MORAL IMPERATIVES & DRUG USE

Drivers for Change

ABSTRACT

Opinion piece on drug policy practice and the use of language to frame policy interpretation and implementation.

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Moral imperatives, Drug Use and the drivers for change.

For those who have cared to take any notice, cultural reframing and shaping is always in play, and it is not 'evolving organically'. Be rest assured there are always mechanisms and modes at work driving various ideas that are generating and promoting narratives to 'inform' the culture shaping.

Manufacturing Consent (or I prefer *consensus*), a term popularized by Professor Noam Chomsky, has been an active tool of cultural manipulation for over 50 years and with the advent of an old but recently rebranded vehicle *cancel culture*, we are seeing the 'consensus manufacture' mode being weaponized into a blunt instrument of truth, and often fact bereft intimidation.

Of course, this recent decades long journey in endeavouring to sanitize operations and reframe values assessment is not merely to expurgate terms and concepts, but also morph definitions. The old Orwellian adage remains true… *To control culture, you must control language*. One specific term that had to be excised from the marketplace was ***morality***.

This notably religious term, when applied, kept drawing us to the founding frameworks of most first-world cultures. However, we have been led to believe that if we are to 'progress' as a culture, we must untether ourselves from these frameworks. Ethics was the initial and useful replacement engaged as a potential new anchor point for cultural shaping of values and conduct. Of course, determining what is 'ethical' and why became the new quandary.

Yet, in all this the term 'moral' has *not* been expunged from the public discourse – not completely.

Morality in the Drug Space

In the past six years (arguably) and most definitely the last two years, in first world context, the use of *moral* has been relentlessly harried out of the Drug use sector. The idea that 'drug use' (in any form) should be approached or addressed as a moral issue, and most definitely as a moral failing, is repugnant to some currently controlling the levers of public discourse on drug use in a number of first-world contexts.

However, this term 'moral' still pops up, and often in the most ironic places – and interestingly enough with an intense adjective attached to it – *imperative*!

So, what demographic and/or scenario in the drug use sector, gets to re-assert this consistently maligned term, moral, and with such bravado?

Certainly *not* those seeking *best practice* of denying, or at the very least, delaying uptake of psychotropic toxins – oh no! This group are being slowly, but deliberately gagged.

The pro-drug activists and their ***war FOR drugs*** are systematically attempting to remove all moral elements of any voice opposed to substance use. Any voice or messaging (specifically using their definition of 'moral language') that challenges the agenda of drug use normalization is either being misrepresented or heavily censured in emerging public

discourse, even ensuring such caveats are viewed as not merely dated, but contra-progressive. (well, the 'progress' of the drug promotors agenda)

Yet, in moves that are, if not plain hypocritical, then smack of cognitive dissonance, some in the sector invoke not only the term moral, but that this morality is now imperative!

Harm Reduction and the 'moral imperative'

Harm Reduction remains an important pillar in the Harm Minimisation strategy, and its existence and intent was *always meant* to be about preventing further harms to those caught in the tyranny of drug addiction, ***whilst helping them exit drug use***. It was never meant to be a mechanism that simply enabled a sustained, ongoing drug use with impunity. Even worse, many pro-drug activists have hijacked this important health and well-being restoration mechanism to further their drug use normalization agenda.

However, genuine Harm Reduction practitioners, who do hate drugs and their individual, family and community debilitating outcomes, want no part in any mechanism or strategy that further enables, equips or endorses ongoing drug use This misuse of policy is not only contrary to reducing harm, but it also only adds to the increasing harms that ongoing drug use sustains.

It has become increasingly difficult to pick which agenda is being pursued when it comes to invoking 'moral imperatives' around drug use management.

The following purported harm reduction initiatives (questionable definitions and applications) have all woven this into their narratives at some point, and it is nearly always exclusively around the emotive language on 'saving lives'.

- Drug Consumption Rooms
- Pill Checking
- Psychedelic Use

Whether it be about preventing a death by 'misadventure' or suicide due to various elements, this seems to now be a 'moral' issue. Ethics is not invoked – not emotive enough, so now it is a newly defined morality that is being breached and that is a most egregious act, according to these particular sector stakeholders.

It is important to note however, that morality deals with a breach of a set of standards, conducts or principles and the prescriptions to address/affirm that right and wrong behaviour, and in a framework of human character development. All this in line with its religious underpinnings, morality is subject to a transcendent set of values that determine not only the worth, weight and conduct of an individual, but the agency and accountability of the individual.

This, of course, has historically been linked to an agreed upon standard relating to civil society living – founded on principles and predicates beyond capricious and feckless individual machinations, moods, urges, symptoms or tastes.

Yet one must inquire; if this new *morality* is simply geared to the agenda of the one *holding the bull-horn of cultural directives*, then whatever 'standard' for morality they promote is also linked to their subjective agency and capacity. If that directing stakeholder is also a substance user, then not only is their agency and capacity further sullied and diminished, so often is their dignity and the dignity of those they declare to champion.

> *It is my opinion that involuntary treatment must have a prominent place in the treatment of addictive disorders. Generations in the future will look back on our response to the addiction epidemic and say, "What were they thinking"? Allowing addicted individuals to "die with their rights on" is the true iatrogenic disease of our time. Lawyers and advocates lobby for individual rights while individuals are dying by the thousands. We as a society are allowing patients with "diseases of their brains" to make poor decisions with the very same brains that are diseased in order to protect their free will. We know forced treatment and contingent treatment works especially while the individual is recovering from short- and long-term drug effects.*
>
> Prof John Thompson – Director of Forensic Neuropsychiatry, Tulane University (2018)

When you strip away all the maelstrom of drug using consequences and outcomes, and strip the emotive narratives of their impassioned spin, it is the action of taking an illegal drug into your body that is causing all this mess. You stop that behaviour and all other issues cease.

It is important to note in this context, that none of this decline – this harm – is caused by those seeking traditional morality and its agency enabling and empowering best-practice of drug free living.

But wait, don't stop reading...

Now, of course we do understand the drivers for drug use uptake are many, and initial uptake in a small percentage of cases is to do with self-medicating grief, loss, pain, or trauma. Though a further self-sabotaging act, this misguided attempt to self-repair makes some sense, but ultimately only adding to the brokenness. However, the 44 – 70 percent of people who engage for the first time is for curiosity or experimentation sake. These participants are not victims of compelling factors – or are they?

Regardless, it is the continuing use, engagement and or experimentation with drug use that costs our communities and families much, much more than wasted millions, and that cost, should be enough for the 'party enhancing punter' to review this *demand driver* in them by not engaging. It is a justice issue that when ignored only adds to the injustice of so many other children, family and community destroying industries – not least the sex trafficking.

Yet, even from a pure 'harm reduction' ethos, if the above measures do not have at their end, the immovable goal of exiting drug use (though they may feign such with a token offer of an option to perhaps look at cessation) and clear uptake denying and delaying mechanisms, then these can be primarily seen by not only many caught in addiction, but more those dabbling in this hedonistic arena, as a permission model for ongoing and increased use. All this is contrary to both spirit and priority of the National Drug Strategy.

Let's apply this to… ~~illicit drug use~~. No, Emissions!

In what can only be described as a spectacular piece of irony (and/or comical hypocrisy) a recent article was written not only extolling the virtue of the anti-tobacco campaign and its success in denying and delaying uptake, and also enabling exit from this drug use, but that this same successful campaign be applied, ***not*** to illicit drug use, no! Rather to pollution!

Let's be clear though, this methodology is not new.

We have applied similar ***zero focus initiatives*** to Speeding, Drink Driving, littering etc – When legislation, education and non-contradictive cultural narratives are applied across all public sectors including education, health and media – then culture shifts.

The anti-smoking campaigns, in Australia and New Zealand have enjoyed tremendous success, but it wasn't 'overnight', it has taken decades of ***One Focus, One Message and One Voice – QUIT.***

Australia's successful QUIT campaign is the envy of the world, and it is imperative (perhaps a *moral one*) to note, that in no place in the public narrative is there any contrary voice to the QUIT message – no promotion of 'safe smoking rooms', or 'smoke testing' or 'some smoking may help with your mental health'. It is a relentlessly singular focus, with all demand, supply and harm reduction pillars of our *National Drug Strategy* being on the ***same page***.

In the *Conversations* article, NZ's smoking rates dropped dramatically thanks to a hard-hitting campaign. Could we do the same to bring emissions down? We see the outlining of not only lessons, but practices that successfully reduced numbers of users, but also were successful in denying and delaying of uptake of new tobacco users.

> *One of the key lessons from tobacco control is the need to intervene on multiple levels to reshape the entire system. This includes:*
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> - *interventions at the policy level (taxation on tobacco products, advertising and sponsorship bans)*
> - *creating environments that support being smoke-free (no smoking in public places such as bars, playgrounds, workplaces; plain packaging)*
> - *community action (community-based tobacco control programmes such as Aukati Kaipaipa)*
> - *helping individual smokers to quit*
> - *reorienting health services to promote tobacco control by requiring health providers to collect and report on smoking status.*
> - *Combined, these interventions have reduced smoking rates from 36% in 1976 to 13% in 2020. We moved from a society where smoking was ubiquitous*

(remember smoking in planes, bars, restaurants and workplaces?) to one where smoking is no longer seen as a "normal" activity.

- *Importantly, tobacco control interventions now enjoy a high level of support, including often from smokers. These wide-ranging environmental interventions created behavioural change and support for further interventions. Making it easier for people to change*
- *Evidence from public health shows policy interventions that go hand in hand with supportive environments are likely to make the biggest difference in behaviour changes*

These tactics and strategies work, and we will repeat it again, ***when all community stakeholders are on the same page, with no contrary voices – change happens.***

So, what about illicit drugs, and even alcohol for that matter! Why is it that this same application cannot be made to a demographic that is at less than 13 per cent of the population? (Remove cannabis use and it's less than 3.5% of population)

The answer to that is staggering and addressed at length in our upcoming *paper* on the history, depth, breadth, and pervasive nature of the illicit drug 'industry' – ***Australian Drug Trafficking as a History of Cooperation Between Institutional Corruption & Global Organised Crime Syndicates***

All it actually takes is the political and social will to implement and persist, as we did so successfully with Tobacco.

All these convoluted perspectives get us confused. Are these misused harm-reduction tactics a form of soft-bigotry – a passive paternalism in the illicit drug policy management space – that continues to refuse to instruct, inform and hold accountable *to best practice* personal and public health, which is potentially the new negligence. Or is it a subterfuge to convince the unwitting and non-drug using public that either drug use is normal behaviour and like some 'normal behaviours', can go wrong, but we can only manage it 'medically'?

Simply handballing harm reduction to a 'death preventing', but not life changing medical protocol is not an 'intervention'. More concerningly is the additional (all-be-it unintentional) permission messaging being not so tacitly diffused to an already non-resilient youth cohort, only adding to the potential for uptake of psychotropic toxins, which simply starts the harm inducing process all over again for a new demographic.

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https://nobrainer-93444.medium.com/moral-imperatives-drug-use-and-the-drivers-for-change-6d2fc11d30d0