

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

- (1) Please find important data regarding what has happen in Portugal over the last five years.
- (2) This was reported in September in a study by the intervention Service for Addictive Behaviours and Dependencies (SICAD).

Alcohol, tobacco and drug consumption rise over last five years.

Consumption of alcohol, tobacco and illegal psychoactive substances, mainly cannabis, have increased in the last five years in Portugal, according to a study by the Intervention Service for Addictive Behaviours and Dependencies (SICAD).

"We have seen a rise in the prevalence of alcohol and tobacco consumption and of every illicit psychoactive substance (essentially affected by the weight of cannabis use in the population aged 15-74) between 2012 and 2016/17, according to the 4th National Survey on the Use of Psychoactive Substances in the General Population, Portugal 2016/17.

The study focused on the use of legal psychoactive substance (alcohol, tobacco, sedatives, tranquilizers and/or hypnotics, and anabolic steroids), and illegal drugs (cannabis, ecstasy, amphetamines, cocaine, heroin, LSD, magic mushrooms and of new psychoactive substances), as well as gambling practices.

According to the study, alcohol consumption shows increases in lifetime prevalence, both among the total population (15-74 years) and among the young adult population (15-34 years), and among both men and women.

Tobacco consumption shows a slight rise in lifetime prevalence, which, according to the report, "is mainly due to increased consumption among women."

The study also saw an increase from 8.3% in 2012, to 10.2% in 2016/17, in the prevalence of illegal psychoactive substance use.

There were increases in both genders when considering the total population, a decrease among men and a rise among young adult women.

"These are the trends found for cannabis," the most popular illegal substance, according to the provisional results of the study.

Compared to 2012, there is a later average onset age of consumption for alcohol, tobacco, drugs, amphetamines, heroin, LSD and hallucinogenic mushrooms.

The link to the article is: <http://theportugalnews.com/news/alcohol-tobacco-and-drug-consumption-rise-over-last-five-years/43214>

Please find data below which explains some of the many problems with drug legalization by Rachel Lu *“Why America will regret legalizing marijuana,”* While she’s specifically discussing the legalization of pot, her arguments equally apply to the legalization of any drug. In her article, she discusses the clear and obvious illogics in the pro-legalization arguments. *“Proponents of legalization point to the tens of thousands of jobs and hundreds of millions in revenues that have sprung from Colorado’s 5-year-old market. Everyone keeps repeating how the new laws have really ‘worked’; post-legalization, ‘the sky hasn’t fallen.’ That’s a disturbingly low bar. One wonders: Is empyrean* collapse the only thing that might move Colorado to reconsider a decision that has filled the state with dispensaries, pot tourists, and rising numbers of homeless addicts?”*

(*Empyrean: A poetic way to refer to the heavens or the skies.)

The Problems with Drug Legalization

1. “Predatory markets always hit vulnerable populations the hardest.”

What is a predatory market? According to Merriam-Webster, predatory means: *“inclined or intended to injure or exploit others for personal gain or profit.”* I’m sure you can think of businesses like this, like a pharmaceutical company that releases a drug product that later has to be removed from the market because it is killing people. Any operation, legal or illicit, that facilitates people’s ability to become addicted would have a predatory characteristic.

If drugs are legalized, what vulnerable populations are likely to be hit the hardest? Here’s some possibilities:

- Young people with low self-esteem who are not succeeding in school and who lack attentive parenting.
- People in pain who have not been offered effective solutions and don’t have the education or financial means to seek a better quality of care.
- Anyone caught in a difficult situation they lack the life skills to cope with, such as a person whose business folds or someone suffering a bad relationship breakup.
- Those in oppressive situations such as a spouse or child suffering abuse at home or elsewhere or those caught in the trap of human trafficking of any sort.
- A person suffering from past trauma like military, law enforcement and first responders (among many others).
- A worker hurt on the job who is inadequately compensated for injuries and unable to go back to work.

2. “When indigent populations are suffering, the rest of the nation can be awfully slow to notice.”

- Think of the crack cocaine epidemic that swept through black communities in the 1980s. The solution was longer jail sentences for drug dealers, as long as 30 years for a person possessing a small amount of the drug. It also applies to the

high painkiller addiction numbers in the back hills of Appalachia, in part triggered by coal mine workers who suffered injuries and sought pain relief.

- When the opioid crisis reached affluent neighborhoods—indeed, even the families of legislators around the country—there began to be more focus on solving the problem. Therefore, it might be safe to assume that any problems resulting from legalization/decriminalization could be slow to reach the headlines. In the meantime, we'd lose more Americans to the problem.

3. "There's no such thing as a victimless, self-destructive habit."

- When a person is addicted, it's very common for them to tell people around them (particularly family) to leave them alone because they are only hurting themselves. This has never been true and never will be. They hurt their spouses, parents, children, siblings, friends, employers or employees, neighbors and community. They create harm by abusing or neglecting others, needing to commit crimes (from petty to major) to get the money to continue using drugs, perhaps by dragging others into addiction and many other ways you can imagine.
- **Who might stand to profit if we decriminalize drugs?** Businesspeople who already have the funds to invest in these new growth industries. There are already many reports stating that tobacco companies are poised to invest in the marijuana market. There are also pharmaceutical companies that profit from the opioid epidemic by selling buprenorphine (usually sold as Suboxone) to medication-based addiction treatment programs. There's also companies making a mint off naloxone, the opioid antidote drug that brings people back from the brink of death.
- **Who stands to lose?** Those who have the weakest support systems, who are the most vulnerable as we described above.
- **Who then would have the loudest voices to point out any problems resulting from drug legalization or decriminalization?** Certainly *not* those who lose everything to addiction. Their families can make multiple trips to Washington to see their representatives but they don't have millions to buy lobbyist time to chat up these representatives day after day or contribute tens of thousands to re-election campaigns.
- The survival potential of every person around you is the highest if they are drug-free. They will feel the brightest and have the sharpest ability to perceive their surroundings and make positive choices if they are sober. **That's our dedication, enabling as many people as possible to live drug-free.**

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