

Dalgarno
INSTITUTE



**Submission to LEGAL AND
CONSTITUTIONAL AFFAIRS
LEGISLATION COMMITTEE**

**The Criminal Code and
Other Legislation
Amendment
(Removing
Commonwealth
Restrictions on
Cannabis) Bill 2018**

Dalgarno Institute

Mr Tim Watling
Committee Secretary
LEGAL AND CONSTITUTIONAL AFFAIRS LEGISLATION COMMITTEE
legcon.sen@aph.gov.au

RE: The Criminal Code and Other Legislation Amendment (Removing Commonwealth Restrictions on Cannabis) Bill 2018

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.

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 dollar' revenue rhetoric.

There are currently in circulation over 26,000¹ evidence-based research articles, papers and other literature covering the inherent physical, psychological, environmental, social, familial

¹ 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)

and community harms of cannabis. This includes the detailed and renowned 2016 cannabis report from the *World Health Organisation*.²

These run in direct contrast to Senator Leyonhjelm's Explanatory Memorandum stating that cannabis use is less harmful than alcohol and tobacco. The supporting data for the senator's claim is taken from 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.

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%)."³

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.⁴

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.⁵

The Following List Provides a Snapshot of Those 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.⁶

- 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)

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

³ Neil McKeganey, "Controversies in Drugs Policy and Practice", p.g 98, Palgrave MacMillan 2011.

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

⁵ 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.

⁶ Case for Caution with Cannabis JAMA 5.1 - With Full References (1).pdf

- Effects on withdrawal and sleep deprivation⁷
- 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 repair¹⁶; and increased errors of mitosis which occur due to disruption of the tubulin 'rails' of the mitotic spindle^{16,19-21} 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 protein⁸
- Stimulation of lipoxygenase and thromboxane synthase can lead to clotting and coagulation
- As a gateway drug leading to other drug use including the opioids⁹

Cannabis Propaganda - A Template from Tobacco Industry Tactics

Many pro-drug lobbyists rail against alcohol harms and seek to limit the pervasive nature of this 'legal' drug – even stating, *"If alcohol was bought to market for the first time today, it would be prohibited/banned."*

This shows a cognitive dissonance. On one hand it is acknowledged that legal drugs indeed cause large scale societal harms, yet they insist that the law continue to permit the wide scale use of yet another psychotropic substance, cannabis, into the same status of legal entitlement that alcohol and tobacco occupy.

However, the similarities in promoting cannabis 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,¹⁰ and making the case that

⁷ <https://abcnews.go.com/Health/kicking-pot-habit-lead-withdrawal/story?id=17333197>

⁸

https://www.researchgate.net/publication/51359162_Marijuana_Use_and_Increased_Risk_of_Squamous_Cell_Carcinoma_of_the_Head_and_Neck

⁹ <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>

¹⁰ <http://www.who.int/tobacco/media/en/TobaccoExplained.pdf>

restrictions on cigarettes amounted to hysteria returning society to the days of the Prohibition Era.

Since then, billions more have been spent over the last 50 years dealing with the health outcomes of this drug. But it needs underscoring that today the cannabis industry and those promoting recreational marijuana's taxation and regulation are simply a rebranded and remarketed version of Big Tobacco.

Yet this time with new and greater levels of pernicious harms. The vigorous push to normalise and legitimise cannabis for 'recreational' use 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."

(1970s report commissioned by cigarette manufacturer Brown and Williamson now merged with R.J. Reynolds)

Richard Cowen, a former Director of NORML (National Organisation for Reform of Marijuana Laws), 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 100s 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."*

All this follows the similar pattern and history of opium. By 1915 the US experienced rampant opium addiction that included middle-class housewives as the drug was marketed to relieve everything from colds, diarrhoea, menstrual cramps, lung diseases and as a sleep aid.¹¹

In an attempt to eliminate the addictiveness of morphine, German pharmacists tampered with its molecular structure. The derivative called diacetylmorphine was manufactured through the Bayer Company and named it 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 than morphine.

¹¹ <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>

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)

By legalising wide scale use of cannabis, it is undermining the currently agreed National Drug Strategy, that this, by fatally weakening 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 de-facto legislation and regulation of cannabis going to reduce demand, supply and harm, or will it promote and permit the same to an even wider demographic?

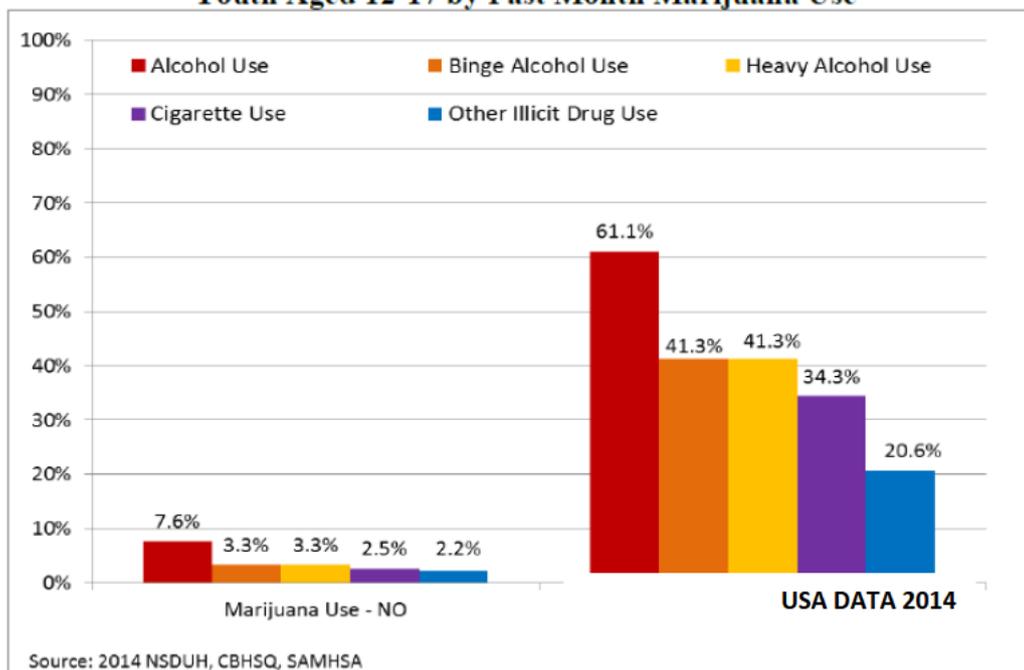
Of course, lobbyists refuse to acknowledge that legality does not ensure a decrease in uptake. As shown with alcohol, tobacco and prescription drugs that all remain the most widely used goods globally.¹²

And if we have a regulated market for *recreational cannabis*, will cannabis users suddenly line up to pay for a now taxed product? The ‘black’ or ‘grey’ market of prostitution, tobacco, alcohol and prescription drugs also 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.

¹²<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/>

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



Cannabis and Crime

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.”¹³

Senator David Leyonhjelm states that there are 80,000 Australian inmates charged with marijuana related crimes as consumers. However, this needs 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 42,000.¹⁴

Incarceration rates from ABS data ¹⁵ (2015–16 to 2016–17) according to the offenders’ principal offence are as follows:

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

Senator Leyonhjelm’s blanket statement gives the impression that cannabis users are languishing in prison is misleading. As proponents of legislation also use this argument to convince the public that the already high cannabis related incarcerations will decrease.

The following questions need an explanation from Senator Leyonhjelm.

1. Is this figure of 80,000 cannabis consumers due to primarily possessing cannabis?
2. Was the offence part of multiple criminal charges? That is, cannabis and dangerous driving or cannabis and aggravated theft, etc?
3. Did the charge lead to conviction?
4. Did the conviction lead to prison?
5. 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.¹⁶ However, this statistic does not relate to the reason for their incarceration.

¹³ <https://learnaboutsam.org/the-issues/marijuana-and-whos-in-prison/>

¹⁴ <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4512.0?OpenDocument>

¹⁵ <http://www.abs.gov.au/AUSSTATS/abs@.nsf/allprimarymainfeatures/DA308C67766C3735CA257751001BD477?opendocument>

¹⁶ <http://crimestats.aic.gov.au/DUMA/>

This submission posits that it is highly unlikely that there is a single case in Australia of incarceration for merely smoking cannabis. This was evidenced in Melbourne where 100s of protesters openly smoked cannabis without a single arrest.¹⁷

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*).

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, 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 included:

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

¹⁷<http://www.dailymail.co.uk/news/article-3968466/Police-allow-protesters-illegally-smoke-marijuana-Melbourne-park.html>

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) emergency departments are seeing problems associated with high potency products including severe mental illness, psychosis, schizophrenia and violence.

Marijuana use had not curbed Colorado's opioid epidemic and 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 of 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.¹⁸

Further data on Colorado

*The Legalisation of Marijuana in Colorado: The Impact 2017*¹⁹

(Colorado Rocky Mountain High Intensity Drug Trafficking Area 2017 Report)²⁰

The 176-page report details the worsening impact of marijuana on 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 suspension²¹

¹⁸ Overview by Pamela McColl – Director S.A.M. (Smart Approaches to Marijuana: Canada

¹⁹ <https://www.rmhidta.org/html/FINAL%202017%20Legalization%20of%20Marijuana%20in%20Colorado%20The%20Impact.pdf>

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

²¹ <http://kdvr.com/2018/04/30/colorado-schools-report-nearly-19-percent-increase-in-marijuana-suspensions/>

- Impact on Marijuana Legalisation in Colorado on Adolescent Emergency and Urgent Care admissions²²
- 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. ²³
- 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*²⁴
- *Pueblo, Colorado – Emergency Medicine Crisis*²⁵
- Marijuana X - The documentary the cannabis industry doesn't want you to see²⁶
- The black market is thriving ²⁷
- Property values are declining²⁸
- Inside a raid of a Cuban drug den in Colorado²⁹

Canada

"Notice of Liability Memo: To Canadian Parliamentarians, Canada Senators and the Marijuana Industry." ³⁰

²² [https://www.jahonline.org/article/S1054-139X\(18\)30004-1/abstract](https://www.jahonline.org/article/S1054-139X(18)30004-1/abstract)

²³ <https://youtu.be/5mFgll7KEpI>

²⁴ <http://www.kiro7.com/news/trending-now/colorado-official-marijuana-is-gateway-drug-to-homicide-1/575554174>)

²⁵ <https://www.youtube.com/watch?v=G59X2qpGoUY>

²⁶ <https://www.youtube.com/watch?v=OXj3G-lwUPl>

²⁷ <http://www.cbc.ca/news/thenational/black-market-for-pot-growing-despite-legalization-in-colorado-1.4675640>

²⁸ <https://www.thedenverchannel.com/news/our-colorado/homeowners-in-rural-colorado-worry-commercial-pot-grow-will-overtake-the-lifestyle>

²⁹ <https://www.today.com/video/inside-a-raid-on-a-cuban-drug-den-in-colorado-1243696707528>

³⁰ Pam McColl, www.cleartheairnow.org Canada

Further Information of Interest

- Open Letter to Australia Politicians Regarding ‘new’ versions of ‘medicinal cannabis’ (attached).
- *Cannabis Conundrum*: includes 100s of articles on the inherent physical, social, psychological, environment, community and familial harms of cannabis.³¹
- “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.” (2012)³² This number has only increased even though it remains a prohibited substance therefore legalisation can only increase access and use.
- *The Greatest Drug Pusher – Permission*³³

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 effects still being born out 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 expenditure have not been realised overseas, with crime increasing (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

³¹ <https://dalgarnoinstitute.org.au/index.php/resources/cannabis-conundrum>

³² <https://ndarc.med.unsw.edu.au/news/world-first-study-cannabis-withdrawal-management-drug>

³³ <https://dalgarnoinstitute.org.au/images/resources/pdf/aod/aod-policy-documents/TheMostEffectiveDrugPusherUpdated2014.pdf>

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 industry, will only compound the costs of policing the illegal market, as seen in Colorado. Cost benefit analysis will prove negative, and governments and taxpayers now become responsible for the added burden of disease due to increased and lawful use of this psychotropic toxin.³⁴

More information on the costs associated with cannabis legalisation are available in the working paper on projected costs of marijuana legalization in Illinois.³⁵

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

Policy Filters

Prevention 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."³⁶

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.

³⁴ (See 'The Most Effective Drug Pusher Ever – Permission!' Attached)

³⁵ http://healthyillinois.org/wp-content/uploads/2018/04/ILLINOIS-REPORT_419.pdf

³⁶ National Men's March, 1997 https://www.huffingtonpost.com/vashthi-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. (<http://www.unicef.org/malaysia/1959-Declaration-of-the-Rights-of-the-Child.pdf>)

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

As with the *QUIT* tobacco campaign, we need: **One Focus – Once Message – One 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.

"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.”

(Dr Bertha Madras, Professor of Addiction Psychiatry at Harvard Medical School)

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



(Coalition Of Alcohol & Drug Educators)

ABN 62 569 195 128

P: | F: |

W: www.dalgarnoinstitute.org.au | E: director@dalgarnoinstitute.org.au

"Over 150 years of minimising harm, by maximising prevention!"

Member of W.F.A.D www.wfad.se

Member of International Task Force on Strategic Drug Policy www.itfsdp.org

