Te Kaupapa a Hone

Denis O'Reilly
Consultancy Advocacy and Research Trust
May 2003

This korero focuses on the impact of a currently popular ATS – an amphetamine type substance - called methamphetamine, or, on the streets of New Zealand, Speed, P, Ice.

I'll call it P. P for Pure; pure evil, pure hell.

This substance is assessed in New Zealand as being second only to marijuana in terms of the spread of its illicit use as a recreational drug. However, its relative harm makes marijuana seem soft indeed, and that isn't a Trojan horse argument for the liberalization of cannabis laws.

I'm not an anti-drug campaigner. I'm not drug-free, and I like it like that.

I appreciate my own recreational drugs; savor a glass of good red wine, enjoy a strong robust coffee, and, I have inhaled.

But, along with a number of friends, I've become part of an underground movement to 'whakarite' – to put things right - following the death by suicide of a brother – Hone Day- who killed himself during a bout of drug induced psychosis.

I have taken a position – Te Kaupapa a Hone - that is opposed to the illicit manufacture, distribution and overall use of methamphetamine as a recreational drug.

This position is aroha-based. It continues to treat the P user and distributor as members of the community. It does not disown them, in fact in many instances it will mean embracing them more closely than before.

It asks them to make a choice, and encourages them to themselves choose, as befits their own mana, not to use and or not to distribute P.

Te Kaupapa a Hone follows this approach:

Make your own choice to be personally P free.

Insist that your whare is P free.

Support your whanau to be P free.

Work with other whanau leaders to make your kainga P free.

Being anti-P isn't a moral stance; I don't begrudge people a good time.

It isn't even a legally inspired stance; ordinarily I don't really get too fussed over what people are themselves using as a recreational drug as long as they're not harming others and not scaring the horses as it were.

For me opposition to the manufacture, sale and use of P is pure pragmatics; it's a question of relative harm.

This particular stuff is so seductive, so addictive, so selfish, so threatening to good mental health and to the well being of whanau, and so likely to trigger violence that I believe leaders from all sectors of New Zealand society are obliged to work together to minimize its uptake and its eventuating harm.

And here I am already talking about this stuff in detail assuming that you know what it is.

P is relatively new in terms of its widespread presence on our streets as a recreational drug. Up until a few years ago use of P was the preserve of a few select groups amongst the biker community.

Conspiracy theorists suggest that about three years ago Asian gangs saw an opportunity to grow a market for speed in New Zealand with the intention of exporting Ice – a high quality cystallised methamphetamine. It is suggested that they, in conjunction with white bikers, colonized the brown street gangs as a distribution network.

Whatever, its clear that this stuff was quickly picked up by the networks that previously sold and smoked dope. Because P can be smoked – a few crystals can be placed in a glass crack pipe and heated with a cigarette lighter to produce a wisp of smoke that can be inhaled – it was easy enough to piggy back on the social habits of a dope smoker.

The impact of this rapid uptake, and the binge inclinations of the Kiwi recreational drug user, started to be accompanied by a series of incidences of very strange behaviours, and started to raise questions in the mind of the recreational drug using sub-culture

Many of these instances of strange behaviour were acts of extreme and inexplicable violence, murders, and self mutilation and suicide.

So, what is P? What is this substance that has so many of us worried?

Methamphetamine is a powerful central nervous system stimulant. It is a synthetic substance that is typically manufactured from over-the-counter pharmaceuticals (cough and cold medications, hayfever treatments) containing ephedrine or pseudoephidrine.

Stimulants are drugs that increase central nervous system activity – they basically speed up the way your brain does things including making you breathe faster, making your heart beat faster, giving you more energy and making you feel like you can handle anything that comes along.

mr

A variety of stimulants are used all over the world. Some have been used for many centuries. They vary in strength and effect and may be legal or illegal.

Methamphetamine and cocaine are examples of strong stimulants; caffeine and nicotine are also stimulants but have much weaker effects

Typically methamphetamine is a white (some grades may be yellow/brown due to incomplete manufacturing processes or impurities), more or less odourless, bitter tasting powder or crystal that is alcohol and water-soluble.

The drug is also available in a clear crystal form that is high in purity. This is Ice, the stuff that we are likely to see being smuggled in to New Zealand

Methamphetamine can be taken by intranasal and intravenous means, orally ingested as well as smoked in crystal form. If its snorted it will probably have been cut with some other substance such as glucose. It will be purer if it is to be used in a pipe or taken intravenously.

Once consumed methamphetamine is readily absorbed into the bloodstream and crosses the blood/brain barrier to interact with the central nervous system. As a central nervous system stimulant methamphetamine stimulates the release of adrenalin and dopamine from the presynaptic nerve endings (as well as inhibiting re-uptake or degradation.)

Dopamine is the body's reward chemical. P releases a flood of dopamine through the system. Within moments the user will have elevated pulse rate and cardiac output as well as enhanced mood. They'll initially feel good and experience

Euphoria
Increased activity and energy levels
Disinhibition - Methamphetamine use has been associated with increased libido
Sense of well being
Increased confidence
Decreased appetite
Agitation

Common physical and psychological health problems reported by speed users include a poor appetite, anxiety, depression, fatigue, loss of energy, trouble sleeping, heart flutters and tremors.

Some regular users display a number of psychotic features including mood disturbance and delusions, auditory hallucinations (seeing and hearing things that aren't there), paranoia (feeling like you are being followed or stared at) violence, panic and suicidal thoughts.

Surveyed users in Australia reported:

Mood swings	80%
Paranoia	71%
Hallucinations	46%
Aggressive episodes	43%
Violence	16%

The pattern of methamphetamine use tends to compound physical psychological and social problems. To extend euphoria and stave off negative effects users often engage in prolonged binges and users forego sleep and other needs. Users may use other substances such as alcohol to tweak the high, or say cannabis to come down.

These binges are then generally followed by a pronounced crash where the resultant exhaustion and psychotic effects are amplified The crash generally includes a deep depression followed by fatigue, difficulty in sleeping, headaches, decreased energy and a strong desire to use the drug again.

Whilst regular users develop increasing levels of tolerance they also become sensitized - akin to allergic intolerance, whereby the same dose as previously taken could tip them over into psychosis.

In extreme cases overt psychosis is discernable and may last for several days; however the symptoms may persist for a number of weeks.

Erratic behaviour, delusions and paranoia are characteristics of this condition which is attributable to withdrawal symptoms or extreme fatigue from repeated administration of the drug

There is evidence to suggest that methamphetamine has a faster progression from initial use to regular use and a subsequent need for treatment than other stimulants such as cocaine.

Users who inject methamphetamine or smoke crystal methamphetamine may also be more susceptible to the development of dependence due to the speed of onset and the intense rush associated with these modes of administration which serve to reinforce usage

There are pronounced long term physical and psychological adverse effects associated with methamphetamine abuse.

Significant risk to public health from intravenous use

Significant dangers posed by illicit clandestine laboratories. Regardless of the process used the chemicals involved are generally highly flammable corrosive explosive or toxic.

High physical and psychological dependence potential

Methamphetamine use in areas of the midwest US and western seaboard of the US, as well as Hawaii, has been described as reaching epidemic proportion. Japan has an acknowledged problem with the drug but also seems to have some enlightened approaches to intervention and treatment.

In Thailand, where the rate of usage has been assessed at 5.4% it has been declared an epidemic. There the substance is peddled as a pill – yaba – "mad drug" – and is used across many sectors of the population but especially by the young. The Thai Government have declared war on methamphetamine and have bought together Police and armed forces into a special anti-amphetamine unit. A couple of weeks ago the Dominion Post reported some 2,200 people being killed by this unit in the "war" against methamphetamine.

For New Zealand just about every graph that I have seen that attempts to chart the rate of uptake and use of P outlines a 45 degree upward trajectory. This data is however taken from the community of intravenous users. In my experience Maori and Polynesian users tend to smoke rather than inject, and anecdotal data suggest that the trajectory may be even steeper in this community.

The overall demographics of use are focused in the 20-25 age group, predominantly male, Pakeha, with an increasing Maori representation. Note this. Use of P crosses all classes, races, and social groupings. It does not discriminate.

The overall current rate of use is gauged at 5% of the population, just a little below that of Thailand.

Despite what will surely be low rates of recidivism achieved by the Thais through shooting people I don't believe going to war against our user and distributor populations is a goer, actually or even metaphorically.

Yet in a way that seems to be our first response strategy. We have focused our resources and energies on supply, made the substance a Class A drug and seem prepared to lock up those involved in its use, distribution or manufacture for long periods of time.

Prohibition doesn't work at all well if it does not have the support of actual or potential user populations. Even then, once Pandora is out of her box and user populations have developed a liking for the substance, prohibition on its own is not likely to work.

In New Zealand our experience to date with cannabis demonstrates the impotence of a single supply oriented strategy. It has been assessed that over 40% of the prison population are in for drug related offences – mainly cannabis. We have an 8% growth rate in the prison population and a startling rate of recidivism at over 80% Our prison population is disproportionately brown. Crime and illicit drug taking are factors of a young population. In New Zealand the demography of our brown populations is young.

Folks, we need some fresh thinking about these issues.

MS

I might say at this point that Jim Anderton as the responsible Minister, deserves support for his attention to this difficult area of the use of recreational drugs.

I don't necessarily agree with the detail of some of the policies he is championing, but I do respect the fact that at last we have a political leader who is prepared to grapple with a complex set of issues across party lines, and grapple hard.

The issues are hard because people like recreational drugs. The Wedding Feast at Caenna is a record of the good Lord himself being involved in the manufacture, distribution and we might assume, shared use, of the world's most popular recreational drug, once prohibited here in New Zealand, alcohol.

The issues are made harder because years of lobbying and campaigns of misinformation by powerful vested interests in the alcohol and tobacco industries have promoted political hypocrisy and illogical policies. Their drugs, though demonstrably harmful, are taxed and legal. Other popular recreational drugs, such as marijuana are harder to tax, probably no more harmful, but remain illegal.

The issue is hard because young people often won't do what their parents want them to do and actually will actively do what you explicitly don't want them to do.

Criminologist and recovered junkie Dr. Greg Newbold noted in a recent Listener article that all of the terrible things attributed to heroin made it so attractive to his young mind that he just had to have a try of it.

As young people move from childhood to adulthood they disobey. Like Adam and Eve in the Garden of Eden they dare to do forbidden things. They break rules. They take the consequences. They learn to comply or they discover a new possibility and define a new rule. This is the nature of life.

When questioned about why they use P, users have responded in these ways;

To feel good
To party and have fun
For energy and self confidence
Curiosity
Feel like one of the group
Availability
Suppress appetite and lose weight
Help cope with stress or bad moods
Believe it can help with work or school

Go back a few years. Imagine that you are young in your twenties.

If it didn't have the probable consequence of driving you mad and possibly violent, a substance that made you feel really good and on top of your game, that made you feel energetic, that enabled you to drink booze like a fish but not seem drunk, that gave you great sex drive, that allowed you to stay up through to the end of any party might seem like an attractive proposition to use.

In a go fast culture its not surprising that our young people look for go fast drugs. In a culture fixed on owning things and personal pleasure, and in communities that experience a 24 hour electronic bombardment of advertised perfect happiness, we shouldn't be surprised that since we have built such an expectation amongst people that they want it all, endless choice, and right now!

There will always be debate about some boundaries. There are differing views on tolerance for various activities and the appropriateness of various punishments.

There are however some things that are so destructive, some things around which the relative harm is so great, that there is no room for ambiguity. It seems to me that methamphetamine is one of these.

The Police have voiced their concern for a number of years about the behavioural problems associated with methamphetamine, especially its addictiveness leading to crime undertaken by the user in order to meet their drug bills, its propensity to catalyse violence as a result of drug related debt collections, or through distribution related turf wars on one part, and drug induced psychosis and unpredictable but often violent behaviour on the other.

The Expert Advisory Committee on Drugs (EACD) Advice to the Minister on Methamphetamine (Released in 2002)

> *"The issue of violence associated with methamphetamine is particularly relevant when considered in light of the main protagonists involved in methamphetamine manufacture and supply. Organized crime, often conducted by gangs, appears to control all facets of the methamphetamine market including stockpiling precursor substances; manufacture in clandestine laboratories and distribution networks.*
>
> *These groups are typically associated with antisocial behaviour often in the form of extreme violence which could become more pronounced particularly if turf wars over the supply of methamphetamine develop between rival groups"*

I'm delighted by the insight and the language of this Committee inasmuch as they differentiate between social group (gangs) and the specific behaviour (organized crime).

The paradox of this situation is that as well as probably being the key channel of distribution of P, gangs, or at least some members of some gangs, may well be one of our most potent weapons in combating both the demand for and supply of P.

Methamphetamine

Community Resilience
and
Self-Prohibition

Scoping Study
Report

July 2003

O'Reilly unLimited

Table of Contents

Executive Summary 4

Introduction 6

The Approach 7

Consultation Format 8

Discussion 9

Chart 1: 'Hell's Angels'. "Sonny" Barger 13
Chart 2: 'Reefer Madness' 15
Chart 3: Hansard: Tareha Te Moananui MP 'Sale of Spirits' 16

The Antipodean Community Resilience Model 17

Chart 4: The Antipodean Community Resilience Model 17
Chart 5: Antipodean Community Resilience Model Data Clusters 19
Chart 6: Hansard. Tareha Te Moananui MP Maiden Speech 22

The Antipodean Community Resilience Strategy 27

Appendices 32

APPENDIX A – Cardsort Raw Data 32
1. Haurora Waikato 32
2. Hawkes Bay Regional Prison 37
3. Hastings. Heretaunga Taiwhenua. 41
4. Newtown Union Health. 44
5. New Zealand Prostitutes Collective 46
6. 7 Maori Gang Rangatira. 48
7. Waitemata Health DHB. 49
8. Huntly Whanau Whaanui. 53
APPENDIX B: Idea Cards Clustered According to the Antipodean Model 56
APPENDIX C: Majority of Contributors and Contact List 67
APPENDIX D: Indicative Awareness Raising Programme Content 71

M10

Executive Summary

New Zealand faces a serious problem with use of methamphetamine. Its use produces severe negative health and social impacts. For the purposes of the study we have assumed a rough order estimate of 2,500 Maori users and negative impacts on 25,000 Maori. This scale of impact would generate an overall risk to the Crown in excess of $75M per annum 'negative' expenditure.

A repeat of our response to other crises of substance abuse will not carry the day against this substance. Methamphetamine use in New Zealand has presented a discontinuity because of unique local factors. 'Wars against' tend to create resource black holes. Current anti-drug programmes do not appear to be efficacious. New solutions and fresh approaches are sought.

This paper focuses on methamphetamine use amongst Maori. It reports back with community expressions on how to build resilience against methamphetamine within and amongst Maori communities. It includes the opinions and thoughts of user and distributor communities, front line impact workers and whanau members,.

It concludes that the issue needs to be put beyond methamphetamine and framed as a broader community-expressed and whanau-based "go towards" positive proposition rather than a "go away from" prohibition.

The report suggests that Government's overall response to methamphetamine use could be represented by two intersecting elliptical planes. One plane describes a supply-oriented strategy expressed as border protection, and law enforcement policies. The other plane describes a formative demand-oriented strategy based on promoting community good health, no hype drug education, and overall community self organisation towards resilience. The focus of the study is on fleshing out and giving shape to the 'demand-side' strategy.

Beyond that the report suggests a need to build a broad sense of movement rather than establishing a structure or even specific national programme in response to methamphetamine use. It holds that this problem cannot be solved by Government Departments or programmes on their own. This is a movement that has to be people led and supported by government where affordable, appropriate and desirable.

In the first instance this sense of movement could be facilitated through a programme of regional "all party" hui whereby desirable result areas would be identified. These result areas would need to be expressed in a form that has meaning to and buy in from all of the participating parties.

The specification of how the result areas should be achieved will require the engagement of and input from a yet unformed 'workforce".

This workforce will for the most part be virtual, coming together by dint of shared effort and direction rather than being people at a single place of work or having relationship with a common employer.

This workforce will need to be comprised of volunteers, people who are motivated by values beyond money and who have enough to sustain themselves through other means; qualified professionals employed perhaps through mainstream and Maori organisations to supply specific relevant services, and non qualified or lightly qualified young adult outreach workers.

The workforce should be deployed to implement a demand-oriented strategy which will:

Promote and facilitate intensive whanau-centred programmes

Facilitate and fund engaging positive 'future oriented' community activities

Provide appropriate community-based services

Provide 'no-hype' information

Promote 'consequence of use' messages

Promote zero-tolerance community-defined 'No-P' zones

Encourage organisation of community defined disincentives

The strategy implementation should be guided by values of:

- **Tino Rangatiratanga** - Defined by Maori for Maori starting with oneself
- **Whanau ora** - Primarily focus on and promote good within one's personal community, whanau
- **Mahi Tahi** - Work hard and with each other for the collective good
- **Patua Ngangara** - When required co-operate with others to confront evil

M12

Introduction

In May 2003 O'Reilly unLimited were commissioned by MOH to undertake a scoping study around issues concerned with building community resilience against methamphetamine use by Maori New Zealanders. The core terms of the study required that in June 2003 O'Reilly

1. Consult with at least 5 Maori communities and sector groups to identify how best to communicate information about the dangers of methamphetamine use; and

2. Develop, on the basis of the feedback gained from consultation, a community education programme designed to raise the awareness of methamphetamine use and its impacts on whanau and users; and

3. Identify other education and awareness programmes and activities that will support the building of resilience amongst Maori communities and encourage self prohibition of methamphetamine

This report provides a narrative about and discussion of the community feedback, proposes a model to use as an analytical tool, makes specific recommendations for communications and resilience building action, and provides a summary of issues and required actions.

Thanks are due to all of those who have contributed material. A majority of contributors are listed in Appendix C. Special thanks are due to Mane Adams who supported the facilitator, Jenny Wolfe ARADS for enabling premises to be made avialable, Garth Browning Adio Trust and Robert Steenhuisen Manager CADS, for written material and Timi Maipi for organisation throughout the Waikato.

The Approach

This is not a scientific study. It is contextualised within the discipline of social marketing. It starts off with pre-determined attitude: the belief that no social benefit can arise from the use of methamphetamine as a recreational drug, and sets out to discover effective ways to help individuals to choose to care enough about themselves and their personal community not to use the substance.

In the social marketing context this type of scoping study and the overall consultation process are referred to as 'probing'. The interpretation of the data is intuitive, based on experience and, in this case, street wisdom. It is bottom up feedback.

The fundamental assumption is that as a whole 'New Zealand society' (beyond what we have already put in place by way of **'supply-oriented'** strategies) won't otherwise be able to directly change the current state of affairs as regards the **demand** for the recreational use of methamphetamine by New Zealanders.

However the flip side to this assumption is the belief that individual members of New Zealand communities can make a personal decision ('choose to care enough about the future') to not use, or to discontinue using, methamphetamine. Where enough individuals within a particular community make that choice, the behaviour of that community will change and use will decrease or be extinguished. When a sufficient critical mass of communities choose not to use methamphetamine the overall reduced demand will tend to isolate the residual market and enable the supply side-strategy to be particularly focused and probably more effective.

The assumption that when enough individuals choose to change together they can help redefine social behaviour is based on human experience. It is an organic reaction by a living system. In a sense it is viral, that is it doesn't require structure but rather is based on relationships and shared directionality, confluence. It is biological. Our communities are facing a public health epidemic of methamphetamine. The information from the study will be applied to build a public health giving epidemic in response, as if to mimic the body by rallying our community antibodies to fight infection.

The objective of this scoping study then is not to find fact. Facts are going to be very hard to establish and they will take time to emerge and be proven. What we can do is to get some clarity about the state of affairs and in particular what Maori themselves see as ways stimulate choice of things other than methamphetamine.

The word 'community' is polysemic. It means many differing things to many different people. In this scoping study the word community is used in the context of 'personal community', it includes 'significant others', extended family beyond strictly biological or kin based connections. For this scoping study community means whanau, whanau whanui.

M14

Consultation Format

Eight consultations were held. Consultations were undertaken in a group setting. A cardsort process was utilised with the exception of the meetings with gang rangatira, the New Zealand Prostitutes Collective (Central Auckland), and Newtown Union Health. In these instances proceedings were taped or written notes were taken with the data then being transcribed into the cardsort reporting format. The steps in the cardsort process, the questions, and the particular data recorded at each venue are attached as Appendix A. The consultation process normally started with mihi-mihi and karakia followed by an introduction about the topic and the process from the facilitator.

Questions asked were:

- *How can we promote self prohibition amongst the membership of our clubs/groups and communities?*
- *How can we support our friends and whanau who have a P habit?*
- *What services do we need to cater for those with methamphetamine related addictions and illnesses?*

Consultations completed in June 2003 were

- Te Taiwhenua o Heretaunga, Hastings
- Maori Focus Unit Hawke's Bay Regional Prison
- Te Tepu Rangatira, Akarana Sth Auckland
- Waahi Whaanui Trust, Huntly
- Hauora Waikato, Hamilton
- NZ Prostitutes Collective, Central Auckland
- Waitemata DHB, Auckland
- Newtown Union Health, Wellington

Discussion

It is important to note that this data, whilst essentially qualitative in nature and stemming from feelings, fears and beliefs, will also include rational and well contemplated suggestions based on a foundation of empirical evidence and experience.

It's no accident that the beliefs and opinions raised in the study are polarised, even antipathetic and full of tension over approach.

Here in "Godzone" we are familiar with the tension within the prevailing Judaeo-Christian moral/religious paradigms where God is presented either as a loving and forgiving father encouraging his children to make good choices, or alternatively as a stern and judgemental figure demanding absolute moral and legal compliance at the risk of eternal damnation; zero tolerance.

In a secular context we encounter a similar notional tension expressed as the Theory X and Theory Y models of management, colloquially 'carrot or stick'.

The issue under study is no exception. As communities we are polarised in our views about recreational drugs. Although this study focused on methamphetamine results must be contexualised in the light of the relative issues around other recreational drugs. In any case most methamphetamine users are a poly-drug user, that is, they use a range of recreational drugs. It's impossible to probe the issues around the demand for methamphetamine without dealing with other substances.

More or less the current stances seem to be around, on one hand a 'demand-side' harm minimisation approach whereby society accepts that people have a right to personal pleasure, and that particularly young people, will engage in risk taking behaviour in seeking pleasure and that taking recreational drugs is part of that behaviour.

Therefore, this approach goes, we should ensure that people are fully informed on the consequences (health, legal, financial) of this or that drug taking behaviour and are fully informed on how to reduce the risk of negative consequences. Where those negative consequences do occur appropriate services should be available.

On the other hand the alternative 'supply side' enforcement stance is that some recreational drugs are legal and that they may be enjoyed sensibly and in an informed way and within the terms of the law. Where a drug is not legal then it should not be used at all, and if it is, the persons involved, particularly in its production and distribution, should be apprehended and receive appropriate punishment.

m16

In our first big shot at countering the impact of methamphetamine in New Zealand we have chosen a supply-side 'stick' by way of the law.
We've improved enforcement and the upgraded classification of methamphetamine into a Class A prohibited substance.

Despite mixed views of the efficacy of prohibition and upgrading the classification (that is increasing the scale of punishments) in the circumstances we probably had no sustainable alternative. There has been a jump shift in the world production of methamphetamine and our borders are regularly penetrated by smugglers.

A combination of the "binge" party-animal instincts of young Kiwis, the acceptability of smoking ('burning') as a means of ingestion (because of the cannabis culture), the ingenuity of our nation's homebake chemists and the 'colonisation' of the brown gangs as distribution channels have collectively produced a rapid growth market.

If a supply-oriented 'stick' strategy is all we've got, we aren't going to meet the need. We need a complementary demand-oriented 'carrot' strategy.

There is no doubt that we have approached yet another juncture where the old social belief sets and commitment to agreed moral values as expressed by the disciplines of law have become stretched.

We have laws for our collective safety. Where laws are out of kilter with the belief and behaviour of a particular community (sub cultures/ underclasses) then perverse outcomes and unintended consequences often result. Our marijuana laws are probably a case in point.

Generally, in terms of recreational drugs there are paradoxes and hypocrisies that confuse the boundaries as well as cloud the risks and consequences of the use of this drug or that drug.

It would perhaps logically be thought that illicit drugs are the ones that do proportionally more harm than licit drugs.

However during the course of this study opinions were expressed, particularly by health professionals, that two licit recreational drugs, alcohol and tobacco, were proportionately more harmful than other recreational drugs including methamphetamine.

This is a caution against moral panic and an encouragement to stay real and factual. This is at the heart of the harm minimisation approach.

Similarly it was consistently expressed that some of the 'harm' that resulted from some illicit drugs arises mainly because of the drug's illicit status.

These issues have been well canvassed in other fora, but, still, they are important to note here. It seems that a less moralistic and more pragmatic approach to the

issues around recreational drug use seem to lie at the heart of the focus of this exercise, - building community resilience against use of methamphetamine (and, by implication other current and potential substances).

How big is big?

How many Maori are we talking about being negatively impacted upon in a negative way by this substance?

At this point we don't have a grip on how many actual regular methamphetamine users there are in the country. Media hype and the attribution of just about every negative occurrence to methamphetamine has created a sense of siege. It's a bit like dog attacks, suddenly everywhere. It's hard to establish a figure.

Front line Police say that they are encountering signs of methamphetamine use at about 80% of house busts over a wide range of crime investigations. Home lab busts, border interceptions, and overall seizures are all possible indices. Last year Police mooted that there were about 90 nodes of distribution. If each of these had a hundred using customers would that give us 9,000 Kiwis on the substance?

Methamphetamine has been described as being second only to marijuana as a recreational drug of choice in New Zealand. How many dope smokers are there? Is it half of that for methamphetamine users? Is it quarter that?

Let us assume as a start point that there are the same number of users as there are New Zealanders in jails. – let's say 5,000 people.

For Maori then, let's halve that number, just like Maori representation in jails, 50%. Lets assume that we are talking about 2,500 Maori users. This may or may not be accurate but its rational and at least it gives us a basis on which to extrapolate.

Let us assume that of these 1000 Maori will encounter the drug, learn from a negative encounter and will move on with their lives, assume that 750 will get into trouble with the law and will stay involved with the criminal justice system for the next 5 or so years, and assume that another 750 will experience poor health and in particular poor mental health. (Dr Ian Scott, Auckland, reported during the course of the study that data from Japan suggest that over 60% of regular users will experience a psychotic episode and of these 30% will have ongoing problems for perhaps the next 3 years).

From a Treasury 'contingent liability' perspective it might be argued that these notional 1,500 Maori directly affected by methamphetamine use represent on average each a probable cost of say $50,000 per annum with a total risk to the Crown of say $75M per annum

Let's also assume that in any case the whole notional 2,500 Maori each negatively impact upon 10 other Maori people.

On this basis assume that at least 25,000 Maori (and because of demographics proportionally young Maori) will be negatively impacted upon by this drug through loss of friends and family by way of death or imprisonment, loss of opportunity through absent parenting, home violence and other abuse, and all of that cost - defying damage to human potential.

At this point however we also need to note that the current wave of methamphetamine use and the shock of its observable consequences present us with a discontinuity.

Discontinuities not only mean new potential negative threats and impacts, they also present new potentially positive opportunities and new ways to frame and deliver our responses.

What's so different about methamphetamine, and why is there currently more jumping up and down about this substance as opposed to other illicit drugs?

For a start there is concern around patterns of rapid addiction whereby for a large number of people methamphetamine use has quickly become the focus of their lives. At the beginning of use low doses of methamphetamine seem to heighten confidence, and enhance sociability and perceived performance. Initially there don't seem to be negative consequences. The whole start up experience can be very seductive.

But it doesn't take long for the source of concern to become apparent. As if in parody of the original development of the substance as a weapon of war (Ogata. Japan 1919) methamphetamine has a propensity to turn family and friends into metaphoric ticking bombs.

Methamphetamine crosses the blood brain barrier and causes release of neurotransmitters.

- Dopamine, providing feelings of reward and pleasure.
- Serotonin, providing a sense of emotional stability.
- Norepinephrine, stimulating arousal drive.
- Adrenaline, preparing the body for emergencies – to either fight or to flee.

It is apparent however that severe psychological disruption, through damage to the brain chemistry, can occur with only relative minor use. Tolerance can occur after only one or two doses - which seems why regular users can't achieve the craved 'first high'.

m19

In fact methamphetamine seems to trigger a sort of "reverse tolerance" or sensitivity whereby the threshold is lowered and an overdose is possible to occur on a regular dose.

During the course of the study we heard of incidents where users had stopped using the drug for a period, then in a moment of relapse had consumed an amount previously manageable and tipped into psychosis.

The observable impact is pathological behaviour rather than displays of physical intolerance.

The regular presence of this exotic chemical changes the body's natural production and use of its chemical messengers so that it requires the user to take the drug to get stability. This is the stem of addiction. As use continues the balances get so far out of kilter that the brain starts reacting to imagination and ignoring reality. This is psychosis.

In this state people will often assume exaggerated powers and will react to things that may not be there. Paranoia sets in and aggression and violence are common outcomes. People who have known each other well no longer understand each other and this may be perceived as a threat.

Beyond the full grip of psychosis regular users are likely to exhibit anergia (lack of energy) and anhedonia (inability to experience pleasure). The overall impact is counter-social, leading to the rapid disintegration of social networks and kin-based relationships, particularly families.

For Maori communities in particular this threat to the very basic unit of Maori society, whanau, could be the most threatening issue of all.

The impact of methamphetamine however is across the board, Maori and Pakeha, the well off financially and the poor, and it affects consumers, distributors and manufacturers alike.

Chart 1: 'Hell's Angels'. "Sonny" Barger

"Sharon and I were a strong couple, but the cracks began to show through in our relationship. When I was released from Folsom I had killed my cocaine habit. On the other hand, Sharon's reliance on speed grew and grew as the years went by. Goddam I know I'm fucking far from perfect and I'm set in my ways. I've been doing things my way all my life and I can't change that. But its difficult to explain what its really like to live with somebody who is constantly loaded on speed. The situation grew worse and worse until suddenly I couldn't take it anymore. I told her she had to leave" (pg 116)

'Hells Angels'. Ralph "Sonny" Barger. Fourth Estate Press. London. 2000

M20

Even amongst illicit drug using subcultures methamphetamine is recognised as being particularly destructive. In which case, as all parties seem to agree on its deleterious effects, what, from a demand-side perspective, do Maori communities do?

m21

It has previously been noted that there are strong polarities in beliefs about how to respond to use of illicit drugs. For one reason or another we in New Zealand have tended to follow the North American law enforcement approach and we have tended to contextualise our response as a 'war' on illicit drugs.

This has led us to our supply-side focus, up to this point particularly on cannabis, and concentration on enforcement and punishment.

For many young Maori, who have tended to use cannabis as their illicit drug of choice, on top of incidences of triggered or magnified schizophrenia and loss of purpose amongst the very young, the supply-side focus on illicit drugs has resulted in high and disproportionate rates of imprisonment and a likelihood of being locked into a cycle of criminality and recidivism.

Here, now, again, Maori communities are confronted by a new illicit drug with a higher schedule of penalties – very long terms in jail - and the likelihood that their young people who use methamphetamine will be the focus of attention by the criminal justice system as well as risking their mental good health.

Fear about cannabis seems now to have been replaced by fear about methamphetamine. Some of the language of fear about methamphetamine is unnervingly similar today to that used to warn about cannabis as far back as 1910.

Chart 2: 'Reefer Madness'

> *"Police officers in Texas [circa 1910] claimed that marijuana caused violent crimes, aroused a lust for blood and gave its users superhuman strength. Rumours spread that Mexicans were distributing the killer weed to unsuspecting American schoolchildren"*

'Reefer Madness'. Eric Schlosser. Penguin Press. 2003

If we react to control of this illicit substance in the same North American way as we have previously attempted to control some others are we not likely to get similar results?

How could we better handle things here in the Antipodes?

Can we backtrack?

Could we roll back the clock to some Elysian time before these substances were brought to this land?

Can we identify an actual or potential indigenous model to deal with the conundrums of use of recreational substances?

What would the then Maori leadership have done about tobacco if, on the first time it was brought to Aotearoa, that a matakite had outlined the future consequences of that substance on the health of Maori women?

What was the Maori response to the introduction and sale of alcohol?

In 1870 Tareha Te Moananui MP took a supply-side view. He did not propose prohibition. He wanted to manage a state of affairs where along with thistles Europeans had brought grog. His people were using grog and losing their land. He accepted that Europeans drank. He accepted that Maori could drink alongside Europeans where Europeans chose to drink. But, he did not want grog brought into Maori districts.

Chart 3: Hansard: Tareha Te Moananui MP 'Sale of Spirits'

- Sale of Spirits in Native Districts Bill

> *...............I have also to say in reference to these spirituous liquors that they have an ascendancy over man. The people are put down by grog. I wish to say that I object to spirituous liquors being introduced into the Maori districts. The Maoris sell their land to Europeans for grog, that is the use it is put to in the Maori districts. If the Maori does not want to sell his land the European comes after him with his grog and the consequence is that the Maori is put in prison.................*

Tareha Te Moananui MP. Hansard. NZ Parliament. Aug 5 1870

Tareha's poetic lament that "these spirituous liquors ...have an ascendancy over man" is parallel to our current descriptions of the effect of methamphetamine.

In 1870 the loss of one's property, and the experience of personal imprisonment, would have struck at an individual's own mana and their ability to exercise tino rangatiratanga just as it does today. In addition to these same outcomes users of methamphetamine court possible loss of sanity and their communities risk the disintegration of families and unpredictable acts of violence.

Again, what do we do?

As the consultation data indicates amongst Maori, just as in general New Zealand society there is polarity of views; carrot and stick.

It should be repeated at this juncture that the assumption at the beginning of the exercise was that we were looking to take a demand-side approach. The supply-side strategy is, as it should be, essentially the responsibility of the law enforcement and border control agencies whereas this initiative derives from a public health and community development perspective. Although supply and demand strategies are different, independent, and even discrete they do intersect and they must be complementary.

So, we are taking it as a given that the data will be expressed in the context of demand reduction and community resilience.

The Antipodean Community Resilience Model

The range of opinions, ideas and suggestions expressed during the consultations were initially clustered (with the exceptions previously noted) by the participants as part of the original cardsort consultation process.

The various clusters have been consolidated, further analysed and then again clustered across the participating input groups. Two intersecting continuums emerged.

One consists of opinion along a vertical continuum stretching from a notional pole described as 'Persuade' to its opposite pole 'Dissuade".

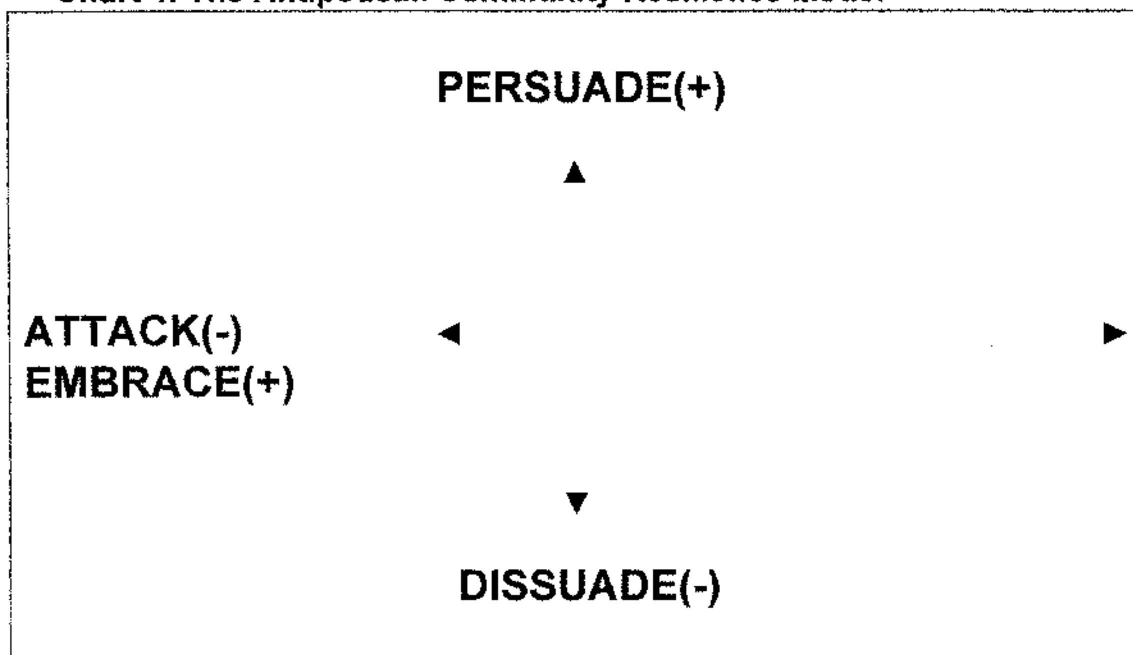
This vertical continuum intersects at its mid-point with a horizontal continuum expressing a range with a pole identified as 'Embrace' and at its antipodes another pole described as 'Attack'.

In each case the poles represent antipodean directionalities one moving towards something (persuade to), the other moving away from something (dissuade from).

The directionality of these notional poles are graphically represented by the +/- symbols. Antipodean describes this polarity as well as acknowledging the fact that the model arises from this land rather than somewhere else.

The model is interactive, that is that the quadrants of belief and consequent implied activity are interconnected and in many circumstances interdependent.

Chart 4: The Antipodean Community Resilience Model



The clusters of raw data have been transposed onto the model as indicated in the following chart. Again, these are intuitive clusters. Debates could be held as to why something is in one quadrant and not another; exactitude is not the intention; directionality is what we're looking for. The full data in their clusters are attached as Appendix B.

M25

Chart 5: Antipodean Community Resilience Model Data Clusters

m26

PERSUADE(+)

Alternative activity

Whanau ora

Equip and resource community

Form core group Be proactive Outreach

Safe parties

Promote Personal Tino Rangatiratanga

Lead whanau

Sports and club activity

Marae based activity

Encourage kids to talk openly

Build strong interpersonal relationships

Empower

Involve whanau

Awhi Aroha Tika Pono

Seek God

Involve community

Value people

'Real' people for youth

Peer support

Keep real

Educate

Services

Information material

Call free P 0800

Alternative highs

Keep busy

Kaumatua, kuia, make issue at marae

Policies to ban pseudoephidrine content

Be frank

ATTACK(-)

Unite Community

EMBRACE(+)

Pharmacy technologies & systems

Decriminalise marijuana

Neighbourhood action

Stand up and be counted

Can't lead from the grave or asylum

Advertise through all media

Website warnings

Law enforcement

Buffer Zone

Protocols in schools

Opinion leaders speak out

In your face

Gangsta packs

Night club media

P Free Zones

Protest march

Pamphleting Postering

Tell the cops – Hot lines

Warning hits

Get Angry

Militant vigilantees

Turn off the tap

Take out suppliers

Co-operative 'take out'

Kill the cooks

Increase penalties

DISSUADE(-)

m27

m28