
Editorial

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Addiction has a rare ability to stir passion. Drug treatment clinics that provide major benefits to addicts often don't exist simply because no one is willing to have one in their neighbourhood.

One of the surprising things about addiction is just how difficult it is to define. We know that someone can be addicted to cigarettes or heroin, but what about chocolate, work or gambling? And is someone who drinks a bit more than they really should necessarily an addict?

According to Bill Stronach from the Australian Drug Foundation (p.4): "Addiction is a form of dependence that may be really physically or personally painful". In this view addiction is part of a continuum, starting with things we enjoy and continuing through things we depend on but don't do us any harm.

A/Prof Sitharthan Thiagarajan (p.12) describes research that found that most of the pleasant effects people attribute to getting slightly drunk have nothing to do with alcohol – they come from expectations. People who thought they were imbibing alcoholic drinks, but were actually consuming a "placebo" without alcohol, had just as good a time as those who really were getting drunk, but presumably without the inherent dangers such as road accidents. It seems that social context can't be separated from the physical effects of drugs.

What's Your Poison?

Much of this edition of *Issues* is taken up with articles exploring specific drugs – not just their physical effects but the legal implications and the ways in which people tend to use and abuse them.

Prof Simon Chapman has fought against tobacco company advertising in Australia and Asia for many years. On page 8 he discusses the excuses that smokers use when continuing to smoke, despite all the evidence available that the habit is killing them. "The idea that today's smokers are all fully informed, sentient and eyes wide open about the full magnitude of the risks they take has been repeatedly shown to be a fantasy," Chapman notes.

Alcohol is different from cigarettes and illegal drugs. In small quantities it is not just harmless – it is actually

beneficial for one's health. Yet when taken to excess, alcohol causes more harm than any illegal drug, and a particularly large proportion of the harm falls on people other than the drinker, whether they are caught up in road accidents or are the victims of alcohol-fuelled violence.

According Prof Steve Allsop, Dr Tanya Chikritzhs and Vic Rechichi of the National Drug and Alcohol Research Institute (p.15): "To avoid alcohol-related harms in the short term adult males should drink no more than six standard drinks and females no more than four standard drinks during any single drinking occasion – like a party on a Saturday night".

Binge drinkers who ignore this advice are not always addicted – they start out one night and don't know when to stop, but the hangover the next day is enough to keep them sober for a long time. On the other hand there are plenty of others for whom long-term drinking is a bigger problem than the occasional bender.

Problems with prescription drugs get less attention than illegal drugs, but that doesn't mean the problems are less serious. Decades ago the Rolling Stones chronicled the way that millions of women had become dependent on Valium in the song *Mother's Little Helper*. Since then the chronic overuse of benzodiazepines has declined, but many people fear we have created a new epidemic with the overuse of Ritalin.

Prof Robert Ali points out (p.30): "Individuals may become addicted to the sense of well-being and enhanced energy that stimulants can generate. Taking high doses of stimulants repeatedly over a short time, however, can lead to feelings of hostility or paranoia."

When it comes to heroin, cannabis and amphetamines one needs to worry not only about the direct effects of the drugs but also what they have been mixed with, as well as the legal consequences associated with their use.

Despite all this people continue to take these drugs, partly out of curiosity. Regrettably, the same spirit of inquiry that leads some people to use themselves as human guinea pigs doesn't always extend to the obvious point – finding out what the consequences of drug use may be before trying them.

For example, A/Prof Simon Lenton of the National Drug Research Institute says (p.38): "The most probable acute health effects of cannabis include negative psychological effects, such as anxiety and paranoia; cognitive disruption affecting memory, learning and processing of time; psychomotor impairment such as slower reaction time and poorer short-term memory; and an increased risk of psychosis in vulnerable individuals".

Controlling Addiction

Given the damage that drug abuse can do both to the individual and the wider society, there is little question that governments and other organisations need to do something to control the problems.

There is plenty of debate, however, on the best way to go about it. Much of this debate centres on the questions of harm minimisation versus abstinence.

In the one view it is accepted that people will use drugs, and we should act to see that they use them as safely as possible – getting clean supplies and using them in safe conditions with plenty of opportunity for treatment if desired.

Others argue that such an approach legitimises drug use, allowing people to believe that there really is a safe solution.

For this edition I hoped to provide space for both views. In the end I got something a little different.

Dr Richard Di Natale (p.43) certainly speaks up for the cause of harm minimisation, saying: “As a community we have a responsibility to implement measures that have been proven to reduce these harms and are based on the best available evidence. The harm reduction approach, which is a central tenet of Australia’s response to illicit drug use, is just such a method.”

On the other hand, the Salvation Army’s Major Michael Coleman surprised me, concluding (p.45): “Abstinence and harm reduction are two plates on the same smorgasbord.”

I tried contacting some prominent opponents of the harm minimisation approach in order to present all sides of the debate, but was not able to secure anything in time.

Nevertheless, we do provide an explanation of how Alcoholics Anonymous operates (p.26). This organisation has achieved worldwide success with a technique that sets a goal of abstinence from a drug that is legal and socially accepted) in most countries.

The absence of an article criticising the harm minimisation approach may make this edition unbalanced, but it is also arguable that it represents the perspectives of those who are actually involved with the issue, rather than the politicians and radio shock-jocks who think they know how to deal with something they’ve never really studied or worked on.

There are a lot of perspectives on responding to addiction we haven’t had room for here. One views the “War on Drugs” itself as a form of addiction. Bill Masters, a sheriff in Colorado, believes that politicians and law enforcement agencies are addicted to fighting drugs in ways that don’t work.



Image: Photolibrary Collection

In his book *Drug War Addiction*, Masters concludes that certain people are rewarded for adopting ever-harsher approaches to drug use. Politicians get elected by promising tougher sentences, police get larger budgets, and the companies that build (and sometimes run) jails see business skyrocket. If the war on drugs slows down these groups suffer withdrawal symptoms, and only a larger hit can get them back to where they were. Masters wants all drugs legalised.

Another approach is straightforwardly economic – in the United States some programs are achieving success by paying people not to drink or take drugs. Vouchers are given for very week someone stays clean, and these increase in value with time. In a sense people become hooked on the things they can buy with the vouchers. It doesn’t work for everyone, but some studies show that it helps more people to stay off drugs than rival techniques.

However, this raises a question – is getting people away from drugs and onto shopping all that much of an improvement? Dr Emma Rush (p.46) argues that as a society as a whole we are “addicted to consumption”. The effects may take longer to show up, but in the end Rush believes that consumption is “the most dangerous addiction of all”.