrugsurvey.com](http://globaldrugsurvey.com)



05

# €3.7B

€3.7 billion is the minimum amount of money that the EMCDDA estimates Europe spends on keeping drug law offenders in prison. The estimate range goes up to €5.9 billion.

 **RESOURCES**

Read the full report here: [nzdrug.org/emcddareport](http://nzdrug.org/emcddareport)

06

# 650KG

The US Drug Enforcement Agency now allows the University of Mississippi to produce 650,000 grams of cannabis for research purposes. This is the only federally mandated cannabis crop.

 **RESOURCES**

Read more here: [nzdrug.org/650kilos](http://nzdrug.org/650kilos)

07 **Vietnam sentences 30 to death**



**VIETNAM** has sentenced 30 people to death for drug-related offences. Harm reduction international Reprieve and the World Coalition Against the Death Penalty have called on the United Nations Office of Drugs and Crime (UNODC) to stop funding Vietnam because they fear the support may lead to people being executed. UNODC offers more than \$US5 million in aid, most of which goes to drug control.

08 **WHO: alcohol kills one person every 10 seconds**



**THE WORLD HEALTH ORGANIZATION (WHO)** is calling on governments to do more to prevent alcohol-related deaths and diseases. In a report, WHO estimates that, worldwide, 3.3 million deaths in 2012 were attributable to alcohol and much more can be done to support countries to bring this number down.

 **RESOURCES**

Read the full report here: [nzdrug.org/WHOalcohol](http://nzdrug.org/WHOalcohol)

09 **Singapore bans NPS**



**SINGAPORE** has reclassified new psychoactive substances, making them Class A drugs punishable by imprisonment and caning. People caught trafficking will face at least five years in jail and five strokes of the cane. A person found in possession can be jailed for up to 10 years, fined up to \$20,000 or both.

10 **LSE: it's time for evidence**



**THE LONDON SCHOOL** of Economics Expert Group on Economics and Drug Policy has released a report calling for an end to the War on Drugs. The group, which is led by economist John Collins and contains five Nobel Prize-winning economists and heads of state, said the report sets out a roadmap for finally ending the drug war.

 **RESOURCES**

Read the full report here: [nzdrug.org/LSereport](http://nzdrug.org/LSereport)  
Check out page 16 for more from John Collins

# Will they ever learn?

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If a student turns up to class stoned, they might be kicked out of school. Or they might have a restorative conference with their teachers and whānau, receive drug counselling and health education and be excluded from attending their school ball. Which approach is better for the student, their peers and society? **Keri Welham** reports.

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Harry was expelled from high school for committing burglaries in school time.

The 19-year-old Aucklander, who graduated from

treatment at Odyssey House two years ago, started smoking cannabis daily from age 14. The drug formed a solid, predictable background against which he experimented with an ever-changing brew of illicit drugs.

Harry (not his real name) was stoned most days at school, but he says teachers turned a blind eye. By the time he was 17, he was before the courts on charges related to a drug-fuelled all-night crime spree.

What could educators possibly have done to avoid this outcome? Harry believes he would have been well served by early intervention through a programme educationalists call restorative practices – a wraparound suite of initiatives that address the causes of drug use, bolster resilience and buy young people the time to develop good judgement.

“Honestly, that’s a great idea,” Harry says. He believes it would have been more beneficial for him than strict rules with hefty consequences ever were. “The important thing to understand is youth at that age are really wanting to try and do new things, and being told not to do something really makes you want to do it.”

Researchers, the Ministry of Education, the Education Minister and the majority of teachers believe young people are best kept in school following a transgression, and the rates of stand-downs, suspensions, expulsions and exclusions are at their lowest in 13 years.

However, Ministry data shows 1,238 young people were expelled or excluded from state and integrated schools in 2012. Of those, around 250 students were kicked out because of issues with drugs. Add in a buffer for the undocumented exclusions and expulsions from private schools, where consequences are traditionally more punitive, and drugs in schools start to look like a substantial problem for society.



KERI  
WELHAM

*If only it was as easy as putting up a sign*



It is up to each school's board of trustees to decide which punishments are appropriate and acceptable in its community. Some schools use suspensions or stand-downs sparingly and favour restorative practices that support the young person with counselling, programmes of drug testing, health education and perhaps time learning by correspondence. Others continue to follow punitive zero-tolerance approaches, which are popular with parents, where punishment always involves time banned from school.

But does the hard line work? Is the key to addressing drugs in schools really as easy as closing the gates to any young person caught carrying, using or being under the influence of drugs in school time?

John Paul College Principal Patrick Walsh says yes.

"We don't make any apologies for that."

The Rotorua school once expelled a student for a first offence of dealing drugs in school. Walsh says the student's behaviour was not only illegal but was also posing a risk to other students, which would not be tolerated.

"Naturally, parents have a legitimate expectation that schools are drug free. They don't expect their kids to be offered drugs in school," Walsh says.

John Paul College considers incidents involving drug dealing, use or possession "gross misconduct", for which the punishment includes an appearance before the board and at least some time away from school.

There have been no drug incidents at the college this year. There was one last year and one the year before. In a school of 1,100 students, Walsh says the low incidence of drug-related issues is proof zero tolerance and visible consequences work.

He acknowledges there would be students in his school who use drugs on weekends, but he says they know not to bring that offending to school.

"At some point, you have to take a punitive approach because drugs in schools have a big impact in the community," he says. "We have to be very strong on that because that's just the expectation of our community."

Walsh accepts excluding a student from school can set off a 'spiralling down' in terms of that young person's engagement, education and social development. The best option for a student is rehabilitation, he says.

But he feels duty bound to present clear boundaries for the other 1,099 young people in his care.

"The restorative approach is the right approach. But, unless [students] can see there are consequences for their actions, they can develop a mindset of impunity."

If a young person is spared removal from school and is instead guided through a rehabilitative process, Walsh says the student body does not see the mercy or compassion in that approach.

"They see it as a weak stance."

Most students removed from school for a few days, or more, are aged 13–15 and are disproportionately Māori and male. Official Information Act data shows there were around 1,100 stand-downs and 800 suspensions for drug-related incidents in New Zealand schools in 2012.

Education Counts figures for 2012 show that, for every 1,000 state and integrated school students, 1.7 are stood down, 1.1 are suspended, 0.3 are excluded and 0.4 are expelled for drug-related behaviour, including substance abuse.

Extrapolated out over a country of learners and accounting for all those never caught or dealt with by other means, those small figures reflect a major blight on the learning environment. Australia's National Council on Drugs claims entire Mondays are now being lost in schools across the country as teachers deal with the fallout of a weekend of teenage drug taking and drinking. New Zealand educators interviewed by *Matters of Substance* echoed that experience.

International research has identified the main motivations for drug use are escaping developmental distress, self-managing body and spirit, conforming to social norms and creating individual identity.

The motivations are varied and so are the options available to schools.

The Education Ministry says any short or long-term removal of a student must comply with the relevant sections of the Education Act 1989 and the Education (Stand-down, Suspension, Exclusion, and Expulsion) Rules 1999. This year, two new documents entered the landscape – the Education Amendment Act 2013 and the Education (Surrender, Retention, and Search) Rules 2013.

It's no wonder principals like Oxford Area School's Bob Norrish and Kaiapoi High School's Bruce Kearney have publicly said they're not clear on some of the legalities.

In recent months, Oxford Area School and several others in Canterbury have

“Naturally, parents have a legitimate expectation that schools are drug free. They don't expect their kids to be offered drugs in school.”



## What property can a school search?

There is a clear distinction between school property and a student's property.

A school can search any part of its own property (including its own digital property):

- at any time
- for any reason
- by any means (as long as it acts professionally and respects privacy).

Staff cannot require a group of students to produce, reveal and surrender items or to remove outer clothing or surrender a bag or other belongings, as above, unless they have reasonable grounds to believe that each student has a relevant item. This means, in effect, the legislation does not permit blanket searches in any circumstances.

SOURCE: Guidelines for the surrender and retention of property and searches, Ministry of Education

brought in drug detection dogs through a company called Risk Management Group. *The Press* revealed the company had conducted drug raids on a dozen Canterbury schools in the year to February 2014.

Norrish told the paper he wasn't sure the raids would become a regular activity. "I need to look at the new search and seize legislation to see if it fits in with that."

And Kaiapoi's Bruce Kearney said, "When you bring drug dogs in, you are subjecting all of your students to that, and I'm not 100 percent sure how effective it is. I'm no longer 100 percent sure how legal it is."

Key aspects of the Education Amendment Act 2013 relate to searches and confiscation of property in schools. Last year, the Ministry oversaw development of *Guidelines for the surrender and retention of property and searches*. These are sometimes referred to by educators as the 'search and seize' guidelines.

While the term 'guidelines' insinuates the advice on offer is an optional consideration, schools are legally required to have regard for the guidelines when dealing with issues such as drugs in schools.

Martin Henry is an advisory officer with the New Zealand Post Primary Teachers' Association (PPTA) and was formerly a deputy principal at a Wellington secondary school. His work with the PPTA focuses on restorative practices.

Henry says a board of trustees can use dogs to search school property, because that property is owned by the Crown, but the dogs cannot be used to search people or their bags. Many schools make students sign a waiver when they rent a school locker, enabling those lockers to be included in any drug search.

"If you've got someone bringing dope in to the school, stopping that dope is important. But [we] don't want people searched without suspicion."

In the preamble to the guidelines, the difficult decisions facing schools are addressed:

"There can be no definitive way of dealing with each and every scenario and principals and boards will most often be required to look to their own experience and judgement. Often the circumstances will be straight-forward and responses will be routine, but there will be occasions when the best course of action is not obvious. Where a range of responses is available, boards and staff are encouraged to exercise judgement that is based on what is reasonable in the circumstances."

Deputy Children's Commissioner  
Dr Justine Cornwall



Patrick Walsh of John Paul College was involved in the development of the guidelines. He says the law was previously unclear and the new rules represent "another tool in the toolbox" for schools as they fight drugs. The power to search school property is welcome. "We hope not to exercise those powers, but the fact the students know we have them acts as a deterrent."

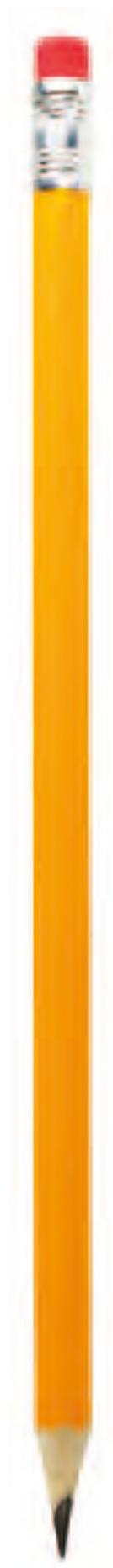
While some schools have specific drug policies, others rely on pastoral policies or the 'serious misconduct' clauses within other policies.

The Ministry of Education is developing a model of restorative practices for schools as part of Positive Behaviour for Learning (PB4L – see sidebar on page 13).

Education Minister Hekia Parata told *Matters of Substance*, "We've learned from experience here and overseas that restorative approaches are more effective than punitive responses when it comes to reducing challenging behaviour, such as drug-related incidents, and getting kids working successfully again in the classroom."

Parata says early feedback on PB4L has been positive. "We're seeing evidence in schools using it of improved student retention and NCEA Level 1 achievement and a drop in stand-down rates."

Education researcher Jenny Robertson believes restorative practices and programmes such as PB4L make teachers feel better about themselves but may not necessarily deliver on the promise of ensuring a higher level of learning.



## “We’re seeing evidence in schools using it of improved student retention and NCEA Level 1 achievement and a drop in stand-down rates.”

HEKIA PARATA

“Where’s the evidence that change in behaviour is achieving better learning outcomes? What I have seen would suggest it’s not.”

Robertson, author of a 2013 review of alcohol and other drug (AOD) education programmes for young people, believes, “There are probably still a small number of users where expulsion from school is actually the best thing.”

One controversial tool used by many schools is section 27 of the Education Act – an attendance clause used to keep a young person out of school for a few days without affecting their academic record.

The PPTA’s Martin Henry says a section 27-negotiated return to school can involve voluntary drug testing. Some students are relieved – the certainty of drug testing can help them deflect peer pressure to continue using.

The focus for most schools using section 27 is to ensure that, when a young person eventually leaves school, it’s with dignity and to transition to options that are meaningful.

Then there’s the issue of the ‘Kiwi Suspension’. Henry says this is common in private schools where a school will hush up a drug issue if the student involved simply leaves the school. The child leaves the school, seemingly voluntarily, and enrolls in another school without any record of the incident. The school can then also maintain its own blemish-free record.

Dominic Killalea is Deputy Principal of Wellington High School. His approach to

pastoral care while Acting Principal was evident in his handling of large-scale drug use on a school trip last year. He told *The Dominion Post*, “I don’t want a kid that smoked dope to think they’re a terrible person. I want them to be a better person.”

Killalea told *Matters of Substance* he normally dealt with around 10 drug-related incidents a year. Only in extreme cases, such as drug dealing or repeated drug use, would students be suspended.

However, in 2013, 26 teenagers were found to have smoked marijuana on a school ski trip. There were 105 students and 11 adults on the trip. The drug use was uncovered when a parent contacted the school to say their child had reported trying cannabis for the first time while on the trip.

Killalea says a blanket solution would not have fairly addressed the range of culpability. Those who supplied the drugs had to be considered to have done something worse than those who were standing in a circle when cannabis came around and didn’t have the fortitude or inclination to refuse it.

The school ran restorative conferences for 15 of the students. They were kept home for 3–5 days. The majority were dealt with by section 27. They returned to school after negotiating with the board and drawing up agreements that included punitive measures. The year 13s, for instance, were excluded from the school ball. None of the 26 was allowed on any further field trips for the rest of the year, and inclusion on field trips this year is at Killalea’s discretion. Most of the students offered to take part in voluntary drug testing to prove their ongoing adherence to school rules. Only one student was suspended.

“I didn’t feel I was getting total engagement from the kid and the family.”

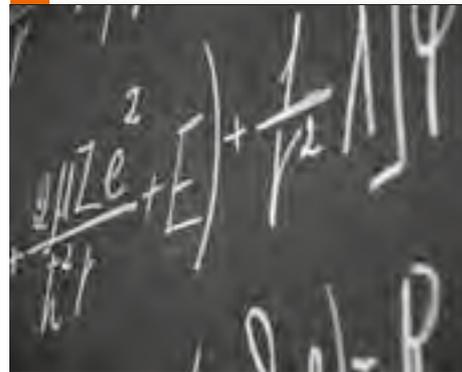
Killalea emailed the school community about the ski trip and received almost 200 replies of support from parents. He received two emails that criticised his restorative practices.

None of the 26 students was involved in either of the two drug incidents the school dealt with in the first term of this year.

A 2012 Scottish cohort study suggested a sense of “connection” to a school’s values and ethos helped protect young people from illegal drug use. In fact, connection was a stronger indicator of protection from drug use than either truancy levels or academic success.

Killalea says his students seemed proud of the school’s restorative response to the ski trip incident. It appeared to foster

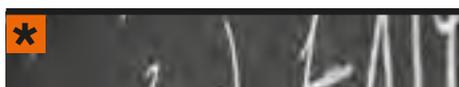
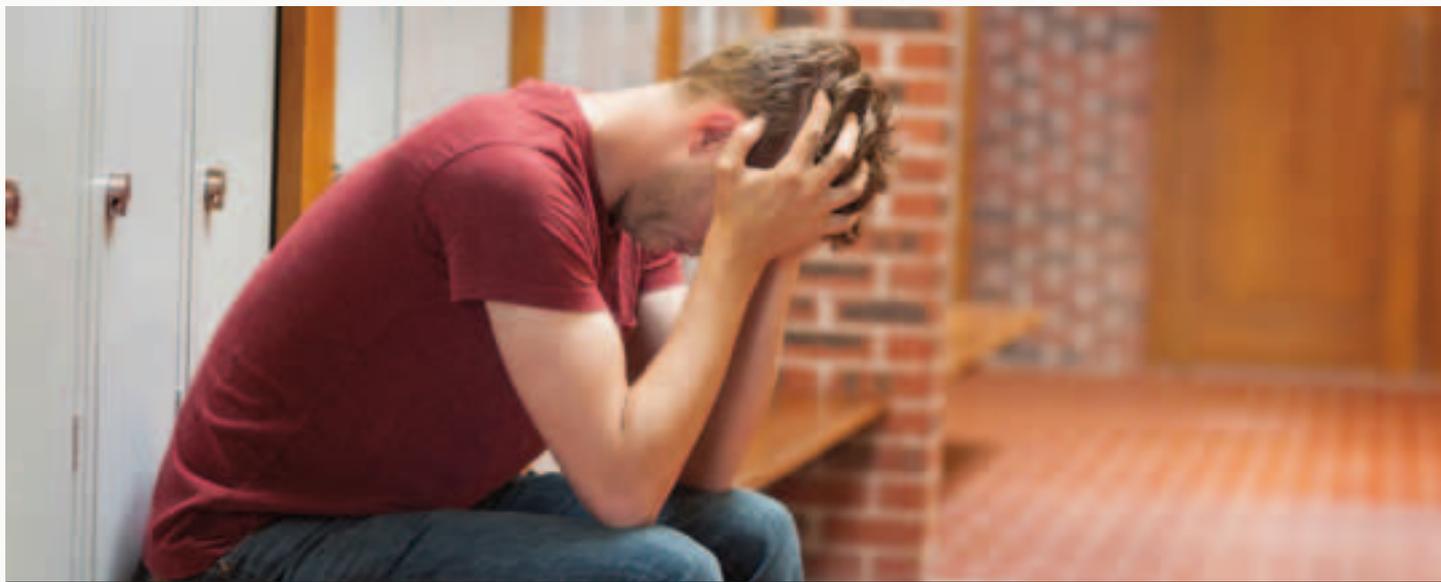
### \* INFORMATION



## Definitions of stand-down, suspension, exclusion and expulsion in the New Zealand education system

- 1 Stand-down means the formal removal of a student from school for a specified period.
- 2 Suspension means the formal removal of a student from school until the board of trustees decides the outcome at a suspension meeting. Following a suspension, the board may decide to:
  - A. lift the suspension without conditions
  - B. lift the suspension with reasonable conditions
  - C. extend the suspension with reasonable conditions for a reasonable period
  - D. exclude or expel the student.
- 3 Exclusion means the formal removal of a student aged under 16 from the school and the requirement that the student enrol elsewhere.
- 4 Expulsion means the formal removal of a student aged 16 or over from the school. If the student wishes to continue schooling, he or she may enrol elsewhere.

SOURCE: Ministry of Education  
NB: Exclusion or expulsion follow suspension



**Punishments in 2012, by the numbers (all behavioural issues, not just drugs)**

**92%**

92 percent of schools used stand-downs, involving 13,040 students

**83%**

83 percent of schools used suspensions, involving 3,061 students

**1,101**

Of those suspended, 1,101 students were excluded

**137**

Of those suspended, 137 students were expelled

SOURCE: Education Counts

a sense of belonging and pride in the school's ethos.

It is rare for students to be found carrying drugs. Killalea says he more commonly deals with students who turn up to class stoned.

He usually asks them outright if they are stoned. If they admit to having smoked up before class and seem genuinely sorry, he arranges a restorative conference involving the teacher, parents, a facilitator, Killalea and sometimes classmates. They develop a restorative agreement with a number of conditions, such as voluntary drug testing to prove adherence to the school's rules.

If the student denies using drugs, it gets much more tricky. Where the parents are supportive, a family might decide to get the young person's urine checked by a doctor to show whether THC levels have spiked in recent hours. If high THC levels are detected, the young person might be suspended by the board. When parents fight school suggestions to gain clarity around the young person's drug use, suspension is also likely.

Killalea sometimes feels like he's actually suspending the parents.

He has known students whose drug use has been sanctioned at home or even encouraged. One student was found to be dealing drugs at school, and Police – who must be informed – confirmed the father was also a known dealer. When another

student was caught, he told Killalea he first smoked pot when he was five.

“Do we just turf him out? Because [if we do] that's a whole lot of problems for society.”

He has only ever expelled one student over drugs. The boy had been at the school two weeks when he turned up with a bag of weed. Killalea says he had no tolerance for someone who was new to the school community, showed such disregard for his new schoolmates and teachers and was obviously looking to compromise the safety of others by dealing drugs.

John Paul College's Patrick Walsh did the exact same thing for a first-time drug-dealing incident in his school, but he framed it as unashamed zero tolerance. By contrast, Wellington High's Dominic Killalea is somewhat haunted by the fact he expelled that student.

“I've always felt a little bit guilty about that one.”

Killalea says Wellington High is a decile 9 school in the vicinity of high-density state and council housing. Drug dealers walk up and down the school boundary pushing drugs. In that environment, educators have to be determined.

“For the most part, if a student's getting stoned and turning up to class, there's an issue there. I do feel it's our responsibility to help.

“We're not a druggie school – just prepared to deal with our problems... We'll look after our kids as much as possible.”

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**“ The denial of school is a punishment which completely outweighs the error of judgement. This isn’t about tolerating bad behaviour, [it’s] more about having a measured response. ”**

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The United Nations Convention on the Rights of the Child (UNCROC) was ratified by New Zealand in 1993.

Article 16 of UNCROC states: “No child shall be subjected to arbitrary or unlawful interference with his or her privacy, family, or correspondence, nor to unlawful attacks on his or her honour and reputation.”

Article 16 is relevant to an environment where mandatory drug testing is no longer allowed but drug dog sweeps are becoming routine.

New Zealand’s Deputy Children’s Commissioner Dr Justine Cornwall says she would like to see schools assessing each case of drug use individually, working with whānau to find solutions and linking families with rehabilitative support. “These situations are rarely black and white.”

She says school can be an important protective factor for a young person. Jim Matheson agrees. Matheson is a New Zealand Drug Foundation Board member and a former Ministry of Education operational policy manager for student support. He says it’s essential young people are supported while they grow and are given space to make errors without threat of punishments that have lasting impact.

“Kids do silly things. The denial of school is a punishment which completely outweighs the error of judgement.

“This isn’t about tolerating bad behaviour, [it’s] more about having a measured response.”

Matheson says education is essential in battling teenage drug use. Health education in the curriculum must explain the negative developmental and social impacts and the wider health implications for young people using cannabis and other drugs.

Dunedin’s Mirror Services has a long history of providing services to young people with drug issues and is currently developing a new service for the Southern region as part of the Prime Minister’s Youth Exemplar contract. Mirror’s day programme is full of young people who have been excluded from school, some of them for as long as three years, and have severe substance use issues.

Director Deb Fraser says expelling or excluding young people from school for breaches of the school’s drug rules rarely works in terms of curbing drug use. But she often sees scenarios where small-time drug use is overlooked and ignored in school settings, so it escalates into more substantial drug use. Then, when the drug use is discovered, school communities sometimes “completely over-react”, and the consequences are much more severe than circumstances warrant.

Ideally, Fraser says, drug use should be identified as early as possible, and the response should involve appropriate screening and intervention.

And there are times when all the young person is guilty of is youthful exuberance. She knows a young man who was expelled for taking his brother’s bong to school and



### Considering drug treatment – advice for schools

When considering whether a stand-down or suspension is warranted, a principal should take into account a student’s interest in addressing his or her problem, and any willingness to engage with assistance such as mentoring or counselling.

SOURCE: Guidelines for the surrender and retention of property and searches, Ministry of Education



### What is PB4L?

Positive Behaviour for Learning (PB4L) is a suite of 11 programmes and initiatives that help parents, teachers and schools address problem behaviour, improve children’s wellbeing and increase educational achievement. It is a joint initiative led by the Ministry of Education, and restorative practice is one of the programmes.

Restorative practice helps build respectful relationships across schools to encourage positive changes in behaviour. A PB4L restorative practice model is being piloted in over 20 secondary schools in 2013/14 and will be available to 200 secondary schools by 2017.

AS AT JULY 2013, THERE WERE

# 408

PB4L School-Wide schools

SOURCE: PB4L website, Ministry of Education

## CASE STUDY

# Student-led solutions to drug taking in class

**Makere Derbyshire says young people are harsh on their peers who illegally take drugs in class time.**

Derbyshire is head tutor of Whitireia New Zealand's He Poutama Ako (Certificate in Work Skills Level 2) course. Many of the younger students end up on the course because they've been kicked out of mainstream schooling for problematic behaviour, such as drug use. Most course participants have a multitude of social risk-factors. Many use cannabis habitually.

The course aims to prepare the students – ranging in age from 17 to 46 – for higher education or the workforce. Derbyshire follows a system of student-led education, which extends to students developing their own consequences to deal with drug use in class.

Last year, on the last day of a class tramp, Derbyshire noticed one student was stoned. She called a class meeting, asked the group why they thought she'd called them together, and a student stepped forward and said, "Because I'm really stoned." By the end of the impromptu meeting, nine students – half the class – had confessed to being stoned.

"I've been working with youth for 15-plus years," Derbyshire says, "and this was where everything always seemed to fall down – how you dealt with someone who was on marijuana or some sort of substance."

The next day, Derbyshire explained to the students that some minor initial consequences enforced on the tramp were not sufficient for such a significant breach of trust. In the absence of an institute-wide drug policy, she asked them to develop consequences for anyone who came to class stoned.

"They were harder on themselves than what I could come up with," she says.

The group developed the following consequences:

- Derbyshire would have the right to immediately send home anyone she suspected of being stoned.
- The next day, that student had to apologise to the class and articulate why their education was important to them. They had to suggest an appropriate consequence.
- For a second offence, the Dean of Faculty Māori would be informed and the student would provide a plan to ensure it would not happen again. It would be expected the student would take up some form of counselling.
- For a third offence, the student, the Dean, Derbyshire and the student's family would hold a meeting to discuss the student's place on the course. Specialised drug and alcohol support would be mandatory for anyone wanting to remain. A four-week good behaviour contract would be drawn up, and any further transgressions would result in the student exiting the class. They would be given support and clear drug rehabilitation goals, and once those goals had been met, they could resume their place in a future intake of the course.

**““ They were harder on themselves than what I could come up with. ””**

Following development of this system and other student-led initiatives such as shorter lunchtimes so students didn't get bored and smoke cannabis, Derbyshire recognised a "profound" drop in students turning up to class stoned.

ATTENDANCE GREW FROM AROUND

**60% TO 81%**

Attendance grew from around 60 percent to 81 percent. At the end of the year, three students revealed the supportive system had encouraged them to give up marijuana altogether. One student, who could not remember ever going three hours without a smoke, developed a habit of staying straight for the six-hour class day. Of all 18 students on the class, two of them got to the first level of the three-level disciplinary system developed by the students. None progressed to the second or third levels.

Derbyshire says young people with substantial risk factors need the stability and structure of a course. A zero-tolerance exclusion model would not have been effective.

"They need to be here."



another who took a bag of chopped up houseplants to school and pretended it was drugs.

She says school boards are dealing with a young person's record – their educational history – and the impact it will have for the rest of their lives should not be overlooked. Boards face school populations that are a cross-section of society – from those with substance addictions to those who just want to cause mischief and enjoy getting out of it. The punishment might be the same, but at one end of the scale are young people who need robust therapeutic interventions.

Repercussions must be consistent, but not one size fits all. And those repercussions must be seen to be just as strict and supportive for teachers found using drugs.

Fraser says drug education is hugely valuable, but it must be tailored to each stage and age group. Values and beliefs change as young people mature. It would be valuable for young people to learn about developing positive self-image, social skills and coping strategies such as refusal skills that could be used in a social settings.

How do you say you don't want a toke?

Katrina Casey is the Education Ministry's Deputy Secretary Sector Enablement and Support for New Zealand's 750,000 schoolchildren. New Zealand has an alternative education programme that, at any one time, can cater for about 1,900 young people who have been marginalised by the system. This might mean they don't fit in socially, they have

disruptive behaviour or they have specific education needs not met by mainstream schooling. Casey says alternative education is not intended for – and rarely used by – those excluded from school.

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**““ They need consequences, boundaries and support to understand the gravity of the situation, but getting an education shouldn't be one of the bargaining chips. ””**

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Instead, the first option for an excluded student is to find another school to take them. If that fails, they often join the ranks of the 14,000 Kiwi kids studying with Te Aho o te Kura Pounamu – The Correspondence School.

Casey says stand-downs and suspensions are not a board of trustees' or principal's preferred action, but it depends on the situation.

“Everyone would draw the line at physical assaults on other children.”

Responses to broken school rules have changed over the past 30 years, Casey says, but so has society. “Commonly, both parents are working, so [suspension] is a more complex issue than it would have been 20 or 30 years ago.”

Ben Birks Ang is Amplify! and Stand Up! team leader at Auckland's Odyssey House. His teams work in 20 mainstream

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**““ ...when somebody gets excluded from school or expelled, they have less structured activity... Often their situation worsens, and other young people start getting pulled in to that lifestyle too. ””**

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schools, nine alternative education programmes and a teenage parent unit.

“What we've noticed is, when somebody gets excluded from school or expelled, they have less structured activity so they are not 8.30am to 3.15pm, at school [and] occupied. Often their situation worsens, and other young people start getting pulled in to that lifestyle too.”

Birks Ang says many young people start using drugs to control the strong emotions they feel as teenagers. Unfortunately, drugs are a very effective anaesthetic.

Young people facing boards for stand-down or suspension hearings are often nervous yet staunch, he says. It can be hard for them to see the anguish and shame they are causing their families.

There are also a small number of families who educators hate to call because they know the young person could be physically punished for getting in to trouble.

“For a lot of students, school is one of the safest places they go to.”

Every breach of school rules should have consequences, but Birks Ang says losing access to education should never be among them.

“They need consequences, boundaries and support to understand the gravity of the situation, but getting an education shouldn't be one of the bargaining chips.” ■

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**Keri Welham is a Tauranga-based writer.**

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# International drug reform is happening – just not as we expected

Reform of international drug policy seems inevitable, but questions remain. “How broad will the reforms be and how long before a new stable governing equilibrium is reached by the UN system?” asks **John Collins**.



JOHN COLLINS

**T**he international drug control system, begun over a century ago, has seen major periods of upheaval before with a crude pattern discernable. Periods of stability have lasted roughly a decade on average before being broken by frenetic bursts of activity and change (often resulting in new conventions), before reaching a new period of stability.

However, this time appears different in terms of both the scale and direction of reform. States in Latin America have, for the first time in the system’s history, openly revolted against continuing the current trajectory of control. Meanwhile, the US, long the system’s key bilateral enforcer, has relinquished its leadership role and is instead focusing on de-escalating its domestic drug war.

Uncertainty over whether Russia would assume the US’s mantle has been answered by the post-Crimea diplomatic freeze, while China shows no appetite for subsuming its overarching foreign policy principle of non-intervention to drug policy. Lacking a hegemonic champion,

the United Nations Commission on Narcotic Drugs (CND) has had to rapidly recalibrate to a new international paradigm where, instead of reflecting and enforcing a prohibitionist framework, it merely provides a forum for discussion, disagreement and/or cooperation.

For the last century, the goal of the system was to end the ‘abuse’ of and trade in non-medical and non-scientific ‘dangerous drugs’. States worked to overcome powerful economic interests and political obstacles to reform the trade and create a globally regulated licit market.

In some ways, as historian David Courtwright has pointed out, it represented a rational effort to decommercialise and decommmodify a burgeoning global narcotics industry. In others, it represented a drastic regulatory overreach, one based on deeply flawed assumptions and a singular belief in prohibitionist policies as a panacea. Failure of outcomes was viewed as a failure of political will, not of strategy or assumptions.

Early indicators, clearly discernable by the 1930s, that the illicit market and addiction would not be so easy to quell were ignored in favour of a belief in entrenched enforcement and control measures. Thus began an almost century-

“No longer among the hardliners, the US has acknowledged, both at the UN but also more recently domestically, that the overreliance on incarceration has failed.”



long trajectory towards the current drug war quagmires. States continually sought to double down and strengthen the existing strategy rather than engage in a re-evaluation of strategic assumptions.

Current debates now focus on what components of the current strategy are mandated by the drug conventions and what components are driven by precedent and interpretation. I would argue not much in terms of the former and quite a lot in terms of the latter.

Further, Uruguay, the US, the United Nations Office on Drugs and Crime – and now a growing chorus of states at the CND – seem to echo this viewpoint. In other words, there is a growing consensus around recognising the plasticity or ‘flexibility’ of the conventions. This has tremendous implications for efforts to reform global drug policy.

For decades, the idea of reforming the international system remained in the realm of academic speculation. Given that member states used the conventions to justify strict prohibitionist policies, it was assumed de-escalation of these policies could only follow convention reform. Hence the rush to claim Uruguay was in ‘breach’ of its international commitments by legally regulating cannabis.

Most member states still accept this ‘breach’ narrative, which was why it was so interesting to hear US Ambassador William Brownfield cogently elaborate on why the US was not in ‘breach’ of its international commitments, despite allowing localities to pursue regulated cannabis markets.

The point seems that interpretation and implementation of international agreements and laws is always and everywhere a function of political realities. Interpretation follows politics, not vice versa. This is not to say that treaty ‘flexibility’ is always desirable – in the case of human rights law, clearly it is not. Nevertheless, the result when applied to the field of drug control is that the conventions are undergoing a fundamental reform without the immediate need for a messy treaty rewriting process.

This is not to say convention reform isn’t necessary. As the political landscape of the international system shifts, so too will the need to alter the legal framework underpinning it. However, this will be reactive to policy changes, not proactive in facilitating them.

The question over whether states have the right to pursue varying national regulatory frameworks, as long as they

“ Early indicators, clearly discernable by the 1930s, that the illicit market and addiction would not be so easy to quell were ignored in favour of a belief in entrenched enforcement and control measures. Thus began an almost century long trajectory towards the current drug war quagmires. ”

don’t have a significant negative impact on other states, has, through the US and Uruguay’s actions, been answered. This is diplomacy at work, and this is reform under way. It has just not happened as we expected.

Few things do. ■

John Collins is the coordinator of the IDEAS International Drug Policy Project at the London School of Economics.

# NBOMe

**NBOMe** n-bomb, smiley paper, bomb, bom-25, 2C-I-NBOME, 25I-NBOME, 25I. 2-(4-iodo-2,5-dimethoxyphenyl)-N-[(2-methoxyphenyl)methyl]ethanamine

**500-800  $\mu\text{g}$**

Common dosage of 25I-NBOME according to Erowid

**2010**

The year when the first NBOME compound was synthesised

**6-10**

Number of hours effects of NBOME last

**19**

Number of reported NBOME-related deaths in the USA since 2010



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While LSD is often painted as the psychedelic equivalent of a tie-die t-shirt, the new, nefarious n-bomb is portrayed as a potent potion of peril. This new hallucinogen, often sold as acid, is another example of how new psychoactive substances are scaring the world.

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A FEW micrograms, and you'll be having a psychedelic trip. A few micrograms more, and you could be dead. The NBOMe family is a group of hallucinogenic new psychoactive substances (NPS) that mimic LSD. The most common member of this family is 25I-NBOMe, which was discovered in 2003 and first synthesised only a few years ago in 2010.

It's a potent chemical that acts as a full agonist for the human 5-HT<sub>2A</sub> receptor, the receptor that other psychedelics like LSD and psilocybin hit to create the desired effects. NBOMe, however, appears to affect the receptor in a different way to anything we've seen before.

That's metaphorically 'seen'. You can't eyeball a dose of NBOMe. Erowid estimates that the common dose is somewhere between 500-800 micrograms. This is important because the side effects can be severe and the dose-response curve is almost exponential. This means a tiny bit too much can lead to toxic overdose.

While it is mostly taken via a tab of blotter paper placed under the tongue, there have been reports of snorting. It seems snorting is the most dangerous way to ingest NBOMe, with more hospitalisations due to this method than others.

Tabs of NBOMe are often sold as LSD. This is worrying because LSD starts to take effect quicker than NBOMe, so people who are expecting their trip to start sooner assume they haven't taken enough and take another hit. This can have serious consequences. There are a few ways to tell the difference between the two, one being a packaged testing kit that is now available in the US.

NBOMe appears to have some other serious side effects. It is a vasoconstrictor, which means it tightens blood vessels. Some people have reported this effect can last for two days, and a few people have lost extremities, even limbs, because their blood vessels became so constricted. Kidney failure, seizures, paranoia and vomiting are other issues that have been identified with taking too much. Because it is so new, we're still not sure of all the pharmacological

implications, let alone the long-term impacts NBOMe has on the human brain.

The drug surfaced in New Zealand in early 2012, with the first media reports of its negative effects occurring in March 2014. Four men were taken to hospital in Christchurch, two of whom were admitted in a critical condition, with one ending up in intensive care for kidney and cardiac complications. Luckily, the man recovered and was discharged a few days later.

The story overseas has been far grimmer, with multiple deaths being reported. As of late 2013, there had been at least 17 deaths in the USA, one in Australia, and across Europe, the EMCDDA has reported a handful of deaths and over 40 incidences of severe intoxication leading to hospitalisation from NBOMe compounds.

NBOMe has been banned in a handful of countries and more are likely to follow suit, but this has not led to any significant reduction in harm or reported availability. Even here in New Zealand where, under the Psychoactive Substances Act, NBOMe is an unapproved substance, we are seeing its ugly effects.

NBOMe has spread quickly due to a number of factors. Where a lot of focus on developing other new psychoactive substances had been put on synthetic cannabis and substances that mimic MDMA or cocaine, this was the first real hallucinogen. Consequently, it filled a gap for those seeking a legal version of LSD or psilocybin.

Also, because doses are so small, NBOMe can easily avoid detection in drug tests. This is important because platforms like Silk Road and DarkMarket make purchasing drugs online easier than heading down to your local corner store. With limited ability to detect NBOMe, the likelihood of getting caught receiving your drugs by mail is very slim.

NBOMe is the perfect example of how the merry-go-round approach to banning substances is futile and results in increased harm. With LSD prohibited, people will look for alternatives and find NBOMe. But little is known about this drug, and though it appears more dangerous, it's readily available online despite local bans. ■

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““ After spending some time with the frogs, I began walking again. ””

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Erowid user cryptix420 on his positive use of NBOMe

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““ TL;DR My brother died about four hours after dosing two blotter tabs of 25B-NBOMe... If you choose to partake, please take all necessary precautions and employ a trip-sitter. We played with fire, and we got burned. ””

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Reddit user PainfulRegret on the death of his brother due to NBOMe

# ChEckiT out

The dance party scene is renowned for being up with the latest and best dance-enhancing substances. But sometimes things can go wrong. ChEckiT is an integrated drug checking service in Vienna that helps party goers make good decisions. **Jackson Wood** went along to a rave to check it out.

JACKSON  
WOOD



**O**t's only 11pm. The party hasn't started yet, and the ChEckiT team are busy setting up their stall in the chillout room at WUK. It's a small table, but it's a small table that has changed the face of dance parties in Vienna.

Fifteen years ago, there was an atmosphere of uncertainty among politicians and the general public about *the scene*.

*The scene*, explains ChEckiT's Steve Mueller, is the electronic music scene. It came late to Vienna. But when it came, the parties grew to a size where they became visible to the public and to politicians.

"They didn't know what was happening there, they were just becoming aware that there is something happening around this new music and around big old factories where a lot of people go and just celebrate something," Mueller says.

"They were aware there was no alcohol there. They had a lot of questions, and they had fears."

Out of this fear, ChEckiT was born.

ChEckiT is an integrated drug-checking service. It's not drug testing. It's a trusted source of advice and counselling for drugs.

It's clever harm reduction that goes straight to the source.

Mueller says three things came together: social workers in or around *the scene*; politicians ready to listen to the social workers; and a wave of other European cities starting up drug-checking services.

"There were social workers who had an insight into *the scene* – they had friends in *the scene* or had been in *the scene*, and they had a professional background. They were credible people for the politicians to talk with.

"Then there was a politician ready to listen to them. The idea was to find out what was actually happening. They started a research project, not just researching *the scene* in Vienna and throughout Austria but in Europe and looking for how other states or cities were dealing with it."

What they found was that Switzerland was running a safer parties programme, as was the Netherlands. So there was precedent.

Mueller credits the social workers for pulling everything together.

"They were part of *the scene* and had a professional background. I think that was a credit, the crucial bit. The politicians would have never talked to just people from *the scene*, it wouldn't have been credible enough for them."

“ They were aware there was no alcohol there. They had a lot of questions, and they had fears. ”





“It’s personalised harm reduction information, and that makes it so, so, so credible for our service users. They know that the information I’m getting here is related to my drug and it’s related to me.”

Credibility is no longer a problem. In its 16th year, ChEckiT rolls out once a month to dance parties around Vienna. They also have an office in a nice part of town and are an accepted part of *the scene* and with the Police.

So how does it work?

The stall is more than just a repository for condoms, apples and drug information. It’s a gateway to getting good info about drugs so people can make good choices. It’s not patronising. It’s honest. It provides help.

From the stall at the back of the chillout room, people are directed to the sampling station. Here, people talk with a counsellor in private. A small scraping of their pill or their powder is taken. The person tells the counsellor what they think it is. They have a chat about their drug use. The person gets given a number. From here, the scraping heads to the lab.

We walked over to the lab at Vienna Hospital. After getting lost in the labyrinth of late 70s orange linoleum, we find a small room with a large machine in it.

The technician says they’re seeing a lot of MDMA in very high concentrations at the moment as we wait for the first tests to be run.

The first test comes back. The person back at the dance party thought it was MDMA, turns out it is – and it’s 79 percent pure. Another is 2C-B. Eyebrows are raised at the next one. The person thought it was cocaine. Turns out it is mainly caffeine, an anaesthetic and levamisole.

Back in the chillout room, the party is kicking off. People wander up to the ChEckiT stall. Eyes dart down to their hands and then scan the wall for their colour-coded result paper.

White if the drug is what the person thought it was and it is within the normal dosages for low-risk use. Yellow if it is cut with other drugs or in high concentrations above low-risk use. Red if the sample was not what the person thought it was or could cause a high-risk trip.

People start talking to the ChEckiT crew. Asking them questions not just about the testing but about their use and drugs in general.

This is integrated drug checking. It’s not just a test, Mueller stresses.

“Our approach makes the service more useful for people. Most people think drug checking is just the handling, the chemical analysis of drugs and handing out results.



“People get information about drug use in general, general drugs knowledge or about different substances – how they can affect their bodies and how the person can actually deal with them.

“Then they get advice, which gives people the knowledge they need to handle their specific substance. They get information related to the drug they have in their hands.

“It’s personalised harm reduction information, and that makes it so, so, so credible for our service users. They know that the information *I’m* getting here is related to *my* drug and it’s related to *me*.”

Mueller says people specifically come to parties where they know ChEckiT is going to be, and it has had an impact on *the scene*.

“They get more, they reflect more about their drug use. It’s not only that they get the chance to reflect about the drug use when they are at the results wall, but they actually get information.

“They now know there can be five or eight different substances in a sample of cocaine, which they did not know before. Then they tend to change the way they think about their own drug use and about the people they get the drugs from. Most

people don’t realise that the people they buy from actually don’t know what they have because they don’t have an analysis.”

On an average night, they would run 100 tests and talk to that many people again. Through ChEckiT’s homebase, they reach even more people and not just in *the scene*. They also work with the city of Vienna and the hospital to monitor drug trends and work with the Police on training around drugs.

The party won’t finish until midday the next day. People come and people go. Steve tells me that ChEckiT has been a success. Overdoses are down. People are accessing help and treatment. They are trusted in *the scene*. ChEckiT is truly a success of community-driven harm reduction. ■

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#### RESOURCES

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Learn more about ChEckiT’s services at [checkyourdrugs.at](https://checkyourdrugs.at)

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Jackson Wood is a Senior Adviser at the New Zealand Drug Foundation.

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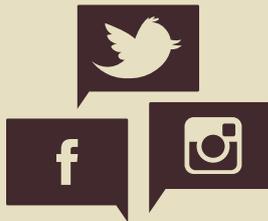
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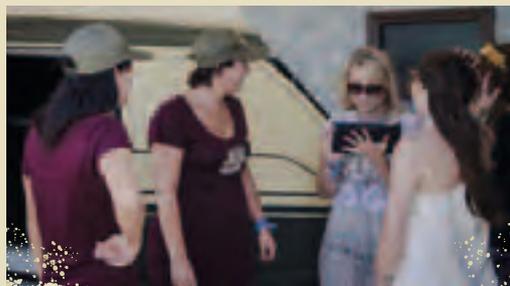
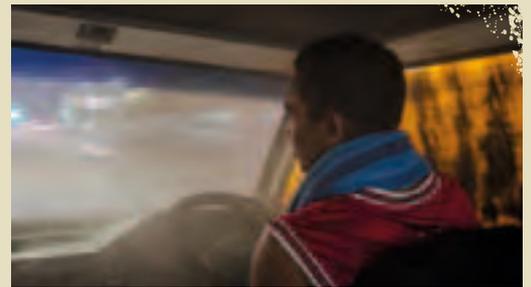


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# Oh, Vienna!

For some, the 57th Commission on Narcotic Drugs in Vienna this year was disappointing. For others, there were glimmers of hope. Meanwhile, international drug policy keeps on spluttering along. **Jackson Wood** was part of the strong NGO delegation that represented New Zealand at the event.



With 1,300 delegates from all over the world, trying to agree on anything may seem like an impossible task. But nothing is impossible if you

set limits on how long translators will keep on translating and accept compromise.

These were some of the lessons learned from the 57th Commission on Narcotic Drugs (CND) in Vienna this year.

One of the most contentious issues was the exclusion of the mention of the death penalty in the joint ministerial statement. Negotiations on this particular statement had been going on since mid-2013. Participants had failed to reach agreement on a few fundamental issues like harm reduction and preparations for the 2016 United Nations General Assembly Special Session (UNGASS).

Due to resistance from Iran, Pakistan, China and others, the final joint statement failed to take a stand on the death penalty. The European Union made a statement on behalf of 58 countries that condemned capital punishment for drug offences.

When questioned about how far consensus can actually stretch – for some countries, a certain drug is legal, while in other countries, it carries the death penalty – the UNODC Executive Director Yury Fedotov merely said, “It is a broad consensus.”



JACKSON WOOD

Another sign that this consensus is about as broad as something really, really broad is the normally conservative International Narcotics Control Board (INCB) changing its position on the death penalty. In a statement just before the CND, President of the INCB Raymond Yans encouraged member states to consider abolishing the death penalty for drug-related offences. Despite a U-turn on this issue, Yans put up a spirited defence of the conventions as they pertain to cannabis and some states legalising the drug.

Comedian in recovery Russell Brand made an appearance during the CND and met with representatives of Portugal, Switzerland and NGOs. Brand went on to hold a press conference where he talked about the insane nature of the world drug control system and endorsed the ‘Support. Don’t Punish.’ campaign.

“Nobody at all is helped by drugs being made illegal, unless of course there is a conspiracy to marginalise, condemn and persecute disenfranchised members of our global community,” Mr Brand said.





*Russell Brand talks to João Goulão from Portugal's official CND delegation*



#### MORE CND NEWS

The CND is such a long and detailed event that it is impossible to capture all the highlights in a single article. Here are some websites that you might want to check out to fill in the gaps.



#### UNODC

[nzdrug.org/CND2014](http://nzdrug.org/CND2014)

Repository of all things CND, from resolutions to timetables to briefing documents.

#### CND Blog

The IDPC runs the CND Blog, which provided fast updates on most of the CND sessions and side events. It's a powerful resource for figuring out what happened during discussions.

#### VICE

[nzdrug.org/CNDvice](http://nzdrug.org/CNDvice)

The most important UN drugs summit for decades was depressing

Max Daly, a regular contributor to *Matters of Substance*, wrote this piece for *Vice*, which captured the depressing mood of the CND.

#### VNGOC

[vngoc.org/](http://vngoc.org/)

A good place for NGO documents about the CND.

#### HCLU

[nzdrug.org/HCLUCND2014](http://nzdrug.org/HCLUCND2014)

The Hungarian Civil Liberties Union has put together this video about the breakdown of consensus at Vienna.

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“Nobody at all is helped by drugs being made illegal, unless of course there is a conspiracy to marginalise, condemn and persecute disenfranchised members of our global community.”

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RUSSELL BRAND

Brand's presence added a bit of levity to what was otherwise a serious set of discussion, and it was also among the best-attended side events of the CND

Along with the INCB's change of position, there were other signs of hope. Dr Nora Volkow, Director of the USA National Institute on Drug Addiction, and Michel Kazatchkine, special envoy for HIV/AIDs in Eastern Europe and Central Asia, reported back on scientific consultation that the UN had been doing.

Both argued for a medical and public health approach to addiction over a criminal justice approach. Dr Volkow said that addiction is a disease and that imprisonment does not equate treatment and relapse rates post prison are high. She called on the CND to develop a global prevention and treatment strategy.

The other main part of the CND was the resolutions, where once again things got a bit depressing. While there were some good resolutions on things like encouraging recovery and increasing health services to people looking for help during economic downturns, there were also increasingly drawn out discussions about other resolutions. One on promoting a society free of drug abuse through sport and the Olympic ideal stands out for

comment because diplomats were discussing cage fighting and whose football team was better.

As a whole, the NGO community was strongly represented at the CND with the Vienna NGO Committee on Drugs (VNGOC) playing a visible role throughout the proceedings. The VNGOC hosted a civil society hearing – opened by Queen Sylvia of Sweden – and spoke in the plenary and roundtable sessions. Individual NGOs hosted a wide array of side events too, informing policy makers about the vital work that civil society does to plug the gaps.

The New Zealand Drug Foundation co-hosted a side event about drug driving with the White House Office of National Drug Control Policy and the Canadian Centre for Substance Abuse. The event focused on work that had been happening in the USA, New Zealand and Europe about the issue. The rest of the New Zealand delegation took part in various meetings and helped inform the official New Zealand delegation.

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**Jackson Wood is a Senior Adviser at the New Zealand Drug Foundation.**

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**QUOTES OF SUBSTANCE**

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“It's just a bland restatement of previous commitments, meaningless platitudes and delusional self-congratulation.”

The 57th Commission on Narcotic Drugs happened and not much else. That's the opinion of Transform's **Steve Rolles**.

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“Let's say you have a 1965 Ford pickup. That's basically what you got. Now if you put chrome wheels on it, that changes the pickup, but it's still a 1965 Ford pickup.”

The differences between NPS, and why they should be super easy to ban, as explained by **Charlie Brandenburg** of the Austin Narcotics Unit.

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“It is time to end the 'war on drugs' and massively redirect resources towards effective evidence-based policies underpinned by rigorous economic analysis.”

The opening line of the London School of *Economic's Ending the Drug Wars* report starts as it means to finish: with a bang.

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“The average club-goer is music motivated. They're not motivated by alcohol.”

The scene strikes back against early closing times in Auckland with Dance Till Dawn's DJ **Rob Warner** staging a dance protest.

# There's an app for that

There are new apps and programs designed to help your sobriety, but can technology replace face-to-face recovery? **Sarah Peters** takes a look at how new apps are aiding recovery.



You might not know it yet, but your best friend and worst enemy in recovery may be the same tool you use every day – your smartphone.

Smartphones connect us to other people, resources and information faster than ever, but there are two sides to the emerging use of technology in addiction treatment. Those connections can lead to positive choices as easily as negative ones.

“For many people, there are real and virtual environments that we exist in,” said Keith Heinzerling, Medical Director at the UCLA Center for Behavioral and Addiction Medicine. “There is a typography of the online world, and it is conceivable that people might be exposed online to triggers – people, places or things – that might prompt them to use drugs in the same way it would in the real world if they, for example, walked by a bar.”

A new wave of research is working to catch up to the flood of smartphone applications on the market that target addiction, behaviour modification and a myriad of health interests. One such researcher is Nancy Barnett, an associate professor at the Brown University Center for Alcohol and Addiction Studies, who is in the developmental stages of a cellphone-based intervention study.

While not an app, the cellphone-based program operates using text messages.

Participants enrolled in the study receive alerts or notifications sent to their phones at key times when the likelihood that they are planning to or are already engaging in heavy drinking is at the highest.

“This is a really rapidly growing area,” Barnett said. “There are text messaging [programs] for all kinds of health behaviours, medical illnesses and just about everything, but I would say that the research about their efficacy is much farther behind.”

The study, funded by a grant from the National Institute of Alcohol Abuse and Alcoholism, could help researchers shed some light on how information relayed through our phones can impact our behaviour.

“It’s so early in the evolution of these programs that it’s hard to tell what it could lead to,” Barnett said. “One thing that’s really attractive about these remote technologies, or technologies that don’t require a person, is that they have the potential to be really cost-effective and reach populations that are more difficult to get to or that would not be receptive to meeting with somebody in person.”

## THERE'S AN APP FOR EVERY ADDICTION

Software developers have been quick to jump in on the emerging trend of health-related apps. There are apps to break habits, to find 12-Step meetings, to journal thoughts, to track goals. An app doesn’t have to be specifically for addiction in order for it to help recovery.

“One of the reasons smartphones are so instrumental in recovery is because we have them on us all the time,” smartphone app developer Holly Hess said. “Therefore, when we make our choices like whether or not we will look at, for example, pornography on our phone, our app is on our phone as well.”

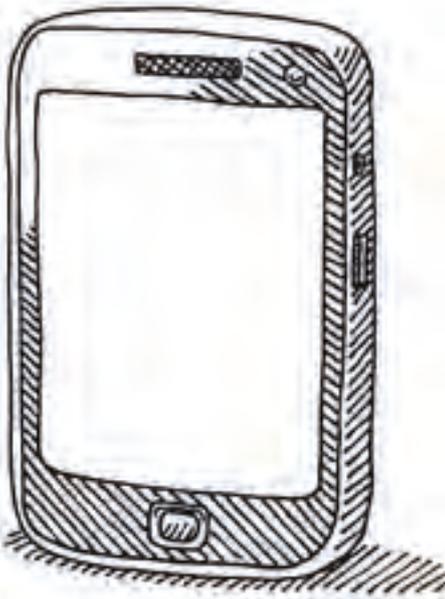
Her experience with addiction apps comes from both a developer standpoint and as a consumer, she said.

Hess built recoveryBox, an app available for iPhones, in 2010 to help a friend overcoming addiction. The app caught on and was used by her friend, his counselling group and eventually herself.

A key feature of the app is designed around accountability. In recoveryBox, a person tracks both positive and negative choices made throughout the day and has the option to email an update report to a friend or counsellor.

Hess chose not to automate the report feature because “you have to take ownership of your recovery and you have to choose to connect with people with whom you need to connect,” she explained.

However, the desire to keep addiction totally private can sometimes block a person from reaching out for treatment. Resources and information via apps may reach individuals who statistically shy away from in-person counselling, according to Steven Shoptaw, a physician at the UCLA Center for Behavior and Addiction Medicine.



Shoptaw is part of a research team that is developing an app to help adolescents quit smoking. The study is targeting young Korean smokers, a group that has among the highest rates of smoking in youth populations in Los Angeles.

But with all the games available for download on cellphones, Shoptaw said an app must have a balance between being fun and informative before youths will want to use it.

“There’s a tension between using a cellphone to deliver health information like smoking cessation and the many other things the cellphone is used for like texting or playing games,” Shoptaw said. “One of the things we’ve struggled with is not making the application fun and inviting at expense of the skill that needs to be learned and acquired to stop smoking.”

It doesn’t matter how helpful an app is if it doesn’t keep a user engaged, he said.

“Adolescents are some of the pickiest consumers among us,” Shoptaw said. “If we are shoddy in our program development or we don’t take into account quality or development cycles to have a product that is responsive to shifts in the population, we’ll have a product that just sits on the shelf.”

The team is working on building games and rewards into the app that reinforce positive behaviour. What the researchers learn from the app could be used to build similar tools for other segments of the population in the future.

### TECHNOLOGY FEEDING INTO ADDICTION

With all this connectivity and access to resources, a recovering addict needs to be more aware of their triggers both online and offline, according to Associate Professor of Clinical Education at the USC Rossier School of Education Mary Andres.

“Immediate access is one of the things that happens with apps,” she said. “Access feeds into addiction because of impulse control. If I can get something quicker, then I am more likely to not pause and think about whether this is a good decision.”

Andres, a licensed clinical psychologist with specialisations in sexuality and sexual dysfunction, pointed to the app Grindr and social media-based Tinder as examples of where too much access can cause damage.

“People’s self-esteem is attached to it,” Andres explained. “Sometimes it’s flattering, but other times, all of a sudden, you’re handing your self-esteem over to strangers. [You question] ‘Do they like me? Am I representing myself well?’ It really is playing with people’s vulnerabilities.”

While we may feel that technology creates a safe buffer zone between us and other people, it may actually be increasing our anxiety, she said.

Another way apps, social media and other online platforms can cause ripples in recovery is the changing dynamic of anonymity and how people view each other online.

“I have a love-hate relationship with the comment section of any article posted online,” Andres said. “You see the ugliest side of human nature come out in those comments because of anonymity, but at the same time, you have people who are making incredibly courageous comments, too.”

“Some people are able to find recovery through social networking sites and apps because these are more commonly conversations between friends, not strangers, and they create an online fellowship.”

### TECHNOLOGY IS A BRIDGE

Addiction experts don’t recommend forgoing face-to-face interactions or checking in as needed with a professional when using apps to aid in the recovery process, no matter how good that app may seem.

“The real important drawback is that I don’t know of or whether any stand-alone technology could treat a really serious alcoholic, for example,” Barnett said.

“Some people are able to find recovery through social networking sites and apps because these are more commonly conversations between friends, not strangers, and they create an online fellowship.”

“It’s not the same as going into treatment or meeting with a counsellor or getting medication.”

Barnett, whose study targets college-age participants who have identified as possibly having a drinking problem, acknowledged that apps and other remote solutions may help some individuals modify their behaviour, but it will likely be a stepping stone for others to realise they need more serious help.

“I think of these types of technologies as bridges or as an adjunctive kind of help,” Barnett said. “They can help people to get to treatment, help people to stay in treatment and get them thinking about treatment.”

Another reason people should never let an online presence take the lead in their recovery is because no app or technology can duplicate what happens in a meeting, Andres said.

“You can’t replace the value of face-to-face identification and the phenomena that happens in group.”

An in-person meeting has a three-fold impact that doesn’t translate online: sitting across from someone whose story mirrors your own, meeting someone with greater sobriety who acts as a role model and bolstering your own sense of value by helping newcomers, she explained.

“You’re not going to get all that in a tweet. You’re going to get that only by having a three-dimension experience with another person.”

Sara Peters is a regular contributor to The Fix.

THIS ARTICLE WAS ORIGINALLY PUBLISHED ON THE FIX. CHECK THEM OUT AT THEFIX.COM

**the fix**  
addiction and recovery resources  
and news, straight up.

# 10,000 / 1,500 / 15

## Breaking the silence on responsible drug use

It's time for responsible users to speak up and be part of the drugs conversation, argues **Stuart McMillen**. Only then can the world begin to understand that not all drug users are damaged, addicted lowlifes.



STUART  
MCMILLEN



Here's the deal: I'm 27 years old, which means I have been alive on this planet for 10,000 days.

During that time, I used alcohol on about 1,500 days. Additionally, I used caffeine (from tea) about 1,500 times.

Also during that time, I used 'magic' mushrooms seven times, cannabis four times, MDMA three times and LSD one time. That's a total of 15 days where I used illicit recreational drugs. And you know what? I had positive experiences on all occasions.

There is a two-orders-of-magnitude difference between the two groups of drugs (1,500 versus 15). Yet why does it somehow seem sleazier, naughtier or more 'wrong' to admit to using the second group?

### BIG QUESTIONS

Why is it natural for people to assume that I wasn't paralytically drunk for all of the 1,500 times I used alcohol – that most of the time I merely had a quiet drink or two?

Why is it natural for people to assume I was chronically inebriated for all of the 15 times I used illegal drugs? That I was somehow gambling with my life and spiralling out of control by recklessly pumping poison through my veins?

Why do we recognise that people can drink alcohol responsibly yet automatically associate all illegal drug use with 'misuse'?

Why are all drugs developed after the discovery of alcohol automatically prohibited and feared?

Why do westerners scoff at Islamic laws forbidding the drinking of alcohol yet see nothing odd about our own laws that forbid the consumption of drugs that aren't alcohol?

### MAKING IT PERSONAL

In 2012 and 2013, I came to the attention of many readers, via my comics *War on Drugs* and *Rat Park*. These comics, self-published via my website [stuartmcmillen.com](http://stuartmcmillen.com), have been read by over 300,000 readers to date. Both critically reflect on some of the problems associated with drugs yet offer nuanced conclusions that go beyond the default message that "drugs are always bad".

By writing this article about my history of responsible drug use, I hope to go one step beyond the messages of *War on Drugs* and *Rat Park*. I want to declare my personal interest in the effort to end prohibition and sensibly regulate recreational drugs.

### AN ARGUMENT WITH TWO SIDES AND A VACUUM

I think it is a shame when campaigners speak out about drug law reform as though describing bacteria in a Petri dish. They present the facts as detached and

impersonal. A fight for the rights of "other people": the nameless, faceless people who take recreational drugs. Whoever they might be.

Moderate, responsible users who stay silent about their experiences leave a gap in the spectrum of drug users who speak in public. This silence creates a polarised, distorted media debate.

In the eye of the media, there are two 'sides' to the drug issue: the anti-drug 'moral majority' (who usually don't seem like they've ever tried drugs) and the enthusiastic users (who often seem overly fixated on drug taking).

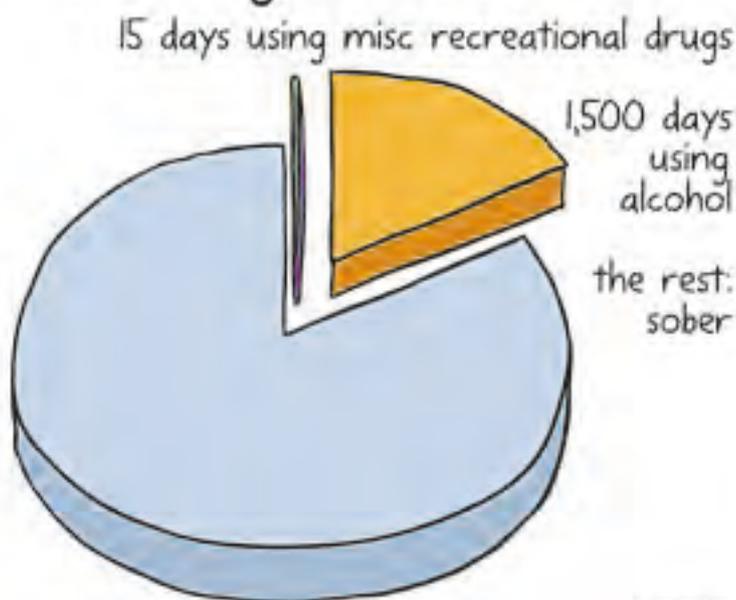
A vacuum of silence from responsible drug users allows these two extreme positions to be the only two alternatives in the way the public conceives the drug issue. What's missing are the voices of the responsible, occasional drug users. Without their voices in the mix, the words of the chronic Cheech and Chong types play right into the hands of the anti-drug brigade.

### WHY SPEAK OUT?

So why should I speak out about drugs at all? Why should I publish this article, which essentially admits that I am a criminal?

The reason is this: I'm not trying to glorify drug use. In fact, I'm trying to do the exact opposite. I'm trying to show what a minor part in my life drugs play.

My first 10,000 days of living included...



“ I’m not trying to glorify drug use. In fact, I’m trying to do the exact opposite. I’m trying to show what a minor part in my life drugs play. ”

The fact that I am a responsible drug user is a notable story in itself, which is at right-angles to the common perception of drug users. By speaking out in a clear-headed way, perhaps I can help change things for the people who are trampled by our current drug criminalisation laws.

#### START A CONVERSATION

Unjust laws that criminalise large sections of the population lose legitimacy once those affected speak up. With time, society sees that it is not just faceless wrongdoers and ne'er-do-wells who could be punished by these laws. It is family and friends.

Start a conversation about drugs today. The further the conversation spills beyond those who you might normally discuss drugs with, the better.

The point isn't to see who has the most notches on their belt but rather to discuss what you've done, what you haven't done, what was good and what was bad.

The more we talk, the less scary it becomes. Start a conversation.

Stuart McMillen is a cartoonist based in Canberra, Australia. Read his drug-related comics *War on Drugs* and *Rat Park* via [stuartmcmillen.com/comics](http://stuartmcmillen.com/comics).

#### QUOTES OF SUBSTANCE

“ What we see on Silk Road today is more drugs, increasing vendors and an even greater commitment by this community to keeping their ‘movement’ alive. ”

In the perfect illustration of how hard it is to clamp down on dark markets, **Garth Bruen**, a senior fellow for the Digital Citizens Alliance, reflects on the Silk Road six months after it was supposedly shut down.

“ The remaining 36 legal highs and synthetic cannabis products will officially be banned and illegal to sell at 12:01 am Thursday 8th May. ”

In a surprise move, Associate Health Minister **Peter Dunne** announces changes to the Psychoactive Substances Act to remove all products with interim approval.

“ This is disappointing considering we reached an uncontroversial political consensus on the way forward only 10 months ago. ”

As amendments to the Psychoactive Substances Act were rushed through Parliament, the New Zealand Drug Foundation's **Ross Bell** was a lone voice.

“ Happiness is pure chemistry. ”

Animal testing. For it or against it, you can't argue with toxicologist Ian Shaw's assessment of what happiness is.

# Erowid et al

Politics, the law and logistics make it difficult for official resources to provide frank, up-to-date information on psychoactive drugs. That's where websites like Erowid and Bluelight come in. **Russell Brown** finds that it's not only drug users who find them helpful.



RUSSELL BROWN



FROM LEFT 'Earth' and 'Fire' Erowid, who founded the Erowid website in 1995



“Heart” ... “panic” ... “paranoid”. What drug are we talking about here?

You may or may not be surprised to know that it's marijuana. Those

were – overwhelmingly – the most prominent words on a word cloud generated by the American treatment company Rehabs.com, based on the “most unique” words in user experience reports for eight popular illicit drugs. By way of comparison, the top words for MDMA were “feeling”, “experiences”, “loved” and “talked”, and for methamphetamine, “days”, “addiction”, “doing” and “quit”.

The source reports aren't part of any official research programme. They're among the more than 100,000 first-hand descriptions of the recreational use of psychoactive drugs submitted to and published in the Experience Vaults of the independent drug information website Erowid.org.

“It's one of our most influential projects,” says Fire Erowid, the female half of the couple (the male half is Earth) who founded the website in 1995 and still run it day to day.

“It's a fabulous resource for the public to be able to get a sense of the effects of a drug or drug combination as well as the problems and/or benefits that people get from their use.”

A visit to the Experience Vaults is a glimpse into a world where people experiment with psychoactive drugs,

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**“ A visit to the Experience Vaults is a glimpse into a world where people experiment with psychoactive drugs, sometimes in ways, combinations or quantities that seem objectively unwise. ”**

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sometimes in ways, combinations or quantities that seem objectively unwise. Transcendent experiences are recorded alongside truly terrible ones. Most users methodically note their bodyweight and dose and the timing and duration of effects along with their subjective impressions and advice. The principle is that, if you haven't tried a drug, someone else has, and it might be worth checking before you drop.

Fire says the Experience Vaults comprise “certainly the largest such collection in existence, which attracts the attention of researchers interested in analysing it. It's also widely used by healthcare professionals who can find information about health issues they're treating.”

The experience reports aren't all there is. Reports for each drug listed by Erowid sit within a wider Vault containing basic information, chemical and pharmacological papers, media coverage, journal articles and more. Although Erowid is sometimes called “the Wikipedia of Drugs”, it actually functions as a key reference site for Wikipedia articles to link to.

Fire suspects law enforcement officers and DEA officials also use the site, but they “often don't want to admit publicly that they use Erowid”.

On the other hand, Erowid has never been served with a search warrant or, to the founders' knowledge, had its computers compromised by law enforcement officials. Nonetheless, they have opted to use an onboard search engine rather than a licensed search from Google or Microsoft,

which would store users' search terms. The home page also offers the option of encrypted SSL browsing.

The ecosystem of drug information extends below as well as above Erowid. Fire and Earth also monitor user forums at Bluelight, Drugs-forum, The Shroomery and other sites.

“We serve different but complementary purposes,” says Fire. “The forums are a place for people to ask questions of others in public and a place for people to add their own input into the conversation. When a brand-new drug hits the market, web forums are one of the first places where discussion begins.

“In long, interesting, rambling threads, people mention how much of a drug they tried, how strong the effects were, what the effects were like and then hash out details with others. But the basic format of a web forum makes these conversations long and arduous to read through. The average user isn't going to read through 50 pages, trying to determine whose advice to follow.”

While the contents of the forums might inform Erowid, “nothing is published on Erowid that isn't approved by a crew member. We have no unedited, unreviewed documents. Our publishing process is slower, but our results are more concise. Both are valuable.”

Although user reports frequently describe what might be considered dangerous behaviour, they are not censored. Sometimes, warnings will be added – about driving while intoxicated or, to take a

current example, about the dangers of overdose with new NBOME compounds.

“But we long ago realised that nearly every experience report or page about a disapproved drug could be drowned by warnings and cautions and have chosen to use them sparingly so that readers don't become inured to them,” says Earth.

Chris Fowlie, co-owner of the Hemp Store and an expert witness in cannabis cases, says the value of Erowid is not only for drug users.

“It's a very good site for spotting trends – things that are happening in other countries that we need to be aware of here, trends in drug use and consumption patterns – sometimes years before that information comes from official sources.”

Fowlie says Erowid's moderation weeds out one major problem with forums such as Bluelight: information posted with a commercial motive – up to and including the offer of free samples of new drug products, sometimes in return for favourable “reviews” from forum users.

“Erowid does have credibility amongst professionals.”

It's also of use to the Police, says Detective Inspector Stuart Mills of New Zealand's National Drug Intelligence Bureau. He says his team “keep an eye” on sites like Erowid and Bluelight “so we have an understanding of what's going on in the drug market. We read those sites and observe what people are saying. If there's something new on the market, they're another independent source to say something's happening. We can see



DETECTIVE INSPECTOR STUART MILLS

“We can see people warning each other what’s good and bad. Which pills are good and which are dangerous.”

people warning each other what’s good and bad. Which pills are good and which are dangerous.”

He notes one practical example: when Hamilton schoolgirls became ill after taking so-called “red rocket” pills from a mother’s handbag, the police needed to know quickly what the medical implications were.

He does, he says, look at the local equivalent, TripMe.

“It’s not used by us as an investigative tool,” he emphasises. “It’s an intelligence tool. We see it as promoting harm prevention – and that’s a key focus of drug policy. If people are going to use these products, then hopefully it’s reducing the risk for them.”

Erowid’s independence from official agencies might enhance its credibility with users, but it doesn’t do much for its bottom line. Although it attracts around 20 million unique visitors annually, it doesn’t carry advertising for legal drug vendors as a matter of policy, and Google and other

advertising networks have banned Erowid on the basis of its drug-related content.

The sheer depth of the content is dizzying. It includes more than 10,000 documents scanned and uploaded from the collections of Albert Hoffman, Alexander Shulgin and others. Erowid also separately operates [ecstasydata.org](http://ecstasydata.org), which provides lab-test analyses of street pills.

Erowid’s core audience – users from 15 to 25 years of age – is not in the typical demographic of non-profit donors, but, says Earth, “We sometimes lose out in the funding game to people who promise bigger, future changes. In our opinion, it is the slow-motion shifts that create the groundwork for policy change.”

The two self-described “drug geeks” are not policy absolutists, says Earth: “We believe in regulation. We like stop signs. They’re very handy. But we tend to put more weight on personal liberty than many policy makers. We believe that civilisation will be better served over the long term by erring on the side of allowing more.

“We hope our work and the work of others in our field will help create increasingly better data from which society can make rational choices. It seems obvious that the drug war has been a train wreck, but we also don’t think heroin should be sold in colourful foil packets out of vending machines in schools.”

Erowid has been following and reporting on New Zealand’s Psychoactive Substances Act, he says. “For us, it is probably the most interesting thing happening in public policy about psychoactive drugs in the world. It might not be perfect, but it’s a novel approach that might teach us something new about how to find the right path forward.”

Erowid’s own future, as “a small non-profit, bumping along in a political minefield” is less certain. The founders agree that an “organisational cross” between agencies like the European Monitoring Centre for Drugs and Drug Addiction, harm reduction services such as DanceSafe and educational projects like Erowid, “with a permanent endowment of \$30 to \$100 million a year,” would be the ideal.

“Unfortunately,” Earth notes, “such a thing is well over the horizon.” ■

Russel Brown blogs at [publicaddress.net](http://publicaddress.net).



### TRIPME

## TripMe.co.nz

New Zealand also has its own drug information websites. The most prominent of these is TripMe.co.nz, launched in 2006 with a core principle, according to its publisher, Neo, of "sharing knowledge in a safe environment".

"I was young and experimenting with drugs while learning about the world, and I realised there didn't appear to be any accessible, friendly and 'cool' websites for young and open-minded people to actually learn about the drugs that they were experimenting with.

"There was very little education about these substances in school, and even in my peer groups, people were taking drugs without knowing how they worked, what they did to the body and the mind, how much was too much, correct dosage levels and how to relieve any negative side effects."

Now in his mid-20s and living in Auckland, Neo still runs the site but is keen to emphasise that he errs on the side of caution in what he will allow published on TripMe – and to give credit for the site's longevity to the community that has grown around it.

"TripMe has never allowed any discussion about acquiring, sourcing or dealing any illegal substances. TripMe does not allow discussion about how to manufacture or grow any illegal substances.

"It's a community for like-minded individuals. It exists as a place for people to feel safe to discuss, with some level of anonymity – no longer available on the likes of Facebook – things they might otherwise not feel comfortable or have the opportunity to discuss with their friends, family or online using their real name. It's a place of knowledge and information.

"Many of the more active community members are very open minded and are very willing to help and offer advice to those who may have questions about anything in life, from health and fitness, to relationship problems and drug use. Over the years, it's probably done more for drug education, drug safety and mental support for certain demographics in New Zealand than any other website I know."

APPROXIMATE MONTHLY VISITS OF

# 30,000

The recently revamped site offers regular news items on drug issues, science and culture up front as a lead-in to its community forums. A lengthy "rules" page sets out the conditions for using TripMe and includes a legal disclaimer and a note that: "Anyone looking through our site will be able to find examples of irresponsible behaviour, but we believe it does not glorify recklessness but instead reinforces the idea that people need to be more cautious."

It attracts around 30,000 visits monthly and has a larger share of overseas traffic (44 percent of visitors are from New Zealand, 24 percent from the US) than most local websites.

Neo expresses great respect for Erowid and Bluelight. "Both these sites were incredibly influential and have saved many, many lives." But he is at pains to emphasise that his own site is not, and never has been, solely about drugs.

"There's more to life than that."



### BLUELIGHT

## Bluelight.org

Founded in 1997 as an MDMA Clearinghouse, Bluelight is now the internet's largest drug-related messageboard, with around 100,000 daily visitors. It was funded for years by the late Australian professional gambler Alan Woods, but no one's getting rich from it now. All staff are volunteers, and a donations page launched in May last year had brought in only \$390 by November. Around 100 moderators look after its sprawling forums. From its chaotic beginnings in rave culture, Bluelight has achieved a fair degree of respectability. A "research portal" invites contact from professional researchers (in some cases, it earns revenue by connecting its users with them), and current co-owner "Sebastian" was invited to speak at a National Institute on Drug Abuse symposium.



### THE SHROOMERY

## shroomery.org

"Magic mushrooms demystified" is the billing. The site contains information on using, harvesting and identifying psilocybin mushrooms, but the community forums range across other psychedelic drugs, philosophy, gaming and even home improvement tips. It has been run for more than a decade by Mind Media of Santa Cruz California, which also publishes the marijuana-themed The Growery. More commercial than its peers – it even holds a trademark for use in clothing and merchandise.



### OPIPHILE

## opiophile.org

Founded in 2003 by two former addicts in the US Pacific Northwest for users of opiate drugs – both prescription and illicit – with the user base said to be split evenly between each. Forums cover everything from safety and problems with dealers and doctors to advice on getting clean. A Vice.com story this year quoted Candy, a 45-year-old nurse who overcame her own dependence and now moderates Opiphile forums and offers basic medical advice.

**The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)**

### EMCDDA

## emcdda.europa.eu/

The EMCDDA was established by the European Union in 1993 to provide "factual, objective, reliable and comparable information at European level concerning drugs and drug addiction and their consequences". The EMCDDA's focus on information makes it philosophically the closest of the official internet resources to the user-operated forums.

# Should New Zealand allow medicinal cannabis?

## THE CASE FOR

WE already allow medical cannabis in New Zealand. Not many people know that, and no one actually has sign-off to use it, but technically, cannabis can already be prescribed as a medicine. The catch, and reason why no one is legally using it, is that the application process is incredibly convoluted and ultimately needs sign-off from the Minister of Health.

Putting that aside, there are many reasons why New Zealand should allow raw pharmaceutical cannabis and products derived from cannabis as normal prescription medications. There is plenty of evidence that cannabis can alleviate pain, combat nausea and loss appetite, act as an anti-convulsant. Drugs derived from cannabis have been used as anti-inflammatories, to treat hypertension and have become important for post-chemo patients.

One striking illustration of this is Frieda. She appeared on *Seven Sharp* on 11 February 2014. She's a New Zealander with ovarian cancer whose symptoms are made bearable by using cannabis. She says cannabis helps with the nausea, pain and appetite. Using cannabis also makes her a criminal – something she believes is unfair.

A group of young New Zealanders who have Dravet syndrome – a type of severe epilepsy that starts in infancy and can lead to brain damage – also live in hope that cannabis becomes a legal medication. One child is using Sativex – a THC and CBD product – to help reduce the number of seizures. Another parent is giving their child a high CBD concentrate, which she makes herself from cannabis purchased on the black market. Cannabis preparations improve the lives of these children significantly, but it was a long and hard process to be allowed to be prescribed Sativex, and the other parent is doing something illegal. It's not an ideal situation.

Other countries are doing it too. So far, 22 US states allow medical cannabis, and Canada, Israel, Netherlands, Germany and at least five other countries have robust medical cannabis regimes. Finland and France allow medical cannabis products, and countries like Spain and Portugal have decriminalised possession of cannabis, which means people can self-medicate without fear of going to jail. The tide is turning, and there are robust models that we can draw on to make a medical cannabis regime up to international best practice.

Cannabis is cheap, too. There is a reason why it is called weed. It grows well, especially in New Zealand. So at a time when we're looking for the most bang for our health buck, cannabis is starting to look very cost-effective. The ability for people to grow their own would mean fewer costs to the health system and leave Big Pharma out of the picture.

Another important point is that cannabis does not need to be smoked. Patients can vaporise, eat or drink raw cannabis, and products derived from cannabis can be in pill or spray form.

New Zealand should allow medical cannabis. There is enough evidence to allow it to be used for some ailment, and by creating a robust and compassionate system, we allow the legal space for science to happen so we can decide whether it is an effective treatment in other areas. It would also have the immediate effect of helping people – like the children with Dravet – live better lives.

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Medical cannabis is a sticky issue. There is evidence that cannabis and products derived from cannabis can treat some illnesses and alleviate symptoms of others. On the other side, there are concerns about the efficacy of using a raw product as a medication and worries about availability. So should we allow medical cannabis to be prescribed in New Zealand?

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**NO** one would deny cannabis can have soothing and calming effects on a distressed body, but the real, hard evidence that its therapeutic benefits outweigh its health risks is actually quite thin on the ground.

Anecdotal stories may be compelling, but the University of Queensland's Professor Wayne Hall (also a member of the International Narcotics Control Board) told the Drug Foundation's Cannabis and Health Symposium late last year that cannabis rarely performs better than placebos in clinical trials, and modern drugs have now improved and work better for the illnesses that were sometimes treated with cannabis-based medicines in the past.

And while cannabis may make the sufferer feel a bit better about life, the universe and everything, it may well be causing them other significant harms. A number of studies, such as our own Christchurch Health and Development Study, have shown a connection between regular cannabis use and dependence, psychosis and lung disorders. The US Federal Drug Administration says, quite sensibly, that, if approval for a medicine is to be granted, that medicine must demonstrate it causes no harm when taken properly. Unfortunately, these studies show that can't really be said about cannabis.

Even if we did think medicinal cannabis was worth pursuing, there would be significant difficulties to overcome in setting up a workable system in New Zealand.

We don't have anything in place here for official, legal supply, and considering PHARMAC's backlog, any subsidised system would be years away. That means we'd be leaving medicinal cannabis users to the mercy of the black market or having to cultivate their own. This is hardly a sound medicinal approach.

And there is little doubt a medicinal cannabis system would be abused, at least by some. A recent Californian study of people seeking a physician's recommendation for medicinal cannabis found very few actually had cancer, HIV/AIDS, glaucoma or multiple sclerosis, so why did they need the dope? Another study of California's active medicinal cannabis users found that the average user was a 32-year-old white male (not the general demographic for morbid diseases) and that hardly any had life-threatening illnesses.

According to Kevin Sabet, a former drug-policy adviser within the Obama Administration, it's time to stop playing around with medicinal cannabis. Instead, we should be focusing on non-smoked cannabis-based medications for the truly ill. Sativex is one such option available in New Zealand, and while it may be currently unaffordable, it's a step in the right direction to harnessing the medicinal properties of cannabis without risking the health of New Zealanders.

After all, to paraphrase Sabet, we don't chew willow bark to receive the effects of aspirin.

## THE CASE AGAINST

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### YOUR VOICE

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YOU  
DECIDE

What do you think? Have your say  
[www.drugfoundation.org.nz/  
viewpoints](http://www.drugfoundation.org.nz/viewpoints)

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## Darien Fenton

Darien Fenton is standing down at the next election after nine years in Parliament. The outgoing Labour MP recently opened up in *The New Zealand Herald* about her addiction to heroin in the 70s and subsequent recovery thanks to the methadone programme. *Matters of Substance* asked her what it was like to be the first sitting New Zealand MP to openly talk about their addiction.

**Q** When did you realise you might have had a problem with drugs?

**A** I was in Penang, and I didn't see it as a problem. I saw it as doing something other people were doing and fitting in with them. I think I realised after I'd been in India for about a year, and I was getting very sick, lost a lot of weight and had no money, so I decided to come home. Of course, coming home meant I was in a completely different environment. I had to talk to my parents about it, and I had to get some help. I couldn't just go down the road and score some smack, so I went to the methadone clinic.

**Q** You've said the methadone programme saved your life. How so?

**A** I didn't have to go and look for drugs elsewhere, so that removed me from the scene. I also moved to Whangarei with my husband, and so we further removed ourselves from the scene. I think doing those two things meant I stopped being with people who were injecting. Going on methadone helped me normalise my life, so we were both able to work, and eventually I gave up when I had a child.

**Q** To our knowledge, you're the first sitting New Zealand MP who's talked openly about their addiction. Do you think there can be a conversation about addiction when the subject is so hidden?

**A** I think it is a taboo subject, and there are still people who are judgemental about it. A former MP has talked openly about his alcohol addiction at one stage. People feel a bit easier talking about alcoholism than they do about drug addiction. I was scared because of the couple of different things arising from the *Herald* article. I was called a smack head and a few other things. I was scared about how I'd be treated. But you're right it is taboo, it is not understood, it's seen as this kind of weakness, and people don't talk about it for those reasons.

**Q** Have you received any negative response from other MPs?

**A** No, they were great, and a lot of them were extremely supportive. I was comfortable because I'd done it the right way. This wasn't some brave move that I decided to make on my own. I did it with other people.

**Q** What do you think Parliament can do to reduce the stigma faced by people who use or have used drugs?

**A** It would be good if people could talk a little bit more openly about it. Most MPs won't even admit they've smoked a joint. They're really nervous about it. Every now and then, there's a frenzy around here. One of the media pack will ask every politician if they've smoked dope or not, so we all get asked. Because we're very loyal and supportive of our party, we try not to do anything we think will have a negative influence or negative result for the party publicly.

It would be really good if Parliament could have an honest discussion about it, but I don't believe we can. Maybe one day we will get to the point, like we've been able to with same sex marriage, where people are actually able to say what they think, but it is such a taboo subject, and there's probably not an awful lot of agreement about what needs to happen.

**Q** You've said the methadone programme saved your life. In a recent *Matters of Substance*, we showed there were waiting lists to get on the programme.

**A** It comes down to having enough funding available to treat all people that need it. If they've got a waiting list for two months, an awful lot can happen to a drug addict in that time. It means they're still out on the street scoring and using drugs illegally with all the risks that go with that. It's probably far better for the public that we treat them early rather than leave them sitting out there. I don't know much about it. I'm looking forward to understanding a little bit more about where we're at with that.

**Q** What would you say or what advice would you give to young people or their parents who are going through a situation similar to what you went through?

**A** Get advice. Get help. For parents, from my own experience, I'd say just love your kids, because you're not going to get a lot of love back for a while. Addiction is a very selfish thing – my drug addiction was. I didn't care about anyone else until I cared enough about myself to do something about it. Hang on to hope, because you can get through it, and don't give up on your kids. ■

**Myth:** The current drug control system works to reduce availability, increase prices and mitigate risks from drugs.



**A**

paper by United Nations Office of Drugs and Crime Executive Director Yury Fedotov last year makes the bold claim that the current “drug

control system reduces the availability of harmful substances and mitigates the high risks associated with their use... [and] drives their prices higher”. Mythbusters takes a look at whether this is true or not.

Over the past few years, the various drug control conventions and treaties have come under a lot of scrutiny. The times they are a changin’, and frustration about the focus on interpreting the conventions through a criminal justice lens has become marked at an international level. So it is important that you analyse the problem thoroughly and make statements that align with the evidence, especially if you happen to head the UN agency tasked with dealing with drugs.

So let’s break down Mr Fedotov’s statement and look at whether availability of drugs has gone down, whether the high risks from drug use have been mitigated and whether prices are higher.

Firstly on availability, research done by the National Center on Addiction and Substance Abuse at Columbia University has shown that access to drugs by young people has been relatively easy. The report shows that, until 2010 (when they changed the questions), under 25s found it easier to get prescription medications and cannabis than alcohol or tobacco.

A phenomenon called the Balloon Effect also comes into play here. The

Balloon Effect is where clamping down on the problem in one place moves the problem to another. This has been studied with the US’s push into Mexico to eradicate cannabis and Peru and Bolivia to eradicate coca. The problem just moved elsewhere and has increased the amount of cannabis and cocaine being produced.

We also see this effect in other areas. The US clamped down on heroin, and the problem moved to diverted prescription opioids. Overdose rates have skyrocketed to the point where they kill more people than die in car accidents in the US. In New Zealand, we’ve seen people move from cannabis to synthetic cannabis (and now back again). And one just has to look at new psychoactive substances (NPS) to see there have been huge increases in the gross number of drugs available – 348 identified NPS at the last UNODC count.

Availability has not really been affected, it’s just moved around.

In a double whammy blow to Mr Fedotov’s statement, a *British Medical Journal* article from 2013 found that drugs had actually become cheaper and more pure.

They analysed data from government surveillance systems from 1997–2010 and found that, in the US, heroin, cocaine and cannabis had decreased in real terms by 81 percent, 80 percent and 86 percent respectively. Conversely, average purity had increased. The trend of decrease in price and increase in purity seemed to hold true for both Europe and Australia too.

The researchers conclude that, “These findings suggest that expanding efforts at controlling the global illegal drug market through law enforcement are failing.”

So Mr Fedotov’s claims about price can be wiped right out. The government data clearly shows prices, in real terms, have dropped.

But what does purity have to do with it. Some might argue that purer drugs will mitigate the high risks from their use because there are fewer adulterants. But Mythbusters doesn’t think that Mr Fedotov would classify better drugs as a good outcome.

Putting aside the aforementioned overdose rate as evidence of harm (and all the nasty things happening in South America due to the War on Drugs’ let’s look at the effect current control strategies have had on THC levels in cannabis.

Because current control strategies rely on interception and punishments are generally based on weight, the emphasis in cannabis production has been on creating weed with high THC concentrations: more bang, less weight. We know that THC is a psychotic and that the other major component of cannabis, CBD, has an anti-psychotic effect. Some people say that this has led to cannabis becoming a higher risk to take.

Even the UNODC’s own *World Drug Report* shows that drug use and production have remained stable or increased. Opioids, cocaine, NPS and cannabis are examples of this from the 2013 report, which also details growing violence in South America and well over 211,000 drug-related deaths.

If you were taking a very narrow view of Mr Fedotov’s words, you might be able to find some instances where the drug control systems have reduced availability, mitigated risks and driven the price higher, but the overall picture we get is that this statement is a myth. ■



# CONFERENCE

**Cutting Edge 2014**  
**17 – 20 September 2014**

**The Dunedin Centre,  
Moray Place, Dunedin**

The Addiction Practitioners' Association (dapaanz) invites you to Dunedin for the 19th Cutting Edge Conference. This is the annual gathering of the addiction treatment sector, embracing not only treatment practitioners but those who work in brief interventions, primary care services, smoking cessation, public health and mental health.

**KEYNOTE SPEAKERS** led by • Associate Professor David Best  
• Dr Peter Rice with Shane Bradbrook • Ben Birks Ang  
• Dr Kim Maiai • Dr John McMenamin • Dr Fiona Rossen  
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