

It's no party with these

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Article

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IT is indeed tragic to read about the death of our youths following the (mis)use of a cocktail of designer drugs, including Ecstasy, which are wrongly dubbed as "party drugs" (NST, June 12).



It is labels like this that will perpetuate the myth that a drug is "safe" when in fact no drug is perfectly safe.

All drugs, including medicinal ones, have inherent risks. While, for some, the risks may be relatively small, whereby the benefits outweigh them, it does not mean they are without danger.

Some of the risks, though small, can accumulate over time and become fatal at a later stage. By then it would be already too late to do anything, especially when the vital organs such as the kidneys or the heart are severely affected.

The recent report linking seemingly innocuous "painkillers" to heart attacks because of prolonged use is a case in point (NST, June 11).

A recent study in Britain showed that a number of common painkillers, taken daily by hundreds of thousands of arthritis patients, raises significantly the risk of a heart attack.

The class of drugs involved include ibuprofen, diclofenac and naproxen. The newer ones are celecoxib and rofecoxib.

The basic message is that there is no perfectly safe drug to control the pain experienced by arthritis sufferers. This is indeed true for all drugs indicated for all ailments.

As the famous 16th century physician, Paracelsus, summed up: all drugs known to humans are poisons, only the amount or dose determine the effects.

This is even more so for medically useless drugs to which all drugs of abuse belong. Ecstasy is just one of myriad floating in the illegal market waiting to surface at the slightest opportunity.

For all these substances, the risks are higher than the benefits they can bring, if any. In other words, all of them can be fatal even in small amounts.

Unless the significance of this is completely understood and there is heightened awareness, there will be more deaths in due time.

The last 18 months have witnessed the death of 25 suspected abusers of designer drugs while partying in discos and nightclubs.

Postmortem and toxicology reports have confirmed 12 of the cases. The rest apparently were caused by medical-related organ failures with high possibility being associated with the abuse of designer drugs before death.

Believing that the drugs can safely boost energy, its use for non-stop dancing can result in the loss of a lot of water and minerals from the body (dehydration) through profuse perspiration.

It gets worse if the room is poorly ventilated and crowded, such as in discos and nightclubs.

If the water and accompanying minerals are not replenished adequately, the body will over-heat.

The threat of death is real as the body will switch off the sweating (cooling) mechanism as it tries to conserve the remaining fluids in the body.

Some, however, consume too much liquid too fast, leading to some vital organs becoming "bloated".

Again, lives may be threatened, especially when the brain swells out of proportion and is pushed against the skull. Brain damage is known to occur.

In addition, over-consumption of water devoid of minerals can cause the blood to be diluted.

All these are reminiscent of what happened about a decade ago when Ecstasy made a grand entrance into the Malaysian drug scene.

Then, there was an effective, albeit sectarian, attempt to curb the menace. Today, after a long lull, the Ecstasy pushers are back again.

More alarming is the probability that the incident could be just the tip of the iceberg.

According to Health Ministry sources, there had been many cases of people coming to the Accident and Emergency units of hospitals in the Klang Valley with severe dehydration.

The situation warrants our attention and concern but what is difficult to understand are the double standards. Why are some deaths deemed more "important" than others?

For example, while deaths associated with tobacco are much more than those from designer drugs, the former is somewhat trivialised.

About 10,000 Malaysians die annually from smoking-related causes. This works out to 15,000 deaths in 18 months.

The 25 designer drug deaths are said to be the tip of an iceberg. For designer drug deaths to reach the level of tobacco deaths, there must be at least 400 others for every one designer drug death now detected.

Whatever the numbers, we should not tolerate any death from any abuse.

Under our public health policy, we must pay equal emphasis to fight against all kinds of abuse, whether it involves designer drugs, tobacco or medicines.

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