

Public mis-information about drug use

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The boy who cried wolf.

Scare tactics

Aesop's fable: "The boy who cried wolf"

"A shepherd-boy, who watched a flock of sheep near a village, brought out the villagers three or four times by crying out, "Wolf! Wolf!" and when his neighbours came to help him, he laughed at them for their pains.

The Wolf, however, did truly come at last. The Shepherd-boy, now really alarmed, shouted in an agony of terror: "Pray, do come and help me; the Wolf is killing the sheep"; but no one paid any heed to his cries, nor rendered any assistance. The Wolf, having no cause of fear, at his leisure lacerated or destroyed the whole flock."



And the moral of the story

There is no believing a liar, even when he speaks the truth.

Scare works. People will tend to stay away or avoid things that are scary. It is obviously a natural human reaction that we all know. So it seems understandable that one way for us to assist our loved ones to stay away from

things we find dangerous is to get them to believe that the thing is dangerous and thus they are naturally scared of it and then they will naturally avoid it . So we can then feel better knowing that they are safer.

So parents can use what is called 'scare tactics' with children. If we don't want them to do something for whatever reason, if we can get them to be scared of it then they will naturally avoid it. For instance if we do not like them swimming at the beach we can tell them that there are sharks there so they will then avoid doing that because people are scared of being attacked by a shark.



Scare will get people to modify their behaviour

A number of years ago I went on a tour of Alcatraz Island in San Francisco bay where they had that infamous prison. The tour guide noted that the inmates there started a rumour that there were sharks in the bay. That is in fact not true and there are rarely any sharks in that bay, but the prison officials never gave out the accurate information because they wanted the inmates to be scared of swimming in the bay for obvious reasons. Scare tactics were used.

Drugs

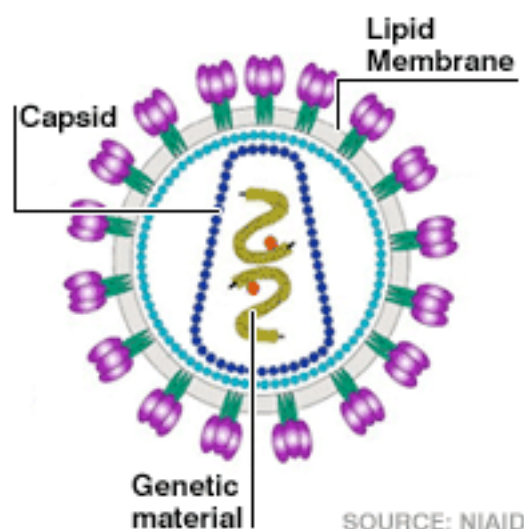
Parents (and people in general) use scare tactics about drug use in

particular. I recently attended a seminar on blood borne viruses (BBV). This was given by a person whom I know and it is her job to do such seminars on BBV. I trust her that she will give accurate information and I also respect her command of the subject matter. She knows what she is talking about. I at times work with people who have BBV contracted mainly through injecting drug use (IDU). So I work with such individuals, work along side colleagues who also work with such IDUers and generally read information about the area. So I thought I was fairly knowledgeable on the topic of BBV but I was given some information that I was unaware of.

Firstly I had been giving IDUers information that there is a fairly high risk of contracting HIV by sharing needles. This is actually untrue and that there is a fairly low risk of contracting HIV by sharing needles. It is currently estimated that approximately 4 percent of new HIV diagnoses in Australia comes from sharing needles. That is not a lot. The reason being that the virus (HIV) can only live for a short period of time outside the human body. So any blood in a syringe will only have "alive" HIV for a short period of time. The vast majority of new cases of HIV come from sexual activity.

(I wish to qualify this at this time. I have only had this information from one source, and as it is quite contentious and I don't want to mislead anyone, I am going to confirm it from other sources. I am doing this and have asked some questions but the answers are yet to come, should be a few days and I will post them. The only information from an alternative source that I have at the moment is from -www.afao.org.au - It states "Transmission in Australia continues to be mainly through sexual contact between men. 86% of all new HIV transmissions in Australia in 2000 - 2004 were estimated to have been via such contact.")

Organisation of the HIV-1 Viron



HIV

It has now been 25 years since HIV/AIDS became known to the western world. As the dust has settled we now know that it does not come from toilet seats, or is transmitted by mosquitoes, or you can get it if a homosexual stares at you and so forth. In essence it is a sexually transmitted disease, BUT it is also transmitted from blood to blood so one does need to avoid the blood of an HIV+ person but the blood only remains HIV dangerous for a short period of time such as like in a syringe.

So my point is that I, and many (I don't know one who isn't) of my co-workers have been giving out incorrect information. That getting HIV from sharing needles is high risk. It isn't.

However this information has not become widely distributed and one would wonder why. It would seem that IDUers would like to know such information as it may give them more licence to use drugs by injecting them. It makes IDU less scary, so it is anti-scare tactics and most parents and indeed public health officials do not want that. So do I keep it quiet and not tell IDUers this information?

I also learnt another thing. If left untreated, HIV will not turn into AIDS for about 10 years. When you have the virus (HIV) in your blood you don't even know it. You feel no effects. It slowly destroys your immune system over 10 years until eventually it can no longer resist infections and you start getting some nasty diseases. At that point one is then diagnosed with AIDS. At this time with treatment, 80 - 90 percent of HIV people will live 21 years before AIDS comes about. So what are the implications of this? People would also want to keep this quiet because if one is 60 years old they could easily start to think, "why practice safe sex when I know I can live to 80 with little ill effects even if I catch HIV in the first place".

Anti-scare tactics again. I would imagine that there would even be some 50 year olds who would think the same. This information is not widely distributed, one could even say that it is keep quiet. Do I in my job tell people this fact, and that as treatments get more refined it is quite possible that that the period before HIV becomes AIDS will get longer?

Hepatitis C

However IDU is not safe from HCV (Hepatitis C Virus). This virus can live for weeks and months outside the body and is very catchable from sharing needles. Also there are now three identifiable stains within the one HCV. Some IDUers believe that if they have the HCV and developed natural immunity (which some do) then if they only use their own needles (ie not a new needle every

time) they are safe. Unfortunately the HCV in the blood in a syringe can spontaneously mutate from one strain to another and thus the person can infect themselves with a different strain of HCV even when they have no contact with anyone else's blood. Those viruses are tricky little buggers.

Drug use and scare tactics

But the type of drug use where scare tactics are used at an unparalleled level is with the effects of cannabis use on mental health. One sees with regularity in the press the blatant use of scare tactics - if you use cannabis that will likely lead you to a marijuana induced psychosis. Put in layman terms, it will send you crazy (maybe permanently). However one expects sensationalism from the press and I assume most of the public know to take what you hear in the press as likely being at best only partly true.

However in addition to this, in the state where I live the president of the Australian Medical Association (WA Branch) regularly makes such comments to the public. And of course many politicians or those with political agendas make the same types of comments. This is scare tactics at a high level. It seems true that cannabis can in some people lead to a psychotic episode. Most people would agree with that. However the problem is that it is only part of the story. So often scare tactics is used by telling only part of the story and not the full story. The idea of cannabis causing a psychosis is certainly questionable. There is a considerable body of evidence to suggest that the link is highly dubious. I will only go into one reason at this point.

In most western countries the research puts the 15 - 25 year age group of cannabis use (at least once) rates somewhere between 60 and 80 percent. The rates of people having schizophrenia (psychosis) is about 1 to 2 percent of the overall population. And that is all schizophrenia's!! So those who have a drug induced schizophrenia is probably one third of one percent. That means there is an awful lot of cannabis smokers who do not become schizophrenic. In fact most of them develop no mental health problems at all. These facts are rarely told out loud or in public.

Besides the press and public health officials giving out inaccurate (certainly incomplete) public health information and all the consequences of that, they are also treating the general public like they are stupid. Just because a public health official makes a statement, that does not mean they will take it as the gospel truth. Most will listen to what is being said and then they will tend to make their own observations.

So most 15 - 25 year olds (and their parents) will go along day to day and make observations. The message that is presented to them will tend to be heard as, "If

you smoke marijuana you will go insane" (the scare tactic). As you can see from the figures above there are going to be many teenagers and parents who are going to see and hear about others who smoke marijuana and suffer no mental health effects at all. Occasionally they may know of someone or hear about someone who did. The vast, vast majority won't. They are then going to start asking themselves where are all the insane teenagers? Even if one then thought well maybe it's only half of them that go insane when they smoke cannabis. That would still mean that at least 30 percent of teenagers are going psychotic. People are going to think, "Where are they all" and of course they are nowhere to be seen. People are not stupid and they will make their own assessments based on what is their first hand experience in life rather than what they are told by others who are supposedly giving them the truth, AND the whole truth.

Social engineering - Are the public stupid

Are we dumb?

Do they really think we are that stupid? Who you may ask? Mr Joe (& Josephine) average. You and me - the general public. Well if they don't think we are stupid they certainly treat us like we are. Who treats us like this. The social engineers of society.

In the past it has been the church who has had a great impact in social engineering. In many western cultures this is much less so now and others do more of the engineering. This includes political parties, health officials and the media.

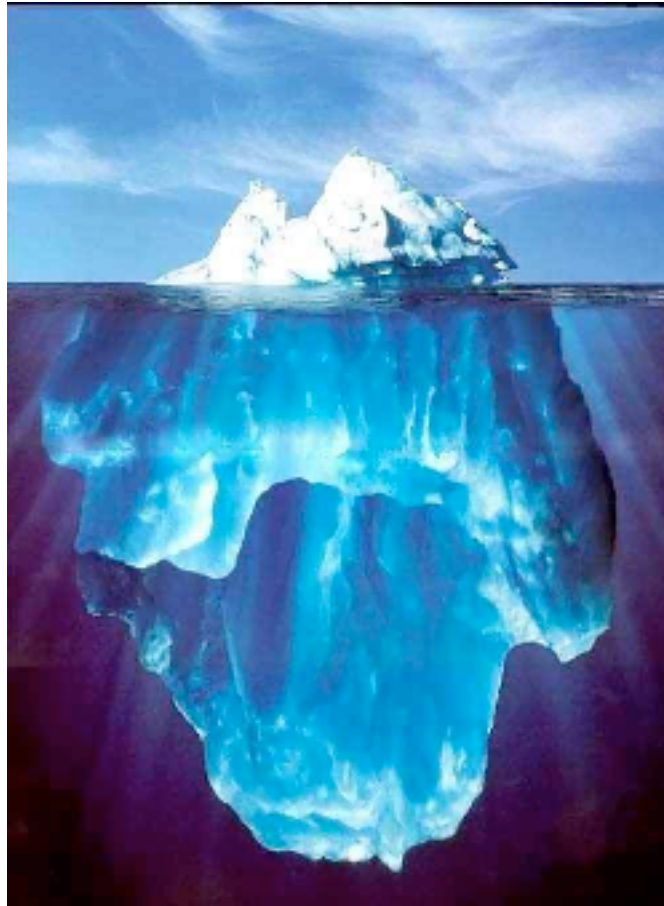
Documentary

Last night on TV there was this documentary that got a lot of build up and promotion. It was titled "ICE". Ice is a slang term for the drug crystal methamphetamine (a type of speed). It was about the impact that this relatively new drug is having on Australian society. The vast majority of the documentary followed a group of habitual methamphetamine users. So there was lots of swearing, very sad stories and individuals living in very squalid circumstances.

I found it interesting and at least a reasonably accurate portrayal of a particular type of methamphetamine user. So full marks to them for that. But then they have to sell us the bullshit, they treat us like we are stupid or dumb. They start saying things like "look what happens to people who take this drug" and then start quoting figures of those who have used this drug. They do not tell us the truth, or at least they don't tell us the whole truth.

This is where the deceptive social engineering comes in. The parties with vested interests like some political parties and the media. This is where they treat us like we are dumb. What was left out is that there are a wide variety of reasons

why people use drugs and each different reason will result in a different type or way of using drugs.



Some types are

1. Experimental use. They have heard about it and want to give it a try to see what it is like. Most often this results in a short period of use and then the drug is never used again or very spasmodically used.
2. Rebellious use. This is a common type of teenager drug use. They do it because authority says they shouldn't. Most people in this group grow out of the drug use because they stop rebelling against authority.
3. Recreational use. A wide variety of age groups where the use is intermittent, does not really have any detrimental impact on the persons life in terms of health, family, financially and so forth. This type of use can go on for years. The goal of the drug use is for enjoyment and socialising.
4. Symptomatic use. The drug use for a specific purpose. Such as amphetamines to keep truck drivers awake, beta blockers for musicians doing auditions and then there is all the self medication using illicit drugs. Not uncommonly marijuana use to control ADD or that individual who is beginning to develop psychotic symptoms using excessive alcohol or marijuana to reduce the symptoms such as voices in the head. Another recent example was the habitual use of heroin to reduce the crippling anxiety in a social phobia.

5. Dependent use. Those people who get strongly addicted to a drug or a number of drugs. Those people who find drugs really, really, really good and find it very, very difficult to stop using. These people will keep using even if it kills them and this is the person who can end up living the junkie's life style where they exist for drugs. So the rest of their life such as family, financial, social is devastated. Over time the only people they know or interact with are other drug users or suppliers. This is the smallest group of people especially compared to the first three and they tend to use up the most resources. They use up the most health services, ambulances, emergency health, police, law courts, welfare resources and so on of the five groups. They are often the most noticeable.

It was the dependent user (Number 5) who was the focus of the documentary, ICE. The impression given was that if you use methamphetamine you will end up like the people in the show. Nowhere was it stated that this is the smallest group of drug users (maybe 5%) and that most who use methamphetamine won't end up like that. Then there were all the statements about an amphetamine induced psychosis. Again the implication given is that if you use this drug you will go crazy.

Do they really think we are that dumb. Maybe we should feel insulted as the social engineers obviously do treat us like we are that dumb.

The numbers just do not add up. In a recent National Drug Strategy survey it was found that in the 20 - 29 year age group 22% had used amphetamines. That is 1 in 5 people who are in their twenties in Australia had used this drug. That amounts to a very large number of people (and that is only one age group!). If these people who use this drug end up junkies and/or insane where are they all? There would be thousands and thousands of them. All hospitals and institutions would be bursting at the seams. Our society would have collapsed. Again, where are they all?

Just because the social engineers tell us something - does not mean we will believe it. Most people will listen and take in the information and then go and make their own observations. So that section of the population who are in their twenties or those who know people are will start to observe them with this new information implied by the vested interests. It is not going to take long for them to start adding up the numbers.

The vast majority who take amphetamines or know others who take amphetamines are going to see that the vast majority of such users do not become squalid junkies and the vast majority of them do not end up crazy. In fact most have no resultant mental health issues at all. They will have their 'coming down' times after a bit of a bender on speed and that is that. The army of amphetamine

induced psychotics that we are told are coming just do not materialise. Perhaps we are not as dumb as the social engineers think we are and perhaps want us to be.

The Australian Medical Association Treat the public as stupid

Recently from REUTERS UK (May 10, 2006)

MEXICO CITY (Reuters) - Possessing marijuana, cocaine and even heroin will no longer be a crime in Mexico if they are in small amounts for personal use under new reforms passed by Congress that quickly drew U.S. criticism.

In the state where I live in Australia (Western Australia), the latest figures have been released from the National Council on Drug Researchers. One third of Australians have used cannabis. The current population is over 20 million people. So that means 6.66 million Australians have used marijuana. In the last 12 months 1.8 million had used marijuana.

Well first and foremost we have to address the social engineers who repeatedly state that marijuana makes you go crazy. So where are they all? That means we would have over 6 million Australians who are psychotic. We would be stepping over them in the streets!! Quite clearly that is not happening.

As an example think now of how many people you personally know who have gone psychotic from marijuana use. The vast vast majority of people would not know anyone. A small group would know someone who knows someone, and a very very small group would know someone first hand.

The number of schizophrenics in Australia is between 1 and 2 percent of the overall population. So a marijuana induced schizophrenia would probably be one third of one percent. A very small group indeed. And yet the social engineers like the press and Dr Skerritt (President of the Australian Medical Association (WA)) repeatedly tell the public - us - that you will go crazy if you use marijuana.

So every GP out there and the press are treating you like you are stupid. They think that you and I - Joe public - is stupid enough to just believe what they say. They are treating us like we are Dumb Arses. I must say I am offended at that.

But lets move beyond that as there is a more insidious problem at hand. In those Australian states where marijuana is illegal at least one third of the population

disagree with the law that much that they are prepared to openly break it and use marijuana. One could then assume that there is another significant group who also think the marijuana laws are stupid but don't actively break the law. I would suggest that this combined group would be well over the 50 percent mark.

If a significant group in a community think a law is wrong or bad then that undermines the law of the land. It is not a healthy thing for a society to have laws that the majority of the population don't agree with. It makes the law look like an ass and shows that the law makers are out of touch with the views of the majority of the population. In a democracy that is meant to mean something.

Another social problem that it creates is that it puts the police in a no win situation and undermines the role of the police in a society. If the police have to enforce a law that most disagree with then they are going to become alienated from the population. The majority of the population are going to start seeing them as the bad guys in some ways. Obviously not a good thing.

Furthermore we must be glad that these marijuana laws don't even work. If they did then in the last 12 months there would have been 1.8 million people to process through the legal system. The society would collapse under the weight of that that legal system would crumble. Even if only 10 percent had been caught then there would have been 180,000 Australians for the police to charge and the courts to deal with. Furthermore then you would end up with a large section of the society that would have criminal records and this could lead them to feel alienated from mainstream society. Again not a thing that one would want for a healthy society.