HEROIN - a perspective: Legal or not?

THE mystique of heroin partly revolves around its 'magical' properties. It has been referred to as the 'magic bullet', being considered by some, albeit incorrectly, as the solution to all the pain and suffering associated with terminal cancer, and that such pain is inevitable without heroin.[1]

Heroin has not been shown to have any advantages or unique properties in controlling or relieving severe pain over the currently available pain control regimens.[1] So nothing is to be gained in medical usage by the legalisation of heroin.

Cultural aspects of heroin

The euphoric effect is the main reason why heroin is used initially by potential addicts. It is the withdrawal effects, which are terrifying after a recent euphoric state, that instigate a further 'hit'. Increasing use produces tolerance to a standard dose and, thus, more heroin is required to produce euphoria.

Most addicts have entered a milieu where the focus of attention is on getting the next 'hit'. Their subculture of crime, individual violence, prostitution and networking of heroin provides the means. Alienation from society is a consequence of their behaviour and, as society owes them no favours, none are proffered in return.[2]

Many addicts 'push' heroin to maintain their own habits. This continued pushing generates financial profits at many levels which provide an incentive for corruption.

Analysis of street heroin by Australian Federal Police bodies has shown that, over time, the quality of the injected heroin has not changed: rarely is it more than 15 per cent pure drug (average, approximately 10 per cent). It usually is diluted with:

- glucose/sucrose
- starch
- strychnine - which in small quantities gives an added buzz to very poor quality products.

Hence, in our experience, the 'act of the taste' — the setting up, the drawing up and the actual needle puncture — contributes to and may even replace the 'high' of the drug. This is a psychological effect rather than true drug addiction.

Heroin in abundant supply

Australian Federal Police information indicates that heroin reaches Australia from three source regions:

- Southeast Asia (the 'Golden Triangle') in an area near the conjunction of the Thai, Laotian and Burmese borders;
- Southwest Asia (the 'Golden Crescent') involving Iran, India, Afghanistan and Pakistan; and
- The Middle East (mainly Lebanon).

Southeast Asia remains the most significant source of illicit drugs for Australia, supplying 70 per cent; 20 per cent originates in Southwest Asia.

Between 1985 and 1987, opiate production increased markedly:[3]

- from 615 tonnes to 1095-1575 tonnes in the Golden Triangle;
- from 640-970 tonnes to about 735-1360 tonnes in the Golden Crescent.

It is obvious that those who finance the initial purchase of drugs for a bulk shipment are able to distance themselves from the actual handling and mechanisms of the process of transfer disposal. Often the organising is done electronically, leading to less risk of detection. Legalising heroin will not interfere with the extent of this activity.

Heroin importation into Australia is not expected to decrease from any source. There were reportedly bumper crops in the 1987-88 and 1988-89 opium poppy seasons. This may lead to an abundant supply at reduced prices over the next year.

What is expected in future heroin misuse

Heroin as a safe option

Will the increasing incidence of AIDS in the intravenous drug user group discourage the use of heroin? In all probability, no — especially with the National Health and Medical Research Centre's (1988) recommendation for and subsequent availability of clean syringes to drug addicts.[4] This lessens the risk of cross contamination and, thus, the risk of hepatitis B and AIDS infection. So, the ready access of heroin throughout society, coupled with these lessened risks, will enable the pusher to continue to develop new markets. A potential user may then see heroin as a suitable and safe option.

Heroin abuse overseas has reached a plateau and, perhaps, has slightly fallen as cocaine has become more freely available.[5] However, clean and free needles

The AFP's Director of Medical Services, Dr Louis Pilotto, BSc, MB BS(Hons), FRACGP, and Deputy Director of Medical Services, Dr Marcus Navin, MB BS, FRACGP, put their views on the consequences of legalising heroin in this article, reprinted from Modern Medicine of Australia, March, 1990.

are not necessarily available elsewhere, thus, there may be an incentive to move to drugs with a perceived lesser health risk.

Factors in commencing drug misuse

It is our experience that the majority of people do not start on heroin straight away — usually there is prior substance abuse. Personality influences by family, school, friends and the general social environment also are factors involved in the commencing of legal and illegal drug use.[2]

The 'risk-taking' behaviour of a child or adult, whether smoking cigarettes or consuming excess alcohol as a way of peer acceptance, has persisted over time. Society itself must bear some responsibility in this regard; harmful drugs are promoted to young persons who may lack the capacity to make value judgements, particularly when idols, such as sports stars, are involved. The only constraint on this behaviour is by education and communication at individual and group levels.

Future drug addicts

What of future addicts? Current experience would indicate that addicts usually progress along a drug habit which ends with heroin. Will society allow this to happen, that is allow future addicts to proceed to this end and, if heroin is legalised, feed them heroin? Or, will the criminal associations divert such persons to other drugs, such as cocaine, that return a profit? This then begs the question: Why not legalise all currently illegal drugs, as well as heroin?

What is the purpose in decriminalisation/ legalisation?

Crime management

What are the objectives thought to be achieved by increasing heroin availability? Is it to improve patient care in its medical application, as mentioned previously? Unlikely, as the drugs currently available are sufficient for our needs.[1] Thus, the objective is solely related to its illicit use.

A causal connection exists between criminalisation and the increase in the crime rate.[6] By legalisation, there may be less crime and intrusion into the life of most people by reducing the number of drug addicts seeking cash or items to trade. This would appear as a positive effect for the majority of people.

Could the legalisation of heroin then be seen as a politically expedient act aimed at vote catching rather than problem solving?

However, addicts on heroin maintenance have been shown to continue in criminal activities while their drug addictions were assessed as being controlled.[7,8] Baldwin[9] has pointed out that an assessment of the English experience by Hartnoll demonstrated that 52 per cent of heroin-maintained heroin addicts are subsequently arrested on criminal charges.[10]

Hence, property crime may not necessarily decrease with the availability of legal heroin in Australia.

Could the criminal infrastructure be attacked by depriving it of a major source of income and power by taking control over the trade of heroin? It may. However, if the decision to legalise was unilateral on the part of Australia, without similar commitments from other relevant jurisdictions overseas, then criminal elements may exploit the liberal attitude in Australia to set up bases from which to traffic illicit drugs to other countries. Also, it might be expected that drug users from elsewhere will be attracted to Australia.

The Pakistan experience should be considered. In 1979, heroin abuse was virtually unknown in Pakistan. Since then, a number of factors, including low prices and ready availability of heroin, have led to between 700,000 to 900,000 persons becoming addicts, predominantly in the 15-30 years age-group.[3] Remember that decriminalisation in Australia will make heroin easier and cheaper to obtain. As Drew points out, 'no-one interested in the health of the nation should allow the option of legalisation to be equated with the abandonment of control of supply'.[11]

AIDS control

The current move to legalise heroin is seen as a means of controlling the spread of AIDS. AIDS is spread by syringe sharing and not by heroin itself. It appears that addicts will persist in sharing syringes when free syringes are available and this would be unlikely to change in the face of free heroin.[12,13]

Elvy suggests that 'should high quality heroin be more readily available under controlled conditions, many of the problems associated with intravenous drug use might well diminish'.[14] However, as Foy suggests, the failure of the Hunter Valley methadone program to significantly stem intravenous drug abuse would probably mean that free heroin also would fail. 'The psychopathology of the compulsive drug abuser is severe and resistant to change.'[15]

What alternatives are there if heroin is not legalised/decriminalised?

Methadone

Methadone is addictive and it is difficult to reduce its dosage. However, the advantage of methadone is that it is orally administered once a day, with the safety of being a non-contaminated drug in a clinical setting. Even though the Hunter Valley and other experiences have shown that addicts will continue to abuse other drugs and maintain a criminal lifestyle, as Tony Vinson (Professor of Social Work, the University of NSW) has noted from The Netherlands and Swedish experiences, methadone improves the health of the addict, maintains many addicts in regular contact with support and treatment services and is 'keeping patients alive'.[7] An answer may be in the future pursuit of these positive aspects of the methadone experience.

Community involvement

From a community perspective, helping addicts to lose their addiction may imply a massive increase in facilities such as halfway houses, e.g., Odyssey House, with a subsequent increase in personnel to maintain such support. The long-term success rate is not good, as many addicts (even with the best of intentions) return to the old milieu of friends and contacts, because they know no other, where they are tempted back into addiction. The long-term success rate with any program has been poor to date, rarely more than 5-10 per cent abstain after 12 months.[16]

The consequences of legalising heroin may not be fully anticipated by those who advocate it. Crime may not lessen, AIDS may continue to spread and overseas drug users may be attracted to Australia.

Dispensed heroin

It may be possible to leave heroin illegal but place those addicts who wish to remain on heroin into a controlled environment and provide daily heroin, which might allow them to work and return to society. This was in fact the approach adopted in England, which was subsequently abandoned by doctors disillusioned with the maintenance philosophy in favour of the more therapeutic approach that methadone implied.[17]

It is the writers' personal beliefs that heroin should *not* be legalised, as the drug is at the end of a chain of events all of which are not easily predicted or controlled. Addiction to many drugs has been present in all societies for millennia. It is the cost (monetary and social) to our society which now motivates us to seek a change in the law.

Conclusion

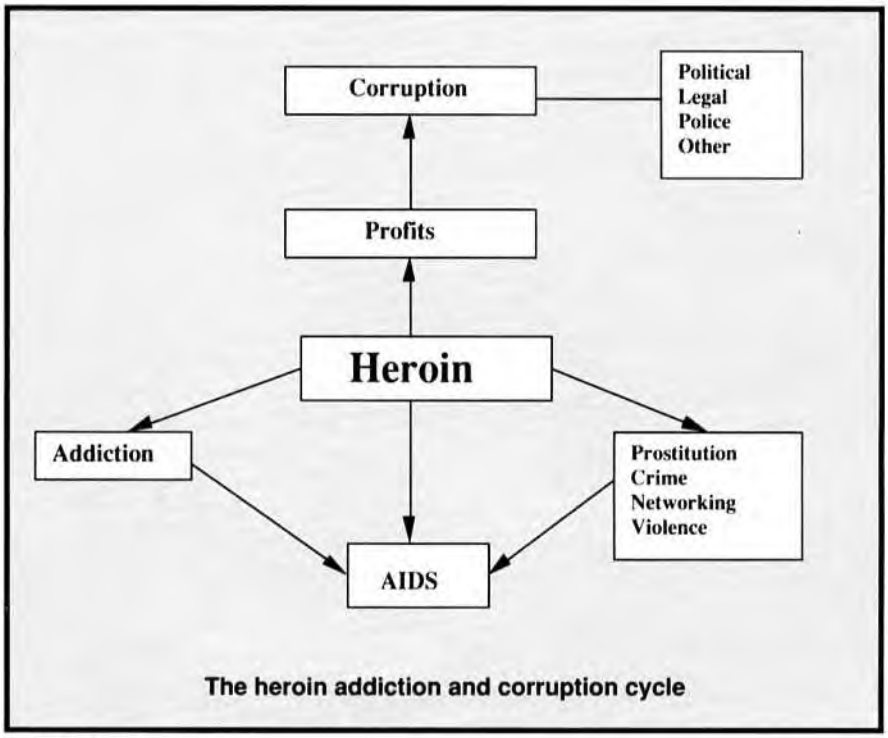
There may be compassion for the individual kept in thrall by a needle and some white powder, but that individual is at the end of his/her addictive line and only liberation from this habit, or death, will provide freedom. It is only by modifying an individual's activities using a societal perspective that inroads may be made to help overcome the problem of any addiction.

Hence, is legalising heroin intended to stabilise the current addicted population and, thus, restrict their risk to society, or is it really to provide a 'quick fix' in the face of public anxiety?

Charles Krauthammer of the Washington Post summarised the case against legalisation:[18]

'For any problem that is ultimately cultural, there can be no quick fix. The answer has to be cultural too, and changing attitudes takes decades. But it can be done. The great paradigm is the success of the now 25-year-old anti-smoking campaign [. . .]

If you are desparate for a quick fix, either legalise drugs or repress the user. If you want a civilised approach, mount a propaganda campaign against drugs on the scale of the anti-smoking campaign; and if you are just a politician looking for re-election, send in the marines and wave to the cameras.'



The heroin addiction and corruption cycle

References:

1. NHMRC Working Party on Management of Severe Pain. 103rd Session, Canberra; AGPS,1988.

2. Mandelberg T. Methadone; magic or madness? Australian Drug Alcohol Rev 1988; 7: 209-215.

3. Australian Federal Police Submission to the Joint Parliamentary Committee on the National Crime Authority regarding 'Drugs, Crime and Society'. Canberra: AFP, 1988.

4. Drew L, Taylor V. (NHMRC). Intravenous drug use and the AIDS epidemic; a review. 105th Session. Canberra: AGPS, 1988.

5. Chiang W, Goldfrank L. The medical complications of drug abuse. Med J Aust 1990; 152: 83-88.

6. Zaylor Z. Decriminalising heroin: a controversial approach. Law Institute Journal 1988; May: 404-405.

7. Vinson T. The treament of heroin addiction: some lessons from abroad. Australian Crime Prevention Journal 1987; May: 27-29.

8. Allen J. A study of the case, in the United States, for legalising drugs, and the countervailing view of politicians, academics, professionals, interested groups and individuals. Australian Federal Police 1989; 77.

9. Baldwin R. Heroin policy alternatives for Australia: an economic discussion. Australian Drug Alcohol Rev 1987; 6: 199-205.

10. Hartnoll RL. Evaluation of heroin maintenance in controlled trials. Arch Gen Psychiatry 1980; 37: 877-884.

11. Drew LRH. Drug policies: alternative supply and strategies. Australian Drug Alcohol Rev 1988; 7: 229-230.

12. Jackson I. Naive - and mind-bogglingly impractical. Aust Med 1989; 1(7): 165.

13. Morlet A, Darke S, Guinan JJ, et al. Intravenous drug users who present to the Albion Street (AIDS) Centre for diagnosis and management of human immunodeficiency virus infection. Med J Aust 1990; 152: 78-80.

14. Elvy G. A close look at heroin legalisation urged. Medical Observer 1989 September 29: 6.

15. Foy A. Methadone 'cure' disappoints in clinical audit. Medical Observer 1989 October 27: 12.

16. Batey R. Methodone maintenance. Current Therapeutics 1989; Feb: 1982-1988.

17. Alcohol and Drug Foundation, Australia. The arguments and evidence for and against the legal availability of heroin to registered addicts. ADFA File document: VF1987-105.

18. Charles Krauthammer. Legalise? No deglamorise. Washington Post 1988 May 20: A21.