

## Media

[82]

Anon. 2003. Any weapon is fair fighting speed in nation's schools. *The Daily News*, 3 June 2003, 6.

Reports on moves at Kaitaia College to introduce compulsory drug tests for methamphetamine. It cites the risks of the drug, mostly concentrating on the likelihood that methamphetamine use will lead to increased violence. It notes that methamphetamine use is increasingly being cited as a defence in criminal cases, and claims that being under the influence of such a drug should not be a defence - if anything, it should lead to an enhanced punishment, because users should know the potential effects of their substance abuse. This claim is not without merit given how the justice system treats drunk drivers, as the article acknowledges.

*The article, though, confuses (deliberately or accidentally) users with innocent children, suggesting that users will not be scared off their drug if "we get side-tracked worrying about the human right to self-destruct". One would suggest that the human rights activists who are "buzzing" at this decision are more worried at the invasion of privacy that compulsory testing poses for the many school children who aren't taking drugs.*

*The article also begins with an appeal to sympathy, setting up a dichotomy between "human rights activists" and "the rest of the community" who, we are told, will have a lot of sympathy for the school. Which begs the question.*

*Finally, the article fails to consider a few obvious points that weaken the usefulness of drug testing for amphetamine-type substances. Firstly, the tests aren't perfect and may produce false positives. Secondly, the tests can be cheated. Thirdly, probably most importantly, amphetamines only stay in the bloodstream for around 72 hours. Tests would therefore have to be conducted on Mondays to catch students who had used drugs on a Friday night - and even then some students wouldn't be identified. The article, in its insistence that "more has to be done", pays no attention to the question of whether what is being done will have any effect on the problem.*

[83]

Anon. 2003. Crack down hard on scourge of P. *New Zealand Herald*, 7 October 2003.

Describes how methamphetamine use in New Zealand has reached epidemic proportions. A strong government response is required. Methamphetamine is highly addictive and can drive users to psychotic violence. *Herald* readers have had a series of negative experiences with methamphetamine, including death, violence and depression.

*However, requesting stories about negative experiences with P is likely to produce a biased set of responses.*

*Using other drugs is linked to P, via the discredited 'gateway' theory: 'many people who use P previously used cannabis; therefore cannabis leads to P' - a logical fallacy, assuming 'after this,*

*therefore because of this'.*

*The paper says government should 'crack down hard', rather than treating drug use as a health problem.*

*Research from the (flawed) UN study [74] is cited uncritically.*

[84]

Anon. 2003. Deadly drug culture. *The Press*, 27 September 2003, 10.

Comments on a controversial United Nations report [74] showing that methamphetamine use in New Zealand is very high by world standards: "any quibbles over the methodology of this study cannot disguise the fact that these drugs pose a huge social problem".

*Even if it is true that the drugs pose a huge social problem, if the methodology of the study is wrong, then New Zealand is **not** a world-leader in methamphetamine abuse, and therefore most of the article is wrong.*

The editorial claims that "[m]iddle-class professional users" believe methamphetamine to be "trendy and less harmful than heroin or cocaine".

*No evidence is presented for this claim.*

The article claims that there is a link between methamphetamine and crime.

*This misses the point that organised crime will associate itself with any illegal substance, **because** it is illegal.*

The article concludes "this is a dangerous and addictive drug [so] shocking reports about its use are to be welcomed".

*The accuracy of the reports, it seems, is secondary.*

[85]

Anon. 2005. Drug trade: cooks hunted down to work for gangs. *New Zealand Herald*, 18 April 2005. [http://www.nzherald.co.nz/index.cfm?c\\_id=1&ObjectID=10120989](http://www.nzherald.co.nz/index.cfm?c_id=1&ObjectID=10120989) [accessed 9 May 2005].

The methamphetamine business "is so lucrative gangs have fought over cooks. They've even been kidnapped by one gang from another". Policeman Darryl Brazier says that in Auckland "you can't manufacture or distribute methamphetamine without the sanction of an outlaw motorcycle gang". Violence against cooks is reported, but for obvious reasons this is hard to verify. Gangs involved in methamphetamine manufacture are named.

[86]

Anon. 2005. Drug trade: the hard sell - making drugs match market. *New Zealand Herald*, 19 April 2005. [http://www.nzherald.co.nz/index.cfm?c\\_id=1&ObjectID=10121205](http://www.nzherald.co.nz/index.cfm?c_id=1&ObjectID=10121205) [accessed 9 May 2005].

A long feature article on the marketing and manufacture of illegal drugs. The article gets it mostly right, quoting two experts in the field (American chemist Alexander Shulgin, who popularised ecstasy, and New Zealand researcher Chris Wilkins). The article explains the growth and change in the methamphetamine market here, discussing its rise overseas, the beginnings of methamphetamine manufacture in New Zealand, and its spread from the dance scene to a mass market. The article is noteworthy for discussing how designer drugs appear (and for actually correctly describing what a designer drug is). It does slightly miss the point, claiming that the rise of new drugs is due to fashion and marketing. This may be somewhat true, but in many cases these new drugs are being sold as MDMA - if MDMA were easier to manufacture and distribute, then the substitutes would probably not be sold. There is an interesting description of the testing process for determining what exactly a substance is. Shulgin might take offence at the description of him as "a villain to the law" - his experiments were perfectly legal and conducted with government permission [see Collin (1998)].

[87]

Anon. 2003. Ecstasy-case newsman must be jailed. *New Zealand Herald*, 9 September 2003.

Reports on the sentencing of Darren McDonald, a newsreader convicted of offering to supply ecstasy and conspiring to supply methamphetamine. Argues that McDonald should not be allowed to apply for home detention. The argument offered is that McDonald's public profile should not prevent him receiving a custodial sentence, and that, while drugs may be available in prison, they are equally available outside.

The article points to the damage wrought by methamphetamine, and says that, as a role model, McDonald should receive no lenient treatment - "high-profile, intelligent and successful people like him give the impression that drug use is okay", and "[t]hose who glory in the drugs culture can expect no leniency, no matter how low-level the scale of offending."

[88]

Anon. 2003. Getting a handle on drug abuse. *The Evening Standard*, 29 September 2003.

Discusses the United Nations report on methamphetamine use in New Zealand [74]. Argues that, while "no sensible person doubts" that drug abuse is a cause of "all manner of social ills", it seems unlikely that the report offers a true reflection of the New Zealand situation. For example, pharmacies claim that the number of P "shoppers" looking for ingredients has declined, and researcher Chris Wilkins claims New Zealand's high ranking in the report is distorted.

Suggests that "before a wholesale moral panic sets in" we need to research exactly what the situation is. The damage caused by alcohol is clear, and worse by far than any other drug. Given the late arrival of P into New Zealand culture, it seems unlikely that New Zealand already has the

highest rate of use in the world - and that, if usage was truly that high, there would be more social visibility in terms of violent behaviour change and crime.

*The article is well-reasoned and considers a range of evidence.*

[89]

Anon. 2003. New Zealand cannot pretend that P drug scourge won't happen. *The Daily News*, 1 October 2003, 6.

Reports on the "scourge" of P use in New Zealand: addicts are "stealing and begging their way through hundreds of thousands of dollars"; losing "businesses and homes", while "children prostitute themselves for it". No sources are cited for these claims.

Ex-users face "lasting physical and mental damage, rendering them capable of being little more than welfare recipients" with their children faring as badly: "the very least the child will face is being raised among adults of limited resources and aspirations, thus repeating the cycle".

*These hyperbolic claims are not backed up in any way, and it is difficult to see how the author can be so sure what the long-term effects of P are, when the drug only reached widespread use in the late 1990s.*

*There is an unintentionally amusing reference to "P, speed, crank, glass, burn and all its falsely cosy names".*

[90]

Anon. 2005. Pill-popping law should do the trick. *New Zealand Herald*, 25 May 2005.

Argues that the decision not to criminalise social tonics might be seen as weak, but that a ban would do more harm than good. A far smaller proportion of users end up in casualty wards than alcohol users do. Argues that a ban would drive the drug underground, making it more dangerous.

Disputes STANZ's claim that social tonics keep users away from harder drugs, claiming that "these easily available pills are of uneven quality and are often contaminated with other substances, including illegal drugs such as Ecstasy and methamphetamines".

*This is, of course, nonsense. For social tonics to be contaminated with illegal drugs, the manufacturers would have to have methamphetamine or ecstasy present at the manufacturing plant. They would be guilty of manufacturing illegal drugs. There is absolutely no evidence to suggest that this is happening<sup>26</sup>.*

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26 The newspaper subsequently published a correction and retraction of this statement (Bowden, Matt (2005) personal communication).

[91]

Anon. 2005. Police shrink as drug gangs get bigger. *New Zealand Herald*, 18 April 2005.

The number of police assigned to gang-related criminal intelligence is shrinking, even as "international gangsters develop the \$1-billion-a-year illicit drugs trade in New Zealand". Police Association head Greg O'Connor says that police have been warning about the methamphetamine problem since 1999, but have been ignored, with police chiefs saying that there wasn't a problem.

Justice Minister Phil Goff describes various changes that have been made to legislation in order to crack down on organised crime.

The article claims that police are being told not to focus on busting clandestine laboratories, because dealing with them is difficult and they make the crime statistics look bad. Because manufacturing is an "invisible" crime, if police don't look for it, no-one will notice that it exists.

[92]

Allen, Louis. 2003. P-pushers prey on unborn babies. *Truth*, 12 September 2003, 4.

One of the more bizarre articles published on the methamphetamine trade in New Zealand. Alleges that drug dealers are giving free methamphetamine to pregnant women, in a bid to "develop a generation of customers addicted from birth [who] will steal and even kill to get money to buy drugs". The article cites "a top cop" as a source, as well as "US drug enforcement agency sources".

It is hard to know where to begin to analyse such an illogical claim. Even though children may be born addicted to drugs when exposed to them in the womb (and there is no firm evidence that this is true in the case of methamphetamine, see [180]), the idea that drug dealers are addicting them now is ludicrous. The dealer would have to wait at least 8 or 10 years for the child to be old enough to "steal or even kill" to raise money to buy drugs. This time lag minimises the chance that the dealer will still be in contact with the child. Even then, it assumes that the child is not cured of its addiction at birth. The fact that the article relies on unnamed sources suggests it is a pure fabrication.

[93]

Ansley, Bruce. 2004. Out on the streets. *New Zealand Listener*, 3 April 2004, 26-7.

According to an American judge New Zealand's tougher drug laws will result in growing violence and drug use. Judge Eleanor Schockett says that prohibition only serves to increase profits for gangs and drug manufacturers, and has done nothing to reduce demand or consumption. Schockett argues that many of the negative effects of drugs are caused by the war on drugs, not by the drugs themselves. She suggests that legalisation would put drug dealers out of business, and that the drug war is placing an overwhelming workload on courts and police, preventing them from focusing on "real problems". The US only developed a drug problem after the drug war began, and New Zealand should not fall into the same trap.

[94]

Bain, Helen. 2002. Drug rape: one woman every week falls victim. *The Dominion*, 4 May 2002, 1.

"One woman a week" is falling victim to drug-assisted rape in Wellington, says Rape Crisis coordinator Amy Ross. The crime is under-reported, and drugs involved include 'LSD, fantasy<sup>27</sup> and ecstasy".

*It seems unlikely that ecstasy was involved in such crimes. It tastes extremely bitter and does not dissolve fully in liquid. It is unlikely that someone could take ecstasy unknowingly. They would then have at least half an hour to seek assistance while the drug took effect. It is also worth asking how Ross knows what drugs were used in the rapes. The article doesn't say whether or not blood tests were conducted on the women, which would be the only way of knowing for sure.*

[95]

Baragwanath, Judith. 2003. Clubland 101. *Metro*, September 2003, 115-117.

Auckland club owners face a struggle to remain relevant and popular, and problems caused by an over-abundance of events. Drug users reduce club profits as they tend to drink water rather than alcohol. There is a battle between owners, who want to charge for water, and drug users, who need to drink a lot of water. No mention is made of the health risk posed by club owners who turn off bathroom taps to stop clubbers drinking from them.

Methamphetamine is having a negative effect on clubbing: "lots of people are taking a break from the clubs due to the fact that they overdid it with various substances".

[96]

Boland, Mary Jane. 2003a. Claim kids selling bodies for drugs. *The Dominion Post*, 14 April 2003, 5.

Children as young as nine are engaged in prostitution to raise money for drugs, according to youth worker and former gang member Ropata Selwyn. Gavin MacDonald says the police had investigated, but had not found any evidence that this was occurring. Waipareira Trust clinician Russell Phillips said that methamphetamine use was growing, and older children were selling themselves to buy it, though he was unaware of any nine-year-olds doing so.

This article provides more evidence than usual. It interviews a first-hand witness. Of course, he could be mistaken (police claimed they found children "hanging out", but no prostitution). Similar articles use anonymous sources and are hard to verify.

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27 e.g. GHB

[97]

Boland, Mary Jane. 2003b. Highs and lows of E. *The Dominion Post*, 5 April 2003, 1.

Describes the health risks of a number of drugs (not just ecstasy, as the title would indicate).

Policeman Paul Berry says that methamphetamine addiction is worse than heroin, and claims that he is receiving an increasing number of calls from family members of people with methamphetamine problems.

Psychologist Susan Schenk says that ecstasy and methamphetamine are "frightening". The destruction of serotonin and dopamine neurons may lead to very serious problems in the long-term, such as the possibility of early onset Parkinson's Disease. Other potential effects of ecstasy abuse include "memory loss, sexual dysfunction, anxiety attacks and psychological disorders".

In contrast, an unnamed Auckland ecstasy user says the drug is "bloody safe" with no bad side effects other than temporary comedowns, makes him feel happy, and is even good for women: "because alcohol makes them fat".

*Both these claims seem extreme. Schenk doesn't mention that the brain cells damaged by excessive ecstasy use grow back. They do, however, grow back in a different form. This may indicate recovery, or it may indicate that the brain has been permanently damaged. (Schenk does admit that a lot of research still needs to be done to confirm whether her fears will actually come true). In contrast, the user plays down well-documented potential problems of ecstasy use.*

[98]

Boni, Dita de. 2002. Speed recipe gets 'Craccum' magazine recalled. *New Zealand Herald*, 29 May 2002.

Auckland University student magazine *Craccum* was recalled, following publication of an article on how to manufacture methamphetamine. The article reviewed the chemistry, history, effects, and legal issues around the use of the drug, as well as publishing the recipe. Student association president Ross Burns said that the association had no control over the magazine. Editor Colin Mitchell said that the recipe was published "to give the article credibility" and argued that the list of ingredients (including brake fluid) would actually make people less likely to "put this stuff in their bodies".

*De Boni doesn't come to any conclusions on this issue, sticking to reporting the facts plus the comments from Mitchell and Burns. De Boni also fails to mention that there is really no particular secret being revealed through this action, as recipes for methamphetamine are easily locatable on the internet.*

[99]

Booker, Jarrod. 2001. 'Dramatic growth' in use of harder drugs. *The Press*, 11 September 2001, 11.

Police claim there has been a dramatic increase in the street presence of ecstasy and methamphetamine, following an international trend, and led by the dance/rave culture.

Paul Duxbury of Drug Arm blames the increase on "a degrading of society's standards", without explaining what he means by this. Duxbury says that the problem is "a complacent attitude" that sees drug use as "a normal part of growing up", and criticises the harm reduction model, saying it will only make things worse.

[100]

Browne, Alister. 2003. The drugs of Dr Jekyll. *The Evening Standard*, 30 June 2003, 7.

Reports on the "drug epidemic raging in Palmerston North", with reference to research that is being conducted at Massey University by researcher Chris Wilkins. Wilkins is a respected expert on drugs in New Zealand, and so should be listened to. There is the suspicion that the article author has taken his quotes out of context, or misinterpreted them. Wilkins is quoted as saying New Zealand's "cannabis culture" has led to abuse of methamphetamine, because people see it as similar to cannabis - a "bit of harmless fun on the weekend". The article then repeats the claim that people think the drugs of today are just the same as "the speed kids popped in the 1960s". This seems to be a particularly strong media meme, but there is little or no evidence that users actually think this. It would be instructive to try to find out how many current P users even knew that speed was available in the 1960s.

The article then descends into absurd hyperbole: "[t]he latest [sic] version, methamphetamines [sic], will [keep you awake] all right, but may well also turn you into a psychotic individual who wants to kill. And you run the risk of getting addicted and having to find large sums of money to pay for the habit." While a few methamphetamine users have committed murders, this does not prove that methamphetamine caused them to do so [120]. Of course, the vast majority of methamphetamine users have not committed any crimes.

Wilkins makes some relevant points about the speed [sic] at which methamphetamine has spread across New Zealand, and offers some explanations (ease of manufacture; ease of access to ingredients) and about the historical background of the drug.

The article finishes with a comparison between "a group of friends sitting around at the weekend and getting mellow, to violent crime committed by crazy people", and claims "that's the kind of contrast the experts are drawing between the 1960s and the new millennium for there is little that is recreational, they say, about today's drugs." This claim would probably be more effective if the "experts" were named or acknowledged. It also omits the very salient point that marijuana remains by far the most widely-used illegal drug in New Zealand society, in spite of the availability of amphetamine-type substances.

[101]

Burstyn, Barbara Sumner. 2003. Drug testing bid will alienate already helpless children. *New Zealand Herald*, 26 May 2003.

Kaitaia College is introducing drug testing, not because it has discovered pupils using the drug, but because the local policeman, also on the school board, says methamphetamine use is growing in the wider community.

Drug-testing is problematic, Burstyn says, - false positives are possible, and testing doesn't reduce drug use. Drug tests can be cheated, fail to distinguish between heavy users and one-time experimenters, and tend to alienate students. Education, and attempts to influence behaviour, are better solutions than testing, which "will destroy....open communication" between staff and students.

*Burstyn raises some good points, and provides evidence (though generally not cited) for her claims. This article is a useful contribution to the debate over drug testing in schools.*

[102]

Cardy, Tom. 1997. Herbal experience falls well short of ecstasy. *The Evening Post*, 6 January 1997, 16.

*Evening Post* reporters took Herbal Ecstasy themselves in order to see what the fuss was about. Perhaps unsurprisingly, given previous research on the substance (Saunders 1995), they were not impressed with the effects.

Ministry of Health research into the contents of Herbal Ecstasy shows that there would "probably be more stimulation in a cup of coffee".

Most reviewers noticed no effects, or unpleasant ones (except for one who claimed to have had a great time watching a boxing match, though he denied that the drug had anything to do with his experience).

*A possible flaw with the 'experiment' is that stimulants are considered to be more enjoyable if taken in a social setting, and tend to have a greater effect if consumed while dancing (or at least moving around), rather than sitting home alone.*

[103]

Cardy, Tom. 1999. Third formers using Ecstasy. *The Evening Post*, 25 February 1999, 3.

Reports on worries that ecstasy use is becoming more prevalent in Wellington schools, following the case of four Auckland girls who were hospitalised after taking the drug. While the shock headline indicates that children as young as 13 are using the drug, the evidence for this is Wellington City Mission counsellor Ray Russell, who spoke to **two** 13 year olds who **claimed** they had used the drug. While Russell claims "[drugs] are becoming a lot more accessible for them", he also notes that he has "counselled seven students for drug and alcohol abuse" in 1999 - hardly an epidemic (especially as there's no breakdown given of what drugs the students were

using, or indeed if they were all using alcohol).

Another City Mission employee, Stephen Coward, makes claims about the availability of ecstasy at parties: "it's like the booze, everybody chips in". While this is possible, if several people split an ecstasy tablet, the effects would be negligible. He also warns of the danger that someone would drink something that had been spiked with ecstasy.

*This is unlikely for two reasons - the cost of the drug [31], and its distinctive bitter taste (it would be impossible to consume ecstasy and not notice the odd taste). One can only conclude that the interviewees are scaremongering.*

[104]

Catley, Beth. 2005. Party drug sales slated. *The Nelson Mail*, 12 April 2005.

<http://www.stuff.co.nz/stuff/nelsonmail/0,2106,3246057a6007,00.html> [accessed 15 April 2005].

Nelson police are opposed to the sale of social tonics, linking them to sex crimes (allegedly committed while offenders were under the influence) and to the death of local man George Palmer, who crashed his car the night *after* taking pills containing BZP. On the night of his death he had taken nitrous oxide.

*The first argument is problematic, failing to prove causality, and being unlikely on the face of things, as amphetamines and similar substances, including social tonics, tend to take away sexual desire and ability to perform.*

*The second case has potential merit - it is possible that Palmer might have been fatigued from lack of sleep having taken BZP the night before. That is pure speculation on the part of the police, though.*

Drug counsellor Ashley Koning compares social tonics to amphetamines: "it's got all the same old risks that that does".

*This seems like an exaggeration, based on current knowledge.*

The article also interviews retailers, who provide the usual arguments in defence of the drugs, noting that alcohol can be harmful, too.

Police interviewees include Brian McGurk and John Winter.

[105]

Cleave, Louisa. 2003. P-plague takes toll on high achievers. *New Zealand Herald*, 26 September

2003. <http://search.epnet.com/login.aspx?direct=true&db=anh&an=HOB310964067703>

[accessed 8 May 2005].

Reports that the number of middle class users seeking help from drug treatment centres for methamphetamine use is growing rapidly. Drug counsellor Stuart Anderson said he was seeing more "high-functioning individuals" whose "drug use had crippled their potential." Counsellors

report that between 35% and 50% of their patients are reporting that P is their primary drug of abuse. Presents results from the 2001 National Drugs Survey [23], showing the number of users and the amount they spend on the drug. An internet survey is reported that claims 55% of respondents had friends who had taken P.

*The article is obviously based on first-hand evidence, but fits into the Herald's pattern of presenting the drug issue as an epidemic, especially with its concluding request: "[h]as the drug P had an impact on your life or your community? Email the Herald News Desk to share your story."*

[106]

Cleave, Louisa. 2005. Deadlier form of 'P' on the way. *New Zealand Herald*, 8 February 2005. [http://www.nzherald.co.nz/index.cfm?c\\_id=1&ObjectID=10009975](http://www.nzherald.co.nz/index.cfm?c_id=1&ObjectID=10009975) [accessed 11 May 2005].

A newer, deadlier form of methamphetamine is on the way to New Zealand. 'Crystal rock' is similar in appearance to crack cocaine, and stronger than ice. A police informant says "your blokes are going to be picking up the pieces because this stuff is lethal."

*These claims are uninformed. There is no difference between ice and this alleged new drug (Erowid 2005b). The article is scaremongering, and this is at least the third or fourth time that ice has been reported as a newer, deadlier form of methamphetamine about to hit New Zealand.*

[107]

Clement, Diana. 2004. P lab nightmare for landlords. *New Zealand Property Magazine* (Jul):14-15.

Property owners are warned of the consequences of their tenants manufacturing methamphetamine on their properties.

Property company Quinovic rented a former P lab to tenants without decontaminating it. They were sued, and had to pay damages.

The landlord is responsible for cleaning up damage, which could cost \$1-10,000, although Police will remove most chemicals.

Landlords should watch for changes in their tenants' situations (such as losing a job) which might make them turn to manufacturing drugs. Landlords should conduct regular inspections, but P cooks tend to keep low profiles and be good tenants, and the required 48 hours notice before inspections means that they have time to hide paraphernalia.

Landlords are not covered by insurance for damage caused as a consequence of the operation of a clandestine laboratory on their property.

[108]

Conway, Matt. 2005. Young party-pill 'victim' joins call to ban them. *The Press*, 2 May 2005. <http://www.stuff.co.nz/stuff/0,2106,3265986a11,00.html> [accessed 9 May 2005].

A Christchurch schoolgirl is calling for social tonics to be banned, after suffering negative effects when she tried them the first time.

"Jane" reportedly "went into a seizure...jaw clamped so hard she tore her gums, bruised her lips and dislodged three front teeth...dipped in and out of consciousness, was disoriented and paranoid, fought attempts at help, refused to get into an ambulance and, once at Christchurch Hospital, had to be restrained by security guards while she was sedated." Jane's heart rate went up to 150bpm and stayed there for 14 hours.

At first, though, the drug was strongly pleasant "[e]uphoric, energised and talking incessantly, Jane was unable to sleep and drank almost five litres of water overnight."

A Christchurch emergency doctor says that 2 to 10 party pill cases are seen each week at Christchurch Hospital, though symptoms are rarely as bad as those Jane experienced: "[s]leeplessness, agitation, an accelerated heartbeat, high blood pressure, sweating and enlarged pupils were common effects".

*None of which seem sufficient to consider the drugs a health risk.*

The owner of the store where "Jane" bought the drugs speculated that she had also taken something illegal, but didn't "want mummy and daddy to find out". This is certainly possible: after Ngaire O'Neill's death from ecstasy her friends and family were quoted as saying she never took drugs, but it was later revealed that she was an experienced user.

*While slightly sensationalist, this article does raise important questions about the possible negative effects of social tonics - questions that are not currently being answered by official research.*

[109]

Courtney, Dave. 2003. Rising popularity of 'P' concerns frontline agencies. *The Press*, 1 October 2003, 10.

At first this article appears to be a well-researched investigation into the incidence of P use in Christchurch. It interviews a policeman, a nurse and an employee of a security company, all of whom note problems with P users. However, the article gives the impression that P usage is a major problem.

When examined closely, the quotes from interviewees do not support this. "It is not a huge issue at the moment, but it is growing" says nurse Mark Newsome, who cites an assault by a patient under the influence of an unnamed drug. Bouncer Jayson Ryan points to customers on drugs: "I don't know what drugs they are, but obviously P seems the drug of choice at the moment". One wonders if Ryan's staff are trained to recognise the symptoms of drug use, or if he is basing this statement on the high media coverage of P. Inspector Dave Lawry claims to be arresting

methamphetamine users, though figures are low compared to other parts of the country, and he qualifies his statement by saying "we are seeing people who are obviously on some sort of drug".

While these interviewees may be perfectly correct, none of them has cited any evidence that the individuals they are dealing with have used any drug, or methamphetamine in particular. None of them cite blood tests which would show exactly what drugs, if any, had been taken.

The Press compounds this problem by appealing to readers to contact them if they have had to deal with the "destructive effects of the drug", which surely begs the question - there is no suggestion that readers who enjoyed using methamphetamine should contact the paper, or that readers struggling with alcohol problems should do so. The New Zealand Herald runs a similar campaign, leaving the media open to claims that they create the news as much as they report it.

[110]

Courtney, Dave. 2005. Mayors urge ban on herbal highs. *Sunday Star-Times*, 10 April 2005.

Several mayors are calling for social tonics to be banned, and are attempting to use current laws to keep the pills out of their towns. Grey District mayor Tony Kokshoorn says "[w]e are lifting the bar in so many areas of society, but for some reason we are lowering it for the sale of these things. It doesn't make sense....Why do we need to put this kind of distraction in front of our children?" Buller Mayor Martin Sawyers takes a similar line "[o]ur kids have a hard enough time growing up anyway without putting more temptation in front of them."

Both objections appeal to the 'danger' that social tonics pose to children. Neither offers any evidence that such a danger exists. STANZ's Matt Bowden and a spokesperson for Jim Anderton argue in favour of the pills, Bowden claims that prohibition drives people to harder drugs, and the spokesperson says that expert advice said the pills are not dangerous. Both Anderton and Bowden, of course, are pushing for sales of the pills to be restricted to over-18s, which would answer the mayors' objections.

[111]

Courtney, Dave, and Irene Chapple. 2005. Shops trumpet R18 party pill ban - then ignore it. *Sunday Star-Times*, 17 April 2005. <http://www.stuff.co.nz/stuff/0,2106,3251276a11,00.html> [accessed 15 May 2005].

Despite advertising that they do not sell to children, a number of social tonic shops in Christchurch and Auckland have done so. The newspaper sent children to purchase the drugs, and they were generally successful, even gaining recommendations on particular brands from shop assistants.

Pauline Gardiner of Welltrust says the industry "was more interested in profits than social responsibility. It is there to make money and it doesn't give a tuppenny's who it sells them to." She also criticises the industry for its marketing, "calling them herbal when there's nothing herbal about them". This latter claim is debatable: the early social tonics were herbal, and the industry

hasn't marketed the later products as herbal<sup>28</sup>. Some stores, such as Herbal Heaven in Christchurch, do seem to use the 'herbal' label, however.

Associate Health Minister Jim Anderton says he is wary of the self-regulation claims, arguing that the industry has to show that it is going to be responsible, and that it hasn't. His comparison to the cigarette industry (which he says suppressed knowledge that cigarettes were unhealthy) seems unfounded - the social tonics industry doesn't have the clout to suppress any kind of research, there is very little research available, and what is available has been reviewed by the Ministry of Health.

Shop owners either refused to return calls from the newspaper, or said that the sale was against their policy, and they would discipline the staff member involved.

[112]

Cropp, Amanda. 1997. Lab rats. *New Zealand Listener*, 28 June 1997, 36-37.

A major police operation to bust a clandestine laboratory in Cheviot is reported. The house cost \$40,000 to clean up, and townspeople were at risk of ammonia poisoning.

Police said it was easy for manufacturers to get precursor chemicals. Interestingly, they were not referring to shoppers obtaining pseudoephedrine from chemist stores, but to manufacturers buying industrial chemicals from wholesalers.

[113]

Cumming, Geoff. 2003. Booze 'is worse than drugs'. *New Zealand Herald*, 23 June 2003.

Drug experts claim that the negative health effects of alcohol outweigh those of other drugs. The effects of alcohol abuse take longer to show up, and are irreversible, whereas the effects of methamphetamine abuse become visible very quickly, and soon lead to a discontinuation of use, so "for most people lifetime usage is very short", says Ian McEwan of ALAC.

Drug harm could be reduced by increasing the price of alcohol and raising the drinking age. Around 225, 000 people meet criteria for alcohol dependence, and around 35, 000 for drug dependence.

*The headline places the text "worse than drugs" in inverted commas, indicating that this claim is only opinion. Similar articles cite similar claims about the negative effects of drugs as fact.*

Interviews Ian McEwan, Lynn Theron, Peter Jones, Roger Eccles, Sally Jackman.

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28 Of course, BZP is a pepper extract, so could, at a stretch, be called herbal.

[114]

Currie, Max. 2005. Why I'll never take another party pill. *New Zealand Woman's Weekly*, 25 April 2005, 21-23.

A first-time party pill user reports her negative experience. She took a pill (without knowing what it was) in a club, and within 15 minutes her heart rate was up, she was breathless and suffered a panic attack. She attempted to vomit, but could not. A man tried to kiss her. She panicked and left the club. At home she went into a deep depression, thinking of all the mistakes she had made in her life, and how stupid she must have looked in the club.

Doctor Roy Knill said that some people are allergic to 'party pills', and that others who have problems with blood pressure should not take them.

*The one question that isn't answered by this article is what exactly she took. It is quite possible (though probably unlikely) that her friend had actually given her ecstasy. The symptoms seem strong for a single social tonic pill, and more similar to a bad ecstasy experience.*

[115]

Davis, Joanna. 2005. Teen near death from party pills. *The Press*, 23 May 2005.

A Christchurch teenager nearly died after taking 10 "party pills". The actual brand of pills was not reported, but the recommended dose for most brands is 2 or 3 pills. The woman suffered seizures and breathing difficulties and was admitted to intensive care. Dr Paul Gee said emergency staff "regularly saw three or four teenagers a week with side-effects of anxiety, panic attacks, racing heart rate, hallucinations, headache and vomiting".

The article expresses concern at Christchurch shops selling social tonics in high doses at bulk prices, meaning users may be more likely to binge. Matt Bowden of STANZ supports this view, and Christchurch has consistently (at least judging by media coverage) had far more problems with social tonics than anywhere else in New Zealand.

Associate Health Minister Jim Anderton said "[p]eople shouldn't take it for granted that [BZP is] always going to be available. There's a very big question mark over it."

The National Poisons Centre is reportedly seeking ethical approval for a national study on people affected by party pills.

[116]

Dearnaley, Matthew. 2003. Quarter of staff fail drug tests. *New Zealand Herald*, 13 October 2003. <http://search.epnet.com/login.aspx?direct=true&db=anh&an=HOB005069482603> [accessed 15 May 2005].

Reports that "a quarter of staff randomly tested in about 50 firms have been found with drugs such as cannabis and amphetamines in their urine", according to the Institute of Environmental Science and Research (ESR). Dr Susan Nolan of ESR was giving evidence in support of Air New Zealand, in an Employment Court battle over whether the airline could introduce random drug

tests for workers.

*The problem with such a broad statement is it fails to mention how many of the staff had taken amphetamines, and how many had taken cannabis, and fails to account for the fact that cannabis will stay in the blood stream for long periods, possibly up to a month. It also fails to account for the possibility that use of some drugs may enhance worker abilities. It is well known that amphetamines reduce fatigue and enhance concentration. They have been used by many militaries over the years, and are still in use in the US airforce (Borin 2003).*

[117]

Easther, Elisabeth. 2001. Dialogue: ecstasy not big killer despite the headlines. *New Zealand Herald*, 10 April 2001.

The risks of ecstasy are overstated, says Easther. "Three deaths. That's hardly an epidemic. Yes, it is tragic when anybody dies accidentally but more people become sick or die each year hyperventilating while blowing up balloons and inflatable pool furniture. I say ban the balloon."

Education, and responsible drug use, would reduce the risks even further. Much criticism of drugs is scaremongering and a knee-jerk response from people who believe that "drugs equals bad". Why has no-one ever published stories headed 'Good time had by all on drugs'? Only negative effects of drugs are presented in the media.

[118]

Edwards, Brent. 1999. Out of the cupboard come the hoary issues. *The Evening Post*, 6 March 1999, 2.

Reports the political debate over drugs, suggesting vote-catching is a key motivator: "[w]elcome to election year". Claims that politicians will not offer anything other than simplistic solutions to complex issues, and "petty arguing" over who is tougher on crime and drugs. Labour leader Helen Clark is quoted as saying that there needs to be a "co-ordinated response" to the drug problem, with funding for treatment services as well as policing. Social Services Minister Roger Sowry replies that "intellectuals" who "should know better" are "prepared to risk children's lives" by not supporting National's tough approach. Edwards calls this debate "simplistic" (though Clark's comments imply a more balanced approach than that presented by Sowry, which appears to focus purely on punitive measures).

*The article acknowledges that many of the political statements on drugs are made for electoral advantage, rather than out of any analysis of the benefits of the particular approach espoused. It's interesting to compare the public statements of politicians here, with the more sophisticated approaches promoted by government agencies – approaches that the politicians are presumably well familiar with.*

[119]

El Orfi, Mariam. 2001. Drug education could save lives. *The Nelson Mail*, 7 April 2001, 2.

Health education is the key to reducing drug harm. Jose Cachemaille of Health Action says that the death of Dai Bowden from water intoxication was "absolutely" avoidable. Health Action does not condone drug use, but recognises that people take drugs and need more information on safe use.

Health Action guidelines for safe use of ecstasy are outlined, including the suggestion to drink no more or less than 600ml water/hour if active. This would prevent both dehydration and water intoxication.

[120]

Gower, Patrick. 2002. 'P' is for psychotic - users linked with rising violence. *New Zealand Herald*, 14 December 2002.

One of the earliest articles associating methamphetamine with violence. Explains that P is popular on Auckland streets, and was the drug of choice of "RSA triple killer William Bell" and "pizza worker killer" Ese Falealii. Two suicides have been attributed to the drug.

*No further information is provided on these, presumably due to a deliberate decision to downplay media coverage of suicide.*

P provides an initial rush and a 10 hour high, but "there will of course be a low", characterised by "depression and paranoia". Auckland policeman Colin McMurtrie mentions the use of methamphetamine in war, to make soldiers "more aggressive and alert". This is one of the few references to this sanctioned, official use of methamphetamine in the New Zealand media.

Police warn that they are seeing more violence, "not just in robberies.[but] violence for the sake of it".

*Overall, this is not an alarmist or inaccurate article, it reports the facts as provided by the interviewee, though it might have been better to have interviewed a medical or drug professional rather than a policeman.*

[121]

Gregory, Angela. 2003. Police hit road to show public the horrors of P. *New Zealand Herald*, 12 July 2003.

Reports on a police presentation to a hui, raising awareness of the effects of methamphetamine.

Policemen Andre Morris and John Cassidy, and Dr Pita Sharples discuss their own experiences - children who claim to be prostituting themselves to pay for the drug, users who have experienced negative emotional effects. The police describe P as "pure" methamphetamine of any type, not just smokeable methamphetamine. They report the cost of the drug, how to take it, and the dangers caused by the toxic by-products of the methamphetamine labs. Claims that the drug has

led to a rise in the level and intensity of violent crime are credible, as they come from front-line police officers.

There is a lurid claim that P can be injected in the eyeballs or "even the penis", though surely only the most desperate addicts do either. There is also the suggestion that methamphetamine (in the form of "ya ba" tablets imported from Thailand) is being made in multiple colours and fruit flavours to appeal to children, a common claim but generally unsubstantiated.

[122]

Henderson, Ross. 2002. Tanczos denies drug promotion. *The Dominion Post*, 19 August 2002, 2.

Reports criticism of Green MP Nandor Tanczos. Tanczos owned an Auckland store that sells testing kits that determine whether a pill contains ecstasy, or speed, or some other substance. Tanczos claimed that helping people to know what they are taking is important to help reduce health risks. Gary Knowles, of Police National Drug Intelligence, claimed that the kits encouraged illicit drug use, and that they were ineffective and could lead to a false sense of security because the only accurate test for the presence of a drug was under laboratory conditions. A Green MP likened the testing kits to encouraging people to use condoms: "you're not promoting sex - you're facing reality".

Bali Haque, president of the Secondary Principals Association of New Zealand, said selling the kits sent mixed messages to young people: "[having] these kits is an invitation by implication", and that while selling them might be seen as being realistic, it "was a question of drawing lines".

[123]

Herrick, Stefan. 2001. Uppers and downs. *The Evening Post*, 3 February 2001, 30.

An early report on the effects, legality and health risks of "herbal highs". A regular user says that they keep her awake and give her a mild buzz, not as good as "the real thing" [illegal drugs, such as ecstasy or speed] but easier on the body.

Pippa MacKay of the New Zealand Medical Association says she thinks the pills will be safe in the right dose, but the problem is when "kids take them with alcohol, they think two's good, 10's got to be better". MacKay didn't think the pills should be banned, but that they should not be treated as dietary supplements.

Iain Hickling of Wellington party shop Cosmic Corner claims that everything sold in his shop is "manufactured by proper chemists in proper labs" and approved by the Ministry of Health. He claims that his shop discourages kids and people who just "want to get hammered" from buying the drugs.

*The article contains relevant information that is still pertinent to the debate over these substances, four years later. They aren't 'dietary supplements'. While some of them do contain herbs, they shouldn't be referred to as herbal highs. They generally are safe in the recommended dose, but, as MacKay feared, children have been admitted to hospital having taken these drugs. It's also notable how quickly different brands of social tonic disappear. Of those cited in the*

*article, only Nemesis is still available.*

[124]

Hurley, Bevan. 2003. Massey expert urges more P research. *The Evening Standard*, 26 September 2003.

Researcher Chris Wilkins calls for more research into the effects of methamphetamine, and points out problems in the United Nations survey on drug use [74]. The survey showed that New Zealand had one of the highest rates of usage in the world, but Wilkins says that it appears that the UN tagged New Zealand data onto the Australian data, did not use any research actually conducted in New Zealand, and obtained New Zealand data from the Australians without talking to New Zealand researchers.

[125]

Janes, Andrew. 2004. Party Pills. *New Zealand Listener*, 23 October 2004, 29.

Legal party pills have become "an increasingly common accessory for a night out." Users discuss what attracts them to the pills, including their legal status, and a perception that they "don't fry your brain [as with speed or ecstasy]". While BZP has been banned overseas, it remains legal here, as the Expert Advisory Committee on Drugs did not consider it posed enough of a risk to be made illegal. Associate Health Minister Jim Anderton is proposing a new regulatory framework that would enable some restrictions to be placed on these drugs.

Meanwhile, the industry is taking steps to self-regulate. Matt Bowden suggests that restricting sales in the evening would be counter-productive, as that was when users wanted to buy the pills - and they might turn to methamphetamine if the pills were not available. Mark Carswell of retailers Cosmic Corner says that his staff do a good job educating users about the pills. He worries that dairies might not be as responsible. He thinks that the pills have had a positive effect on New Zealand night life.

[126]

Johnston, Martin. 2003. Alarm bells as overdoses triple. *New Zealand Herald*, 14 April 2003.

Reports that admissions to Auckland Hospital for drug problems have increased heavily in the last few years. " Ecstasy cases rose to 47, from 16, [and] 50 to 60 patients a year indicated they had overdosed on amphetamines."

Reports on the risk of psychosis from using methamphetamine, and on the lack of knowledge among medical professionals as to the best means of treating it.

*It is worth mentioning that, given the heavy media coverage of the "methamphetamine epidemic", one patient a week presenting at the hospital's emergency room is perhaps less than might be expected.*

[127]

Kay, Martin. 2003. Drug war stalls: scientists swamped. *Dominion Post*, 25 August 2003.

Forensic scientists are under pressure to analyse an increasing backlog of samples from suspected methamphetamine laboratories, due to a shortage of skilled scientists. Police are worried that offenders would be free to continue offending while awaiting trial.

*This seems to ignore the assumption of innocence until guilt is proven.*

[128]

Keen, Ryan. 2002a. Methamphetamine 'epidemic' looms. *The Press*, 23 December 2002.

Reports that government moves to crack down on the supply of methamphetamine come as addiction centres warn of a looming epidemic. Interestingly, one interviewee uses the word looming (in the phrase "looming problem") and another uses the word epidemic. Paul Traynor of the Alcohol Drug Association supported tougher penalties, but argued that resources were needed for public health information campaigns and to provide counselling for those with problems. National Addiction Centre director Doug Sellman said that New Zealand was at the beginning of an epidemic that Australia had already faced and that methamphetamine was the one drug that was most dangerous in itself. He pointed out the use statistics, that 30% of New Zealanders used alcohol hazardously, 25% were addicted to nicotine, and 0.4% had significant methamphetamine problems. Mr Traynor said that alcohol, cannabis and tobacco were far bigger problems - "the effects of alcohol are horrific".

*The article is generally balanced, it allows its interviewees to speak at reasonable length about the subject. Probably the only alarmist thing is the use of the word 'epidemic' in the headline, when only one interviewee suggested that was the case. However, placing epidemic in inverted commas showed some distance from the claim, rather than blind acceptance.*

[129]

Keen, Ryan. 2002b. Tougher 'speed' penalties rattle dance-party set. *The Press*, 23 December 2002.

Users react to changes to the law on methamphetamine. The changes lower the amount of methamphetamine that a person can have on them before they are able to be charged with intent to supply from 56g to 5g. A spokesman for Jim Anderton, chair of the Ministerial Action Group on Alcohol and Drugs, said the change was an attempt to close down manufacturing and supply, not imprison individual users. Vincentian Recovery Centre Trust Rod Mason suggested the new regime would lead to more people being caught and prompt them to seek help.

*It is difficult to see how more people would be caught by this change, however - those caught with 5g would instead face more serious charges than mere possession.*

An unnamed Christchurch woman suggested that the threshold was too low, as it could catch people in situations where "a group would pool its money and get one person to buy speed for all of them....It's not like you are buying it to sell and make a big profit or anything".

*The interesting thing about this claim is that what she has described is supply, so the buyer **should** be charged with the more serious offence, not just with possession. She does, though, have a point that most people who sell drugs are not, contrary to the media image, pushing it on unsuspecting children or teenagers. They are supplying it to their friends, who are adults and have usually used drugs before.*

[130]

Kuiper, Miranda. 2000. Fad drug keeps clinic staff busy. *The Dominion*, 13 October 2000, 8.

Reports on papers presented at the Police Association conference. Wellington drug counsellor Geoff Robinson stated that the Drug Rehabilitation Clinic regularly deals with at least 30 methamphetamine addicts. Robinson described various risks of use (depression and paranoia), as well as the reasons people use methamphetamine ("euphoria, increased libido and decrease in fatigue").

Criminologist Greg Newbold claims that methamphetamine is becoming more popular in New Zealand, especially with the increase in local manufacturing compared to imported sources. Newbold claims that ecstasy is less harmful than methamphetamine because it releases a "natural chemical" into the brain.

*This is a slightly odd claim as methamphetamine works in the same way - it releases dopamine whereas ecstasy releases serotonin. He also says ecstasy cannot become addictive, which others (such as Susan Schenk [22]) would dispute.*

*This article is interesting historically. Methamphetamine has not yet been characterised as 'P', and there isn't any sense of worry in the article. Methamphetamine addicts are 'out there', so to speak. Only a few years later, there was the sense that methamphetamine might reach into schools, or place middle New Zealand at risk of murder at the hands of addicts.*

[131]

Langdon, Christine. 1999. Ecstasy harm `must be publicised'. *The Dominion Post*, 10 July 1999, 7.

This article reports on a *Medical Journal* report which claims that the "lethal effects" of ecstasy must be more widely publicised. It says that ecstasy can cause short and long-term health problems, and that "many users who developed ecstasy-related medical complications died"

*This is a somewhat bizarre claim, given that a ballpark estimate for deaths from ecstasy use is one death per three million uses [77].*

The article goes on to quote Ministry of Health research showing the increasing number of people using ecstasy, and notes that the Ministry is in the process of creating guidelines for nightclubs and dance party organisers, and for drug users "we recognise that people are going to take drugs but we are seeking ways of minimising the dangers".