

DRUG & ALCOHOL

A W A R E N E S S

*Would you recognise illegal drugs
if they were in your home?*



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FROM THE CHAIRMAN



The illegitimate use of drugs has a detrimental effect on our society, we have seen examples of drug induced offenders taking the lives of innocent citizens and children, we are aware that dishonesty offences are committed by the drug addicts need to purchase illegal drugs and we are aware that fatal motor accidents are caused by those intoxicated through the consumption of drugs and alcohol or a mixture of both.

The result not only results in a tragic loss of life, but also leads to the disintegration of the family unit in which our most vulnerable should always feel safe. Our families are our future, and we must nurture, value and protect them. The Police will always do what they can to prevent violence and apprehend offenders, but often they are alerted too late – the damage has been done.

The frustration is that many cases are preventable. In most instances, someone knows about previous violence and/or the drug and/or alcohol problems of the abuser. In some cases, the abuser knows full well the consequences and effects of taking illicit drugs such as “P” or binge drinking, but will not take responsibility for their actions.

As a community, we can do a lot to curb the growing problem of drug abuse. Relatives, friends and neighbours must report what they know, even if their knowledge is restricted to events that merely lead to suspicions. Lives might be saved if they talk to the Police, social workers, or even trusted friends. Abusers also know what they are doing – they have a choice about whether to take substances that can lead to violence. They must take responsibility for seeking help that can make them better parents, better partners, better workmates and better members of the community. Friends and family can be key motivators in getting them to find that help.

This booklet has a strong focus on methamphetamines, or “P”. This drug is very addictive and very detrimental to the physical and mental well-being of the user. Legal, herbal-based drugs have also appeared in recent years, the market for such substances is believed to be worth about \$25 million a year. Although they can be sold to anyone aged over 18, some intensive research is being carried out to establish just how dangerous they might be. While they might seem to be safe in themselves, it is clear they are being taken by young people in combination with alcohol and other drugs. They are banned in Sweden, the United States, and in some Australian states.

This booklet has been produced to help acquaint parents, at-risk teenagers and concerned individuals with the facts about drugs. We have focused on methamphetamines because they represent a disturbing change in the New Zealand drug scene.

New Zealand Police want to reduce the supply of illegal, harmful drugs and make our community safer. Armed with the right information, we hope you can help.

Inspector Dave Montgomery
Chairman, The Managers' Guild Trust



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DRUGS

THE GOOD, THE BAD, THE UGLY

Drugs can be good, bad and ugly. We sometimes need the good drugs to help fight illness or ease our physical and emotional pain. They are made to a standard that is monitored and we know what we are getting. They result from painstaking development over many years. The labelling is on the packet and they are sold over the counter as reputable brands. Sometimes they need a doctor's prescription and are issued by a pharmacist.

They are the good drugs ... but this booklet is more concerned with the bad and the ugly drugs. These drugs are addictive, have all sorts of unknown ingredients, and can be dangerous – even fatal.

They are associated with crime. Some drug-related offences are now being viewed as a significant social threat to the country. These activities are having an unprecedented effect on health, jobs, productivity and community cohesion in New Zealand.

Cannabis remains the third-most used drug in New Zealand after alcohol and tobacco. Cannabis-related offences are down from what they were, but non-cannabis drug crimes, which include amphetamine-type substances, are up.

The movement from cannabis to synthetics began in the late 90s. In 2000 the Police saw significant changes as methamphetamines, Ecstasy and GHB (*Gammahydroxybutyrate*, also known as Fantasy or the date rape drug) became widely available.

These “party” drugs can be made at home, the ingredients are readily available and they are very addictive. The chemicals are usually made in China and

groups known as Triads, in co-operation with New Zealand gangs, are often the importers. New Zealand is a prime target in the international drugs trade because the market is so lucrative. The gangs control the trade to ensure that competition is minimal and prices are kept high.

Survey shows serious abuse

A survey called *The Socio-Economic Impact of Amphetamine Type Stimulants (ATS) in New Zealand* was conducted in 2001 for the Police by the Centre for Social and Health Outcomes Research and Evaluation, Massey University, in Auckland. The results were issued in 2004. ATS's are illicit synthetic drug types that include methamphetamine, Ecstasy and crystal methamphetamine (known as Ice).

The research showed that ATS's were now serious drugs of abuse in New Zealand. In 2001 one in 10 New Zealanders aged 18–29, or about 100,000 people, had used an ATS drug in the last year. About one-third of these were frequent users (defined as having used six times or more in the previous year). The illegal trade in ATS drugs in New Zealand is of the equivalent dollar value – \$168.3 million – as the illicit trade in cannabis. It might have effectively doubled the dollar value of the illegal trade in drugs in New Zealand in less than 10 years.

The evidence suggests we are witnessing a drugs epidemic.

The survey reveals that ATS users were mainly male and aged 18–29; the heaviest among them aged 20–24. Users mostly were in full-time work, were in professional occupations, earned good money and were

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well educated. Many, including frequent users, were European. Users mainly were urban-dwellers, in the upper half of the North Island and in Auckland.

Forty percent of frequent users of methamphetamine reported existing mental health problems, including tendencies to self-harm. About two-thirds of users said methamphetamine increased their psychological problems such as anxiety, mood swings, short temper, paranoia and depression, and suicidal thoughts (21 percent) and attempts (13 percent).

Ninety-three percent of the frequent methamphetamine users interviewed believed P to be “more harmful” or “much more harmful” than cannabis.

About half of frequent users interviewed reported harm in “friendship and social life” (55 percent), “health” (55 percent), and “energy and vitality” (53 percent). Other “harms” that frequent users most often rated as “very serious” or “extremely serious” were to “work and work opportunities”, “outlook on life”, and “friendship and social life”.

Frequent P users were often engaged in other illegal activities such as drug dealing and making. One-third

of users interviewed had sold P and about one in five had made it or exchanged it for stolen property.

About half of amphetamine buyers had contacted their drug dealers by mobile phone or texting; nearly two-thirds of cannabis buyers visited a house or flat. All the amphetamine sellers reported selling only to “close friends and family members”, whereas cannabis sellers sold at least “some” of their cannabis to “casual acquaintances” and “complete strangers”.

ATS users commonly combined their drug-taking with high-potency cannabis, LSD, magic mushrooms, cocaine, GHB, Ketamine, Rush and tranquillisers

Broader market noticed

Since that survey in 2001 the Police have noticed that P has been “marketed” away from dance partygoers and motorcycle gangs to broader society, particularly poorer groups, teenagers and traditional cannabis users. As well, some dealers lace cannabis with P to increase the attractiveness.

New Zealand has the highest drug prices in the world. A “tinny” of cannabis in New Zealand, which



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is well-suited to growing the plant, costs \$20 – in other countries the same quantity might cost 50c.

Another survey of methamphetamine use in New Zealand was undertaken in November and December of 2003. Information came from drug treatment workers, Police and Customs drug enforcement officers.

Some key trends emerged:

- Methamphetamine was readily available.
- A greater cross-section of society is now using P.
- Methamphetamine sales are being made from cannabis “tinny” houses.
- P is being marketed to poorer groups of people.
- Methamphetamine users have increased drug dealing.
- Violence and property crime is associated with P use.
- More P users are coming to the attention of the Police and drug treatment.
- Smoking methamphetamine is becoming more

popular, as opposed to the previous tradition of snorting.

- P is now being injected.
- The prevalence of pure crystal forms of methamphetamine as opposed to cut powder.

REDUCING THE RISKS

The New Zealand Government’s drug policy is based on harm minimisation. This is aimed at reducing drug-related harm to the community and individual drug users. Ways of doing that include encouraging non-use, through to providing the means for users to use drugs with fewer risks.

Remember: there is no safe level of illegal drug use.

The New Zealand Police aim at reducing the supply of illegal, harmful drugs. Dealing in and using such drugs is illegal, and it supports criminal activity. If caught, you can be prosecuted and convicted. A conviction could make life awkward for you if you try to enter another country. That’s the least that can happen. Supplying and dealing a class A drug could result in your being locked up for 25 years.



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New Zealand is the only country in the world that has laws covering the import, sale, and possession of drugs paraphernalia.

Legal implications

Under the Misuse of Drugs Act (1975), illegal drugs are in three classes.

Class A drugs include heroin, homebake, Speed, P, cocaine, LSD, and Magic Mushrooms. The penalties for importing, supplying and dealing in these drugs include life imprisonment. Possession can get you six months jail or a \$1000 fine, or both.

Class B drugs include methadone, morphine, GHB, and Ecstasy. Some class B drugs become Class A when prepared for injection. The maximum penalty for dealing, supplying or importing Class B drugs is 14 years, for Class C drugs, eight years. All drug profits, including cash, car and your property, can be seized.

Class C drugs include cannabis, and prescribed drugs such as benzodiazepines or those that contain pseudoephedrine, the main ingredient in locally made Speed. Ketamine and amyl are controlled under the Medicines Act. Possessing Class B and C drugs can earn three months imprisonment or a \$500 fine or both. Possession also covers letting your car or house be used for using, selling or making drugs.

Dealing is “possession for the purpose of supply or sale”. Sharing with friends technically makes you a dealer. You don’t have to profit or get money to be

a real dealer. Giving a pill to a friend, say for their birthday, is dealing.

Parents have rights

As parents you have rights. It is important to emphasise that.

You have a right to know what is going on in your teenagers’ lives. You have a right to know how they are getting their drugs, because, for example, they might be engaging in petty crime to pay for their habit. And you have a right and a responsibility to look after their welfare.

Drug use does not always mean addiction. Only a few teenagers who use drugs will get addicted to them. It is important for parents to think about why teenagers might want to use drugs. Mainly it’s because they are curious. They continue because it makes them feel good – for a while.

If you suspect drug use, listen to what your teenager has to say. By listening you can determine if they are using at all, experimenting or doing it to solve a problem. Trust your intuition. If you feel something is not quite right, have a frank and open discussion about drugs and the young person’s opinion about drugs in our society.

It is important to stay calm and show a willingness to listen regardless or how concerned you might be feeling. If you are confrontational the young person is likely to clam up, say nothing, and turn more towards their peers and drugs for comfort.



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Try to be honest about your own drug use. If you drink alcohol or smoke cigarettes, acknowledge that these are also drugs. Denying your own drug use will only make you seem hypocritical and you will lose credibility in the eyes of your teenager.

Some of the signs and symptoms mentioned here are normal behaviour for young people and need not be related to drug use. Experts working in the drug field say that parents and caregivers should be concerned if a young person shows a sudden change to uncharacteristic behaviour or moods.

Signs and symptoms

Possible behavioural signs and symptoms of general drug use: personality changes (moodiness, bursts of anger, withdrawal); getting frustrated quickly (restless, agitated, aggressive); becoming unreliable; behaving unexpectedly; cancelled appointments; blaming others; secrecy; lying; missing meals or other family activities; absence from school, especially after a weekend; wagging school; less respect for authority; sudden changes in school interest and achievement; changes in sporting interest and achievement; altered or delayed emotional development; lack of energy or drive; inability to get out of bed in the morning; not up-front about friends and where they have been; a sudden change in friends; money of other family members starts disappearing; can't explain how they have spent their money; frequent illness (colds, flu); can't concentrate for long; less aware or less common sense (especially while intoxicated); unable to sleep;



Some of the items seized from arrests during Operation Vim, a multi-agency approach between the Police and Customs in the fight against methamphetamine production. Among the items was a beretta semi-automatic pistol (pen gun) found loaded next to a sleeping gang member. *Photo: ©Fotopress*

bruises; unkempt appearance; acne of the face; staggering walk; and slurred speech.

METHAMPHETAMINE ('P')

Methamphetamine is a powerfully addictive Class A drug. It is closely related to amphetamines, but has a greater effect on the central nervous system. It works by releasing the brain chemical dopamine, stimulating brain cells, enhancing mood and body movement.

Methamphetamine is a neurotoxin, which means that it damages the neurons that produce the neurotransmitters dopamine and serotonin. Street names for methamphetamine include Speed, Meth, Pure or P, Chalk, Crank, Crystal, Ice, Glass, Crystal Meth,

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A handcuffed suspect is put into a police vehicle after an early morning drugs bust on a suspected methamphetamine lab.

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Sketch, Go, Junk, Wake Up, Zoom, Tweak and Dope. It can be snorted (inhaled through the nose), smoked, injected or eaten. Each way of taking it produces different highs for the user.

Immediately after smoking the drug or injecting it intravenously the user gets a feeling of intense pleasure or rush, which lasts for a few minutes. Snorting or swallowing causes euphoria, but not a rush, and

produces effects within 15–20 minutes.

The pleasurable rush disappears quickly. Other effects might last between eight to 24 hours and include: increased alertness; sense of well-being; paranoia; hallucinations; aggressive and violent behaviour; increased heart rate; convulsions and/or uncontrollable twitching, jerking; extreme rise in body temperature (as high as 42.2C, which can cause brain damage and death); insomnia; impaired speech; dry, itchy skin; loss of appetite; acne, sores; and numbness.

The long-term effects make sober reading. They include fatal kidney and lung disorders, brain damage, depression, hallucinations, permanent psychological problems, violent and aggressive behaviour, weight loss, insomnia, behaviour resembling paranoid schizophrenia, malnutrition, poor ability to cope, lowered resistance to illness, liver damage, stroke and death.

The pleasure is short-lived so users often try to maintain the high by bingeing on the drug. P causes a severe crash after the effects wear off. The crash is more intense and longer lasting than for amphetamine, Speed and cocaine. The effects are not only long-lasting, but continue to cause damage long after



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