

Effacing the Scream

Confronting Drug Legalisation

Those seeking to legalise all currently illicit drugs have exploited one particular strategy which has yielded results for more than a decade. It is a strategy which uses the weight of the public's fortuitous naivete regarding the complexities of drug policy, striking at the emotional level with arguments which appear to time-poor individuals in the midst of minimal media debate to have substance when reflection shows otherwise.

The appeal to the plebiscite and the opinion poll has been the legalisation lobby's chosen strategy for influencing or forcing legislative change, and it is a play which is used with a great deal of confidence due to hundreds of millions of contributed dollars from some of the world's richest men who have queued to bankroll their cause. Since New York financier George Soros donated \$550,000 in 1996 to legalise home-grown medical cannabis in California's successful Proposition 215 plebiscite, the ability of the lobby to out-advertise their opponents by marshalling 25 advertising dollars for their every \$1, as detailed by Gil Kerlikowski of the US Drug Enforcement Administration regarding a more recent plebiscite, has ensured the legalisation agenda's continued advance. In the UK it has more recently been Virgin's Sir Richard Branson who has reached into his own deep pockets.

Chasing the Scream, a new book published earlier this year by Johann Hari, focuses and refines the drug legalisation lobby's previous arguments, and has been released to rapturous reviews worldwide. "Chasing the Scream is an absolute gem, and I honestly feel that it's one of the best examinations of drug policy that I've read," says one Goodreads review. But if ruse has been the major stock-in-trade of the legalisation lobby, Hari's new book takes an even bigger lend of reader's lack of drug policy knowledge.

The lobby's constant resort to ruse is exemplified in the Guardian's 2014 British Drugs Survey which asks respondents a quintessentially leading question, "Do you believe that the 'War on Drugs' can ever be won?" The question is outright deception simply because the UK has never had a war on drugs, where it has rather offered a drug strategy which is only a slightly lesser shadow of our Australian drug policy where we have done everything possible to facilitate the use of illicit drugs in this country. For the last 30 years we have spent more than half a billion dollars on our world-leading needle and syringe programs, methadone programs and more recently an injecting room. Alongside our harm reduction programs we have had a Tough on Drugs strategy which introduced more prevention strategies between 1998 and 2007, still no war on drugs, which halved our cannabis use, decreased heroin use by 75%, reduced amphetamine use by 40%, but failed to reduce cocaine and ecstasy use which increased by 15% and a disturbing 46% respectively.

Of course, policing illicit drug use is no more a war on drugs than the policing of rape, paedophilia, stealing or drink driving. All are capable of being titled a 'war' on activities which society condemns, but no opinion poll will ever indicate that the public believes that those 'wars' could ever be won, far less abolished, simply because they can't. While 'blitzes' on drink driving or speeding are frequently declared in this country, there is no suggestion they be discontinued because that war can't ever be won. Yet the drug legalisation lobby will use the Guardian poll's 87% who believe the obvious, that any War on Drugs can't be won, to tell politicians that the public's view implies policy failure which

must be terminated. By deceptively titling every country's necessary policing of illicit drug use a 'War on Drugs' the drug legalisation lobby seeks only to befuddle the public's perceptions of the aims of drug policy.

Hari's approach is not limited to the underhanded titling all illicit drug policy a war on drugs, but rather a far more explicit, creative rewriting of drug policy history, manufacturing an illusion that the historic international agreements prohibiting the recreational use of opium, heroin and cocaine in 1912 and of cannabis in 1925 are really all the work of one devious, dishonest US bureaucrat, Harry Anslinger. That Anslinger led the US Federal Bureau of Narcotics from 1930 through to 1962, commencing years after these agreements were established, does not deter Hari from rearranging history to suit his thesis that Anslinger treacherously beguiled and bewitched the entire world into prohibiting the very drugs which Hari believes are largely beneficial with significantly less harm than alcohol or tobacco.

To make this thesis work Hari has to creatively unhinge his creative assertions from verifiable fact, fact that is eminently verifiable given every Anslinger file from his 32 years at the Bureau is still archived at Pennsylvania State University. Hari's treatment of Anslinger commences with, "From the moment he took charge of the bureau, Harry was aware of the weakness of his new position. A war on narcotics alone—cocaine and heroin, outlawed in 1914—wasn't enough. They were used only by a tiny minority, and you couldn't keep an entire department alive on such small crumbs. He needed more."

Such a creative rearrangement of history ignores the fact that Anslinger, when commencing his work in 1930 at the Bureau, did everything he could to avoid the public hue and cry led by various newspapers and legislators in the Southwest regarding the use and effects of marijuana. Anslinger maintained that cannabis was not being imported as was opium or cocaine, but rather domestically grown, and should therefore be controlled by each State rather than the Federal Government's 1914 Harrison Act. It was not until 1937 that Anslinger begrudgingly acceded to pressure, a very different reality to Hari's inversion of facts to suit his emotionally appealing but fanciful polemic which carefully avoids the reality of how and why these prohibitions were initially instituted.

For Hari's book to influence any unversed reader, he needs to carefully conceal the harsh realities of public attitudes towards illicit drugs which led to those international Conventions 18 years before Anslinger took control. They were the very same attitudes seen in opinion polls today. Every 3 years, the National Drug Strategy Household Survey asks 25,000 Australians about their drug use and their attitudes to drugs and national drug policy. 97-99% do not approve the regular use of heroin, cocaine, speed, ice and ecstasy, while 90% do not approve the regular use of cannabis. And we can be sure Australians are not naïve in their distaste for drugs. Up to 46% have experimented with illegal drugs, and the high percentages for disapproval of drugs indicates that almost all have come to reject them. Australia, too, has had the highest levels of drug use in the developed world, with the highest heroin and amphetamine use, second highest cannabis use and fourth highest cocaine use before Tough on Drugs worked to effectively reduce most of these. There are few families in Australia not touched by illicit drug use in some way.

Any national community which sees new substances presenting unacceptable dangers to the fabric of their society maintains the democratic right to expect its government to prohibit the behaviours which large majorities condemn. To position these negative attitudes towards drugs, which have

remained largely unchanged for the last century, as the product of a conniving US bureaucrat requires an inexcusable, illogical displacement and rearrangement of history, which Hari has crafted.

His view on drugs is glib. Says Hari, "Some drug use causes horrible harm, as I know very well, but the overwhelming majority of people who use prohibited drugs do it because they get something good out of it— a fun night out dancing, the ability to meet a deadline, the chance of a good night's sleep, or insights into parts of their brain they couldn't get to on their own. For them, it's a positive experience, one that makes their lives better." What Hari's book wishes to advance is that all humans should be liberated to indulge their intoxicant of choice, based on his assertion that all cultures over the millennia, until today, have been supportive of intoxication. A more accurate assessment is that of Theodore Dalrymple who states, "Man's desire to take mind-altering substances is as old as society itself: as are attempts to regulate their consumption. If intoxication in one form or another is inevitable, then so is customary or legal restraint upon that intoxication. But no society until our own has had to contend with the ready availability of so many different mind-altering drugs, . . ."

But Hari's book goes further, blaming the stigmatisation of drugs and drug users on the very act of governments prohibiting these drugs, such is his inversion of reality. Conversely, a Quantum Market Research survey conducted annually with more than 1,000 Australians asks, amongst other questions, what respondents consider most socially unacceptable, with remarkably uniform responses year on year. While child pornography tops the list typically at 96%, public intoxication comes in fourth (80%) after the use of hard drugs (92%) and use of designer drugs (88%). Hari's thesis that prohibition creates a conditioned intolerance towards illicit drugs cannot explain this public intolerance of intoxication, with no prohibition of alcohol to shape public attitudes. Hari's hypothesis fails to find support in real-world data. It is consequently clear that the community desires the prohibition of particular drugs because it believes their use is a self-indulgent form of recreation which presents unacceptable harms, not because of the mystifying hidden influences of drug prohibitions.

Hari's silence about the 1925 Geneva Convention, which added cannabis to the list of internationally prohibited substances, and of the intent of both the 1912 and 1925 international Conventions which willed the elimination of all recreational non-medical use of harmful substances is inexcusable. In his attempts to disparage Anslinger, he circumspectly avoids mention of the international agreements made well before the advent of Anslinger. Anslinger did indeed work toward tightening the early Conventions in order that they more effectively fulfil their originating intention of eliminating all recreational drug use, but he was never the *de novo* author of those intentions.

The unreliability of Hari's allegations against Anslinger extends to his exploitation of the race card. Writes Hari of his homeland Britain, "just as in the United States, our drug war began in a race panic," despite the fact that US opium addiction largely gained a foothold via treating wounded soldiers with opium during the American Civil War of 1861-65. The apprehension of Fitzhugh Ludlow in an 1867 edition of Harper's Magazine urging that 'the fearful (opium) habit is gaining ground' is representative of numerous statements in the US press over the following 40 years, with negligible mention of Orientals.

Regarding cannabis, it is documented fact that Mexicans introduced the recreational use of marijuana (a Mexican word) to the United States and that it was almost entirely confined to the barrios and ghettos in which Mexicans and African Americans lived. As late as 1966, epidemiologist

Lee Robins' who was subsequently entrusted by the US Government with testing every soldier returning from Vietnam for heroin use, found negligible drug use in her white study populations while experimentation in the black communities she studied was at 50%. If drug use was not rampant in most white communities until after Anslinger's tenure, what are we to make of Hari's accusations of a race panic? Anslinger's pursuing cannabis or opiate-using black musicians, where drug use was at that time chiefly centred, was entirely to be expected when as role models to their own communities their unchecked use of substances advertised the wrong message.

Along with previous legalisation apologists, Hari ridicules Anslinger's views concerning cannabis harms, particularly his promotion of cannabis as a cause of drug-related violence and madness. Despite the lampooning of the lobby there is now a copious science indicating a dose-response relationship between cannabis and psychosis with a February 2015 Lancet study finding that daily users of high THC cannabis have a fivefold risk of psychosis. Previous studies had indicated a doubling of psychosis risk from lower THC cannabis use.

Studies in 2003 by Niveau & Dang and in 2007 by Howard & Menkes have investigated the effect of cannabis on a particular neural mechanism controlling impulse and found a connection with violence and aggression. It stands to reason that the lowering of inhibitions via intoxication will create a greater expression of violence in those so predisposed, whether by alcohol or cannabis. In the Geneva Convention discussions of 1925, the Egyptian delegate M. El Guindy implored the prohibiting of cannabis on the basis of 'madness' associated with its use, but also that its intoxication 'takes a violent form in persons of violent character.' Contrary to Hari's assertions, Anslinger was never alone in linking violence and madness with cannabis use and modern science exposes Hari's scorn.

The 2012 Australian Institute of Criminology DUMA study on the degree to which crime is drug and alcohol-related found that self-report by police detainees attributed as many offences to cannabis use as to heroin or amphetamines during the study period, the result of the higher number of cannabis users. 36% recorded that they were high on cannabis at the time of the crime with another 15% claiming they were 'hanging out' for cannabis. It is notable that these are effects of the drug itself, not of its prohibition. Only 9% of those attributing their crime to cannabis cited their need for money to buy it where the higher prices resulting from prohibition could be held responsible.

This raises the most serious issue with the legalisation lobby's attack on the United Nations' long-standing drug Conventions. The lobby's history of consistently downplaying the harms of illicit drugs must necessarily lead to increased experimentation with these substances – in 2010, 47% of Australians who had never used illicit drugs cited health reasons as a major deterrent so the real health harms of drugs must be known for informed decisions about drugs. Hari's book very typically downplays the harms. Then, to quell any fears about the illicit he juxtaposes the legal drugs thus, "At the moment, we have a licensed and regulated way to sell the two deadliest recreational drugs on earth—alcohol and tobacco."

'Chasing the Scream' continues to downplay cannabis as a 'soft' drug, presenting less harm to users than alcohol and tobacco. Yet an abundant science of more than 20,000 peer-reviewed journal studies indicates that it is anything but soft. Cannabis is the main gateway drug to cocaine and heroin use. Cannabis users are 50% more likely to develop an alcohol disorder as well as presenting a fourfold risk of depression and threefold higher ideation of suicide.

Cannabis causes amotivational syndrome, depresses the immune system, affects verbal learning, organisational skills, coordination and memory where loss of the latter can become permanent. It also creates problems with attention. Cannabis intoxication causes vehicle collisions due to slower reactions and when combined with alcohol, as is frequently the case, yields a 16 times higher risk of accident than with either drug used alone. Issues with fertility, effect on the unborn, problems with the respiratory tract such as bronchitis, heart disease and cancers render a profile for cannabis that combines the harms of both alcohol and tobacco.

There is a well-documented withdrawal syndrome, indicating that cannabis is addictive. In 2009, the same New Labour Government that downgraded the classification of cannabis from Class B to Class C in 2004 reclassified it Class B on the basis of the number of young people seeking rehabilitation for addiction to cannabis. Yet with all of the discovered harms of cannabis above, the main promotional line from the legalisation lobby is that nobody has ever died from smoking cannabis. Their juxtaposition of the toxicity of heroin, cocaine and amphetamines with the lower toxicity of cannabis is another ruse. Intriguingly, death from tobacco toxicity is also rare, but on the lobby's deceptive logic, that would make tobacco harmless. It is anything but.

To downplay the harms of illicit drugs, Hari appeals to a 2010 study by the long-term drug legalisation campaigner David Nutt, claiming that cannabis, cocaine and heroin are safer than alcohol. This study is exposed by the fact that heroin annually kills 1 out of every 100 dependent users from overdose alone, while tobacco kills at worst 1 in every 180 annually from all causes. There is only one alcohol-related death yearly for every 2,600 current users, despite alcohol being anything but harmless. Another typical sound-byte from the legalisation lobby, is 'alcohol causes the most harm', but this because 200 times more Australians use alcohol than illegal opiates. Comparisons on anything other than per capita harm can only be based on a desire to mislead the public.

In Australia opiate fatalities peaked at 1,115 in 1999 against an opiate using population estimated at 100,000. Comparatively driving accidents in 1999 killed 1,764 against a population of roughly 12 million drivers. Additionally, heroin and morphine prematurely age long-term users, contributing to life-threatening illnesses and death decades before those in a normal population. The fact that Nutt was able to publish this study in the prestigious Lancet clearly owes more to the Lancet's Chief Editor, Sir Richard Horton, being a key member of the international drug legalisation lobby, and certainly not the merits of the study itself. Horton is a Science Board member in the International Centre for Science in Drug Policy.

Mercurial impurity and contaminants, which could legitimately be blamed on drug prohibition, are falsely charged by Hari, along with other legalisation lobbyists, with the many opiate deaths suffered worldwide, but his contention finds no support in coroner's inquiries into Australian opiate deaths, where the 2001 Australian National Council on Drugs monograph on heroin overdose found that deaths from these causes were rare. Rather, heroin mortality, as in other countries, stems mainly from poly-drug use, where heroin is consumed with alcohol and benzodiazepines. Most users die with morphine levels in their blood well below normal levels of tolerance. Under a legalisation regime, the abundance of heroin and benzodiazepines will inevitably increase, as will deaths directly from the properties of these drugs themselves.

Then, in what amounts to something little less than a demonisation of Anslinger's Bureau leadership, Hari paints him as brazenly deaf to the voices of reason arising from various doctors who spoke in favour of prescribing opiates to addicts in the 1930s. However, Hari appears blind to the issue of doctors and druggists of the day having no small financial conflict of interest, where opiate addictions could maintain a steady clientele and livelihood. Of this Anslinger would have been well aware, but Hari's positioning of Anslinger's attitude as a confrontation of bull-headed prejudice versus science is blind to the fact that there never was a science of the human will available back then, and arguably never can be. Addiction is psychosocially mediated, and has no medical cure. In this light families and friends of a drug addict are as well qualified as doctors in determining whether an addict has the ability to get clean or not. There are various doctors today who align themselves with the legalisation lobby who attempt the same conceit. Hari recounts a particular case in which a doctor offered Anslinger a contrary opinion on cannabis, discounting most of its harms, but is indignant that Anslinger dismissed his claims. If Anslinger had superior evidence, should we have expected otherwise, particularly when it is backed by modern science?

The greater part of *Chasing the Scream* is devoted to convincing readers of the futility of prohibiting drug use, portraying prohibition as containing the seeds of its own inevitable undoing. Hari feels sure that it multiplies criminals, violence, harder drugs and use. But the evidence does not support him. A 1998 study of 88,000 Americans born since 1919 published in the American Journal of Public Health asked each participant in what years they initiated the use of alcohol, tobacco, cannabis, cocaine and hallucinogens. What emerges from this study is the success of drug prohibition, with non-existent or residual illicit drug use evident up until the mid-1960s. From 1912 to 1965 the prohibition of illicit drugs in the US yielded negligible drug use, entailing little criminal activity and violence. If Hari asserts that prohibition inevitably produces these things, 50 years demonstrates otherwise. And this success was replicated in all other countries worldwide that had a drug problem before the devised drug Conventions. Any contention that prohibition contained certain internal dynamics that must necessarily spawn the described increases is thoroughly falsified.

What is clearly to blame for these increases that Hari so vehemently condemns is one thing and one thing only – the rise in the 1960's of a movement glorifying illicit drug use first as the pathway to inner spiritual enlightenment and later just celebrating recreational use, which has consistently downplayed their harms against all evidence. This contemporary drug culture thumbs its collective nose at the community and its' near univocal disapproval of regular drug use, actively promoting drug use through music, cinema, websites and blogs, utilising civil disobedience to promote their cause while politically mobilising drug users via organisations such as the National Organisation for the Reform of Marijuana Laws (NORML). It pretends that illicit drug use is a purely private affair, while calling their troops to political activism shouting 'the personal is political.'

It is this mendacious campaign which grows demand for drugs and multiplies harm, criminals and violence. Yet paradoxically it is the same drug culture which pleads with politicians to sink tens of millions of the community's tax dollars into harm reduction programs for recreational use, which by their very nomenclature recognise that illicit drugs do cause unacceptable harm. For Hari and fellow legalisation advocates to trumpet the mantra that prohibition can never work is akin to claiming that dykes can never keep the sea from flooding the homeland when your terrorists keep blowing holes in them.

In the face of drug culture's continuing war on prohibition, the illicit drugs mostly remain but a fraction of the two legal drugs. In 2013, 78% of Australians were recent users of alcohol and 16% of tobacco. Notably, the legality of tobacco once saw 72% of men smoking in 1945 and 33% of women in 1976 which has only been reduced via an enormous advertising spend which portrays tobacco's real harms. Comparatively, the prohibition of illicit drugs remains very low with pharmaceutical opiates (0.4%), heroin (0.1%), cocaine (2.1%), speed/ice (2.1%) and ecstasy (2.5%) used by very small minorities. Cannabis is the exception at 10.2%, indicating that Australia desperately needs an advertising campaign to combat the drug culture's success in falsely portraying cannabis as relatively benign.

There are significant lessons that can be drawn from the elevated use of drugs due to their legality. Clearly, a society can ill-afford any drug use becoming entrenched since reversing widespread use and acceptance comes at an exorbitant cost. Also, our experience with tobacco teaches that educating the public about its real harms has inevitably caused an increased disapproval of tobacco users, which has been a factor in reducing use. Hari appears to recognise this when he states that 'As a result of this policy where tobacco is legal but increasingly socially disapproved of, cigarette smoking has fallen dramatically.' He fails to recognise the contradiction, though, between the positive impact of what is effectively a stigmatisation of tobacco users, and his advocacy for the removal of any stigma from illicit drug use. Little does he seem to recognise as an apologist for illicit drugs that there inevitably will be a stigma on any activity that presents gratuitous harms to any community, and it is a stigmatisation which works to stifle recruitment of new users and the further expansion of drug use. Hari cannot have it both ways.

There is another lesson to be drawn from tobacco use where the harms have been advertised and are so well known. Despite the millions put into prevention and education, the uptake by teens and early-twenty year olds of such a senseless habit still continues. With no more glamorous advertising to sell the product, tobacco companies still continue due to current users recruiting new users. All this with a legal product as irrational as heroin. It is therefore not the prohibition of the illicit drugs that chiefly drives their expansion, as Hari alleges, because as with tobacco, users recruit new users for reasons other than supporting their own habit.

To further downplay the harms of the illicit drugs, Hari seeks to expel any fears amongst his readership concerning addiction. He expounds a 'new' science indicating chemical dependency is relatively easy to conquer, citing patients prescribed powerful opiates for pain relief whose cessation is unproblematic, as well as a study by the aforementioned Lee Robins of soldiers returning from Vietnam where 20% were there addicted to heroin but only 5% of this number remained addicted once home. Perhaps Hari should pitch his optimism to the tens of millions of Australian smokers who for more than 100 years of widespread use have struggled, many unsuccessfully, to walk away from tobacco, neither should the hold of chemical dependency be too greatly diminished, with the societal addiction to sugar entirely relevant.

Nor is it new that addiction is more than just chemical dependency, something those addicted to gambling or computer games always knew, but which does not alleviate their severity and damage. To trivialise addictions as easily discarded is to trivialise the devastation that those addictions inflict on an individual's relationships, family and livelihood. Hari's consequent blaming of the illegality of drugs for much of their entrapment removes his 'science' even further from observable daily reality.

And why does it not occur to him that the reason most heroin addicts can't discard their drugs as easily as pain-relief patients is simply because their motivations for using were never the same?

To trivialise drug use further, Hari repeats the drug legalisation myth of the existence of many functional, non-addicted heroin users to dispel, he says, the prevailing stigmatising stereotypes. But in a February 2014 piece concerning the overdose death of actor Philip Hoffman in *The Conversation*, Shane Darke and Michael Farrell, researchers and commentators on heroin use, rebut the myth with "The typical picture of an active heroin user is a dependent, long-term unemployed person, with a long history of treatment and relapse, and a history of imprisonment. Heroin is simply not the sort of drug that could be termed "recreational" because very few people use it in a non-dependent, non-compulsive fashion."

Of greatest concern is Hari's concocted straw man, blaming drug prevention advocates for teaching instant addiction to certain drugs, where the majority who experiment will become trapped. Hari's positioning of prevention arguments as "If you try crack cocaine once, you're liable to be addicted", falsely transmutes the typical warning "You can't be sure you don't have a predisposition towards that particular addiction" into something near absolute. Preventionists well know that heroin entraps 23% of those trying it, cocaine 17%, alcohol 15% and cannabis 9% and their most commonly used image has been roulette. Whatever the percentage, preventionists have argued the stakes are too high for experimentation.

Perhaps the most fanciful of Hari's charges against drug prohibition is his argument that user's fear of detection leads to more potent drugs in more compact form for the purpose of better concealment. The driver for this contention is clear. In his advocacy for drug legalisation, Hari must conjure away a major objection – the devastation of illicit drug toxicity. Illicit drugs have high death tolls, and Hari must find something to blame other than the illicit drugs for which he advocates. Anyone can Google 'oxycodone heroin' and find hundreds of websites eulogising the injecting of crushed Oxycontin tablets as a more intense rush than heroin, albeit with a shorter lasting high. Concealment is not discussed in all this web-chatter, intensity is. When it is considered that most addicts are poly-drug users, carrying multiple drugs rather than one, this can't be about concealment.

Currently in Australia there are 700 deaths annually from opiates, and most of these are from prescription drugs like Oxycontin sourced from doctors, not criminals. In 2010 in the US, 16,651 died from prescribed opiates. With Hari's book arguing we must rid the world of prohibitions by reason of the criminal trade involved, this recent development of staggering death tolls from the re-medicalising of addiction totally undermines his case, along with his advocacy for prescribed heroin as in Switzerland and the UK. His conjecture on why prescribed legal drugs have caused this holocaust is equally implausible. Rates of deaths from prescription opiates were just as numerous before government crackdowns on doctor shopping, and his prevarications about economies and panic have nothing to do with rises in opiate abuse and drug-related deaths.

Hari contends that the prohibition of illicit drugs serves to intensify addictions, due mostly to the stigmatisation felt by the user and their legally imposed isolation from services that could assist them. Hari accurately recounts that the majority of addicts, particularly those with an opiate addiction, have suffered childhood trauma and abuse, particularly those using depressants like

opiates, to numb the pain. For this reason, he argues, users must not be denied their solace in drugs, because without them many would die, such is their self-expressed cry.

But what Hari has failed to recognise in his attempts to justify all drug use is that 20% of women report being sexually abused as a child. Literally millions of Australian women have been subject to this most profound of all traumas, while perhaps only 90,000 men and women currently use opiates or ice, yet most work their way through that trauma without the resort to drugs or problematic use of alcohol. With this recognition, Hari's explanation ultimately explains nothing.

In fact, drug use only exacerbates problems for victims of abuse. Excessive use of alcohol and depressants like heroin and cannabis arrest the emotional and social development of users due to the isolating effects of intoxication, particularly debilitating teen users who remain developmentally locked in dysfunctional attitudes and behaviours even after achieving adulthood. It is only by ceasing use that the work and the journey can reliably begin. Notable too is that these same drugs will have mediated much of the parental dysfunction which originally caused their abuse.

Hari's assertion that "the opposite of addiction isn't sobriety, it's connection" has an element of truth in that addiction, to be healed, desperately needs interpersonal emotional warmth and connection. He is also quite correct in stating that many addicts have been deprived of it in their childhood. His insistence, though, that they be permitted to continue in their drug abuse only serves to exacerbate the causal issues because addicts, due to their love affair with drugs, will necessarily make connections with anything else secondary. Continually intoxicated parents fail to properly connect or take responsibility for their children. Hari's error is in his failure to recognise the nexus between the isolating nature of addictions and the resultant attenuation of connection.

In *Chasing the Scream*, Hari compellingly records a number of tragic stories of users and dealers deprived of meaningful human connection from an early age, but I see each of these histories crying out for rehabilitation, not more drugs. Drugs inevitably slow the healing, the maturing and embracing of responsibilities that users must undertake before any real connectedness can be realised. Many drug users are so emotionally and socially damaged that residential rehab in a caring, patient and compassionate community for 12 months or more is their only option to rebuild lives.

A 2004 journal study of methadone patients by Glasgow's Dr Neil McKeganey found that 57% wanted to get clean. The best rehabs in the world, such as the Swedish Hasselas or Italy's San Patrignano, where the entire village of 2,000 people are either recovering users or staff who previously recovered there, record 70% drug free outcomes in university led evaluations 12 months after completing their rehab. Rehabilitated users are able to move on with their lives, while heroin maintenance patients heavily supported with some of the same social supports are only ever half way there, maintained in an expensive limbo, which at the UK's £15,000 per year, will year on year pay for rehab several times over.

Even where coerced rehab is substituted for coerced prison sentences, as happens in Sweden, the results are just as good. The US National Institute of Drug Abuse (NIDA) found in its review of rehabilitation outcomes slightly better results for those under legal pressure than for those without. Sweden moved from one of the most drug abusing countries in the developed world in the '60s to the least by the '90s, such is the success of its drug policy where mandatory rehabilitation is a central component. With Australian prisons costing \$75,000 per person each year, we have sufficient money

to be put into world-class rehabilitation. Drug users with a criminal conviction in Sweden can, with rehabilitation, have the criminal conviction removed after a number of years. Only rehabilitation and, yes, sobriety, can build the needed connection that Hari has perceptively identified.

Furthermore, rehabilitation from heroin and ice use has been offered an alternate pathway in the last 15 years with the innovation of the naltrexone implant. Previously available as an oral preparation only, a naltrexone implant inserted in a user's abdomen provides a 6 month opiate blockade, effectively neutralising the euphoric rush and chance of overdose with opiates, the same effect as has Narcan used by paramedics to reverse overdose. There are indications of similar success with amphetamines. As a medical solution to addiction, naltrexone still requires extensive psychosocial counselling and support, but crucially removes the threat of fatality, particularly for users tempted to again try drugs while recovering.

Drug-free rehabilitation very obviously is the ultimate harm reduction measure, where the stifling of the demand for drugs rids society of the criminals and violence Hari deplors. His faith in lesser harm reduction interventions – needle exchanges, methadone programs and injecting rooms – exists only because he remains uninformed on their performance. In 2006, the US Institute of Medicine reviewed all rigorous scientific studies on needle exchange effectiveness regarding HIV transmission, where all but one study had post-dated their 1997 review in which they had advocated for needle exchanges on pragmatic rather than scientific grounds. With 24 doctors, scientists and reviewers, this most authoritative of all reviews found the science on needle exchanges 'inconclusive' regarding their effectiveness with HIV, with no evidence that they prevent Hepatitis C.

A 2009 Cochrane Collaboration study, which is the gold standards of reviews, found that methadone programs do not reduce either criminality or overdoses. Then, because dependent opiate users inject at least 1,095 times each year there are statistically 109,499 non-fatal injections for the one fatal injection that kills the one in 100 users each year previously cited. The Kings Cross injecting room at best hosts 56,000 injections in a year, taking two years before it can legitimately claim to have saved a single life at a cost of \$5.4 million. Unfortunately, there are many creative claims made for harm reduction interventions where the data fails to back the hyperbole. Hari's faith in harm reduction interventions is entirely misplaced, removing another plank in his grand vision for freely available drugs.

The central outrage expressed by Hari in *Chasing the Scream* is that drug prohibition creates criminals, which in reality the law does definitionally by making anything illegal. By the same token, all related criminality is dispelled at the stroke of a pen simply by legalising drugs, which is Hari's solution. It stands to reason that if the illegality of people-trafficking likewise creates a lucrative trade for criminals, legalising it will instantly dispel all related criminality. Yet the original injustices remain. Hari, in his promotion of drug legalisation, wills those original injustices, just as with legalising human-trafficking. Yet the brave new world he espouses is one in which the regulation and taxing of currently illegal drugs creates rich revenues, even after the costs of alleviating their harms have been deducted, for any sponsoring government. In March 2010, Gil Kerlikowske, Obama's drug czar, dispelled that myth. For the \$15 billion raised from alcohol taxes, he cited \$185 billion in health and social costs. For the \$35 billion raised from taxing tobacco, the US spends \$200 billion. Hari need only do the maths.

In 1975 Alaska legalised the use of cannabis. By 1988 a study found that 72% of year 12 students had tried it. Cannabis was again made illegal in 1992, the result of public concern. In 2001 the Australian Department of Criminology asked young people why they chose not to use drugs. 29% cited illegality, demonstrating the protective effect of prohibition. The UK Guardian's 2014 poll found that 30% of those aged 16-24 years who had never taken drugs would try them if they were decriminalised, with 47% from all age groups in the highest income category eager to do the same. The prohibition of drugs is a measurable deterrent.

The outright legalisation of cannabis in Colorado and Washington in 2012 has been a blatant breach of the internationally agreed United Nations' drug Conventions, as was Alaska. The United States government is obliged to federally override any State sovereignty on this issue, but has currently done nothing. The \$25 million George Soros invested in Barack Obama's 2008 campaign fund is paying big dividends. Drug legalisation will remain a threat to the community so long as certain characters from the big end of town pour multiple millions into it, and so long as Hari's *Chasing the Scream*, a work more so of fiction but masquerading as fact, remains unchallenged.

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