General remarks

With the benefit of a PhD in Neuroscience, I can tell you confidently that addiction is a mental health issue with roots in the environments our society creates for our children (among other factors). People become dependent on drugs because drugs are dependable when critical parts of their lives are not, and when they have no hope for the future. The stress that government policies (in any portfolio) create in Australians contributes enormously to the demand for alcohol and other drugs, and consequent substance abuse (in a subpopulation of users). Housing affordability and cost-of-living are two obvious policy issues contributing to addiction in Australia. History from the United States (with alcohol) and the world (with the war on drugs) shows that prohibition does not work.

A landmark analysis from the UK in 2010 (Drug Harms in the UK: A multi-criterion decision analysis, Nutt, D.J., King, L., Phillips, L.D., *The Lancet*) showed that alcohol is the fourth most harmful drug to users, behind only heroin, crack cocaine, and methamphetamine. It would rank higher in harm to users if it was prohibited (e.g. methanol poisoning would become a bigger issue). The withdrawal alone from alcohol can be life-threatening, even disregarding the associated psychological effects. Yet alcohol is advertised and alcoholism is virtually normalised in Australian culture.

The most sensible policy approach to drugs per se is one of evidence-based harm reduction, regulation, and honest education. However, these efforts must be paired with holistic policy reform to take psychological pressure off of Australians, provide them with a sense of control over their lives, nurturing communities, and hope for their future.

A personal connection

R and I were born in the same hospital 11 days apart. I remember meeting him in primary school. Our older sisters were friends too. R was an unusually fun person. I remember playing games at school and socialising in class.

R, N and I became very close at around the ages of 11 and 12. We spent many sleepovers at each other's houses. We watched movies (including some we weren't supposed to), played video games, made mattress forts, swam together, played hide and seek together, walked and played with my family dogs. We made pancakes in the mornings and threw grapes into each other's mouths.

We felt comfortable in each other's presence. Comfortable enough to open up to one another and jump on R’s trampoline making silly noises to amuse each other. To quote the movie "Stand by me", I never had any friends later on like the ones I had when I was twelve.

We went to different high schools and drifted apart, but stayed friends. We spent afternoons outdoors in the neighbourhoods surrounding Manuka. We both enjoyed nature. I remember seeing an echidna with him and N while walking on mount Ainslie.

We spoke about all sorts of things. Problems in the world, existential questions, cosmology, astrobiology, artificial intelligence. We struggled against our demons together.

In recent years I felt he was gaining confidence in himself. He enjoyed reading, gardening, and being out in nature. He loved his dog Bailey. I looked forward to seeing where the world would take us, assuming that he would always be there.

He was a kindred spirit. A thoughtful and sensitive person. He was also an alcoholic who was trying to quit. R became psychotic and suicidal during alcohol withdrawal syndrome (AWS) following relapse. He was hospitalised in this condition on one occasion and prescribed antipsychotics, but not referred to any community support for his alcoholism. The second time R relapsed, entered AWS, psychosis, and suicidal ideation, he took his life. He was only 30 years old.

I wish that the hospital system had been more alert to AWS. I wish R had been treated for AWS in addition to psychosis. I wish R had been referred to community support organisations for his alcoholism, and I wish more community support existed for people like R.