

Rethinking Our Attitude To Drugs

Luke O'Connor, *The Zone* (10/10/12)

Illicit drugs are widely viewed with fear and loathing. Parents, in particular, are understandably terrified their children will become addicted to headline-grabbing horrors including heroin and methamphetamine and crack cocaine. Alcohol and other drugs are known to be extremely hazardous to the developing brains of young people.

The apprehension is endlessly fuelled by stereotypical images of dishevelled, desperate drug users roaming the streets.

While the fear of addiction is rational, the widespread demonisation of drug use is often hypocritical and borders on collective hysteria. The reality is that most people who use drugs – legal and illegal – do so recreationally and relatively safely.

The issue is further blurred by the arbitrary distinction between permitted and prohibited substances. This can create a false sense of security – for example, alcohol is legal, but can cause enormous damage.

Beyond that, the burgeoning misuse of, and trade in, prescribed drugs, particularly pain medications and tranquilisers, is potentially overtaking illicit drug misuse as a social and health concern.

This instalment of *The Zone* is not seeking to condone or encourage substance misuse. Rather, it seeks to

encourage people to rethink their attitude to, and understanding of, drugs, so that we might as a society better deal with the problems faced by the minority of people who get into strife using substances that alter the mind and body.

Today's guest is Luke O'Connor, an expert in helping those with drug and alcohol problems. He works with Youth Projects, a non-profit organisation that runs the Melbourne Drug and Health Alliance, a network of mental health, drug and alcohol and primary healthcare organisations.

The alliance helps community workers co-ordinate their efforts and identify how they can best serve those in need. Youth Projects provides a range of community services to people, particularly young people, experiencing disadvantage including addiction, unemployment and homelessness.

In our interview, of which the full transcript and a short video are at theage.com.au/opinion/the-zone, O'Connor explains that for many people their addiction or abuse is a symptom, not the primary cause.

'The reality is that the people who are the most visible, those who are street drug users and those that we pass on our way to work on a lot of mornings, are actually people who are experiencing a range of issues – not necessarily solely drug-use or alcohol-use issues,' O'Connor says. 'It is often

part of a greater problem linked to mental health, trauma, lack of housing, family breakdown. And that is not to say that all drug users are from that category, but I think in the stereotype that people see, that chaotic drug user, that is often the case.’

Like so many other experts, O’Connor believes prohibition has failed utterly and the so-called war on drugs has been lost. They argue that far better public health outcomes would be generated were the use of several illicit substances decriminalised and regulated, and that drug use be treated as a health issue, rather than a criminal one.

Last week, *The Age* published a feature article in which health and legal experts explained that ecstasy, or MDMA, is less harmful than alcohol (<http://www.theage.com.au/victoria/dancing-with-molly-20121203-2ar04.html>).

‘The research suggests that the harms caused by ecstasy to the community are negligible when you compare them to the harms caused by alcohol.

‘Now, I am not beating up on alcohol here, but it really does highlight to our policymakers that there is an arbitrary line which is really not considering research, and it’s not considering the issues that the alcohol and drug and the health sector more broadly have to deal with.

‘There are a lot of people in society who think there definitely is a need for a rethink. Even my dealings with police officers would say that

decriminalisation of some substances is the only way forward, but they are in the duty of enforcing laws, so obviously they cannot publicly take those positions.’

Decriminalisation is an idea gathering force. Portugal has decriminalised heroin. Some US states have decriminalised cannabis. It’s about harm minimisation, not encouraging dangerous use of substances. In Australia, people in power know prohibition has failed, but they are afraid to confront this reality for fear of a public backlash.

A previous guest in *The Zone*, Professor Nick Crofts of the University of Melbourne’s Nossal Institute for Global Health, conducted a study for the Kennett government during which he spoke to dozens of politicians, police leaders and policymakers. Almost without exception, they told him prohibition should be abandoned – but there was no way they would say so publicly.

That was almost 20 years ago. O’Connor is enthused by the fact that the police are now diverting drug users away from the criminal justice system and into the health and community services system.

He is also encouraged that the Victorian government is reviewing its drug policies. ‘The Victorian government is showing that they are interested in the views of those who work in the sector, because they understand the challenges that are being faced. Obviously, we’re yet to

see how successful they are. Although reform is an excellent thing, reform is only going to be as successful as how innovative they can try to be.’

O’Connor believes there is much innovation our lawmakers might tap into. In the ACT, the US and Britain, there have been successful trials of a drug called naloxone, which reverses the effects of overdoses of heroin and other opiates.

A major weakness is that there are too few doctors who have been trained to pharmacologically treat people who have problems with drugs, legal or otherwise.

O’Connor says the problem is becoming even more acute as the number of people becoming addicted to prescription tranquilisers and pain medications grows. A recent report from the Coroners Court of Victoria suggested such drugs were causing more deaths than prohibited substances.

‘The biggest challenge is going to be that we have a new wave of users coming through who are behind closed doors – who are friends, family, sons, daughters, people who are working, are participating in the Australian economy but also are dabbling in these drugs and putting themselves at extreme risk because they aren’t educated about the possible risks.’

Such is the lack of doctors trained to treat problem users pharmacologically that services such as Youth Projects’ city clinic, the Living Room, is being

challenged to meet the increasing demand for health and medical assistance required. O’Connor argues that such treatment should be widely available in the public health system, and that doctors should be given financial incentives to train in the use of treatments including methadone and buprenorphine. A further barrier, he suggests, is that many doctors simply do not want to have drug addicts in their surgeries.

O’Connor has a passion for his work. He brings empathy to it; someone very close to him is an alcoholic. He has seen at first hand over a long period the effects of addiction. He was inspired to become a drug and alcohol worker when he was employed as an administrator in a clinic in London. Without a hint of irony, he describes himself as ‘hooked’ on his profession. He has seen progress; his organisation runs needle-exchange programs that have reduced the transmission of hepatitis C and HIV. And he believes there can be much more progress should the community review its attitudes to substance misuse.

We cannot expect our politicians to make enlightened changes unless voters show they understand that drug addiction and abuse are not solved by outlawing drugs. They are solved by helping people in need deal with underlying problems, and through regulation and widespread education about the profound risks involved in the over-consumption of substances, licit and illicit.