

@ In Taiwan, all the hems which are used by drug criminals are carried in by American G.I.s, and most of them are by the hands of bar girls. For the present, the cases about hems are supervised strictly by American M.P.. In Taiwan, the problem of

Amphetamine poison is not serious, therefore there is not a law to control it. Yet in 1968, according to Legal Medicine, there were two murder cases by applying Amphetamine which induced customary hallucinations – seeing and hearing.

Drug abuse and addiction problems in Australia

By: Sir Geoffrey Newman-Morris.

A. The role of the doctor in drug abuse and addiction.

1. *Barbiturates.* I quote a letter sent out in March 1973 to all doctors in Australia by the Pharmaceutical Benefits Advisory Committee urging doctors to reduce their prescribing of barbiturates. "The prescribing of barbiturates is now regarded as being undesirable". The letter goes on to say, "Combinations of barbiturates and analgesics will be deleted in August from Pharmaceutical Benefits available to pensioners". This has already been done.

There is no doubt that there is a growing campaign in Australia to persuade doctors to limit their prescribing of barbiturates.

The document that I have quoted states, "Barbiturates should be prescribed with great caution and only exceptionally for periods of over *four weeks*".

They are unsuitable for the elderly because they readily produce confusion and are unsuitable for youngsters because they may produce an addictive effect.

It is now widely accepted that dependency develops easily with regard to barbiturates".

2. *Bromides.* I think it can be said that the prescription and counter sales of bromides have now almost been abandoned in Australia.

3. *Amphetamines.* The same comment applies to amphetamines.

4. *Alcohol.* The accusation that the use of marihuana is dangerous is countered in every day life by the reply that it is no more dangerous than alcohol.

I quote Lord Bain who said, "The alcoholic can prescribe his drug himself". He has this benefit over other drug users.

I quote now from the report of the Triennial Conference of the Australian and New Zealand Student Health Association in January, 1973 on the subject of the use and abuse of drugs.

"1. If only in terms of its contribution to student mortality in road accidents, alcohol was acknowledged to be the most dangerous drug on Univeristy campuses.

2. It is believed that repressive measures to aim to control the use of *Cannibis* (leading to further antagonism between the police and students) were potentially more harmful than the use of the drug itself.

3. Student health physicians and counsellors have a useful educational role to play strictly limiting the prescription of psychotropic drugs and encouraging

the alternative development of improved intrapersonal communication, relaxation techniques and exercise therapy”.

In relationship to this I quote from the Melbourne Age of the 15th March, 1973 which uses as a headline the following phrase, ‘*Pot Is Not Addictive*’ Say Health Experts”.

This headline was in relationship to the findings of a year long study on drug abuse in Melbourne by Dr. D. W. Rankin, Chief Health Education Officer at the Health Education Centre and Dr. Krupinski, Research Director of the Mental Health Research Institute.

Their statement includes the following words, “Immaturity and not marihuana is the link between pot smoking and hard drug use”.

Dr. Rankin in particular called for a more responsible public attitude to drug education, “You have to tell children the truth because they will quickly find out if you are lying”.

The report went on to say that curiosity and not social rebellion is the main reason for turning to drug use and further “the most common source of information about drugs and drug use was the mass media.”

The next day there was, of course, a spate of publicity contradicting the opinion expressed in this report and this question of whether marihuana is addictive or not is one that is in the public eye and still remains the subject of argument.

I discussed this aspect with Ainslie Meares well known psychiatrist of Melbourne. He made three comments.

He has seen in his practice:

- (1) The move from pot to hard drugs.
- (2) Marked intoxication from pot.
- (3) Severe mental and physical deterioration in pot smokers.

I turn now to my second heading.

B. Government action:

There has been sitting in Australia a Senate Select Committee on drug trafficking and drug abuse.

I quote from the submission of the Australian New Zealand College of Psychiatrists to this Committee.

The main theme of this submission is, “The judicious use of drugs, particularly tranquillisers, sedatives and anti-depressants has virtually revolutionised the practice of psychiatric medicine”; Further under the heading “Incidence Distribution and Causes of Drug Abuse,” the report goes on to say, “It seems inappropriate to focus on the more sensational drugs used by *minorities* in the community whilst ignoring the effects of such widely used drugs such as alcohol and nicotine”.

The report further says, “the most pertinent feature of the incidence and distribution of drug abuse within the community is that it is not confined to one social or economic group. *Barbiturates* for the middle aged housewife, *alcohol* for the man of all ages and *marihuana* with at times narcotics for the 18 to 25 may provide a framework of research for the social scientist and psychiatrist”. The first two categories are probably the greater problem, economically, socially and psychiatrically in our community.

Relevant factors in a broader sociological setting are highlighted as follows:

1. Commercial profit stability.
2. Commercial advertising, a) to doctors and b) to the public.
3. Ignorance of the public at large.

The need for action in this regard is summed up by pointing to the importance of education for key personnel. This leads me to my third point.

C. Education:

I quote from the report of the Health Education Centre with regard to its activities in 1971.

“It is important that the education program must be more than purely pharmacological. There must be a reasoned analysis of the sociological and forensic aspects of the problem.”

There has been a big professional staff engaged in drug education in relationship to this centre.

The aims of the Drug Education Program in Victoria are stated as follows:

1. To give the public, both young and adult the opportunity of making their own personal decisions about the use or misuse of drugs.
2. To encourage adults and youth to maintain communication with each other in this and other fields of social importance.

These aims are being achieved by the giving of factual information about drugs in an unemotional way by persons trained in the field, and of promoting free discussion amongst all sections of the community.

This is done by education programs through a widespread variety of such groups as parents, social clubs, service clubs, school staff and youth.

There is a similar drug education program in New South Wales which directs its activities in four directions.

1. To Youth. Acting through schools and a drug advisory centre.
2. To concerned adults. An attempt is made to teach them to communicate with youth.
3. To educators. They are informed by means of workshops going up to a twenty-five hour period.
4. To community opinion leaders. An attempt is being made to interest these by one day seminars.

At the Federal level the Director-General of Health wrote to members of the medical profession at the end of last year, "I am writing concerning developments in the National Drug Education program being conducted by Commonwealth and State authorities.

The National program has been in operation for the last two years and although worthwhile progress has been achieved it is felt that members of the Australian Medical Association have an increasingly important role to play in this program.

The Drug Educational Sub-Committee of the National Standing Control Committee on Drugs of Dependence has placed emphasis on the need for total community participation in the program and particularly the involvement of influential members of the community such as medical practitioners.

The Commonwealth Department of Health employs pharmacists to visit medical practitioners to provide information concerning various aspects of the National Health Act.

The Department of Health has now decided that the duties of the inspection pharmacists will in future include reference to aspects of Commonwealth and State Activities in the area of drug abuse prevention."

Treatment and rehabilitation of drug dependency.

This is an area where I feel I am quite unfitted to express opinions. However I recall the very interesting discussion in this regard at the meeting of the World Medical Assembly in Ottawa in 1971.

There seemed to be a widely held opinion then that drug addiction and its management is a medical problem rather than one of criminology. I think that the informed opinion at present in Australia is that the community's existing institutions, laws and particularly its attitudes and prejudices are unfitted to meet a new social phenomenon.

Drinkers, Smokers and Drug Abusers.

I quote from Dr. Dewdney's book, "Australian Health Services", published in 1972.

"Bearing in mind the failure to control the use of alcohol and tobacco effectively by educational means and in the case of alcohol by legislation, aimed at punishing or forcing treatment upon those whose use of that drug is currently unacceptable to some sections of the community; there seems to be little ground for optimism that such measures will be more effective in controlling other forms of drug abuse. Undoubtedly some forms of drug abuse could, in theory, be eliminated and other forms be controlled by the enactment and enforcement of appropriate legislation covering the manufacture, importation and distribution of certain drugs but it is very questionable whether the present law enforcement agencies of Australia would be capable of enforcing such legislation.

At present in Australia the management of persons abusing drugs other than alcohol or tobacco derivatives is a mixture of criminal measures, psychiatric and other forms of medical "treatment", non medically directed therapy, social support and mutual self-help on behalf of the drug abusers themselves."

Finally, with regard to the Senate Select Committee on drug trafficking and drug abuse to which I have already referred the recently published report of this Committee gives little ground for supposing the problems of drug abuse and the supply of drugs to users will be tackled at Commonwealth level more successfully in the future than in the past."