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Through Education

\$50m price tag for state sponsored drug abuse:

At a time that a fine tooth comb is being run through ineffective government expenditure, the \$50m per annum being paid out to beneficiaries who are addicted to drugs and alcohol is worthy of closer scrutiny according to MethCon Group director Mike Sabin.

"Figures recently obtained from the Ministry of Social Development under the Official Information Act have exposed the almost farcical failings of the 'harm minimisation' approach which has underpinned New Zealand's national drug policy for the past 10 years", claimed Mr. Sabin.

The information released showed that as at December 2008, over 5800 people were receiving either invalids or sickness benefits for substance addictions, with roughly half of this figure related to drug addictions, the remainder for alcohol.

"Of more concern though is the fact that in line with the national drug policy approach of harm minimisation, no requirement was made for those receiving government benefits for illegal drug abuse and addiction to participate in some form of treatment and counselling regime aimed at achieving sobriety", claimed Mr. Sabin.

"Quite simply, in the absence of an appropriate treatment response being a requirement of receiving the benefit, this is nothing more than state sponsored drug abuse and not only facilitates ongoing illegal drug use for the beneficiaries concerned, but removes any public accountability for addressing behaviour which is contrary to the interests of a safe, prosperous community", said Mr. Sabin.

"It seems of little consolation that in defending this approach the Ministry of Social Development Chief Executive Peter Hughes said substance abusers required a doctors certificate to prove their eligibility for the benefits and they are 'encouraged' to seek help for their addictions", claimed Mr. Sabin.

"Those genuinely addicted to drugs and/or alcohol are certainly in need of assistance, but as you wouldn't give a drowning man a glass of water, the notion of facilitating ongoing, unaddressed drug abuse by in effect funding a drug habit in this manner, simply denies the individual of the incentive they most often need to get sober", said Mr. Sabin.

"While supporters of so called 'harm minimisation' approaches claim that voluntary treatment is effective, research has in many ways shown that voluntary treatment is as about as effective as voluntary prisons. Moreover there is little evidence to suggest that voluntary treatment is any more effective than no treatment at all", claimed Mr. Sabin.

Mr. Sabin said that approaches centred on harm minimisation, also called harm reduction, have spearheaded increased drug harm in all countries that have followed this enabling ideology as a policy focus, New Zealand in fact now leading the way in this regard.

"Quite simply, your goal and aim will ultimately determine your outcome. So if you centre the focus of policy on prevention and aim to have a drug free community, you are far more likely to achieve something close to that. Whereas if, as New Zealand has done under the harm minimisation approach, you accept drug use as an inevitability, then drug abuse is exactly what you will get, as we have indeed got, state sponsored and all."

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(NZ's only specialist methamphetamine education providers)
