Harm reduction – more than just side-effects

To the Editor: The stance of the Managing Editor of the *SAMJ*[1] in favour of the extremely controversial practice of decriminalising drugs of abuse is surprising and disconcerting.

When last has he sat in front of drug addicts who have lost their families through being addicted to drugs, or lost a job through a workplace accident related to cannabis abuse?[2] Or treated drug addicts from Switzerland, where they have failed to regulate substance abuse by providing clean needles, syringes and drugs?

Medical science is exploding with new research that proves the harmful effects of marijuana consumption including: (*i*) causing psychosis in healthy people;[3] (*ii*) harming the brains of teenagers;[4] (*iii*) increased risk of testicular cancer;[5] (*iv*) poor fetal development;[6] and (v) suppression of the immune system.[7]

The argument that we cannot root out drug abuse by keeping it a crime is irrelevant. Historically, not a single crime has been rooted out, but we are not considering decriminalising murder, rape, theft and fraud. To use the example of Jackie Selebi to legalise drugs is inappropriate.

The Editor quotes that more harm is caused by legal drugs such as tobacco and alcohol than illegal drugs, ignoring that legalising them appears to increase the harm. The implications of legalising drugs to supposedly benefit the economy are vast:

- Polytoxicomania. The very costly methadone distribution programme in Zurich showed that almost all recipients consumed additional drugs and practically none of them stopped.[8]
- The financial implications of increased accidents in the workplace. Studies have shown that over 50% are drug-related.[9]
- Increased work absenteeism. US Postal Service employees who tested positive for drugs were absent 43% more frequently.[10]
- Medical claims and theft at work are tripled by the consequences of drug abuse.[11]

The Editor quotes the UN Single Convention on Narcotic Drugs of 1961, but fails to mention the United Nations Office on Drugs and Crime (UNODC) 52nd session of the Annual Commission on Narcotic Drugs of March 2009, to which South Africa is a co-signatory. When some parties tried to include harm reduction policies (such as those that the Managing Editor is supporting), Sweden, Russia, Japan, the USA, Colombia, Sri Lanka and Cuba refused to sign the document unless the reference to harm reduction was removed.

The Alaska Supreme Court ruled in 1975 that the state could not interfere with an adult's possession of marijuana for personal consumption in the home. A 1988 University of Alaska study showed that 12 - 17-year-olds used marijuana at more than twice the national average for their age group. Alaska's residents voted in 1990 to re-criminalise the possession of marijuana.

In Holland, the government started closing down 'coffee shops' (establishments where the sale of cannabis for personal consumption is tolerated by the authorities) because many of them became outlets for the illegal drug trade, providing illegal amounts of cannabis and supplying under-age children with the drug. After 15 years, they have been unable to separate the illegal crime-related activities from the legal. It looks as if Holland is sliding into a quagmire via this slippery slope.

The UK government reclassified marijuana as a less harmful Class C drug but moved it back to a more dangerous Class B drug in January 2009.

Doctors for Life International are all in favour of doing more where the rehabilitation of drug addicts is concerned. However, we feel that a prison sentence as an alternative to rehabilitation is a powerful

incentive for substance abusers to seek help. To this end, we would argue for more government funding for established rehabilitation units and NGOs, which to a large extent have taken over the responsibility of the government in this regard.

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11. Ibid:484.
12. Ibid:480.

Professor Van Niekerk replies: We share aspects of the concerns raised by Doctors for Life; namely, the knowledge that drug addiction (and for that matter any other addiction, such as gambling) is harmful – although meta-analyses show that *their* selective literature overstates the case; and that we 'are all in favour of doing more as far as the rehabilitation of drug addicts is concerned'. We also agree that regulation is necessary and note that such regulation has successfully reduced the use of currently legitimate drugs – cigarettes and socially unacceptable alcohol use (e.g. consumption by under-aged persons, and drinking and driving) in many countries.

However, the assumption that decriminalising drugs inevitably opens the floodgates to increased consumption does not stand up to rational scrutiny. Indeed, the floodgates are already wide open and becoming wider, despite the fact that many drugs are criminalised.

Psychoactive substances have been used throughout history and humans will continue to use them. The vast majority who do so hold down responsible jobs and function well (some say better) in society. A minority become addicts, and require help and not imprisonment. Those who use drugs may be considered to have a vice, but certainly should not be treated as criminals. Rather, we need to understand 'the shame, isolation and hopelessness experienced by individuals who are perceived as social failures *as well as* criminals'.

What can be offered instead of judgemental criminalisation? How about putting our efforts into regulation, education and rehabilitation?

1. McCallum I. Decriminalisation of drugs. S Afr Med J 2011:101(2);284-286.