

A court that heals

COVER: **New Zealand's drug court pilot celebrates two years of operation in November.**

Each of its 18 graduates came from the 'hard basket' – typically repeat offenders with a long history of victims, convictions and prison time. They have substance issues and are facing a court that prioritises recovery over punishment.

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A court that heals

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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.

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Membership and subscription enquiries membership@drugfoundation.org.nz or visit our website.

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ROSS BELL
Executive Director

One year ago Parliament ushered in a new era of alcohol harm reduction law with the Sale and Supply of Alcohol Act, which promised communities greater say in liquor licensing decisions. It seems the law has over promised and under delivered, with commercial interests now actively undermining its purpose.

The fundamental principle of the law is to reduce alcohol related harm by setting constraints on liquor licenses based on the wishes of local communities. Parliament

passed it after considering the powerful voices of many leaders who expressed great frustration at their lack of say in decisions that directly affect their communities.

Fast forward a few months and we see those same frustrations begin to appear.

Our last issue featured Mangere's Southern Cross Campus in its fight against the expansion of a liquor outlet directly across the road. This liquor application, which had been notified in small print at the back of a newspaper during school holidays, was actively opposed by the school, the local board and public health officials, but was still granted by the District Licensing Committee. We all wondered why the voice of the community was ignored, why the spirit of the law was breached.

After facing strong community opposition another applicant in the same area voluntarily withdrew their licence application. That's a great outcome but, once again, local communities were forced to express their views in a piecemeal way. A Local Alcohol Plan would have reflected what people think best for their neighbourhoods from the outset.

It's clear the law has had a troubled implementation. All Local Alcohol Plans drafted by councils are being appealed. Lawyers are getting rich fighting provisions designed to protect communities. Look at what's happening here in Wellington.

No less than eight lawyers represent different parties appealing Wellington Council's policy. The sides in this fight are many and include Police, public health, supermarket giants, and hospitality and wider alcohol industry interests. Media reports show the council had negotiated special deals with the hospitality industry behind closed doors – even before public consultation began – to extend opening hours for on-licenses beyond the new national maximum.

Quite how the council can reconcile that proposal with the intention of the law is anyone's guess. Extended hours won't reduce alcohol harm, and prioritising commercial over community interests is bad form.

It's a sad state of affairs that this law, so full of potential, has begun to unravel so quickly. Communities fought hard to have a voice and thought they had been listened to. Now it seems they're once again being ignored. ■

- 🐦 **@WRITEONLEAH** #RoastBusters case thrown up issue that girls who allege rape aren't taken seriously if they've been drinking. [OCTOBER 30](#)

- 🐦 **@JCE_PC** If my body thinks it is breakfast time, but it's 4:30pm in Sydney and I have a beer, does that count as drinking in the morning? [OCTOBER 18](#)

- 🐦 **@INFECTIOUSCHRIS** @nzdrug So naloxline was just a typo and not a cool naloxone hotline... got it. [OCTOBER 17](#)

- 🐦 **@DIRK57** More coverage of one alleged case of "Google glass addiction" than serious drug addiction science gets in a year. [OCTOBER 17](#)

- 🐦 **@MrsDALCOHOLFREE** "You think it's like truth serum, but it's more like asshole serum" Now sober frontman of The Strokes re alcohol rollingstone.com/... [OCTOBER 15](#)

- 🐦 **@ANNEBATEMAN** And @BirksAng made them laugh - a lot! Go youth service development! We need more & better! @OdysseyAkl [SEPTEMBER 19](#)

- 🐦 **@DOVIL** In one flat we found basement full of dope and then drug lords tried to kill us. No, wait, that was the movie Scarfies. #characterbuildings [SEPTEMBER 23](#)

- 🐦 **@PUBLICADDRESS** Colin Craig: "a backside handshake sort of thing ..." One of the lines of the evening, surely. [SEPTEMBER 20](#)

✳️ KEY EVENTS & DATES

15-17 DEC 2014	World Indigenous Health Conference 2014, Cairns, indigenoushealth.net
11-15 FEB 2015	14th World Congress on Public Health, Kolkata, India, wfpha.org
9-17 MARCH 2015	58th Session of the Commission on Narcotic Drugs, Vienna, undoc.org
20-22 MAY 2015	The Australian & New Zealand Addiction Conference 2015, Gold Coast, addictionaustralia.org.au

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NZ.



01 LEGALISE CANNABIS PARTY COMES SECOND IN MOCK ELECTION AT SCOTS COLLEGE

A mock election at one of the country's top private schools went to pot when the Aotearoa Legalise Cannabis Party beat out the Labour Party and the Greens to come second.

The vote, intended by the school to give students a feel for what an election is like, was the result of 'boys being boys', headmaster Graeme Yule said. He didn't believe there was a deep-seated desire to legalise cannabis.

Results from the Electoral Commission's Kids Voting initiative, which 300 secondary schools participated in, were not available at time of going to press.

The Scott's College result contrasts with votes cast in the actual election poll: ACLP received 8539 party votes nationwide. At 0.41 per cent of the national vote, the party was placed ninth.

02 NZ Fashion week features criminal 'records'



WELLINGTON-BASED designer Hohepa Thompson stole the show during Auckland Fashion Week. Piupiu-dressed models flung vinyl records out into the audience, which Thompson said represented Māori criminal records. He intended his show to be a political statement about the high incarceration rates of Māori for crimes such as drug possession. Twelve collections from emerging and established Māori designers were included in the Miromoda show.

RESOURCES

nzdrug.org/miromoda-show

04 Snapchat anti drug-driving campaign – 7500 views

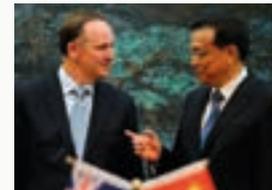


AWARD-WINNING director Taika Waititi has developed a series of SnapChat videos aimed at discouraging young drivers from smoking cannabis and then getting behind the wheel. The series of 10-second clips depict a group of friends getting high and then driving to get food. The response time of the driver is inhibited by the drug, and this results in a pedestrian being hit. More than 7,500 people have viewed the videos.

RESOURCES

<http://nzdrug.org/nzta-snapchat>

05 Police attaché to be based in China to tackle drug trade



IN AN EFFORT to stem the flow of methamphetamine and precursor drugs into New Zealand, Police are sending an attaché to be based permanently in China. Auckland's Detective Sergeant Bruce will be the first to take up the post and will work with authorities in Southern China. With funding coming from the seized proceeds of meth-related crime, the two countries will cooperate to target transnational drug crime on both ends.

Joint enforcement efforts by the two countries has already proven successful, including Operation Ghost, New Zealand's largest ContacNT precursor case).

03 What shall we do with the drunken sailor?



THE COMMANDER of the New Zealand Navy has implemented strict alcohol measures in an effort to clean up his sailors' acts. Ships, both docked and at sea, will be free of alcohol, sailors will be banned from purchasing duty free

liquor, and no sailor will be allowed to drink during work hours without express permission. Rear Admiral Jack Steer says the move isn't to make the Navy completely alcohol-free, rather it is an attempt to change the culture of drinking.

21 Navy personnel have been reported to Police for alcohol-related incidents since 1 August 2012.

All but one of those was for driving with excess breath alcohol. Another was reported for being drunk and disorderly.

17 Of the 21 reported incidents, (80%) were charged and convicted for their actions. Four others were granted diversions and faced other penalties.

Other incidents reported to Police in the same period involving Navy personnel included manslaughter, burglary, assault and possession of objectionable material.

06 Man accused of smoking drugs on job awarded \$13k

\$13K

A MOUNT MAUNGANUI worker has been awarded \$13,000 by the Employment Relations Authority after it found his dismissal for a failed drug test was unjustifiable. A member of the public had reported that the Ballance AgriNutrients Ltd worker was smoking cannabis in a work vehicle. When he claimed that it was just a cigarette, the company required him to undertake a drug test. This was ruled as unwarranted by the judge.



07 Just what the doctor ordered



AFTER READING the *Matters of Substance* cover story on the history of drugs in Aotearoa in the last issue, Jonathan Ganely

from Auckland sent us a 'Register of Dangerous Drugs'. Previously belonging to Jonathan's father, the register is from the late 1950s. It was used at the Hauraki Pharmacy in Takapuna to keep track of medication deemed to be dangerous by the then Department of Health. Tincture of cannabis,

cocaine and heroin are included alongside the more familiar medicines like codeine and morphine. How things have changed!

RESOURCES

Get in touch – your feedback, ideas or news is really welcome, email admin@drugfoundation.org.nz

08 Prison drug treatment unit marks a milestone



CHRISTCHURCH Men's Prison celebrated its 50th six-month Drug and Alcohol Programme in October. "This is a significant milestone for Corrections, the prisoners graduating and for the community," said John Roper, Prison Manager, Christchurch Men's Prison. Since it opened in 2006, 451 prisoners have graduated from the rehabilitation programme, which is run in conjunction with treatment provider CareNZ. The Drug Treatment Unit is a key part of the Department of Corrections' commitment to reducing reoffending by 25 percent by 2017. The programme teaches prisoners about addiction, change, relapse and the effects of their actions upon others.

Drug treatment numbers

NEW ZEALAND SPENDS

\$5.3M

ON DRUG TREATMENT UNITS PER YEAR, UP FROM \$2.7 MILLION IN 2009

MORE THAN

50%

OF CRIMES IN NEW ZEALAND ARE COMMITTED BY OFFENDERS UNDER THE INFLUENCE OF DRUGS

A 2006 STUDY FOUND THAT DRUG TREATMENT UNITS REDUCED REOFFENDING BY

15%

IN MALES AND

30%

IN FEMALES



2 OF 3 PRISONERS HAVE SUBSTANCE-ABUSE PROBLEMS

RESOURCES

nzdrug.org/corrections-dtu-milestone

World.



Alcohol by volume – US\$125 billion



Nearly a third of the world's beer supply could soon be sold by one company, if Anheuser-Busch InBev gets its way.

The world's largest beer maker by volume is exploring financing to buy competitor SABMiller for up to US\$125 billion.

Anheuser-Busch InBev sells popular brands Budweiser, Stella Artois and Corona, among others, while some of SABMiller's more popular brands are Miller, Peroni and Foster's. Critics of the merger say the deal will give the beer behemoth a virtual monopoly in major markets, including Africa and Latin America.

RESOURCES

nzdrug.org/ab-inbev-mergernzdrug.org/
ab-inbev-merger

02 Irish plain packaging tobacco law can create 'domino effect'



IRISH HEALTH MINISTER JAMES REILLY POSES WITH AN OVERSIZE VERSION OF THE AUSTRALIAN 'PLAIN PACK'.

Ireland's proposed tobacco plain packaging law would create a 'domino effect', says Prof Mike Daube, one of Australia's leading health experts.

Ireland would become the first European country to implement the measure, designed to lower demand for cigarettes. It would have huge international implications because

other countries were likely to follow Ireland's lead, Daube said.

Australia became the first country in the world to introduce plain packaging in 2012. While it is too early to measure its effect directly, smoking rates have decreased from 15.1 percent to 12.8 percent in three years (compared to 21.5 percent in Ireland).

09
07

03 Restaurant hooks customers with opium-laced noodles

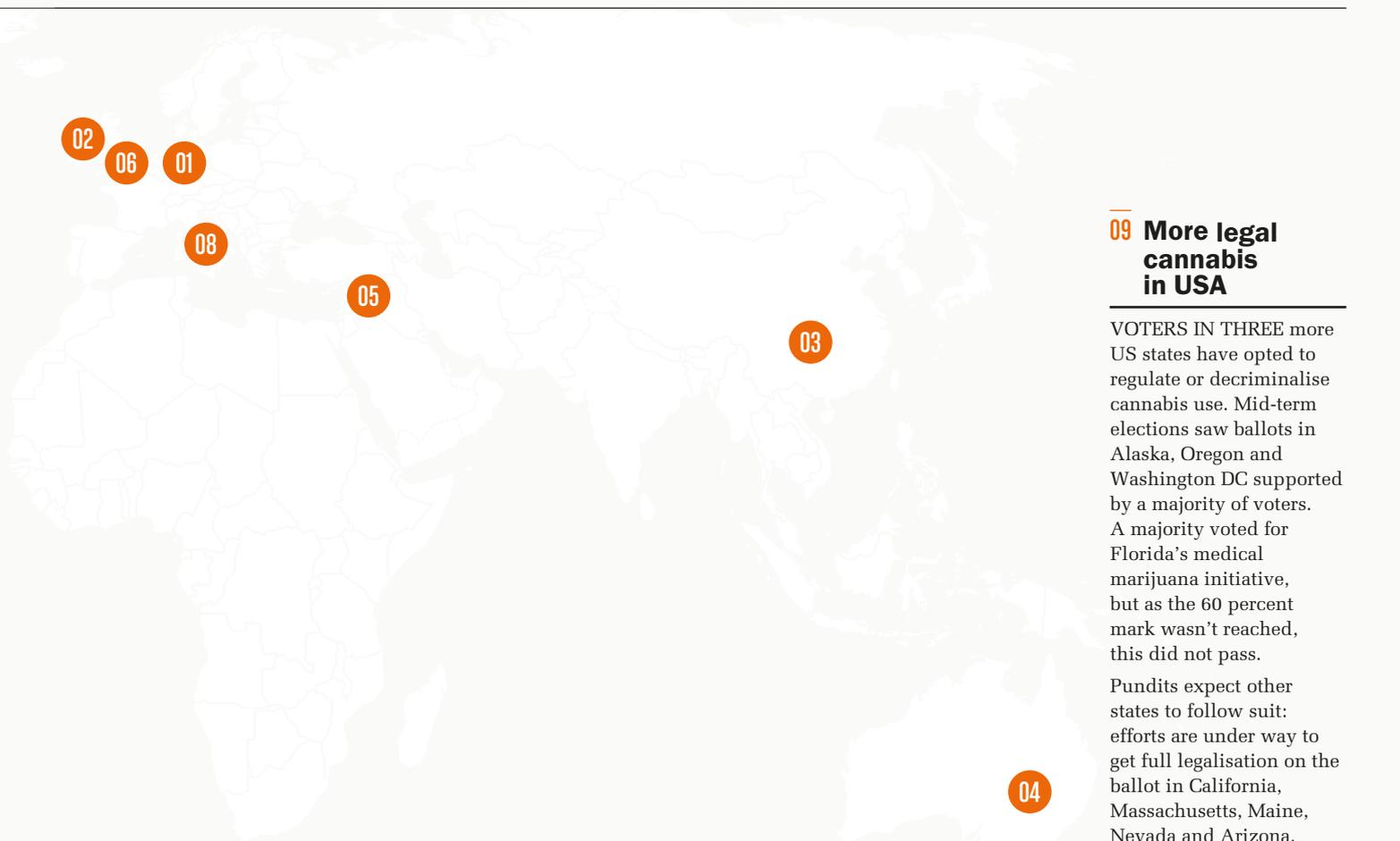


A RESTAURANT owner in China's northern Shaanxi province laced his customers' noodles with opium in a bid to get them hooked and coming back for more. The ruse was uncovered when a regular customer tested positive for opiates during a routine Police stop and suspected the popular noodle shop was involved. In the past, poppy seeds have been a popular ingredient in Chinese dishes until their use was banned.

04 Australian PM backs medical marijuana



AUSTRALIAN PRIME Minister Tony Abbott has thrown his support behind the legalisation of medical marijuana. In a letter to a talkback radio host, the PM said, "I have no problem with the medical use of cannabis, just as I have no problem with the medical use of opiates." If a drug has been tested and is legal in similar jurisdictions, then no further testing is necessary and it should be made available in Australia immediately."



05 Afghan poppy cultivation hits all-time high



DETAILS about the massive failure of US forces to stem the flow of opium poppies were released in October. The Special Inspector General for Afghan Reconstruction (SIGAR) report title says it all: *Poppy cultivation in Afghanistan: after a decade of reconstruction and over \$7 billion in counternarcotics efforts, poppy cultivation levels are at an all-time high.* The US\$7.6 billion accounts for the combined efforts of a number of departments, including State, Defense, the DEA and USAID.

RESOURCES

nzdrug.org/sigar_report

06 Deputy PM Nick Clegg calls UK drug policy “idiotic”



UK DEPUTY Prime Minister Nick Clegg has lashed out at his nation’s drug laws, calling them “idiotic”. Speaking at his Liberal-Democratic Party’s conference in October, Clegg beseeched the UK Parliament to implement reforms that would “treat the people with addictions in the way they need to be dealt with, which is that they need help”. Clegg’s words were echoed by fellow Lib-Dem Norman Baker, when he resigned as Home Office Minister in early November. He is also calling for sweeping changes to the UK’s drug laws.

07 Growers launch responsible-use advertising campaign



THE MARIJUANA industry in Colorado has launched a public health campaign aimed at promoting moderation and the safe consumption of pot. Tired of campaigns that use fear mongering, the Marijuana Policy Project aims to change the negative stereotype of the ‘typical stoner’. The message is that overindulgence in the drug will lead to a bad time, so users should be responsible in their consumption.

RESOURCES

Visit: consumerresponsibly.org/

08 To grow cheap marijuana, Italy calls in the army



ONE YEAR on from legalising medical marijuana, Italy plans to use the army to grow affordable pot. Few have signed up to the medical marijuana programme due to the high cost of legal pot in pharmacies. Currently, 1 gram of imported medical marijuana costs 38 Euros, but, with the help of a high-tech growing set-up at an army facility in Florence, that cost is set to decrease.

09 More legal cannabis in USA

VOTERS IN THREE more US states have opted to regulate or decriminalise cannabis use. Mid-term elections saw ballots in Alaska, Oregon and Washington DC supported by a majority of voters. A majority voted for Florida’s medical marijuana initiative, but as the 60 percent mark wasn’t reached, this did not pass.

Pundits expect other states to follow suit: efforts are under way to get full legalisation on the ballot in California, Massachusetts, Maine, Nevada and Arizona.

Voters in California took a different route to reform: non-violent felonies, including possession of any drug, will be downgraded to misdemeanours.

Visiting UCLA Professor Mark Kleiman warns that under-pricing cannabis in a legal market will increase use by minors and people with a chronic use problem. He favours more rigorous controls on cannabis production, supply and marketing – anything to avoid the types of problems we see with alcohol, which is just another commodity.

52.4%
ALASKA

54%
OREGON

69.4%
WASHINGTON DC

A court that heals

New Zealand's drug court pilot celebrates two years of operation in November. Each of its 18 graduates came from the 'hard basket' – typically repeat offenders with a long history of victims, convictions and prison time. They have substance issues and are facing a court that prioritises recovery over punishment. **Keri Welham** visits the Alcohol and Other Drug Treatment Court with photographer **Stephen Piper**.



Kuini Witehira's graduation is acknowledged by Judge Lisa Tremewan, defence, Police and other court staff.



KERI WELHAM

S

teve is a career burglar. He bowls into the dock of an Auckland courtroom wearing an oversized white t-shirt – and an oversized grin.

His eyes immediately search the rows of the public gallery.

There they are.

His partner has travelled up from Rotorua, and she's cradling their two-week-old baby. Steve has been in custody more than four months – this is the first time he has ever laid eyes on the newborn.

All he can see is a well-wrapped bundle. From the dock, Steve twirls his hand, gesturing “turn baby around”. But baby is sleeping, and the young mother's gaze falls on the bench.

Steve is today entering the Alcohol and Other Drug Treatment (AODT) Court.

Judge Ema Aitken presides over this Auckland AODT Court, and Judge Lisa Tremewan presides over the sister court in Waitakere. These two courts, each sitting once a week and each catering for a maximum of 50 offenders, deliver justice through a model of therapeutic interventions. The court's objective is to help offenders deal with their addiction and criminal behaviour. Along the way, the multi-agency AODT team also works to help participants repair stressful social and emotional situations, such as homelessness and shattered relationships with whānau.

The court cloaks each participant in support; a korowai woven from the various government departments, treatment providers and community organisations, which collaborate to offer participants a decent shot at crime-free recovery.

On any given day, there are people applying to join the court or continuing to wait in custody for a bed to become available. There are people – like Steve – who are accepted and welcomed into the programme. There are also people checking in for their regular remand appearance who report they have stumbled on their recovery journey and others who have enjoyed successes they never thought possible. And there are people like 32-year-old Kuini Witehira – the programme's 18th graduate – who stand before the court to finally face their sentence and cautiously, with support and knowledge behind them, start a new chapter in their lives.

Steve has signed the 26-point contract with the court. It stipulates expectations the most significant of which are total abstinence and crime-free living.

Participation in the court is voluntary, but offenders appear to be motivated by the opportunity for supported change, preferential access to the in-demand resources of the treatment community and the knowledge that, if they go the distance, they will avoid jail. Near the end of the contract, in plain language, is point 20:

20. If I graduate from this court, instead of being imprisoned for my charges, I will be sentenced in a way which will allow me to stay in the community, carrying on with my new life. I will get real credit for everything I have done in the court.

AODT CONTRACT

Judge Aitken identifies that Steve is distracted. After seeking assurance that Steve will not do anything to disrespect the court, Judge Aitken invites Steve's partner to stand outside the dock. The young woman holds the baby to her body and walks forward. She stands as close to her partner as possible, although the wooden frame of the dock separates them. Steve keeps his hands at his side but stares, for the first time, at the face of his baby. His wide grin grows even wider. Māori cultural advisor Rawiri Pene, whose title Pou Oranga is a term that positions him as an example of wellbeing in the court, welcomes Steve. Judge Aitken urges Steve to embrace the first rule of the court – honesty. She echoes a common recovery saying: “You're only as sick as your secrets.”

As she remands him in custody, so his transition to treatment can be organised.

Judge Aitken puts her head down and studies her papers. This allows Steve to swiftly but tenderly kiss his partner. The young mother quickly lifts the baby up and Steve stoops down. He kisses his daughter for the first time, and there is no mistaking where this recidivist burglar will look for motivation on the protracted and gruelling road ahead.

|||||

Te Whare Whakapiki Wairua is the Māori name of the court. It translates to ‘the house that lifts the spirits’. The Pou Oranga opens each sitting by leading the AODT team in the court’s own waiata and karakia.

The last two lines of the waiata read:

Kia kaha – kia māia – manawanui

**Be strong – be brave
– stout-hearted**

Te Whare Whakapiki Wairua

**In this house that lifts
the spirits**

The Waitakere AODT Court is held in a cramped courtroom on the ground floor of an ageing building. The room is rich in determination and enthusiasm.

“We catch more flies with flowers than vinegar,” Judge Tremewan says at the weekly pre-court meeting.

The court relies on a team with varied expertise. They represent the judiciary, the Justice Ministry, the Health Ministry, the Department of Corrections and New Zealand Police, and together, they agree on a joint course of action best suited to aid each participant’s recovery.

Sitting days begin with the closed pre-court meeting. The judge sits at courtroom floor level, and the team fan out around a semi-circle.

The Police prosecutor sits right next to the defence counsel. Sergeant Gavin English says the collaborative environment is unique for the Police, who are usually pitted against defence lawyers in a traditional adversarial court.

The judge lifts the first of dozens of blue files from a towering pile and reads out a name. The team works steadily through the morning, discussing each case.

Although the court’s point of difference is its focus on addiction, many participants need just as much help to address criminal thinking and behaviour.

One of the interventions provided is Moral Reconciliation Therapy (MRT).

It is a 16-step cognitive-behavioural treatment programme targeted at overturning long-term criminal behaviour. The workbook is titled: *How to Escape Your Prison*.

One of the first files Judge Tremewan opens is that of a man with an extensive criminal career who has progressed to step 10 of MRT. He is much further through the MRT programme than any other drug court participant.

The judge asks the clinical team leader: “Would that be something positive for me to talk to him about today?”

They discuss a woman who is 70 days drug-free and arrange to give her a free zoo pass as a reward. Then there’s a man who will be presented with his six-month medal today, marking half a year in the court.

Every participant who has fulfilled all obligations since their last appearance – namely, being sober, being crime-free and attending all testing – is said to be “on the A Team”. The judge collects names for the A Team as she progresses through the files.

A woman who is fairly new to the court has disclosed “a use” in the past week and is struggling to take responsibility for the relapse.

Judge Tremewan tells the team she will praise the woman for disclosing the drug use to her case manager but, “I think now’s the time to give her a bit of a tune-up.”

Ejecting the woman from the programme is never mooted. “We know,” Judge Tremewan says, “the longer you keep them in the court, the more likely you are to get traction and change.”

|||||

The AODT Court uses a pre-sentence model whereby sentence is deferred while the offender works their way through the drug court programme. It takes most graduates 12–18 months.

If an offender drops out of the court or is kicked out, their offending is referred back to the traditional District Court for sentencing.

Tony Fisher, the Justice Ministry’s General Manager of District Courts, says that, by the end of October this year, there had been 165 participants accepted into the court. Of those, 18 had graduated and 59 had been “exited” from the court. Now that the court is two years old and a number of participants have been in the process long enough, the court is racking up graduates in quick succession. Judge Tremewan says, all going to plan, she will have one graduation each week for the next several weeks. Meanwhile, participants are

👏 **165 participants [were] accepted into the court. Of those, 18 had graduated and 59 had been “exited” from the court.** 🗨️

MINISTRY OF JUSTICE

QUOTES OF SUBSTANCE

👏 **I expect the New Zealand AODT Court to be the best in the world.** 🗨️

Retired California Superior Court Judge **Peggy Fulton Hora**

👏 **We’re not constantly locking these people up any more.** 🗨️

Senior Sergeant **Verdun Tawhara**

👏 **The AODT team are making a difference to society.** 🗨️

AODT Court graduate **Kuini Witehira**

👏 **It takes a lot for this team to give up.** 🗨️

Auckland AODT Court Judge **Ema Aitken**

👏 **You can’t punish away addiction.** 🗨️

Waitakere AODT Court Judge **Lisa Tremewan**

In pre-court sessions, Judge Ema Aitken meets with a team comprising Justice, Health, Corrections Department staff, Police and defence lawyers.



“By looking at offending holistically, and taking into account the circumstances that have motivated the offending, we can help prevent these offenders from going on to commit further crimes.”

FORMER JUSTICE MINISTER JUDITH COLLINS

less frequently leaving or being kicked out of the programme.

Fisher says: “International research has, though, found a reduction in offending and substance abuse for participants in similar courts who have not graduated.”

This view is supported by current research and leading international drug court experts such as Judge Peggy Fulton Hora.

However, research from New York’s Centre for Court Innovation suggests those who leave a drug court without graduating are “as or more likely as non-participants to reoffend”.

A research paper, titled *Drug Courts an Effective Treatment Alternative*, reads: “This means the benefits of the drug court accrue only to those who successfully complete.”

|||||||

The drug court came about after the Law Commission’s 2011 review of the Misuse of Drugs Act recommended the government consider establishing a pilot (subject to a full analysis of the likely cost-effectiveness and availability of funding).

The five-year pilot was announced by then-Justice Minister Simon Power and then-Courts Minister Georgina te Heuheu in October 2011.

The court opened in November 2012 when then-Justice Minister Judith Collins said: “Dealing with an offender’s addiction prior to sentencing is a new

approach for New Zealand. We want to reduce reoffending by giving offenders the opportunity to confront their drug and alcohol dependency, while still holding them to account for their actions.”

She said around 51 percent of offences were committed ‘under the influence’ of alcohol or other drugs.

“By looking at offending holistically, and taking into account the circumstances that have motivated the offending, we can help prevent these offenders from going on to commit further crimes. This will help keep people and communities safer,” the then-Minister said.

There are 3,000 drug courts in the United States, the first of which opened in 1989. One evening after court, Judge Tremewan told *Matters of Substance* that New Zealand’s delay in establishing drug courts has turned out to have one considerable advantage.

“The advantage of us coming to it so late is we can leapfrog over two decades of trial and error.”

New Zealand can discard the innovations that didn’t work elsewhere and selectively adopt the most successful practices. New Zealand is also developing its own world-leading strategies, such as the use of the Pou Oranga and peer support workers to walk alongside participants.

Judge Hora served 21 years on the California Superior Court and is considered a global authority on the “solution-focused courts movement”.

On a visit to New Zealand this month, she told *Matters of Substance* that, unlike any other court in the world, the New Zealand AODT Court has been founded entirely on evidence-based policies and procedures.

“The teams have been trained by international experts in effective methods and responses. The AODT Courts have the luxury of sitting atop 20+ years of rigorous research and being able to employ best practices from the outset.

“I have observed a very high level of commitment and dedication of all the partners and team members. I’ve also noticed a high level of cultural competence in these courts, exemplified by the appointment of the Pou Oranga, the Māori cultural advisor. As a result of these factors, I expect the New Zealand AODT Court to be the best in the world.”

Polly Websdell is the court’s clinical manager. She is in charge of the case managers, peer support workers and housing coordinator.

Websdell says the court specifically targets offenders who are of the highest risk and need. With that in mind, a smooth ride to graduation without a single stumble is not necessarily a measure of success.

“If people aren’t hitting the skids, [they’re] not high enough needs.”

Almost all court participants are unemployed when they enter the court and are heading for a custodial sentence so wouldn’t be working anyway. With that in mind, and the enormity of the journey

ahead, the view of the court is that the work of recovery is the participant's full-time job. They are encouraged to go to support group meetings, such as AA or Buddhist Recovery Network, as often as possible. They are also asked to attend courses that build social skills, such as anger management, literacy, parenting, driver safety and kaupapa Māori. Most do either extensive live-in or outpatient addiction therapy.

Participants are tested for drug use, both on a regular basis and at random, an average of five times a fortnight. They must place a phone call every morning to see whether they are required to do testing that day. Most travel by bus because they have lost their driver's licence.

Participants provide urine for analysis. Many are also fitted with a high-sensitivity SCRAM bracelet, a chunky black plastic monitoring device worn on the ankle, which measures alcohol through the skin.

All results are fed back to the court and placed inside the participant's blue file. The judge keeps track of every result.

|||||||

Another blue file is opened and read. A former homeless man has told his case worker he's been accepted to do a Unitec course in mechanics.

The team discuss a woman who is fairly new to the court. She has been sober 22 days. She's shy, lonely and isolated because she was so desperate for help, she moved to a new flat to be closer to the court and treatment. She's pleading for pharmaceutical help to maintain the sobriety she is fighting hard for. She'd like Naltrexone – a drug that blocks the effects of opioids and has been shown to reduce cravings and relapse for users of some other substances.

But she's doing 'too well' to qualify for the drug. The judge is clearly frustrated that this woman must first have a relapse before she can access a drug to prevent a relapse.

On the wall alongside the bench are three taonga – panels that symbolise the recovery journey. They are the work of Māori artist and Eastern Institute of Technology Associate Professor Steve Gibbs. There is one panel for each phase of the court process: serenity, courage and wisdom.

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Drug court participants must report to the court at 12.40pm on the day of their next remand. The appearances are structured so that those on the A Team are dealt with

first, and those who need more support that week are called later in the afternoon. The last offender to be called will have sat through an entire afternoon listening to the experiences of their peers. This way, participants see that others struggle, falter and pick themselves back up.

Today in Waitakere AODT Court, a special ceremony is about to take place. Furniture has been moved to create a space in the middle of the room.

"All rise for Her Honour, the Judge..."

Judge Tremewan greets and compliments participants, the majority of whom identify as Māori, in te reo and English.

She says, in order to achieve good outcomes, it is important the AODT Courts are responsive to the needs of participants who come from different backgrounds.

"Just as the coat of arms under which New Zealand judges sit reflects our bicultural origins (depicting a Pākehā woman and a Māori male), so too must the courts be culturally competent.

"We should also bear in mind that Māori are grossly over-represented in our country's criminal justice statistics – this court can actively provide an opportunity for much more positive outcomes."

In the 2013 Census, 14.9 percent of New Zealanders identified as Māori. However, Corrections Department data from June 2014 shows Māori account for more than half (50.8 percent) of the 8,500-strong New Zealand prison population.

The open session of the court starts with waiata and karakia. The judge announces the A Team. They stand to enthusiastic applause. Their names are put into a bowl, a draw takes place and the winner receives a \$30 Countdown voucher (paid for by the fundraising of a community advisory group).

Then the judge calls the first case of the day: Kuini Witehira.

A woman in a cropped black jacket, red lipstick and straight black bob walks to the lectern. Judge Tremewan explains that Witehira has successfully applied to graduate from phase 3 of the AODT Court, which effectively means graduation from the whole programme.

"Kuini, you made an application to graduate, and you were successful."

The judge invites the team to address their latest graduate.

Police prosecutor Echo Haronga talks of Witehira's "stunning transformation".

Jim Boyack, team leader of the Waitakere AODT Court defence counsel,

Court sits in Waitakere every Thursday and in Auckland city on Fridays.



FACTS



Those eligible to apply for the AODT Court must meet all of the following criteria. They must:

- be appearing at Auckland or Waitakere District Courts and live in those court catchment areas
- have an alcohol or other drug addiction or dependency that is the main reason for their offending
- have pleaded guilty
- be facing up to three years in prison
- agree to take part in the AODT Court
- be New Zealand citizens or permanent residents
- not be facing charges of sexual offending, arson or serious violence
- not have a serious medical or mental health condition (other than their addiction).

SOURCE: MINISTRY OF JUSTICE

Māori protocol plays an important part in court proceedings. A karakia is read before each session.



paraphrases Witehira’s own phase 3 application: “You are smiling from within and at peace with yourself.”

Witehira’s case manager Nichole Jones says: “I just see such a different woman standing in front of me today. You are strong and you are focused. You want a better life. I’ve loved working with you, Kuini. I’ve learnt a lot from you.”

Finally, Witehira unfolds a piece of paper and speaks. This is the final act in a rigorous programme that has introduced Witehira to a new way of life.

“I didn’t want to go to jail so I was given a choice to live in sobriety and walk in recovery.”

She addresses Judge Tremewan: “My heart is filled with the utmost respect.”

And then, as she celebrates her milestone the same week the court celebrates two years of operation, she says: “The AODT team are making a difference to society.”

Peer support workers rise from their seats in the public gallery to deliver an impassioned haka. Witehira stands tall and blinks, and a look crosses her face as though she can’t quite believe this is all for her.

Judge Tremewan explains that Witehira must now be sentenced for her crimes. She has admitted three counts of drink-driving in 2011 and 2012. She was around twice the legal limit each time, and these were her fourth, fifth and sixth drink-driving offences. She’s also admitted a change of perverting the course of justice for giving a false identity during yet another drink-

“When evaluation shows the court to both reduce recidivism and be more cost-effective, I would expect the policy makers to roll out this initiative to every criminal offender who needs this intense intervention.”

JUDGE PEGGY FULTON HORA

driving arrest. The judge says Witehira once posed a significant risk to the community but is entitled to credit for the immense amount of work she has done in the last 18 months.

She completed a 90-day Salvation Army programme developed especially for the AODT Court and programmes such as driver safety. Testing has revealed evidence of 336 days sober – she passed all of her 250 drug tests. She has attended more than 250 recovery meetings and contributed 220.5 hours of community work, is working full-time and is respected as a role model in her extended whānau.

“You’ve worked so hard, one day at a time.”

Judge Tremewan quotes the Corrections Department’s probation report, which says, because she has completed the drug court programme, Witehira is now deemed to be

a low-risk offender. The report says she is highly motivated and committed to her recovery. Judge Tremewan imposes a sentence of 12 months’ supervision and wipes all Witehira’s fines.

It is anticipated Witehira will continue voluntary work as a commitment to the restorative justice principle of service to the community. She must be sober, crime-free and “self-supporting” through full-time work. In recognition of the road ahead and her determination to show respect for her recovery, Witehira has committed to attend 90 fellowship meetings in the next 90 days.

The judge smiles at Witehira. “Be the person we know you are capable of being.”

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There are not enough treatment beds in Auckland to take all those who would qualify for drug court and are keen to commit to the programme, so numbers are restricted to the most in need and the most determined. An evaluation of the court that looked at its first year of operation showed that, of the 158 people who appeared before the court in the hope of being offered a place, 99 got in.

Established AOD treatment provider Odyssey House is the Health Ministry’s lead contractor for drug court support. It works alongside the Salvation Army and Higher Ground to service court demand with beds and treatment. The treatment providers also work with

Sergeant Gavin English says Police and defence lawyers are on the same team in the AODT Court.



“ How much money do you save if a mother of 10, with 200-plus convictions, is turned off crime? ”

the Community Alcohol and Drug Service (CADS).

Odyssey has employed a housing coordinator. The well documented scarcity of stable and affordable Auckland housing can have a particularly detrimental impact for those trying to focus on recovery.

Anne Bateman is General Manager of Innovation and Development at Odyssey House. She says the collaboration between agencies is key to the court’s success. Together, they have the necessary capacity and expertise.

Next on the judges’ wishlist is a partnership with a committed physician to treat the various medical and dental issues facing the court’s participants.

A figure for the total cost of such holistic, intensive treatment is not yet available.

As the court is a multi-agency model, the accounts of various government departments will need to be assessed to arrive at a figure for the total monetary cost of the AODT Court system.

It is expected the two courts will continue to deal with around 100 offenders each year, at an annual treatment-related cost of about \$2 million. In May this year, Prime Minister John Key pledged a further \$105,000 to the court from money recovered under the Criminal Proceeds (Recovery) Act (CPRA).

District Courts General Manager Tony Fisher says the final evaluation of the court pilot will include an assessment of whether it has been cost-effective.

“This analysis will be completed at the end of 2016, with results in 2017. This timeframe allows for a robust evaluation, given that the court is a small pilot with a limited number of participants.”

Visiting Judge Hora says she expects the final analysis of the drug court pilot to be positive and lead to a full roll-out of the system.

“When evaluation shows the court to both reduce recidivism and be more cost-effective, I would expect the policy makers to roll out this initiative to every criminal offender who needs this intense intervention.

“It is clearly the best way to approach high-risk/high-need offenders who, without close scrutiny and supervision, continue their lawlessness and endanger our communities.

“I’m not saying there is no place for prison as an appropriate response, but unless a life sentence is imposed, they will get out and are highly likely to reoffend.

“In the United States, research has shown that over 75 percent of treatment court graduates never see another pair of handcuffs – a group that traditionally is rearrested at the rate of 66 percent within three years.”

Judge Aitken believes robust analysis of the pilot will show that the social and financial cost of each offender continuing with a life of crime would have been much higher than the cost of holistic treatment.

She’s eager to see the cost-effectiveness analysis take into account all costs saved,

FACTS

Christchurch Youth Drug Court

While New Zealand was late in establishing a drug court, it did lead the world with development of the Christchurch Youth Drug Court, set up by Judge John Walker in 2002. There are similarities with the AODT Court. Participants’ offending must be linked to their drug and/or alcohol dependency. They come to the court voluntarily and must be willing to undergo treatment and submit to random drug testing. The programme generally takes 6–12 months and successful participants are discharged without conviction.

SOURCE: Ministry of Justice website

Judge Ema Aitken steps down from the bench to personally, quietly but very publicly commend participants as they celebrate milestones on the programme.



including the costs of arrests prevented – and potential victims spared – because of the defendant’s involvement in the AODT Court. (A New Zealand Police spokesman told *Matters of Substance* the organisation did not have an agreed figure for the average cost of an arrest.)

And then there are the inter-generational costs of children suffering through their parent’s criminal behaviour, drinking or drug use. How much money do you save if a mother of 10, with 200-plus convictions, is turned off crime?

Clearly, expensive resources are directed at a very small number of New Zealanders in the drug court model. But Police say it’s worth it – these are one-time recidivist offenders who have now ceased to be a disproportionate burden on Police resources.

Senior Sergeant Verdun Tawhara is the Waitakere Police district prosecutions manager. He is also the prosecutions manager for both the Auckland and Waitakere sittings of the AODT Court.

He has three drug court prosecutors in Auckland and four in Waitakere, all drawn from the most senior ranks of his prosecutions staff. The New Zealand Police has put its best foot forward for this pilot.

Tawhara says his overarching impression is that, although many Police were originally wary about the model, the pilot has been a success. Police leaders in Waitakere and Auckland increasingly view the drug court model in a positive light.

“The Police recognise the prevention value of the court. The court assists with reducing victimisation,” he says.

Success can be measured in graduations – and in absences from the court lists. Tawhara says colleagues from other arms of the Police notice when one of their most prolific car thieves or burglars is suddenly out of the picture.

“We’re not constantly locking these people up any more.”

Tawhara says there were early concerns.

“It’s fair to say the Police view was a bit of trepidation to begin with. And prosecutors in other jurisdictions, particularly in Australia, weren’t comfortable with the drug court [model]. So we knew from that that it wasn’t always something we were always going to be happy with,” Tawhara says.

Tawhara says Australian Police had a major issue with burnout among drug court prosecutors, but his prosecutors are well supported and continue to work in the traditional adversarial court environment to keep their skills sharp.

There is sometimes tension between Police and judges around the behaviour and commitment of participants. Tawhara has made submissions to court to have people removed from the programme, usually on the back of Police intelligence that suggests they are offending or, in other ways, breaching programme conditions.

Sometimes, the judges will agree and exit a participant from the programme, enabling someone else to gain access to its

“ Sometimes, the judges will agree and exit a participant from the programme, enabling someone else to gain access to its considerable resources, but often the judges give offenders more leeway than Police would like. ”

considerable resources, but often the judges give offenders more leeway than Police would like.

“It’s an ongoing battle for the Police, at times, that the court adheres to the entry criteria that are set.”

However, Tawhara says the judges’ compassion and belief in the offenders’ ability to change is sometimes repaid with a miraculous turnaround.

“There are people I have asked to be exited who have ultimately been successful.”

One of those was Kuini Witehira.

Tawhara says, in general, those participants with the ability to form insight as to their situation, and the road ahead, appear to be best equipped to succeed. Many arrive at the drug court “cynical, arrogant, negative and trying to get out of custody”.

But if they stick with the programme long enough, a light slowly comes on. By the time they are heading for graduation, he says, participants are strongly motivated to remain sober.

Sergeant Gavin English says Witehira was an example of a woman whose heart and capability were hidden under addiction and offending.

“She’s ... a really powerful, amazing woman, in actual fact. She was wellhidden ... she battled.

“She was sitting on three active drink-drives. I would be hugely confident that she’s not going to be out drink-driving again.”

Jim Boyack, team leader for the Waitakere AODT Court defence lawyers, and Police prosecutor Echo Haronga sit side by side, under art that embodies the core values of the court.



“In most respects, it is much harder to work on your issues and make wholesale changes rather than just do your time. But the results are dramatically better.”

JUDGE EMA TREMEWAN

He says he wouldn't say the same of someone who had been sentenced to two and a half years' jail.

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In Auckland AODT Court, a man is telling Judge Aitken how, with the encouragement of his peer support worker, he has reunited with his siblings for the first time in more than 20 years. Another man is celebrating 109 days without alcohol – the longest he has been sober in the community since he was at school 40 years ago.

A man who graduated from one of his treatment programmes two weeks ago has had a weekend of bingeing, ripped off his bracelet and ended up in custody. He is clearly devastated. Judge Aitken assures him he will be supported to get his recovery back on track.

“It takes a lot for this team to give up ... We are with you.”

An offender who has been drinking today comes into the dock. He is desperate to enter the court – she warns him prison would be much easier, but he says he's made up his mind. He wants in.

The judge points out a man standing at the back of the court with a suit jacket and a warm smile. Dougie was once where you are now, she says to the man, and Dougie smiles.

In a small room outside the court, Dougie details a life of excess. He started drinking heavily in his hometown of Glasgow, Scotland, at 13. He was a former high flyer, happily resident in the

boozing culture of IT sales where he earned \$200,000 a year. Then at 54, he was unemployed, bankrupt, had lost his home and his marriage and faced three charges of drink-driving at more than four times the legal limit.

“I'm powerless over alcohol.”

When he graduated from drug court, he had been to 450 meetings in 450 days of sobriety.

“If I'd been put in jail, nothing would have changed and I would have come out more angry and not over my drinking in any way, shape or form.”

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Judge Tremewan says she has been totally committed to the drug court model since the day five years ago when she first observed a drug court in the United States.

“It is not an easy option to be a participant in the AODT Court. In most respects, it is much harder to work on your issues and make wholesale changes rather than just do your time. But the results are dramatically better,” she says.

“You can't punish away addiction.”

Judge Tremewan and Judge Aitken are determined the drug court pilot will succeed so it can be rolled out nationwide.

Back in the Waitakere AODT Court, a young man is making his application to move from phase 1 of the court programme to phase 2. Earlier this year, he broke into his mother's house, stole his brother's car and destroyed it. He says he now knows

there's a wonderful world out there and he doesn't need drugs or alcohol to enjoy it.

He wants to be a qualified builder in five years.

“I want to fall in love and have a family. Thank you for this opportunity. It has honestly saved my life.”

Another young man is applying to graduate from the programme. He is drug-free, hasn't reoffended and is now planning to study full-time from 2015 to become a youth worker.

“Thanks for fighting for me. It was worth it – I made it.”

The korowai of this court has sat firmly around his shoulders for the past year. He has a list of people and agencies to thank. Finally, he looks at the Police prosecutor and grins.

“New Zealand Police: I won't be seeing you guys no more, except to say hello.” ■

**Steve is a pseudonym, but all other names used are real.*

Keri Welham is a Tauranga-based writer. Photographer Stephen Piper is a location scout from Auckland.

How well are pre-charge warnings working?

Pre-charge warnings have quietly become a valuable new tool in the policing tool box and an effective way of getting minor crime out of an overloaded court system. But after four years, the greatest strength of the pre-charge warning has also become its biggest weakness.

Sofia Wenborn reports



SOFIA WENBORN

“The longer you keep people from the formal criminal justice system, the less likely they are to become serial criminal offenders.”

W

hen New Zealand Police were told to give the justice system a break and reduce the number of prosecutions appearing in

court, a change in tactics was required.

In 2010, the government gave Police two targets. Recorded crime had to reduce by 13 percent, and the number of non-traffic cases appearing in court had to drop by 19 percent. The deadline was 2014/15.

Those are fairly high targets and human behaviour isn't such that crime just disappears because we want it to. However, the way Police deal with some crimes can make them almost disappear.

Policing Excellence was the initiative that followed. The language around it is that of crime prevention and intelligence-led policing. In practice, it means more discretion – in particular, discretion not to prosecute so many people for minor crimes.

Pre-charge warnings are one of the new tools in the kit. They slot in between the informal slap on the hand and the Police diversion scheme, where an offender is still prosecuted in court but the charge is withdrawn by Police if the offender admits their guilt and complies with some conditions.

The pre-charge warning sees an offender brought into the Police station for processing but before a charge is laid, the arresting officer, together with a

supervisor, use their discretion to send the offender off with a written warning. It's recorded but, importantly, it doesn't appear on someone's criminal record.

Police don't have to prepare the paperwork that goes with laying a criminal charge; nor do they have to put in the hours required to prepare a prosecution for court.

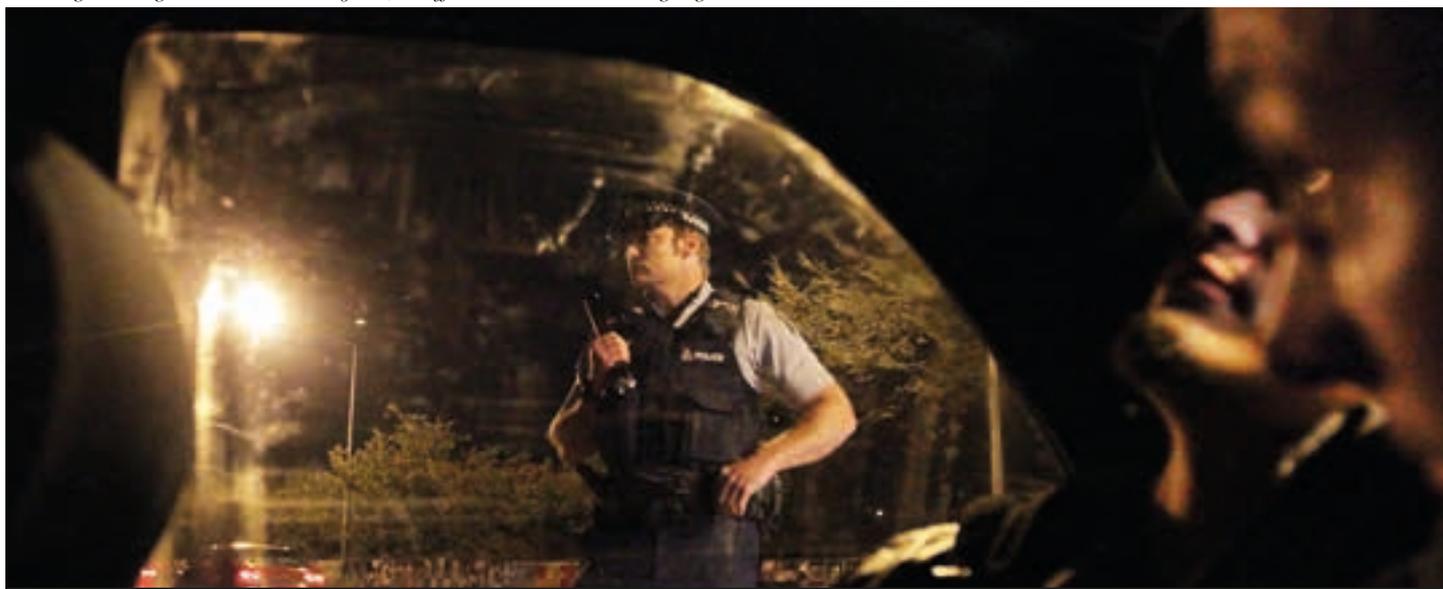
In August this year, 1,710 offences were dealt with by handing out a pre-charge warning, and since their introduction four years ago, Police say 37,000 hours of Police time have been freed up.

Deputy Chief Executive Māori, Superintendent Wally Haumaha says, “It's an option which still enables staff to prevent harm within their communities without creating an extra burden on the system.”

Cynical minds may suggest it's shuffling deck chairs, and to some extent it is. Rethinking Crime and Punishment's Kim Workman says pre-charge warnings certainly look good on paper.

“But they're also a good idea because the longer you keep people from the formal criminal justice system, the less likely they are to become serial criminal offenders.”

Offenders aren't the only ones glad to escape conviction. Police are happy to escape the paperwork on files that frequently went nowhere or had no merit. An evaluation report carried out six months into the scheme found wide-ranging support. As one officer said, “Less time spent preparing files for court means more time spent on the road,”



which is certain to make taxpayers happy as well.

There are some rules around the pre-charge warning, of course. They're designed for those minor crimes that are considered 'victimless'. By far and away the largest number are handed out for alcohol-related offences like breaching a liquor ban or disorderly behaviour.

Crimes that carry a penalty of no more than six months in prison are the only ones eligible. That means minor shoplifting is also on the list and, to a small degree, possession of cannabis. And as time has gone on, Police are choosing to resolve more offences in all categories with a pre-charge warning.

Alcohol remains the easiest offence to deal with like this. As one senior justice expert says, minor charges are generally a tool for Police to deal with difficult situations. When alcohol is causing a problem, Police just want the ability to remove the person from the situation to diffuse tension. The outcome is usually a conviction and a pretty small fine.

Police officers spoken to during the evaluation process said pre-charge warnings gave them the ability simply to take the offender back to the station and let them cool off or sober up. Most were shame faced enough to apologise. What additional use, then, is the court process?

And how do Police rationalise a pre-charge warning for an illicit substance such as cannabis?

In practice, they do have a harder time. While 75–80 percent of liquor offences are resolved with a warning, only 30 percent of cannabis possession

offences are dealt with the same way. If you're caught with cannabis, you're probably going to court, but the stats don't lie. Police are certainly showing signs of becoming more lenient.

"A pre-charge warning still holds an offender to account," says Haumaha, "and the intent is that it will act as a deterrent from further offending behaviour. The offence committed is still treated seriously and is recorded in official statistics."

Workman, however, would like to see a little more consistency with regard to cannabis and the pre-charge warning.

"I think the general rule should be that amounts sufficient for personal consumption almost inevitably get a warning. And I fail to see the difference between one person being warned for possession and another being charged."

Auckland defence lawyer Ron Mansfield says he still sees people going through court charged just with possession of cannabis.

"As to why that couldn't be a fine and a warning, I don't know," he says.

"But as a result of a search, people are generally charged because Police want to justify the search action. If it's just seeing someone on the road with a joint, the Police might throw it away. I guarantee the number of people found with cannabis and not charged is higher and just dealt with informally."

Police aren't quite ready to acknowledge that.

"To my knowledge, this is not a common practice. Police practice is to go

through a proper process of a pre-charge warning," says Haumaha.

That proper process certainly has reduced the burden on the court system.

Mansfield agrees there are fewer minor charges going through the Auckland District Court now, and for that he's grateful.

"A conviction for low-level offending has quite severe ramifications, and you don't appreciate that till you get one. You're creating people who are unemployable and people who can't advance in life. When you think about the forms you complete over a year, whenever you apply for a job, insurance, bank accounts or when you travel to a certain jurisdiction where you tick the box that you have no previous convictions, they have to disclose that conviction and hope someone will take the time to reassess them as a whole person, not just judge them for that conviction."

In particular, Mansfield says, it used to concern him most at Counties Manukau District Court. "The number of young people going through that court on very minor charges and getting a conviction and a fine they probably couldn't pay, then trying to get on with life from there in a struggling community, that makes their struggle even worse."

His concern about specific communities is justified because, as encouraging as the pre-charge warning system appears, there are alarm bells. And sadly, they are the same alarm bells we've become all too used to hearing.

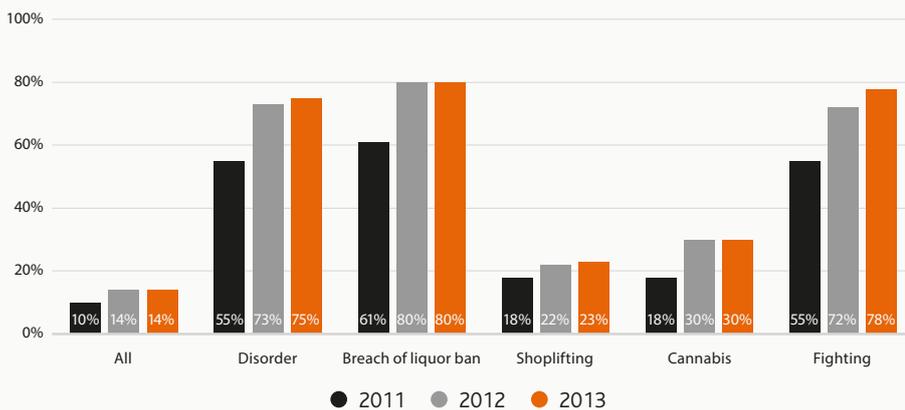
Fewer people are facing minor charges, freeing up scarce court time. | Photo: Department for Courts



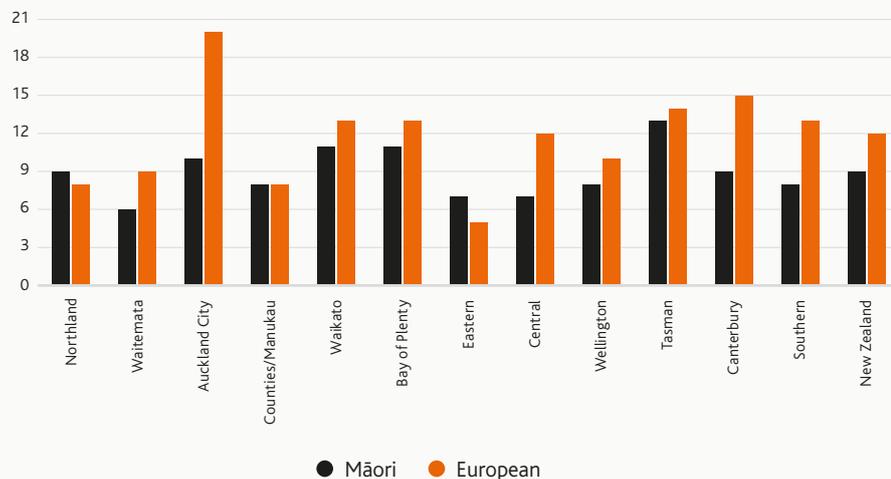
“A conviction for low-level offending has quite severe ramifications and you don’t appreciate that till you get one. You’re creating people who are unemployable and people who can’t advance in life.”

AUCKLAND DEGENCE LAWYER RON MANSFIELD

% PRE-CHARGE WARNINGS OVERALL AND BY OFFENCE TYPE 2011-2013



% PCWS ISSUED TO GROUPS



Some people are more likely to receive a pre-charge warning than others, and no surprises here – it’s Pākehā. Police were sharp to the possibilities of racial discrepancies before the scheme was introduced, and six months in to the system, their fears were already being realised. Four years later, and the figures still show that Māori are less likely to receive a pre-charge warning.

Police say there are alternative processes in place for dealing with low-level offending by Māori, such as the Iwi Justice Panel.

“This initiative includes panels of vetted and trained community representatives who set conditions to help reduce and repair the damage and harm caused by certain offenders, rather than charge and prosecution,” says Haumaha.

Nevertheless, Police are aware of the discrepancies, and every month, all pre-charge warnings are reviewed.

“Districts are advised of cases where eligible offenders were not issued a pre-charge warning. Districts will then undertake an audit and assess cases to ensure the policy is being followed equitably.”

Workman says it all looks very familiar.

“It’s very similar to a piece of research I did in 1998 for the Police when we looked at the issue of diversion. They were concerned the number of Māori offenders getting diversion was too low, and they wanted to find out why. Our research showed that Police had the belief if someone had committed a previous minor offence they were not entitled to be diverted. Māori tend to be



“Māori are more likely to have a criminal record, less likely to be respectful of Police so more likely to be lippy. The officer is therefore less inclined to be lenient.”

convicted of a greater number of minor offences than non-Māori because Māori tend to be stopped and questioned more often, tend to have the car searched more often, tend to be searched for cannabis more often. So a lot of them weren't being diverted for very minor offences, but that policy was non-existent really. It was in the minds of Police officers, but there was no policy around to confirm it.”

Now, the pre-charge warning system seems to be perpetuating that cycle.

But if it's something Police have been aware of and concerned about for so long, why hasn't there been any headway made?

The problem lies with the very thing that makes pre-charge warnings so effective – discretion.

A Police officer's discretion is a double-edged sword. Police will use their discretion not to prosecute if the offender is regarded as low risk, but that carries socioeconomic and ethnic undertones.

As a senior justice expert says, “Māori are more likely to have a criminal record, less likely to be respectful of Police so more likely to be lippy. The officer is therefore less inclined to be lenient. It's not a criticism of Police, it's just how it works. Police use stereotypes to work out who they need to take action against, and that's a source of bias and discrimination. Stereotypes are self-fulfilling prophecies; they always have some basis in experience, but they're also discriminatory.”

So how do you stop behaviour that is in some way inherent to human nature but creates inequality? The answer may lie in a paradox. Discretion needs set guidelines.

Three years ago this is exactly what the Law Commission explored in its review of the Misuse of Drugs Act. It noted that Police discretion when dealing with cannabis possession led to a more appropriate response, but it also created an opportunity for unfairness and discrimination. To overcome that, the Law Commission suggested a mandatory cautioning scheme with a clear process – three cautions followed by either a referral to drug treatment or prosecution.

A senior justice official says the pre-charge warning system would be improved by this kind of structure. It wouldn't necessarily need to be written into law, but there would be a prescriptive set of guidelines that Police had to adhere to.

Workman agrees. “Police have avoided developing policies of that kind, and I think it's time they did. Police are conscious of it, but when people like [Justice Minister] Anne Tolley deny the existence of institutional racism, nobody is forced to address it. We need to have policies around ethnic profiling, we need to have policies around the use of discretion in relation to finding people in possession of cannabis. There needs to be clear guidelines about stopping people.”

Police themselves are open to improvements.

“The scheme will continue to be monitored and reviewed to ensure that it is being implemented correctly, and an expansion to a broader range of offending may be considered. It is too early to say what form this expansion will look like and whether or not legislative change will be required,” says Haumaha.

Mansfield welcomes that and suggests offences carrying a prison term of up to a year could be considered.

“Low-level dishonesty, property damage, low-level assaults such as common assault, like a fight at a party. It doesn't mean they couldn't lay a charge, it would just mean that, in appropriate circumstances, they could warn.”

In the meantime, Huamaha is happy pre-charge warnings are meeting their purpose.

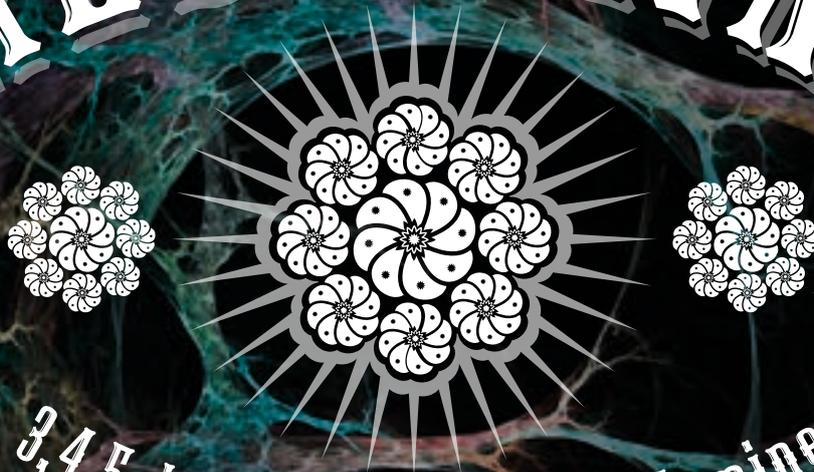
“People who commit low-level offences and are unlikely to reoffend are not being caught up in the criminal justice system. There have been 77,000 pre-charge warnings issued to date, which has resulted in 65,000 people not going through the court process.”

It's rare that Police and criminal defence lawyers agree, but on this, there is harmony. Because, as Mansfield points out, there but for the grace of God

“In reality, that low-level offending is committed by a much wider group within the community. Being drunk and disorderly or carrying a bottle of booze through town, or trying cannabis – not many people get through their youth without doing something like that, but most are fortunate enough not to be arrested. If you are unfortunate enough to be caught experimenting with life a wee bit, you end up with a conviction that's with you for a long time.” ■

Sofia Wenborn is an Auckland-based writer and TV producer.

MESCALINE



3,4,5-trimethoxyphenethylamine

OTHERWISE KNOWN AS

Buttons, Cactus, Mesc or Peyoto

Mescaline is an alkaloid that causes hallucinogenic effects similar to those of LSD and psilocybin (MAGIC MUSHROOMS). It occurs naturally in several varieties of cactus, most notably peyote (NATIVE TO MEXICO) and the San Pedro cactus (NATIVE TO PERU).

10-12
HOURS
AVERAGE
DURATION OF A
MESCALINE TRIP

6 MONTHS
MAXIMUM SENTENCE
FOR POSSESSION

0 DEATHS
RECORDED FROM
MESCALINE USE

Historians and archaeologists affirm ‘psychedelic cacti’ have been used by Native Americans as part of religious ceremonies for thousands of years. However, mescaline was only identified as the active ingredient in the cacti in 1897 by German scientist Karl Heffter. Heffter was the first scientist to be referred to as a ‘pychonaut’ due to his willingness to test his newly discovered chemicals on himself. It was first synthesised in 1919 by Austrian chemist Ernst Späth.

Mescaline is usually prepared by cutting the cactus up into fine pieces and simply boiling them for a few hours before ingesting the water. Another form in which it is taken is by chewing the buds that grow from the cactus stem when it is chopped off at ground level. These buds can also be dried and ground – and then mixed with fluids. Most users say the taste of the cactus is extremely bitter and unpleasant.

Typically, mescaline users experience visual hallucinations (both open and closed eye) and radically altered states of consciousness. These are usually found pleasurable and illuminating, but they can be accompanied by feelings of anxiety or revulsion. Other negative side effects can include racing heart beat, dizziness, diarrhoea and headache. Mescaline containing cacti can cause intense nausea and vomiting, which was particularly valued by traditional Native American users because it was considered cleansing. Mescaline is not thought to be physically addictive, and there have been no verifiable deaths from its use. A typical dose lasts 10–12 hours.

There have been some suggested medicinal uses for mescaline. In 2012,

Norwegian researchers Teri Krebs and Pal-Orjan Johansen published a meta-analysis in the *Journal of Psychopharmacology* indicating there was good evidence from the 1960s and 1970s for the effectiveness of the hallucinogen LSD in treating alcoholism. They also noted that other studies found that the psychedelic effects of substances, such as mescaline, were also “highly valued and beneficial” and that indigenous groups have claimed that peyote helped them stay sober.

Similar speculation about the benefits of mescaline as a treatment for depression have been made. The theory is hallucinogens work in the brain by increasing blood flow and creating new and positive kinds of connections. However, research on how mescaline and other hallucinogens work in the brain has been limited. It’s hard to get approval for such studies as hallucinogens tend to have Schedule 1 status under the United Nations Convention on Psychotropic Substances.

Therefore, recreational mescaline use is illegal in most western countries, but in some countries, such as Canada, traditional peyote is exempt from legislation. In New Zealand, cacti such as the San Pedro may be cultivated for ornamental purposes but not for recreational use. Mescaline is a Class A drug here under the Misuse of Drugs Act. That means you could be imprisoned for up to six months for possession and up to life for supply.

Information about mescaline use in New Zealand is relatively sparse. It doesn’t appear, for example, on the Drug Foundation, Police Drug Info or NORML websites (except for being

listed as a Class A controlled substance). This suggests its use is not widespread or seen as particularly problematic.

But it is certainly being used here. In 2011 two men were caught outside a Te Rapa garden centre cutting a stolen cactus up into strips. It’s doubtful their intentions were ornamental. The centre told investigating Police that such thefts were not common but that some staff had been approached by customers wanting a San Pedro cactus so they could “boil it up for a high”.

“Typically, mescaline users experience visual hallucinations (both open and closed eye) and radically altered states of consciousness.”

New Zealand drug community and harm reduction website TripMe has a small group who discuss mescaline online, but posts are infrequent, and the most recent appears to be from early 2013.

Our lack of widespread interest in mescaline isn’t that surprising. Most cacti sold by garden centres are quite small, and they’re not terribly fast growing. Considering you need 30 centimetres or more of cactus blade for a decent boil-up, *Matters of Substance* thinks mescaline will remain a minor player in our drug pantheon. Most Kiwis wanting to get high will put their ingenuity towards cultivating something else. ■

Our ‘psycho’ psychoactive substances legislation

New Zealand’s Psychoactive Substances Act has been described as world leading and incredibly innovative. But during 2014, public moral apoplexy and political disquiet over animal testing has resulted in a seeming reversal of what the legislation was designed to achieve. Is our groundbreaking legislation dead in the water, or is there yet a way forward? **Russell Brown** provides an update.



RUSSELL BROWN

“It is reasonable to ask now whether the new law even has a viable future, given the turn in the political mood. The answer to that question depends on how you ask it.”



Even as it was making its way to the statutes, New Zealand’s Psychoactive Substances Bill was the talk of the drug reform world. It was seen as a bold, visionary bid to deal with the proliferation of new drugs that fell outside existing laws and address the harms of an unregulated market.

It was all the more remarkable that the reform was being championed by a former drug warrior in Associate Health Minister Peter Dunne. When our Parliament passed the Psychoactive Substances Act last year with but a single vote against, it seemed New Zealand had taken a remarkable initiative.

And then, only months into the new world, the government rushed through an amendment that cut off a protracted interim licensing phase, halted the legal sale of all psychoactive substances and made any future approval much more challenging. It happened so quickly that one journalist landed here with a story commission from a major American magazine, knowing reform had been cut short after she’d booked her flights.

It is reasonable to ask now whether the new law even has a viable future,

given the turn in the political mood. The answer to that question depends on how you ask it.

On one hand, things are falling into place. The long-awaited regulations defining the requirements for manufacturing, importing and research and product approvals were signed off by Cabinet in July and recently came into force. Regulations for wholesaling and retailing approved products are on track for the second half of 2015, in plenty of time for any newly approved product. It appears there will be an industry of some sort prepared to play by the Act’s rules. And the Psychoactive Substances Authority, beleaguered for much of this year, has been moved to a more supportive part of the Ministry of Health.

But there’s an elephant in the room. In rushing through the amendment in May, MPs not only repealed the parts of the original Act providing for interim product licensing, they also added wording that stipulated that “the advisory committee must not have regard to the results of a trial that involves the use of an animal”.

There is an exception: the advisory committee and the authority may act on an overseas animal trial that finds a psychoactive product “may pose more than a low risk of harm to individuals using the product”. But they are



“...as of now, the situation is this: the process created to approve and license psychoactive products [...] cannot possibly approve or license any product.”

forbidden to consider any animal trial evidence in deciding that a product poses only a low risk of harm.

In short, they may only pay heed to evidence from animal trials to ban a product, not to approve it.

“Our overarching assessment, not just in the offices of the Psychoactive Substances Regulatory Authority but also on our expert advisory committee, is that, at this point in time, it is not possible to have a product approved without animal testing,” says Stewart Jessamine, group manager at the clinical leadership and product regulation branch of the Ministry of Health and effectively the personal link between the Psychoactive Substances Regulatory Authority and its new neighbour, Medsafe.

“Obviously, that’s a major barrier to new products entering the market.”

Other interested parties speculated on *Matters of Substance* about possible

workarounds, but as of now, the situation is this: the process created to approve and license psychoactive products – thus taking manufacture and sale out of the hands of the unregulated black market – cannot possibly approve or license any product.

To understand this strange situation, it’s useful to look back on the Psychoactive Substances Act’s difficult infancy.

The interim licensing period provided for in Schedule 1 of the Act was a relatively late addition to drafts of the Bill. From August 2013, it allowed manufacturers to seek interim approval for their existing products until the necessary regulations were published and for retailers to seek their own licences. The thinking was that the Act’s process needed an industry, and that might not happen if the whole market was abruptly outlawed.

But writing the regulations proved tough going. Uruguay is finding the same thing as it tries to get its pioneering regulated cannabis market in place, and its government is only writing for a market that is yet to start. New Zealand’s officials were introducing regulation to a market that had been raging for years. Further, an under-resourced Psychoactive Substances Regulatory Authority failed to perform. It made few decisions, acted

slowly and all but seized up from January 2014 onwards.

That left an interim licensing regime to carry more weight, for longer, than the Act’s designers had ever anticipated in a legal environment that was still a work in progress. While Customs conducted some testing at the border, that was simply to check that the contents of shipments from Chinese labs matched the label and not for purity as the Act required. A Code of Manufacturing Process stipulated for December 2013 was not fully implemented until April, and all parties to the process found obtaining and delivering certificates of analysis a challenge. Towards the end of the regime, it was difficult to say exactly what was in some products – the very opposite of the purpose of the Act.

“The difficulty – and it became more and more of a difficulty as time went on – was that, conceptually, it’s very difficult to reconcile having an interim approvals regime with the fundamental core of the Act, which is that you’re supposed to be able to provide evidence that your products pose no more than a low risk of harm,” says Chen Palmer’s James Dunne, who has acted for the industry.

“The standard that was being applied for interim licences was basically ‘nothing bad has happened in the three months preceding the enactment of the



“The difficulty – and it became more and more of a difficulty as time went on – was that conceptually, it’s very difficult to reconcile having an interim approvals regime with the fundamental core of the Act...”

JAMES DUNNE

legislation’, but that was unsatisfactory for a number of reasons. For the manufacturer – because you had to explain away adverse reports that you actually had no idea about because the reporting system wasn’t really in place. From a broader public health perspective – because you were approving products without really understanding what their risk profile was.

“That would have been fine, I think, if the interim regime had lasted for three months, but when it became clear it was going to drag on and on, it was only a matter of time before it was going to be brought to an end, sooner rather than later.”

That ending was motivated largely by a storm of media coverage about the harm being wreaked by the products given interim approval, which were all cannibomimetics: synthetic cannabis.

Objectively, the Act had sharply curtailed a market that had sprawled on unregulated for years. According to the Ministry, the number of retail outlets for legal highs was slashed about 95 percent after the Act, from as many as 4,000 to fewer than 170 licensed premises nationwide. The number of products was cut from around 200 to fewer than 50. There was also evidence that the number of severe presentations to emergency departments and severe issues reported to the National Poisons Centre had reduced since the Act came into force.

But the purge had the paradoxical effect of magnifying attention on the remaining outlets, which were largely unwelcome in their communities. They made a newsworthy focus for media and concentrated problems in the neighbourhoods where retailers had been licensed to continue. Some of the licensed retailers looked sketchy when media came to visit.

But perhaps the real damage to public safety was done in the whack-a-mole years before the Act, when the early synthetic cannabis products were progressively banned by order of the Minister. New Zealand Drug Foundation Executive Director Ross Bell says he doesn’t believe cannibomimetics per se were poor candidates for approval.

“I think absolutely the final bunch of synthetic cannabinoids that we’ve seen in the last few years were pretty bad,” says Bell. “But when BZP was around [in the mid 2000s], there was a very benign synthetic cannabis product on the market, and by all accounts, it was very effective,

“I think we need the Psychoactive Substances Act to help mitigate all this weird, unknown stuff being available online.”

ROSS BELL

very much like natural cannabis. And we had no [adverse] reports at all for years. Then ESR determined that it was so much like THC that it was automatically prohibited under the analogue provisions in the Misuse of Drugs Act.

“If products like that had been allowed to stay, and even the early JWH-based products that weren’t causing a tonne of problems, it would have been less likely that we’d have seen the harmful ones. We took away all the good ones and left the bad ones.”

Dunne says the harm from the interim products was “an issue at least in the public mind, and probably if what had been sold was dance pills or something like that, people would have been a lot less exercised about it. But the reality was, if you looked at what people actually wanted to buy, there was no doubt that it was synthetic cannabinoids – in enormous quantities.”

At the end of April 2014, the government rushed to trump a competing bill from the Labour Opposition and announced its urgent amendment to the Act, changing everything.

One element of the Act that will help the chances of a viable regime remains. Approvals under the Act are for products to market, not their constituent ingredients – and one applicant cannot free-ride on research submitted for a competitor’s product. That means the first successful applicant would have the market to itself.

“If you had something that you could get across the line in New Zealand, particularly if you were first, I think you would probably recoup the costs of developing, testing and getting it approved pretty quickly,” says Dunne. “There’s no doubt there’s a significant demand out there for psychoactive substances.”

Compliance in New Zealand would also be a valuable precedent if and when other countries adopt similar regimes.

“That’s been the goal all along, to essentially present a working model here in New Zealand that other countries can follow,” says Stargate’s Matt Bowden,

who effectively created the legal high industry and has spent much of the time since calling for regulation.

Bowden is keen to distinguish Stargate from most of the other companies in the industry as it was. Most were, he says, “essentially marketers” who relied on “chemical engineers in China”.

“We and possibly others are going down the route of essentially setting up a pharmaceutical company. So we do drug design. We designed hundreds of different molecules, and we tested them. We were designing for the longer-term game. There are a handful of other players globally who are going down the same track, but that’s it.

“I’m really quite motivated to keep working at it, because I know it is going to work here in New Zealand, and other countries will follow suit. And the beauty of it is that, if the regulations are standardised across a number of markets, then intellectual property developed here has an opportunity to be marketed globally and cover costs more easily.”

But that leaves the presently intractable problem of the animal testing ban.

Jessamine says that, in defining a standard for product approval, the authority and its advisory group have looked at existing manufacturing and safety standards, taking over-the-counter medicines as a starting point.

“That takes us into a series of international guidelines that say, ‘If you wish to introduce a new substance into an over-the-counter medicine, here is all the testing you have to do. It starts with simple stuff: how is it absorbed, how is it metabolised, how is it excreted? What is a toxic dose, what is a safe dose? Does it cause reproductive problems? Does it cause genotoxic problems?’

“It then sets out a series of tests you can use to demonstrate those things.

Those tests are set by boards of international regulators, which have animal welfare input as well. And some of the testing is still animal-based. There are a number of key issues where animal testing is still an essential part of the assurance of the safety of the substance.

“Our assessment here is that, whilst there’s a whole bunch of new technologies coming along that have been assessed and validated as accurate predictors of risk (as old-fashioned animal tests) and have been accepted into the standards required for medicines, foods and chemicals, there are some areas where there are no

non-animal testing validated tests available at this point in time.”

He grants that there could “possibly” be a workaround where the authority could consider evidence from human testing that followed animal testing – all of it overseas – but suspects there would still be ethical roadblocks.

As to what kind of product would be a candidate for eventual approval, it’s safe to assume that no smokeable product would pass muster. Jessamine notes that “vapouriser-type solutions” are already appearing in other markets. Dunne expects that any approved product would be far less strong than those sold under the interim regime.

Bell is keen to emphasise that he believes Peter Dunne acted in good faith in developing the Bill and that it was not set up to fail. But meanwhile, he says, the substances banned by the government amendment, and others, remain available.

“Even the Police say they’re still finding and seizing these products. Synthetic cannabinoids are being sold as incense, and there have been some pills and powders being sold as plant food – which is exactly what these things are being sold as in other parts of the world.

“What we are also seeing is people just buying whatever they want online and having it shipped over. That kind of stuff will continue. The Auckland City Mission has noted that, since synthetic cannabis products disappeared, a lot of their clients have reverted to huffing glues and solvents. There are lots of substitutes for these things – alcohol, natural cannabis, butane. People are still going to get high.

“I think we need the Psychoactive Substances Act to help mitigate all this weird, unknown stuff being available online. If you give New Zealanders an approved, legal substance, they’ll go for it.”

Dunne ventures that the current impasse may ease when the environment around psychoactives is less heated and when all Local Approved Products Policies are in place.

“But if they’re going to get this to work here, what New Zealand will have to convince manufacturers of is that if a product is proven to be low risk, it’s not going to be banned as the result of some moral panic driven by the *New Zealand Herald*.” ■

Russell Brown blogs at publicaddress.net.



“That’s been the goal all along, to essentially present a working model here in New Zealand that other countries can follow.”

MATT BOWDEN

Anti legal highs protest in Hamilton.
Photo: Lance McCaughan, flickr.com/photos/hippynz



A remarkable lifetime achievement



Tihi Puanaki – a driving force behind award-winning kapa haka group Te Kotahitanga for more than four decades – has just won a Lifetime Achievement award at this year’s Pride of New Zealand Awards for her contribution to Māori education. Along the way, she has helped many people kick serious drug and alcohol addictions. Stories and photo by **Matt Calman**.



MATT CALMAN



Tihi Puanaki looks out across the leafy grounds of Rehua Marae in central

Christchurch from the weathered red bench seat at the

foot of Rehua’s whareniui. She’s a long way from where she grew up on a Far North farm in tiny bush-clad Matawaia – halfway between Kaikohe and Kawakawa. She describes being raised by her aunt – a whāngai (Māori adoption) arrangement – when her mother fell ill, of being growled at for speaking Māori at her “native school” because “it was hammered that you would progress through English”.

She talks about how at home they didn’t learn Māori but rather “lived it” and how that led to her passionate advocacy for kura kaupapa (Puanaki established the first kura kaupapa/Māori language immersion school in the South Island in 1986). She always loved singing and performing, but it wasn’t until she travelled to Auckland in her late teens that she joined formal kapa haka groups. A move to Christchurch in her early 20s led to the formation of Te Kotahitanga – a group that has won competitions at national and regional levels over nearly 45 years.

“The value of this whole award has given me time to reflect on where I’ve

come from,” she says. “I look back and I think ... we knew we were Māori, we knew we were strong Māori, we knew we wanted to haka and, as we progressed, we knew we wanted to win haka. But it’s more than that. Kapa haka is a vehicle for the empowerment of Māori people.”

When Puanaki talks about how her elders and contemporaries regarded the benefits of kapa haka, she hints at why it’s also helped so many people who have been battling substance abuse.

“They knew it was great for the wairua (spirit). They knew it gave them great joy because they were expressing themselves as Māori. The drug users we’re talking about, the alcoholics who come here trying to find themselves, get their revival and survival on the way.”

Over the years, people battling addictions have naturally drifted to Te Kotahitanga, where they come under the influence of Puanaki’s instruction. Many others have been sent to the group after being released from prison.

“We’ve had whānau in need really, and they just come. They will often send them to us ... because they know they’ll be kept in line.”

Puanaki says new members are welcomed to the group and told what is expected. Being part of the group means having to be on time for practices and involves much hard work, commitment and discipline.

““ We would often have functions, and those people would never drug up. They wanted to be a part of the kaupapa of that group, of that whānau. ””



“You can’t stand closely to somebody for an hour and smell their stink and feel their breath without either loving or hating them.”

TIHI PUANAKI

Having a problem with drugs or alcohol is no barrier to joining in. It’s something Puanaki would bring up with a new member.

“I would talk to them and say, ‘I’m disappointed bro, but you know when you’re with us, you don’t do drugs.’ I would talk to them and it was usually me because nobody else would do it. ‘Kia ora, nice to have you. Now these are some of our guidelines and expectations.’”

Puanaki says the incentive for new members to stay off any substances in order to be a part of the group was significant. Once involved, people would just gradually heal, she says.

“We would often have functions, and those people would never drug up. They wanted to be a part of the kaupapa of that group, of that whānau.”

Te Kotahitanga member Michelle Manuel nominated Puanaki for the award because she was “deserving of that sort of prestige” and to put kapa haka into the limelight as an option for troubled youth.

“There’s quite an ugly element that’s occurring with our rangatahi these days,” Manuel says. “You can see it on the corners of Eastgate Mall. That’s where they go and hang out, and they get hurt, ultimately. Just this year, I think there have been about two stabbings outside.”

Manuel works in social services, and her partner has worked in the area of Māori mental health. She believes kapa haka is a natural path to bring young Māori who are struggling with drugs and

alcohol around to another way of thinking.

“It’s more about the sort of hidden agendas behind getting together under one roof once a week or however many times you meet that drives a sense of belonging for a lot of kids who don’t ... feel that they belong anywhere. We see a lot of these kids who just need something to uplift and bring them back into the light.”

It was Māori companionship that Te Kotahitanga would provide for Puanaki when she moved to Christchurch in her early 20s. She was restless and “on a mission” to earn some money in order to travel. Christchurch attracted young Māori from around the country to its trade training schools in the 1970s and 80s. She was living in the Māori women’s hostel when “the boys” from the men’s hostel rang. Puanaki answered the call.

“The boys wanted to form a [kapa haka] group and needed some women. It was all on from there. It just grew naturally out of the need for companionship really. You’re here, you’re lonely for your family so you actually build these strong relationships.”

Puanaki has previously been described in articles as of Ngāi Tahu descent but she is Ngāti Hine, which is a subtribe of Ngāpuhi. The confusion perhaps lies in the strong ties she has developed with Ngāi Tahu, which she describes as her “whānau away from home”. She moved to Christchurch to

“It’s not so much me growling, it’s the social environment which is positive [...] and it defeats the buzz of drugs.”

start her travelling journey but never left. The man she would later marry was one of Te Kotahitanga’s fellow founding members, and their son grew up in the group. She sees many other family dynasties continue to grow through kapa haka.

“That’s why I believe so much in kapa haka as a vehicle. I believe it is the vehicle.”

Manuel says Puanaki’s instruction is revered nationwide in the world of kapa haka, so when she moved from Wellington and searched for a group to join, Te Kotahitanga was a “natural progression” for her.

“My first impressions of her were ... someone who was quite strong but still quite welcoming. She will accept performers, more natural performers, but she takes anybody. Anybody, as far as she’s concerned, can haka.”

Manuel says Puanaki teaches pride, patience and perseverance – all things that can help a person overcome an addiction.

Te Kotahitanga on stage in Christchurch. Phil Le Cren - pixoto.com/phillecren



“What she does with that sense of belief is she turns them into seasoned performers.”

Puanaki says the strong relationships made within the group, the companionship and the connection to culture are powerful things for people – especially people who are using drugs to fill a void in their lives.

“It’s not so much me growling, it’s the social environment which is positive ... and it defeats the buzz of drugs.”

Puanaki says the group has never had specific infrastructure or training to cope with people who have serious substance-abuse issues, but it does offer the simple boundary that, if people want to be involved, they must not use drugs. She also makes it clear that she is not a drug and alcohol counsellor, but says, if people need extra help, there are people within the group who work in that area and can help them. Puanaki says people who are trying to change need constant support.

One performer who had a serious drug problem and who went on to develop his talent and take a senior front-row spot with Te Kotahitanga sticks in Puanaki’s mind.

“He had the skills and everything ... then he left that supportive atmosphere and he went back [to drugs].”

Puanaki has witnessed some remarkable changes in people’s lives. One of her top performers was released from prison and went to addiction

treatment centre Odyssey House for a while before coming to the group. It was the social environment of Te Kotahitanga in which he thrived, she says.

“He absolutely loved us.”

Another man came into the group from a background of prison and drugs and has risen to the status and responsibility of a kaumātua/elder.

“One of our kaumātua in particular ... decided he wanted to change his life. Now he’s a kaumātua who sits on the sacred seat, on the taumata tapu in the marae, to mihi. That’s a big deal.”

Puanaki’s teaching background has stretched across many organisations. She’s had long associations with Te Kura Whakapūmau i Te Reo Tūturu (kura kaupapa) and Aranui High School. She also teaches tikanga Māori to adult students at Te Wānanga o Aotearoa. She was awarded the Queen’s Service Medal in 2003 for her contribution to Māori education.

Puanaki says even if people leave the group the lifelong bonds remain.

“You never ever lose those. You can’t stand closely to somebody for an hour and smell their stink and feel their breath without either loving or hating them. These ex-prisoners come into that, and then when people aren’t used to it, it’s actually beautiful.” ■

Matt Calman is freelance writer and photographer currently living in Christchurch.

“ One of our kaumātua in particular ... decided he wanted to change his life. Now he’s a kaumātua who sits on the sacred seat, on the taumata tapu in the marae, to mihi. That’s a big deal. ”

Most people with addiction simply grow out of it: why is this widely denied?

The idea that addiction is typically a chronic, progressive disease that requires treatment is false, the evidence shows. Yet the ‘ageing out’ experience of the majority is ignored by treatment providers and journalists. So argues **Maia Szalavitz** in this article originally published by Substance.com



MAIA SZALAVITZ

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hen I stopped shooting coke and heroin, I was 23. I had no life outside of my addiction. I was facing serious drug charges and

I weighed 85 pounds, after months of injecting, often dozens of times a day.

But although I got treatment, I quit at around the age when, according to large epidemiological studies, most people who have diagnosable addiction problems do so – without treatment. The early to mid-20s is also the period when the prefrontal cortex – the part of the brain responsible for good judgement and self-restraint – finally reaches maturity.

According to the American Society of Addiction Medicine, addiction is “a primary, chronic disease of brain reward, motivation, memory and related circuitry”. However, that’s not what the epidemiology of the disorder suggests. By age 35, half of all people who qualified for active alcoholism or addiction diagnoses during their teens and 20s no

longer do, according to a study of over 42,000 Americans in a sample designed to represent the adult population.

The average cocaine addiction lasts four years, the average marijuana addiction lasts six years, and the average alcohol addiction is resolved within 15 years. Heroin addictions tend to last as long as alcoholism, but prescription opioid problems, on average, last five years. In these large samples, which are drawn from the general population, only a quarter of people who recover have ever sought assistance in doing so (including via 12-step programmes). This actually makes addictions the psychiatric disorder with the highest odds of recovery.

While some addictions clearly do take a chronic course, this data, which replicates earlier research, suggests that many do not. And this remains true even for people like me, who have used drugs in such high, frequent doses and in such a compulsive fashion that it is hard to argue that we “weren’t really addicted”. I don’t know many non-addicts who shoot up 40 times a day, get suspended from college for dealing and spend several months in a methadone programme.

This actually makes addictions the psychiatric disorder with the highest odds of recovery.

Moreover, if addiction were truly a progressive disease, the data should show that the odds of quitting get worse over time. In fact, they remain the same on an annual basis, which means that, as people get older, a higher and higher percentage wind up in recovery. If your addiction really is “doing push-ups” while you sit in AA meetings, it should get harder, not easier, to quit over time. (This is not an argument in favour of relapsing; it simply means that your odds of recovery actually get better with age!)

So why do so many people still see addiction as hopeless? One reason is a phenomenon known as “the clinician’s error”, which could also be known as the “journalist’s error” because it is so frequently replicated in reporting on drugs. That is, journalists and rehabs tend to see the extremes: given the expensive and often harsh nature of treatment, if you can quit on your own, you probably will. And it will be hard for journalists or treatment providers to find you.

Similarly, if your only knowledge of alcohol came from working in an ER on Saturday nights, you might start thinking that prohibition is a good idea. All you would see are overdoses, DTs or car crash, rape or assault victims. You wouldn't be aware of the patients whose alcohol use wasn't causing problems. And so, although the overwhelming majority of alcohol users drink responsibly, your "clinical" picture of what the drug does would be distorted by the source of your sample of drinkers.

Treatment providers get a similarly skewed view of addicts: the people who keep coming back aren't typical – they're simply the ones who need the most help. Basing your concept of addiction only on people who chronically relapse creates an overly pessimistic picture.

This is one of many reasons why I prefer to see addiction as a learning or developmental disorder, rather than taking the classical disease view. If addiction really were a primary, chronic, progressive disease, natural recovery rates would not be so high and addiction wouldn't have such a pronounced peak prevalence in young people.

But if addiction is seen as a disorder of development, its association with age makes a great deal more sense. The most common years for full onset of addiction are 19 and 20, which coincides with late adolescence, before cortical development is complete. In early adolescence, when the drug taking that leads to addiction by the 20s typically begins, the emotional systems involved in love and sex are coming online, before the cognitive systems that rein in risk taking are fully active.

Taking drugs excessively at this time probably interferes with both biological and psychological development. The biological part is due to the impact of the drugs on the developing circuitry itself – but the psychological part is probably at least as important. If as a teen you don't learn non-drug ways of soothing yourself through the inevitable ups and downs of relationships, you miss out on a critical period for doing so. Alternatively, if you do hone these skills in adolescence, even heavy use later may not be as hard to kick because you already know how to use other options for coping.

The data supports this idea: if you start drinking or taking drugs with peers before age 18, you have a 25% chance of becoming addicted, but if your use starts later, the odds drop to 4 percent. Very

Photo credit: flickr.com/photos/darrentunnicliff



few people without a prior history of addiction get hooked later in life, even if they are exposed to drugs like opioid painkillers.

If we see addiction as a developmental disorder, all of this makes much more sense. Many kids "age out" of classical developmental disorders like attention deficit/hyperactivity disorder (ADHD) as their brains catch up to those of their peers or they develop workarounds for coping with their different wiring. One study, for example, which followed 367 children with ADHD into adulthood found that 70% no longer had significant symptoms.

That didn't mean, however, that a significant minority didn't still need help, of course, or that ADHD isn't "real". Like addiction (and actually strongly linked with risk for it), ADHD is a wiring difference, and a key period for brain-circuit building is adolescence. In both cases, maturity can help correct the problem but doesn't always do so automatically.

To better understand recovery and how to teach it, then, we need to look to the strengths and tactics of people who quit without treatment – and not merely focus on clinical samples. Common threads in stories of recovery without treatment include finding a new passion (whether in work, hobbies, religion or a person), moving from a less structured environment like college into a more constraining one like 9 to 5 employment, and realising that heavy use stands in the way of achieving important life goals.

People who recover without treatment also tend not to see themselves as addicts, according to the research in this area.

While treatment can often support the principles of natural recovery, too often, it does the opposite. For example, many programmes interfere with healthy family and romantic relationships by isolating patients. Some threaten employment and education, suggesting or even requiring that people quit jobs or school to "focus on recovery", when doing so might do more harm than good. Others pay too much attention to getting people to take on an addict identity – rather than on harm related to drug use – when, in fact, looking at other facets of the self may be more helpful.

There are many paths to recovery – and if we want to help people get there, we need to explore all of them. That means recognising that natural recovery exists – and not dismissing data we don't like. ■

Maia Szalavitz is a leading neuroscience and addiction journalist and a columnist at Substance.com.

Substance.com is an online magazine covering drugs, addiction and the associated politics and cultures.

Where there's smoke, there's sugar

If there's one thing *Dirty Politics* has made clear, it's that astroturfing (masking who's really behind the message) is alive and well in New Zealand. **Keith Ng** reports.



KEITH NG

Dave Bryans, President of the Ontario Convenience Stores Association and a former RJ Reynolds executive, introduced himself as a loser at the New Zealand Association of Convenience Stores (NZACS) conference in November 2009.

"They flew me all the way over here to talk about loss." They "lost the battle" against anti-smoking legislation in Canada and now serve as a cautionary tale for retailers around the world. "We didn't stand together, and it's very important that you now learn from that ... This isn't just about tobacco. This is about the issues we're going to face from here on in together."

Though the speech mainly argued against legislative efforts to de-normalise smoking, Bryans described those efforts as the "thin end of the wedge" and said obesity and alcohol will be the future battlegrounds. He urged those at the conference to stand together. "We can't let advocacy health groups take that away from us and change small business forever ... Don't fool yourselves ... [they] will bulldoze your stores to win the battle."

Five months later, a new group was formed: the Association of Community Retailers (ACR). It described itself as a "grassroots organisation" representing the

interests of "small, independent family-run retail outlets", but it was actually run by Glenn Inwood, a Wellington lobbyist who represented Imperial Tobacco as well as the Japanese whaling industry. Most interestingly, ACR used to be called Stay Displays, which was focused on fighting tobacco display laws. Stay Displays was rebranded as the ACR and, in the process, broadened its focus to confectionery and alcohol.

While Imperial's involvement was acknowledged at a Select Committee hearing, questions remained over why a group funded by Imperial would put its efforts into confectionery and alcohol. Was it just to serve as a smokescreen for the tobacco work? Was Imperial Tobacco trying to broaden the front? Or were there other backers behind the ACR?

My investigation has focused on two groups. The first is the NZACS (where Bryans spoke five months earlier), which was represented by lobbyist, former British American Tobacco (BAT) executive and now *Dirty Politics* star Carrick Graham. It used Inwood's press release service alongside the ACR and a small number of other companies – most of which were Inwood's clients. NZACS's "premium membership" includes BAT and Imperial Tobacco as well as a range of confectionery brands.

The other group was Foodstuffs. In July 2010, a letter was sent to convenience store owners around New Zealand urging them

join the ACR. That letter was sent by Warren Myers, a manager at Toops Wholesale, on behalf of Gilmours, Toops and Trents (all three are wholesale suppliers, all three are subsidiaries of Foodstuffs). It carried their logos alongside the ACR's and was published on the ACR website.

The ACR ceased to operate in 2011, and it's unlikely we'll ever find out any more about how and why that came to be or who else was behind it. But Bryans' speech to the NZACS and the formation of the ACR provides context critical to how we understand *Dirty Politics*.

As obesity became the key battleground for public health, the tobacco and sugar industries became increasingly close allies. They share the same interests as fast-moving consumer goods and share distribution channels such as convenience stores. Organisations like the NZACS and Katherine Rich's Food and Grocery Council provided opportunities for coordination (Imperial and BAT are members of both).

Graham acted as a spokesman for NZACS as recently as April 2014, and emails from *Dirty Politics* show that he ordered "hits" from Whaleoil blogger Cameron Slater on behalf of "KR", against people speaking out against Frucor, Coke and Fonterra (all of whom are members of the Food and Grocery Council). People like Graham provide the tobacco playbook as well as a wealth of political connections. But those political networks have grown.

Nicky Hager's book *'Dirty Politics'* highlights dubious tactics that divert attention from the policy to the players.

Photo: flickr.com/photos/17251154@N00/



Katherine Rich, a former National minister, now sits on the board of the Health Promotion Agency, overseeing the very activities she seeks to undermine, and in Parliament, we have the previous Corporate Affairs Manager for Philip Morris Todd Barclay, as well as his immediate predecessor at Philip Morris, Chris Bishop.

It's clear that Big Sugar is the new Big Tobacco in the sense that it is the main target of public health and it has a great deal to lose. It's also clear Big Sugar has stepped up to use the tools of, and work alongside, Big Tobacco. But the problem goes beyond that. By adopting Big Tobacco's tools to fight anti-obesity measures, those tools – along with the political networks and media platforms built around them – have become commoditised, applicable to anyone for any purpose.

Astroturfing groups who speak for Big Tobacco's agenda can just as easily be retooled to fight obesity measures. Character assassination methods and platforms used against anti-tobacco campaigners could be turned against anti-alcohol campaigners or competing cleaning companies. FUD (Fear, Uncertainty, Doubt) campaigns, once used in the second-hand smoke battle, can be turned against folic acid.

These tactics share the common goal of turning every fight into brutal street-by-street combat. If you have experimental evidence, they'll say you have no empirical

proof. If you have empirical proof, they'll say it's not applicable to New Zealand. If you got it from New Zealand, they'll say it was never about evidence, it has always been a matter of principle. And that's just for something utterly benign like folic acid.

We need new ways of fighting these forces. We cannot fight fire with fire. The fire in this case is confusion about the facts and sowing mistrust in those who participate in the public discourse. But we must recognise that they don't participate in debate with honest intent. They are just there to run interference to delay, obfuscate and confuse, and no amount of evidence or reason will satisfy them.

Their power comes from predictability. In particular, I mean the predictability of the media to jump on controversy, to struggle with scientific concepts, to tend towards false balance. But they are also predictable. The tobacco playbook is well worn from decades of use, and *Dirty Politics* has given us an unprecedented opportunity to fill in the blanks. It's up to us to understand how they try to retard the public discourse, to anticipate and head off their attempts to confuse and obfuscate. ■

Keith Ng is a Wellington-based data journalist.

QUOTES OF SUBSTANCE

“ The state made revenue, because I got high/They built a school or two, because I got high/Now the state can fund drug treatment and I know why/Because I got high, because I got high, because I got high. ”

In the 13 years since **Afroman** scored a hit with *'Because I Got High'*, he has changed his tune. The singer is now full of praise for cannabis, when once he described its uselessness.

“ If I had a business and it had progressively got worse and worse and worse, I would have shut it down long ago. The global war on drugs has been running and failing for 50 years – it's time to shut it down and legally regulate drugs. ”

What are the chances that **Sir Richard Branson's** business logic appeals to those profiting from the narcotic industrial complex?

“ We believe it's the right thing to do and the right time to do it because updating our tobacco use policies will better accommodate both non-smokers and smokers who work in and visit our facilities. We're just better aligning our tobacco use policies with the realities of what you're seeing in society today. ”

David Howard, a spokesperson for Camel cigarette maker Reynolds American, shows the tobacco industry might eventually admit passive smoking ain't good.

Pregnancy warnings on alcohol labels

THE CASE FOR

CHILDREN exposed to alcohol in the womb are at risk of serious and permanent brain damage and other life-long disabilities, known as foetal alcohol spectrum disorder (FASD). The evidence that incidences of FASD are rising is compelling and widely accepted. Children’s Commissioner Dr Russell Wills said in July this year that this is a situation that “terrifies” him.

If there’s any suggestion that some form of regulation could help reduce FASD rates, it should be taken very seriously indeed.

During the last decade, there have been numerous studies into whether alcohol warning labels actually change behaviour. The industry would like to have us believe that the result of these studies is a resounding and collective “no”, but this is not really the case.

In its submission addressing the alcohol-related component of the *Issues Consultation Paper: Food Labelling Law and Policy Review* (5 March 2010), the then Alcohol Advisory Council (ALAC) referenced 16 or more studies into alcohol warning labels. Of these, two noted definite changes in behaviour resulting from labels and five found some moderate positive benefits – such as increased knowledge of the dangers of drinking while pregnant. Five studies were not related to effectiveness, and just four found warning labels had little or no effects on drinking behaviour. Two of these four suggested the placement or lack of conspicuousness of the labels was probably a reason they didn’t work.

Collectively, what these studies indicate is that warning labels do have some positive effect but that their wording, size and placement are important to how well they work. No one would argue, however, that warning labels would solve the problem on their own, just as plain packaging on its own, or banned retail displays on their own, would solve the smoking problem. Rather, warning labels (like these other initiatives in the tobacco control realm) are an important component of an overall unified strategy to reduce alcohol harm. Every little bit helps.

Studies also show that some women, who are drinking more – and have coincidentally emerged

recently as a target market for the industry – are largely unaware of just how dangerous it is to drink while pregnant. So another argument for warning labels is that consumers have the right to be informed (and reminded) about any harm that may result from substances they consume. There is no more cost-effective way to do this than by making a clear and obvious statement on the product itself.

And this leads nicely to the next argument for alcohol warning labels. The alcohol industry is quick to point out that alcohol is different from tobacco. There is no safe level of tobacco consumption, they remind us, but there is for alcohol, so the need for warnings doesn’t apply. This begs a significant question in that we do require labelling on a number of food products that are arguably less harmful than alcohol. Ingredient lists, for example, help the health conscious avoid e-numbers, artificial flavourings or excessive sugar or salt. They’re a form of warning and are accepted as normal practice, so why is the industry so opposed?

And there’s no doubt they are opposed. The industry’s voluntary efforts over the first two-year trial period have been less than remarkable and smack of delaying tactics.

An independent audit of 250 alcohol products undertaken in Australia showed that only 37 percent carried any consumer information messages. Just over a quarter carried a pregnancy-related message, and 59 percent of warnings, where they were present, were at the back of the product. In 86 percent of cases, the warnings took up less than 5 percent of the label.

We shouldn’t be surprised by this. There’s a conflict of interest the size of a whale in asking any industry to regulate itself when those regulations will hinder sales. And that’s why alcohol warnings must be made compulsory and be regulated by governments who are concerned about their people’s health (including the health of the unborn) instead of profits. ■

IN 2011, a trans-Tasman food labelling review, led by New Zealand, recommended the introduction of pregnancy health warning labels on alcohol products in New Zealand and Australia. The primary motivation was to help address soaring rates of foetal alcohol spectrum disorder. Trans-Tasman ministers responsible for food safety gave the alcohol industry two years to voluntarily introduce a system of warnings, after which the situation would be reviewed. The implication was the industry should get it right or face compulsory labelling.

IN JUNE 2014, those same ministers voted to allow the industry another two years' grace. This prompted concerns from health advocates about the delaying tactics and undue influence of the powerful alcohol industry. But do alcohol warning labels actually work? And should the industry be forced to include them on their products?

THE CASE against alcohol warning labels – and mandatory labelling in particular – revolves around two main points. Firstly, there's no real evidence that they work. Secondly, it's unfair to force costly regulations on an industry when they have not been proven effective, especially when little else is being done on a societal level to address harms such as FASD.

A 2001 study by C S Stockley published in the *International Journal of Drug Policy* found that health advisory warnings were inappropriate for reducing alcohol-related harms because they generally didn't work. A more recent Australian study appearing in *Drug and Alcohol Review* (February 2009) found there was little evidence that warning labels have had any influence on drinking behaviour in the USA.

Evidence of any kind of positive effect is usually pretty vague and is generally present only when messaging is done in conjunction with other broad social change activities like high-profile public education campaigns. We do these well around drink-driving, smoking and family violence – but in New Zealand, no such campaign exists around the dangers of drinking while pregnant.

If you took all the other tobacco control measures away and left just warning messages on cigarette packages, would you expect them to have much effect?

It's also worth pointing out that, according to the Ministry of Health's *Alcohol Use in New Zealand: Analysis of the 2004 New Zealand Health Behaviour Survey*, 82.4 percent of female drinkers aged 16–39 years who were pregnant reported stopping drinking alcohol. This indicates that a high level of awareness already exists. Considering their lack of effect, warning labels are unlikely to result in much change for the remaining 17.6 percent.

What the industry finds objectionable about regulated warnings on labels is that they come with significant costs in terms of marketing and new labelling. Lion External Relations Director Liz Read says the industry wouldn't necessarily mind wearing the extra cost if it knew warning labels would reduce alcohol harm.

She points out that the real estate on alcohol labels is actually pretty limited so compliance costs could be particularly onerous for alcohol producers if warning size and placement are stipulated. In 2008, Lion estimated the cost of introducing labelling across its portfolio at \$6.5 million in the first year and \$4.2 million the year after. This cost would need to be passed on to consumers.

The oft-heard comparison with warnings on tobacco packaging is also simplistic and invalid. Most agree moderate consumption of alcohol is perfectly acceptable as part of a healthy lifestyle, while there is no safe level of tobacco consumption. Tobacco control is focused on complete cessation, so warning labels are appropriate as part of a mass campaign. With alcohol we only want to encourage certain people not to drink, such as pregnant women. The situation is completely different.

And as New Zealand Winegrowers Chief Executive Philip Gregan told RadioLIVE in August 2014, there's a "huge difference". Every smoker's health is affected, but health issues people may have with alcohol are only experienced by those at the "extreme end" and need to be targeted that way. "Across-the-board fixes won't work," he said.

Lastly, there is no reason to regulate alcohol warnings. That the industry was given another two years is a sign that it is making really good progress on what is an expensive and time-consuming process.

The Ministry for Primary Industry's *Evaluation of voluntary pregnancy labelling on alcohol products in New Zealand* (May 2014) found that approximately half of all beer, wine, cider and RTDs available in New Zealand already carry pregnancy labelling. Its projected estimates are that, by 2015/16, pregnancy warnings for all product types except spirits will be around 80–90 percent of market share.

The industry is doing its bit – even though there's no real evidence it will make any difference – so further regulations are the last thing anyone needs. ■

THE CASE AGAINST

YOUR VOICE

YOU DECIDE

What do you think?
Have your say
drugfoundation.org.nz/viewpoints



Dr John Crawshaw

Dr John Crawshaw was appointed Director and Chief Advisor of Mental Health in November 2011. As the principal advisor to the government on matters of mental health, he fulfils several key statutory functions. He has also served as the Chair of the Royal Australian and New Zealand College of Psychiatrists' Board of Education.

A graduate of Otago University's Medical School, Dr Crawshaw has senior management experience in public health. Prior to his current role, he worked in Tasmania where he was responsible for the state's Mental Health and Alcohol and Drug Services. Dr Crawshaw sat down with *Matters of Substance* to talk about addiction and mental health.

Q What are the three biggest challenges facing the mental health and addictions sector?

A We still have large parts of the community who really continue to have some stigma towards people with mental health and addiction issues. That has the adverse impact of people not being

prepared to seek help, or they deny some of their problems. This leads to ongoing challenges in getting them into treatment early, which will make a big difference.

We know that work done in the early years, particularly in security of self-esteem and resilience, makes a real difference in terms of life outcomes. By addressing issues for children and youth early, we can prevent them from going on to develop significant problems. The strategies that we have been doing, in terms of the Prime Minister's youth mental health project, have a real focus on making our services more youth friendly and more youth accessible.

And then there are some of our societal attitudes in terms of where we see the place of substances, particularly alcohol. It's not always the case that people see the harms that are associated with alcohol and substances, or if they do, they do not seem as applicable to them. Some of this means individual attitudinal change. Others require wider societal attitudinal changes.

Q Any trends around alcohol and drugs?

A We are, like any other country, beholden to some of the overseas trends. While we are fortunate that we are a long way away from a number of the drug sources, we will undoubtedly follow some of those trends. We've seen that with the new psychoactive substances. While there is a structure in New Zealand to deal with that, which is fortunate, we do have more work to do. I think that it's likely that we are going to have to continue to do the work in the alcohol space. What we're doing at the moment is developing the new national drug policy.

Q Is the addiction treatment sector well placed to meet the challenges?

A New Zealand has some real strengths in the mental health and addiction sector. We have a diversity of players, which, from my experience in Australia, we didn't have. I think that we have some very talented individuals who certainly are leading their fields. With a diverse treatment sector, with both NGOs and DHBs delivering services, there is that breadth of treatment providers to be able to meet the needs of people coming through.

My sense is that the sector is strong, but like any sector, it needs more development. I think that we probably need more strategic focus as to how each of those elements fit together – something the Ministry is beginning a piece of work on.

Another area of focus is asking how do we ensure that every door is the right door, regardless if someone presents in the mental health space or the addiction space.

Q You seem to put a lot of emphasis on collaboration?

A The work that we have to do collectively – and it's not something that just the Ministry can do – is to articulate how the sector works with each other. That may mean that new services, such as some of the youth exemplar services funded by the Ministry, need to be developed to find different ways of working, because we know what works for youth is not necessarily the same thing that works for adults. So I think that it really is crucial that, as a sector, we keep pushing the boundaries, keep looking for the evidence and keep thinking about how we put the people we're helping at the centre of the services that we deliver.

Q Are organisations adequately resourced to do their work?

A That's a questions that needs to be worked through by the Ministry, the DHBs and the NGO sector, so I don't think I've got the final answer to that question. I think that it's something that has to be looked at in a collaborative fashion. Sitting behind this is also whether we are using the resources that we do have in the most effective way. This is one of the major focuses in Rising to the Challenge.

Q Can you share your advice on maintaining mental wellbeing?

A I usually suggest to people that the whole approach of positive psychology is the thing to do. Mental health and wellbeing is a state of mind. Take time to look after yourself and your family. Try to ensure you have something in your life that gives you a sense of value, purpose and belonging. We also know that physical activity is important. And actually taking time to appreciate the world around you. I recommend the Mental Health Foundation's website, particularly the 'Five Ways to Wellbeing'.

Q How do you put this into practice?

A I walk a lot for my physical exercise. Exercise is a great way of improving your sense of mental wellbeing. I'm passionate about music of all sorts, so if I need to switch off or recharge, you'll usually find me listening to some music. And family. Family is really important. ■

Poppy Seeds

Y

ou scoff a few poppy seed bagels and then take a routine workplace drug test later in the afternoon. The result comes back positive for opiates,

and you realise your choice of lunch has put you under suspicion of having a heroin habit. Sounds far-fetched? Mythbusters investigates the surprisingly potent poppy seed effect.

It might seem unlikely that eating a few slices of poppy seed cake or a couple of bagels with a poppy seed topping could be enough to make a non-drug user get red flagged in a drug test. But in fact it's well documented that eating poppy seeds, which are commonly used in muffins, bread and bagels, can be enough to trigger a positive reading for the opiate morphine.

It's not an urban myth; it's a scientific fact. On its website, the government-owned Institute of Environmental Science and Research (ESR) confirms that morphine can be present in a urine sample when poppy seeds have been consumed, but it says they would usually have to be eaten within 12 to 24 hours of the sample being collected.

Because poppy seeds come from the seed pods of opium plants, they can be contaminated with opium milk, which contains morphine. Before they're used as an ingredient in baking, the seeds are cleaned and processed but are still likely to contain traces of opiate residue. It's not a high enough concentration for someone to feel any morphine-like effects, but it can be enough to cause a positive result on a sensitive test.

Workplace drug testing is becoming commonplace, particularly for people who operate heavy machinery such as large diggers or work in professions where their performance has a bearing on public safety, such as airline pilots or bus drivers.

Someone who eats a bagel or bread containing poppy seeds in the morning and is tested later in the day will have lower levels of morphine in their urine than someone who is abusing opiate drugs.

Photo credit: flickr.com/photos/nomadic_lass



To prevent 'false' positive screening results caused by poppy seed ingestion the United States Federal Government has raised the workplace testing threshold for opiates from 0.3 micrograms per millilitre to 2 micrograms per millilitre, and the US military has even higher levels. But in New Zealand and Australia, the current workplace testing standard is still set at the 0.3 microgram level.

With this threshold, someone who eats a couple of poppy seed muffins in the morning would probably test positive a few hours later. Toxicologist Grant Moore, who works for Canterbury Health Laboratories (CHL), which carries out workplace drug tests for organisations around the country, says an internal project he was involved with showed even eating one slice of a poppy seed cake (which contained three-quarters of a cup of poppy seeds) could cause a positive urine test result for opiates. Other food sources such as poppy seed crackers and poppy seed bread led to similar results.

There are reports of cases internationally where workers have lost their jobs after failing a workplace drug test because of their penchant for poppy seed cakes or bagels. In 1990, an American Police officer from St Louis was suspended after a random drug test came back positive

for opiate use. He had eaten four poppy seed bagels the day before. He successfully argued the result was caused by diet, not drugs, and was later reinstated. Moore can't imagine that scenario happening here and says the lower threshold hasn't been a real problem.

"Cases of false positives caused by poppy seed ingestion shouldn't happen if full testing is carried out properly."

Before they provide a urine sample for testing, people are asked to fill out a form that asks whether they have eaten poppy seeds or taken any medication such as Panadeine, which is codeine based. Because of the known effect of poppy seeds on morphine levels, a note will be made on a test report that a positive result could be linked to dietary exposure. If this happens, further confirmation testing is carried out to help distinguish between illicit heroin use and innocent poppy seed consumption. This is done by testing for the presence of a unique heroin metabolite called monoacetylmorphine (MAM).

"If you do have a workplace screen and it is not negative, it must go on for further confirmation," Moore says.

Mythbusters' advice to poppy seed fans is clear – it's safest to avoid eating them before taking a drug test if you want to keep things simple. ■



febfast

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