

Preface

Almost since the beginning of time, man has been intrigued and often overcome by the consumption of substances that alter the perception of everyday life. Well-intended groups, religious organizations, and governments, among others, have struggled with means to legislate and control the ensuing problems with varying success. Yet, drug abuse has continued to escalate, albeit in an ever-changing form, and battle lines have been drawn. This year (2010) the size of one American tobacco company's annual sales has topped \$66 billion, which is twice the gross domestic profit of a country such as Uruguay. The company is suing Uruguay (and Brazil) for unspecified damages from lost profit, as these countries have increased warning labels on cigarette packages. Indonesia depends on tobacco jobs and tax revenue as well as payment from tobacco companies for survival and thus has not joined the other 171 countries in the WHO Tobacco Free Initiative. In other words, companies can hold entire countries hostage. However, not only taxes from tobacco sustain governments but also taxes from alcohol, which have fueled more than one war, and with the newly expanded licensing of medical marihuana, undoubtedly even more revenue will flow into government pockets and quickly become essential for running diverse programs.

Anesthesiologists are not immune from addiction but may even be subjected to an environmental hazard from ingestion of trace amounts of substances that later lead to addiction. Alternatively, as has been considered, the ready availability and access to controlled substances may make anesthesia an attractive profession for some individuals and thus foster their addiction. Certainly, it is only recently (last 100 years or so) that overindulgence in narcotics and alcohol has been considered an unworthy trait in physicians. Prior to that, addiction was romanticized by authors and poets and readily adopted by many famous practitioners of medicine. Indeed, several of our most important discoveries in anesthesia evolved from playful experimentation with drugs.

Of course, as anesthesiologists, we often encounter patients who are acutely or chronically abusing drugs, sometimes of multiple origins. These agents not only alter the physiology of the body but also interact with anesthetic agents to cause several, often unpredictable, changes in systemic parameters.

In this text, we have gathered together practitioners with a special interest in the effects of abused substances in all the various manifestations. We realize that this is a rapidly changing and emerging topic, and one that is unlikely to disappear in the near future (the history is too long). We still have much to learn and a long road to travel.

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