



The first question to answer is: what drugs will a drug free society be free of?

Should widely accepted drugs like alcohol and tobacco be included in the list, or only illicit drugs and should relative danger be the criteria? The fact that some legal drugs carry more risks than illegal ones makes this task all the more difficult. Consider also volatile substances like petrol and solvents. And if we discover that a popular food contained addictive components, should that be included also?

Should it include the drug that was described thus: "the sufferer is tremulous and loses his self-command: he is subject to fits of agitation and depression. He has a haggard appearance. As with other such agents, a renewed dose of the poison gives temporary relief, but at the cost of future misery."

This was a description of coffee at the turn of the 20th century. Today, no one would consider a ban on that drug because the claims were shown to be exaggerated. But if coffee had been banned then could the ban ever be lifted? Cannabis, another widely used drug, which was banned because of attitudes toward it and its users, is just such a case. Notwithstanding that this drug carries risks, but perhaps not as many as alcohol, there is emerging evidence that cannabis has beneficial medical properties. Trials are underway to examine such claims.

The point is that social acceptability and not necessarily relative danger may dictate which drugs might be acceptable in a drug free society. But if a drug is banned and there is a demand, it will still find a way into society. It has been argued that prohibition, because it generates enormous tax-free profits, promotes illicit drug use. And if supply of one drug stops, other drugs will be substituted. For example the Australian heroin shortage has seen users switch to other drugs.

Consider the practicalities. Apart from one past society in the ice-blown wastes of the arctic (*but see footnote below*) the drug free ideal has never been achieved anywhere in the world. Even the most secure environments - prisons with guards, razor wire and searches of visitors - are not drug free.

A drug free society cannot put itself behind razor wire and must coexist beside other communities. "Cannabis-tourists", for example, returning across the border from The Netherlands, present problems for the more restrictive drug policies of neighbouring countries'.

A strongly

held drug free ideology limits the responses to citizens who may use drugs. Despite the obvious benefits, such a society may not provide prescription methadone or heroin as a maintenance treatment nor provide clean syringes to protect the community from transmission of blood born viruses. Such treatment would be seen as condoning drug use. But denying such treatment may be seen as necessary "for the greater good of the community".

Of course such drug using members could be forced into compulsory treatment - yet to be proven an effective approach.

Given all of these issues can a drug free society still be achieved?

The goal of being drug free can only be achieved at an individual level; a goal that may be highly desirable. But at the collective level the achievement of a drug-free society can never be a reachable objective nor the only measure of success of managing drug problems. The harder the society pursues the collective drug free goal the greater will be the increase in harms to that society.

*Brian McConnell is president of Families and Friends for Drug Law Reform.*

*Footnote: After this article was published I received a note with the following comments:*

*As an aside, the article you quote mentions the now disproved assumption, that the Inuit (Eskimos) were the ONLY society NEVER to use drugs (assumed so because their harsh environment make its production impossible). ... The Inuit - it has been discovered - found that a fungi grew on the ceiling of their igloos, formed by condensation from their body heat. they also discovered that if you ate it you experienced some hallucinogenic effects! So, it's confirmed, ALL societies ever studied have used, or do use some form of mind altering substances.*

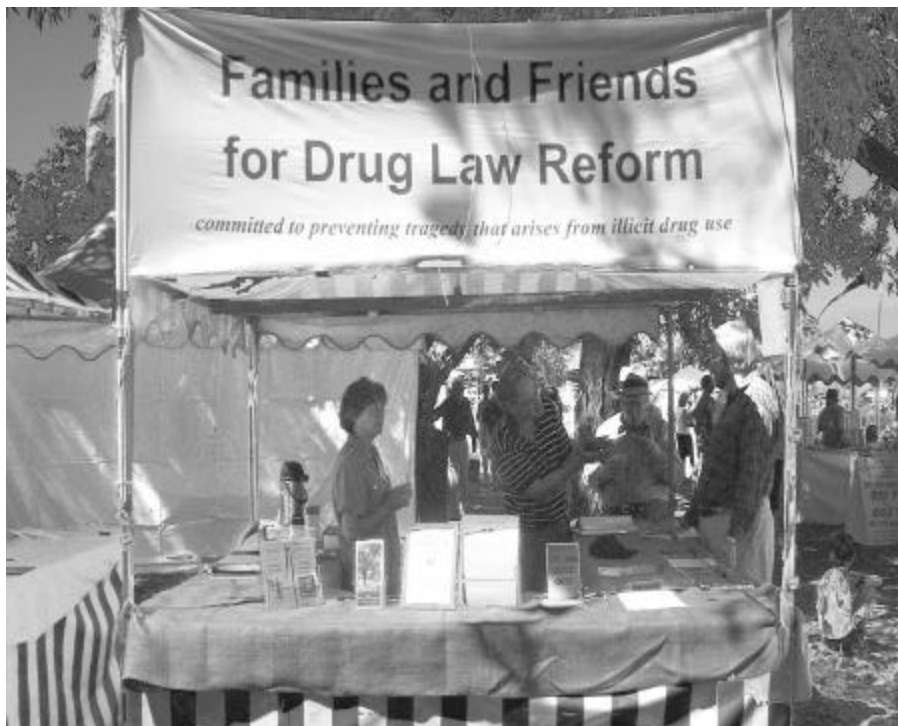
## **ACT Alive**

Monday 18 March 2002 was a public holiday in the ACT and it provided an opportunity for community groups to advertise their organisations.

Families and Friends for Drug Law Reform was present at the celebration which was well attended and our stall had lots of visitors. Many thanks to those who helped on the day.

At first we found that people were shy about talking to us but when we introduced our "Quick Quiz" we had trouble keeping up.

We met many interesting people, some joined up, and some had informed and well thought out views. There were however some with opposing views or with interesting suggestions.





*"There is overwhelming evidence to show that the prohibition-based policy in this country since 1971 has not been effective in controlling the availability or use of proscribed drugs. If there is indeed a war against drugs, it is not being won ... Illegal drugs are freely available, their price is dropping and their use is growing. It seems fair to say that violation of the law is endemic, and the problem seems to be getting worse despite our best efforts."*

*The Home Office responded to the chief constable's report with complete silence: they refused even to acknowledge receiving it. Internal reports from the American Drugs Enforcement Agency confirm the chief constable's conclusion.*

### **Where to from here?**

*There is room for debate about detail. Should we supply legalised drugs through GPs or specialist clinics or pharmacists? Should we continue to supply opiate substitutes, such as methadone, as well as heroin? Should the supply be entirely free of charge to guarantee the extinction of the black market? How would we use the hundreds of millions of pounds which would be released by the "peace dividend"? But, if we have any compassion for our drug users, if we have any intention of tackling the causes of crime, if we have any honesty left in our body politic, there is no longer any room for debate about the principle. Continue the war against drugs? Just say no.*

### **Amphetamines**

The following synopsis is taken from the Australian Illicit Drug Report 2000-2001 and the Illicit Drug Reporting System 2001.

#### **What are they?**

Amphetamine is a potent stimulant. It is synthetically derived from beta-phenethylamine to form a substance similar in structure and effect to the naturally occurring neurotransmitters: adrenalin, dopamine and noradrenaline. Amphetamine directly affects the central nervous system by speeding up the activity of certain chemicals in the brain. Examples of other stimulants include caffeine and cocaine (Chesher 1991).

The term 'amphetamine' usually is used to denote the sulphate of amphetamine, which is the most common form of the drug in licit use. 'Amphetamines' is a generic term referring to a range of amphetamine-based stimulants including amphetamine and methylamphetamine, but excluding amphetamine analogues such as MDMA (ecstasy - 3,4 methylenedioxy-methylamphetamine) (Chesher 1991).

The terms Methylamphetamine and methamphetamine both describe the same drugs.

#### **What does it do?**

Amphetamines induce short-term feelings of energy, power, strength, assertiveness and motivation. After passing into the brain, amphetamines release neurotransmitters (dopamine and serotonin) producing a sense of euphoria that can last for several hours but is usually followed by depression and fatigue. Among other short-term physical effects are increases in blood pressure, heart and breathing rate, enlarged pupils, reduced appetite (sometimes leading to anorexia and malnutrition), dental damage as a result of tooth grinding, insomnia and anxiety. Long-term effects include depression, fatigue and paranoia, and what is commonly known as 'amphetamine psychosis' (Chesher 1991);

EMCDDA 1999). Amphetamine psychosis is characterised by paranoid delusions, hallucinations and aggressive or violent behaviour' (ADF 2001).

### **Use & availability**

The use of illicit amphetamines or 'speed' in Australia is probably the most concerning trend in the illicit drug environment. The use of methylamphetamine, the predominant amphetamine-type stimulant in Australia, has been trending upwards in the past few years - a trend that most likely has been accelerated by the shortage of heroin.

Over the past five years heroin and cocaine arrests have fluctuated, however arrests for amphetamines have steadily and significantly risen until they surpass those of heroin. Findings from the Illicit Drug Reporting System - ACT Drug Trends 2001 show that there is an increase in number of users, increase in number of younger users, increase in alternating/concurrent amphetamine use amongst heroin users. It is likely that these trends also show in other jurisdictions.

It is a potent drug that can be swallowed, mixed with drinks, ingested intranasally or injected. It appears to be used by an increasing number of Australians. The effects of long-term or binge use include aggressive irrational and unpredictable behaviour, often described as psychotic and present a threat to the community as well as law enforcement. Methylamphetamine is thus identified as the most significant and potentially threatening illicit drug in the reporting period (2000 - 2001) and is likely to remain so in the future.

The potential impact of amphetamines is exacerbated by the fact that the Southeast Asia region is experiencing a methylamphetamine problem of even greater magnitude. The 2000-2001 period saw a 65 kilogram increase in attempted amphetamine importation into Australia from Southeast Asia. (*Editor's Note: If this is the amount detected how much goes undetected?*)

### **Manufacture**

The manufacture of methylamphetamine from pseudoephedrine is relatively easy, though highly dangerous. A coordinated group of criminals can purchase or steal large quantities of pseudoephedrine-based medication and convert it to methylamphetamine in a very short time, often less than 24 hours. However, even before a single gram of the drug has been sold, the environment has suffered; manufacture of the drug produces toxic waste in a ratio of ten to one. In other words, for every 100 grams of methylamphetamine illegally produced, a kilogram of highly dangerous waste is produced and illegally buried or dumped or tipped in waterways.

Methylamphetamine can be manufactured clandestinely without regard to season or location and with equipment that can easily fit in the boot of a car. Organised criminal networks, such as outlaw motor cycle gangs, are often implicated in the manufacture of methylamphetamine.