



Coalition of Alcohol and Drug Educators

**Dalgarno**  
INSTITUTE

Political Briefing

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Community Briefing

**Media & Community Briefing:**

## Ripple Effect

**‘Chem-sex’, Violence,  
Road Toll, and the Growing  
Failure of Misused Drug  
Policy:**

**Reducing or Increasing Harms?**

**Date: 22.11.2019**



## Is our addiction crisis fuelling the all-time high in reported STD cases?

*The CDC, in a recent report, is now sounding the alarm over astonishingly large increases in the prevalence of STDs.*

- *Cases have now increased for the fifth straight year and reached another all-time high. One contributing factor is substance use and substance use disorders (SUDs), which are linked to unprotected sex, sex with multiple partners, and other behaviors increasing the risk of STDs.*
- *As the CDC predicted, needle use and substance-seeking sex have had major impacts on STD rates: a 2016 report spotlighted 220 counties at elevated risk of HIV from high levels of intravenous drug use. Drinking and use of other substances, which can alter judgment and risk calculations, are also associated with increased chances of contracting STDs. [Is our addiction crisis fueling the all-time high in reported STD cases?](#)<sup>1</sup>*

**Dalgarno Institute Comment:** It is vitally important to look closely at this phenomenon and interrogate the data/information with a logic that has been so ruthlessly excised from the drug policy arena. Instead of simply using the mis-applied interpretation of 'Harm Reduction' **only** lens, look at it through the most important pillar of the National Drug Strategy, the **Demand Reduction** lens.

The *only* way to *stop* this growing costly (and quite frankly disturbing) problem, is to *stop* using these psychotropic drugs. However, that very clear solution is no longer permitted on the pro-drug activist-controlled policy space.

### Tobacco & Alcohol Policy and Cognitive Dissonance

If you smoke (at least in the Australian context) you're a 'social leper', but if you use illicit drugs at will, you are to be given a free pass on any such challenges, well so now goes the emerging 'anti-stigma' narrative.

Let's pause and consider some salient facts; when was the last time a cigarette gave you herpes, syphilis or HIV/AIDS? When did tobacco facilitate a sex-slave orgy or oversee the barbaric trafficking of women and children for sex or any other vulgar abuse? When did nicotine create carnage on our roads or facilitate a spate of family violence events? All of which illicit drugs do, ad nauseum, but their heinous outcomes are swept under the carpet by the pro-legalise drugs demographic.

Yet to call this out in the public space is to attract the ire of these drug-using, self and community harming individuals and collectives. These permitters and promoters are now the new drug pushers and policy interpreters of our culture.

But what harms are surfacing, even with the suppression by 'enlightened progressive' agendas?

*"'Chemsex' made it necessary for us to completely change our approach and our perception of new audience because all of a sudden we could no longer be satisfied with 'risk reduction' as we did previously; saying 'so okay, here is a sterile syringe, it will be enough to protect you, because it is no longer true. Or here is a condom, and let's move onto the next guy.' It was very interesting to work on both aspects at once – systematically in parallel and never disassociating them" <sup>2</sup>*



Sexual health and HIV consultant Dr Andrady, the clinical lead for Betsi Cadwaladr University Health Board's ['Sextember' campaign](#), said people were not aware of the risks of having unprotected sex whilst under the influence of drugs and alcohol.

"We have definitely seen a rise in people coming into the clinic after having sex whilst under the influence of drugs and alcohol, and they regret what they have done," he said. "... people forget about protection when they are under the influence of drugs and alcohol." <sup>3</sup>

"People have come forward with issues around injuries that they've sustained while they've been partying, or even people that have been engaged with porn and methamphetamine for several days can get injuries related to overstimulation of the genitals ... and wounds that can be quite distressing for people...in the emergency department see people that may have only ever used methamphetamine once and they have a reaction like a stroke or a seizure from a high dose ... or there's just a particular reaction with their body," Dr Ezard <sup>4</sup>

However, it is also the other arenas of harms through road trauma and family violence, that are perpetrated due to the best-practice *denying* choice to use psychotropic toxins, that is getting more and more a free pass within the ever-increasing pro-drug lobby controlled public discourse.

"Your deteriorating mental health had much to do with your history of drug use and in particular your cannabis habit. This is another example of the danger of cannabis use and its ability to induce psychotic behaviour in young men."

Mr Justice Haddon-Cave: [Workshop man Kamil Dantes jailed for parents' stab killings](#)

"I do not subscribe to the notion that this is a harmless recreational drug. In your case, I think that it may well have contributed to your being unable to make the distinction between fantasy and reality which is essential for normal moral judgements."

Judge Lord Nimmo Smith: [Jodi's killer to serve at least 20 years in jail](#)

The following cognitive dissonant and breath-takingly bewildering remark from *law enforcement*, about a clearly illegal and dangerous act, reveals further the leverage new careless and permissive drug narratives (not prohibition ones) are having on facilitating the increasing of irresponsibility and carelessness.

"You're more likely to have drugs in your system than alcohol now, sadly, if you're involved as a driver in a fatal collision. I don't want to form either a moral or legal view of whether or not you should take drugs, but as the assistant Commissioner for road policing, what I need you to do is not go near your car if you take drugs. You're just magnifying the opportunities for you to do something terrible to yourself or to some other innocent person."

Road Safety Assistant Commissioner Stephen Leane<sup>5</sup>

Even the acknowledgement that alcohol involvement in such horrors is decreasing, due to greater *prohibition* messages, escapes this 'law enforcement' leader in our community – such is the sway of the propaganda war against effective uptake denying messaging.



It is important to understand that, no matter how many syringes or condoms you hand out, it is **not** a sober, rational and ethical person who is engaging these resources. That's the whole point.

No, once these psychotropic toxins are wilfully taken, then 'agency' is changed, *but not responsibility*. Only now these, law, moral and/or ethics ignoring individuals are in an altered psycho-social state and the choices they make in that condition, and are accountable for, are reckless, careless and even callous and/or psychotic.

It is also important to understand that it is not only the wilful drug taking individual or their family or neighbour who will pay some physical, economic or emotional price – it will be paramedics, police and eventually, tax-payer abuse will be rampant as demands for greater health care budgets are sought to try and treat the ever growing, and in many instances, irreparable harm. Harm that can only be avoided by *not* engaging in the poor choices that *commence with substance use*.

We may not be able to 'arrest our way' out of this problem, but be rest assured, we will never **'treat our way' out of it either**. The following fact is consistently ignored by the pro-drug lobbyist... *"for every amount we spend today on evidence-based drug prevention programmes, we can save up to 30 times as much in future health and social care cost."*<sup>6</sup>

Let us be clear, this broader harm creating scenario is actively suppressed by pro-drug proponents. That last statement is now considered 'judgemental' and 'stigmatizing' to the illicit drug user. Ipso facto, the only 'bad behaviour' now worthy of such a label, is those who call out the bad behaviour, particularly that of the 'recreational' drug user.

Twenty first century drug harm reduction is sadly centred on trying to manage the seeming unabated damage, and no longer even pretends to address the conduct/behaviour of drug taking itself.

Clearly, it is the latter (drug demand) that must change, but it is also exactly against this priority that harm reduction only strategies and policy interpretations are used to actively work.

*Shane Varcoe, Executive Director – Dalgarno Institute*

#### References

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