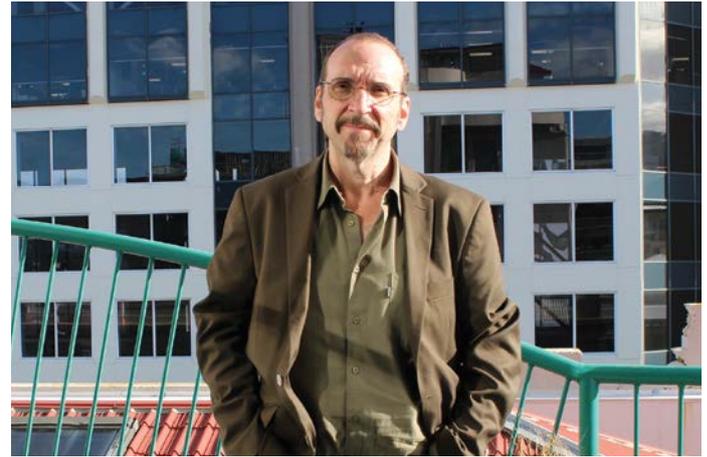


# A drug policy and treatment utopia? Let's imagine...

By Rob Zorn



Portugal decriminalised all drugs in 2001 and now has fewer overdoses and lower drug use and harm than most

other countries. Switzerland has almost completely solved its heroin problem by giving people with addiction free heroin (and treatment support). In Philadelphia, connecting services to the community has dramatically reduced homelessness and addiction harm. Here in New Zealand we've led the world in reducing HIV and hepatitis C infections through our pioneering needle exchange programmes.

New Zealand is not the international public health leader it once was, but in the light of the harm reductionist non-punitive successes seen in other countries, we will soon be considering legalising cannabis use. If we were to do so, and introduce a regulated market, this writer (and probably most readers) believes we will see a lot less harm resulting from drug use here in Godzone.

But what might New Zealand look like if we actually went the whole hog and based all our drug policy on the evidence around what really works? What if we put in place here the best of what's working elsewhere in the world and the best of what's yet to happen?

Let's imagine a Kiwi Utopia where we're getting drug policy and addiction treatment exactly right.

## Society

As a society we'll have grown up and understood that drug use and addiction are part of the human condition and will always be with us. We'll accept people with addiction in the same way we do those with cancer, dementia or physical disability. Instead of blaming them for the poor choices they've made and leaving them to 'suffer the consequences', we'll have systems that are well-funded, evidence-based and compassionate to provide the help and support they need. People with addiction will not be any more ashamed to ask for help than a person with any other illness, so they will come forward for treatment and they will get into recovery and achieve the better and more meaningful lives they want and we want them to have.

Because we recognise that addiction is really a health problem, we'll have decriminalised all personal drug use. We won't be

stuffing people into overcrowded prisons in the foolhardy belief that we can punish their addictions away. Police won't be wasting resources on less harmful drug use and will be able to concentrate on the predators who manufacture and supply instead. Just as has happened in the Netherlands where treatment consistently happens in jails, we'll be shutting down prisons not building more because re-offending rates will have drastically fallen.

The people in our utopia who use less harmful drugs like cannabis occasionally, unproblematically and without developing addiction – in the same way a lot of people currently use alcohol – would also not have to fear prosecution. Our young people experimenting with low level drugs (as most probably will at some stage) would not end up with criminal convictions hampering their travel and employment prospects for years.

As is done in Switzerland, we'd supply already addicted people with the drugs they need through approved clinics, as we sort of half-pie do now with methadone. People could then use drugs that are contaminant free in medically supervised conditions where they would also receive assessment, other health and social care, and treatment support to overcome their addictions. The black market for drugs would pretty much have disappeared as a result and dealers would have given up and gotten day jobs because no one wants or needs what they sell. That would mean far fewer opportunities for young people to get mixed up with illicit drug use in back alleys, filthy squats or nightclub bathrooms.

And if there are cases where people have resorted to crime to fund their addictions for whatever reason, there would be regionally accessible drug courts in place where treatment would be part of the process and sentences would be community-based, positive and non-custodial for those who truly wanted help.

## Legality

While all drug use would be decriminalised, some recreational drug use would be legalised and regulated. Tight restrictions would apply to the sale of some recreational drugs like cannabis and maybe some synthetics that were proven to be low risk, much in the way our psychoactive substances act originally intended. And because this is a utopia, we'd have found a way to test those substances without having to harm any animals.

People wanting to use cannabis medicinally would be free to do so and to grow a small number of their own plants just like anybody else and, of course, a range of cannabis-based pharmaceutical medicines would be available on prescription alongside other medical products.

We'll have gotten over the reefer madness stupidity of the prohibitionist past that made us believe users of low level drugs should be punished while we enthusiastically advertised alcohol and sold it as cheaply as possible from just about anywhere.

In fact, we'd have recognised that alcohol is among the most harmful of drugs and we'll be heavily restricting its sale and supply. Alcohol advertising and sponsorship would be a thing of the past. All booze would be heavily taxed and a whole lot harder to get.

## Treatment

But whenever you have drugs and people in the same place, you are going to have issues. A regulated market will have reduced drug harm immensely, but we will still need to provide treatment for those who develop problems with substances just as we need to now for people who have problems with alcohol.

The treatment available in our future utopia will be well-funded and highly professional. We'll have become enlightened enough to realise that society as a whole is much better off when people with addiction receive the health and social care they need to begin recovery and take more responsibility for themselves. We have screening and other systems in place at all social services to spot addiction early. Services collaborate and pathways between them are clear so nobody falls through the cracks.

Clinicians will be extremely well paid (as will teachers and nurses), and there will be pay equity across government or non-government organisations. This will make it attractive for people to do the rigorous training needed to enter the profession. Clinicians will form the core of the treatment spectrum, but they'll be well-supported by social workers and primary care professionals such as nurses, but especially by peer support workers whose lived experience means all treatment practice will be well informed.

Treatment professionals will be registered because we realise that addiction is a serious business and we don't want unqualified people offering dubious treatment. We'll be staggered that back in 2018 we didn't take treatment seriously enough to require all providers to be qualified.

Treatment will be holistic and will recognise that substance use is driven by a raft of things including mental health, socioeconomic status, history of trauma and cultural disassociation. Treatment will therefore not given in isolation from other forms of therapy or the meeting of immediate needs such as housing, financial assistance and cultural connection.

One size never fits all. We'll have understood that people respond differently to different forms of treatment so people with addiction will have a wide range of options available.

For some, standard Cognitive Behavioural Therapy or Motivational Interviewing will be enough in a regular one-on-one setting – others may thrive on group therapy. Some will need detox before treatment and/or residential rehabilitation services. Some will need medication or substitution therapy and for some a 12-step programme will work best. And, of course all treatment will be culturally aware, and a decent portion will be provided by tikanga- or Pasifika-based services.

We'll look back at what is now the present and be amazed at how far we've come. We had all this stuff back in 2018, but it was sparsely available. If you were in a main centre you may have had an option or two, but by now we've fully understood that people with addiction in the far-spread regions suffer just as much and have the same rights as city-folk. So, services will be widespread and well-resourced. Most will be mobile so professionals can visit some people in their homes.

## Education

In our utopia we'll also be getting education right. We'll have realised that the best thing we can do for young people caught using alcohol or drugs is to keep them in school, not further alienate them by doling out suspensions or expulsion.

We'll have evidence-based, harm reductionist programmes in schools that cover things like safest use and risk of addiction – at appropriate age-levels – alongside the many good reasons not to use drugs. The honest and hysteria-free way we do this will probably have removed a lot of the allure that illicit drugs now have for some young people. These education programmes will also help students understand all the stuff we've already mentioned about treatment, compassion and social inclusion.

And of course, we'll always tell our kids the truth about drugs, and admit that, no, trying cannabis will probably not lead you to heroin addiction. That means our kids may actually listen to us when we tell them the truth that drugs are potentially very harmful, and the safest use is no use at all.

We're going to need our kids to have this sort of learning and understanding if they're going to grow into the sort of adults who will usher in our drug policy and practice utopia, so we'd better start teaching them now.