The new drugs war

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Henry Kwan, 17, was a model student and dux of his class when he took a drug that led to a psychotic breakdown and caused him to jump to his death off a balcony at his family's suburban Sydney home on 5 June 2013.

The synthetic drug he took was perfectly legal. Drugs just like it – chemical variations of LSD, cannabis, cocaine and amphetamines, marketed with names such as Kronic, Bliss, TranQuility and Northern Lights – have been readily available from the internet, sex shops, tobacconists and even sports stores.

These new harmful drugs – along with increasing use of 'old' ones like cannabis and amphetamines – have greatly extended the drugs war battlefront. Governments are facing a new push to legalise and 'regulate' all drugs.

Daily Telegraph journalist Miranda Devine explained the synthetic drugs problem in her column on 9 June 2013 (edited, below).[1]

Stephen Kwan's son Henry was a "very good boy" who never would have taken an illegal drug. He took the tablet because he thought it would help him stay awake to study. Instead it sent his brain haywire. He stripped off and told his mother he could fly as she struggled to hold him back from the balcony's edge.



Henry Kwan: died after taking a synthetic drug and falling from a balcony at his Sydney home

It's a horror no parent should endure. Yet those drugs are still openly on sale. How many more people have to die or lose their minds?

The NSW government already has the report of a 15-month parliamentary inquiry into synthetic drugs. Chaired by Castle Hill MP Dominic Perrottet, it made 13 recommendations, including giving the Minister for Fair Trading power to issue on-the-spot fines.

But it still requires police to establish a substance is illegal, against the challenge of drug manufacturers who tweak their formulas to stay ahead of the law.

It's a complex task for lawmakers, but Queensland has found the will for a tough response, banning all substances "intended" to have the same effect as a dangerous drug. No grey area.

Meanwhile, the human carnage piles up. On the NSW north coast, where police say synthetic drug use is rife, emergency departments are facing unprecedented violence and drug-induced psychosis. Normal people are presenting with "out-of-control behaviours and manic violence similar to the comic book monster The Hulk", a nurse told The Port News. This is the illegal drug problem on steroids, and a glimpse into a future of legal drugs.

Last year, "Gabrielle", 22, and her partner decided to try synthetic cannabis "Kronic" they bought at a Newcastle tobacconist. It was $10 more expensive than real cannabis, but they used it because it was legal.

"You think, I'm not doing anything wrong, it must be OK. It's legal and easy to get and you didn't have to associate with all the grubs you have to associate with to get (real marijuana). And it didn't show up on the drug tests at work," Gabrielle said.

"You think, I'm not doing anything wrong, it must be OK. It's legal and easy to get..."

She smoked Kronic for seven months, sharing 15-20 "cones" per day with her partner. One day he was smoking a cone when he "dropped to the ground and started having a fit".

The last straw was when her 13-year-old stepson found their stash and smoked one cone. They found him "stumbling up the road with no shirt on and blood coming out of his stomach. Voices in his head were telling him to kill himself, so he stabbed himself with a cheese knife with two prongs on the end."

The boy spent three weeks in a psychiatric unit but recovered.

Gabrielle stopped smoking Kronic but then the panic attacks began. "Horrible ones. I ended up in hospital twice. Like I get chest pains and pins and needles in my arms and feel like I can't breathe properly and when I get up to walk I get really light headed like I'm going to pass out." She is now on anti-depressants.

The Perrottet inquiry heard evidence that synthetic cannabis has a more profound effect on the brain than cannabis because "some of the compounds are more effective in binding to receptor sites".

While research into use is sketchy, the committee found mining companies are particularly concerned about the problem, with one test in Western Australia finding rates of use among employees as high as 30 per cent.

The Perrottet inquiry recommended against self-regulation and licensing of the $600 million synthetic drugs industry. But in doing so it was bucking against a mood for drug liberalisation that has infected much of the political class, and even police.

John Howard's *Tough on Drugs* strategy

Advocates for drug legalisation have criticised drug policies introduced by the federal government led by Prime Minister John Howard (1996-2007). The Australian Drug Law Reform Foundation headed by Dr Alex Wodak claims that prohibition of illicit drugs is "killing and criminalising our children".[2]

But such claims do not stack up against reality. Miranda Devine pointed out that Howard's *Tough on Drugs* strategy, launched in 1997, brought drug use down for the first time in three decades. She continued:[3]

The result of the recent softer approach [under

the following Rudd-Gillard governments] is that drug use is now increasing, and more children are experimenting in a laissez faire atmosphere. The figures tell the story.

The Australian Secondary School Students Alcohol and Drug Survey shows teenage drug use plummeted between 1996 and 2005 before rising again from 2008 to 2011.

The proportion of 12 to 15-year-olds who used an illicit drug, mainly cannabis, in the previous month fell from 16 per cent in 1996 to 5.2 per cent in 2008. But then the trend reversed itself, rising to 5.5 per cent in 2011. For those aged 16-17, drug use in the previous month fell from 12.8 per cent to 12.4 per cent between 2005 and 2008 and then swung back up to 14.2 per cent in 2011.

The latest National Drug Strategy household survey found the number of people over 14 who used drugs in the previous year rose by 20 per cent between 2007 and 2010.

A similar story is found in the Australian Crime Commissions Illicit Drug Data report, 2010-11. A decline in cannabis use from 18 per cent in 1998 to about 9 per cent in 2007 surged to 11 per cent in 2010.

We have no hope of tackling the new scourge of synthetic drugs if we keep going soft on regular drugs.

Miranda Devine has made a strong case for returning to the Howard-era drug strategies. Both state and federal governments – who have moved to ban several new synthetic drugs, at least temporarily – need to address the problem from several angles. Australia needs effective public drug education as well as tough laws against drug manufacture and trafficking, and proven rehabilitation programs for addicts.

But most Australians are unaware of what is happening – and they do not understand the nature of the new synthetic drugs.

What are 'synthetic' drugs?

The new versions of synthetic drugs are chemical compounds manufactured in laboratories – often legally, in China – with properties designed to mimic the psychological effects of illegal (because harmful) drugs. Synthetic cannabis (marijuana) is one example.

Cannabinoids are chemicals found in cannabis. The most well-known is delta-9-tetrahydrocannabinol (THC for short), the substance primarily responsible for cannabis's psycho-active effects (the "high") and its health risks (including addiction, depression, anxiety, paranoia, psychosis and schizophrenia).

Synthetic cannabinoids are laboratory-manufactured chemicals that have similar effects to THC. They bind to the cannabinoid receptors in the brain and other organs. In recent years, a wide variety of synthetic cannabinoid products have become available as smoking mixtures sold on the internet and in a variety of shops including sex shops with names such as Kronic, Kalma, Voodoo, Kaos and Mango Kush.

They are usually sold in foil packets containing a few grams of plant matter which has been sprayed with a solution of the synthetic cannabis. A number of plant-based ingredients are often listed on the packet, but scientific testing has found that many of these are not actually present. The vast majority of synthetic cannabinoids have been produced only recently and their side effects, adverse reactions, addiction risk and long-term damage are unknown.[4]

Anecdotal evidence such as that cited above by Miranda Devine indicates that synthetic cannabis is even more harmful than the natural product.

Other synthetic drugs

Amphetamines (or metamphetamines, often called "speed") are synthetic drugs, first produced in a German laboratory in 1887. They stimulate the central nervous system, and were used as a nasal decongestant in the form of a Benzedrine inhaler in the 1930s. They were later used by the army in World War II to promote alertness in battle-fatigued troops. In the 1950s, amphetamines gained popularity as weight-loss drugs and then became popular substances of abuse.

New varieties of amphetamines have recently been produced with slightly different chemical formulae but similar effects and dangers such as addiction, psychosis and violence. They emerged in Europe in 2009 and spread to the US in 2010 and later Australia. They are often marketed as "bath salts" with names such as Purple Wave or Bliss, to evade drug laws.[5]

Other synthetic drugs such as methylenedioxypyrovalerone (MDPV) and mephedrone,[6] with effects similar to or greater than amphetamines, natural cocaine ("coke") and synthetic LSD ("acid") have also become available in recent years, purporting to be legal and safe. Like the other synthetic drugs, they are associated with serious health risks.

Banning synthetic drugs

Miranda Devine has argued convincingly for a tough-on-drugs approach. She has praised the new Queensland law, passed on 17 April 2013, banning all substances intended to have the same effect as a dangerous drug.[7]

Queensland Attorney-General Jarrod Bleijie initiated the ban and called on other states to follow suit. In June, NSW and SA banned an additional 19 named drugs from their previous list of banned

Max's story

On 18 November 2011, Max Schwartzberg testified before the New York City Council at hearings on medical marijuana. He first used marijuana at age 12, and became a long-term addict. He said (in part):[28]

The biggest danger in smoking marijuana is that most of the destruction does not occur right away.



It is a slow, progressive collapse of the person's life. It isn't until a person is truly addicted that they start to experience the cognitive, emotional, and psychological consequences.

I was a healthy, bright, caring, and sensitive child. My first real hit of marijuana at age 12 sparked the slow death of everything.

It is nearly impossible to get help for a problem that is not recognised as a problem. I had been to at least a dozen psychiatrists. There was only one who said that my mental and emotional collapse was due to my pot smoking.

She went on maternity leave. I continued to smoke and soon became a shell of a person, paranoid and emaciated after an eating disorder that just popped up out of nowhere.

A sound and sober mind would see that smoking pot made me very hungry. When I ate, I ate a lot, which killed my high. I liked being high, so I would throw up and start again.

It wasn't until my life had come to this pitiful point that I started to believe that smoking marijuana helped me with my nausea.

The funny thing about this is that the only time that smoking marijuana as medicine made any sense, was when I was high after smoking marijuana. What happens when your medicine is harming you more than it helps?

Forty pounds lighter, using stronger pot, I ended up in the psychiatric ward for 13 days. I thought I was being chased by Osama Bin Laden. I had had a drug-induced psychotic episode. I am still seeing doctors.

California and Colorado show us that the majority of the medical marijuana users are kids like I was, and they are people like I am.

If prescription medication is one of the most commonly abused drugs by kids, why add another harmful drug for them to abuse?

synthetic drugs for a limited time. The federal government took similar action (which automatically applies in Victoria, NT and ACT). WA had already banned the synthetic drugs, and welcomed the national ban to prevent their importation. However the Tasmanian Labor government, in coalition with the Greens, banned Kronic in 2013 but expressed reluctance to impose further bans on synthetic drugs.[8]

The Eros Association, representing "adult" shops and the brothel industry, has opposed the ban on synthetic drugs. Eros has strong links with the Australian Sex Party, which has a policy of legalising all drugs.

Policing needed

The new bans on synthetic drugs will only be effective if strictly enforced by state and territory police. Assistant federal Treasurer Hon David Bradbury issued a media release on 16 June 2013, announcing a temporary national ban on synthetic drugs. He said the ban would give state and territory governments time to include the banned substances in their drug laws.

"These synthetic substances are dangerous drugs that should be made illegal by all States and Territories and policed by law enforcement agencies, just like other illicit drugs, with appropriate criminal penalties," Mr Bradbury said.

"I call on the state and territory governments to conduct an urgent review of their drug laws to make sure that these synthetic drugs are not falling through the cracks."[9]

There is clear need for national action, with laws similar in wording to the Queensland legislation which does not allow drug sellers to avoid prosecution by changing names or chemical formulas.

However not all of Australia's civic leaders agree with a *tough on drugs* approach. Victorian Greens Senator Richard Di Natale says drug legalisation is the way to go – claiming that the new problem of synthetic drugs would be solved by legalising natural cannabis.[10]

The senator has ignored evidence that legalising a harmful product does not prevent the use of other, more harmful ones. Legalising natural cannabis would send a dangerous message that all types of cannabinoids, including synthetic cannabis, are safe.

Push for 'medical' marijuana

The promotion of new synthetic drugs is not the only problem faced by Australian governments. A new push is underway to legalise cannabis/marijuana for medical use.

In 2013 a committee of the NSW Legislative Council investigated the use of cannabis for medical purposes – a ploy used in the US to weaken drug laws by claiming that cannabis has health benefits.

So far two US states have further weakened those laws to allow cultivation and use of cannabis for "recreational" use as well.

The NSW parliamentary committee heard evidence from FamilyVoice Australia and others about the negative impact of legalising cannabis for medicinal purposes in US states that have already done so.

However this evidence was largely ignored. The Committee's final report recommended changing NSW drug laws to provide a complete defence to the use and possession of cannabis by patients with a (non-defined) terminal illness or suffering from AIDS.[11]

Campaigns – such as those by Dr Alex Wodak and the advocacy group *Australia 21*[12] – have begun to soften community attitudes to this harmful drug.

'Heart-rending' media stories

In March 2013, Channel Seven's *Today Tonight* aired a story about "marijuana man" Tony Bower of Kempsey in northern NSW. He runs *Mullaways Medical Cannabis*, supplying high grade marijuana to hundreds of patients including children.[13]

Mullaways Medical Cannabis is the first medical cannabis company established and registered in Australia for the purpose of research development and production of cannabinoid medicines.

The television program featured the heart-rending stories of several children with epilepsy. One woman claimed that after her daughter was put on medical marijuana, her seizures stopped and the results were "unbelievable". This claim was followed by a call by Dr Alex Wodak to legalise medical cannabis.

What *Today Tonight* failed to mention

But there is a very different side to the *Today Tonight* story. Legalising medical marijuana has been fraught with danger to individuals, families and society.

Beginning with California in 1996, 18 US states and one district (Washington DC) have now passed laws permitting the use of marijuana by people with a doctor's certificate stating that the person can benefit medically from marijuana use. Some states also allow such people to grow their own plants.

The United States Food and Drug Administration (FDA) does not support such laws. In 2001 it summarised its position, pointing out that although marijuana is claimed to have some beneficial therapeutic effects in relieving spasticity



Synthetic drugs: some are called 'pot pourri', 'herbal incense' or 'bath salts' to avoid prosecution

associated with multiple sclerosis, as an analgesic, as an antiemetic, as an appetite stimulant and as a bronchodilator, there is no data from controlled clinical trials to support a new drug application for any of these indications.[14]

The FDA summary also noted that cognitive harms associated with marijuana use would greatly limit patient activities such as driving a vehicle or operating equipment. Marijuana weakens the immune system, so HIV/AIDS patients who smoke it would be further harmed. Marijuana has been shown to alter DNA, predisposing patients to cancer. Marijuana obtained from plants would have uncertain composition and cannabinoid concentration.

The FDA emphasised that smoked marijuana is a crude drug delivery system that exposes patients to a significant number of harmful substances. It said that "if there is any future for marijuana as a medicine, it lies in its isolated components, the cannabinoids and their synthetic derivatives". It recommended clinical trials with the goal of developing safe delivery systems.[15]

Marijuana's mental health risks

The 2001 FDA summary did not mention more recent research which shows that young cannabis users are playing "Russian roulette" with their mental health.[16]

London *Times* columnist Libby Purves cited UK statistics which showed that hospital admissions for mental disorders linked to cannabis use have risen by 50 per cent in four years.[17]

In 2012, a new study by scientists from Melbourne and Wollongong universities showed that long-term heavy cannabis users had disruptions in the white matter in their brains – with a reduction in volume of more than 80 per cent.[18] Brain damage was worse in people who developed a cannabis habit at an early age, who also had significantly higher levels of depression and anxiety than non-users. "These people can have trouble learning new things and they are going to have trouble remembering things," senior researcher Dr Marc Seal said.[19]

A longitudinal study of 1037 participants

in New Zealand also found that the most persistent adolescent-onset cannabis users showed an average 8-point IQ decline from childhood to adulthood.[20]

Young people are especially susceptible to cannabis addiction. Research from treatment centers in the United States indicates that the earlier drug use begins, the higher the risk for abuse and dependence. In 2006, 10% of adults 21 and older who first tried cannabis at age 14 or younger were classified with illicit drug abuse or dependence compared to 2% of adults who had first used cannabis at age 18 or older.[21]

The evidence clearly contradicts claims by legalisation advocacy groups that smoking marijuana is relatively harmless.

What happened in the USA?

A recent US study found that cannabis abuse in states where the medical use of cannabis is permitted is roughly double the abuse in states where it is not permitted.[22]

While 3.57% of people in states without legal medical marijuana had used marijuana in the previous year, 7.13% of people in states where marijuana is legal had used the substance in the previous year. Likewise, in states where marijuana is illegal, only 1.27% of the population abused the drug in the previous year, as compared with 2.61% in states where marijuana is legal for medical use.

Other research has shown that medical marijuana diversion is a significant problem among adolescents in Colorado, which has had legal use of marijuana for medical purposes since November 2000.[23] This study, of teenagers being treated for substance abuse, found that nearly 75% of the adolescent participants reported using another person's medical marijuana a median of 50 times. In addition, use of marijuana was perceived by most adolescents as having "slight or no risk".

Legalising marijuana for medical use combines the risks of increasing availability and normalising of drug-taking behaviour. Legalisation in the US has led to a greater frequency of marijuana-taking at an earlier age, increased abuse and dependency, and more 'conduct disorder' symptoms among adolescents.



Approved cannabis products

There are already legal cannabis products for treating certain conditions – more may be in the pipeline. Australia's Therapeutic Goods Administration (TGA) has given limited approval for three cannabis-derived or cannabis-like synthesised products for use in Australia:

- **Nabilone** – A synthetic cannabinoid used for treatment of anorexia and for its anti-vomiting effects (e.g. in cancer patients under chemotherapy); its chemical structure is closely related to THC;
- **Dronabinol** – Synthetically produced pure THC applied in multiple sclerosis and pain patients;[24]
- **Nabiximols** – balanced botanical extracts of *Cannabis sativa* (marijuana plants) including cannabinoids tetrahydrocannabinol, cannabidiol, cannabinol and others, in a mouth spray for human therapeutic use.[25]

These drugs may only be prescribed by a medical practitioner approved by the Secretary of the Commonwealth Department of Health and Ageing under section 19 of the *Therapeutic Goods Act 1989*, which provides for the limited use under special circumstances of drugs that are not approved for general use in Australia.[26]

On 26 November 2012, the TGA approved another nabiximol product, *Sativex Oromucosal Spray*, for use in patients with moderate to severe spasticity due to multiple sclerosis (MS).[27]

Thus patients can already access approved, properly controlled cannabis products to alleviate certain medical conditions.

It is not compassionate or wise to legalise a dangerous drug that could permanently damage the developing brains of young people, especially when effective, legal pain relief is already available for genuine patients.

Conclusion

The *tough on drugs* policy that cut illicit drug use from 1996-2008 should be re-instated and enforced.

Laws banning new synthetic drugs should be drafted to include all substances intended to have the same effect as other illicit drugs.

The health risks of legalised "medical" marijuana outweigh any possible benefits. "Medical" marijuana would inevitably be accessed by teenagers, for whom the risks of addiction and permanent brain damage are much greater.

Properly tested pure cannabis products approved by the TGA are available, so there is no case for legalising the use and cultivation of cannabis for medicinal purposes.

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