

Heather Crichton - Re: Inquiry into the Inebriates Act 1912

From: Andrew Byrne <[REDACTED]>
To: Merrin Thompson <MerrinThompson@parliament.nsw.gov.au>
Date: 9/11/2003 11:29 AM
Subject: Re: Inquiry into the Inebriates Act 1912

Dear Merrin,

I commend you for undertaking this review regarding alcohol problems amongst residents of New South Wales.

I am a specialist doctor in addiction medicine and I treat those with both alcohol and illicit drug problems.

My input into your enquiry would be simple, yet radical. I would strongly suggest that you look at overall drug use in our society and the interaction between alcohol consumption and other drug use.

There is strong evidence that alcohol has been at least partly responsible for some of the worst football riots. Equally, there is anecdotal evidence that 'other drug use' (largely cannabis and/or ecstasy or MDMA) has been associated with very low levels of alcohol use and that this in turn has been associated with low levels of violence at other large public events such as the Sydney Mardi Gras.

There is some scientific evidence for these observed interactions from animal studies as well as human research. In rats bred to be alcoholic, it would appear that giving small amounts of morphine makes them drink more, but slightly larger amounts of morphine may completely abolish their drinking behaviour. In humans (at least Americans) taking opiates and cocaine, reduced opiate levels are associated with increased cravings for cocaine (and vice versa). In those taking opiates and alcohol, higher opiate levels seem to cause reduced alcohol consumption in at least one study group from Chicago. [references on request]

This all leads to the question of why there has been so little good research into these areas. One with conspiracy theories to the fore may blame the breweries. Others will point out that such research is very difficult (and it is). However, it may be relatively easy to determine whether decriminalizing cannabis which has occurred in Darwin, Adelaide and Canberra over the past 20 years, was associated with more or less drinking of alcohol. Equally, information from Holland may be useful in policy making decision since they have had stable quasi-legalisation of cannabis for over 20 years. They also have a strong brewing tradition.

Based on my experience and reading, I believe that if adult citizens had access to most commonly used drugs in a limited manner from registered outlets that the use of alcohol would drop and the harmful use of alcohol would possibly drop in a greater proportion to the overall reduction. The use of cannabis, ecstasy and amphetamine would possibly increase at the same time and this would have to be monitored carefully. The harms from alcohol excess are so great, and the harms from these other (already) widely used drugs apparently so low (some are prescribed commonly to children with safety) that it is highly likely that on balance great reductions in overall harm would occur.

This means we can never address alcohol harms without addressing the issue of illicit drugs. Banning cannabis has not stopped its use and decriminalizing it in certain states has not caused any substantial documented harms (and may have caused much good). Its continued criminalization is rather the radical option from a logical viewpoint if not a political one.

At the very least, any serious review of alcohol policy should call for more research into the use of drugs by our citizens and their relative harms. Of course cannabis is harmful and should be discouraged, just like tobacco and alcohol. But just as laws banning tobacco and alcohol were always found to be counter productive, so the bans on cannabis, ecstasy and amphetamines may be harming the very people they were meant to help. They certainly encourage official corruption, a burgeoning black market and transmission of viral infections.

The lessons of history are very clear on most of these matters. Australian doctors prescribed cannabis extracts for the first half of the 20th century without reports of addiction, side effects or intoxication. Amphetamines were commonly used by students and the military in the 1950s without reports of problems. Arbitrary bans have never been shown to eliminate problems when there was not widespread community support AND scientific evidence of effectiveness such as for random breath testing as well as seat belt and helmet wearing behaviours. Even the ban on thalidomide has recently been relaxed for a certain group of (non-pregnant) patients with great benefits.

I commend the Standing Committee on Social Issues at NSW Parliament to take the courageous decision to address these issues together as they all involve exactly the same desires, behaviours, weaknesses and in some cases medical conditions of our fellow citizens. We owe it to the next generation of children to be completely scientific, rigorous and honest in prioritizing our approach to drug and alcohol policy in New South Wales.

Your faithfully,

Andrew Byrne ..

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