



THE JOURNAL OF GLOBAL DRUG POLICY AND PRACTICE

VOLUME 2, ISSUE 4 - Winter 2009

In the Journal of Global Drug Policy and Practice, our authors have presented insights that illumine the many aspects of the international drug problem. At this juncture in our world political history, the editors asked for their contributions to a special New Year's edition.

Since our experts come from many different fields and represent many different nations, they each present a unique perspective on drug treatment, policy or prevention. In view of the elections this year in Argentina, Canada, Georgia, Pakistan, and the U.S., among others, we asked what our authors would like our new or re-elected leaders to know about the issue of substance abuse and addiction. What advice would they give them to help alleviate the suffering of the addicted? What issues in the drug arena are the most critical for them to address? What could they do to help create a world free from chemical slavery?

This issue represents both an international sampling of their informed responses and a natural progression for those who have been sharing their knowledge in this global forum to share their views with those who could have the most influence on our world's drug problem. The Journal of Global Drug Policy and Practice, a joint effort of the Institute on Global Drug Policy and the International Scientific and Medical Forum on Drug Abuse, is an international, open access, peer-reviewed, online journal with the goal of bridging the information gap on drug policy issues between the medical/scientific community, policymakers and the concerned lay public.

Edited by Eric A. Voth, MD, FACP and David A. Gross, MD, DFAPA, our intended readership includes clinicians, clinical researchers, policymakers, prevention specialists and the interested public.

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What I Wish From Our New Administration

David A. Gross, MD, DFAPA

Dear Mr. President:

Congratulations on your successful bid for the presidency. Your job will not be an easy one, considering the national and international crises that you are faced with.

It is my hope that these issues do not distract you from the erosive impact substance abuse has on our society. I have been a practicing psychiatrist on the frontlines of substance abuse treatment for the past thirty-five years. Sadly, treatment successes are in the minority while the failures keep mounting up. Besides the wasting of lives and the frequent fatalities encountered in the drug scene, drug abuse destroys families, ruins neighborhoods and imperils economic productivity.

By the time the addict gets to my office for treatment, it is often too late. The damage to brain, psyche and support systems has already been done. My role is often relegated to damage control while others pick up the pieces.

This painful perspective allows and qualifies me to make a plea for prevention. We must improve the resilience and resistance of our children before they get lost in the quagmire of addiction. Prevention must address several levels of the addiction process.

The core component of a prevention program must equip the child with enough knowledge, willpower and motivation to resist drugs when offered. I take issue with the harm reduction movement and disagree with the "factoid" that our children will use drugs no matter what. The drug legalizers have successfully spun this concept for the past 3 decades, making the general public believe it to be fact. It does not have to be reality if we make a concerted effort that is supported by the government.

There are precedents for this concept. Poliomyelitis was epidemic among young people during the first half of the previous century. Did we assume that our children would contract polio no matter what and therefore reduce harm by preparing them for the use of leg braces and wheel chairs? Or, when our youngsters begin to crawl and are at risk for accidental poisoning from the contents of floor level cabinets, do we expect this poisoning and teach common toxic antidote therapies to parents? Fortunately, science and common sense prevailed, and coordinated scientific advances resulted in the polio vaccine. Similarly, parents take a common sense approach and make sure that their toddler accessible cabinets are locked and therefore safe.

There are numerous other public health initiatives (vaccination/immunization, pasteurization of milk, fluoridation, iodized salt, etc.) that make the same point; *prevention is the only honest harm reduction approach*. Prevention implies that the risks encountered can be avoided. This approach requires that we direct our efforts, funds and creativity towards the avoidance of exposure to the risk.

Mr. President, the harm reduction concept has been masterly spun and transformed into ballot initiatives and state referenda. The public relations successes of the drug legalizing cabal are admirable, but they certainly have not been in the best interests of our children, and they definitely do not represent prevention. True harm reduction and prevention will require a concerted effort to educate parents, children, teachers and social agencies. If the scientific advances and educational initiatives of the National Institute of Drug Abuse were fully understood and appreciated by these groups, there would be a sea change in attitude about harm reduction. It would immediately become clear that the only humane approach is one of prevention.

The school becomes the most practical and accessible arena of social change to accomplish these goals. We must provide the funding to educate our teachers and social workers. These professionals can then share the message with their students and respective families.

Education alone will not be sufficient. Recent neuroscience research has demonstrated that our adolescents behave the way they do because their brains are still developmentally immature, they have deficient brain frontal lobe cortex responsible for responsible behavior, delay of gratification, control of impulses and multi-step problem solving. Adolescents are primed for addiction upon exposure to drugs and peer pressure. We must protect them as we protect the toddler from the medicine chest or chemicals in the cleaning closet. One of the most successful protective initiatives is student drug testing. The ability to identify those at risk for ongoing substance abuse allows us to assign appropriate interventions. This will also require school-based substance abuse treatment and counseling.

Cutting The Gordian Knot of Drug Addiction Confusion

Dr Stuart Reece, General Practitioner in Brisbane, Australia

We know that methadone is the best drug used in addiction treatment. Therefore our only problem in addiction medicine is that we do not have a methadone for all the other drugs of addiction.

Leading Science Administrators in Australia and USA

"I didn't inhale"

Bill Clinton quoted in an addiction medicine textbook commissioned by the Academic Deans of Australian Medical Schools (1)

It's not about drugs

Present work

Conceptual Understanding of Addiction

On 1776 Thomas Jefferson penned the immortal words that "men...were endowed...with...inalienable rights... among these are life, liberty and the pursuit of happiness" not only into the founding document of the United States, but in time, into the very basic fabric of the cultures of the Western world. The pursuit of happiness has come to be accepted as the fundamental right of every breathing and living human on the planet in the free nations of the world.

At the conceptual level Jefferson's famous phrase also, albeit to be sure unwittingly, boldly underscores the apparent contradiction at the heart of the drug debate. An enormous body of evidence now exists from the modern neurosciences demonstrating that addiction unequivocally stimulates the pleasure system of the brain in the limbic structures, the extended amygdala and the pre-frontal cortex (3),(4). This leads to an immediate conclusion, supported by many and funded by the mighty, that since drugs make you happy, the chief end of government is to supply as many drugs as often as possible and in any imaginable amount to all who may wish to partake of their all too obvious pleasures; or at the very least not to interfere with those who might wish to do so. If the fast way to achieve the idyllic state referred to by Jefferson is simply to "get stoned", "get wasted" or "get high" then why not go right ahead? In particular since this is an inalienable right of every man, then surely our personal *liberties* demand just this, particularly if it can be done in a manner which does not interfere with the pleasure seeking endeavours of others? Or could there be more to things than the simplistic libertarian argument so many want to hear?

Surely the siren voices of the maidens of pleasure cannot always lure life's unwary travellers onto the rocks of destruction and drug induced destitution?

Surely to believe the line that unbridled hedonism is the ultimate social virtue, one must accept the premise that the seduction of our desire for pleasure and relaxation is the ultimate social good. It would follow that a society totally consumed with pleasure seeking is the chief end of human existence and the very pinnacle of social organization. Indeed, historians who have reviewed this subject repeatedly find that societies caving into the seduction of unbridled pleasure and sensuality are on a usually rapid social decline, punctuated by all forms of social decadence and depravity. The strong and almost invariable link between decadence and social decay has been documented by, amongst others, the Father of American Sociology, Pitirim Sorokin (5). The same is obviously true today, in every area where addiction is commonplace, in every large city centre troubled by addiction, ghettos and gangs, in every remote mountain village from Morocco to Cuba to Afghanistan to Colombia to Amsterdam where drugs run riot, so too does a myriad of commonly associated social, medical and criminal pathologies.

Patients readily acknowledge their love/hate relationship with their drug of choice. The clinical course of the addiction seems to be a dynamic cost/benefit equation. In other words when the trouble caused by the addiction is too severe patients cry out for help – often not for the addiction itself, but for its effects. Those around them hope that this will lead to a definitive address of the underlying issue, but this is often only temporary. Memories of bad experiences mellow and fade with the passage of time. As the patient moves into sobriety and life improves, the delusions that "I am stronger now", "I am over it now", "It won't happen again", "I can control this now", and especially "One taste won't matter" start to grow.

Why is addiction defined in countless textbooks as a "chronic relapsing disease"? Why do our patients always return to their substances despite numerous detox episodes? What is it about the addicted personality which is so different? Why can one person have a social drink, but another's life is totally consumed by the "demon drink"? Given that trouble is common to all humanity, why do some apparently choose to drown their sorrows in the bottle or the needle? Given that hospitals normally use narcotic painkillers for post-operative analgesia, why are some people's lives consumed by that sensation, whereas the great majority of patients leave hospital and re-commence their lives?

A dramatic way in which we can help patients understand this dichotomy is to ask them if they have children, or if they hope to have them. Generally, the response is affirmative. Then one asks them how they would feel if we were to seek to administer their drug of choice to their child. Of course they object strenuously. One patient calmly told me that he would have to kill me. We then have a scenario where for the adult the drug of choice is the most wonderful thing in the world and the thing to which their whole existence has been devoted, whilst for the child this drug represents the very quintessence of evil, absolute impurity, destruction, non-life and often a horrible, lonely, awful death. I point out that this represents two very different and in fact opposite views of the same drug. Then I ask them which view is more likely to be correct, their own view or their view for their children? They will generally agree that it is the view for their children.

In other words they themselves have been seduced by the lie of pleasure and personal seduction. Their life does not work, and there is endless trouble and tragedy in and around them because their life has been devoted to serve the lie that their life is about themselves, their pleasures and their feelings – all of course via their drugs. Hence the real issue is their *perspective* of the drugs – it is their *seduction*. That is to say...

It is not about drugs. It is about addiction. When addiction is understood as a certain way of viewing drugs as the mainspring of life, then addiction becomes a very sinister and powerful – not to mention destructive - delusion.

To which the radical cure is clearly the truth: the truth as relates to themselves and also to life, which is likely why many of the most successful programs in the long term take a spiritual perspective on these problems. They boil down fundamentally to a statement of belief. Understood in this dimension, the statements “life is drugs” or “life is pleasure” are at once profoundly spiritual and profoundly false.

Use of the naltrexone implants dramatically divorces the drug use from the empty and chaotic life, underscoring this point (6-12). Whilst naltrexone implants allow opiate use in opiate addicts to be arrested immediately, it does not necessarily restore virtue, value, direction, a healthy identity or normal emotional state.

The reality of the drug debate is that a few well financed and tightly organized groups have launched a largely highly successful strategic assault on the global traditions of drug prohibition which were introduced in the twentieth century in a pan-global response to the menace and predations of drug addiction on the peoples of diverse lands, particularly Egypt.

Hence one observes a potent confluence between the siren voices of the seduction of pleasure – AKA “pragmatism” - (“everybody’s doing it”, “you will not surely die”, “just one taste won’t hurt”, “it’s only recreational use” “it’s not so bad if you snort it up or smoke it”, “its better if the government supplies it in pure form”, “provide clean free needles to reduce HIV spread”, “a clean fit for every hit”, “medical cannabis”, “heroin trials”, “shooting galleries”) and the strategic interests of the drug and addiction multinational criminal and associated corporations with a vested commercial or academic interest in the expansion of the drug trade. Just as we saw the “long march through the institutions” which followed on as a sequel to the postwar alternative lifestyle era and the direct and deliberate enactment of a defined social agenda, so too have we seen a less well heralded, but even more obvious takeover in the West of the culture of pleasure. One observes a confluence of a strategy of siren-like seduction of individuals and of peoples, and the quintessential seduction of the strategy of unbridled power. This is particularly well displayed in the addiction arena with modern university based academic meetings in favour of drug liberalization with leaders in the profession from several nations commonly among the invitees. The implications of this professional takeover are far reaching indeed. It implies that irrespective of the result of major political events such as national elections, whichever government is voted into power is advised by the same academic elites apparently largely consumed with their own internal agenda. In other words, government is at grave risk of being perennially mis-advised, with few administrations having the moral fortitude of the recent British government decision to reschedule cannabis from Class C to B in the face of oppositional expert advice.

At the risk of stating the obvious, addictive drugs, after all, are addictive. This well known neuropsychological fact implies at the economic level that the demand for them is potentially infinite. In other words, in contradistinction to most other goods and services there is a potentially limitless market for these agents. This translates to virtually unlimited financial gain for those who can wrest control of this unbelievably lucrative bazaar. This creates for many in key positions an irresistible allure of almost unlimited global economic ascendancy, including cultural and ideological domination.

Hence in this area one sees an organized global confluence of two powerful streams, the seduction of strategy and the strategy of seduction (particularly by the widespread use of misnomers and the dissemination of misinformation, disinformation and half-truths). Nevertheless, as my patients have noted many times, to be overcome by seduction one must release one’s personal sovereignty to the object of one’s desire; and in so doing one is weakened. Thus fundamentally at the spiritual level and subsequently at the medical, social, relational, organizational, employment and structural level, the addicted and the society which hosts them is progressively, inexorably and inevitably weakened.

It would appear that conceptualization of what might be broadly termed the “libertarian argument” for drug liberalization omits four key factors from its theoretical constructs. As such it would appear to flounder irreparably on a real world “reality check”, and be irreconcilably out of touch both with common observed

experience and modern scientific research alike, despite the obvious limitation of the largely inadequate research base on these subjects. The areas of oversight of the libertarian view are:

- Addiction is by definition chemical slavery and weakens the individual;
- Addiction is demonstrably toxic;
- Addiction is highly contagious;
- Addiction's effects are transgenerational;
- Addiction's many costs are born in substantial measure by others.

It is appropriate to consider these in further detail. Since the definition of drug addiction invariably includes persistent use despite adverse medical social and/or criminal consequences, the addicted may be rightly said to be in a formal sense "enslaved". Since slavery is the opposite of liberty, libertarian arguments may be formally said to be misplaced. The fact that not all recreational users become enslaved by habitual use is irrelevant, for virtually all habitual users were at one time small time users. Recreational use is perhaps one of the highest risk categories for the enslavement of habitual use. Without the recreational pool, there would be no filling up of the heavily addicted pool with its high attendant death rate.

Secondly, addiction is toxic. Modern science is beginning to describe some of these toxicities of extended exposure to drugs of abuse, and the extension of the concept of liberty to self-poisoning is at best controversial, particularly if it predictably results in *unhappiness*. In particular, the toxicities of addiction can be chronic or long term. They may be in part reversible with cessation of use, although this area is not well studied. It is also likely to exacerbate pre-existing pathologies including medical, social, psychological, criminal and employment/employability factors.

Thirdly, addiction is socially contagious as the drugs are usually shared and bought and sold with friends. This is especially true amongst sexual intimates who frequently cannot resist the allure to share the altered sensorium their partner is experiencing. In this sense, addiction is socially and sexually contagious. That it is also associated with the transmission of sexually transmissible diseases including genital ulcerative disease and HIV compounds these associations. In view of the extreme social infectivity of addiction, one might ask "What are the libertarian rights of the untreated plague victim?"

Fourthly, there is literature demonstrating that many of the effects of addiction are passed on to offspring of exposed mothers and sometimes fathers. Surely the libertarian philosophy extends to newborns the right to a normal birth, start in life and developmental stages uncomplicated by known exogenous neuro- and somato- toxins? The pattern one observes repeatedly is that the most disadvantaged parents who are least able to cope with unruly, hyperactive, difficult or chronically unwell children, are the very parents who produce just such children, who themselves become enormously disadvantaged by both in utero and post-natal exposures including a frequently deprived and neglected upbringing.

And finally, since mental and physical illness has been demonstrated to be part of virtually every established chemical addictive syndrome, this combination of long term poor physical health, frequently with long term mental health issues, reduces or completely abolishes the capacity of the addicted to care for themselves and their loved ones. They therefore become a burden on the welfare system, the health system, the child welfare systems, the mental health care system as well as the criminal justice system. Indeed, one recent and very thoughtful study demonstrated that long term opiate dependent patients are likely to require geriatric medical and general gerontological care prematurely (13). Hence, far from being an individual libertarian issue, the addiction of the individual becomes a major cost to the other members of society which is borne in many dimensions.

It is this inadequate understanding of addiction both conceptually and at the toxicological level which underlies the making and the publication of the opening quotes such as that from leading science administrators in the USA in relation to methadone and a remark usually attributed to Bill Clinton ("*I didn't inhale*"). Of even more concern is Clinton's being quoted in a textbook designed for Australian health professionals studying in the area and commissioned by the Committee of Academic Deans of Australian Medical Schools, arguably the highest medical authority in the land, and its use in the opening introduction to the chapter on cannabis 1.

The Australian Paradox

Australia is frequently said to have done exceptionally well amongst the global family of nations in the effort to reduce its cigarette smoking rates. Based on our national drug strategy household surveys, rates of daily cigarette smoking fell from 33% to 21% 1985-2004 in males and from 30% to 18% 1988-2004 in females (14). Advertisements describing the effects of smoking have appeared on prime time television, are seen on highway billboards and are plastered obviously on the front of cigarette packets themselves where they take up more than 25% of the front of the packet. Depicted scenes include black gangrenous toes, lung tumours, atheromatous arteries with thick pasty pultaceous material exuding from one end of a frankly diseased aorta, patients on oxygen gasping for breath, and pregnant abdomens with remarks about baby being too young to smoke. Medical treatments for nicotine dependence are available over the counter in pharmacies and at federally subsidized rates on prescription through any family doctor. All this has been achieved in only a few short years following the major tobacco company settlement. In the field of tobacco primary and secondary prevention then, Australia showed that it can be done. After all, "everybody knows."

It is therefore a matter of great curiosity and perplexity that this same nation is also amongst the worst in the developed world for the use of the illicit drugs heroin, cannabis and amphetamines (15), (16). Cocaine use here is lower than elsewhere, probably owing largely to our geographic distance from the major cocaine source nations and supply routes and the diminutive size of our domestic market. Recent trends however show very strong and rapid growth in this drug also, albeit starting from a smaller base in the alternate community.

This stark and remarkable paradox sets up an extraordinary conundrum. How can one of the best nations on the planet for tobacco be at the same time one of the worst nations for illicit drugs of addiction with probably the fastest growing cocaine market?

The answer, it would seem, is that when it comes to illicit addictive drugs in this country, "Nobody knows."

And therein lies perhaps the greatest pearl of drug policy for the rest of the world. For any nation to ride high and free from the global scourge of drug addiction, strong and forthright educational efforts must be paramount. "Everybody must know."

Here we do not. The truth is hard to find, and the general public is kept in the dark. The dominant ideology governing drug policy is harm minimization which openly condones both increased drug use (17) and full drug decriminalization (18); indeed, debate is often led by a well known group quite overtly entitled "Australian Drug Law Reform Foundation" (19).

Our domestic situation contrasts with that in Sweden, where drug education in schools is widespread and interwoven into many school curricula, and is also widespread in society. As a result, Sweden has one of the lowest drug use rates of any of the developed nations.

A Plan to Advance – Research and Education

In comparison with the excellent public education which is readily and generally available in relation to tobacco, that relating to illicit drugs of addiction is, at least in this nation, abysmal. However, the state of relative ignorance in the general populace directly reflects that within the professional and scientific community. Despite the all too obvious evidence of rampant devastation in virtually every area of life in long term addicted patients, science in general has lagged way behind the obvious clinical evidence at the coal face in describing and characterizing the evident damage. It is true of course that the effects of some neurotoxicities related to various drugs, particularly cocaine, are being worked out seriously and with a thorough going and determined investigational strategy by very fine schools 302-306. Such can, in general, not be said for other addictive drugs particularly outside the central nervous system where it is likely that some of the most telling addiction related toxicology occurs. A very dramatic example of this occurred this year in the USA where, despite cannabis decriminalization being widely discussed in many state legislatures, the voice of science (at least to this interested if distant observer) was conspicuous by its absence. Considering that the NIH alone invests around \$1 billion US annually in addiction research, that is outside of very considerable and well known American philanthropic bequests, one can only be staggered that so much investigative effort would apparently seem to be unrelated to the burning issues confronting that nation, and in reality, many others.

Hence, a rational plan for a way forward would be to use proven public health preventative techniques particularly related to widespread generalized popular education in this fight. We have shown that it can be done in relation to even more prevalent substances such as tobacco. Modern educational techniques can, of course, be quite sophisticated and include web based and interactive digital methods as well as traditional classroom based and popular methods described above for nicotine. The issue comes with the relatively deficient content presently available for publication.

Whilst the neuroscience is progressing reasonably well under its own steam by the usual methods of science, this does not seem in general to be true for addiction toxicological research related to other body systems. Most experts trying to work in this area are quite agreed that many issues are clearly not receiving nearly enough research attention. In my view it would appear that the most urgent issues facing a community genuinely concerned about the ravages of addiction on their young outside but not excluding the neuraxis would include:

- Stem cell and tissue regenerative defects,
- The implications of the progeroid immunomodulated profile, cytokines and CD56bright Natural Killer cells, particularly on stem cell populations and key organ systems,
- Free radical fluxes – direct and indirect induction,
- Genetic, including chromosomal damage,
- Telomere (end chromosomal) damage,
- Sperm and germ cell toxicology,
- Mitochondrial pathologies.
- Arterial structure and function,
- Bony structure and function,
- Dental disease, particularly immunology and gingival stem cell activity,

The ability of addictive drugs to induce premature ageing syndromes in model organisms such as mice,
Studies of micro-RNA,
Investigations of major age related pathways including Sirtuins 275, 307, 308, circadian genes 304, 309, 310, AMP kinase 311, sympathoadrenal stimulation, gonadal signals, P16, P19, P21, P53, Dec1, Mcl1 and DcR2 56, NF-kB 190
Neuronal – glial interactions in the context of addiction.

The pattern is that with the on-going rapid advances in biology important new biological systems are discovered every few months. The obvious issue, if the toxicology of addiction is ever to be understood in detail, is for these various systems to be studied in the context of the various addictive drugs.

It would therefore seem that educational methods exist and are tried and well proven to have the ability to influence a population for good in relation to drugs of addiction. The problem relates mainly to areas upstream of education, namely a block within the research community, to studying in a deliberate and determined manner, key areas of interest. This block is related to the fallout of a long term academic strategy.

To my mind at least, the matter turns on our response to seduction, to strategy, and to the potent mix of the interaction of the two, in our general and scientific communities. The present paper outlines a way forward for the international research community, should we possess the courage and will to pursue the course which is clearly required. If we continue to take the “soft option”, we will inevitably be forced to pay a stiff price, potentially for generations to come. We absent the outcomes of formal rigorous and thorough going scientific investigation from the popular debate at our grave peril.

Author Information

Dr Stuart Reece is a General Practitioner in Brisbane, Australia. His relevant expertise in the addictions field is based on 10 years intensive involvement in the treatment of addiction as the delegate of the Preventative and Community Medicine Committee of the Queensland Division of the Royal Australian College of General Practitioners and in a clinical practice in which he had (to mid 2007) been responsible for 8,044, or 73.2%, of the registered 10,987 opiate buprenorphine detoxifications in the state of Queensland (Queensland Health data 17/08/07). He is the holder of one of the best safety records for naltrexone based rapid opiate detoxifications internationally, with only 2 hospital admissions in 1,800 procedures. He has attended and presented at a large number of international conferences in addiction medicine and science and has conducted research on addiction medicine. He was recently appointed a Senior Lecturer at the University of Queensland and visiting scientist at the Queensland Institute of Medical Research (elect).

I declare that I have no proprietary, financial, professional or other personal interest of any nature or kind in any product, service and/or company that could be construed as influencing the position presented in, or the review of, the manuscript entitled
except for the following:

Naltrexone implants were sold at one time through this clinic for the use of patients undergoing treatment in this clinic.

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Is the Glass Half Empty, Half Full or Dry?

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The Amethyst Initiative, a campaign to lower the legal drinking age to 18, garnered a great deal of attention since the proposal was launched in July 2008. John M. McCardell Jr., a former president of Middlebury College and founder of the nonprofit group Choose Responsibility, leads the movement. The organization seeks the support of individuals from higher education, among others, to publicly support the effort. To date, 134 college presidents and senior administrators have endorsed the initiative. The question is why, especially considering that a Gallup poll conducted in July 2007 indicates 77% of the public supports the Minimum Legal Drinking Age (MLDA).(1)

The most obvious reasons for lowering the drinking age involve basic civil liberty issues. Proponents for lowering the drinking age maintain that if you're old enough to vote and go to war, then you should be old enough to consume alcohol. Some student affairs administrators may also want to lower the drinking age in an attempt to minimize liability. If the drinking age were lowered to 18, with the exception of a few 17 year olds on campus, underage drinking problems would be virtually eliminated. However, the health risks associated with alcohol use would still remain problematic, if not worsen.

Consider the following: the National Institute on Alcohol Abuse and Alcoholism (NIAAA) estimates that over 1,700 student deaths, 599,000 injuries, and 696,000 assaults annually are directly associated with alcohol use(2). Excessive alcohol use is associated with unintentional injury (e.g., motor vehicle crashes, falls, and drownings), sexually transmitted diseases, unintended pregnancy, and violence including sexual assault(3),(4). Further, based on the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition*, nearly one-third of college students meet the criteria for a formal diagnosis of alcohol abuse. One in 17 could be classified as alcohol dependent(5). Would increasing access to alcohol improve these key health indicators?

Further, those who consume alcohol in excess not only place themselves at increased risk for health problems, but their behaviors also affect others. Wechsler and colleagues describe this occurrence as a "secondhand" drinking effect. They found, in a national survey, that a considerable percentage of students experienced the following negative effects from their peers' alcohol consumption: 60% of students surveyed revealed their study or sleep was interrupted, 48% reported taking care of an intoxicated student, and 29% were insulted or humiliated. In addition, over half the sample (55%) indicated they experienced at least two of the aforementioned secondhand effects. Increasing access to alcohol not only impacts those who choose to drink but those who do not as well.

Another key issue for university presidents to consider before endorsing the Amethyst Initiative involves academic performance and student retention. Several studies indicate that excessive alcohol use compromises academic performance. The NIAAA estimates that 25% of college students reported academic difficulties caused by alcohol use such as earning lower grades, doing poorly on tests or papers, and falling behind(6). According to a 2002 national survey, approximately one-third of students missed a class in the previous year due to alcohol use(7). Research also reveals that, overall, the more students drink the worse their grades suffer. Presley and colleagues found that third year students with an A average consumed about four drinks a week, B students consumed six drinks a week, C students consumed eight drinks a week, and students who received Ds or Fs averaged almost 10 drinks a week(8). Even more problematic than poor grades, studies indicate that college drinking is a major factor with students dropping out of school.(9),(10) Would lowering the drinking age to 18 improve academic performance?

Clearly, the proposal to lower the drinking age to 18 would impact more than college students. Proponents for lowering the drinking age suggest the current law is not working because of the prevalence of underage drinking. It's true that for the average college student who is underage, it is not terribly difficult to obtain alcohol. Many underage college students are able to acquire alcohol from their older friends. Indeed, over half (57.8%) of all underage college students reported consuming alcohol within the previous 30 days.(11) However, imagine if the drinking age were lowered to 18. A significant percentage of seniors in high school, who are 18, may be asked by their younger friends to purchase alcohol.(12) Given that the human brain continues to mature until one's mid-twenties and the risk for alcoholism increases the earlier one starts drinking, the idea of lowering the drinking age becomes more questionable. (13),(14),(15)

Yet proponents insist that if the United States adopted European countries' more lenient policies for alcohol consumption, there would be a significant decrease in the drinking problems in the U.S. They suggest if the drinking law were lowered to 18, alcohol would be less desirable because it would no longer be considered the "forbidden fruit." However, when New Zealand changed their legal minimum drinking age from 20 to 18 in 1999, researchers noted deleterious effects. They found increases in the rates of

drunk driving, alcohol-related car crashes, alcohol-related emergency room visits, and disorderly conduct, all among persons aged 15 to 19 years old.(16) In another study, researchers compared the rates of alcohol consumption and alcohol-related consequences between the United States with countries in Europe. They discovered that European youth consume alcohol in greater quantities and experience more problematic drinking behaviors than do their same age counterparts in the United States.(17) Somewhat ironically, several European countries are examining U.S. prevention policies in the area of high risk drinking.(18)

Perhaps what is most disturbing about university presidents signing the Amethyst Initiative involves the ignorance or disregard for scientific research findings concerning this issue. The results of approximately 50 peer-reviewed Minimum Legal Drinking Age (MLDA) studies consistently reveal this law works and represents effective health policy. Maintaining the MLDA at 21 reduces alcohol-related deaths and injuries among youth, especially automobile fatalities. The National Highway Transportation Safety Administration estimates that each year the MLDA results in 900 fewer alcohol-related car crashes; thus, over 25,000 lives have been saved since 1975 because of this law.(19)

Policy decisions should be based on science and research, not politics and self-serving interests. If university presidents don't value research and base their decisions on science, who will? According to the Carnegie Foundation for the Advancement of Teaching, excessive alcohol use represents the greatest single problem that America's universities must address.(20) Student death, injury, academic performance, property damage, vandalism, strained campus-community relations, and negative publicity are all issues that university presidents and other senior administration officials must deal with because of alcohol abuse.(21) Given the high stakes —student health and academic performance — as well as the overwhelming research supporting the MLDA, it is surprising that any university president would sign the Amethyst Initiative.

Instead, university presidents and other school officials should work with community stakeholders to implement evidence based interventions. Increasing the tax on alcohol, restricting egregious drink specials, decreasing outlet density, and increasing the enforcement of underage drinking laws all represent effective strategies for reducing alcohol consumption with the general population and appear to show promise with college students as well.(22) Indeed, most alcohol consumption takes place off, not on campus. Interventions which focus on the environment rather than exclusively on the individual tend to result in long term, sustained change.(23) The MLDA constitutes such an intervention; thus, to repeal this policy clearly represents a step backwards.

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Afghanistan: An Enduring Problem

Ian Oliver

Afghanistan produces over 90% of the world's heroin supply that yields 52% of the country's GDP; it is severely dysfunctional and beset by problems relating to weaknesses in both Central and Provincial Government which are compounded by systemic corruption at all levels and in almost all aspects of society. The country is in urgent need of redevelopment from its very foundations after decades of internal conflict and unwelcome invasions have destroyed its infrastructure. Thirty seven countries are present, ostensibly to help rebuild the country, but there are many conflicting views of the way forward with no obvious sign that any has yet found the direction, let alone produced a "road map" to follow.

Development is necessarily slow and incremental, and there are no guarantees of success. The insurgency by the Taliban has intensified to such an extent that military experts are indicating that it is of a type that cannot be won in the same way as a conventional war.⁽¹⁾ Opium production has increased to record levels, confronting the Government of Afghanistan and its international partners with two major problems as far as counter-narcotics policing is concerned: firstly, there is a need to develop a professionally trained and competent police agency which will take many years and a great deal of investment to achieve; and secondly, there is the urgent need to respond, immediately and effectively, to the serious threat posed by the insurgency and the increasing amounts of opium that are produced and exported. Afghanistan has inadequate and insufficient counter-narcotics law enforcement capabilities to respond to the impact of the illicit drug trade,⁽²⁾ and the international military presence has failed to overcome the resistance of the insurgents.

Recent years have seen record productions of the opium poppy crop. In 2006 Afghanistan produced 6100 tons of opium (equivalent to approximately 600 tons of heroin)⁽³⁾. Figures produced at the end of August 2007 indicated a significant increase (34%) in opium production compared with the previous year, with 193,000 hectares under opium poppy cultivation (+17%) resulting in 8200 tons of opium⁽⁴⁾. In 2008 estimated production was slightly less at 7,700 tons. Such amounts represent an enormous social problem, for the abuse of opium and the derivative is directly connected to three global issues:

Public Health. The spread of HIV/AIDS, hepatitis C and other blood-borne diseases, which have been classified by the World Health Organisation as global pandemics;

Organised crime. This includes for example, trafficking in humans, arms smuggling and money laundering. National police forces often indicate that between 50-70% of crimes committed worldwide are in some way drug related.

International terrorism. Most terrorist groups are thought to be in receipt of some of their funding from drug trafficking and associated crimes.⁽⁵⁾

In Afghanistan there are few income-generating activities available for a population with one of the lowest standards of living in the world and with a low life expectancy due to the privations of a harsh and barren country, an adverse climate and socio-political conditions that make basic survival for many extremely difficult.

The huge profits generated by drug trafficking have created power bases for warlords, wealthy landowners and insurgents, such that they continue to flaunt their ability to defy Government attempts to bring order and the rule of law across Afghanistan. For the general population, the reverse is high unemployment, widespread illiteracy, extreme poverty verging on starvation in some areas, fear of reprisal for failing to obey warlords and powerful drug traffickers and disenchantment with a weak Government that appears to be unable to improve conditions. Inevitably, this leads some people to side with the most powerful and to oppose the possibility of a unified State. Thus, it appears that besides coercion from the Taliban and others, money has been spent by insurgents and drug traffickers to align the interests of some farmers with their own, so that in many cases there is willing co-operation in increasing opium poppy cultivation. Where willingness is absent or resistance is experienced, extremely compelling methods are employed to ensure the continued growth of such a lucrative crop. It is difficult to resist when families are starving, the general population has no confidence in the Government's ability (or willingness) to bring about change and the populace distrusts the police force which is known to be overwhelmingly corrupt.

The Afghanistan National Development Strategy draws attention to the fact that drugs subvert governance, and aid dependency leaves institutions weak; sadly, there are too many examples that support that statement.

Regrettably, Afghanistan has so far received much less economic aid per capita of population than other post-conflict areas⁽⁶⁾. International assistance will be required for many more years, and at the present

rate of progress, opium production will continue largely unfettered for decades. Military forces have been reluctant to become involved in the destruction of poppy crops as this would conflict with the strategy to win the hearts and minds of the local populace. There are conflicting views between international partners about how to address the problem. Only recently, NATO has reluctantly agreed to allow the 73,000 foreign troops in the country to target heroin laboratories and major traffickers. Currently, the strategy is for minimising opium production and attempting a gradual reduction in the availability of the poppy crop.

In 2006 only 6 of the 34 provinces were reported to be free of opium, and production was said to have fallen in 8 others, mainly in the North; the majority of the opium crop comes from Helmand Province in the South where the major insurgency occurs. In August 2007, 13 provinces were reported to be free of opium and plans were said to be in hand for other provinces to follow suit.(7) The number of provinces said to be opium free in October 2008 was reported to be eighteen.(8) However, production is easily restored, and insufficient attention has been given to the creation of viable alternative livelihoods. The infrastructure of the country is inadequate to encourage the rapid growth of alternative crops, and even if it were adequate, it takes time to develop global markets that could compete with the rewards available from the poppy crop. Those who comply with the targets of reduced opium production must see benefits from so doing; otherwise, both necessity and coercion will continue to influence their thinking. In a report prepared for the Offices of the Inspector General of the Departments of State and Defense of the United States, it was noted that the preliminary goals for eradication in 2007 were unrealistic(9). The assessment team had visited seven provinces and found *"no realistic possibility of outspending economic incentives in the narcotics industry"*.

Thus, it is important to give a great deal of attention to rebuilding the infrastructure of the country so that living conditions improve and hope for a better future becomes reality. It was noted in the Afghanistan National Development Strategy: *"when poor communities perceive themselves to have been politically marginalised or economically forgotten, they are far more likely to suffer the resentment and alienation that drug lords and terrorists exploit"*. Unfortunately, worsening conditions and a loss of confidence not only in the Government of Afghanistan but also in its International partners to achieve anything like the necessary progress has resulted in that resentment amongst many Afghan nationals who ask the legitimate question: *"Why cannot the greatest and richest powers in the world bring peace and stability to a war-torn country that is crying out for settlement?"* Part of the problem is that donor coordination is said to be poor and fragmented, and to put it bluntly, there is little joined-up thinking in seeking a remedy. In some places the Taliban is gaining public support because it is opposing an alien force that is seen by many to be pursuing self-interest and a corrupt government.

Law enforcement is not the only way of addressing the problem of drugs, but in an unstable country it is vitally important to develop trust in a reliable and professional police service. The Afghan National Police are far from being trustworthy, and it will take many years of patient investment and training to overcome the endemic corruption that has so alienated the public. It goes without saying that the same is true of the national government which is riddled with corruption and serviced and staffed by many criminals.

The development of a police service in Afghanistan has to be slow and incremental; setbacks should be expected, and there is no guarantee that the outcome will necessarily reflect the wishes of the International community. Years of conflicting cultures and instability have to be taken into account. The Afghanistan dilemma will take many years to resolve. Although the work of developing a professional police service must be done thoroughly in order to reap long-term benefits, immediate counter-narcotics responses are needed to deal with the growing production and trafficking problems. This cannot be done by the Afghan National Police alone, and significant international policing aid is essential. International policing interventions are urgently required for bringing about quick and meaningful change; not only should this assistance be used to train the Afghan National Police, but where necessary there should be authority for the direction and control of counter-narcotics operations until such time as the local service is competent to achieve its own successes.

Members of the international community are attempting to assist the Government of Afghanistan in establishing good governance, the rule of law and a coherent drug control strategy(10). *"For the Afghan State to be free of criminal influence concerted efforts must be made to improve its levels of integrity and to show that Afghan institutions can prosecute high level organized crime figures"* (11). There is little evidence that such efforts are being made at present.

International assistance is frustrated by weak and corrupt central and provincial Government. Leading officials in the Government and Parliament of Afghanistan are suspected of being involved in drug trafficking and money laundering and of being supporters or members of organised criminal groups.(12) There is widespread mistrust both of and within Government, and many Government Ministries and institutions are viewed with suspicion and hostility. Law enforcement activities, the legitimate collection of revenues and the application of basic principles of justice and the rule of law are regularly frustrated by organised criminal groups operating freely within Government. These conditions make progress difficult, if not impossible. Nevertheless, the urgency of the situation requires determined efforts, and the International community should be capable of a much improved performance.

Unfortunately, there appears to be reluctance on the part of the United Nations and interested parties to commit to international policing as a significant part of the solution. The reasons given are:

A Standing Police Capacity Unit was recently established within the Department of Peacekeeping Operations of the Secretariat, based at UN HQ New York. The role of the unit is to support UN

peacekeeping missions and assist in policing functions, thus preparing the way for the deployment of other police teams. However, it is acknowledged that the capacity of the unit is limited in terms of identification and quick deployment and that action may not happen in a short period of time. Member States of NATO already experience great difficulty in providing adequate levels of personnel to address the security situation in Afghanistan. (13)

Notwithstanding these difficulties, almost all professionals who have any experience of the conditions prevailing in Afghanistan, especially at the border areas with Iran and Pakistan, have spoken of the need for immediate international policing assistance.

It is interesting to note that former US Ambassador James Dobbins draws attention to the failure to include international police assistance in the Afghan reconstruction effort.(14) He mentions that in the 1990s the United States deployed 1000 American, French, Canadian, Caribbean and Latin American police to augment Haiti's military peacekeepers. In Bosnia the UN had deployed nearly 2000 international police officers to supplement 60,000 NATO soldiers. In Kosovo the ratio of international police forces was raised further, with nearly 5000 UN led international police operating alongside 50,000 NATO soldiers. He emphasises the point that by the end of the 1990s the ratio of one international police officer for every ten soldiers had become the norm for most peacekeeping missions. Dobbins asserts strongly that the introduction of police at the beginning of the mission would have gone a long way towards ensuring security; it would also have helped develop public confidence in the Afghan National Police if it were seen to be under dependable international supervision.

Without investing in human capital, adequate pay, proper training and equipment, the instillation of pride in the job, self-esteem and adequate and continuous mentoring, little progress will be made, and the world will continue to suffer the ravages of an uncontrolled drug trade. The Afghan National Police needs exposure to international policing standards before it can hope to achieve proper development. If Afghanistan is to attain security and prosperity and eventually stand on its own as a viable democratic nation, it will require a strong and honest government, a thorough understanding of its problems and the possible remedies, determined and targeted investment and a focused strategy that is adequately resourced and meticulously implemented.

In reality, the production of opium will continue well into the foreseeable future, and whilst every effort must be made to stabilise Afghanistan and establish efficient counter-narcotics policies which will include alternative livelihoods, the rest of the world must make every effort to encourage demand reduction. Afghanistan has been described as "the graveyard of Empires," and failure to deal with the enduring problem by meaningful international co-operation in the region instead of fragmented and dissipated initiatives will cost the world dearly. The international partners must recognise that centuries of Afghan cultures and traditions cannot be exchanged overnight for western values; the transition must be in the interests of the Afghans and undertaken in a respectful manner, whilst at the same time dealing with the massive global harm of unchecked opium production.

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