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14th June 2018
Mr Tim Watling
Committee Secretary
The Senate Legal and Constitutional Affairs Legislation Committee
Parliament House
Canberra ACT 2600

Email: legcon.sen@aph.gov.au

Dear Mr Watling,

We at the Drug Advisory Council of Australia,. thank you for the opportunity to make a submission to the Senate Legal and Constitutional Affairs Legislation Committee, concerning the *Criminal Code and other Legislation Amendment (Removing Commonwealth Restrictions on Cannabis) Bill 2018.* A Bill for an Act to remove Commonwealth restrictions on cannabis and for related purposes.

The Drug Advisory Council of Australia is a long-established advocacy body, which provides information on illicit drug issues and recommends policies that eliminate drug harms and their impact on our community. We believe that the seriousness of drug use in Australia necessitates urgent and sustained efforts to educate, restrict, proscribe and treat illicit drug use.

The Drug Advisory Council of Australia supports:

- More detoxification and rehabilitation that gets drug users, drug free;
- Court ordered and supervised detoxification and rehabilitation;
- Less illicit drug users, drug pushers and drug related crimes.

The Drug Advisory Council of Australia does not support this abovementioned legislation presented by Senator David Leyonhjelm.

In his Explanatory Memorandum, the first point Senator Leyonhjelm puts forward in favour of cannabis legalisation is that adults should be free to choose 'as long as they do not harm others'.

While this maxim of adult freedom has merit, it is not absolute or never solely about individualistic pursuits. Freedom requires responsibility, particularly where it concerns how the exercise of choice endangers minors and dependants. It is the very reason the law sets boundaries and produces an ordered society. Our government protects freedom in order to foster the best environment for its citizenry to pursue the greatest common good.

Yet increasingly, the effects of individual choices detrimentally impact on, not only directly on families, but also on the wider community and specifically on taxpayers. The burden of primary health care (hospitals, ambulance) and secondary welfare costs (Centrelink and disability support) make up half of the government's expenditure. In effect, high welfare dependant nations run the risk of continually buffering the impact of adult choices.

This shifting of the load of negative personal consequences is admitted (albeit unintentionally) in Senator Leyonhjelm's recent media release, wherein he stated that potential cannabis tax revenues could be diverted to help lower the burden of tobacco and alcohol disease. The senator's remarks also highlight the growing shortfall of tax generated from alcohol and tobacco to cover health related problems.

This should concern lawmakers and politicians in deliberating whether to legalise, yet another drug.

"Neither nature, human evolution, nor fate created the new burdens of chronic diseases and injuries. Rather, it was human decisions made in corporate boardrooms, advertising and lobbying firms, and legislative and judicial chambers".[1]

Of course, the irony is that both these substances (alcohol and tobacco) were legalised, as a direct result of decades of lobbying and obfuscating the comprehensive rights of adults to their civil liberties.[2] Today, what was once pushed as merely an

[1] Freudenberg N., D.P. Public Health, McColl P., et al, *The Pied Pipers of Pot: Protecting Youth from the Marijuana Industry*, Grafton and Scratch Publishers, Canada, 2017, p. 22
[2] https://www.medianet.com.au/releases/158401/

issue of adult choice has opened the flood gates to the rest of society particularly the young with 'binge drinking' and its link to high risk behaviour and violence.[3]

Alcohol is also a leading cause of death and preventable disease, and a highly prevalent factor in cases of domestic violence within indigenous communities.[4]

Furthermore, it is worth recalling that the 1988 UN Convention (Article 3(6)) requires that the possession and use of marijuana remain a criminal offence in order to help and to protect the young. It is not framed as a civil liberties issue.

Alcohol and tobacco harms serve as tangible, quantifiable examples of the misleading arguments centred around adult rights and entitlement, while glibly dismissing the wide-ranging consequences for the majority of society, when these 'free' choices eventually turn out to be harmful and unmanageable.

Therefore, we ask the committee to consider:

Is Senator Leyonhjelm's bill for cannabis legalisation asking the government for legal permission to, once more enable irresponsible adult choices with consequences for the wider community and particularly the young and vulnerable?

Cannabis Harms

The first point to establish is whether cannabis is indeed, as suggested, harmless to the individual and/or to others. This is crucial as there has never been a time in history of such widespread drug use. It is estimated that a quarter of a billion people, aged 15-64 years, used at least one illicit drug.[5] Almost 29 million people are estimated to suffer from drug use disorders. Cannabis remains the worlds most widely used drug, with an estimated 183 million people using the drug in 2014.

Cannabis is Tobacco 2.0 – Only Deadlier

No one today would seriously argue that tobacco is a heathy life style choice or not a leading trigger of lung cancer.

[3] http://www.abc.net.au/4corners/punch-drunk/4539520; https://www.psychologytoday.com/us/blog/teen-angst/201301/teen-binge-drinking-all-too-common ; https://www.roymorgan.com/findings/5446-binge-drinking-whos-doing-it-hows-their-health-201402232202

[4] http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter756Oct+2010

[5] https://www.unodc.org/doc/wdr2016/WDR_2016_Chapter_1.pdf

However, Dr Ian McDonald, a foremost Californian cancer specialist, stated before the US Congressional Committee, “a pack of cigarettes a day will keep lung cancer away.” Similar arguments were made by other leading health authorities.[6]

What is now known due to decades of fighting corporations (in 1998 tobacco companies spent nearly $7 billion, more than $18 million a day, to advertise and promote cigarettes — *CDC)* and the courage of industry whistle-blowers, is that tobacco firms and vested interest groups actively obscured, lied and denied cigarette harms and made concerted marketing efforts to target the young.[7]

Yet, there are many similarities connecting tobacco and marijuana smoking. Both are derived from plants, drawn into the lungs and digestive system the same way and absorb many of the same compounds. The differences are that the former contains nicotine and the latter cannabinoids.[8]

However, benzopyrenes, the cancer-causing process produced in burning (also found when grilling meats and wood burning) are arguably higher in marijuana and contain more particulates than tobacco.[9] And since marijuana smokers generally inhale more deeply and hold their breath longer than tobacco smokers, the lungs are exposed longer to carcinogenic smoke.[10]

As one observer put it: “When are people going to realize that breathing in smoke from anything that burns is not a good idea?”

The flawed perception of marijuana as ‘safe’ is likely due to Western media and film representations particularly from the 70s that presented cannabis as part of a carefree, creative generational counter cultural shift encouraging students in particular to, “turn on, tune in and drop out.”[11]

Unsurprisingly, this era witnessed a proliferation of cannabis use most notably among students. But even at this early stage, studies were being undertaken challenging the plants seemingly benign characteristics.

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[6] https://cfrankdavis.files.wordpress.com/2015/02/statement-ian-macdonald.pdf; https://cfrankdavis.files.wordpress.com/2015/02/joseph-wolffe-statement.pdf; https://cfrankdavis.files.wordpress.com/2015/02/ian-macdonald-analysis-cigarette-theory.pdf

[7] http://www.who.int/tobacco/media/en/TobaccoExplained.pdf

[8] https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/information-medical-practitioners/information-health-care-professionals-cannabis-cannabinoids.html#chp11 **(1.1.2 Other constituents); often marijuana also contains nicotine see: https://ulmhawkeyeonline.com/22627/news/marijuana-smoke-three-times-more-harmer-than-cigarette/**

[9] https://www.sciencedaily.com/releases/2007/12/071217110328.htm; https://www.ncbi.nlm.nih.gov/pubmed/16729923; https://www.science.gov/topicpages/m/marijuana+smoking.html

[10] http://www.providencejournal.com/opinion/commentary/20140506-michael-c.-cerullo-why-rush-on-pot-rhode-island.ece; British Lung Foundation. (2012). *The impact of cannabis on your lungs.* London: Author. *Retrieved* January 2013 *from*http://www.drugsandalcohol.ie/17670/1/The_impact_of_cannabis_on_your_lungs_-_BLF_report_2012.pdf; http://nationalacademies.org/hmd/~/media/Files/Report%20Files/2017/Cannabis-Health-Effects/Cannabis-public-release-slides.pdf

[11] Timothy Leary, *Flashbacks: A Personal and Cultural History of an Era* pg. 253

The National High School Senior Survey finding (1975-88), initially showed relatively few students considered using marijuana experimentally (19%) or even occasionally

(32%) as a risk. But with increased studies and media dissemination on marijuana harms, perceptions began to decrease dramatically to 77 per cent in 1988.[12]

Brain Development and Cannabis

Earlier and repeated studies remain vitally important as neuroscientists believe the human brain is not fully developed until age 25**,** when the prefrontal cortex matures. Until then, most teens struggle with impulsive decisions as the brain's immediate reward system is at its highest during puberty, limiting the ability to process long-term consequences. Experimentation and boredom remain two of the highest reasons for teenage use of cannabis.[13]

Studied have showed a strong correlation with cannabis effecting:

- Learning difficulties,[14]
- Higher school dropout rates[15]
- Lowering IQ,[16]
- As a gateway drug to other illicit drugs[17]
- Poly drug use[18]
- Increased likelihood toward alcohol abuse and nicotine addiction[19]

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[12] https://files.eric.ed.gov/fulltext/ED312519.pdf

[13] https://www.livescience.com/22711-smoking-marijuana-lowers-iq.html; https://www.livescience.com/51405-teen-reasons-using-marijuana-gateway.html

[14] Marijuana and health *ninth report to the U.S. Congress* from the Secretary of Health and Human Services. Published 1982 by National Institute on Drug Abuse ; [Washington, for sale by the Supt. of Docs., U.S. G.P.O.] in Rockville, Md

[15] McCaffrey DF, Pacula RL, Han B, Ellickson P. Marijuana Use and High School Dropout: The Influence of Unobservables. *Health Econ.* 2010;19(11):1281-1299. doi:10.1002/hec.1561.

[16] Meier MH, Caspi A, Ambler A, et al. Persistent cannabis users show neuropsychological decline from childhood to midlife. *Proc Natl Acad Sci U S A.* 2012;109(40):E2657-E2664. doi:10.1073/pnas.1206820109;
Volkow ND, Swanson JM, Evins AE, et al. Effects of cannabis use on human behavior, including cognition, motivation, and psychosis: a review. *JAMA Psychiatry*. 2016;73(3):292-297. doi:10.1001/jamapsychiatry.2015.3278.

[17] Jackson NJ, Isen JD, Khoddam R, et al. Impact of adolescent marijuana use on intelligence: Results from two longitudinal twin studies. *Proc Natl Acad Sci U S A.* 2016;113(5):E500-E508. doi:10.1073/pnas.1516648113;
Agrawal A, Neale MC, Prescott CA, Kendler KS. A twin study of early cannabis use and subsequent use and abuse/dependence of other illicit drugs. *Psychol Med*. 2004;34(7):1227-1237;
Levine A, Huang Y, Drisaldi B, et al. Molecular mechanism for a gateway drug: epigenetic changes initiated by nicotine prime gene expression by cocaine. *Sci Transl Med*. 2011;3(107):107ra109. doi:10.1126/scitranslmed.3003062.

[18] The National Institute of Drug Abuse states that the ability to draw definitive conclusions about marijuana's long-term impact on the human brain from past studies is often limited by the fact that study participants use multiple substances. Earlier studies in 1988 (U.S.) noted another important fact is that marijuana was used on a daily or near-daily basis by about one in every 40 seniors students (2.7%). A larger proportion (4.2%) also drink alcohol at the same frequency.

[19] Weinberger AH, Platt J, Goodwin RD. Is cannabis use associated with an increased risk of onset and persistence of alcohol use disorders? A three-year prospective study among adults in the United States. Drug Alcohol Depend. February 2016. doi:10.1016/j.drugalcdep.2016.01.014;
Another important fact from the 1988 US monitoring is that marijuana is still used on a daily or near-daily basis by about one in every 40 seniors(2.7%).A larger proportion (4.2%) drink alcohol as often as cannabis.
https://archive.org/stream/marijuanahealthn00unit#page/n7/mode/2up

- Decreased motivation[20]
- Increased susceptibility to depression[21]
- Increased coronary artery risk[22]
- Greater chance of stillbirth[23]
- Greater propensity to violence[24]

As with tobacco, much of the drug liberalisation lobby have sought to discredit studies citing the differences between cause and correlation.

Causation and Correlation

This was the thrust of the arguments levelled against anti-tobacco proponents.[25]
The following is an excerpt: "The smoking-cancer hypothesis evolves almost entirely from statistical correlation, which at best can suggest, but never prove causation. It is based on statistical data of highly dubious quality, collected by a variety of agencies by methods that can only be described as haphazard and unscientific. Despite the firm conclusions in the *Report on Smoking and Health by the Advisory Committee to the Surgeon General*, the text has many frailties and inconsistencies. Some of the evidence used to prove the connection between cigarette smoking and lung cancer can also be used to prove there is no such connection."

Of course, direct causal relationships in substances that have multiple chemicals, are slow acting and when taken together with individual biochemistry, environment and other toxins can rarely be 'proven' in absolute terms.

This is particularly the case with categories of mental illness, because it cannot always be objectively measured, is categorically inconsistent and subject to change. For example, the use of SSRIs on the treatment of depression were challenged by doctors including the American medical academic Dr Marcia Angell.[26]

These shifting parameters of diagnosis have become a linchpin for rejecting any link between schizophrenia and cannabis. In particular, the pro-drug lobby cites a Keele University study, which does not establish a causal connection. But is this assertion a

[20] Meier MH, Caspi A, Ambler A, et al. Persistent cannabis users show neuropsychological decline from childhood to midlife. *Proc Natl Acad Sci U S A*. 2012;109(40):E2657-E2664. doi:10.1073/pnas.1206820109.
[21] Rubino T, Zamberletti E, Parolaro D. Adolescent exposure to cannabis as a risk factor for psychiatric disorders. *J Psychopharmacol Oxf Engl*. 2012;26(1):177-188. doi:10.1177/0269881111405362; Patton, G.C., et al. (2002). Cannabis use and mental health in young people: cohort study. *British Medical Journal, 325*(7374).
[22] Auer R, Vittinghoff E, Yaffe K, et al. Association between lifetime marijuana use and cognitive function in middle age: the Coronary Artery Risk Development in Young Adults (CARDIA) Study. *JAMA Intern Med*. February 2016. doi:10.1001/jamainternmed.2015.7841.
[23] https://www.nichd.nih.gov/news/releases/121113-stillbirth-drug-use
[24] https://www.sciencedaily.com/releases/2017/10/171006164855.htm
[25] https://cfrankdavis.files.wordpress.com/2015/02/alan-donnahoe-statement.pdf; pro-tobacco also questioned the validity of 'addiction'.
[26] http://prn.fm/wp-content/uploads/2018/01/Psychiatry.Manufacturing-Madness.PRN.pdf

selective use of one part of the report's conclusions, while at the same time refusing to accept the report's admission to a correlation with psychosis and cannabis?

The researchers state, "Furthermore, an important limitation of many studies is that they have failed to distinguish the direction of association between cannabis use and psychosis; although using cannabis is associated with a greater risk of developing psychosis, there is also an evidence of increased cannabis use following psychosis onset (Hides et al., 2006; Ferdinand et al., 2005).

This is consistent with higher rates of substance use in general among psychotic patients (Gregg et al., 2007), and in psychiatric illness overall (Frisher et al., 2005). It is therefore difficult to establish a causal relationship."[27]

One plausible and probable explanation is that the data used for the research taken from the *General Practice Research Database* did not capture the most prevalent demographic. Widespread cannabis users in the UK are between12-15-years old and would likely visit an emergency room not a GP. Something the Keele University report acknowledges. It is also worth noting that other studies also support a relationship between cannabis and schizophrenia[28] including Professor Sir Robin Murray,[29] directly contrasting with Professor David Nutt, the authority cited by Senator Leyonhjelm in promoting recreational cannabis.[30]

Of course, anecdotal evidence of cannabis harms abounds[31]. The 2007 parliamentary report, *The winnable war on drugs: The impact of illicit drug use on families,* records numerous first and accounts of such stories in painstaking and heart-wrenching detail. This submission attaches the story of a Melbourne mother of three, who spoke on the anguish of her son's journey with marijuana addiction at a public drug forum. An excerpt is set out below:

"As he spent more time in rehab he started to open up with me, sharing his journey. He told me that he first started using marijuana when he was 13 years old. He said, "Mom, they told me it was harmless fun! They said I could get off it anytime I wanted and that it was RECREATIONAL!"

WOW! I was stunned that that word was used to describe marijuana! REALLY, I said, horrified at the acceptance and complacency of something that had caused our family so much pain.

[27] http://www.ukcia.org/research/keele_study/Assessing-the-impact-of-cannabis.pdf
[28] http://www.schizophrenia.com/prevention/streetdrugs.html#
[29] https://www.sussex.ac.uk/webteam/gateway/file.php?name=tsc-executive-summary1.pdf&site=75
[30] https://www.theguardian.com/commentisfree/2009/oct/29/cannabis-schizophrenia-classification
[31] https://www.marijuana-anonymous.org/literature/pamphlets/stories-by-teens

It did not feel very recreational to me, lying in bed night after night for years wondering if my son would make it home alive while he trawled the streets late at night high on weed and hooning! [32]

At a time when there is such a high prevalence of depression among teens and young adults and suicide is the leading cause of death in 15-24-olds in Australia,[33] and a variety of medications are prescribed particularly for rising instances ADHD; are lawmakers willing to dismiss the effects of another psychotropic drug and add it to the plethora of legal and illegal downers and uppers?

What's Your Poison? Claims that Cannabis is Less Toxic than Alcohol

Briefly, the *National Institute on Drug Abuse* describes each drug.

While alcohol may start as a stimulant in small doses, NIDA defines it as a central nervous system depressant that is rapidly absorbed from the stomach and small intestine into the bloodstream. Intoxication can impair brain function and motor skills and heavy use can increase risk of certain cancers, stroke, and liver disease.

The main psychoactive (mind-altering) chemical in marijuana is delta-9-tetrahydrocannabinol or THC. When marijuana is smoked, THC rapidly passes from the lungs into the bloodstream, which carries the chemical to the brain and other organs.

The agency concludes, "Claiming that marijuana is less toxic than alcohol cannot be substantiated since each possess their own unique set of risks and consequences for a given individual."

Alcohol and Cannabis Metabolisation

Furthermore, while both substances are open to wide scale abuse the reasons for using each one varies significantly.

Alcohol can be consumed moderately and as it is water soluble can expelled in 24 hours.

[32] Testimony by an Australian mother of three at a public drugs forum in Melbourne, 29th May 2018.
[33] https://www.aacap.org/Shared_Content/AACAP_Sign_In.aspx?WebsiteKey=a2785385-0ccf-4047-b76a-64b4094ae07f&LoginRedirect=true&; https://www.rightstep.com/teen-drug-addiction/adderall-ritalin-and-teens-the-cold-hard-facts-about-adhd-drug-abuse/; https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/BN/2011-2012/Suicide#_Toc299625622

The primary reason for taking cannabis recreationally is to obtain a 'high' and as all the chemicals are fat soluble, it accumulates in fat cells throughout the body and can remain in the body for weeks, even months.

Furthermore, as stated earlier, because of plant variety, complexity and each individuals' biochemistry there is no safe level of drug use.

"In the end, he used to take very long, hot showers. I never knew why until one day the shower had been going for about an hour and a half and I thought I had better check on him. I opened the door and the steam bellowed out and when it settled I saw my 6-foot, 4-inch son, curled up on the shower floor writhing in pain. I looked up and saw the precipitation on the walls was dripping down and it wasn't clear like water, but a brown tar colour covering every side of the bathroom walls. This nightmare I was looking at stays with me even today. I was so shocked! What was happening to him! It took me a while to work out, but I eventually realised that his liver and kidneys were not coping with the toxic chemical load in his body and needed help to expel them."[34]

"The skin is another organ that the body uses to expel toxins and this long showering habit was his body compelling him to sweat it out to help his kidneys and liver that were not managing anymore. I read up on a condition called Cannabinoid Hyperemesis Syndrome, which is compulsive hot water showers from long-term, heavy marijuana use. Symptoms include vomiting, nausea and terribly sore stomachs, only relieved by hot sweaty baths or showers. His body was going into a toxic state and was not coping. I don't think he at that stage thought that cannabis was harmless or recreational.

He said to me one day "Mom, I thought I could stop it any time I wanted but my body let me down."[35]

Of course, both drugs are linked with a high frequency of motor vehicle accidents.[36]

Yet politicians seemed determined to keep pushing another drug into mainstream use.

In 2014, Barak Obama in an interview with the *New Yorker* said that marijuana is no more dangerous than alcohol and went on to disclose his own experiences of smoking cannabis as a teenager. This opened the door to broader conversation about legalising or decriminalising a drug that is on the federal government's most restrictive list.[37]

Obama's confession no doubt intensified the belief that cannabis is relatively safe and added more clout to pro-legalisation proponents such as the *Marijuana Policy Project's*, Mason Tvert, who stated, "Voters are recognizing that marijuana is not as

[34] Testimony by an Australian mother of three at a public drugs forum in Melbourne, 29th May 2018.
[35] Testimony by an Australian mother of three at a public drugs forum in Melbourne, 29th May 2018.
[36] M. Asbridge, J. A. Hayden, J. L. Cartwright. Acute cannabis consumption and motor vehicle collision risk: systematic review of observational studies and meta-analysis. *BMJ*, 2012; 344 (feb09 2): e536 DOI: 10.1136/bmj.e536; http://www.dailymail.co.uk/health/article-4971644/Cannabis-linked-66-rise-traffic-deaths-Colorado.html
[37] https://www.dea.gov/pr/multimedia-library/marijuana_position.pdf

nearly harmful as they've been led to believe." A sentiment echoed by former *Executive Director of the National Organisation for the Reform of Marijuana Laws* (NORML), Allen St. Pierre, (the main marijuana advocacy group in the United States, behind medical marijuana, decriminalization and legalisation).

St. Pierre stated that Obama gave one of the most convincing arguments for marijuana decriminalisation. "This is the first President of the United States who has a genuine history of using and enjoying marijuana," St. Pierre said. "He knows the right end of a joint."[38]

Former Rep. Patrick Kennedy, challenged the former president, stating he needs to brush up on his pot knowledge.

However, the key distinction lies in the fact that in the late 70s when Obama was in high school, the mean potency for marijuana was about three percent, according to Mahmoud El Sohly, director of marijuana research at University of Mississippi.[39]

Cannabis contains roughly 400 compounds, 70 of which are psychoactive. THC, or delta-9-tetrahydrocannabinol, is the main psychoactive ingredient in the marijuana plant. As stated earlier, the 'high' effect is the main reason for its recreational cannabis use.

'Two of the chemicals in marijuana are Tetrahydrocannabinol (THC) and Cannabidiol (CBD). THC is responsible for the psychoactive effect and CBD has antipsychotic and anti-anxiety properties. The ratio of THC to CBD is being manipulated by today's producers to provide their customers with a greater 'high'. These higher potency products are known to increase the risk of addiction. THC is fat soluble and goes directly to the brain. The brain is sixty (60) percent fat. A minimal amount resides in the blood stream following smoking or eating edible products.' [40]

However, the level of THC in a plant varies based on the strain and depends on the part of the plant used, but also how it is processed for consumption.

The University of Mississippi Potency Monitoring project analysed tens of thousands of marijuana samples confiscated by state and federal law enforcement agencies since 1972. The average potency of all seized cannabis has increased from a concentration of 3.4 percent in 1993 to about 8.8 percent in 2008. Potency in sinsemilla, (a highly potent marijuana from female plants that are specially tended and

[38] https://www.businessinsider.com.au/marijuanas-top-lobbyist-told-us-why-there-will-be-several-viable-legalization-bills-next-year-in-congress-2012-11?op=1&r=US&IR=T
[39] http://www.calgarycmmc.com/Ebooks%20%20i%20j%20k%20l%20m%20n%20o/Mahmoud%20A.%20ElSohly%20-%20Marijuana%20and%20the%20Cannabinoids.pdf
[40] McColl P., et al, *The Pied Pipers of Pot: Protecting Youth from the Marijuana Industry*, Grafton and Scratch Publishers, Canada, 2017, p. 39.

kept seedless by preventing pollination in order to induce a high resin content)[41] in particular has jumped from 5.8 percent to 13.4 percent during that same time period. Noting that the psychoactive ingredient in marijuana has increased in recent decades,

the NIH warns that "daily use can have stronger effects on a developing teen brain than it did 10 or 20 years ago".

The UN also gives similar findings noting the emergence of synthetic marijuana sold under names such as “Spice” and “K2”, as new psychoactive substances that have been increasing in potency and effect.

These include:

- Increased emergency room visits.[42]
- Increased systems of tachycardia, psychosis, agitation, anxiety, breathing difficulties and seizures.
- unpredictable negative psychological and physiological effects. Intoxication with some forms of synthetic cannabinoids can have severe effects; for instance, in an outbreak in New York, people reported experiencing “zombie-like” severe depressant effects after intoxication with the synthetic cannabinoid AMB-FUBINACA.
- Self-reported experiences of cannabis users who had recently used synthetic and natural cannabis show that almost all recent synthetic cannabinoid users reported that they had used natural cannabis, which they preferred and used for a greater number of days.
- Synthetic cannabinoids were associated with more overall negative effects, including greater effects on the lungs, hangover effects and a greater level of anxiety and paranoia.
- Natural cannabis was considered to produce more memory impairment than synthetic cannabinoids and was perceived to be more addictive.

Similar results were recorded in the UK’s Home Office*: Cannabis Potency Study 2008* that found the overall the average THC potency remained at 15 per cent.[43]

[41] Merriam-Webster Medical Dictionary
[42] “The Drug Abuse Warning Network (DAWN), a system for monitoring the health impact of drugs, estimated that in 2009, marijuana was a contributing factor in over 376,000 emergency room (ER) visits in the United States, with about two-thirds of patients being male, and 12 percent between the ages of 12 and 17.
[43] http://www.dldocs.stir.ac.uk/documents/potency.pdf

According to a 1998 Australian report: *A comparison of drug use and trends in three Australian states: findings from the illicit drug reporting system (IDRS),* the potency of cannabis was rated as high by the majority of IDU in the three states (Syd, Vic, Adel) tested.[44] It also found an estimated 1.7% of the sample met criteria for a cannabis use disorder, males being three times more likely than females to qualify for a cannabis use disorder.

Given the increased marijuana strength, it is unsurprising that high stakes drug dealers such as Alexander Malcolm Lane paid up to $30,000 per drug mule to traffic cannabis seeds into Australia.[45]

Cannabis Imprisonment Statistics, Law Enforcement, Organised Crime and Taxation

Senator Leyonhjelm states that the current prohibition on recreational cannabis puts pressure on the criminal justice system, props up organised and violent crime and stigmatises otherwise law-abiding citizens.

The evidence provided to support these claims are again outlined within the press release, *Why Legalising Marijuana Makes Sense*, where it is claimed that there are 80,000 cannabis related arrests per year, with $100 million per year dedicated to maintaining the *Australian Federal Police* (AFP) and *Australian Border Force* (ABF).

However, according to the *Australian Criminal Intelligence Commission,* while there were 7,504 cannabis detections in 2015–16, the majority occurred through international mail (98.4 per cent).[46] Since all international mail is subject to border controls, costs for AFP and ABF cannot be directly attributed to cannabis any more than that of seizing other illegal products through mail such as biosecurity risks (seeds and grains), animal products and veterinary therapeutics, or life-like child sex dolls, methamphetamines and cocaine.[47] [48] Further, the AFP *s*eizes large proportions of *legal* substances such as tobacco that has out stripped illicit drugs.[49]

[44] https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/Mono.41.PDF , pg.37
[45] https://www.couriermail.com.au/news/queensland/ex-bank-manager-ran-drug-ring/news-story/7ab4ecf8b24917104fa0f6587486420f
[46] https://www.anao.gov.au/work/performance-audit/screening-international-mail
[47] http://www.heraldsun.com.au/news/national/how-australia-became-the-mail-order-capital-for-sick-fullsized-child-dolls-for-sex/news-story/cf296f2112732aaf803737e8db6f7587 ;
https://www.afp.gov.au/news-media/media-releases/illicit-substances-intercepted-mail
[48] http://www.heraldsun.com.au/news/national/how-australia-became-the-mail-order-capital-for-sick-fullsized-child-dolls-for-sex/news-story/cf296f2112732aaf803737e8db6f7587 ;
https://www.afp.gov.au/news-media/media-releases/illicit-substances-intercepted-mail
[49] http://www.heraldsun.com.au/news/law-order/illegal-tobacco-seizure-in-australia-outweighs-all-other-illicit-drugs/news-story/1f8a79d8f8ee6ca1881d6f8f5c073d12

With respect to the Senator's statement that 80,000 Australian inmates are charged with marijuana related crimes as consumers this also needs to be challenged.

The ABS December Quarter 2017 reported the entire full-time prison population was less than 42,000.[50]

A breakdown of incarceration rates from ABS data [51] (2015–16 to 2016–17) according to the offenders' principal offences are as follows:

1. Homicide and related offences decreased for the second successive year, down by 5 per cent or 37 offenders

2. Robbery/extortion increased by 6 per cent or 194 offenders

3. Theft increased by 4 per cent or 3,025 offenders

4. Illicit drug offences decreased 3% or 2,044 offenders

(This was the first time the number of illicit drug offenders declined since the beginning of the time series in 2008–09.)

The data the Senator is seeking to attribute to cannabis related arrests would be synonymous with taking all of the motor vehicle related offences (parking fines and speeding offences) and conflating these with motor vehicle related crimes (culpable and dangerous driving, etc.).

Whereas data collected in 2016 through self-reporting, reveals that 45 per cent of detainees tested positive for cannabis,[52] this statistic does indicate the *reason* for their incarnation. What is known from another study focussed on adults in full-time custody in Australia in 2009, is prison inmates have a history of high levels of drug use prior to imprisonment.[53]

Therefore, the following questions need a clarification from Senator Leyonhjelm.

1. Is this figure of 80,000 cannabis consumers due to primarily possessing cannabis?

[50] http://www.abs.gov.au/ausstats/abs@.nsf/mf/4512.0?OpenDocument
[51] http://www.abs.gov.au/AUSSTATS/abs@.nsf/allprimarymainfeatures/DA308C67766C3735CA257751001BD477?opendocument
[52] http://crimestats.aic.gov.au/DUMA/
[53] https://www.researchgate.net/publication/263203599_Detection_of_drugs_in_Australian_prisons_Supply_reduction_strategies [accessed Jun 11 2018].

2. Was the offence part of multiple criminal charges? That is, cannabis and dangerous driving or cannabis and multiple drug taking, or trafficking, etc?

3. Did the charge lead to conviction and/or prison time?

The persistent assertions of high records of cannabis consumers filling prison cells is also debunked by Carnegie Mellon's, Jonathan Caulkins, formerly the co-director of Rand's drug policy research centre. Caulkins found that more than 85 per cent of prison inmates for all drug-law violations were clearly involved in drug distribution and the records of most of the remaining prisoners had at least some suggestion of distribution involvement.

Whereas, approximately 0.5 per cent of the total prison population was involved with marijuana possession. This finding was consistent with other mainstream estimates but not from the *Marijuana Policy Project* (a pro-legalization lobby organisation), which Caulkins explains, "naively … assumes that all inmates convicted of possession were not involved in trafficking." He determined that "an implication of the new figure is that marijuana decriminalisation would have almost no impact on prison populations."[54]

Claims of Reduction in Organised Crime

Drug dealers make a comfortable living from low cost, high yield products and specialise in circumventing the law (Pablo Escobar would either bribe or, failing that, kill politicians, judges and policemen), why would legalisation suddenly cause criminals to give up their stake in a lucrative investment?

As noted earlier, Australian drug king, Alexander Malcolm Lane, was a Queensland grazier, who along with importing cannabis seeds, grew potent drug hybrids on at least ten plantations across Queensland's Cape York Peninsula and around Cairns. He used helicopters to fly harvested crops from remote plantations to a network of inland roads for transport into Sydney and Melbourne.

Organised criminal syndicates are always adaptable to changing political and economic environments and adept at seeking to commercialise and exploit human nature. And as marijuana is the most widely used drug in the world, it is unlikely to decrease any associated criminal activity.

This is witnessed by the nexus between human trafficking and illicit drugs, which includes cannabis, particularly in harvesting farms. This is witnessed in both Western and third world countries.[55]

[54] https://learnaboutsam.org/the-issues/marijuana-and-whos-in-prison/
[55] https://kobi5.com/news/human-trafficking-in-the-marijuana-industry-55961/; https://www.independent.co.uk/news/uk/home-news/uk-cannabis-cultivation-marijuana-farm-vietnamese-minors-children-short-film-a7999426.html; https://www.thecalifornian.com/story/news/2018/06/06/human-trafficking-investigated-legal-weed-business-south-salinas/679734002/;

It follows a similar trend within countries where prostitution has been legalised, yet sex trafficking has increased[56] compared with countries where prostitution is prohibited. The scale effect of legalising prostitution, i.e. expansion of the market, outweighs the substitution effect, where legal sex workers are favoured over illegal workers. Moreover, the report states that the increase is more likely to be prevalent in nations with higher disposable incomes as they possess more purchasing power.

Such an example is transferable to all cases of highly profitable illegal trades.

Canada has one of the world's largest illegal marijuana markets and is a major exporter to nations such as Australia.[57] With recent cannabis legalisation in Canada and the push for Australia to follow suit, this network will only strengthen. Once more, changes in the law will merely shift criminal behaviour.

This was the position of a December draft paper to the Canadian parliament.[58]

The key concerns are summarised below:

- The experiences of other jurisdictions and of the regulation of alcohol and tobacco in Canada have shown, regulating a substance does not remove it from illicit markets as evidenced by importation and sales of contraband tobacco. (This trend is supported from data showing alcohol, tobacco and prescription drugs that all remain the most widely used goods globally).[59]

- "Given the degree to which organized crime is currently involved in the marijuana market, they could continue to produce marijuana illicitly and may attempt to infiltrate a regulated industry."

- Canada's illegal market for marijuana is estimated to be worth billions of dollars and organized crime is known to play a major role in illicit production, importation and distribution, the paper says. That means those who obtain pot are exposed to criminal elements.

- Pressure from criminal elements to use more serious and dangerous drugs such as cocaine and crystal meth.

- Enticement of purchasers to become local distributors and therefore embark on a serious criminal path.

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http://theconversation.com/trafficked-to-grow-cannabis-vietnamese-migrants-are-being-exploited-in-britain-83738;
https://www.theguardian.com/global-development/2015/may/23/vietnam-children-trafficking-nail-bar-cannabis

[56] https://orgs.law.harvard.edu/lids/2014/06/12/does-legalized-prostitution-increase-human-trafficking/

[57] https://www.unodc.org/wdr2017/field/Booklet_3_Plantbased_drugs.pdf

[58] http://www.cbc.ca/news/politics/marijuana-legalization-organized-crime-1.3551204

[59] https://illicittrade.com/reports/downloads/ITIC%20-%20Illicit%20Trade%20in%20Tobacco%20Products%20booklet%20-%202nd%20edition%20Sept.%202013.pdf

- Exposure to extortion, particularly those who do not pay for purchases or, if entangled in dealing, fail to follow orders or meet quotas.

In addition, where traditional criminal gangs move on to other less detectable products (usually smaller synthetic drugs), they remain a presence domestically, as this author explains, "the Mafia and individual members of big biker clubs generally profit by allowing others to grow and sell marijuana in their claimed territory in exchange for kicking a percentage upstairs. Growers and dealers who refuse to play along can expect a visit – usually in the form of a home invasion – that often combines robbery with assault. But that happens to a lot of other businesses, too – such as tattoo shops, leather stores, gyms, bars and restaurants."[60]

The trend in marijuana is cultivating plants indoors.[61] This has become so widespread that entire law enforcement courses are dedicated to its detection, particularly as it relates to a growing number of criminal and terrorist organisations using it to finance their operations.[62] And discussed earlier, it is synthetic cannabis that is showing the highest THC potency.

This adds another layer of complexity to the Australian Greens proposal that recommends the slowing down of illegal cannabis activity by legislating to allow individuals to grow six plants for personal consumption. However, in a low-regulated market with minimal risk of detection, drug dealers can easily manipulate any number of disadvantaged individuals. A particularly attractive proposition for cash strapped students who could grow six plants indoors with an average harvest time of three to five months.

Net Community Benefit

The tax revenue estimates set forward by Senator Leyonhjelm rely on key assumptions and deliberately focus on one side of the economic equation. First, that a sizeable bulk of drug dealing will disappear; second, that recreational marijuana has limited downstream health-related costs.

This submission has already presented data and case studies that give sensible and compelling reasons why both these factors will not decrease with legalisation.

To give further weight to this view, a closer inspection of Colorado is examined as it often touted as the pin-up state for successful marijuana legalisation.

[60] https://globalnews.ca/news/3791535/dont-expect-legal-pot-to-cripple-organized-crime-sfu-criminologist/
[61] https://www.recoveryfirst.org/blog/indoor-marijuana-grow-operations-on-the-rise/
[62] http://www.catlet.org/coursesoffered/marijuanaorganizedcrimeandterrorism.php

Drug cartels are keeping law officials busy by paying “weed farmers” to grow plants in the states vast forests and selling out of shop fronts.[63]

Further, the state’s rate of fatal vehicle crashes almost doubled, mirroring the results of a 20-year study that found driving after smoking cannabis doubles the risk of having a car crash.[64] And since drug use is linked with high risk behaviour, it’s unsurprising that many drivers testing positive for marijuana were detected with both alcohol and marijuana. However, since marijuana testing in Colorado is not compulsory, actual figures may be higher.65

This leads to another problem left out of the analysis—workplace and insurance costs. A recent study put marijuana use among workers in production, life, physical and social science, sales, installation, maintenance and repair at 19 to 21 percent.
If marijuana is legalised what will be the added costs to the workforce in absenteeism, accidents, healthcare, additional workplace training and insurance premiums?[66]

Or what of discrimination claims against employers who choose not to employee marijuana users or prohibit its use during ‘off times’? And how would legislation deal with athletes promoting cannabis as a natural performance enhancing substance?[67] These issues are already being dealt with in the US.

All of these consequences taken together with reports of increasing homeless pot smokers seeking refuge in Colorado (the estimated costs of $45,183 per homeless person per year) keep straining an already overburdened health care system, increase regulatory costs and decreasing the revenue raised through legalisation.[68] And it is only when these costs are modelled into the Senator’s revenue calculations that a more accurate picture of net economic and community benefits can be fully assessed.

Cannabis Taxation and Regulation

Senator Leyonhjelm’s appeals to the purported $300 million annual revenue tax gains from cannabis legalisation.

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[63] https://coloradopolitics.com/illegal-pot-busts-are-booming-across-colorados-forests-are-cartels-to-blame/ ; https://www.denverpost.com/2013/11/22/fed-raids-on-colorado-marijuana-businesses-seek-ties-to-colombian-drug-cartels/

[64] http://www.dailymail.co.uk/news/article-2783111/The-terrible-truth-cannabis-Expert-s-devastating-20-year-study-finally-demolishes-claims-smoking-pot-harmless.html

[65] https://www.denverpost.com/2017/08/25/colorado-marijuana-traffic-fatalities/ ; https://www.sciencedirect.com/science/article/abs/pii/S0167629615000351

[66] https://abcnews.go.com/US/people-marijuana-based-professions-study/story?id=54417564

[67] https://www.independent.co.uk/news/world/americas/marijuana-cannabis-law-legal-smoke-maine-employer-test-discrimination-a8203596.html ; http://normlathletics.org

[68]

Considering that the Greens also want to add an excise tax on top of GST and cannabis licensing costs, why would consumers want to buy a taxed and regulated product over a cheaper, illegal one? And is it not an unrealistic scenario that untaxed (or lower taxed) products have even greater appeal in struggling economic environments, including Australia, with high personal and national debt, stagnating real wages and one in two households receive some sort of welfare?

These are obvious and credible questions that need further examining.

Furthermore, despite Senator Leyonhjelm's claims that the restriction on recreational marijuana is hampering the growth of the medical marijuana industry, the evidence is showing the exact inverse relationship.

Mark Vasquez, a former narcotics detective and now the chief of police in Erie, Colorado, states that it is the medical market that sells marijuana more cheaply than the state-licensed and regulated stores because medical dispensaries don't have to charge most of the combined 27.9 percent tax on the drug. This increases the resale of medical marijuana on the street. Second, there are the plants that are grown for personal use, which are allowed under the law. Vasquez says the result is a steady supply of marijuana not only for street dealers but also for Craigslist sales, which have become so ubiquitous that some city departments don't have the resources to crack down on them.[69]

"The black market," he says, "is alive and well and will continue to thrive in Colorado."

Francisco Gallardo, a community leader in Denver, sums up the situation more concisely: "If it's ridiculously expensive and they can get it from their homie cheaper, that's what they're going to do."

While this submission is not arguing against the merits of rigid testing conditions for TGA approved cannabis, it is concerning that medicinal use of an addictive substance becomes another gateway to wide-scale recreational use.

In fact, legally prescribed drugs compete with the illicit drug trade and are trafficked heavily. So, while the 'war on drugs' narrative is pitched to the public as fighting illegal drug trafficking such as cocaine and heroin, it neglects the fact that legally prescribed drugs are also widely trafficked and a major cause of preventable death.[70]

[69] https://www.theatlantic.com/politics/archive/2016/05/legal-pot-and-the-black-market/481506/
[70] https://www.drugwatch.com/news/2015/08/10/worldwide-prescription-drug-abuse/ ; https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2015.302953?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub%3Dpubmed; https://www.nytimes.com/2018/06/08/insider/i-thought-the-purdue-pharma-oxycontin-story-was-over-i-was-wrong.html?rref=collection%2Ftimestopic%2FMethadone&action=click&contentCollection=timestopics&region=stream&module=stream_unit&version=latest&contentPlacement=5&pgtype=collection; http://www.who.int/bulletin/volumes/86/3/08-010308/en/ ; https://www.usnews.com/opinion/blogs/policy-dose/2015/06/01/america-is-neglecting-its-addiction-problem

This is of course because prescription drugs can be just as addictive as illegal drugs. And in many cases, there's no difference between a street drug and a prescription drug. For example, hydrocodone, a prescription opiate, is synthetic heroin. It's indistinguishable from any other heroine as far as the brain and body is concerned. Addiction to hydrocodone is in effect no different to street drug heroin addiction. This also follows the same trend of reported cases with Ritalin[71] (increasingly prescribed for ADHD) and Methadone abuse.

Therefore, this submission asks the committee to consider – If recreational cannabis were legalised as are alcohol, tobacco, prescription pills and medical cannabis, would our society experience even further addiction and devastation?

As Western nations are already in the grip of a culture of addiction and given the already wide access to a multitude of drugs, we posit that legalisation of recreational cannabis can only increase availability and usage particularly among the most vulnerable – children and young adults.

Furthermore, the proposal of Senator Leyonhjelm to legalise recreational cannabis so that medical cannabis regulatory restrictions are eased, as discussed earlier, is both misleading and sets a dangerous precedent.

These considerations should be assessed alongside the most likely scenario with respect to crime and violence in Australia in the aftermath of easing legal restraints. That is, an increase or no change would be experienced as indicated within countries that have legalised recreational cannabis.

A History of Government as Drug Providers and Regulators – Conflicting Public Messaging

Both opium and alcohol were at one time or another regulated, taxed and a substantial source of government revenue.

For example, during the Anglo-China Opium wars the British East India company, subsidised by the British government, at its peak exported 51,770 chests for the Chinese market (each chest contained 140 pounds). After expenditures it yielded a return of $22,000,000.

However, the Chinese population was left devastated from years of wide-scale opium consumption with entire provinces given over to its misuse.[72] Apart from the devastating health effects, the nation experienced a reduction in business activity, a fall in living standards and the virtual standstill of civil service.

[71] https://abcnews.go.com/GMA/story?id=125327&page=1
[72] Merwin, Samuel, *Drugging a Nation: The Story of China and the Opium Curse*, 1908, FLEMING H. REVELL COMPANy, (p. 15).

Minister Lin Ze-Xu calculated that in 1839 Chinese opium smokers consumed 100 million taels' worth of the drug while the entire spending by the imperial government that year spent 40 million taels, prompting him to appeal to Queen Victoria for the trade to cease. He concluded, "If we continue to allow this trade to flourish, in a few dozen years we will find ourselves not only with no soldiers to resist the enemy, but also with no money to equip the army."[73]

It is particularly telling that the most famous British governor-general of India, Warren Hastings, disclosed his own paradoxical approach toward opium as a matter of domestic and foreign policy: “Opium is a pernicious article of luxury, which ought *not* to be permitted, but for the purpose of foreign commerce only.”

But opium’s commercial viability and profitable returns would prioritise Britain’s foreign affairs agenda. To paraphrase the words of one observer, “**It was the triumph of the law of the balance sheet over human affairs.”**

Yet, the law of unintended consequences would come full circle to unleash the horrors of drug abuse in the West.

In a twist of historical irony, the introduction of opium into the US began with the Chinese immigrating to find work as mining and railroad labourers. By the 1890s the nefarious opium dens were a feature of the social landscape. As historian Thomas Noel pointed out, “Western cities were modelled on eastern ones and often had more in common with the urban East than the frontier West.”[74]

And at a time when modern medicine was still in its infancy, the drug was even touted as a cure for alcoholism. Doctors extensively prescribed opiates such as morphine, laudanum, paregoric and codeine. They were used for coughing, toothache, tuberculosis, headaches, depression, menstrual cramps, sleeplessness and as a soothing baby tonic.

Opium’s newfound status as a wonder drug found it in excessive use during the Civil War 1861-65). And due to the huge death toll and war casualties, by 1900 it was conservatively estimated that there were 200,000 opiate addicted soldiers. [75] As one turn-of-the-century morphine addict poignantly expressed, "At first, habit only binds us with silken threads, but alas, these threads finally change to links of strongest steel."

This author’s prophetic words are as relevant to this committee’s deliberations today as they were over 100 years ago, “It is difficult to get a commodity into these currents, but once you have got a commodity in, you will find it next to impossible to get out.”

[73] Chesneaux, Jean, Marianne Bastid, and Marie-Claire Bergere. *China from the Opium Wars to the 1911 Revolution*. Trans. Anne Destenay. New York: Pantheon, 1976.
[74] Agnew, Jeremy, *Alcohol and Opium in the Old West: Use, Abuse and Influence*, McFarland.
[75] Professor J David Hacker, *December 2011 issue Civil War History.*

What will be the real human cost and suffering? As a society we cannot sanction the sacrifice of the upcoming generation for trade and revenue considerations.

Big Tobacco and Big Marijuana

That today's big push for cannabis legalisation is an example of history repeating, certainly seems the case as a rebranded Big Tobacco 2.0 — Phillip Morris' parent company Altria bought the domain names "AltriaCannabis.com" and "AltriaMarijuana.com"— is poised again to reap billions. As experienced when US states passed cannabis legalisation, companies and markets went into frenzy.

Australia's medical pot industry has already made significant global gains and recreational legalisation will exponentially increase profits with the added spinoff of filling drying government coffers. 76

Forbes reports that with the global increase in recreational marijuana legalisation, Australia's share of the estimated $57 billion worldwide market will be anywhere from $52 million in 2018 to $1.2 billion in 2027, the 5th largest in the world.

Corporate monopolisation has always been the object of legalisation despite statements of feigned concern from drug lobbyists that, "large companies and rapacious businessmen" will squeeze out smaller competitors. One of the biggest legalisation advocates, Allen St. Pierre, (NORML), admitted to contacting major tobacco firms as their business model is best suited for marijuana trade.

As mentioned earlier, Senator Leyonhjelm states that money from taxing cannabis could be redirected to easing the disease burden of alcohol and tobacco. But this is political doublespeak. In 2014, the Senator thanked Australia's three million smoking coughers for their contributions to the Treasury coffers while also bemoaning the heinous taxes being paid by mainly low-income smokers.[77]

This repeated inconsistency and the shifting rhetoric needs underscoring; as cannabis legalisation only marks the beginning of a broader push toward total drug liberalisation.

Princeton Professor, Ethan Nadelman, described by *Rolling Stone* as "the real drug czar" and "the point man" for drug policy reform efforts, is widely regarded as the leading proponent of drug policy development both in the United States and abroad.

He founded and directed (2000 to 2017) the *Drug Policy Alliance* and currently serves on the advisory board of the *Open Society Foundation's Global Drug Policy Project*

[76] https://www.marketsandmoney.com.au/australias-marijuana-goldmine/2018/02/10/
[77] https://www.smh.com.au/politics/federal/liberal-democratic-senator-david-leyonhjelm-defends-smokers-slams-tobacco-excise-increase-20141001-10omze.html

(GDPP) that was founded by billionaire, George Soros, the most prominent private donor for worldwide drug liberalisation.

Nadelman acknowledges the end game of drug lobbying: "Personally, when I talk about legalisation, I mean three things: The first is to make drugs such as marijuana, cocaine and heroin legal." 78

Government Drug Policy and Practice – A House Divided

Policy makers, legislators and law enforcement in effect communicate to its citizens what society collective deems right and good. As Rabbi Dr Shimon Cowen states, "We (society) have equal entitlements to ethical goods. We are not 'free' or 'equal' in entitlement to something that is wrong."[79]

The current National Drug Strategy 2017-26 emphasises a three-pronged approach to drug policy: Harm minimisation, prevention and demand reduction.

The strategy states:

"*Harm Minimisation* includes a range of approaches to help prevent and reduce drug related problems…including a focus on abstinence-oriented strategies... [Harm minimisation] policy approach does not condone drug use."

"*Prevention* of uptake reduces personal, family and community harms, allow better use of health and law enforcement resources, generates substantial social and economic benefits and produces a healthier workforce. *Demand Reduction* strategies that prevent drug use are more cost effective than treating established drug-related problems…Strategies that delay the onset of use prevent longer term harms and costs to the community."

The three pillars work as support structures, each propping up the entire policy framework.

Nevertheless, the raw data on drug use seems overwhelming.

According to the *1998 National Drug Strategy Household Survey: Detailed findings*, 39% of Australians aged 14 years or older had at some time used cannabis.

A 1994 survey indicated that there was more widespread experimentation with illicit drugs, particularly marijuana, among the urban Aboriginal and Torres Strait Islander community than the general urban population.

[78] http://www.larouchepub.com/eiw/public/1996/eirv23n39-19960927/eirv23n39-19960927_065-soros_finances_drive_for_drug_le.pdf; https://www.sciencedirect.com/science/article/pii/S0955395915001711
[79] Rabbi Dr Shimon Cowen, "There is more than this…" Campion College Australia, p.g.27.

And in 1997, drug-use disorders were more prevalent among males, the young, the unemployed, those who have never married and those who are Australian-born; and there were an estimated 74,000 dependent heroin users in Australia.[80]

Faced with these disheartening statistics the persistent response from pro-drug activists heard and read in virtually every discussion, article and media release is that the 'war on drugs' has failed.

However, what is not frequently recognised is that for nearly three decades, successive Australian governments across the political spectrum have progressively moved from a 'Harm Minimisation' position toward a 'Harm Reduction' *only* position.

Leading the efforts of this skewed drug policy objective are organisations and affiliates such as *Harm Reduction International* (George Soros initiative) that aim to influence government policy globally, as stated on their website:

- Explicit supportive reference to harm reduction in national policy documents: Countries and territories which have an explicit reference to harm reduction in national health or drug related policy.
- Needle and syringe programme (NSP) operational: Countries or territories which have one or more operational NSP sites.
- Opioid substitution therapy (OST) programmes operational: Countries or territories which have one or more operational sites which provide.
- Drug consumption rooms: Countries or territories which have one or more operational drug consumption rooms (or safer injecting facilities).
- Needle and syringe programmes in prison: Countries or territories which have one or more prisons with operational NSP.
- Opioid substitution therapy in prison.

Harm reduction priorities have practically hijacked the entire harm minimisation policy to become the dominant means of tackling drug addiction. This has led to the exorbitant use and cost of programs such methadone, needle distribution, injecting rooms and pill testing. All these approaches now dominate the drug policy function processes, promoting more mechanisms that endorse drug use while continually curtailing, ignoring and undermining evidence based best practice that states that harm reduction must be based on an overall strategy to reduce susceptibility and exposure to drugs.

This change was achieved through gradually and selectively removing words such as 'prevention', 'early intervention' and 'abstinence' and were also reflected in reworked school education curriculums. Drug taking was now taught as 'inevitable' and 'normal'

[80] http://www.abs.gov.au/ausstats/abs@.nsf/66f306f503e529a5ca25697e0017661f/eddb1bf8e48095a5ca256b11001dbbd9!OpenDocument

and therefore, the entire cultural orientation was shifted to merely instructing how to safely administer drugs.

Although drug lobbyists outwardly claim to uphold current policy principles, their practice and wider aims diverge with that of the National Drug Strategy. For example, the term 'drug recovery' when used by legalisation activists means drug users continue to be dependent, in so far as they are able to function minimally, but never with the goal of being drug free. That is, there is no strategic aim of an eventual exiting from drug taking, despite the fact that drugs are a leading cause of preventable death.

This is becoming a growing problem for policy makers as individuals are encouraged to keep using drugs indefinitely at the taxpayers' expense.

As a case in point, in the nine years since installing Sydney's King's Cross Drug Injection room, the centre failed to stop the state's 12 percent overdose death rate. Based on the figures published by MSIC, the overdose rate in the injecting room was 36 times higher than on the streets and was attributed to clients taking more risks with higher doses of heroin. More injected heroin means more heroin sold by Kings Cross drug dealers.[81]

In Victoria, Daniel Andrews wants to follow Sydney's example. Mental Health Minister, Martin Foley, stated last year on the topic of injecting rooms,

"...methamphetamine and ice will not be allowed. It's a different type of drug and a different type of risk that comes with it."

But the premier's department now concedes that not only will ice and methamphetamines be allowed but the first injection room will be metres from a Richmond primary school. And as the Sydney injecting room experiment shows – where there are drug users, dealers always follow.

To keep the community reassured the government is insisting that the public will be safe, because users have to identify themselves.

Yet, according to Patrick Lawrence, the chief executive of *First Step*, an independent mental health, addiction and legal service, "It's unlikely to deter people; they're probably registered with a number of health services anyway."

The nation is left with the conflicting and demoralising governmental approach to drugs, while on the other hand it seems to fund ongoing vigilant social campaigns to

[81] https://www.dalgarnoinstitute.org.au/images/resources/pdf/injecting-rooms/DFA_Injecting_Room_Detailed_Research.pdf https://www.drugfree.org.au/images/pdf-files/library/Injecting_Rooms/Drug_Free_Australia_-_Melbourne_Injecting_Facility_b.pdf

fight other social ills – domestic violence, school bullying, drink driving, obesity and of course smoking.

On smoking alone there has been a deliberate and concerted bi-partisan effort to readily acknowledge the health dangers surrounding even second hand passive smoking, but there is often a dismissiveness surrounding similar concerns related to cannabis drug use.

Yet from a policy perspective, there is no adequate reason why government can persistently and successfully target smoking and not do likewise with drugs. The end goal of the anti-smoking campaign is not 'slow down' or 'moderate' but 'QUIT'. Toward the final aim of quitting there is a realistic understanding about the effort required to reach that end, with numerous strategies and support agencies assisting on the journey. And the numbers overwhelmingly suggest that it is working. Today, about 17 per cent of Australian's smoke. Even with such incredible success, the unrelenting 'QUIT' message has many passionately supporting a total ban.

With the Australian government on the cusp of deciding whether to legalise recreational marijuana, what will be the chief message it sends, particularly to minors?

This is of vital importance as legalisation gives the positive signal to powerful cannabis corporations that will aggressively compete in order to increase their brand awareness through marketing.

The RAND Corporation has conducted a study of adolescents who saw advertising for medical marijuana and how likely they were to use marijuana or say they planned to use the substance in the future.[82]

Studying more than 8,000 Southern California middle school students, researchers found that youth who reported seeing any ads for medical marijuana were twice as likely as peers who reported never seeing an ad to have used marijuana or report higher intentions to use the drug in the future. The study was published online by the journal, *Psychology of Addictive Behaviours*. It raises the same concerns highlighted in this submission that surround increased legalisation, product availability and visibility.

To overcome advertising restrictions on minors, companies are now appealing to mothers.[83] A tactic well understood and successfully used by tobacco companies.[84] And as parents are the primary teachers of their children's learned behaviour, this contagion will undoubtable spread to a younger demographic. Particularly with the rise of marijuana edibles that are considered far more harmful to children.[85]

[82] https://www.rand.org/news/press/2015/07/06.html
[83] https://www.theatlantic.com/health/archive/2018/03/marijuana-for-moms/554648/
[84] https://www.tobaccofreekids.org/assets/factsheets/0138.pdf
[85] http://denver.cbslocal.com/2016/07/25/pot-sends-more-kids-to-er/

As current youth cannabis usage rates are already high in a still illegal environment; how would legalisation decrease youth usage rates or prevent experimentation at younger ages?[86]

Australia National

34.8% of Australians aged 14 years and over have used cannabis one or more times in their life.
10.4% of Australians aged 14 years and over have used cannabis in the previous 12 months.

Young people

Young Australians (aged 14–24) first try cannabis at 16.7 years on average.
16% of 12–17-year old have tried cannabis – it is the most commonly used illicit drug among this age group. The most common method of using cannabis was smoking it as a bong.

Surely no government would want to unintentionally pass legislation whose key messaging undermines resilient families and communities.

Portugal Case Study

Apart from varying U.S. states legalising recreational cannabis, Portugal's drug decriminalisation in 2001 is mentioned in Senator Leyonhjelm's media release as the positive example Australia should aspire to. The basis for such a proposition was based on a 2009 report.[87] However, this may be more of an example of confirmation bias in that the institute commissioning and promoting the success of Portugal is a Libertarian think tank that underpins the Senator's own political rationale.

In short, the Cato Institute hired a lawyer who made the best case possible for the effectiveness of the Portuguese policy. It was an exercise in building a subset of facts that supported the institutes policies for drug liberalisation. In contrast, proper policy analysis would evaluate all the facts and come to a conclusion highlighting both apparent positive outcomes and the negative/ambiguous outcomes. Something the report unquestionably lacks.

For detailed information on the shortfalls of the Cato study see Hannah Laqueur's extensive paper in the *Journal of the American Bar Foundation*.88

[86] https://adf.org.au/drug-facts/cannabis/
[87] https://www.cato.org/publications/white-paper/drug-decriminalization-portugal-lessons-creating-fair-successful-drug-policies
[88] https://www.law.berkeley.edu/files/Laqueur_%282014%29_-_Uses_and_Abuses_of_Drug_Decriminalization_in_Portugal_-_LSI.pdf

Furthermore, in 2010, the Obama Administration essentially dismissed the report stating it was "difficult, however, to draw any clear, reliable conclusions from the report regarding the impact of Portugal's drug policy changes."

The reports limitations are reproduced below.[89]

Supporting Analysis Not Definitive

The Cato Institute report does not discuss the statistical significance of the data shifts it highlights, sometimes focusing on prevalence rate changes as small as 0.8 percent.

Fails to Recognize Other Factors

The report attributes favourable trends as a direct result of decriminalization without acknowledging, for example, the decline in drug-related deaths that began prior to decriminalization.

Adverse Data Trends Not Reported

Evidence that may reflect Law 30/2000's adverse social effects – such as the increase in drug-related deaths in Portugal between 2004 and 2006 – is sometimes ignored, downplayed, or not given equal recognition.

Core Drug-Use Reduction Claims Not Conclusive

As "proof" of drug legalization's success, the report trumpets a decline in the rate of illicit drug usage among 15- to 19- year-olds from 2001 to 2007, while ignoring increased rates in the 15-24 age group and an even greater increase in the 20-24 population over the same period. In a similar vein, the report emphasizes decreases in lifetime prevalence rates for the 13-18 age group from 2001 to 2006 and for heroin use in the 16-18 age group from 1999 to 2005. But, once again, it downplays increases in the lifetime prevalence rates for the 15-24 age group between 2001 and 2006, and for the 16-18 age group between 1999 and 2005.

Methodologically Limited

Cato's analysis relies heavily on lifetime prevalence data, which can be problematic when analyzing the impact of policy changes over time periods as short as the 5-6 years captured in most of the studies cited in the report.

[89] https://obamawhitehouse.archives.gov/sites/default/files/ondcp/Fact_Sheets/portugal_fact_sheet_8-25-10.pdf

Additional Studies Offer More Contradictory Evidence

- Statistics compiled by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) indicate that between 2001 and 2007, lifetime prevalence rates for cannabis, cocaine, amphetamines, ecstasy, and LSD have risen for the Portuguese general population (ages 15-64) and for the 15-34 age group.

- Past-month prevalence figures show increases from 2001 to 2007 in cocaine and LSD use in the Portuguese general population as well as increases in cannabis, cocaine, and amphetamine use in the 15-34 age group.

- Drug-induced deaths, which decreased in Portugal from 369 in 1999 to 152 in 2003, climbed to 314 in 2007 – a number significantly higher than the 280 deaths recorded when decriminalization started in 2001.

- Despite Cato's assertion that increases in lifetime prevalence levels among the general population are "virtually inevitable in every nation," EMCDDA data indicate that other countries, including Spain, have been able to achieve decreases in lifetime prevalence rates for cannabis and ecstasy use between 2003 and 2008.

Claims of Benefits from Drug Legalization Exceed Supporting Science

The Cato Institute report does not present sufficient evidence to support claims regarding causal effects of Portugal's drug policy on usage rates. More data are required before drawing any firm conclusions, and ultimately these conclusions may only apply to Portugal and its unique circumstances, such as its history of disproportionately high rates of heroin use. However, it is safe to say that claims by drug legalization advocates regarding the impact of Portugal's drug policy exceed the existing scientific basis.

The Swedish Model

While destructive societal damage can persist for generations, it is nevertheless possible for government policy to shift the paradigm.

The Swedish experience is a positive lesson that nations, communities, families and cultures, can implement policy circuit breakers to pause or disrupt the cycle of addiction and help rebuild and heal all those caught in its grip.

Rather than viewing policies as either only prohibiting or legalising, a modern take to a multifaceted drug policy approach is found in Sweden. This nation's experience shows how a liberal drug using culture successfully implemented prevention and reduction policies and a commitment to ongoing government policy review.

Over time, the Swedes have developed an antipathy to the production, trafficking and the of abuse of drugs.

Amphetamine abuse manifested as early as 1938. Large sections of the population were occasional or regular users. Countermeasures such as prescription requirements did not significantly reduce consumption as people found means to circumvent restrictions. In 1943, 4.6 per cent of the population aged 15-64, were amphetamine users. Drug use again expanded again in the 1960s and rising government concern prompted the formation the *Narcotics Drug Committee* (1965).

By 1969, the government approved a ten-point program for increasing public efforts against drugs. It concentrated heavily on law enforcement measures, but it also looked at demand reduction issues, particularly the provision of treatment services, establishing a demand reduction program operated by youth organizations. An advertising and promotion campaign was launched with literature distribution, newspaper and media advertising.

The maximum penalty for serious narcotics offences was increased from four to six years, and police were permitted to wire-tap - subsequent to a court decision in each individual instance - in order to uncover perpetrators of serious narcotics offences.

Furthermore, the growing issue of prescription abuse was addressed that had previously been based on a “liberal and non-authoritarian view” on drug prescription. This meant that although patients were under medical supervision, they were free to decide on their own dosages. If they had finished with their prescriptions, they could request more drugs. Generally, it was a policy disaster.

The following is an excerpt from the ‘drugs on prescription’ experiment.

“I was then working at the Solna Police Authority, which is now a part of the Stockholm County Police Authority. We had three known abusers in our area who lived in one-room apartments. They knew us, we knew them and we used to visit them in their homes.

The situation changed dramatically soon after the trials started. There were sometimes 10-20 people, all under the influence of drugs, and plenty of illegally prescribed drugs in these apartments and there was nothing we could do about it. A few months later there were hundreds of abusers in the area and the police had totally lost control of them and the extent of drug abuse in the district. After a couple of deaths involving legally prescribed drugs, the trials were suspended.

During the trial period, the number of drug offences dropped to almost zero, simply because personal use and possession for personal use were not reported. However,

there was a rise in nearly all other types of crime. The police were basically unable to take action against street-level drug offences."[90]

Finally, in 1984 the government adopted its vision toward creating a 'Drug Free Sweden'. Organizations, political parties and youth organisations encouraged all the community to play an active role, stating: "Everybody who comes in contact with the problem must be engaged. The authorities can never relieve [individuals] from personal responsibility and participation. Efforts by parents, family and friends are especially important. Also, schools and non-governmental organisations are important instruments in the struggle against drugs."

Today, a drug-free society remains the overriding vision, and the country has one of the lowest drug use rates per capita in the OECD. The ultimate outcome became the shifting of generational societal attitudes, with the aim to begin viewing drug abuse as socially unacceptable and its abuse as a major national problem. Prevention, treatment, and control measures spread over all government and community agencies directed at reducing the supply and demand for illicit drugs, converged to begin the building the realisation of a Drug Free Sweden.

What's the Rush to Legalise Pot?

This was the question that confronted Psychiatrist, Michael Cerullo, as he waited alongside 200 individuals to testify before the House Judiciary Committee relating to the legalisation of marijuana in Rhode Island.

It is a reasonable question. The history of illicit drugs offers cautionary lessons as do more current cases including Portugal and preliminary data and reports from Colorado, Denver, Washington State and others.

The predictions regarding economic development and tax revenues should recreational cannabis be legalised, not only reveal conflicting financial motives of those wishing to rush ahead but a lack of proper budgetary estimates that must necessarily include all relevant areas of concern, including public safety, social justice, physical and emotional health, brain development, child and adolescent use patterns, public policy and economic development. In the face of ever expanding and unsustainable health costs, these concerns cannot be dismissed as hyperbole. Policy measures must always be future orientated, they must not remain myopic and driven by the interests of the few.

[90] Remarks by Detective Superintendent Eva Brännmark of the National Police Board of Sweden at the International Policing Conference on Drug Issues in Ottawa, August 2003; https://css.unodc.org/pdf/research/Swedish_drug_control.pdf

Finally, if Australia is to realise the aims of its *National Drug Strategy* then it needs to adopt all three pillars that underpin it. This requires a shift from perceiving the main objective of drug policies as harm reduction only to also reducing drug demand and supply and prevention programs. There needs to be a recognition that illegal drug consumption is a threat to the entire society rather than exacerbate the problems by implicitly or explicitly accommodating existing users and creating an environment that increases drug use.

With these in mind, this submission also asks the question, before Australia takes the road that will take enormous effort to turn back:

"What's the rush to legalise another psychotropic drug, Senator Leyonhjelm?"

The Drug Advisory Council of Australia thanks the Committee for their valuable time and deliberations on this submission.

Should there be any questions from the Committee or their staff, we stand ready to assist further.

Yours sincerely,

Jan Kronberg
National President – Drug Advisory Council of Australia
State Member – Eastern Metropolitan Region (2006-2014)
Parliament of Victoria

DRUG ADVISORY COUNCIL OF AUST INC
Working To Eliminate Drugs Harms To Our Communities

Appendix 1

The following article represents the notes for a presentation given at a public drugs forum, in Melbourne's south east on Tuesday 29th May 2018. The address represents the heartfelt reflections that a young Melbourne mother of three wanted to share that night.

The entire address is appended below:

'*Recreational Hell!*

"Thanks to everyone for joining us tonight. For those of you who know me, public speaking is not really what I do, but I have been asked to share my personal journey with a son that has had an addiction to marijuana, and this message is too important to worry about stage fright or stumbling over words!

I am just an ordinary mum who has over the years tried her hardest to be there for all my children, and has given everything to make sure that they have what they need. I naively thought that this would be enough and that teaching them right from wrong and giving them a stable environment, a good school and plenty of love would ensure that they all make the right choices later on.

Well, I was gravely mistaken.

For me it has been a bitter/sweet story as my son Wes has come out the other side still alive and is well on the way to being integrated back into society with a bright future ahead of him. But bitter because he could not live at home anymore and I could not help him with the hardest part of his journey. It was one of my hardest struggles as a parent who put every single part of herself into her children, sacrificing career and all other things to be able to give them the best of myself.

I so wanted to be with him and help him and for the first time in his life, I couldn't, in fact I had to get used to the idea that I may have enabled him in his addiction. That was so hard, knowing that my love and support, actually was not helping, but prolonging the problem. As a mother this cruelty forces you to be severed from your child and this was particularly heartbreaking but crucial to his recovery and healing and mine.

As he spent more time in rehab he started to open up with me, sharing his journey. He told me that he first started using marijuana when he was 13 years old. He said, "Mom, they told me it was harmless fun! They said I could get off it anytime I wanted and that it was RECREATIONAL!

WOW! I was stunned that that word was used to describe marijuana! REALLY I said, horrified at the acceptance and complacency of something that had caused our family so much pain.

Appendix 1 (continued)

It did not feel very recreational to me, lying in bed night after night for years wondering if my son would make it home alive while he trawled the streets late at night high on weed and hooning! A friend of mine commented that his Angels were always putting in a lot of overtime! I also spent a lot of time on my knees in prayer.

It did not feel very recreational getting a phone call on Christmas morning when I wished my husband Happy Christmas and his words back to me were, "He's been in an accident, he has rolled his 4 x 4 and the police are after him."

Car after car was totalled as his perception of risk was numbed and his reaction time slowed, job after job was lost through inability to concentrate, court cases for dangerous driving, credit cards stolen from us, huge rages when he didn't get his next joint in time to calm him down, furniture thrown, holes punched in walls and years of family trauma not just to us but to our other children also. He told me of episodes of psychosis, severe paranoia, and sleep paralyses where he felt that something very heavy was pressing down on his chest and he could not move or breath.

Our whole family was in stress and trauma. Just from this harmless recreational drug!

In the end, he used to take very long, hot showers. I never knew why until one day the shower had been going for about an hour and a half and I thought I had better check on him. I opened the door and the steam bellowed out and when it settled I saw my 6-foot, 4-inch son, curled up on the shower floor writhing in pain. I looked up and saw the precipitation on the walls was dripping down and it wasn't clear like water, but a brown tar colour covering every side of the bathroom walls. This nightmare I was looking at stays with me even today. I was so shocked! What was happening to him! It took me a while to work out, but I eventually realised that his liver and kidneys were not coping with the toxic chemical load in his body and needed help to expel them.

The skin is another organ that the body uses to expel toxins and this long showering habit was his body compelling him to sweat it out to help his kidneys and liver that were not managing anymore. I read up on a condition called Cannabinoid Hyperemesis Syndrome, which is compulsive hot water showers from long-term, heavy marijuana use. Symptoms include vomiting, nausea and terribly sore stomachs, only relieved by hot sweaty baths or showers. His body was going into a toxic state and was not coping. I don't think he at that stage thought that cannabis was harmless or recreational.

He said to me one day "Mom, I thought I could stop it any time I wanted but my body let me down."

Appendix 1 (continued)

I thought for a moment and said, I think it was more than your body that let you down, it was that message you were told when you were 13 about it being harmless and recreational. He was deceived and lied to, as so many of our children are. This is why I am here today sharing my story with you. We as parents need to change this message that is so strongly out there that marijuana is harmless and recreational. Please everyone, I urge you not to be silent, not to be complacent and especially do not let yourselves or your children be deceived about this drug.

I share my journey with anyone who may be interested and I can tell you that everyone I speak to either has someone in their family or someone that they know who is affected by drugs. This evil is closer to home that you may think and it will steal, kill and destroy lives and families if it is not more truthfully acknowledged.

Martin Luther said, and I quote, "Our lives begin to end the day we have become silent about things that matter!"

Let's not be silent about this because our children's lives matter and are too precious to risk allowing them to be deceived. Let's all be proactive and change this deception together and let's give our children hope and a better future

The message that I lived would say:
Marijuana will lead you and your family down the pit of hell and if you are lucky enough to get out the other side in one piece, you and your families whole life will be shattered and it will take a long time to put back together. The pain and heartache isn't over for us yet.

There are broken sibling relationships from the years of neglect of the other children in the family while the parents are trying to save the addicted child. There is resentment, bitterness, post-traumatic stress and heartache because of the trauma that was brought into the house from the 'harmless' drug.

My son said he lives with the guilt and shame of what he has done to everyone, every day of his life. This journey is no picnic we all need to become more aware of the truth of marijuana and the real story about what it does.

Lastly, I would like to thank and acknowledge Teen Challenge in Kyabram, who without their help, my son would not be the man he is today. Their program has turned his life around and given him his life back and given us our son back. This organisation is not just for teenagers as the name depicts, and takes in men of all ages with any addictions.

So as a grateful parent I would like to end by saying "Thank you" first to God and then to Teen Challenge, who were able to do immeasurably more than I could ever ask or imagine.

Thank you"