

As a medical professional who has studied and treated illicit drugs and drug addiction for more than twelve years, there appear to be three principal features of the present drug debate: firstly that the DIRECT health risks of all of the illicit drugs are well known to medical science and indeed there is increasingly less debate about their toxicity to the various organs of the body; secondly that the HEALTH dimensions of what we are increasingly told is a health debate seem invariably to be ignored or at least covered up and indeed we seem not infrequently to have protracted health debates without ever mentioning any particular health disorder; and thirdly that the ADDICTIVE nature of these drugs is invariably ignored. Indeed most drug debates I have heard are so much like canned TV where the same old mantras are repeated endlessly that they would be positively boring if they were not so appallingly dangerous in terms of their holocaust-like implications for the public's physical and particularly mental health.

It is worth exploring some of these features in further depth. Since it is widely acknowledged that stimulants such as cocaine and amphetamine cause stroke, heart attack, psychosis, dangerous and criminal behaviour and drug driving; given that cannabis is widely acknowledged to be associated with many chronic respiratory diseases, to impair immunity, many major chronic mental health disorders including schizophrenia depression, anxiety and poor memory and concentration, drug driving and heart attack, to be associated with eight cancers including congenital cancers in babies and probably also gene damage; given that opiates are known to be associated with high death rates from overdose and their long term use has been shown to be associated with chronic diseases of the lungs, cancer, brain, bones, immunity, to increase the incidence of diabetes, obesity, hypertension, and unhealthy diets high in fats and simple carbohydrates and to possibly increase ones consumption of other addictive drugs, to be associated with cancer development after long term use, and to impair the growth and development of all tissues including the brains of developing babies; why are we even having a discussion about legalizing and increasing their use – given our already struggling public health system??

Secondly, given such well documented and widely agreed shocking major health disorders, why is it that one NEVER sees these matters addressed by the innumerable papers in the popular and pop science literature demanding that drug addiction be treated as a health problem?? Who ever heard of an article discussing health which did not mention disease, in any other field of medicine?? Australia is regularly touted as the “poster child” of “progressive” health policies in this field but our hepatitis C infection rate has run at about 70% of our intravenous drug using population for about 20 years, with no signs of moving anywhere soon. Amongst individuals who have used for longer period the Hepatitis C rate is even higher. I know of few reliable mental health surveys in this field. As a GP who sees both mental health cases and drug addiction, there can be no doubt that the numbers of chronic paranoid schizophrenics in our community have increased dramatically in the last 1-2 decades due to poorly controlled cannabis and amphetamine use. Both are well known toxins to the brain, and their combined damage when administered together has been shown to multiply and compound each other. And a brand new crime has had to be invented to describe cannabis affected drugs driving – called “driving under the influence of cannabis, or DUIIC for short. So why are we not held up as an example of what *not* to do in this field, our low HIV rate notwithstanding?

Finally these drugs are *addictive*. That means that however much one has of them, their use naturally tends to escalate because the body tends to become tolerant of them, and to require increasing amounts to have a similar effect. It means that if one is talking about legalizing them, or indeed the Government supplying them in pure form to avoid overdose which is how the connections are frequently made, then one is actually talking about supplying an infinite amount of these agents because the demand is by definition inexhaustible – they are after all “addictive”. A further implication of this feature is that it does not matter if the various side effects of the addictive

drugs are rare or common. If their use increases, both in terms of the numbers of individuals exposed to them, and in terms of the unit exposure per individual, then, since virtually all of these effects are dose related that is the larger the dose the more the effects, as the dosing level rises in the community at both the individual and community level, then the drug complications which were once rarer become increasingly common. Furthermore since the drugs are addictive, these complications continue to become ever increasingly common. Not only are the drugs addictive in their own right, but they induce cross-tolerance and increase the use of each other. Cannabis for instance has been proven now to be a gateway to other harder drug use. Stimulant users such as amphetamine and cocaine, commonly use downers such as alcohol, cannabis and opiates. Patients using opiates have been shown to use more of other drugs such as cocaine and cannabis and including the tobacco and alcohol about which the establishment industry pretend such grave concern, in addition to a junk high carb - high fat diet.

Dr. Alex Wodak's recent piece in the SMH nicely illustrates these various points. I find it odd that he finds the Portuguese experience of a virtual complete lack of a comprehensive policy towards addictive drugs laudable, when every other account I have seen suggests it has been a crushing failure associated with greatly increased rates of overdose, drug crime, drug trafficking into other parts of Europe, violent crime, and greatly escalated requirements for limited drug treatment positions, and overall a crushing burden on an already tottering health and social infrastructure. Accounts I have seen suggest that increasing consensus is forming in Europe that the Portuguese practices – or lack of them – are the perfect example of what *not* to do in relation to illicit drug policy.

Dr. Wodak's piece nicely summarizes – albeit in reverse – many of these salient features of the drug policy debate. The usual mantras and cant appear lined up like the same old ducks on the same old wall; the health debate occurs without so much as a mention of one health condition; drugs do hijack the normal pleasure systems of the brain which underscores the extreme dangers of their very addictive nature; and the hypocrisy of the pro-drugs side is only too evident. Frankly, I find the whole pretence that there even is a debate about the *health* dimensions of drug addiction overtly duplicitous and obfuscatory, given the wealth of information which is established in modern toxicological and epidemiological science in the field.

That is not to suggest that we could not do much more. Given the enormous impact of addiction on the Australian community, and the very public and vociferous advocacy of the pro-drugs lobby, we urgently need a well funded national centre of clinical and basic sciences excellence to further research in this important field – one that is not controlled by the usual establishment addiction “public health” interests.

It is beyond doubt that uncontrolled drug use has crippled many nations including parts of China, India, Morocco, Egypt, South America, Netherlands, Switzerland, USA – and Portugal. Why here too???