DRUG FREE AUSTRALIA

Less Drugs, Not More

Seven Central Issues for the
Removing Commonwealth Restrictions on Cannabis Bill 2018

1. **Proponents of the 2018 Commonwealth Cannabis bill incorrectly claim that cannabis causes less individual harm than alcohol or tobacco**
2. **Recognising the harms caused by drugs, Australians want less illicit drug use, not more, with 86% not approving the regular use of cannabis**
3. **Legalising the recreational use of cannabis in the United States has markedly increased cannabis use and associated social problems**
4. **Two-thirds of Australians do not want to legalise cannabis**
5. **Loose controls on medical cannabis also markedly increased cannabis use in the United States**
6. **Claims that taxation will cover the cost of the harms are false**
7. **There has been strong international and community support for 'saving people from themselves' for more than 100 years**

Central Issues
&
Compiled Evidence

DRUG FREE AUSTRALIA

Seven Central Issues for Federal Legislators

1. Proponents of the 2018 Commonwealth Cannabis Bill incorrectly claim that cannabis causes less individual harm than alcohol or tobacco

While the harms of cannabis have not been studied for as many years as the harms of tobacco and alcohol, it is already well-established that cannabis combines the harms of intoxication from alcohol with the particulate damage of tobacco. Cannabis presents a wide variety of additional harms.

- **Cannabis produces 1500 toxic chemicals when burned**
- **The ONDCP and NIDA note THC content is 2.5 times higher between 1983 & 2008, with the UK Home Office finding a 15% average**
- **Cannabis is an established gateway to other dangerous drugs, adding an additional gateway beyond the two existing legal drugs**
- **Cannabis users are 50% more likely to develop alcohol use disorder**
- **Cannabis use is associated with a 2.6 times greater chance of psychosis**
- **Cannabis use is associated with a 4 times greater chance of depression**
- **Cannabis is associated with Amotivational Syndrome**
- **Cannabis use is associated with a 3 fold risk of suicidal ideation**
- **The Immune system of cannabis users is adversely affected**
- **VIOLENCE AND AGGRESSION are a documented part of its withdrawal syndrome**
- **Brain Function**
- **Verbal learning is adversely affected**
- **Organisational skills are adversely affected**
- **Cannabis causes loss of coordination**
- **Associated memory loss can become permanent**
- **Cannabis is associated with attention problems**
- **Drivers are 16 times more likely to hit obstacles**
- **Miscarriage is elevated with cannabis use**
- **Fertility is adversely affected**
- **Newborns are adversely affected with appearance, weight, size, hormonal function, cognition and motor function adversely affected through to adulthood**
- **Cannabis use causes COPD & bronchitis**

Cancers of the respiratory tract, lung and breast are associated with cannabis use

Cannabis is also associated with cardio-vascular stroke and heart attack, with chance of myocardial infarction 5 times higher after one joint

2. Recognising the harms caused by drugs, Australians want LESS illicit drug use, not more, with 86% not approving the regular use of cannabis

Almost all Australians, according to the 2016 National Drug Strategy Household Survey of 25,000 Australians, do NOT give approval to the use of the illicit drugs heroin (99%), cocaine (98%), speed/ice (99%), ecstasy (97%) and cannabis (86%).

It is safe to conclude from these statistics that Australians do not want increasing drug use, but less drug use.

With legalisation of drugs producing more drug use, Australian legislators need to legislate for the majority of Australians, not the minority 10% who use cannabis.

3. Legalising the recreational use of cannabis in the United States has markedly increased cannabis use and associated social problems

Colorado and Washington were the first states to legalise recreational use, having previously legalised medical cannabis. Within a year of legalisation in 2013 cannabis use by those aged 12-17 had risen 20% against decreases of 4% for all other states, rising 17% for college age young people against 2% for other states – all despite cannabis being illegal for all under age 21. Adult use rose 63% against 21% nationally.

When comparing three year averages before and after legalisation, cannabis-related traffic deaths rose 62%. Hospitalisations related to cannabis went from 6,715 in 2012 to 11,439 in 2014. Notably, black market criminals found new sanctuary in Colorado, attracted by lower risks of enforcement. Governor Hickenlooper last year introduced House Bill 1221 to address the 380% rise in arrests for black market grows between 2014 and 2016.

4. **Two-thirds of Australians do not want to legalise cannabis**

   The 2016 National Drug Strategy Household Survey of 25,000 Australians found 65% did not want to legalise cannabis.

   Drug Free Australia asserts that if Australians were informed of the actual results of cannabis legalisation in the United States this percentage would be significantly higher.

5. **Loose controls on medical cannabis also markedly increased cannabis use in the United States**

   Any proposals to loosen centralised accountabilities for the prescription of medical cannabis will lead to a virtual legalisation of recreational use with increased cannabis use overall.

   In the United States, more than 90% of medical cannabis is used for self-reported chronic pain, something which doctors cannot objectively verify. While the profile for chronic pain sufferers is medically well established, with patients normally aged between 60 and 80, the profile of medical cannabis users is very different - and precisely the same as for US recreational cannabis users indicating that claims of chronic pain are nothing but ruse.

6. **Claims that taxation will cover the cost of the harms are false**

   According to Gil Kerlikowske, President Obama's drug Czar in 2010, alcohol taxes raised $15 billion against social costs of $185 billion and tobacco taxes raised $25 billion against social costs of $200 billion.

   The Lapsley & Collins analysis of Australian taxes versus the costs of illicit drug use is very deficient in modelling, failing to calculate the costs to families and others in the orbit of drug users, and failing to adequately cover the more recent science of harms caused by illicit drugs.

7. **There has been strong international and community support for 'saving people from themselves' for more than 100 years**

   The International Drug Conventions have been in place since 1912, with cannabis banned in 1925. These Conventions are precisely because of agreement across the international community that recreational drug users MUST BE SAVED FROM THEMSELVES, contrary to the liberalism of the proponents of this Bill.

The evidence supporting each of the seven central issues nominated here is found in the following pages

Table of Contents

CENTRAL ISSUES FOR FEDERAL LEGISLATORS - 1

Proponents of the 2018 Commonwealth Cannabis Bill incorrectly claim that cannabis causes less individual harm than alcohol or tobacco

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EVIDENCE

Cannabis use causes COPD & bronchitis
Cancers of the respiratory tract, lung and breast are associated with cannabis use
Cannabis is also associated with cardio-vascular stroke and heart attack, with chance of myocardial infarction 5 times higher after one joint

See Drug Free Australia's attachment – "Cannabis – Suicide, Schizophrenia and Other Ill-Effects" which summarises the thousands of cannabis studies from peer-reviewed journals

CENTRAL ISSUES FOR FEDERAL LEGISLATORS – 2

Recognising the harms caused by drugs, Australians want LESS illicit drug use, not more, with 86% not approving the regular use of cannabis

Almost all Australians, according to the 2016 National Drug Strategy Household Survey of 25,000 Australians, do NOT give approval to the use of the illicit drugs heroin (99%), cocaine (98%), speed/ice (99%), ecstasy (97%) and cannabis (86%).

It is safe to conclude from these statistics that Australians do not want increasing drug use, but less drug use.

With legalisation of drugs producing more drug use, Australian legislators need to legislate for the majority of Australians, not the minority 10% who use cannabis.

Almost all Australians do not approve of illicit drug use

The Australian Government's Australian Institute of Health and Welfare (AIHW) conducts the National Drug Strategy Household Survey every 3 years, surveying close to 25,000 Australians each time. The very large sample gives this survey a great deal of validity.

The last survey was in 2016, and Table 9.17 from its statistical data indicates Australian approval of the regular use of particular drugs.[1]

[1] https://www.aihw.gov.au/reports/illicit-use-of-drugs/2016-ndshs-detailed/data

Drug Free Australia
EVIDENCE

Table 9.7: Personal approval of the regular use by an adult of selected drugs, people aged 14 years or older, 2007 to 2016 (per cent)

	Males				Females				Persons			
Drug	2007	2010	2013	2016	2007	2010	2013	2016	2007	2010	2013	2016
Tobacco	15.8	17.4	17.3	18.1	12.9	13.3	12.2	13.2	14.4	15.3	14.7	15.7#
Alcohol	51.7	51.5	51.7	52.4	39.0	38.9	38.6	39.8	45.3	45.1	45.1	46.0
Cannabis	8.7	11.0	12.6	17.8#	4.6	5.3	7.0	11.2#	6.7	8.1	9.8	14.5#
Ecstasy	2.6	3.0	3.3	3.9	1.5	1.7	1.6	1.8	2.0	2.3	2.4	2.9#
Meth/amphetamine[a]	1.5	1.5	1.6	1.6	0.9	0.9	1.1	0.8	1.2	1.2	1.4	1.2
Cocaine/crack	1.8	2.2	1.9	2.0	1.0	1.2	1.3	1.4	1.4	1.7	1.6	1.7
Hallucinogens	2.1	3.2	4.5	5.1	1.2	1.6	1.7	2.4#	1.7	2.4	3.1	3.7#
Inhalants	1.0	1.3	0.9	0.9	0.7	0.8	1.0	1.0	0.8	1.0	0.9	1.0
Heroin	1.3	1.5	1.3	1.3	0.7	1.0	1.1	1.0	1.0	1.2	1.2	1.1
Pharmaceuticals[a]	15.6	23.3	24.5	28.7#	11.9	21.4	21.9	26.9#	13.7	22.4	23.2	27.8#
Prescription pain-killers/analgesics[a]	n.a.	13.4	13.0	13.2	n.a.	12.6	12.2	12.1	n.a.	13.0	12.6	12.7
Over-the-counter pain-killers/analgesics[a]	n.a.	14.4	14.8	19.5#	n.a.	14.3	14.2	18.7#	n.a.	14.3	14.5	19.1#
Tranquilisers, sleeping pills[a]	4.8	7.2	9.5	10.1	3.4	5.7	6.8	8.5#	4.1	6.4	8.2	9.3#
Steroids[a]	2.5	3.0	3.0	3.0	1.0	1.4	1.5	1.8	1.7	2.2	2.2	2.4
Methadone or buprenorphine[a]	1.1	1.5	1.3	1.6	1.0	1.0	1.2	1.1	1.0	1.2	1.3	1.3

Statistically significant change between 2013 and 2016.
(a) For non-medical purposes.
Note: The list of response options changed across survey waves. Comparisons should be interpreted with caution.
Source: NDSHS 2016

Australians want less drugs, not more

With 97-99% of all Australians not giving their approval to the use of heroin, cocaine, speed/ice and ecstasy, and 85.5% not giving their approval to the regular use of cannabis, it is clear that Australians do not want these drugs being used in their society.

Despite most Australians not approving, 10% use cannabis

The 2016 National Drug Strategy Household Survey asks respondents their use of any drug in the last 12 months. Below is Table 25 from the survey's data.[2]

Table 25: Summary of recent[a] drug use, people aged 14 years or older, 1993 to 2016 (per cent)

Drug/behaviour	1993	1995	1998	2001	2004	2007	2010	2013	2016
Illicit drugs (excluding pharmaceuticals)									
Marijuana/cannabis	12.7	13.1	17.9	12.9	11.3	9.1	10.3	10.2	10.4
Ecstasy[b]	1.2	0.9	2.4	2.9	3.4	3.5	3.0	2.5	2.2
Meth/amphetamine[c]	2.0	2.1	3.7	3.4	3.2	2.3	2.1	2.1	1.4#
Cocaine	0.5	1.0	1.4	1.3	1.0	1.6	2.1	2.1	2.5
Hallucinogens	1.3	1.9	3.0	1.1	0.7	0.6	1.4	1.3	1.0#
Inhalants	0.6	0.4	0.9	0.4	0.4	0.4	0.6	0.8	1.0
Heroin	0.2	0.4	0.8	0.2	0.2	0.2	0.2	0.1	0.2
Ketamine	n.a.	n.a.	n.a.	n.a.	0.3	0.2	0.2	0.3	0.4
GHB	n.a.	n.a.	n.a.	n.a.	0.1	0.1	0.1	*<0.1	*0.1
Synthetic Cannabinoids	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a	1.2	0.3#
New and Emerging Psychoactive Substances	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a	0.4	0.3
Injected drugs	0.5	0.5	0.8	0.6	0.4	0.5	0.4	0.3	0.3
Any illicit[d] excluding pharmaceuticals	13.7	14.2	19.0	14.2	12.6	10.9	12.0	12.0	12.6
Misuse of pharmaceuticals									
Pain-killers/analgesics and opioids[c] (includes OTC[e])	n.a.	n.a.	n.a.	3.3	3.2	2.7	3.3	3.5	n.a
Pain-killers/analgesics and opioids[c] (excludes OTC[e])	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a	2.3	3.6
Tranquillisers/sleeping pills[c]	0.9	0.7	3.0	1.1	1.0	1.4	1.5	1.6	1.6
Steroids[c]	0.3	0.2	0.2	0.2	*<0.1	*0.1	0.1	*0.1	*0.1
Methadone[c] or Buprenorphine[f]	n.a.	n.a.	0.2	0.1	*<0.1	*<0.1	0.2	0.2	0.1
Misuse of pharmaceuticals[g] (includes OTC[e])	n.a.	4.1	6.3	4.1	3.9	3.6	4.2	4.7	n.a
Misuse of pharmaceuticals[g] (excludes OTC[e])	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a	3.6	4.8
Illicit use of any drug									
Any illicit[h]	14.0	16.7	22.0	16.7	15.3	13.4	14.7	15.0	15.6

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

Australians have the right to decide their social environment

[2] https://www.aihw.gov.au/reports/illicit-use-of-drugs/2016-ndshs-detailed/data

Australians have a right to decide what sort of society they live in, and it is not for politicians to legislate against their will on a social preference where no moral argument can be made. The use of illicit drugs is seen as a social ill, something to be avoided and certainly not welcomed.

The contention that individual Australians should have the freedom to live their lives without interference from others is outweighed by the fact that drug use is perceived as affecting not only the user, but others within their orbit.

With only 10% of Australians using a substance that is not only harmful to the individual user but harmful to the society that permits it, legislators must legislate for the majority of Australians, not the minority of users.

CENTRAL ISSUES FOR FEDERAL LEGISLATORS – 3

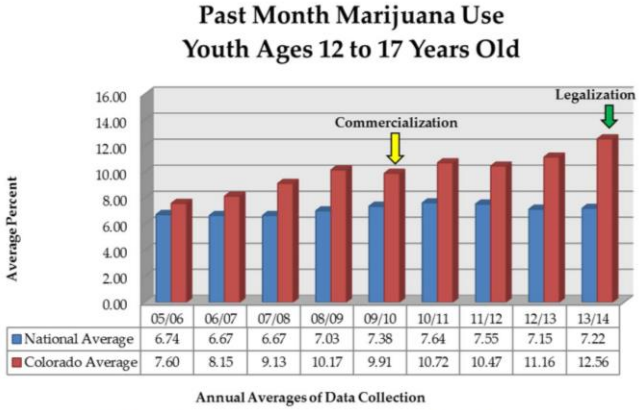
Legalising the recreational use of cannabis in the United States has markedly increased cannabis use and associated social problems

Colorado and Washington were the first states to legalise recreational use, having previously legalised medical cannabis. Within a year of legalization in 2013 cannabis use by those aged 12-17 had risen 20% against decreases of 4% for all other states, rising 17% for college age young people against 2% for other states – all despite cannabis being illegal for all under age 21. Adult use rose 63% against 21% nationally.

When comparing three year averages before and after legalization, cannabis-related traffic deaths rose 62%. Hospitalisations related to cannabis went from 6,715 in 2012 to 11,439 in 2014. Notably, black market criminals found new sanctuary in Colorado, attracted by lower risks of enforcement. Governor Hickenlooper last year introduced House Bill 1221 to address the 380% rise in arrests for black market grows between 2014 and 2016.

Use of cannabis by those aged 12-17 rose 20% in first year

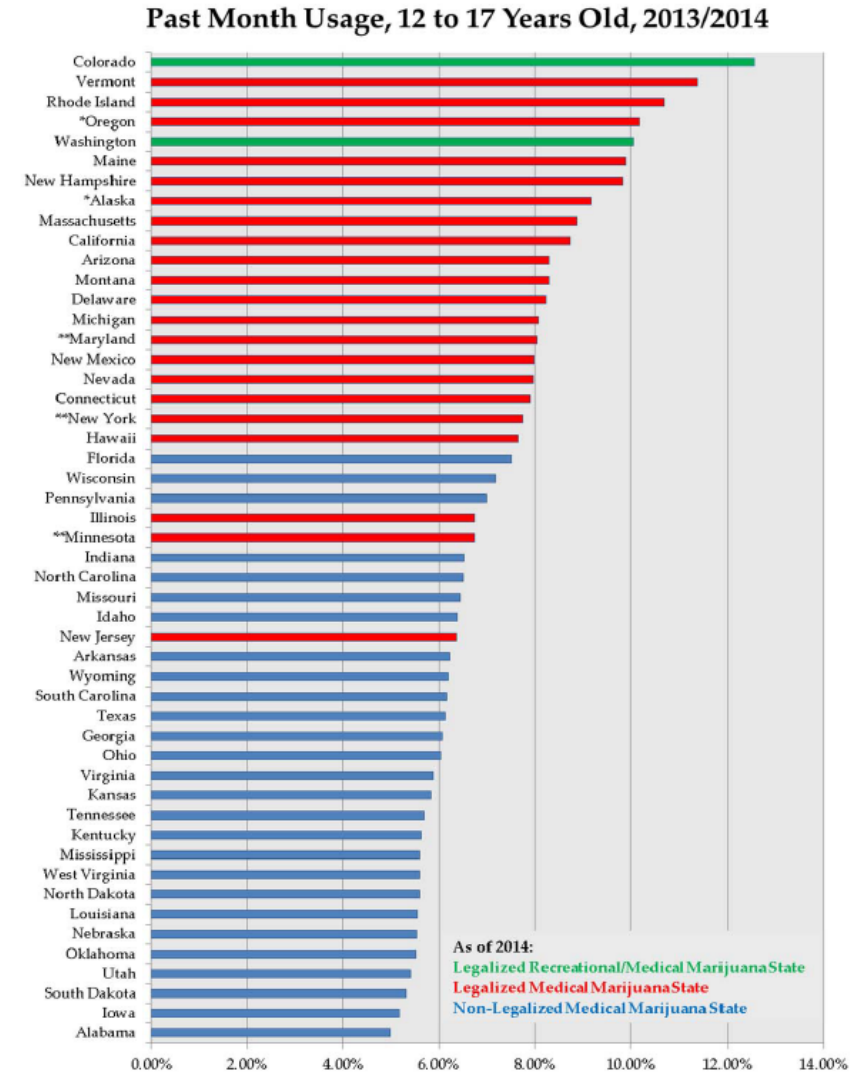
The legalisation of recreational use of cannabis in Colorado and Washington in 2013 has led to increasing drug use in those states. It is illegal for any under the age of 21 to use cannabis, especially given the effect of cannabis on the developing adolescent brain. But use in Colorado by those aged 12-17 rose substantially against decreases of 4% in other states, despite use already being elevated by the legalisation of medical cannabis.



	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14
National Average	6.74	6.67	6.67	7.03	7.38	7.64	7.55	7.15	7.22
Colorado Average	7.60	8.15	9.13	10.17	9.91	10.72	10.47	11.16	12.56

SOURCE: SAMHSA.gov, National Survey on Drug Use and Health 2013 and 2014

In 2013/14 Colorado youth ranked #1 for cannabis use in the United States, up from #4 in 2011/12 and from #14 in 2005/6.

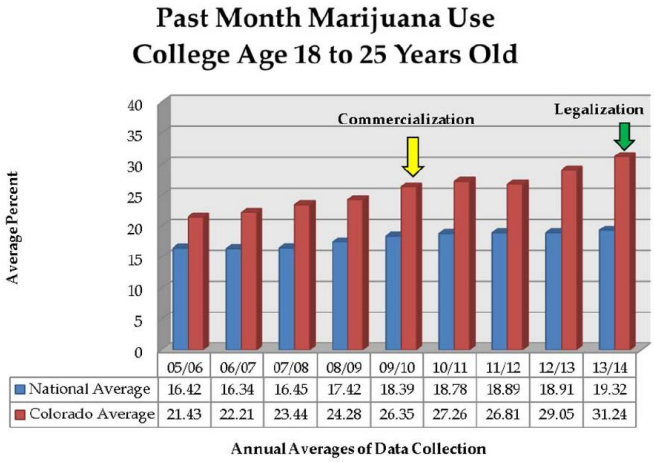


SOURCE: **SAMHSA.gov, National Survey on Drug Use and Health 2013 and 2014**

NOTE: *Oregon and Alaska voted to legalize recreational marijuana in November 2014
**States that had legislation for medical marijuana signed into effect during 2014

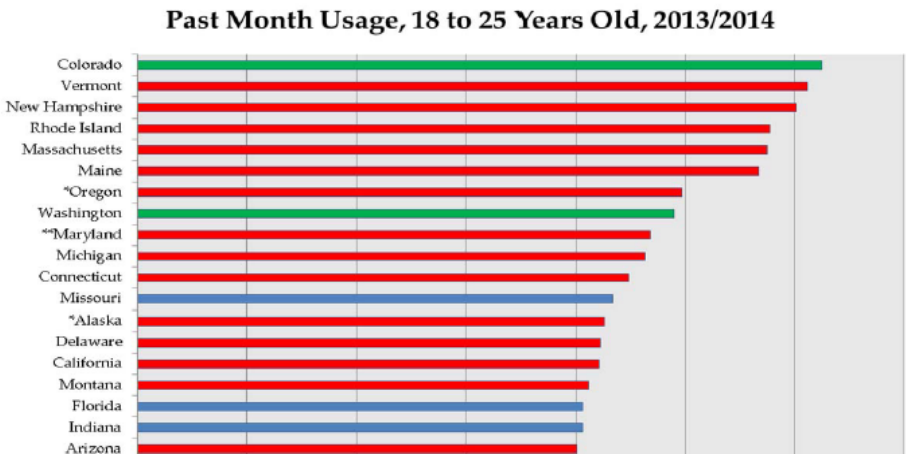
College-age use rose by 17%

Against increases of 2% nationally, use of cannabis by those of college age rose by 17% within the first year of legalised cannabis use.



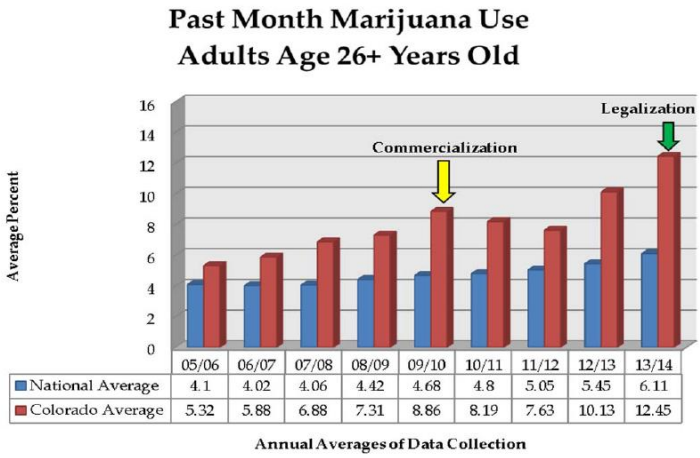
SOURCE: SAMHSA.gov, National Survey on Drug Use and Health 2013 and 2014

In 2013/14 Colorado college-age students ranked #1 for cannabis use in the United States, up from #3 in 2011/12 and from #8 in 2005/6.



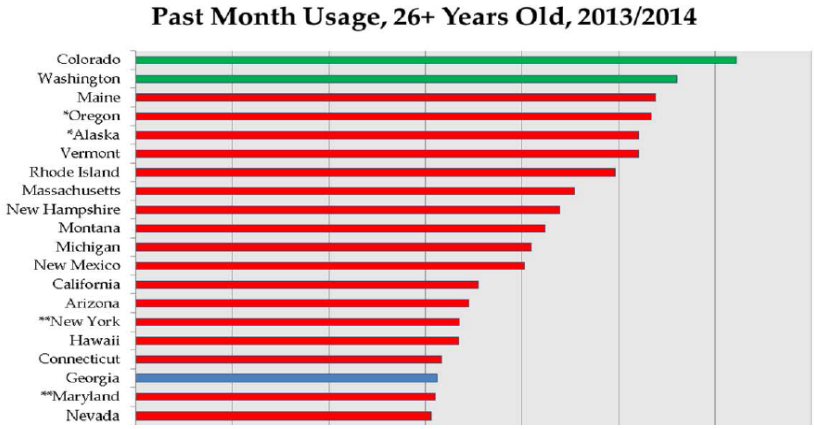
Adult use rose by 63%

Adult use increased by 63% in the first year after legalisation against increases of 21% nationally.



SOURCE: SAMHSA.gov, National Survey on Drug Use and Health 2013 and 2014.

In 2013/14 Colorado adults ranked #1 for cannabis use in the United States, up from #7 in 2011/12 and from #8 in 2005/6.



Cannabis-related road fatalities rose by 62%

Road fatalities related to cannabis use rose by 62%, from 71 to 115 persons since 2013 when recreational cannabis use was legalised.

Traffic Deaths Related to Marijuana*			
Crash Year	Total Statewide Fatalities	Fatalities with Operators Testing Positive for Marijuana	Percentage Total Fatalities (Marijuana)
2006	535	37	6.92%
2007	554	39	7.04%
2008	548	43	7.85%
2009	465	47	10.10%
2010	450	49	10.89%
2011	447	63	14.09%
2012	472	78	16.53%
2013	481	71	14.76%
2014	488	94	19.26%
2015	547	115	21.02%

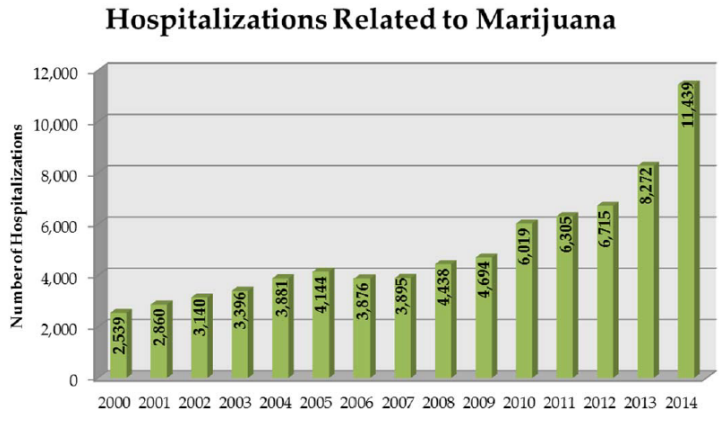
*Fatalities Involving Operators Testing Positive for Marijuana

SOURCE: National Highway Traffic Safety Administration, Fatality Analysis Reporting System (FARS)

Hospitalisations related to cannabis use

The number of hospitalisations likely related to cannabis increased 32% in the two year average (2013-14) since Colorado legalised recreational marijuana compared to the two-year average prior to legalisation (2011-2012).

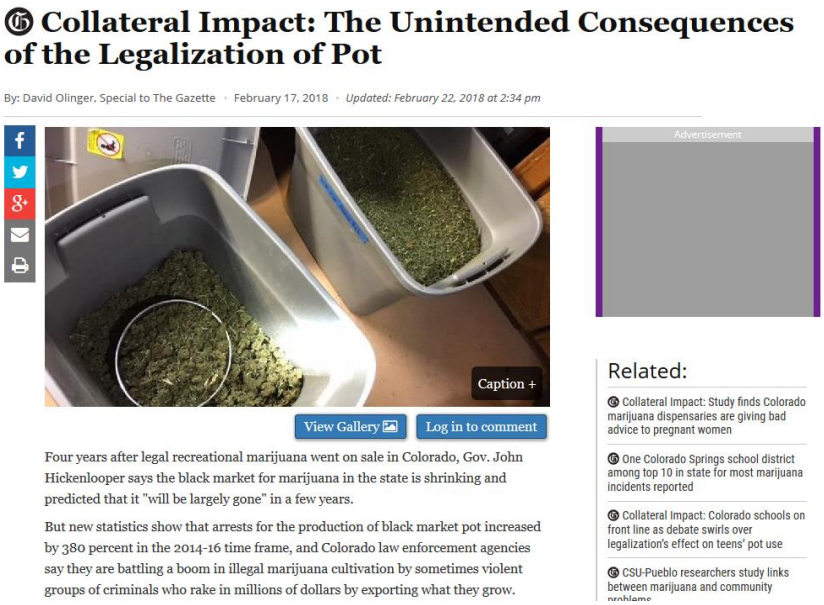
Hospitalisations moved from 6,715 to 11,439 since 2013.



SOURCE: Colorado Hospital Association, Hospital Discharge Dataset. Statistics prepared by the Health Statist and Evaluation Branch, Colorado Department of Public Health and Environment

Legislation introduced to cut black market criminality

Governor Hickenlooper last year introduced House Bill 1221 to address the 380% rise in arrests for black market grows between 2014 and 2016.



Collateral Impact: The Unintended Consequences of the Legalization of Pot

By: David Olinger, Special to The Gazette · February 17, 2018 · *Updated: February 22, 2018 at 2:34 pm*

Caption +

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Four years after legal recreational marijuana went on sale in Colorado, Gov. John Hickenlooper says the black market for marijuana in the state is shrinking and predicted that it "will be largely gone" in a few years.

But new statistics show that arrests for the production of black market pot increased by 380 percent in the 2014-16 time frame, and Colorado law enforcement agencies say they are battling a boom in illegal marijuana cultivation by sometimes violent groups of criminals who rake in millions of dollars by exporting what they grow.

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- One Colorado Springs school district among top 10 in state for most marijuana incidents reported
- Collateral Impact: Colorado schools on front line as debate swirls over legalization's effect on teens' pot use
- CSU-Pueblo researchers study links between marijuana and community problems

http://gazette.com/collateral-impact-the-unintended-consequences-of-the-legalisation-of-pot/article/1621232

House Bill 1220 would aid law enforcement in detecting black market operations and might eliminate Colorado's dubious distinction as the best place in North America to produce pot for widespread distribution. It would limit grows on residential property to 12 plants, with an exception for medical marijuana patients or primary caregivers in compliance with local laws that allow exceptions.

House Bill 1221 would establish an annual $6 million grant program to reimburse local governments for training, education and enforcement related to black market grows. These bills may not go far enough, and the $6 million in HB 1221 does not approach what local authorities need. But the two bills are a good start in what should be an urgent effort to stop the unseemly and dangerous proliferation of black market pot.

http://gazette.com/editorial-pass-bills-to-curb-black-market-marijuana-in-colorado/article/1598339

CENTRAL ISSUES FOR FEDERAL LEGISLATORS - 4

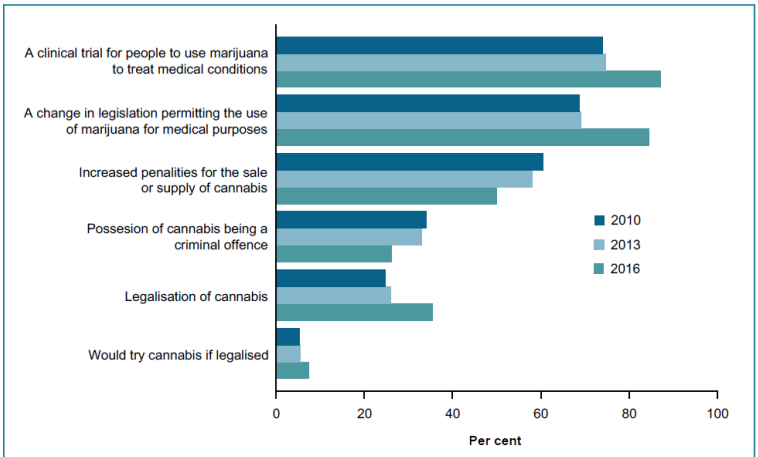
Two-thirds of Australians do not want to legalise cannabis

The 2016 National Drug Strategy Household Survey of 25,000 Australians found 65% did not want to legalise cannabis.

Drug Free Australia asserts that if Australians were informed of the actual results of cannabis legalisation in the United States this percentage would be significantly higher.

Two-thirds of Australians do not want cannabis legal

The 2016 National Drug Strategy Household Survey of close to 25,000 Australians found that 65% of respondents do not want cannabis to be legalised.



Sources: Tables 9.17, 9.18, 9.20, 9.25, 9.28.

Figure 9.6: Support for measures relating to cannabis use, people aged 14 or older, 2010–2016 (%)

Drug Free Australia contends that if the US experience of increasing use was to be publicised by the Australian media the number against legalisation would increase.

Australians have the right to decide their social environment

Australians have a right to decide what sort of society they live in, and it is not for politicians to legislate against their will on a social preference where no moral argument can be made for it. The use of illicit drugs is seen as a social ill, something to be avoided and certainly not welcomed.

The contention that individual Australians should have the freedom to live their lives without interference from others is outweighed by the fact that drug use is perceived as affecting not only the user, but others within their orbit.

With only 10% of Australians using a substance that is not only harmful to the individual user but harmful to the society that permits it, legislators must legislate for the majority of Australians, not the minority of users.

CENTRAL ISSUES FOR FEDERAL LEGISLATORS - 5

Loose controls on medical cannabis also markedly increased cannabis use in the United States

Any proposals to loosen centralised accountabilities for the prescription of medical cannabis will lead to a virtual legalisation of recreational use with increased cannabis use overall.

In the United States, more than 90% of medical cannabis is used for self-reported chronic pain, something which doctors cannot objectively verify. While the profile for chronic pain sufferers is medically well established, with patients normally aged between 60 and 80, the profile of medical cannabis users is very different - and precisely the same as for US recreational cannabis users indicating that claims of chronic pain are nothing but ruse.

Loose controls create medical cannabis scamming

US statistics show how recreational users have been able to use medical cannabis availability for self-reported 'pain' to feed their recreational use. For instance, 90% of medical cannabis patients in Arizona claim pain as their malady, while 4% use it for cancer.[i] In Colorado, it is 94% for pain and 3% for cancer,[ii] while in Oregon 94% claim to use it for pain.[iii] Only 2% of patients across 7 US states in 2014 used cannabis for verifiable illnesses such as AIDS wasting or MS.[iv]

Drug Free Australia notes that there are no laboratory tests for pain, which makes it a prime candidate for ruse and deception due to its subjective nature and the impossibility of objectively verifying or disproving it.

There are well established profiles for patients of chronic pain across all Western countries, where patients are more predominantly women and those aged 60 and above. For instance, a 2001 study by Sydney University's Pain Management Research Centre found 54% of patients were women, with men suffering in their sixties and women in their eighties.[v]

Yet the profile for medical cannabis pain patients in the USA is very different. A 2007 study of 4,000 medical cannabis patients in California found that their average age was 32, three quarters were male and 90% had started using

[i] Arizona Department of Health Services (Apr. 14, 2011-Nov. 7, 2012) Arizona Medical Marijuana Act Monthly Report
[ii] Colorado Department of Public Health and Environment (Dec. 31, 2012) Medical Marijuana Registry Program Update
[iii] Oregon Health Authority (Oct. 1, 2014) "Oregon Medical Marijuana Program Statistics
[iv] Kevin Sabet et al. "Why do people use medical marijuana? The medical conditions of users in seven U.S. states" The Journal of Global Drug Policy and Practice (Volume 8, Issue 2 Summer 2014)
[v]] Blyth et al. "Chronic Pain in Australia: A prevalence study" (Jan. 2001) Pain

cannabis while teenagers,[vi] an identical age and gender profile to that of recreational users across the US.[vii]

This discordant profile means that medical cannabis in the various states of the US has mainly amounted to a quasi-legalisation strategy for recreational use of cannabis via subterfuge and ruse.

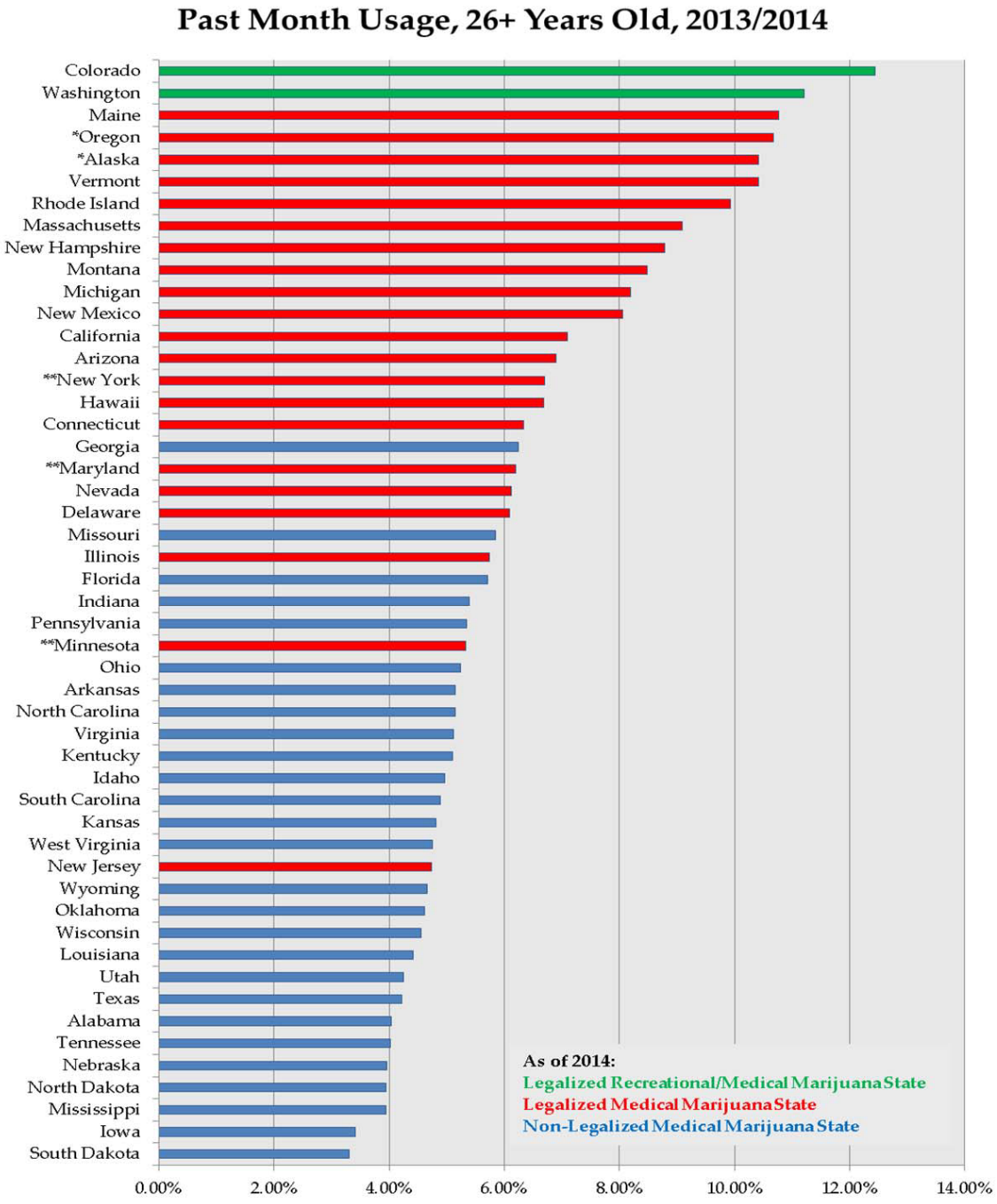
States that legalised medical cannabis have highest recreational use

The graph on the following page shows that the US states that had legalised the recreational use of cannabis in 2013 (represented by the green bars in the graph) had the highest rates of cannabis use nationwide by 2014. Those states that had legalised medical cannabis (represented by the red bars in the graph) followed, with those remaining states (blue bars) generally having the lowest use.

The legalisation of recreational cannabis use and medical cannabis use leads to higher levels of use of a harmful substance which not only harms the individual user but those around them.

[vi] Thomas J. O'Connell and Ché B Bou-Matar (Nov. 3, 2007) Long term marijuana users seeking medical cannabis in California (2001-2007): demographics, social characteristics, patterns of cannabis and other drug use of 4117 applicants. Harm Reduction Journal

[vii] Gogek, Ed (2015-08-03). Marijuana Debunked: A handbook for parents, pundits and politicians who want to know the case against legalization pp104,5. InnerQuest Books



Diversion to minors for recreational use well documented

Drug Free Australia notes that in spite of Colorado having a system of medical cannabis permits and a central registry, two separate surveys of teens entering rehabilitation indicate that 74% in the later survey reported that they sourced cannabis from medical cannabis patients. Such diversion to minors is

unconscionable and almost practically unenforceable due to limits on policing resources.

The fact that legalisation of recreational or medical use of cannabis is limited such that it is illegal for minors, or those in the US under the age of 21, means that criminals are never put out of business by legalising the substance. There has never been any serious proposal to make recreational or medical cannabis legal for minors, although in some circumstances medical cannabis is prescribed for children with epileptic-type disorders such as Dravet's or Lennox Gastaut's syndromes.

Australian legislators contemplating any changes to current cannabis classification or availability must take account of minors and the increased accessibility at an age when cannabis does substantial damage to a developing adolescent brain.

1. 48.8% of rehab teens using diverted medical cannabis in 2011

Drug Alcohol Depend. 2011 November 1; 118(2-3): 489–492. doi:10.1016/j.drugalcdep.2011.03.031.

Medical marijuana diversion and associated problems in adolescent substance treatment*

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Abstract

Background—The prevalence of medical marijuana diversion among adolescents in substance treatment and the relationship between medical marijuana diversion and marijuana attitudes, availability, peer disapproval, frequency of use and substance-related problems are not known.

Methods—80 adolescents (15-19 years) in outpatient substance treatment in Denver, Colorado, completed an anonymous questionnaire developed for the study and the Drug Use Screening Inventory-Revised (DUSI-R). The proportion ever obtaining marijuana from someone with a medical marijuana license was calculated. Those ever obtaining marijuana from someone with a medical marijuana license were compared to those never obtaining medical marijuana with respect to marijuana attitudes, availability, peer disapproval, frequency of use, DUSI-R substance use problem and overall problem score using Chi-Square analyses and independent t-tests.

Results—39 (48.8%) reported ever obtaining marijuana from someone with a medical marijuana license. A significantly greater proportion of those reporting medical marijuana diversion, compared to those who did not, reported very easy marijuana availability, no friend disapproval of regular marijuana use and greater than 20 times of marijuana use per month over the last year. The diversion group compared to the no diversion group also reported more substance use problems and overall problems on the DUSI-R.

Conclusions—Diversion of medical marijuana is common among adolescents in substance treatment. These data support a relationship between medical marijuana exposure and marijuana availability, social norms, frequency of use, substance-related problems and general problems among teens in substance treatment. Adolescent substance treatment should address the impact of medical marijuana on treatment outcomes.

2. 74% of rehab teens using diverted medical cannabis by 2012

J Am Acad Child Adolesc Psychiatry. 2012 July ; 51(7): 694–702. doi:10.1016/j.jaac.2012.04.004.

Medical Marijuana Use among Adolescents in Substance Abuse Treatment

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Abstract

Objective—To assess the prevalence and frequency of medical marijuana diversion and use among adolescents in substance abuse treatment and to identify factors related to their medical marijuana use.

Method—This study calculated the prevalence and frequency of diverted medical marijuana use among adolescents (N = 164), ages 14–18 (x□ age = 16.09, SD = 1.12), in substance abuse treatment in the Denver metropolitan area. Bivariate and multivariate analyses were completed to determine factors related to adolescents' use of medical marijuana.

Results—Approximately 74% of the adolescents had used someone else's medical marijuana and they reported using diverted medical marijuana a median of 50 times. After adjusting for gender and race/ethnicity, adolescents who used medical marijuana had an earlier age of regular marijuana use, more marijuana abuse and dependence symptoms, and more conduct disorder symptoms compared to those who did not use medical marijuana.

Conclusions—Medical marijuana use among adolescent patients in substance abuse treatment is very common, implying substantial diversion from registered users. These results support the need for policy changes that protect against diversion of medical marijuana and reduce adolescent access to diverted medical marijuana. Future studies should examine patterns of medical marijuana diversion and use in general population adolescents.

CENTRAL ISSUES FOR FEDERAL LEGISLATORS - 6

Claims that taxation will cover the cost of the harms are false

According to Gil Kerlikowske, President Obama's drug Czar in 2010, alcohol taxes raised $15 billion against social costs of $185 billion and tobacco taxes raised $25 billion against social costs of $200 billion.

The Lapsley & Collins analysis of Australian taxes versus the costs of illicit drug use is very deficient in modelling, failing to calculate the costs to families and others in the orbit of drug users, and failing to adequately cover the more recent science of harms caused by illicit drugs.

US revenues from alcohol and tobacco don't cover the costs

On March 4, 2010, President Obama's Drug Czar, Gil Kerlikowske, gave a speech entitled "Why Marijuana Legalization Would Compromise Public Health and Public Safety" found at https://www.hsdl.org/?view&did=25738. Following are his statements about the revenues that were then currently collected via Federal and State excises as compared to the real social costs. Kerlikowske said,

> The tax revenue collected from alcohol pales in comparison to the costs associated with it. Federal excise taxes collected on alcohol in 2007 totaled around $9 billion; states collected around $5.5 billion.[3]
>
> Taken together, this is less than 10 percent of the over $185 billion in alcohol-related costs from health care, lost productivity, and criminal justice.[4]
>
> Alcohol use by underage drinkers results in $3.7 billion a year in medical costs due to traffic crashes, violent crime, suicide attempts, and other related consequences.[5]
>
> Tobacco also does not carry its economic weight when we tax it; each year we spend more than $200 billion and collect only about $25 billion in taxes.[6]

[3] See http://www.taxpolicycenter.org/taxfacts/displayafact.cfm?Docid=399
[4] Harwood, H. (2000), Updating Estimates of the Economic Costs of Alcohol Abuse in the United States: Estimates, Update Methods and Data . Report prepared for the National Institute on Alcoholism and Alcohol Abuse.
[5] See Pacific Institute for Research and Evaluation (PIRE), 2009, Underage Drinking Costs. Accessed on March, 1, 2010. Available at http://www.udetc.org/UnderageDrinkingCosts.asp
[6] State estimates found at supra note 27. Federal estimates found at https://www.policyarchive.org/bitstream/handle/10207/3314/RS20343_20020110.pdf
Also see http://www.nytimes.com/2008/08/31/weekinreview/31saul.html?em and http://www.tobaccofreekids.org/research/factsheets/pdf/0072.pdf; Campaign for Tobacco Free Kids, see "Smoking

Though I sympathize with the current budget predicament and acknowledge that we must find innovative solutions to get us on a path to financial stability it is clear that the social costs of legalizing marijuana would outweigh any possible tax that could be levied. In the United States, illegal drugs already cost $180 billion a year in health care, lost productivity, crime, and other expenditures.[7]

That number would only increase under legalisation because of increased use.

Australian estimates of revenues and costs inadequate

The Federal Health Department's Monograph 64, in which Collins and Lapsley calculated the costs of drug use in Australia against tax revenues at State and Federal level,[8] found that in 2004/5 government revenues on alcohol and tobacco had a net positive financial effect for government once consumer-borne costs, such as health insurance premiums, are deducted.

Yet this analysis totally ignored individual drug users' effect on their children, spouse, parents and siblings, which has direct and cascading causal effects on health and welfare costs.

Second, science continually discovers new harms caused by drug use. 43,000 journal studies on cannabis detail its many physical harms (such as violence or psychosis) but the latest studies at the cellular level show cannabinoids disrupting ATP production, a causal mechanism for the well-known multi-organ damage it produces.[9,10] With no medical capture mechanisms for these causally-related diseases, and no mechanism for capture of family members of drug users, the rosy estimates of the Lapsley/Collins analysis are seriously deficient.

caused costs" on p.2.

[7] The Economic Costs of Drug Abuse in the United States, 1992-2002, Office of National Drug Control Policy, Executive Office of the President, Washington, DC: (Publication No. 207303), 2004.

[8] https://www.health.gov.au/internet/drugstrategy/publishing.nsf/Content/34F55AF632F67B70CA2573F60005D42B/%24File/mono64.pdf

[9] Sarafian T. A., Habib N., Oldham M., et al. Inhaled marijuana smoke alters mitochondrial function in airway epithelial cells in vivo. International Cannabinoid Research Society Meeting, 2005. Tampa, Florida, USA: ICRS; 2006:P 155

[10] Sarafian TA, Habib N, Oldham M, et al. Inhaled marijuana smoke disrupts mitochondrial energetics in pulmonary epithelial cells in vivo. American journal of physiology 2006;290:L1202-9

CENTRAL ISSUES FOR FEDERAL LEGISLATORS - 7

There has been strong international and community support for 'saving people from themselves' for more than 100 years

The International Drug Conventions have been in place since 1912, with cannabis banned in 1925. These Conventions are precisely because of agreement across the international community that recreational drug users MUST BE SAVED FROM THEMSELVES, contrary to the liberalism of the proponents of this Bill.

Cannabis use not acceptable to most Australians

The notion that illicit drug use is a victimless crime and that everyone should be free to do what they want with their body disregards the web of social interactions that constitute human existence. Affected by an individual's illicit drug use are children, parents, grandparents, friends, colleagues, work, victims of drugged drivers, crime victims, elder abuse, sexual victims, patients made sicker my medical marijuana etc. Illicit drug use is no less victimless than alcoholism. Taking as an example the effect of illicit drug use on children, in 2007 one in every nine children under the age of 18 in the United States lived with at least one drug dependent or drug abusing parent. 2.1 million children in the United States live with at least one parent who was dependent on or abused illicit drugs.[11]

> "Parental substance dependence and abuse can have profound effects on children, including child abuse and neglect, injuries and deaths related to motor vehicle accidents, and increased odds that the children will become substance dependent or abusers themselves. Up-to-date estimates of the number of children living with substance-dependent or substance-abusing parents are needed for planning both adult treatment and prevention efforts and programs that support and protect affected children."[12]

The idea that one should always have the freedom to do whatever one wants without regard to the common good is belied by the plethora of social agreements which make a society cohesive. Notably, democracy limits the freedom of individuals, particularly the freedom of individuals who are not in accord with the majority beliefs as to what promotes the common good.

Therefore any democratic society that deems the use of a certain drug to present unacceptable harm to the individual user, to present unacceptable harm to the users' surrounding community or to transfer too great a burden to the community will seek legislation which will curb that particular freedom of the individual

[11] US National Survey on Drug Use and Health, Children Living with Substance-Dependent or Substance-Abusing Parents: 2002 to 2007 http://www.oas.samhsa.gov/2k9/SAparents/SAparents.htm
[12] US National Survey on Drug Use and Health, Children Living with Substance-Dependent or Substance-Abusing Parents: 2002 to 2007 http://www.oas.samhsa.gov/2k9/SAparents/SAparents.htm

user.[13] The argument that illicit drug use is an unalienable human right rests on a faulty assumption of individual freedom that fails to balance freedom with responsibility to others in the community.

Regarding the freedom of choice of those addicted to a drug, it is important to recognise that addiction is defined as compulsive by its very nature[14] and that addictions curb individual freedom. Likewise, the proposal that addictive drugs should be legalized, regulated and opened to free market dynamics is immediately belied by the recognition that the drug market for an addict is no longer a free market – it is clear that they will pay ANY price when needing their drug.

Libertarians argue that only drug dealers should be fought and not the drug users themselves. But this rests on the fundamental error that big-time drugs smugglers and dealers hawk illicit drugs to new consumers. This is most often not the case. Rather it is the users themselves that are mostly responsible for recruiting new users through networks of friends or relatives[15] demonstrating that users need to be targeted as the recruiters of new drug use, and that an emphasis on early rehabilitation for young users is the best answer to curbing widespread dealing. Sweden's mandatory rehabilitation program has resulted in the lowest drug use levels in the developed world.

International agreement since 1912 that drug users do indeed need to be saved from themselves resulted in the international Drug Conventions which prohibited the recreational use of heroin, cocaine, amphetamines, ecstasy and cannabis, among others. Almost 110 years later there is still strong international and community support for these Conventions.

The legalisation lobby mantra that "the War on Drugs has failed" is false.

Australia has never had a War on Drugs - for the last 33 years Australian drug policy has done everything to facilitate drug use. For years we've handed free needles to drug users, maintained users on methadone for up to 40 years and given them injecting rooms. If there has been a failure, it must be slated home to our overarching harm reduction drug policies,[16] which by definition do not aim to decrease drug use.[17]

Because policing has failed to eradicate drugs, the lobby says we should abandon the pursuit. Policing "blitzes" in the "war" on speeding have likewise failed, as with 'wars' on rape and stealing but we won't be legalising them, as with drugs. Policing is for the purpose of containment, not elimination of drug use.

We were also told that drug supply by criminals made drug use lethal due to the uncertain purity of their heroin, or contaminants such as cement-dust.[18] While these arguments were totally false,[19] deaths from illegal use of (legal) prescription opiates will likely soon outstrip those from criminally- supplied heroin in the 90s. All these deaths are because drug users create deadly cocktails, mixing opiates with alcohol and benzodiazepines - nothing to do with criminals.[20]

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[13] A direct example of societal attitudes driving the International Drug Conventions is the 1925 speech by the Egyptian delegate M. El Guindy to the 1925 Geneva Convention forum which prohibited cannabis – largely reproduced in Willoughby, WW Opium as an International Problem John Hopkins Press 1925 http://www.druglibrary.net/schaffer/History/e1920/willoughby.htm
[14] Wikipedia - Addiction http://en.wikipedia.org/wiki/Addiction
[15] Australian Institute of Health and Welfare 2007 National Drug Strategy Household Survey – detailed findings p 117 http://www.aihw.gov.au/publications/index.cfm/title/10674
[16] https://csrh.arts.unsw.edu.au/media/CSRHFile/SRB07.pdf
[17] https://www.hri.global/what-is-harm-reduction
[18] https://www.vice.com/en_au/article/qbzde3/cut-v12n4
[19] http://atoda.org.au/wp-content/uploads/rp1_heroin_overdose.compressed.pdf p vi
[20] http://atoda.org.au/wp-content/uploads/rp1_heroin_overdose.compressed.pdf p xi

Australian legislators must see through the illusory arguments of the legalisation lobby.