

Drug Abuse Submission

I wish to make a submission to the committee on the subject of medical use of drugs. I would firstly ask what is considered abuse ?? I would classify it under multiple headings as follows.

- 1.0 Unnecessary prescriptions
- 2.0 Unnecessary use of drugs
- 3.0 Recreational use of drugs
- 4.0 Overuse of drugs
- 5.0 Use of the wrong drug
- 6.0 Use of too strong a dose for the original purpose

My experience lies within the long term use of opiod medication to control chronic pain. To some of the medical fraternity this is a misuse of drugs such as Morphine and Methadone, yet they generally have nothing else to offer a patient in distress, with no quality of life. I had to make a decision to take narcotic medication at a relatively young age -42. It was after I had been treated by doctors with surgery , physiotherapy, hypnosis, acupuncture , physotropic drugs, barbiturates and other concoctions that finally I found that real relief was to be found by the use of narcotics. The textbooks will tell you that the dose will escalate over time and that the patient will suffer all sorts of physical problems. I am one of many people who can tell them that this is not true, but they refuse to believe a real live patient, and prefer to go on believing what they were taught in medical school. I have now been taking the drugs for ten years. I just had a complete physical, and I am in very good condition. My initial drug dose started low and then escalated to a point that has been stable for a decade. My very real concern is that a study of this nature may result in findings that are contrary to the real world. Some doctors as previously pointed out are totally against the use of narcotics as a method of chronic pain relief, and refuse to believe the testimony of patients who say that they are indeed of great benefit to them. These doctors have the advantage of a tertiary qualification that may carry some weight in decision making regarding the availability of drugs, and the consequent problem of obtaining relief from chronic pain.

The present day legal situation of drug use is far removed from the days of opium usage in China, and on the fields of the civil war in America. Opium was widely used for control of acute pain on the battlefield, and as a real alternative to the use of tobacco by the Chinese. We saw great involvement of the C.I.A and the famed "Air America" during the Vietnam war, and their attempt to get involved in cocaine distribution during that conflict, but perhaps it was more during the period of alcohol prohibition, that it seemed a good idea to start to push the evils of the Opioids and to limit the availability of these drugs legally. From a cynical viewpoint, but one probably close to the truth, there is a lot more profit to be made from goods that are in restricted supply, particularly to an ADDICTED customer base. America has and will always be involved in the classification of drugs, and it would be a very foolish person who believed that their goal was purely to stamp out the illegal use of them. What follows from that argument is that America is so closely tied into the World Trade Organization, that they can influence the policy of other Countries such as ours . We for instance have a policy of not importing raw Canadian Salmon because it carries a virus that will decimate the Trout and native fish species, yet we are being pressured to accept the product by the WHO as I type, and probably the verdict has already been passed in favour of the product or face trade

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embargoes. The point I am making is that drug abuse has many side issues, one of them being monetary gain, and the enormous profits that come from ANY drug use be it Viagra or Heroin mean that most certainly the product originator will be making a strong submission of their own.

I am one of many people who have obtained narcotic medication for use on chronic pain, as a last resort, and there would be some who are a suicide statistic who did not manage to gain access to this path of pain control. My worry is that the drug may be restricted because of input from vested interests, my purpose in writing the submission is to ask you to accept the experience of a person who led a productive life up until ten years ago, and achieved many things in the field of Radio Communications. I served in the R.A.N and was decorated in Malaya and Vietnam - I make this point so that you can get a small profile of my personality. I am married with two children, now both married themselves, and I enjoy the company of my first Granddaughter. My wife has been by my side through many episodes of pain induced anger, and suicide has been in my thoughts more than once. Because of the dedication of the staff of the pain management unit that I attend, I now have stability in my life, and although I still suffer pain, it is manageable with the help of an implanted epidural stimulator and the regular use of a slow release form of Morphine called Kapanol. I have been taking Morphine for so long that I am astounded by the reaction of people who find out that I do have to call upon the pain relieving drug regularly. They are like me when I first started my use of the drug. I expected to be in a haze, to be drowsy, to be incognizant, to have memory loss and maybe to be unable to care for myself. NOTHING is further from the truth. I am able to do most of the things that an uninjured person can do, but obviously I have to be careful of my injury (broken neck c2.c3.c4) and take care not to overexert myself. I can carry on a conversation with the best of them and obviously can write a decent letter. For the record I took 100mg of Kapanol about two hours ago. I have been to the post office, to the dentist and have done some shopping. I am now at home getting ready for lunch. In closing, there are some who would say that my use of Morphine over a ten year period is unnecessary, or excessive, or that alternatives exist. None of that is true. I have tried it all and I defy anybody to offer me a better quality of life using any other method. Many have almost committed to my request, but when I ask them to GUARANTEE the same quality of life, with less pain, and no side effects, and no possibility of getting worse every single one of them has withdrawn their statement. I am asking therefore that if any recommendations come out of this submission, that a definite exemption will be made in the case of people who are placed on medications (narcotic or otherwise) through no fault of their own, and where a viable GUARANTEED alternative does not exist.

I concede that the use of drugs for recreational use is illegal and will probably stay that way, but many cultures in many Countries have a totally different view of that matter as well, and even that could be open to argument if it could be shown that a pure form of a substance does no physical harm to the body. There are people who do argue that you should not be denied access to something that can offer pleasure or diversion from the stress of life. I have been told that Marijuana might help my problem, but I have never tried it and never will, unless there is medical evidence that I may benefit from the drug, and that it becomes a prescription item.

From a philosophical viewpoint the question of abuse becomes one of another person telling me that what I am doing is wrong. A typical Marijuana smoker would argue that if

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they grew their own “weed” and smoked it behind closed doors, and that they did not venture out in public until the effects had worn off, then they were hurting nobody but themselves (and some argue that there is no harm). Abuse would occur when the drug use of one person has an effect on the life of another.

Yours Sincerely

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