

Controversies in biomedicine

Drug addiction: a view from the law enforcement field

Following several conversations with an acquaintance who had spent most of his professional life in narcotics law enforcement, the editors asked him to submit a paper for this journal, based upon his personal experiences. For compelling personal reasons, he insisted upon anonymity. Here follows his contribution.

Our journal endeavors to create productive discussion. We will not exclude controversial topics and this may well be one. We therefore invite authors to provide a contrary view to this essay.

Life instantly changed for the worse when the young man's car slid out of control and struck a large tree. He suffered multiple fractures, cuts and internal injuries. Over the course of his surgeries and recovery, doctors gave him regular doses of morphine to control pain. He became classically addicted to morphine. As he recovered, doctors systematically reduced his morphine dosage until the addiction stopped. When fully recovered, he resumed a normal life.

On the same day that the young man suffered severe injuries in a car crash, another young man, seeking pleasure and excitement, injected himself with heroin for the first time. He experienced intense pleasure, and wanted more. Within the next few weeks, he continued using heroin and became classically addicted. Despite many arrests and the complete destruction of his health and personal life, he went on to spend all his waking hours seeking more heroin.

One can find many similar cases involving alcohol, cocaine, barbiturates and amphetamines illustrating greatly different outcomes of experimental or medical drug use.

If all the currently proscribed euphoria inducing and consciousness altering substances suddenly disappeared from the earth, some people would resort to inhaling the fumes from glue, cleaning solvents, gasoline and other substances that would make them high.

The social and financial costs of drug addiction increase annually despite the best efforts of legal systems, educational and rehabilitation programs. The interested reader can easily obtain abundant documentation that confirms our failure to effectively deal with this growing problem.

Historically and currently, we devote the most resources to the failed policy of **Reduction of Availability and Punishment** through law enforcement. If we are genuinely concerned about the drug abuse problem, we will immediately shift the

emphasis to **Reduction of Demand** through medical diagnosis and treatment.

Why do some people, once exposed, become slaves to euphoria inducing substances, while others do not? That is the central question.

As a law enforcement officer who spent most of my career in narcotic control work around the world, I have come to agree with those who believe that there is a percentage of humans cursed with an Addictive Personality. Moreover, that the only satisfactory solution to the drug addiction problem will be based on very early, positive identification of those with addictive personalities.

We find addictive personalities at every level of society and among all callings, ranging from Sigmund Freud to Ray Charles. Once identified, the addictive personality must be managed with the same care and compassion as those diagnosed with learning disabilities, allergies and congenital physical defects. Treating addictive personalities as criminals is a well-documented expensive mistake and failure.

We must change our ambivalent and harmful tolerance of alcohol addiction. Alcohol abuse and addiction is responsible for most of the drug related social and financial costs to society, outstripping by far those of all other substances. Lecturing our youth about the evils of drugs while supporting and glamorizing the alcohol industry is destructive hypocrisy easily detected by children.

Like many other afflictions and abnormalities, addictive personalities are likely the victims of genetic predisposition. Until we perfect genetic engineering, we will have to live with that.

Meanwhile, the lasting solution of our drug abuse problem depends on the dedicated devotion of the concerned disciplines, for whatever period is required, until we can positively identify addictive personalities and devise appropriate treatment and care policies.

As to the reduction of availability, the best approach will be to take the profit out of the illicit traffic. The profits are so large that traffickers easily

overwhelm conventional policing methods. With those huge profits, they increasingly corrupt our officials to an extent we can only imagine, and have yet to detect. It is time to try legalization combined with draconian punishments for illicit trafficking.

There is the challenge. It only remains for us to meet it.

Note: When asked by the editor to contribute my views for this journal, I agreed and began gathering supporting statistics and data that would support my contentions. In the interests of golf and retirement leisure, I decided to forego dazzling readers with my research and Googling skill and instead make this short statement of the problem and its long-term solution, based on my experiences as an international narcotic law enforcement officer.



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