

DRUGS IN PERSPECTIVE : “GET REAL”

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He has worked in Prisons since 1975 and started work in Alcohol and Drug Recovery in 1965.

1991 Founded GLADS: Gay and Lesbian Alcohol and Drugs Support Group.

1993 Founded MARS: Men Affected by Rape and Sexual-Abuse. He trains Queensland doctors in helping addicts.

AWARDS:

1996 Brisbane Citizen of the Year.

1996 A.M.A. National Award for "Best Individual Contribution to Health Care in Australia".

1996 David Kopp Memorial Award for Service to the Gay and Lesbian Community.

1997 Anti-Violence Award for Work with Male Victims of Sexual Assault.

1998 Order of Australia Medal for work with people who have HIV/AIDS, Alcohol and Drug Problems and Victims of Sexual Assault.

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I work at the front line of drug problems in the community and in prison and I honestly believe that the National Strategy of 'Tough on Drugs' is making the problem worse rather than better. I say this with respect for the intent of all individuals involved in the debate and a sincere desire to decrease the pain drugs cause. I am anti-drugs but pro-choice and hence pro the value of each individual.

Currently more than 600 people die each year from drug overdoses in Australia. The main reason people die is that they take unknown doses, of unknown drugs from unknown sources. This is because the control of drug doses is in the hands of people whose only motivation is profit. Currently the profit margin is 1,000 – 3,000% with opium being worth US\$90/kg at the farm and street heroin being worth US\$290,000/kg at 40% purity.

If politicians legalized drugs, users could have known doses, of known purity from known sources. This would decrease overdose deaths and decrease the crime users are involved in to pay the large dealer profits.

Currently the user uses, the dealer profits and society and the user pays. I believe in a user-use, user-pays model. This would only be possible if drugs were legal. Until politicians remove the large profits caused by drugs being illegal, the drug trade will only proliferate.

Access Economics estimates the illegal drug trade in Australia to be \$7 billion dollars (1.4% of total spending) '96-'97. With drug habits costing \$50 - \$1,000 a day it is easy to understand why property crime rates have risen 5 times the rate before heroin was criminalized in the 1950's.

Our current National Strategy talks of Decreasing Supply through policing and Decreasing Demand through education. However as long as drugs are illegal the huge profit margin will ensure supply and the stigma of criminalizing those who use drugs will feed the demand as individuals seek relief using more drugs.

Current statistics suggest that Police and Customs capture 10% of the illegal drugs coming into Australia. If we were twice as successful, we'd only stop 20% and the

price may go up a little resulting in more crime to pay for it. The pattern from America and Australia actually shows that the more money spent on trying to stop drugs, the cheaper they have become. Despite this, America plans to spend US\$51 billion over 3 years doing it more.

'Tough on Drugs' and 'Zero Tolerance' simply moves the problem from visible to "invisible" and has a bottom line of more people in prison. America has an imprisonment rate of 668/100,000. Australia has a rate of 100/100,000 with Queensland 168/100,000 and rising at the fastest rate in the world. The Netherlands, which has more tolerant attitudes, has an imprisonment rate of 36/100,000. More money in prisons means less in education and health care. Prisons are the most expensive, inefficient way of dealing with the problem and I believe actually make it worse. While many factors contribute to imprisonment I assess drugs are the major factor with about 80% of people in prison having an alcohol or drug problem. With America failing so spectacularly, I don't see why we should follow them.

If we look at relative costs:

- Methadone costs ~ \$2,000/person/year
- Therapeutic Communities costs ~ \$16,000/person/year
- Jails costs ~ \$50,000/person/year
- Untreated Addiction costs ~ \$75,000 - \$130,000/person/year

Up to 25% of people in prison continue to use heroin (N.S.W. Prison Health Survey) and up to 40% use some illegal drug. Dr. Kate Dolan found up to 10% of Intravenous Drug users in prison used a needle for the first time in prison and 75% of drug users share needles in prison. With 38% being Hepatitis C carriers you can see how disease becomes an additional personal and health care cost.

When individuals continue to use drugs in prisons, the system feels loss of power and face and with 'mud on their face' wants to justify 'coming down harder' with strategies such as locking individuals in indefinite solitary confinement after overdoses or drug use (which I see repeatedly) and justifying forced internal body cavity searches, strip searches and observed urine tests which make individuals feel degraded and 'raped'. To deny someone (prisoner or visitor) a choice in relation to

protecting their body is rape even if you use the power of the state to justify it. The 'Tough on Drugs' strategy justifies rape, the very crime our society imprisons individuals for committing. To use the same strategies that cause the problem is to discredit oneself. Strip and Internal Body Cavity searches can happen to ordinary citizens coming through an airport as well as people in prison.

The failure of prisons to stop people using drugs illustrates a basic principle: Only one person can ever stop someone using drugs and that is the person themselves. Anyone who doesn't accept this reality has either not seen enough or is caught up in a denial process, deluding themselves to think they can stop someone. Putting a wall around an addict doesn't stop them being an addict. I have seen individuals overdose in Maximum Security and Solitary Confinement. External control can never replace internal control. Addicts must have choice if they are to regain personal value. To deny choice is to dehumanize and rape. If we can't stop drugs in jail, we will never stop them in the community. Until we come out of denial, the denial will perpetuate drug dependency.

Denial is to do more of the same, expecting a different outcome. An addict has to deny their losses (health, freedom, feelings, motivation etc.) and only sees their gains (immediate relief) and so gets caught in dependency. Only honesty allows them to come out of denial but honesty only produces relief in safe places. Only when we know we will be accepted are any of us game to be honest. A strategy that makes drug users feel rejected kills the likelihood that honesty will produce relief and forces the user into denial, isolation and stigma.

The 'Tough on Drugs' strategy has a bottom line of rejection: children are expelled from school; users are highly likely to end up in prison with stigmatization as 'weak, bad or mad' as the dominant societal response. Hence the strategy exacerbates need rather than relieves it. It increases the likelihood of addiction. Unless human needs are met they produce stress and pain. Drug users seek relief in their use.

The 'Tough on Drugs' approach seeks to change behavior by increasing the negative consequences of drug use (e.g. punishment) but fails to understand that many drug users don't live in a world of consequences. They live in a world of instant

“feel good” or relief: a world of no tomorrows, only today. I have resuscitated a man from an overdose in prison in the morning only to have to resuscitate him again in the afternoon. The fear of death is never an adequate motivator for the long term positive change and can never replace the love of life. Unless we have strategies that assist drug users to find their value, feel free to be honest, get their needs met rather than just modify their feelings, we can not expect them to stop using drugs to feel good. A punishment model including death as a consequence doesn't help people feel good. It can't work.

One of the saddest consequences of calling people who use drugs criminals is that it kills parent-child communication. When parents find out that their children are experimenting with drugs the two most common responses are rejection or control. The child learns to hide the problem or experimental behavior and is forced into denial, guilt or left to seek peer group acceptance: all of these predisposing to dependency and addiction.

As well as physical addiction, users are often addicted to the 'sense of acceptance of sharing drugs' (like the bond of communion in religious culture). This is more likely if they are sharing a secret because the activity is illegal. Some seek acceptance from conforming to their peer group, others test for acceptance by rebelling and doing the opposite of parental and societal expectation, even if they know it is dangerous or not in their best interests. Our need for acceptance is more powerful than any information that can be imparted by factual education. Thinking that education alone can solve the problem is to be naïve. It has the added risk of the educator thinking 'I told you not to do it and if you still do it, you deserve whatever the outcome'. Currently the outcome is often death and I don't believe anyone deserves the death penalty from experimenting or seeking relief of pain in their life. Experimenting is a normal tool of learning. We need to ensure it is as safe as possible.

Most children have already got the message that parents would disapprove, hence they hide what they are doing. They may not have got the message that Mum and Dad accept them and welcome them to talk about their experiments. I tell parents that if their child is able to be honest with them, they are a success, even if they don't like what they are hearing or are afraid of what others will think.

Some parents, rather than listen, want to lecture or police. Both strategies are counter-productive because they kill the friendship that is vital to resolve the problem.

By making drugs illegal we give children who don't feel accepted or who don't yet accept themselves, a vehicle to rebel and use power as a substitute relief strategy.

Power games, like drugs, can be used to feel good. If you don't like yourself you would much rather be 'the cat' than 'the mouse'. By making drugs illegal we create a power game that says "the people in power will control and choose for you". Drug users often respond by saying "I'll show you, you can't stop me" and get a sense of identity and power by beating the system. Often they get "hero status" amongst their peers. This is especially evident in prisons.

Forced rehabilitation whether in prison or in the community is inherently flawed because it feeds into the power games rather than values the individual and freedom of choice inextricably part of that value.

Stigma is re-inforced by the 'Tough on Drugs' strategy. Individuals fear rejection on being labelled weak, bad or stupid if they are not strong enough to 'Just say No'. This commonly leads to a cycle of trying and failing, promising and 'busting', feeling you have to prove your value by stopping. Addicts often then punish themselves by repeating the behaviour they are trying to change. This leads to loss of hope and suicidal risk. I have seen at least 13 suicides in 7 years where this has been a major factor. These suicides were not accidental overdoses. Australia can not be serious about suicide prevention if we continue to stigmatize those who use drugs. Stigma, guilt, isolation and rejection combined with inadequate humane detoxification from drugs and alcohol is a major factor in deaths in custody, especially in early incarceration.

In the past parents of drug users who died could not even talk about why their child died. Some are showing great courage in speaking out now and need to be heard. In early grief many are attracted to the idea of getting rid of all drugs from the world.

This is a denial of reality and part of the denial of grief. As they process the issues many understand that if drugs were legal their child may not have died and may have “grown through that phase” – especially if they could be honest about it somewhere.

If we look at Drugs in Perspective:

- Tobacco causes 72% of Drug related deaths
- Alcohol causes >25% of Drug related deaths
- Illicit drugs cause 3% of Drug related deaths

In the 15-34 year age group:

- Alcohol is responsible for 62% of Drug related deaths
- Illicit drugs are responsible for 34% of Drug related deaths

In terms of individual health, Alcohol and Tobacco are more toxic to the body than pure heroin. Heroin's major health risks relate to people having unknown doses, contaminates being used to cut the drug for profit or individuals using dirty needles or sharing needles.

39% of Australians over 14 have tried illegal drugs and in the 25-39 year age group, 62% have tried illegal drugs. Are we going to call the majority of the population criminal? Young people who use illicit drugs feel people who use more damaging legal drugs are hypocrites, as in “the pot calling the kettle black”.

Access Economics '96-'97 estimate:

	Turnover/Year	Government Revenue/Year
▪ Illegal Drugs	\$7 billion (1.4% of total spending)	Nil
▪ Tobacco	\$6.2 billion	\$4.3 billion
▪ Alcohol	\$13.2 billion	\$1.8 billion
▪ Medical Drugs	\$4.2 billion	---

The Victorian Premier's Drug Advisory Council estimated the Annual Tangible and Intangible Costs of Illegal Drugs is \$1.8 billion, while crime to support the habit is \$1.5 billion for that State.

To legalize and regulate drugs would remove dealer excess profits, decrease the costs and decrease the crime. To tax these drugs could then fund the education and rehabilitation.

If the government used the taxes from alcohol and drugs to prevent and to repair the damage the substances generate, it would be more efficient. The danger is that governments become dependent on the profits of drugs. This appeared to be a factor in Australia rejecting the heroin trials when America threatened Tasmania's opium production if Australia proceeded with the trials. Tasmania is one of the world's largest legal opium producers for medicines.

The Swiss Heroin Trials showed positive outcomes such as less health problems, less unemployment, less reliance on Social Security and less prostitution. The Swiss Prison Needle exchange trial showed no increase in drug use, in fact a slight decrease and less health problems. When individuals are treated as valuable and have a choice you can expect their health and behaviour to improve.

Many Australian taxpayers resisted the notion of people being given free heroin, just like most people would resist free cigarettes or free alcohol. The trial may have gained greater acceptance if users paid true cost price rather than taxpayers paying.

There has been a great focus on treatments as solutions to the problem.

Substituting a legal narcotic for an illegal one really only serves to break a dependency on crime because the desired narcotic is illegal. It seems to make those with power feel morally relieved that addicts aren't using the 'bad' narcotic. Most people on Methadone prefer heroin and the main differences are that Methadone is long acting and doesn't produce the same euphoria. Who said euphoria is morally bad?

Naltrexone has gained favour amongst those who don't want to support 'any mind-altering substance dependency' but many people stop their Naltrexone to be able to use heroin or switch from heroin to amphetamines or alcohol. It can reduce your narcotic tolerance which can increase the likelihood of overdose if individuals go back to their original heroin dose.

No current treatment is very successful and each treatment is really only "an ambulance at the bottom of a cliff". It would be better to have a "fence at the top of the cliff" or "ropes to help climbers stay safe in their risk taking".

Some suggest that we should make it a medical problem ... to move from the 'bad' to the 'sick' model. Neither label makes the individual feel valuable and the only real appeal of the 'sick' model is that it has a slightly reduced stigma. I believe relief is more likely from seeing individuals as valuable and letting them own the choice.

If doctors were to dispense narcotics legally it would not solve the problems of the illegal market, the unknown doses causing overdoses, the stigma or the problem that people can only get help once addicted.

Treating people as valuable and giving them a choice is to decrease the likelihood of addiction and dependency. This is the best "fence at the top of the cliff".

Some are afraid that making drugs legal will increase drug use. This is unlikely as the population of those who choose not to use drugs will probably stay the same. Those who don't use, value their health and already have more natural and fulfilling ways to feel good and get their needs met.

I want to generate a culture where to not use drugs is "cool", as opposed to our current culture where to use drugs is seen as "cool".

Some are afraid that drugs being legal will make them more available. They are readily available now and the most efficient network marketing in the world can even home deliver with "credit" if desired.

There are some hidden problems from our 'get tough' strategy. One is the undercover police who become addicted to drugs. Undercover strategies depend on agents pretending or telling lies or sometimes preying on the 'drug sharing culture of users' who know that scoring for someone else often means drugs for yourself. Which is the immoral act – the drug use or the telling of lies?

I know one young addict who was wired to get evidence about the possibility of officers bring drugs into prison. He was then labelled a traitor or 'dog' and so it was unsafe for him in prison. To keep him 'safe' and to try and stop him using drugs he was placed in solitary confinement. He stayed there for more than 3 months and didn't cope, so was heavily sedated. He attempted suicide and his father offered to be hand-cuffed to him to go for a walk inside the prison just to feel human. This was refused. Despite two officers being employed to watch him he hung himself from the roof of his cage and died in full daylight. I see him as a victim of our drug strategy.

I see the gathering of data about drugs under Criminal Intelligence and this information being used in ways that affects people's lives and yet this information is not subject to Freedom of Information or Privacy Laws as the authorities act under an agreement between Police Ministers not under any specific State or Commonwealth Law.

I heard the New Zealand Police relate how they attended the funeral of a man who suicided after release from prison and took a video of the funeral to get evidence of possible drug dealers.

We fought World War II so that 'Big Brother' didn't rule the world and yet it is possible in the name of drug control to invite 'Big Brother' to "move into the lounge room". What about treating others how we'd like to be treated?

I can not see the level of suffering I see without deducing that our current strategy not only doesn't work, it makes it worse.

Princess Diana and Mother Theresa both identified that “the worst disease is to be unloved”. They acted to destigmatize poverty, leprosy and HIV/AIDS. We must extend that love to destigmatize drug users.

Our society has false expectations that the law can solve drug problems. However the law can never do what only love can do. The law can't make people feel valuable, only love can.

RECOMMENDATIONS

- 1) The foundation of any solution must be the value of each person and respect for individual choice: only one person can stop someone using drugs – the person themselves.
- 2) Collective and Individual Denial fosters Dependency and Addiction. We must be honest about the reality of the problem and the fact our current strategies aren't working.
- 3) All drugs should be legalized.
- 4) All drugs should be regulated: known doses of known substances from known sources at near to cost prices.
- 5) All drugs should be taxed and the whole of the tax should fund education, control, rehabilitation, disease prevention and help individuals find better ways for need relief.
- 6) All dealers should be required to educate at point of sale. Customers are more likely to listen to peers and those “in the know” than those who have never used drugs.
- 7) Funds should be spent helping those who want to stop rather than trying to stop those who don't want to stop. Those who continue to use need opportunities to learn from the consequences of using rather than be rejected.
- 8) Communication with Trust needs to be fostered. Currently in N.S.W. teachers have mandatory reporting of drug use by students – so teachers have to tell police. This breaches Teacher-Student trust so students are more likely to lie or experiment alone or seek peer group acceptance by conformity.

Unless acceptance and confidentiality form the basis of safety for communication we lose the best national resource we have which is children talking to parents, teachers or trusted individuals who've learned from life's journey.

- (9) We need to change the focus from whether drugs are “good” or “bad” to one that says “individuals and life is valuable.”

We have been successful in sending the message that drugs are dangerous but it doesn't stop people from using them.

The message sent is: 'Drugs are bad'. The message received is 'You are bad' and the rejection predisposes to addiction. We are able to inform people that cigarettes are dangerous without making them illegal. The current strategy of saying heroin is dangerous by making it illegal actually makes it more dangerous as people take unknown doses. We need to send the message in a way that doesn't cause 600 deaths a year.

- (10) We need to change the culture that 'drugs are cool' to 'life and love and communication and connection are cool'.

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- Dealing with Politicians: Unfortunately, most politicians are so removed from the problem that they don't understand. There are votes in fear but there is solution only in understanding. Politicians who say: 'I will be tough and get rid of drugs' are feeding the myth of denial. No one can stop anyone, except the person themselves. Flexing powerful political muscles is no substitute for using our heads and our hearts to solve the problem. When, in the Vietnam War our kids were dying, we had the maturity to say “it's not working”.....”let's be honest and turn 180° for a solution”.

Many politicians say it is sending the wrong message to legalize drugs. They need to understand there are more clever ways of informing young people that drugs are dangerous than in strategies that result in unnecessary deaths.

Many politicians say it is “irrational to legalize drugs”. We need a solution that is more than just simply rational – we need a solution that saves lives and gets rid of stigma. Where is the virtue in rational if it results in preventable deaths?

Those affected by drugs – the users and the families – must speak out so the honesty can be heard. Without it there will be no change, except for the worse.

- Dealing with the Christians: Many Christians are vocal in wanting to rid the world of drugs. They fail to realize that this is a denial-based strategy and while the message is sent with good intent, it is heard as rejection and judgement. Christians are alive to love, not judge. Their founder said they’d be known for their love but many are known for their judgmental attitudes. Loving is their job. Judging is God’s job.

Fundamental to Christianity is the value of the individual and respect for choice and this needs to translate into their response to the drug problem. Accepting another person doesn’t mean you have to agree or surrender your right to be honest in what you choose. Harm minimization is saying, “you don’t deserve harm”, it isn’t saying “drugs are harmless”.

I have never used any alcohol or drugs. I don’t drink tea or coffee. I used to be a prohibitionist but now as an active, honest Christian I believe all drugs should be legalised. I’m pro-choice, pro-life and pro- the value of each individual, while happily anti-drugs.

People who use drugs seek relief, they deserve relief.

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