



**LEGISLATIVE ASSEMBLY  
FOR THE AUSTRALIAN CAPITAL TERRITORY**

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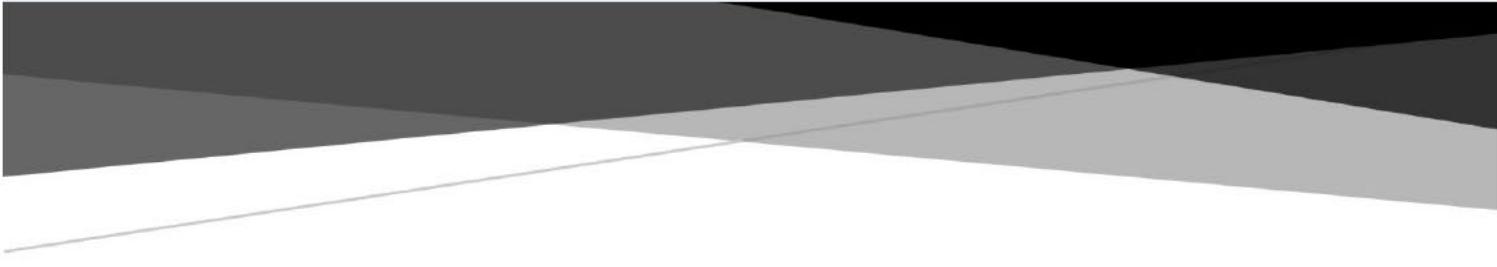
STANDING COMMITTEE ON HEALTH, AGEING AND COMMUNITY SERVICES  
Ms Bec Cody MLA (Chair), Mrs Vicki Dunne MLA (Deputy Chair)  
Ms Caroline Le Couteur MLA

## Submission Cover Sheet

Inquiry into Drugs of Dependence (Personal Cannabis Use) Amendment Bill 2018

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# LEGALIZINC

Dalgarno  
INSTITUTE



## A HEALTH & WELL-BEING CRISIS IN THE MAKING

Submission Opposing the Legalization of Cannabis  
for Recreational Purposes in A.C.T.  
**(NEW INQUIRY INTO DRUGS OF DEPENDENCE (PERSONAL  
CANNABIS USE) AMENDMENT BILL 2018)**

To Committee Secretary: Mrs Josephine Moa

[LACommitteeHACS@parliament.act.gov.au](mailto:LACommitteeHACS@parliament.act.gov.au)

Dear Committee Members,

Thank you for the opportunity to make a submission on an extremely important issue that will shape this nation's drug policy for generations.

### **Dalgarno Background**

Dalgarno Institute has over 150 years' experience with alcohol and other drug issues, including counselling, educating and researching around the subject of cannabis.

The organisation has been at the forefront of demand reduction and primary prevention strategies. It has engaged with clients from a wide cross section of demographic and socio-economic communities who have shared their experiences, narratives and outcomes of drug abuse. The majority either started with or remain chronically dependent on cannabis.

The following submission seeks to comment on the key areas of interest highlighted within the *New Inquiry into Drugs of Dependence (Personal Cannabis Use) Amendment Bill 2018*. These include:

- (1) Known and/or suspected adverse effects of cannabis use on individuals/ populations
- (2) National/international medical journal articles providing evidence-based contributions of the adverse effects of cannabis use on women of pregnancy age and pregnant women and their babies /young adults e.g. gastroschisis, links to autism, etc.
- (3) Medical journal articles evidencing the mental diseases/disorders caused by or associated with cannabis ingestion at various levels
- (4) Numbers of dependent cannabis users have been increasing over recent decades growing to approximately 220,000.
- (5) Supposed fear of being caught by police and loss of their reputation for using an illicit drug (cannabis) is totally unacceptable reasoning to justify why persons continue to use cannabis. This is similar to stating that we should not impose legal consequences on those that drink-drive and/or speed

due to fear of unfair stigmatisation. Would any reasonable person accept such a premise?

- (6) All available reliable evidence from overseas showing increasing health, medical and social damage from cannabis decriminalisation/legalisation.
- (7) Estimate of overall health costs and refutation and the premise that legalised cannabis will drastically diminish illegal drug markets.

## Preface

Principally, policy should always be judged by the impact to the wider community with a particular focus on its foreseeable health and wellbeing outcomes to its citizenry.

With this in mind, this submission will show how proponents of increased promotion and permission models for illicit drugs must persistently:

- Deny evidence-based science,
- Ignore best health-care practice, and
- Minimise harms by emphasising the fiscal benefits of large tax revenues.

## Cannabis Harms - Denying Longstanding Evidence

Repetitive mantras continue unabated with respect to the purported ‘benign nature’ of this plant. There is a deliberate attempt to bury evidence-based data with emotionalism and big business interest funded rhetoric.

There are currently in circulation over 26,000 evidence-based research articles, papers and other literature covering the inherent physical, psychological, environmental, social, familial and community harms of cannabis. This includes the detailed and renowned 2016 cannabis report from the World Health Organisation.<sup>2</sup>

These run in direct contrast the current political and social narrative that cannabis use is less harmful than alcohol and tobacco. Those that make this claim usually rely on various studies including a 2010 study of Professor David Nutt in which he ranked twenty drugs by their “harm to self or others.” Alcohol ranked fifth and cannabis eleventh with tobacco ranking ninth.

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<sup>1</sup> Submission to the Canadian Senate Standing Committee on Health – for their consideration and review of Bill C.45.2017 Pamela McColl, S.A.M. Canada)

<sup>2</sup> <http://apps.who.int/iris/bitstream/handle/10665/251056/9789241510240-eng.pdf;jsessionid=BBEFE64635DD884F670EC080FF30A1E7?sequence=1>

Professor Nutt details an abundance of information on the harms of these drugs. These of course are significant due to their health and community consequences given their widespread social use. “However, even within the Nutt schema we may puzzle about the judgements of the experts whose views were consulted. In total 77 consultant psychiatrists were asked by Nutt to provide their ranking of the various substances listed. Only 29 of those approached actually provided an assessment (a response rate of only 37.6%).<sup>3</sup>

And furthermore, by introducing cannabis there is a crossing of the two drugs, combining the damage of physiological and addictive properties caused through smoking and alcohol intoxication, but now with harms including but not restricted to, psychotic episodes. It should also be noted that many drug consumers use multiple substances and exacerbate the harms to themselves and others, particularly with respect to dangerous driving.<sup>4</sup>

In addition to the thousands of differing professional, academic and anecdotal views that contrast to Professor Nutt’s relatively harmless view of cannabis, this year’s June edition of The Lancet medical journal also publicised concerns about cannabis, namely, citing it as a ‘huge risk to health’. In the UK alone, tens of thousands of people are being hospitalized by increasingly more dangerous and toxic levels of this nefarious drug.<sup>5</sup>

In Australia, for decades similar concerns have been voiced between the strong links of marijuana use and mental illnesses. According to Professor Ian Hickie, Co-Director, Health and Policy at The University of Sydney’s Brain and Mind Centre, in a newspaper interview: “The increasing use of recreational drugs was a major issue for public policy, because the evidence now seemed conclusive that use of cannabis and several other substances wrongly thought of as harmless ‘party drugs’ contributed both to psychotic mental illnesses such as schizophrenia and to non-psychotic complaints including anxiety and depression.”<sup>6</sup>

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<sup>3</sup> Neil McKeeganey, “Controversies in Drugs Policy and Practice”, p.g 98, Palgrave MacMillan 2011.

<sup>4</sup> <https://academic.oup.com/epirev/article/34/1/65/494023>; <https://www.sciencedirect.com/science/article/pii/S1047279716304380>

<sup>5</sup> A new King’s College London study shows that cannabis potency may be linked to rising rates of treatment for cannabis-related problems. Cannabis now accounts for around half of all first-time admissions to specialist drug treatment worldwide - more than for heroin or cocaine - and this new study, [published in Psychological Medicine](#), may offer some explanation for the rise.

<sup>6</sup> “Weak drug laws blamed for madness,” The Australian, by Adam Cresswell, Simon Kearney and Jeremy Roberts, October 29, 2005; <https://www.smh.com.au/national/puff-and-the-tragic-demons-20041213-gdkawq.html>

## A Snapshot of Cannabis Harms

These are detailed in the Submission to the Canadian Senate Standing Committee on Health – for their consideration and review of Bill C.45.2017 and in the paper Case for Caution with Cannabis by Dr Albert Stuart Reece (et al.) attached to this submission.<sup>7</sup>

- Both cannabis intoxication and withdrawal have been linked with violence and homicide including mass shootings
- Effects on developing brains
- Effects on driving
- Effects on developmental trajectory and failure to attain normal adult goals (stable relationship, work, education)
- Effects on withdrawal and sleep deprivation<sup>8</sup>
- Effects on IQ and IQ regression
- Effects to increase numerous psychiatric and psychological disorders
- Effects on respiratory system
- Effects on reproductive system
- Effects in relation to immunity and immunosuppression
- Effects of now very concentrated forms of cannabis, THC and CBD which are widely available
- Outdated epidemiological studies are cited but apply only to the era before cannabis became so potent and so concentrated
- At the cellular level cannabis and cannabinoids have been linked with decreased energy production from mitochondria
- Increased production of inflammation and reduced antioxidant defence
- Reduced enzymes involved in DNA repair<sup>16</sup>; and increased errors of mitosis which occur due to disruption of the tubulin ‘rails’ of the mitotic spindle<sup>16,19-21</sup> in such a way that chromosomes become left behind and eventually shatter under cellular stress
- Cannabis also stimulates the carcinogenic oncoproteins tumour protein isoform 2 and tumour protein<sup>9</sup>

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<sup>7</sup> Case for Caution with Cannabis JAMA 5.1 - With Full References (1).pdf

<sup>8</sup> <https://abcnews.go.com/Health/kicking-pot-habit-lead-withdrawal/story?id=17333197>

<sup>9</sup>

[https://www.researchgate.net/publication/51359162\\_Marijuana\\_Use\\_and\\_Increased\\_Risk\\_of\\_Squamous\\_Cell\\_Carcinoma\\_of\\_the\\_Head\\_and\\_Neck](https://www.researchgate.net/publication/51359162_Marijuana_Use_and_Increased_Risk_of_Squamous_Cell_Carcinoma_of_the_Head_and_Neck)

- Stimulation of lipoxygenase and thromboxane synthase can lead to clotting and coagulation
- As a gateway drug leading to other drug use including the opioids.<sup>10</sup>

## Cannabis Propaganda - A Template from Tobacco Industry Tactics

The similarities in promoting cannabis use are cut and paste directly from the tobacco industry's template. Billions of dollars were spent on establishing cigarettes as not only legal and socially acceptable, but even as having health benefits.<sup>11</sup> And as with the current marijuana narrative, tobacco restrictions were compared to the US alcohol prohibition (discussed later), and adult rights.<sup>12</sup>

Yet since tobacco legalisation, much more taxpayer billions have been spent countering its now well documented negative health outcomes.

What needs emphatic underscoring is that the cannabis industry and those promoting recreational marijuana's taxation and regulation policy framework are simply pushing a rebranded and remarketed version of Big Tobacco 2.0. For example, Phillip Morris' parent company Altria bought the domain names "AltriaCannabis.com" and "AltriaMarijuana.com"—that are poised to make billions; as experienced when US states passed cannabis legalisation, companies and markets went into frenzy. <sup>13</sup>

Corporate monopolisation has always been the object of legalisation despite statements alleging feigned concern from drug lobbyist that "large companies and rapacious businessmen" will squeeze out smaller competitors. One of the biggest marijuana advocates, Allen St. Pierre, former Executive Director of the National Organization for the Reform of Marijuana Laws (NORML), admitted to contacting major tobacco firms as their business model is the most applicable for marijuana trade.

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<sup>10</sup> <https://www.cdc.gov/vitalsigns/heroin/infographic.html>; <https://www.samhsa.gov/data/sites/default/files/NSDUHresultsPDFWHTML2013/Web/NSDUHresults2013.pdf#page=45> <http://www.techtimes.com/articles/135554/20160222/smoking-marijuana-gateway-to-alcohol-addiction-abuse-of-other-drugs.htm>; <https://www.ctpost.com/local/article/Yale-study-Marijuana-may-really-be-gateway-drug-3808375.php>

<sup>11</sup> <http://www.who.int/tobacco/media/en/TobaccoExplained.pdf>

<sup>12</sup> 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.

<sup>13</sup> <https://dailycaller.com/2016/01/04/tobacco-giants-eye-lucrative-50-billion-marijuana-market/>

Following the money trail linking tobacco and marijuana is crucial to understanding the end game of this high stakes corporate marketing strategy for mass consumer saturation and alerts policy makers to the urgent counter need to foremost protect its citizens, particularly, its vulnerable youth, from such known rapacious long-term harms.<sup>14</sup>

It is unsurprising then that this vigorous push to normalise and legitimise cannabis for ‘recreational’ use is not new and has been in play since late 70s as the following statement clearly indicates.

“The use of marijuana … has important implications for the tobacco industry in terms of an alternative product line. [We] have the land to grow it, the machines to roll it and package it, the distribution to market it. In fact, some firms have registered trademarks, which are taken directly from marijuana street jargon. These trade names are used currently on little-known legal products but could be switched if marijuana is legalized. Estimates indicate that the market in legalized marijuana might be as high as \$10 billion annually.”<sup>15</sup>

Richard Cowen, former Director of NORML stated publicly at the 1993 conference celebrating the 50-year anniversary of the discovery of LSD: “The key to it [legalizing marijuana for recreational use] is to have hundreds of thousands of people using it ‘medically’ under medical supervision, the whole scam is going to be blown. Once there is medical access and we do what we continually have to do, and we will, then we will get full legalisation.”<sup>16</sup> Australia’s medical pot industry has already made significant global gains and recreational legalisation will exponentially increase profits with the added alluring spinoff of filling drying government coffers.<sup>17</sup>

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.<sup>18</sup>

But aside from unabashed corporate greed, why would government bureaucrats want to drug the masses? The final destination point is always mass control (dependency) and money. Lots of it. Big tax, high welfare driven governments

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<sup>14</sup>[https://d3r5by4xdsoev.cloudfront.net/Tracking\\_the\\_Money\\_Thats\\_Legalizing\\_Marijuana\\_and\\_Why\\_It\\_Matters\\_FINAL-R\\_3.15.2017-R.pdf](https://d3r5by4xdsoev.cloudfront.net/Tracking_the_Money_Thats_Legalizing_Marijuana_and_Why_It_Matters_FINAL-R_3.15.2017-R.pdf)

<sup>15</sup> Kevin A Sabet, Ph.D, “Reefer Sanity”, Beaufort Books, 2013, page 162.

<sup>16</sup> <https://www.youtube.com/watch?v=ccjLM4-4U2k>

<sup>17</sup> <https://www.marketsandmoney.com.au/australias-marijuana-goldmine/2018/02/10/>; (1970s report commissioned by cigarette manufacturer Brown and Williamson now merged with R.J. Reynolds)

<sup>18</sup> <https://www.marketsandmoney.com.au/australias-marijuana-goldmine/2018/02/10/>

need large corporations; creating a mutually reinforcing dysfunctional system of addiction, enriching the few and impoverishing the masses.

However, this phenomenon is not without precedent.

The Opium Wars (1839-60) reflect a time when the British government filled its treasuries from the lucrative spoils of the heroin trade into nations such as China that alone had 150 million opium-smokers roughly three or four times the population of Great Britain. The British government primarily through the East-India company grew, pushed and smuggled what foreign nations referred to as “white man’s smoke” and “foreign dust”.

“Opium is a pernicious article of luxury, which ought not to be permitted but for the purpose of foreign commerce only,” stated the governor general of the company. Finally, the British empire and its allied forces used military force during a century of war. Eventually, the Chinese government submitted to legalising the trade of opium. The result was a symbiotic relationship where opium trade was as common as human slavery.

One observer summed up the events:

“Trade supports us, governs us, controls us our dependencies, represents us at foreign courts, carries on our wars, signs our treaties of peace. Trade, like its symbol the dollar, is neither good nor bad; it has no patriotism, no morals, no humanity...and its law is the law of the balance sheet... It is difficult to get a commodity into these currents, but once you have got the commodity in, you will find it next to impossible to get it out.”

Human worth and dignity as in days of the slavery abolitionists must once again be defended and valued against trade surpluses.

Domestic political proponents such as the Greens and Labour parties who can give no sound reason why this ‘war on drugs’ must be surrendered but other incessant wars on disease, murder, rape, human trafficking, corruption, domestic violence and the environment must be vigilantly continued at any cost.

The most likely forecast following any purported cannabis taxation revenue gains will be a counter adjustment for the direct and indirect costs of its adverse health outcomes.

And given that Australia’s welfare budget is already under severe strain from the weight of spiralling health costs, legalising recreational marijuana will only guarantee that these costs exponentially increase.

This leads to another problem left out of the Greens/Labour 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 legal what will be the added costs to the workforce in absenteeism, accidents, healthcare, additional workplace training and insurance premiums?<sup>19</sup> Discrimination claims against employers who choose not to employ marijuana users or won't allow its use during “off times” is already being dealt with in the US. And what of more athletes promoting cannabis as performance enhancing?<sup>20</sup>

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.<sup>21</sup>

## Cannabis Black Market and Crime

### 1. Reducing Black Market by Growing Marijuana for Personal Use

Given that 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 policeman), why would legalisation suddenly cause criminals to give up their stake in this lucrative investment?

Particularly when the Greens want to add an excise tax on top of GST and licensing costs, why would consumers buy a taxed product over a cheaper, illegal one? Untaxed products have even greater appeal in struggling economic environments, including Australia that has high personal and national debt, stagnating real wages and one in two households receiving some sort of welfare.

As a countermeasure, the Greens plan to slow down illegal production by allowing 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 that could lawfully grow six plants indoors with an average harvest time of three to five months.

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<sup>19</sup> <https://abcnews.go.com/US/people-marijuana-based-professions-study/story?id=54417564>

<sup>20</sup> <https://www.independent.co.uk/news/world/americas/marijuana-cannabis-law-smoke-maine-employer-test-discrimination-a8203596.html> ; <http://normlathletics.org>

<sup>21</sup> <https://www.cbsnews.com/news/legal-marijuana-drawing-homeless-to-colorado/>  
<https://learnaboutsam.org/wp-content/uploads/2018/02/SAM-CT-Report-Costs-Marijuana2123.pdf>

All these factors realistically point to an increase in criminal activity.

Cannabis legalisation merely means greater competition for market share.

This was highlighted by Mark Vasquez, a former narcotics detective and now the chief of police in Erie, Colorado. Vasquez 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.<sup>22</sup>

"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."

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.<sup>23</sup>

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?

With Western nations already in the grip of a culture of addiction and given the wide access to a multitude of drugs (legal and illegal), legalisation of recreational cannabis can only increase availability and usage particularly among the most vulnerable – children and young adults.

## **2. Faux Drug Crime Statistics**

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<sup>22</sup><https://www.theatlantic.com/politics/archive/2016/05/legal-pot-and-the-black-market/481506/>

<sup>23</sup><https://www.drugwatch.com/news/2015/08/10/worldwide-prescription-drug-abuse/>;  
<https://www.usnews.com/opinion/blogs/policy-dose/2015/06/01/america-is-neglecting-its-addiction-problem>

It has been falsely stated that prisons are full of people incarcerated for cannabis use. Many states in the U.S. continue to criminalise cannabis, despite many states recently legalising the drug under different modes.

However, incarceration rates for cannabis possession are negligible. The Bureau of Justice Statistics showed a mere 0.7% of all inmates were imprisoned for marijuana possession (with many of them pleading down from more serious crimes).

In total, one tenth of one percent (0.1 percent) of all state prisoners were marijuana-possession offenders with no prior sentences.

Other federal data shows that the vast majority (99.8%) of federal prisoners sentenced for drug offenses were incarcerated for drug trafficking not possession for personal use.

Carnegie Mellon's Jonathan Caulkins, formerly the co-director of Rand's drug policy research center, found that more than 85% of people in prison 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. Only about half a percent of the total prison population involved with marijuana possession. Caulkin noted that this figure was consistent with other mainstream estimates but not with estimates from the Marijuana Policy Project (a legalization interest group), which, according to Caulkins, "naively assumes that all inmates convicted of possession were not involved in trafficking."

He concluded that "an implication of the new figure is that marijuana decriminalization would have almost no impact on prison populations."

Recently, Senator David Leyonhjelm stated there are 80,000 Australian inmates are charged with marijuana related crimes as consumers. However, this needs serious clarification. Charges and incarceration are completely separate issues. According to the ABS December Quarter 2017 report, the entire full-time prison population is less than 42,000.

Incarceration rates from ABS data (2015-16 to 2016-17) according to the offenders' principal offence are as follows:

- Homicide and related offences decreased for the second successive year, down by 5% or 37 offenders
- Robbery/extortion increased by 6% or 194 offenders
- Theft increased by 4% or 3,025 offenders
- 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.)

Conversely, lobbyists' give the impression that cannabis users are languishing in prison and persuade the public that the unsubstantiated high cannabis related incarcerations will decrease following legalisation.

But before any such claims are made the following questions require further investigation into the raw data for drug related crimes:

- Is this figure of 80,000 cannabis consumers due to primarily possessing cannabis?
- Was the offence part of multiple criminal charges? That is, cannabis and dangerous driving or cannabis and aggravated theft, etc?
- Did the charge lead to conviction?
- Did the conviction lead to prison?
- Were the charges for first time or repeat offenders?

Once again, a careful analysis is required.

Data collected in 2016 through self-reporting, reveals that 45 per cent of detainees tested positive for cannabis. However, this statistic does not relate to the reason for their incarnation. Only that a high percentage of inmates are also cannabis users.

The same tactic of conflating cannabis use with inflated crime statistics is used around the world including the U.S. But the persistent assertions of high records of cannabis consumers filling prison cells is 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.”<sup>24</sup>

Faced with these statistics, this submission posits that it is highly unlikely that there is a single case in Australia of incarceration for merely smoking cannabis. As in a current example, this was evidenced in Melbourne where 100s of protesters openly smoked cannabis without a single arrest.<sup>25</sup>

### **3. Weakening and Dismantling Drug Laws – A Case of History Repeating**

The steady erosion of legal and police enforcement agencies dealing with illicit drugs has always been the long play for lobbyists.

“The best answer is to move slowly but firmly to dismantle the edifice of enforcement. Start with the possession and sale of cannabis and amphetamines, and experiment with different strategies. Move on to hard drugs, sold through licensed outlets… Personally, when I talk about legalisation, I mean three things: The first is to make drugs such as marijuana, cocaine and heroin legal,” says Ethan Nadelmann of the Drug Policy Alliance (DPA), widely regarded as the leading proponent of drug policy development both in the US and abroad.

This was the trajectory for Portugal prior to drug decriminalisation in 2001. The usual rhetoric regarding the context leading up to decriminalisation depicts this nation as enforcing strict drug policy and heavily punishing drug users.

### **4. The Portuguese Drug Legalisation Experiment**

However, Portugal did not introduce a radical drug legalisation policy after a supposed exhaustive but failed hard line war on drugs.

Conversely, for nearly fifty years Portugal had lived under authoritarian rule (1926 to 1974). Following dictatorial collapse, society experienced a major shift to virtually unrestricted illicit drug use.

As Dr. João Goulão, a central promoter for the 1998 Portuguese drug addiction program explains, “Many Portuguese people awoke from a reign of dictatorship

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<sup>24</sup> <https://learnaboutsam.org/the-issues/marijuana-and-whos-in-prison/>

<sup>25</sup> <https://www.dailymail.co.uk/news/article-3968466/Police-allow-protesters-illegally-smoke-marijuana-Melbourne-park.html>

in the mid 70s, eager to experiment with the things that had been forbidden for so long — chief among them were drugs.”<sup>26</sup>

Goulão goes on to explain: “We were completely naive about drugs. The country had been closed off and drugs had been controlled for decades and suddenly the doors were wide open. Everyone was trying stuff without the risk of consequences...Drug use and alcohol abuse was tolerated, or even incentivized.”

Decriminalisation in 2001 was merely legally recognising a long practice of de facto drug decriminalisation.<sup>27</sup> But notably the nation has more recently returned its policy priorities back to drug prevention.<sup>28</sup>

Portugal’s history follows more closely, but not directly, the events leading up to US alcohol prohibition, which remains an unfortunate misnomer for a period that didn’t actually outright prohibit alcohol.

## 5. U.S. Drug History

A lesser known fact left out about this historic prohibition legislation (Volstead Act), is that it did not specifically forbid the purchase or consumption of intoxicating liquors in a private residence and allowed for stockpiling of alcoholic beverages. Since the act took a year to come into effect – there was plenty of time to accumulate liquor.

The U.S. landscape prior to 1920 was one where with alcohol and opiate addiction were both tolerated and widely used (and misused) for well over a century. As historian Thomas Noel points out, “Western cities were modelled on eastern ones and often had more in common with the urban East than the frontier West.”<sup>29</sup>

This lesser known drug history in the US is expanded in *Dark Paradise: A History of Opiate Addiction in America*, by David Courtwright. Beginning with the Revolutionary War, the author gives substance and statistics on opioid use. The book demonstrates that America has had an ongoing opioid crisis for its entire history.

Courtwright begins with the premise that, “Over and over again the epidemiological data affirms a simple truth: those groups who, for whatever

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<sup>26</sup> [https://www.huffingtonpost.com/danna-harman/when-heroin-was-king-ten-b\\_897474.html](https://www.huffingtonpost.com/danna-harman/when-heroin-was-king-ten-b_897474.html)

<sup>27</sup> <https://www.mirror.co.uk/news/world-news/how-former-junkie-capital-europe-6477320>

<sup>28</sup> <https://www.dalgarnoinstitute.org.au/images/resources/pdf/researchreports/2018/DRR-PortugalPolicyAnalysis2018.pdf>

<sup>29</sup> Agnew, Jeremy, *Alcohol and Opium in the Old West: Use, Abuse and Influence*, McFarland, 2014.

reason, have had the greatest exposure to opiates have had the highest rates of opiate addiction.”

And as modern medicine was still in its infancy, doctors widely prescribed opiates such as morphine, laudanum, paregoric and codeine.

By 1915 the US experienced rampart opium addiction that included middle-class housewives as the drug was marketed to relieve everything from colds, diarrhoea, menstrual cramps, lung diseases alcoholism and as a sleep aid.<sup>30</sup>

In an attempt to eliminate addictiveness, German pharmacists tampered with opium’s molecular structure. The derivative, diacetylmorphine, was manufactured through the Bayer Company and named heroin. This was marketed as a less-addictive and less toxic alternative to morphine. Yet heroin turned out to be two to three times more potent.<sup>31</sup>

There was no sudden onset of moral panic that bought about the Prohibition but a reaction to extensive substance abuse that had finally reached the point of becoming a national concern.

As the authors of the book, Drug Heresies: Learning from Other Vices, Time & Places make clear, prohibition did not include criminal penalties for the possession of alcohol, only for the purchase and sale. Prohibition was actually more like “decriminalization” in the current drug debate.

Next, they argue that enforcement of Prohibition was never very intense. At the peak of enforcement, they suggest there were 80,000 alcohol-related convictions (this would include alcohol as one of two or more charges) annually, but prior to the stiffening of penalties in 1929, the average punishment was a prison term of only 35 days and a \$100 fine. Therefore, number of people incarcerated on alcohol-related charges at any one time was about 8,000 prior to 1929.

Even after the clampdown in 1929, the number of alcohol-related the number of alcohol-related prisoners was less than 40,000 at any point in time. And finally, unlike marijuana, alcohol was a previously legal good that became illegal.

## 6. Australian Drug Laws

In 1985 Australia shifted its public policy on marijuana, with a particular emphasis on public health and harm-reduction policies. As a result, some states adopted marijuana decriminalization laws and some eventually ‘medicalized’

<sup>30</sup> <http://www.peachridgeglass.com/2013/01/mrs-winslows-soothing-syrup-oooh-so-soothing/>; <http://media-cache-ak0.pinimg.com/originals/97/d0/f3/97d0f37a9d0d009ee754a5d575a5bfa2.jpg>

<sup>31</sup> <https://www.ancient-origins.net/history-important-events/heroin-marketed-bayer-0011212>

marijuana use. This led to marijuana being the most commonly used drug in Australia.<sup>32</sup>

This prompted then Prime Minister, John Howard, to criticize health experts for adopting a "relaxed" attitude towards marijuana and calling on states and territories to abandon a decade of decriminalization and introduce tougher laws to prevent marijuana use.<sup>33</sup>

#### **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 months.

#### **Australian 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.<sup>34</sup>

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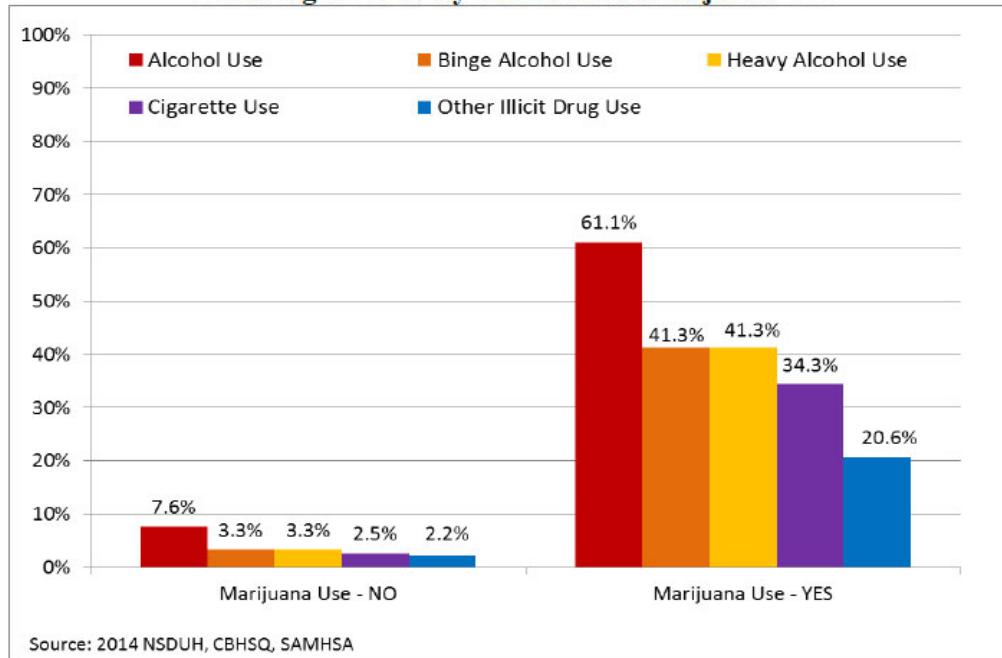
<sup>32</sup> Child and Youth Health, South Australia, Cannabis Nov 2005. The report notes that cannabis is the most commonly used illegal drug in Australia;

<http://www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=240&np=158&id=2012> [By the age of 20 years, 60% of Australians have now used cannabis and about 7% are daily users.]

<sup>33</sup> <http://www.news.com.au/story/0,10117,17596296-2,00.html> ;"PM gets tough on marijuana dangers," Sunday Telegraph, (New South Wales) by Tony Vermeer. December 18, 2005

<sup>34</sup> <https://adf.org.au/drug-facts/cannabis/>

**Figure 1. Past Month Prevalence of Alcohol, Cigarette and Other Illicit Drug Use among Youth Aged 12-17 by Past Month Marijuana Use**



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

## Prevention Not More Promotion

The latest *National Drug Strategy 2017-26* now puts demand reduction as a policy priority.

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.” (page 6)

“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.” (page 8)

Legalising wide scale use of cannabis undermines the National Drug Strategy, and fatally weakens the other two pillars of demand and supply reduction. This of course will dismantle the entire strategy as law enforcement and legislators work against key policy principles.

The basic question for policy makers becomes: Is the legislation and regulation of cannabis going to reduce demand, supply and harm, or will it promote and permit current use and extend it to an even wider demographic?

Of course, lobbyists refuse to acknowledge that legality does not ensure a decrease in uptake. As shown with alcohol, tobacco and prescription drugs that all remain the most widely used goods globally.<sup>35</sup>

And as pointed out earlier, establishing a regulated market for recreational cannabis does not ensure that cannabis users will line up to pay for a now taxed product. Once again, the ‘black’ or ‘grey’ market of prostitution, tobacco, alcohol and prescription drugs continue as the most trafficked goods and services alongside the regulated industry, for the simple reason that people do not want to pay more or be regulated.

Furthermore, the popular use of these products or services has not stopped governments from continuing to fight against illegal markets any more than government ceases to fight against all manner of crime and corruption.

## Colorado Chaos

In 2012, the state of Colorado passed Amendment 64 (55 per cent majority), legalising marijuana for recreational use. It allowed individuals over the age of 21 to consume or possess limited amounts and local governments to regulate or prohibit within their jurisdiction. But it is not as well known that 72 per cent of the state’s municipalities opted out of recreational marijuana in their community (COLORADO COUNTIES DATA).<sup>36</sup>

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<sup>35</sup><https://illicittrade.com/reports/downloads/ITIC%20-%20Illicit%20Trade%20in%20Tobacco%20Products%20booklet%20-%202nd%20edition%20Sept.%202013.pdf> ; <https://www.havocscope.com/tag/alcohol-smuggling/> ; <https://www.globaldrugsurvey.com/past-findings/the-global-drug-survey-2014-findings/>

<sup>36</sup> This video details the pushback from various health professionals since Colorado’s cannabis legalisation. <https://www.nobrainer.org.au/index.php/resources/videos/173-colorado-physician-talks-candidly-about-legalised-cannabis-health-chaos>

It also enacted an excise tax, which would generate additional revenue for the state. However, in 2017 Colorado received \$247m in tax revenue comprising about 1% of the state's total budget (Colorado Department of Revenue). The governor reported a \$500 million shortfall in the 2018 budget with significant cuts to roads, schools, hospitals, and an increase in state tuition and the elimination of a taxpayer refund.

In 2013, the United States Department of Justice released the Cole Memo, allowing states with marijuana laws to develop regulatory schemes that protected eight federal enforcement areas. These key legislative components are compared with ongoing data collection below:

**1. Prevent the distribution to minors**

Between 2005 and 2015, the proportion of Emergency Dept or Urgent Care visits in Colorado for those between 13-20 increased more than 100% (Journal of Adolescent Health).

Past month use of marijuana among Colorado youth 12-17 continued to rise above the national average (NSDUH 2006-2017).

There has been a 65 per cent increase in first time use among Colorado youth since legalisation, now ranked first in the nation (NSDUH 2006-2017).

Marijuana is the most prevalent substance cited in Colorado Teen Suicide (CDPHE).

Marijuana related exposures to children (ages 0-5) nearly tripled in the four years average since legalisation (ROCKY MOUNTAIN POISON AND DRUG CENTER).

There was a 19 per cent increase in marijuana related school suspension in 2016-17 (COLORADO DEPARTMENT OF EDUCATION).

Eighty-eight per cent of Colorado students report getting marijuana from parents, friends or the black market. (COLORADO ASSOCIATION OF SCHOOL RESOURCE OFFICERS).

**2. Prevent revenue from the sale of marijuana from going to criminal enterprises, gangs, and cartels**

The number of illegal marijuana growers in Colorado has significantly increased since legalization, with over 500 alone in El Paso County, which includes Colorado Springs that opted out of legalized marijuana (El Paso County Sheriffs Dept).

Law enforcement is spending increasing time on illegal grows with limited funding and resources (El Paso County Sheriffs Dept).

**3. Prevent the diversion of marijuana from states where it is legal under state law in some form to other states**

In 2016 alone, Colorado law enforcement confiscated 7,116 pounds of marijuana, carried out 252 felony arrests and made 346 highway interdictions of marijuana heading to 36 different U.S. States (El Paso Intelligence Center).

The U.S. mail system experienced an 844 per cent increase in postal marijuana seizures out of Colorado since legalisation (U.S Postal Inspection Service).

**4. Prevent state-authorized marijuana activity from being a cover or pretext for the trafficking of other illegal drugs or illegal activity**

Colorado's largest pot bust since legalisation in June 2017, included violation of the Colorado Organised Crime Act (money laundering, tax evasion, theft, mortgage and securities fraud), that included a former Colorado marijuana enforcement officer and a Denver based marijuana entrepreneur.

**5. Prevent violence and the use of firearms in the cultivation and distribution of marijuana**

Colorado Springs had a record number of total homicides since legalisation in 2017 and a record number of marijuana related homicides since legalization in 2017 (Colorado Springs Police Dept) Colorado has notices and 11% increase in marijuana related crimes from 2013-2016 (Colorado Bureau of Investigation).

**6. Prevent drugged driving and the exacerbation of other adverse health consequences associated with marijuana use**

Colorado experienced a record number of marijuana related driving fatalities in 2016, with more than 20 per cent marijuana related (CDOT).

In 2017, Colorado had a new record number of total fatalities (marijuana data pending), with emergency departments witnessing problems associated with high potency products including severe mental illness, psychosis, schizophrenia and violence.

Marijuana use had not curbed Colorado's opioid epidemic with the state experiencing a record year of opioid overdose deaths in 2017 and an increase in other drug related deaths from methamphetamine and cocaine coinciding with mass commercialization (Colorado Consortium for Prescription Drug Prevention).

Legalisation has been associated with increased marijuana use correlating with an increase in ED visits and hospitalizations related to acute marijuana intoxication, cannabinoid hyperemesis syndrome, psychosis, and paediatric exposure at uncertain costs (University of Colorado, Dept of Emergency Medicine, Colorado Hospital Association).

One hospital, where the community opted for legal marijuana, experienced \$20 million loss in health care dollars between 2009 and 2014 due to marijuana related emergency room visits.

Other medical and health related concerns for a wide range of physical and psychological adverse effects are reported including: cardiology, pulmonary, gastrointestinal, foetal, neonatal, maternal-foetal, neurological, reproductive, and psychiatric.

## **7. Prevent the growing of marijuana on public lands and the attendant public safety**

Environmental dangers posed by marijuana production on public lands. Eradication of illegal marijuana plants from Colorado's Rocky Mountains increased over 2,200 per cent since 2014 with a street value of \$177 million (US Forest Service, Rocky Mountain Region).

## **8. Prevent marijuana possession or use on federal property**

In 2012, a 20-acre illegal marijuana plantation was found in the burn scar of a one of the Colorado Springs largest wildfires in the Pike National Forest.<sup>37</sup>

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<sup>37</sup> Overview by Pamela McColl – Director S.A.M. (Smart Approaches to Marijuana: Canada

## Further data on Colorado

The Legalisation of Marijuana in Colorado: The Impact 2017<sup>38</sup>  
(Colorado Rocky Mountain High Intensity Drug Trafficking Area 2017 Report).<sup>39</sup>

The 176-page report details the worsening impact of marijuana to Colorado including:

- A 66% increase in marijuana-related traffic deaths
- A 12% increase in youth marijuana use in the past month
- A 71% increase in adult marijuana use in the past month
- A 72% increase in marijuana-related hospitalizations
- A 139% increase in marijuana-related exposures
- An 844% increase in parcels of marijuana seized in U.S. mail
- An 11% increase in crime state wide
- Colorado now has more marijuana retail outlets than McDonald's or Starbucks
- Colorado schools report nearly 19 percent increase in marijuana suspension <sup>40</sup>
- Impact on Marijuana Legalisation in Colorado on Adolescent Emergency and Urgent Care admissions <sup>41</sup>
- Colorado Governor: Cannabis legalisation was 'reckless' (Business Insider, 2014)
- Crime rates have gone up – arrests of minorities in particular are increasing.
- Black-market is flourishing – (people don't want to pay tax under the 'regulated' system, so they chose the non-taxed black-market product over the government endorsed product – now giving us at least two markets for supply)
- Cartels now use shop fronts to peddle their product and their presence is growing
- Youth use is increasing – even though poor data collection in attempting to hide such <sup>42</sup>

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<sup>38</sup> <https://www.rmhida.org/html/FINAL%202017%20Legalization%20of%20Marijuana%20in%20Colorado%20The%20Impact.pdf>

<sup>39</sup> <https://rmhidta.org/files/D2DF/2017%20Legalization%20of%20Marijuana%20in%20Colorado%20The%20Impact2.pdf>

<sup>40</sup> <http://kdvr.com/2018/04/30/colorado-schools-report-nearly-19-percent-increase-in-marijuana-susensions/>

<sup>41</sup> [https://www.jahonline.org/article/S1054-139X\(18\)30004-1/abstract](https://www.jahonline.org/article/S1054-139X(18)30004-1/abstract)

<sup>42</sup> <https://youtu.be/5mFgII7KEpI>

- Colorado District Attorney: 'Marijuana is gateway drug to homicide': A Colorado district attorney drew attention this week after he pronounced marijuana to be a "gateway drug to homicide." District Attorney Dan May appeared at a news conference Tuesday in relation to a large black-market marijuana bust in the state. Thirteen people were indicted<sup>43</sup>
- Pueblo, Colorado – Emergency Medicine Crisis<sup>44</sup>
- Marijuana X - The documentary the cannabis industry doesn't want you to see<sup>45</sup>
- The black market is thriving<sup>46</sup>
- Property values are declining<sup>47</sup>
- Inside a raid of a Cuban drug den in Colorado<sup>48</sup>

## Canada

"Notice of Liability Memo: To Canadian Parliamentarians, Canada Senators and the Marijuana Industry."<sup>49</sup>

## Further Information of Interest

- Open Letter to Australia Politicians Regarding 'new' versions of '[medicinal cannabis](#)'
- Cannabis Conundrum: includes 100s of articles on the inherent physical, social, psychological, environment, community and familial harms of cannabis.<sup>50</sup>
- "It is estimated that there are at least 200,000 people dependent on cannabis in Australia, with one in ten people using the drug at least once in their lifetime having problems ceasing use."<sup>51</sup> This number has only increased even though legally it remains a prohibited substance therefore legalisation can only increase access and use.

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<sup>43</sup> <http://www.kiro7.com/news/trending-now/colorado-official-marijuana-is-gateway-drug-to-homicide-1/575554174> )

<sup>44</sup> <https://www.youtube.com/watch?v=Gs9X2qpGoUY>

<sup>45</sup> <https://www.youtube.com/watch?v=OXj3G-lwUPI>

<sup>46</sup> <http://www.cbc.ca/news/thenational/black-market-for-pot-growing-despite-legalization-in-colorado-1.4675640>

<sup>47</sup> <https://www.thedenverchannel.com/news/our-colorado/homeowners-in-rural-colorado-worry-commercial-pot-grow-will-overtake-the-lifestyle>

<sup>48</sup> <https://www.today.com/video/inside-a-raid-on-a-cuban-drug-den-in-colorado-1243696707528>

<sup>49</sup> Pam McColl, [www.cleartheairnow.org](http://www.cleartheairnow.org) <https://www.drugfree.org.au/index.php/resources/news/191-notice-of-liability-to-the-marijuana-industry.html>

<sup>50</sup> <https://dalgarinoinstitute.org.au/index.php/resources/cannabis-conundrum>

<sup>51</sup> <https://ndarc.med.unsw.edu.au/news/world-first-study-cannabis-withdrawal-management-drug>

- *The Greatest Drug Pusher – Permission*<sup>52</sup>

## A Call for Greater Accountability from Proponents of Cannabis Legalisation

### Cannabis and Fiscal Responsibility

Legislators can often pass policy measures that unleash a host of unintended consequences. Economist Thomas Sowell put it succinctly: “Neither economics nor politics is just a matter of opinion and both require thinking beyond the immediate consequences of decisions to their long-term effects. Because so few politicians look beyond the next election, it is all the more important that the voters look ahead.”

The use of cannabis as a ‘recreational’ substance is one such issue that now requires the same long-range thinking. This is especially important when it is considered that the same rhetoric was used in the wide spread marketing of alcohol and tobacco, with the downward effects still being felt today.

The ‘trade off’ in the cannabis proposal is ultimately about the promise of fiscal reward, that is, the revenues from regulation and taxation. However, the small snapshot given in this submission explains how misguided those assumptions are. Even if ‘net community benefit’ was the only driver for policy change, it would fail in its promise to deliver a ‘net benefit’. The health care costs, loss of productivity, insurance and WorkCover claim increases, mental health issues and the long term (often permanent) damage from drug use more than negate any promised financial rewards.

The alleged reduction in law enforcement and justice costs have not been realised overseas, as they have been offset with an increase in crime (even though the crime of possession is statistically negligible) and the costs of added regulation for non-compliance add to rather than decrease the state deficit.

Furthermore, there are shortfalls in the budget estimates that do not cover the additional health and education on cannabis harms and the fact that the illegal drug trade will inevitably continue to thrive under more regulation and taxation. Drug dealers and other criminals who derive huge profits from the drug trade will not cease criminal activity in the face of legalisation.

The costs of regulating and then policing that legal compliance together with the illicit market, only compound the costs of policing, as seen in Colorado. A cost

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<sup>52</sup> <https://dalgarnoinstitute.org.au/images/resources/pdf/aod/aod-policy-documents/TheMostEffectiveDrugPusherUpdated2014.pdf>

benefit analysis will prove negative as governments and taxpayers now become responsible for the added burden of disease due to increased and lawful use of this psychotropic toxin.<sup>53</sup>

More information on the costs associated with cannabis legalisation are available in the working paper on projected costs of marijuana legalization in Illinois.<sup>54</sup>

This provides direct insights, pre-emptive evidence and data on this flawed concept of revenue raising.

## **Policy Filters**

Drug prevention not further promotion should be a policy priority. Any law or change to legislation must be filtered through the following three matrices to allow a ‘just, caring, healthy and productive society’ to thrive. These include:

- 1) Good governance – Governments are called to create as safe, harm reduced, and productive environments for their citizens. Creating entitlement for another psychotropic toxin undermines this principle.
- 2) Disease management – Drug use disorders are diagnosed as diseases, and the two fundamental keys to disease management are the reduction of susceptibility and the reduction of exposure. Will cannabis legalisation reduce or increase both susceptibility and exposure to the harms of another drug disease?
- 3) Finally, and most importantly, how will this proposed law effect exposure to children?

Nelson Mandela once stated, “Our children are our greatest treasure. They are our future. Those who abuse them tear at the fabric of our society and weaken our nation.”<sup>55</sup>

The evidence is overwhelming that drug use, both legal and illegal, add to the abuse, misuse and neglect of children and any measure that is going to increase the availability, access and acceptance of a drug will increase these harms to minors.

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<sup>53</sup> ‘ibid

<sup>54</sup> [http://healthyillinois.org/wp-content/uploads/2018/04/ILLINOIS-REPORT\\_419.pdf](http://healthyillinois.org/wp-content/uploads/2018/04/ILLINOIS-REPORT_419.pdf)

<sup>55</sup> National Men’s March, 1997 [https://www.huffingtonpost.com/vashti-nepaul/nelson-mandela-on-childre\\_b\\_4394706.htm](https://www.huffingtonpost.com/vashti-nepaul/nelson-mandela-on-childre_b_4394706.htm)

The Declaration of the Rights of the Child, principle two, echoes this sentiment:

The child shall enjoy special protection, and shall be given opportunities and facilities, by law and by other means, to enable him to develop physically, mentally, morally, spiritually and socially in a healthy and normal manner and in conditions of freedom and dignity. In the enactment of laws for this purpose, the best interests of the child shall be the paramount consideration.<sup>56</sup>

As multiple reports have uncovered, harms done to children by the legalisation of cannabis in other jurisdictions have been horrendous, with various medical and health agencies weighing in on the issue, including CDC (Centre for Disease Control) in the US. Cannabis legalisation and its promotion as ‘safer than alcohol’ has led to an increase in edible marijuana for instance as ‘gummy bears’ that have been consumed by children and often led to irreparable harm.

If this bill is passed, then this submission also proposes that those sponsoring and voting for such a change should be held fiscally accountable for the costs of the harms produced.

As architects of a dangerous harm creating social experiment, who believe it to be in best interest of the entire community to legalise, decriminalise, regulate or otherwise promote access to this drug, should also share in the costs associated with the broad ranging harms that will be incurred by society as a result.

Any legislation passed that enables further entitlement to recreational cannabis should include the political parties and organisations who sponsor drug liberalisation. The legislation must include reparations required for the bill’s negative outcomes, that is, health, social and welfare costs incurred. The taxpayer should not be burdened with the policy failures of politicians.

It is time our legislators and policy makers cared more for the clear majority of families, children and the community who do not use drugs or want drug use in their community.

We implore the committee to think clearly and prudently about the drug issue as was evidenced with the tobacco scourge. The ‘war’ to expose the deceptiveness of the tobacco industry took decades, but it was eventually successful and

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<sup>56</sup> <http://www.unicef.org/malaysia/1959-Declaration-of-the-Rights-of-the-Child.pdf>

effective. It is time we had a serious, cohesive campaign, for the first time in 30 years, on illicit drugs.

As with the QUIT tobacco campaign, we need: **one focus, message and voice** in every key sector of culture, government, education, media, policing and community.

Prevention alongside demand and supply reduction and harm minimisation strategies (three pillars) and not further promotion of cannabis will empower the National Drug Strategy to fulfil its primary and secondary aims.

The final word should go to Dr Bertha Madras, Professor of Addiction Psychiatry at Harvard Medical School.

“Why do nations schedule drugs? ..... Nations schedule psychoactive drugs because we revere this three-pound organ (of our brain) differently than any other part of our body. It is the repository of our humanity. It is the place that enables us to write poetry and to do theatre, to conjure up calculus and send

rockets to Pluto three billion miles away, and to create iPhones and 3D computer printing. And that is the magnificence of the human brain. Drugs can influence [the brain] adversely. So, this is not a war on drugs – this is a defence of our brains, the ultimate source of humanity.”

Thank you once again for considering this submission. If required, I offer my assistance to the committee for any further deliberations.

Yours sincerely,

Shane Varcoe  
Executive Director



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