

Dear Legal and Constitutional Committee of the Senate of the Parliament of Australia,

I am a Professor of Addiction Medicine at Edith Cowan University on Western Australia, and an Associate Professor of Addiction Medicine at the University of Western Australia. I hold an earned Doctorate of Medicine from the University of New South Wales in addition to my basic medical degree.

I wish to object in the most strenuous of terms to the proposed increased availability of cannabis into the Australian community.

I understand that the Legal and Constitutional Committee is considering adopting a harm reduction strategy focussed view of the management of drug addiction in the Northern Territory including the potential legalization and or decriminalization of all drugs in your jurisdiction.

**I wish to place before you my carefully considered opinion that such a strategy would be an unmitigated disaster for the people of Australia who are in your care.**

The strategies employed by the harm minimization lobby globally make it very plain that their rhetoric is merely the soft front edge of the full legalization approach sponsored by George Soros. In this country it has been championed by its unparalleled champion Dr Alex Wodak, President of Australia's Drug Reform Foundation which unashamedly openly and overtly proposes the legalization of all drugs – goodness only knows why...

Why indeed ... when there is overwhelming evidence of the innumerable harms directly attributable to drug addiction itself.

I work with drug addicts all day long. Most of those I work with in my clinic agree that slackening off of the laws in this area would be an unmitigated disaster – and that is drug addicts in treatment!!!!

One of the very obvious features of drug addicted patients – of all sorts – is the accelerated pattern of disease which they virtually all get. Disorders of brain, heart, circulation, liver, muscle wasting, psychology, bones, reproductive system and immunity together with cancers, elevated death rates and major anomalies in the babies born to addicted parents - have all been described in virtually every addiction.

It has recently been shown that the maintenance of cellular energy stores is critical to the upkeep and maintenance of NA. Without good energy stores DNA become fractured and broken, cells age, cancers form and abnormal babies are born and infertility rises. The community pays the cost – obviously; and individual patients bear the brunt of the illnesses.

It is known moreover that from age 20 the energy inside cells halves every 20 years. Declining cellular energy stores therefore form one of the key cellular measures of ageing. Restoring those energy stores is therefore a major project within anti-ageing medicine and a major therapeutic goal for clinical medicine.

**IT HAS BEEN KNOWN FOR SEVERAL DECADES THAT ALL THE ADDICTIONS DRAMATICALLY REDUCE CELLULAR ENERGY STORES – AND THEREBY DIRECTLY PHENOCOPY CELLULAR AGING – WHICH OBVIOUSLY EXPLAINS THE POLY-SYNDROMIC MULTISYSTEMIC CLINICAL PRESENTATIONS OF DRUG ADDICTION.**

For example data emerging from our still on-going analysis of the rates of deformed babies in Colorado show that most of the cannabis related anomalies are rising, which includes all of the fastest growing anomalies, and that the overall rate of congenital heart defects and total defects has almost doubled 2000-2013; Cannabis was only fully legalized in Colorado in 2014!!! That is the good news – for it has also been shown that cannabis interferes with the basic processes of brain formation also. The babies born to drug dependent parents are very obviously very far from normal in most cases – certainly when the addictions are severe – when indeed children are lucky to survive even until birth! So cannabis is a known teratogen and its widespread use is likely to cost the community very dearly in the years to come.

I have attached for your benefit some submissions I recently made to the FDA and WHO on the subject of cannabis genotoxicity and cannabis teratogenicity. With your permission I would also like to place this material which explores these themes in much greater depth, in evidence before your committee.

Since I have spent a whole professional lifetime studying these issues I trust it is clear that I could place much more evidence before you.

I am happy to answer any other questions you might have.

**Similar remarks can be made in relation to opioid and amphetamine abuse.**

I understand clearly that in parts of the Northern Territory drug use is rife. I also understand that in parts drug use is forbidden by local community law and alcohol is banned in many places, so-called “dry communities.” The answer to this is proper education of the community and appropriate constraint of drug use and drug trafficking by law enforcement in line with our international obligations under the Single Convention, the United Nations Convention of the Rights of the Child and many others.

*I would point out that it is my view, and also that of many other well informed experts and individuals, that the very obvious gaping hole in our drug education for the community is an obvious major breach in our community response to the issues of drug enforcement, which almost alone allows the media-driven misinformation and disinformation of the crazy ideologues with virtually unlimited financial resources to push our society in directions which we would never normally go if the truth was well known and widely disseminated and widely taught and widely practised. It is the yawning gaping hole in the public education program alone which allows the lies, dissembling and dissimulation of the crazy anarchists to threaten not only the wellbeing of our communities, but indeed the sustainability of western culture into the future.*

And I might add **their genetic and epigenetic pool for the next hundred years....**

*That is to say – it is not the threats of the lies of the media barons and dysfunctional popular rock idol darlings – who keep committing suicide – which is the major threat to our culture – but the absence of truth in the public place - which is obviously officially sponsored - which allows these lies to flourish in the first place. The implication is that a modicum of well-informed public health education would quickly drown out a whole cacophony of media-driven highly-paid lies. It is therefore our joint responsibility to make sure that the popular narratives of our culture are fact-based and evidence-driven rather than purely ideological and agenda-driven as at present.*

Thankyou for considering my material.

I am happy to work further with your committee to assist you in your deliberations.

Yours sincerely,

Prof. Dr. Albert Stuart Reece,  
MBBS(Hons.), FRCS(Ed.), FRCS(Glas.), FRACGP, MD(UNSW).  
Edith Cowan University, Joondalup,  
University of Western Australia, Perth, and  
Southcity Family Medical Centre, Brisbane.