Illicit Substances and World Progression

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Abstract: The stern negative conceptions toward what are now commonly termed illicit substances commenced in the nineteenth century with the initiation of warlike tactics by Britain with respect to the opium trade. Other major nations (and continents) including Australia, United States and Europe followed suit with broad based implementation of prohibition in respect of psychoactive substances with major foci represented by amphetamine and opium based substances, derivatives (and analogues).

The validity of the negative conceptions in respect of the above stated illicit substances has been challenged by certain factions of the scientific and political community.

This report investigates the validity of prohibition on the above stated substances and presents a systematic assessment with respect to the relevant prohibitions.

Based on the assessment, the evidence tends to indicate that perhaps under the right circumstances these substances of interest including that of the opioid and amphetamine classes may arguably be legalized in a manner that does not pose an undue hazard on society. That being said, the picture is not entirely clear due to the factors reported.

Keywords: Amphetamines; Crime; Health; Opioids; Prohibition; Psychosis; Substances

1. The History of Illicit Substances

The stern negative conceptions toward what are now commonly termed illicit substances commenced in the nineteenth century with the initiation of warlike tactics by Britain with respect to the opium trade. The initiation of which, according to numerous resources, was not based on concerns for health as the key driver behind the tactical maneuver, but in fact the pursuits were, according to the resources stated, based most predominantly on economic reasoning, specifically the desire of Britain to have control over the profits (or, at least part thereof) generated by the then Chinese opium market, based on implied rights within international law of that period (CV, 2013; Deitch, 2003; EB, 2015; SLNSW, 2016).

Prior to this, the major nations generally did not view drug use as illegal but in fact viewed it as a personal decision similar to that of consumption of coffee and alcohol. Following the nineteenth century moves by Britain directed at China, other major nations (and continents) including Australia, United States and Europe gradually commenced implementation of prohibition on psychoactive substances with major foci represented by amphetamine and opium based substances, derivatives (and analogues) (CV, 2013; Deitch, 2003; EB, 2015; SLNSW, 2016).

The pattern of global attitude has been fairly consistent and negative with the community receiving ongoing communications from government and police members to the effect that such substances are toxic with respect to the health of individuals, causing serious health problems and acting as catalysts for crime.

In recent years there has been some initial shift in the attitude with countries including Portugal and USA abolishing certain prohibitions in respect of the stated (and related) substances (Aleem, 2015; DPA, 2016; Rosmarin & Eastwood, 2013).

2. Evidence of Harm: Risk-Benefit Analysis

2.1 The potential risks of illicit substances

There is definite evidence in the medical literature that illicit substances can cause, or are at least associated with, psychosis although this is formed more predominantly by lower level studies including case series and cohort design as opposed to higher level evidence - Randomized Controlled Trials (RCTs) and systematic analysis of RCTs (CFSAT, 2005; Sadock et. al., 2009). That being said, it is acknowledged that RCTs in respect of such substances are more difficult due to the questionable ethical scenario with respect to randomization of patients to such substances which, given the wide variation in reports, are at this stage of a toxicity that is not entirely clear,
spanning from arguably less dangerous to society than alcohol (as further detailed below) through to representing a hazard of an order of magnitude to society that cannot be tolerated. Noteworthy is that, aside from psychosis, medical evidence suggests that illicit substances can cause, or are at least associated with, a range of other health complications including serious heart issues (Ghuran & Nolan, 2000).

2.2 The counter evidence against prohibition of the stated substances

Experiential and Observational Evidence

Portugal results

Since the abolishment of drug prohibition the crime rates in Portugal have not increased (Aleem, 2015; Murkin, 2014). In addition, aside from no overall increase in crime, there has been a decline in drug related crimes. Furthermore, HIV infection rates amongst drug users has decreased (Aleem, 2015; Murkin, 2014).

The fact that crime rates broadly have not increased since the abolishment of prohibition against these substances would tend to suggest a possibility that the stated substances do not act as serious catalysts broadly increasing the likelihood of community members to engage in criminal conduct or at least not to the degree previously espoused (Aleem, 2015; Degenhardt, 2008; EMCDDA, 2011; Murkin, 2014; Reuter & Stevens, 2007). This is further supported under heading ‘Overall Crime Rates.’ It must be reiterated that association and causation are different concepts and, whilst it seems a basic principle, the continual misleading nature of medical reports of low quality is a definite issue (Altman, 1994; Raymond et. al., 2009).

It would seem that perhaps under the right circumstances these substances of interest including that of the opioid and amphetamine classes may potentially be safe (or, at least not a hazard of undue and irresponsible magnitude) on a legalized platform. That being said, the importance of sound medical evidence based on professional unbiased (ethical) analyses of the highest form possible taking into account ethical and practicability related issues (for instance, with respect to whether RCTs are able to be implemented) must be pursued prior to it being sensible to report the likely reality of a given scientific (or, medical) issue with certainty implied in the opinion reported. The medical industry would benefit from development of a culture based on such attitude, as opposed to continued research motivation revolving around profile aspirations (at the detriment of ethics) or, on the other hand, judgmental attitudes pushing negative connotations on community based on personal views as opposed to objective unbiased opinions based on firm medical evidence of the aforementioned nature, opinions of which can hold credibility when put to scrutiny against the demanding principles dictated according to EBM guidelines.

USA results

There exists some degree of evidence from USA in respect of relatively safe introduction regarding legalization of illicit substances, including decreased crime rates and reduction in substance overdose (DPA, 2016; Ervik, 2015; SCS, 2016).

Overall crime rates

Interestingly, overall crime rates based on government databases (Example: ABS Australia) have not shown, over the years, any meritorious level of overall improvement since prohibition against illicit substances commenced in the nineteenth century. This tends to support the experiential evidence from Portugal that in fact these substances possibly do not act as serious catalysts broadly increasing the likelihood of community members to engage in criminal conduct (Aleem, 2015; Murkin, 2014). Or, perhaps not to the degree previously espoused. A multitude of factors could be hidden as underlying variables currently unknown to society. The issue status better accepted at this stage as not entirely clear.

Substances causing serious harm other than the stated substances

Alcohol as a substance is arguably connected to crime (association; and, possibly causation) and detriment to society at a level equal to or perhaps greater than that of opium and amphetamine related substances (Morgan, 2009; NCADD, 2016; Talley & O’Connor, 2014). Furthermore, alcohol has been linked to serious domestic violence (Morgan, 2009; NCADD, 2016).

It would also seem reasonably argued that alcohol is linked to as many serious health problems as the stated illicit substances, spanning liver disease (lipid accumulation; cirrhosis; cancer) through pancreatic disease, colorectal disease (including cancer), obesity through mental illness and even other forms of carcinoma, including that of the breast and related tissue areas. Respected medical textbook, utilized by a multitude of medical schools worldwide, Clinical Examination (List 1.3 Page 12; Talley & O’Connor, 2014) links over twenty serious medical conditions to alcohol
including: Acute Gastric Erosion; Oesophageal Cancer; Cardiomyopathy; Cardiac Arrhythmias; Cerebella Degeneration; Autonomic Neuropathy; Thrombocytopenia; Bone Issues (increased risk of fracture); and, Myopathy (Talley & O’Connor, 2014).

There have also been reports of psychosis linked to substances other than the stated illicit substances including over the counter and herbal medicines: St John’s Wort; Pseudoephedrine; High-Dose Caffeine (very limited evidence); Ginkgo Biloba; Brahmi; Ginseng; Kava; Ephedra (Joshi & Faubion, 2005; MHD, 2016).

3. Other factors

There are a range of social, legal, and cultural issues that may also come into consideration in respect of decisions (including governmental) regarding the legislative and judicial administration of laws revolving around use of the stated substances.

The fact that risk against benefit analyses regarding the topic at hand and the outcomes in respect of the feasibility and safety regarding legalization of the stated substances of interest are not sensibly able to be delineated as a picture of clarity at this stage must be understood. Research designed to attract attention at the detriment of ethical objective appraisal of the given situation of interest continues to harm the medical industry (Raymond et. al., 2009). There are some reports, including that in Journal of American Medical Association, that indicate very poor medical (clinical) practice in addition to poor standards of research are a realistic possibility with respect to the actual reality of success represented by the current medical industry, despite the community being under the impression that doctors offer a value of service that is of the highest order (Altman, 1994; JAMA, 2000; Raymond et. al., 2009). Furthermore, the culture problems of the industry in addition to other factors are, as indicated above, resulting in pressures on doctors to report findings designed to gain attention and increase profile status as opposed to a culture determined to develop the body of medical evidence such that the opinions and interpretations of analyses reported are unbiased ethical assessments that are in accordance with the strict requirements dictated by official EBM guidelines.

4. Summary of Analysis

Contrary to community conceptions, there is evidence to suggest the driving force that commenced prohibition of the stated substances revolved around financial and economic foundations. It was in fact a gradual shift in communications to the global community that the substances be prohibited based on public health reasons as opposed to communicating the factual initial precipitating reasons (factors) for the decisions to implement prohibition.

There is medical evidence to suggest the stated substances may cause (or, at least are associated with) a range of medical problems including psychosis and serious heart complications. That being said, there is also evidence for the argument that alcohol in fact is a more serious risk to community wellbeing than is that of the stated illicit substances.

The assessment presented in this report would tend to indicate that perhaps under the right circumstances these substances of interest including that of the opioid and amphetamine classes may potentially be legalized in a manner that does not pose an undue hazard to the community.

5. Conclusion

Based on the assessment, the evidence tends to indicate that perhaps under the right circumstances these substances of interest including that of the opioid and amphetamine classes may potentially be legalized in a manner that does not pose undue risk to the community. That being said, it must be understood that the picture is not entirely clear at this stage due to the reported reasons.

References

Listed Alphabetical


