Amphetamine Psychoses and Legal Responsibility

Graham W Mellsop*

Waikato Clinical Campus, University of Auckland, New Zealand

*Corresponding author: Graham W Mellsop, Professor, Department of Psychiatry, Waikato Clinical Campus, University of Auckland, New Zealand; Tel: +64212788814; E-mail: Graham.Mellsop@waikatodhb.health.nz

Received date: April 27, 2018; Accepted date: June 06, 2018; Published date: June 13, 2018

Copyright: © 2018 Mellsop GW. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited.

Abstract

dgnWcglgž

Advances in understanding aspects of the relationship between illicit substance use/abuse and psychiatric syndromes highlight the need for Nations to develop relevant explicit policies or legislation to ensure that Courts deliver judgments on criminal responsibility which match with their national wishes or policies.

Reywords: Drugs; Psychoses; Criminal Responsibility

A Required Policy Bridge

Legislation XY b]b[criminal responsibility in the presence of serious psychiatric disorders does not usually gIW/W maddress how this should be understood where the mind of the accused may have been |b i YbWX by their use of drugs [1]. While that may not be a g[b] Wibh problem where the drug involved is alcohol, because of well-established legal precedents in many countries, it is a major emerging issue with illicit drug use and most particularly with methamphetamine [2]. Probably also potentially with cannabis and cannabinoids [3-5]. Y evidence given by expert witnesses in such cases usually centre on the concept of substance induced psychosis, confusing that with "intoxication. Some jurisdictions have ruled against such cases having a NGRI (Not Guilty by reason of Insanity) defence on the grounds that the "Disease of the Mind" was a consequence of an external agent. No comprehensive list of argued cases is known to the author; but a recent sample of one forensic psychiatrists last 10 years of contested case shows drug related psychoses to be relatively common events [6].

Yaccepted WLgg WL-flcbg of psychiatric disorders XY bY most of them as syndromes by their phenomenology, without causal implication [7]. For example it is now clear that schizophrenia is a syndrome with probably many XJ YFYbhž individually minor; pathogenic contributors, those varying from person to person [8].

It has been recognized for more than 50 years that amphetamines can produce a mental state which contains the phenomenological elements of schizophrenia. Yability of some illicit drugs, particularly methamphetamine, to produce a disorder which also mimics schizophrenia in its course and chronicity has only become clear in this millennium despite being raised in the Lancet more than 30 years ago [34,9,10]. Accordingly, we now know that some persons with schizophrenia gl Yf from it because of the extent of their methamphetamine use. YfY is a relationship between the

- 2 Sara G, Baxter C, Menendez P, Lappin J (2018) Amphetamine availability predicts amphetamine related mental health admissions A time series analysis Aust N Z JPsychiatry.
- 3 Murray RM, Quigley H, Quattrone D, De Forti M (2016) Traditional marijuana, high potency cannabis and synthetic cannabinoids increasing risk for psychosis. World Psychiatry 15:195-204.
- 4 Carroll A, McSherry B, Yannoulides S (2008) Drug_associated psychoses and criminal responsibility. Beha Sci Lawe 26 633-653
- 5. Rajaratnam SMW, Redman JR (2000) Intoxication and criminal behaviour. Psychiat Psychol Law 7: 59-68
- 6 Mellsop, G W (2016) Characteristics of expert opinions on insanity accepted by New Zealand Courts. Health and Justice: 14
- 7. World Health Organisation (1993) International Wigg Wilcb of diseases, Geneva