

It's worth noting that such guidelines were a long time coming in the UK (Collin 1998), and New Zealand may be fortunate to have had the chance to learn from the UK experience. The number of ecstasy-related deaths in the UK might have been lower if such guidelines had been available earlier.

[132]

Larkin, Naomi, and Tony Wall. 1999. Ecstasy: how does it rate? *New Zealand Herald*, 5 March 1999. <http://www.nzdf.org.nz/update/messages/581.htm> [accessed 8 May 2005].

Reports on the debate over re-classification of MDMA from Class B to Class A. Criminologist Greg Newbold rightly points out some inconsistencies in New Zealand's drug laws, especially classification under the Misuse of Drugs Act 1975. Heroin is classified as Class A, while opium and morphine, nearly identical, are treated as Class B drugs. Newbold argues that MDMA is in no way as dangerous as heroin or other Class A drugs, and so should not be reclassified. He says the move to do so is based on scaremongering and sensationalist reporting.

Policeman Colin McMurtie disagrees, pointing out that morphine has medical uses and so should be classified as Class B. (He is correct in terms of the Misuse of Drugs Act 1975, though Newbold's argument is that the Act is poorly worded). Equally, McMurtie says, MDMA was classified as Class B before much was known about it, and it should really be classified as a Class A drug. This does not address the issue of why MDEA is Class C and MDA Class A, when both are very similar to MDMA. Politicians Jenny Shipley, Wyatt Creech and Helen Clark are quoted.

[133]

Little, Paul. 2003. Speed limits. *New Zealand Listener*, 5 April 2003, 16-21.

A methamphetamine epidemic is on the way. Health agencies and police agree that alcohol is worse, but that we can't stop the alcohol problem and we can stop P. This may just be a moral panic, and these change over time²⁹. Methamphetamine use is increasing, and it seems unlikely that enforcement will stop it. Possibly an advertising campaign would work - the drink driving campaign has made young people see drink driving as morally wrong, and perhaps the same would work for P. Police Association head Greg O'Connor says that any campaign needs to start from the viewpoint that drugs are attractive to people - as with cannabis, "kids love that shit".

Methamphetamine is at the root of a lot of crime, says O'Connor.

Health worker Ian Scott says there is no safe level of use - one dose could be fine, or could make you psychotic. It is only treated as a problem now, because it has reached the middle-classes, says O'Connor. New Zealand should adopt the Swedish model of treating users as in need of health treatment, not as criminals.

Scott says we don't know whether users recover from long-term psychosis or not. It might take

²⁹ The article suggests that an 'ideal' current moral panic would be a pitbull terrier from Switzerland, on methamphetamine. The Switzerland reference, which already seems dated, is to New Zealand's America's Cup defeat to a Swiss team. The point that panics change rapidly seems well proven.

years. In the meantime, a P equivalent of methadone is needed, something that can be given to addicts to wean them off the drug. Matt Bowden (later of STANZ) suggests his own product, Frenzy.

[134]

Macleod, Scott. 2002. 'Horror effects' as speed gains popularity. *New Zealand Herald*, 1 April 2002.

A surge in the use of methamphetamine is one of Police Commissioner Rob Robinson's biggest concerns about the latest crime patterns. Methamphetamine is highly addictive and has "horror effects on users, sometimes making them act violently or irrationally". The drug had "the potential to knacker a whole generation of our kids".

Non-cannabis drug crime was up by 6.9%, most of that connected to methamphetamine, and police were busting one meth lab each week.

Statistics show a different story. The percentage of the population using methamphetamine (in any one year) has never gone above 5%, and most of those users take it only a few times and do not experience the extremely negative effects on their mental health that Robinson cites. Police, of course, only see examples of problematic drug use, never the casual user who doesn't bother others.

Presents basic information about methamphetamine, taken from the US National Institute on Drug Abuse website, and from users. One compares it to "a nice cup of coffee in the morning....a wee pick-me-up". Suggests that P (meaning crystal meth) is "in demand because of its purity", but not that it is more harmful than 'regular' methamphetamine.

[135]

Mager, Darrel. 2000. Surfer had Ecstasy in his system. *New Zealand Herald*, 24 March 2000.

Reports the death of Northlander Jamie Langridge, the second person to die after taking ecstasy in New Zealand. The report itself is fairly straightforward, quoting the victim's mother and a police officer as saying the incident should serve as a warning to others.

However, the background information in the article is problematic. The article repeats, word-for-word, comments from a previous article by Auckland coroner Mate Frankovich [151] which over-exaggerate the risks of ecstasy and claim certainty over areas which are still being debated. Frankovich's opinion is presented as facts, and he is not cited as the source.

[136]

Malcouronne, Peter. 2001. Oonst⁴. *New Zealand Listener*, 14 July 2001, 12-13.

Peter Malcouronne attends the Oonst⁴ dance party. " 'Every single person here is on drugs', says Mary. 'Except you' ". Describes the freedom and friendliness of the ecstasy-using dance crowd, pointing out there is "none of the macho posturing that often sours a trip to the pub". The reasons

people take ecstasy, and how they act when under its influence, are described.

[137]

Manning, David. 2000. Ecstasy evolving since 1912 synthesis. *The Nelson Mail*, 10 June 2000, 9.

Reviews the history of ecstasy.

Discusses the Nelson ecstasy scene. Drug counsellor Dr Lee Nixon points out that little is known about the long-term effects of ecstasy, though it seems that depression and cognitive impairment are risks. However "there can be very alarmist warnings about ecstasy, which young people will dismiss as codswallop...[w]hat is required when discussing ecstasy is a balance". Abuse is a possibility, but parents should be 50 times more worried about their kids abusing alcohol.

Club owner Dave White says that alcohol is the trouble-maker at dance parties, not ecstasy. He also points out that a major risk that users might run is that, because ecstasy is illegal, it might be cut with many other substances.

White is correct that adulteration of ecstasy is a risk, although apparently it is not such a problem in New Zealand [141], and a club owner is possibly not an expert on such issues.

[138]

Mannion, Robert. 1996. Taking a trip on the Internet. *The Dominion*, 6 February 1996, 7.

Explores the availability of drug information on the internet, including such well-known names as MAPS (the Multidisciplinary Association for Psychedelic Studies) and Nicholas Saunders, one of the most well-known writers on ecstasy (and founder of ecstasy.org) before his death.

The article takes a sober tone, correctly pointing out that the information available online is sketchy and insufficient to manufacture drugs (and citing biochemist Gordon Lees for evidence). It notes that manufacturing ecstasy requires a well-equipped laboratory, and that the precursor chemicals are hard to obtain.

The risks of ecstasy are presented accurately, and with acknowledgement that whether the drug causes long-term damage is still unknown: "[b]iologists have known the drug causes certain nerve cells to lose many of the projections, or axons, which connect to other cells in the brain. But because the cells can grow new axons the risk of long-term damage has been unclear."

[139]

Manukia, John. 2001. Flying home on the big E. *Truth*, 31 August 2001, 4.

Teenage access to drugs, especially ecstasy, has "never been so easy". A dance party manager says teenagers are buying ecstasy for \$15 (usual prices are \$60 to \$80). "Drugs, alcohol and underage clubbing have spiralled into an explosive situation in Auckland", though the only negative effects cited relate to female behaviour: "[i]t definitely effects the way girls behave. They'll just talk to anybody."

Why this is a problem is not immediately apparent, possibly because the girls are "easy targets for sex-seeking boys and men".

A nightclub bouncer says that the girls don't understand the danger they are putting themselves in, or "how rough and nasty these things can get for someone's bod [sic], man".

Why a nightclub bouncer is considered an expert on the health risks of ecstasy is not explained.

The article essentially presents a 'moral panic'. It pushes alarmist buttons - drugs, out of control girls, sexual exploitation - without any analysis or attempt to understand the situation from the actors' perspective. (Quite possibly the girls are quite happy to be taking ecstasy and going home with strange boys).

[140]

Martin, Bridget. 2002. Sale of drug ingredients to be limited. *New Zealand Herald*, 1 April 2002.

Tough new laws are to be implemented to limit sales of the key ingredients in methamphetamine. National Drugs Intelligence Bureau officer Richard Shurr says New Zealand is considering introducing Australian-style regulations to prevent drug 'shoppers' from buying the ingredients from pharmacists, in the form of cold and flu remedies. This approach is working well in Australia, though it is difficult to control what manufacturers can buy online.

Pharmacy Guild spokesman David Jones discussed the issue from the pharmacists' point of view, noting the huge range of products that contained substances that could be turned into speed, the pressure that pharmacists faced to sell them, and the number of burglaries and raids by those seeking these drugs.

[141]

Martin, Yvonne. 2001. New Ecstasy drug now in NZ. *The Press*, 25 January 2001.

PMA, sometimes sold overseas as ecstasy, has arrived in New Zealand. The article erroneously suggests that PMA is a 'variant' of ecstasy, when the two drugs are chemically unrelated. The only link is that one is sold as the other. PMA is described as being "20 times more powerful than amphetamines" (which is obviously meaningless, as more powerful drugs are taken in smaller doses). The author misunderstands drug terminology, mistaking Double Stacked, the slang for a type of pill, for the slang term for PMA as a substance.

Tony Quayle of the National Drug Intelligence Bureau points out that people should be wary of pills sold as ecstasy "unless they know it is from the same batch, they are taking an unknown drug". He also argues that New Zealand is not ready for setting up drug testing stations in nightclubs, something that would solve this problem. Forensic scientist Keith Bedford claims that most ecstasy seized in New Zealand has been remarkably pure, a surprise given common claims that users "could be taking anything".

[142]

Matthews, Lee. 2003. Methamphetamine use in NZ reaching 'epidemic levels'. *The Evening Standard*, 26 August 2003, 3.

Reports claims from Drug-Arm coordinator Lew Findlay that 5% of the New Zealand population is using methamphetamine, and his argument that this constitutes an epidemic. The source of this statistic is the Foundation for Alcohol and Drug Education. Findlay says that the number of lab busts in New Zealand had doubled in the past year (presumably taking his figures from the police, though the source isn't stated). Both claims seem reasonable, the 5% figure concurs with the 2001 New Zealand Drug Survey [23].

Findlay argues that "information about the dangers of P" needed to be provided to at-risk adolescents: "every teenager". This is perhaps an over-statement, but given that the use of P is not confined to any particular social group, probably not.

The use of language is quite interesting - kids "think they're bullet-proof" - a word that occurs quite often in the anti-drug literature (taken from the play 'ten feet tall and bullet-proof'). Findlay also claims teachers talk about "terrible Tuesdays" - the day when P users 'came down' from the drug, and suffered irritation, exhaustion, and depression. (This phrase is surely a corruption of the "suicide Tuesdays" that ecstasy users (especially in the UK) talk about - a name given mostly out of bravado as a means of downplaying the temporary emotional low that many users feel several days after using the drug).

[143]

Matthews, Phillip. 2001. The lost war on drugs. *New Zealand Listener*, 19 May 2001, p 18-25.

Describes the escalating drug war in New Zealand, including arrests of Sudafed 'shoppers', and the gang link to drug manufacture, including the kidnapping of cooks. Criminologist Greg Newbold says gangs just fill a niche - if they were shut down, others would take their place.

Users say obtaining drugs is easy. Drug seizures are the 'tip of the iceberg', say police. There are calls to reclassify methamphetamine. Newbold argues that methamphetamine is far more of a risk than ecstasy.

[144]

McCalley, Andrew. 2005. P 'kiddie packs' latest ploy. *The Waikato Times*, 24 March 2005.

<http://www.stuff.co.nz/stuff/0,2106,3227794a11,00.html> [accessed 8 May 2005].

"Drug dealers are luring younger people into the methamphetamine drug market" with "kiddie packs", smaller size doses of methamphetamine that are attractive to younger people with less money, but ultimately leading to the customers committing more burglaries to pay for their addiction, says Policeman Mike Whitehead.

It's hard to know from the article if this is a genuine trend or a one-off example, as no evidence is quoted for the police claim. More systematic research might or might not support the claim. Some support comes from the comments of a 'former methamphetamine manufacturer', though all

he says is that smaller deals make the drug more attractive to young buyers, without actually saying that the small deals are taking place.

[145]

McLean, Tamara. 2003. P attack victims seek refuge. *The Manukau Courier*, 24 June 2003.

Women's Refuges are seeing a rise in the number of women whose partners have been using methamphetamine. Refuge workers are dealing with women who they have never seen before, who have been happily married for 20 years until out of nowhere their partner becomes violent. A policeman says that police see at least one case of domestic violence a day where P is involved - and that the violence is of a worse kind than they would typically have seen in the past. Women are reportedly reluctant to leave their partners, because these actions are out of character for them - "they blame the drug, not the man, but this is a serious addiction, not a one-off....you can't separate the drug from the man".

The article says that 20% of abused women have partners who use methamphetamine - but not whether the number of women who are being abused has increased, or by how much. Given that these cases are "new" abusers, it is likely that methamphetamine abuse has led to an increased rate of domestic violence in Auckland (at least) - but there is a lack of information to confirm this.

The article interviews Kerri Brett, Cornell Kluessien, Chic Cooper, and Esther Siliar.

[146]

Moore, Dave. 2002. Minimising harm goal of party. *The Timaru Herald*, 21 January 2002.

Dave Moore, president of the Aotearoa Legalise Cannabis Party, gives his version of the events that occurred at the Gathering dance party, near Nelson, over New Years 2002.

The ALCP were testing the content of party-goers' ecstasy pills, until their service was shut down by police. The tests were designed to show if substances other than ecstasy were present in the pills.

Moore argues that his service identified two pills as containing substances that are potentially far more dangerous than ecstasy - PMA and DXM. He says that ALCP's goal is harm minimisation, that attempting to persuade people not to take ecstasy would be futile, as they would already have determined to do so. Instead he opted to help party-goers identify the substance they were taking.

[147]

Nathan, Te Anga. 1996. Anti-drug group criticises 'herbal ecstasy' adverts. *Waikato Times*, 10 September 1996, 3.

The article reports on advertising for "herbal ecstasy" tablets in the music magazine *Rip It Up*. The Life Education Trust claims that the advertising would encourage children to experiment with harder drugs.

They provide no evidence or reasoning as to why this should occur, and offer some strange comments such as "people using the "herbal ecstasy" tablets could try the pharmaceutical tablets and end up in "pharmaceutical debt to their own bodies", or become statistics in a growing trend of youth suicide." The meaning of "pharmaceutical debt" is not explained, and there seems no a priori reason why taking ecstasy should lead to an increased risk of suicide (though there are a few case reports in the literature that link use of ecstasy or amphetamines with depression and suicide attempts, there do not appear to be any large-scale studies of this issue, and at any rate, causality will always be difficult to determine). They also point to a "growing trend" of youth suicide, when in fact youth suicides are declining.

On the other hand, Nature's Kingdom, the sellers of the herbal ecstasy, make the unproven claim that "It's a herbal product which is much better for you", and seem to believe that, because it is herbal, it isn't a drug. The claim that herbal products are 'safer' than 'chemical' ones is a common one, and would eventually lead to problems as the later generation of legal highs, were branded as 'herbal highs', laying their promoters open to charges that they were misrepresenting their products in order to make them appear safe, even though they aren't actually marketed as herbal anymore.

[148]

NZPA. 1998. Police quiet on Greens' drug test. *The Evening Post*, 25 November 1998, 23.

A balanced though shallow look into the issue of drug testing. The Wild Greens (youth wing of the Green Party) were offering a drug testing service, where they would test samples of pills to determine their actual drug content, with the hope of identifying pills that contained substances other than ecstasy that were more dangerous than ecstasy. Both Nandor Tanczos and Jeanette Fitzsimmons (Green Party MPs) are quoted as claiming that the tests are about education and harm reduction, and that they "don't encourage people to take drugs but. recognise that [they] do".

Policeman Cam Ronald claimed police would "simply enforce the law" and not get into a debate about the tests, pointing out the penalties for supply of ecstasy. Auckland barrister David Jones points out that a person handing the drug to the Green Party testers would technically be guilty of supply³⁰.

[149]

NZPA. 1998. Influx of new drugs feared. *The Press*, 26 October 1998, 9.

This article is interesting primarily because it contains the first mention of ice (and perhaps of methamphetamine). The use of stimulants in New Zealand is on the rise, including ecstasy and cocaine. Ecstasy is linked, probably inaccurately, with violence: "people who took uppers, which

³⁰ Testing kits are widely used overseas, and testers have developed routines to avoid being guilty of an offence. For example - the user is handed a knife and asked to scrape some of the pill onto a plate, onto which the tester pours the testing liquid. The tester is never in possession of the pill, and testing completely destroys the sample ("TheGamer" (UK drug tester), personal communication, 1998).

include the designer drug ecstasy....get in fights, they're more destructive". Ecstasy users are not, typically, violent.

The article illustrates the difficulty with drug names, something seen commonly with reporting of P. P has been taken to stand for "pure" methamphetamine (e.g. a very highly concentrated version of the drug, as opposed to normal methamphetamine, or speed, which is typically only about 10% pure). Others use "P" to refer to the smokeable form of methamphetamine. The smokeable form of methamphetamine is also sometimes known as ice, as in this article.

Later articles [92] refer to ice as a "new" threat to New Zealand. A common theme in the media is the claim that a new (and always more dangerous and addictive) variant of an already-known drug is about to arrive in New Zealand. The imminent arrival of ya ba (a Thai form of speed), crack, ice, and PMA have all been wrongly predicted.

[150]

NZPA. 1998. Clubber's death may be NZ's first Ecstasy fatality. *The Evening Post*, 22 October 1998, 9.

Reports the initial investigation into the death of Ngaire O'Neill, New Zealand's first ecstasy fatality. Drug counsellor Simon Nimmo discusses ecstasy-related deaths, correctly mentioning water intoxication as a potential cause of death. (O'Neill did in fact die from water intoxication).

Auckland policeman Lance Burdett claims witnesses informed him that O'Neill's drink was spiked - "if that was the case then it's a homicide". Paul Johnson, head of security at the club, says that ecstasy is too expensive to be used to spike drinks.

This makes sense, though it is seldom heard in New Zealand. While drink spiking certainly occurs, using a stimulant such as ecstasy, that doesn't dissolve well in water, to render someone unconscious seems unlikely.

[151]

NZPA. 1999. Ecstasy death trend warning. *The Dominion*, 22 January 1999, 10.

Following the death of Ngaire O'Neill, the Foundation for Alcohol and Drug Education (FADE) states that there are likely to be further deaths from ecstasy and argue that it should be re-classified as Class A.

Coroner Mate Frankovich says "we have lost a very attractive young woman who, I'm satisfied, was completely unaware of the effects of this dreadful drug" and makes some dogmatic statements about the health risks of ecstasy, which have yet to be proven. The explanation of her death shows a misunderstanding of the nature of water intoxication.

Frankovich's reflect the archetype of the young, attractive, innocent female ecstasy victim. The most famous ecstasy deaths are always female (O'Neill, Leah Betts, Anna Wood). Male users tend to be seen as either predators (spiking females' drinks); as gung ho (aware of the risks, but taking them anyway); or as possessed of a tragic flaw, losing a promising career to drugs (e.g. Simon

Poelman).

[152]

NZPA. 2001. Heat goes on authorities to stop flow of party drugs. *The Dominion*, 17 October 2001, 11.

Claims that the demand for amphetamine type substances such as speed and ecstasy is increasing, and that police and customs are under pressure to deal with this problem. Says that Police have called for more powers to deal with the problem, including reclassification of methamphetamine. Reports Police claims that crimes are increasing as a result of the spread of methamphetamine - both because gangs are kidnapping family members of drug 'cooks' in order to force the cooks to work for them, and because addicts are committing burglaries to pay for their drug use. Curiously, the burglary rate overall is down, but those who are committing burglaries are doing it to buy drugs.

The article claims that a new and powerful form of speed has come on the market, known as ice or pure. This is quite interesting because the media would claim again, in 2004, that ice was a new drug, more powerful than P. As this article makes clear, ice and P are different names for the same substance, crystal methamphetamine, the smokeable version of methamphetamine.

While this article isn't particularly interesting on its own, it is interesting when read in combination with other articles that show that the media unquestioningly accepts police claims about the nature of the drug economy in New Zealand, without examining its own records to show that police claims contradict each other over time.

[153]

NZPA. 2001. Ecstasy user tells why it attracts her. *The Evening Post*, 11 April 2001, 16.

Interviews a Nelson woman who describes taking ecstasy at the Gathering dance party. It brought on feelings of euphoria, made her happy and talkative and want to touch people. She experienced only minor side effects (fatigue; a sore jaw).

It's worth noting that the woman had only used ecstasy twice. New users often experience what is known as a 'honeymoon' period, where they experience no negative effects, and very strong positive effects, from their ecstasy usage. The article might have been better if it had also interviewed a more experienced user.

The article is at pains to point out that the 19-year-old woman is "an A-bursary graduate and former school council member". It also notes that she knew Dai Bowden, the Nelson man who was the third New Zealand ecstasy fatality.

[154]

NZPA. 2001. Taupo `awash' with hard drugs. *The Dominion*, 13 October 2001, 5.

There has been a sharp rise in the use of "hard" drugs in Taupo, with police arresting a group of

people on charges of supplying methamphetamine. Police say that abuse of amphetamines is the cause of the increase in violent offending, and that much of the crime in New Zealand is the work of drug abusers.

The article claims that "nice" people are involved in buying speed, "not just the criminal element or dance ravers", but people with "nice homes and good jobs", according to policeman Graham Bell.

The article reports these comments uncritically, but they deserve further examination. Firstly, 'ravers' would object to being compared to criminals. Secondly, there is the implied distinction between people with nice homes and good jobs, and ravers. Leaving aside the fact that many ravers are actually gainfully employed, drawing such distinctions is bad from a policing point of view. If one assumes that "nice" people don't use drugs, one is unlikely to attempt to police drug crime in "nice" areas. This will result in more arrests of working class people, fuelling the belief that they are the ones who use drugs, and increasing the amount of police surveillance they face.

[155]

NZPA. 2002. Drug-making gangs purchase materials online. *The Dominion*, 10 January 2002.

Reports that gangs involved in the manufacture of methamphetamine are turning to the internet in a bid to import the raw materials needed to make the drug. Policeman Bill Bishop says that increased vigilance among pharmacy staff is making it harder for gangs to acquire pseudoephedrine (which the article misspells as "pseudoethedrine" all the way through), an ingredient in cold remedies that can be turned into methamphetamine.

The article is reasonably well-written with quotes from a Customs official as well as Detective Superintendent Bishop on issues surrounding online purchasing. It does tend to veer towards the obvious (one wonders when the media will stop writing about something that happened 'on the internet', as if it is a strange place disconnected from the real world. No-one writes articles such as 'drug gangs using telephones to set up deals').

[156]

NZPA. 2002. Ecstasy drug use spiralling say police. *Stuff*, 4 December 2002.

Police claim that use of ecstasy is "spiralling" in New Zealand, based on a 2000 per cent increase in the rate of seizure of the drug over the previous two years.

Police claim that dealers make huge profits, because tablets can be made for \$1 and sold for \$80.

They don't explain that the drug would have passed through many middlemen by the time it reached the street.

Police claim that "over three or four nights a week [ecstasy] becomes a reasonably expensive habit" - an absurd claim, as no-one in New Zealand takes ecstasy this frequently [23], and it would have almost no effect on them anyway, due to serotonin depletion. Police suggested that "[o]nce [children] get dragged into the drug sub-culture a lot of their normal friends won't want

to know them because of that violent, paranoid-type behaviour" - also an absurd claim, possibly relevant to methamphetamine, but not to ecstasy.

[157]

NZPA. 2002. Drug strategy distant. *The Evening Post*, 8 April 2002, 2.

Police are a long way from developing a national plan to deal with methamphetamine trafficking, says Police Association president Greg O'Connor. The Association warned in 1998 that New Zealand was being swamped with methamphetamine.

Criticism is often directed at politicians for not providing the police with enough resources, yet this article shows that Police do not have a plan to deal with the problem, in spite of knowing it was on its way.

[158]

NZPA. 2004. Legal party drugs sold without labels dangerous: watchdog. *New Zealand Herald*, 23 December 2004. http://www.nzherald.co.nz/index.cfm?c_id=1&ObjectID=9004405 [accessed 11 May 2005].

A 'turf war' between Christchurch social tonic retailers is leading to an increase in hospital admissions among young people. Ross Bell of the Drug Foundation alleges that BZP-based products are being sold in high doses and in unmarked bags, so people take more than they expect, and exceed safe doses.

Matt Bowden of STANZ tells users to avoid products that lack dosage information. He says that most manufacturers take a responsible approach to the marketing of their products. Bowden does admit that there is a problem in Christchurch, noting that far more users are turning up at hospital with problems in Christchurch than in Auckland.

[159]

Perry, Keith. 1999. Police fear new killers as Ecstasy use soars. *New Zealand Herald*, 22 January 1999.

Reports that ecstasy use in New Zealand has "soared", and claims that the "lessons" of the death of Ngaire O'Neill are being ignored by drug users.

Some factual information on O'Neill's death is provided, including an explanation of water intoxication. The article refutes earlier claims that O'Neill's drink was spiked, quoting her friend Jason Leota as saying she had previously used ecstasy, and had been advised to claim that her drink had been spiked in order to avoid a drugs charge.

Scaremongering claims are made about the imminent arrival in New Zealand of ecstasy "derivatives" that are "33 times more powerful than ecstasy". Neither of the drugs mentioned, DOB or 4MTA, is chemically related to ecstasy. The claim that they are 33 times more powerful is superficially scary, but actually meaningless - if one drug is more powerful than another, then

users merely take less of the drug to achieve the same effect.

It's worth noting that these drugs never arrived in New Zealand in any significant volume.

The article interviews Dr Les Galler, and Mike Small of the National Drug Intelligence Bureau.

[160]

Philp, Matt. 2002. Gangland rising. *Metro*, (Jun): 34-45.

Gang crime is increasing in Auckland, especially methamphetamine manufacture. The rise of P is basically a marketing gimmick, as the purity of "P" varies from 45% to 92%. P use crosses social boundaries - it can be used by students, by small businesspeople in need of energy, or by those who want to spend all night talking in online chatrooms.

Gangs are increasingly run like businesses, with conflict between gangs only occurring when the market is tight. This may be the beginning of true organised crime in New Zealand. The manufacturing scene is characterised by paranoia, made worse by the effects of methamphetamine, and by the fact that manufacturers do many people are out to rip each other off.

Criminologist Greg Newbold disputes that most manufacturing is gang-related. Newbold suggests that police opposition to gangs relates to money, not drugs - that police would stop gangs from getting liquor licenses or making money legitimately. There is no evidence of an epidemic, and most people who use methamphetamine will not develop a problem.

This last claim is confirmed by research, e.g. [24].

Newbold argues that the connection between general crime and methamphetamine is not proven - the people who use meth tend to be part of the criminal subculture already, so proving cause and effect is difficult. Police think differently, though. Most methamphetamine-related crime happens to people involved with the drug, not civilians.

Discusses the process of acquiring ingredients for different drugs, the increasing number of laboratories being seized, and the dangers of the manufacturing process.

[161]

Philp, Matt. Dancing in the dark. *New Zealand Listener*, 1 Apr 2000; 26-27.

Jamie Langridge died at an Auckland dance party, the second person to die from using ecstasy in New Zealand. Rumours abound that party-goers had water confiscated before they could enter the venue, though water was available, and St John's Ambulance staff were present. Langridge apparently took a combination of ecstasy, methamphetamine and alcohol, though this is not confirmed. Police photographed all party-goers after the death, and *Pavement* editor Bernard McDonald claimed they are 'building a dossier' of potential drug users and dealers. Police denied this.

Philp says that the deaths of Langridge and Ngaire O'Neill are being used to demonise ecstasy, when going fishing is more dangerous. The Ministry of Health has published harm reduction material, but it may not be reaching the right audience.

[162]

Quaintance, Lauren. 1999. The agony over ecstasy. *North and South*, (Jun): 52-58.

Ecstasy use is rising in New Zealand, and users are often middle-class, with good jobs. Dealers are demonised, but they are often "our children". Other drugs are worse.

The history and effects of ecstasy, including examples of overdoses, are described. Centrepoin leader Bert Potter apparently imported ecstasy in 1989. The drug is not, contrary to myth, often 'cut' with hazardous substances. Prime Minister Shipley says it is "dangerous, not fun", and plans to reclassify it as Class A. Researcher Richard Laverty can't understand why people think it is so dangerous - there are many claims of damage, but evidence is inconclusive. Karl Jensen, an international expert who has worked in New Zealand, agrees.

Police have few powers to deal with ecstasy - fewer than with cannabis, due to a legal anomaly. Thus the need to reclassify. But police wanted all amphetamine derivatives reclassified - the government only moved on ecstasy, a shock to the police, according to Paul Berry. Laverty agrees that methamphetamine is far worse. Michael Webb, ex-Ministry of Health, is against reclassification, and argues that the focus on ecstasy is a moral panic, occurring primarily because the victims, such as Ngaire O'Neill, are 'nice', middle-class people - not 'druggies' hooked on opiates or sniffing glue. Sally Jackman of FADE argues that it is hypocritical to lower the drinking age and at the same time crack down on ecstasy. Gillian Durham, Director of Public Health, defends this approach.

[163]

Revington, Mark. 2004. Heavy traffic. *New Zealand Listener*, 25 September 2004, 26-29.
<http://www.listener.co.nz/default,2628.sm> [accessed 15 May 2005].

Customs and Police are "facing a dramatic increase in the flow of illegal drugs across borders". Increasingly, drugs are being imported into New Zealand for the New Zealand market, rather than suppliers using New Zealand as a staging-post to smuggle drugs into other countries.

Drugs can be bought cheaply overseas, and sold for a high profit in New Zealand. Ecstasy is one example, and the precursor chemicals used to make methamphetamine are another. Short-stay Asian students are becoming involved in smuggling precursor chemicals into the country.

Drug syndicates and smugglers are incredibly sophisticated. Examples of smuggling, such as hiding methamphetamine in the fluid inside lava lamps, are given. Customs doesn't know how big the market is, or what percentage of drugs they are seizing. They do think that they are getting better at seizing drugs, based on comparing how much the seize with surveys of drug usage.

[164]

Ross, Tara. 2003. Speed Thrill. *The Press*, 26 September 2003, 6.

Psychiatrist Roger Morgan describes the mental health risks posed by P. Morgan says that one in 16 users will develop a psychotic illness from only one use of the drug.

Morgan is clearly an expert, but this claim seems odd, unless he has been misquoted - if one in 16 P users do develop psychiatric problems, then the streets would be full of these people. Possibly Morgan was including temporary mental health problems in this figure - the article is unclear.

The article reports the United Nations report [74] into amphetamine-type substances, noting that the report says the risk of such substances is under-rated. The article does not mention the report's claim that New Zealand has one of the highest rates of methamphetamine abuse in the world.

The article continues with a summary of high-profile criminal cases that have been linked to P, and provides a few statistics, such as the history of methamphetamine (prescribed medically in the 1950s, though in smaller doses than taken recreationally today), and provides facts about the use of amphetamine-like drugs worldwide.

[165]

Saunders, Anna. 2005. Free party pills given out at nightclubs. *The Dominion Post*, 25 May 2005. <http://www.stuff.co.nz/stuff/0,2106,3291391a11,00.html> [accessed 25 May].

Various dance party promoters have been giving away social tonics to attendees at their events. Event manager Darcy Gladwin claims he has no problem with this and points out that the pills are not illegal. He says giving away the pills is comparable to providing a complementary drink on arrival. Bodega owner Fraser McInnes said he hadn't realised the pills were being given away, and says his bar does not sell them, as customers who take them spend less on drinks. Ross Bell of the Drug Foundation said that giving pills away in a licensed environment was irresponsible, and welcomed proposed law changes that would make giving them away illegal.

[166]

Schmidt, Veronica. 2001. The energy and the ecstasy. *Metro* (Jan): 76-81.

Discusses the drug culture in Auckland. Users see ecstasy as better than any other experience in their lives. They compare the health risks favourably with those of alcohol, though critics note one beer won't kill you.

Ecstasy is expensive, so users are young and well-off. It's an urban drug, because it is best experienced in a crowd, says policeman Colin McMurtie. Most users are not criminals, but many are second or third tier drug dealers, selling to their friends. They don't see this as dealing, and don't feel threatened by the law or by health risks.

An older user claims the scene has changed, that it used to be more about the music, and now is populated by people who are just there for the drugs. The earlier scene was exclusively a rich

crowd, though, the article adds.

[167]

Sinclair, Robyn. 1997. Psychological impact of ecstasy main problem. *NZ Doctor*, 20 August 1997.

Reviews the risks of ecstasy, concentrating on the mental effects.

Correctly notes issues such as the onset time and duration of effects, how the drug works (stimulation of central nervous system and production of serotonin), and possible health issues.

The suggestion that high doses of ecstasy may lead to "violent irrational behaviour" is highly debatable. Anyone familiar with ecstasy would agree that it reduces incidences of violence - fights are basically unknown at events where those present are using ecstasy.

Suggestions that user mood and the situation the drug is taken in (often known as 'set and setting'), as well as strength and purity, and previous experience with the drug, moderate the way an individual user reacts to the drug are perceptive and often under-reported.

A GP and a drug counsellor explain that GPs are unlikely to see patients with full-blown addictions to ecstasy, though psychological dependence is possible and patients may present with depression which may be exacerbated by this. Patients are more likely to present with psychological than physical problems from the use of ecstasy.

This conclusion seems valid and is probably under-reported in the mainstream media, who tend to focus on the more dramatic, but much rarer, cases of death or physical illness.

[168]

Sinclair, Robyn. 1998. Not much fun on ecstasy. *NZ Doctor*, 10 June 1998.

Anti-drug lobby group FADE claims that the costs of taking ecstasy are too high, with "the main risk being the tablets....may not be ecstasy". FADE quote a study showing that only a minority of pills sold as ecstasy contained pure ecstasy, but do not state if this was a New Zealand study. Some pills contained ketamine, which the article incorrectly calls a horse tranquiliser.

The article is factual and to the point, noting that dangers of ecstasy include overheating and mental health problems "in the days following ecstasy use" (the article doesn't mention death through water intoxication, which is actually more relevant to the New Zealand context as at least 2 of the 3 people who have died from taking ecstasy died from water intoxication.) The article is conservative in its claims, stating that many long term users suffer short-term problems, rather than implying that all users do, or that these problems are long lasting - claims for which there is still insufficient evidence.

[169]

South, Kristian. 2002. Battle rages over speed and power. *Truth*, 27 December 2002, 5.

Reports that a gang war is simmering in Auckland, as Black Power president Mark Pittman takes an anti-methamphetamine stance and demands that his members stay away from the drug: "[t]hey have been told not to sell P on the streets and to only sell pot", says a source. Pittman even appeared on TV discussing the perils of methamphetamine. However another Black Power chapter is unhappy with his actions, saying he cannot tell other presidents what to do. The chapter responded to his call with threats of violence, but Pittman said he "wanted no war and that his cause was a just one".

Given the source, it is hard to know how true this article is, though it is interesting that Pittman is named, and that he appeared on television. This gives the article more credibility than the usual anonymous sources. It is interesting to see a gang member, so often portrayed as the key figures behind the rise of methamphetamine manufacture, openly speaking out against the drug - although one must question how serious he is, or whether he is really telling his members to stop using the drug themselves, but not to stop supplying it.

[170]

South, Kristian. 2003a. Cops brace for wave of deaths. *Truth*, 31 October 2003, 5.

Inaccurate scaremongering that claims "cops and health services" are bracing for "a wave of overdoses" that "could kill large numbers of people", as MDMA reaches New Zealand. MDMA is a "highly pure, highly-addictive form of ecstasy, in powdered form, with effects similar to a mixture of P, ecstasy and cocaine". Simon Williamson (Customs) claims it is much purer than regular ecstasy, and an Auckland police officer offers opinions on the dangers of the drug. *Both would seem unqualified to speak on this subject.*

MDMA is not a 'form of ecstasy'. Ecstasy is the slang name for MDMA. Pills are made from powder pressed together. The powdered form is not "more pure" - either form can be pure or cut. MDMA is not like "a mixture of P, ecstasy and cocaine", it is ecstasy.

None of these predictions came true - there have been absolutely no deaths from MDMA usage since this article was published.

[171]

South, Kristian. 2003b. Kiwi teens' drug hell. *Truth*, 22 August 2003, 9.

New Zealand teenagers involved in the rave scene are using drugs heavily, with no awareness of the risks. A *Truth* reporter was offered drugs at a rave where party-goers were "smoking P like it was going out of fashion and popping pills like they were candy".

Such blatant public use of drugs, even at a private party, seems unlikely, as does smoking P (rather than snorting it), which requires paraphernalia that users would probably not take to raves.

An unnamed doctor claims that it was about time users "knew the risks rather than the propaganda they're getting from the dealers". No attempt is made to discover whether or not teenage ravers DO lack knowledge about drugs.

The article overstates the risks of drugs: methamphetamine is "proven to cause irreversible psychosis" (the irreversible is a falsehood); ecstasy users can easily "drink excessively and drown internally". Death from over-drinking is possible, but hardly easy or common.

[172]

South, Kristian. 2003c. Sickos swap pure speed for teen sex. *Truth*, 27 June 2003, 3.

Reports that Auckland men are travelling to Northland to have sex with teenagers and children in exchange for methamphetamine. Evidence is provided by anonymous quotes. "An uncle of a victim told *Truth* the sickos hired motel rooms or camping ground cabins where they took addicted schoolkids for sex and drugs."

The article then quotes local MP John Carter, whose willingness to go on the record suggests that these events are really occurring - or at least that Carter truly believes that they are. Carter told Truth that a community group had been set up to combat the problem, and that it needs to be publicised. He then claimed that 20% of his electorate's intermediate-age children were prostituting themselves in exchange for P - a remarkably high figure and surely a mistake, given that only 11% of the total New Zealand population have ever used stimulants of any kind, according to the 2001 New Zealand Drug Survey [23].

[173]

Sperber, Hannah. 2003. The Princess & P. *North and South*, (Dec): 36-45.

Describes the experience of 22-year-old Aucklander Emily Quelch, who became addicted to methamphetamine in 2002, and spent most of that year in trouble because of the drug, becoming a dealer, losing her daughter, her job and her driver's license. Reports on her arrest and imprisonment, and rehabilitation. Describes how she did not even know where she was during her court appearance, and suffered from depression and short temper after returning home to her parents' house. Explains some of the reasons she began using: to give her the energy to cope with study, a job and a child; and to lose weight. Drug counsellor Stuart Anderson says she fits the profile of a professional user, who takes methamphetamine to help with work or study.

Describes her early life and how she began using methamphetamine - accepting it for free from friends who were manufacturing the drug, then falling into a trap for the unwary: "accepting the drug gratis for a week, then panicking when the colossal and unexpected bill -- sometimes with the option of sex to pay -- arrives with the comedown. Emily circumvented that trap: one of the meth cooks later became her boyfriend."

Describes the negative effects of the drug on her, and how her parents are supporting her in recovery.

[174]

Stevens, Mark. 2002. Police Vespa bar raid labelled draconian. *The Evening Post*, 27 June 2002, 3.

Reports opposing viewpoints on the police raid on Wellington bar Vespa. The police sealed the bar and searched all 120 patrons present, arresting four for possession of methamphetamine and ecstasy. NZ Council for Civil Liberties secretary Michael Bott said that the police had no right to detain and search everyone present "simply because of where they were". He claims the police actions were a breach of the Bill of Rights.

Police Senior Sergeant Steve Vaughan said that no complaints had been made and the search was conducted professionally. He argued that it was "an absolute disgrace" that methamphetamine was "available at inner-city bars", claiming that the bar staff themselves were selling the drug and that Bott should direct his concerns at the bar. Bott pointed out that anyone seen with drugs by police could have legally been searched in private, rather than involving the whole bar.

The article allows both sides of the story to be presented, though it might have been more informative if it had presented more comment from patrons who were at the bar - one patron is quoted, but provides little information. The article doesn't go to the effort of considering for itself whether the police actions might have been illegal, or attempt to find a legal expert to speak from a neutral point of view.

[175]

Swain, Pauline. 1997. A controversial designer drug is becoming more common in New Zealand. *The Dominion*, 7 June 1997, 19.

Describes the nascent ecstasy scene in New Zealand. Accurately reports health issues, although slightly alarmist.

Ecstasy is rare in New Zealand. according to a drug counsellor, an officer from the National Drug Intelligence Bureau, and (bizarrely) an article in a student magazine.

Ecstasy can be purchased by approaching someone 'dancing energetically' in a Wellington nightclub, and asking them where they got their ecstasy.

It seems unlikely that such an approach would be effective, given that the drug is illegal.

The history of ecstasy is reviewed. The suggestion that it was "freely available....as a psychotherapy tool" in the US in the 1970s is an exaggeration - some therapists made use of the drug, but it was not widely used (Collin 1998).

The article title is inaccurate - ecstasy is not a designer drug.

The article does correctly point out that, while ecstasy induces emotional closeness, it often dampens sexual desire (the myth that ecstasy is a sex drug is presented frequently in the media).

[176]

Swinney, Clare. 2003. Dark fire inside the drug biz. *Investigate*, (Oct): 36-43.

Methamphetamine used to be for an elite group - lawyers and gang members. It is now becoming more widely used, thanks to a deliberate strategy to market it to the middle-class. People "don't know what hit them" - P is much more powerful than other drugs they have taken.

The problem for police and government is that they have "cried wolf" before, notably over marijuana. Users are less likely to believe that P is really dangerous. Police should target suppliers not users, says a user. Changes to Class A won't affect usage of the drug.

P is destroying gangs, says this user, so it is actually good for police. Chris Wilkins says it is being manufactured by individuals within gangs, rather than by gangs themselves. He suggests P may occupy a similar status as alcohol did under Prohibition.

There are suggestions that domestic violence is increasing as a result of P. Many Women's Refuges have come forward to make this claim.

[177]

Taylor, Phil. 2002. 'His body language, his eyes. He was going to kill me'. *Sunday Star-Times*, 15 December 2002.

A profile of RSA triple murderer William Bell, of interest because Bell's actions are often blamed on his heavy methamphetamine use in the months leading up to the murders. Bell, though, has a long history of violent crime - he nearly killed a man, "looking for....the rush he gets from random violence". He has an anti-social personality disorder and a long criminal history: "[h]e was nine when first caught for stealing and has amassed a criminal record six pages long....he was a ward of the state".

This suggests that the link between his crimes and his drug use is more tenuous than often claimed. Using methamphetamine regularly probably did not help his mental state - but Bell was already a violent and disturbed man long before he began using the drug. Yet he is constantly held up as an example of the evils of methamphetamine.

[178]

Taylor, Steve. 2003. Utopian fantasy is poles apart from drugs reality. *New Zealand Herald*, 7 October 2003.

An opinion piece responding to calls from Green MP Nandor Tanczos for cannabis to be legalised, in order to break the link between that drug and methamphetamine. Tanczos argued that the illegality of cannabis meant users bought the drug from suppliers who also offered access to P, meaning users were more likely to try P. Taylor, a drug counsellor, argues that this proves that Tanczos acknowledges that cannabis is a 'gateway drug' (though Tanczos's argument is somewhat removed from the usual definition of a 'gateway drug'). Taylor argues that legalising cannabis will increase the number of supply outlets (though he misses the point that these legal outlets would not be selling methamphetamine). He suggests, quite possibly correctly, that

legalisation will increase the usage of cannabis (though arguably anyone who wants to use it already does so, given its easy availability and the low risk of punishment).

Taylor writes "Mr Tanczos stated that "most people who use cannabis never use hard drugs". This is a bold statement in the absence of any evidence".

In actual fact Tanczos' argument is correct, based on the available evidence (the percentage of New Zealanders who have ever tried cannabis is over 50%, those who have ever tried any other drug is 22% [23]).

Taylor writes "in my experience, it is rare to work with a client in the alcohol and drug addiction treatment field who uses cannabis to the exclusion of other substances".

This is perhaps his problem - he sees the issue as a drug counsellor. He doesn't see many people who use cannabis alone, because they don't have drug problems. The people he sees with problems with harder drugs also use cannabis.

After criticising Tanczos for drawing a distinction between the danger posed by P, and that posed by cannabis, Taylor writes "[m]ost P users believe P to be a recreational party drug stimulant that is no different to, say, Ecstasy or Fantasy. It would appear they were wrong".

Taylor appears to be arguing that P is far more dangerous than ecstasy, exactly the argument he criticises Tanczos for making.

[179]

Umbers, Lee. 1998. Dangerous "love drug" back on the market for parties. *The Sunday News*, 27 December 1998, 3.

Aucklanders are still taking ecstasy, and may be taking more than ever, even though it 'killed Ngaire O'Neill'. (The inquest had not been held at this time). An un-named source says it was the first time she had taken ecstasy (later shown to be incorrect). There are risks in drinking too much fluid (this turned out to be the cause of O'Neill's death). Ecstasy does not dissolve completely in water, and also tastes vile, "making it hard to spike a drink" (it was alleged that O'Neill's drink had been spiked).

Ecstasy is "dangerous" because users become too trusting.

Pills are "manufactured in England and imported through Australia", and the effects of ecstasy last "12 to 24 hours for a novice" (something of an exaggeration).

The article's sources are anonymous, and don't seem particularly well informed.

[180]

Walsh, Rebecca. 2003. Alarm over amphetamine babies. *New Zealand Herald*, 25 June 2003.

Reports that an increasing number of babies are being born to women who use

methamphetamine. While this initially appears alarming, and the article is backed up by interviews with named medical professionals, close reading shows that there is no medical evidence that maternal methamphetamine use is harmful.

The article discusses the problems caused by maternal use of opiates, and notes that a similar number of babies are now being born to methamphetamine users. Then "two babies, born as drug addicts, are going through withdrawal", which might lead a casual reader to believe they are the babies of methamphetamine users. In fact, their mothers used opiates - a completely different class of drugs.

The article eventually notes that no women have been found who used methamphetamine all the way through their pregnancy - all stopped as soon as they learned they were pregnant - though doctors speculate (probably reasonably) that many women are not admitting their use. Dr Carl Kuschel notes that doctors don't know what the impact of meth use was on a baby's brain development, or whether it would lead to addiction.

However, meth is "a drug that people become dependent on very quickly", making the possibility of babies being born addicted a realistic one.

While this article is far more well-researched than the equivalent Truth articles, it still conveys the impression that there is a known, serious problem of babies with drug-abusing mothers. The actual evidence does not yet exist to support this claim. [Obviously, it would be safest to assume that maternal drug use could be dangerous to the child].

[181]

Warren, Amanda. 2005. Call for nos shop to go. *The Press*, 12 April 2005, 4.

New Brighton parents were attempting to close a social tonic store, Herbal Heaven. They were concerned that their children might purchase BZP and NOS. They objected to litter and vandalism at a nearby school.

Some concerns seem over-stated, including a fear that children would catch hepatitis from discarded NOS canisters or balloons.

There was little discussion on whether the drugs are truly harmful, whether the store should be held responsible for littering committed by its customers, or whether the parents, not the store, should be responsible for policing their children's actions.

[182]

Watson, Lois. 2002. War on drugs begins. *The Press*, 18 December 2002.

Reports on government decisions to take "tough new action" against methamphetamine manufacturers. The first step is the reclassification of methamphetamine from Class B to Class A, approved by Cabinet. Police officers, and Minister George Hawkins, are quoted as approving of the move, noting that it gives them additional powers to search for the drug.

Head of the Ministerial Action Group on Alcohol and Drugs, Jim Anderton, said the move was "an unequivocal message to manufacturers of the drug that they would face the same sanction as murderers". "This is a declaration of war. We don't intend to give any quarter. There will be nowhere to hide," he said.

[183.]

Wynn, Kirsty. 2002. Dance of death for teen ravers. *The Sunday News*, 31 March 2002.

Raves are deadly, drug-fuelled events. Doctor Tony Smith warns "we have already seen a death [from Fantasy] and no doubt we will see more".

There have been "a number of ecstasy-related deaths", and there will be more, until "young ravers realise how dangerous the party drugs are".

None of the people who have died from drugs were 'teen ravers', and the number of ecstasy-related deaths is only three, and has not increased in years, implying drug users may have learned harm reduction strategies, and that the articles predictions are wrong.