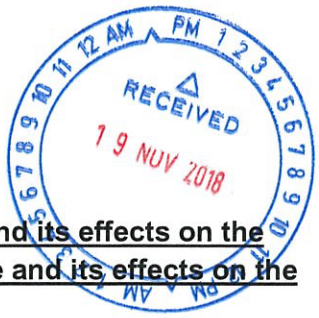


Select Committee into alternate approaches to reducing illicit drug use and its effects on the community - Inquiry into alternate approaches to reducing illicit drug use and its effects on the community

My name is [redacted]. I'm 36 and live in [redacted] Western Australia.

I am a member of HEMP, and a lucky survivor of bower cancer. I am also an alcoholic and I used to consume alcohol almost daily, which I can only assume was related to getting bowel cancer at the age of 35.

Two years before I was diagnosed with the cancer, I had a great deal of difficulty breaking my drinking habits until a friend suggested I try cannabis. Cannabis worked great, and dampened my cravings for alcohol almost completely, and I found that cannabis also relaxed me a great deal more than alcohol, and I slept much better too. It was obviously a little too late, as I was already experiencing the first symptoms of bowel cancer at that stage, although I did not know at the time.

I became a member of HEMP and have been researching cannabis for a couple of years now.

The more I researched, the less I understood why cannabis was illegal to use while so many other drugs such alcohol were legal, and more than that, almost unrestricted to purchase, brew or drink. The government has no problem with allowing advertising of this dangerous drug, and doesn't even require warning labels such as on tobacco packaging.

I believe that legalisation of cannabis for personal use would be one of the most important steps forward in Australian history.

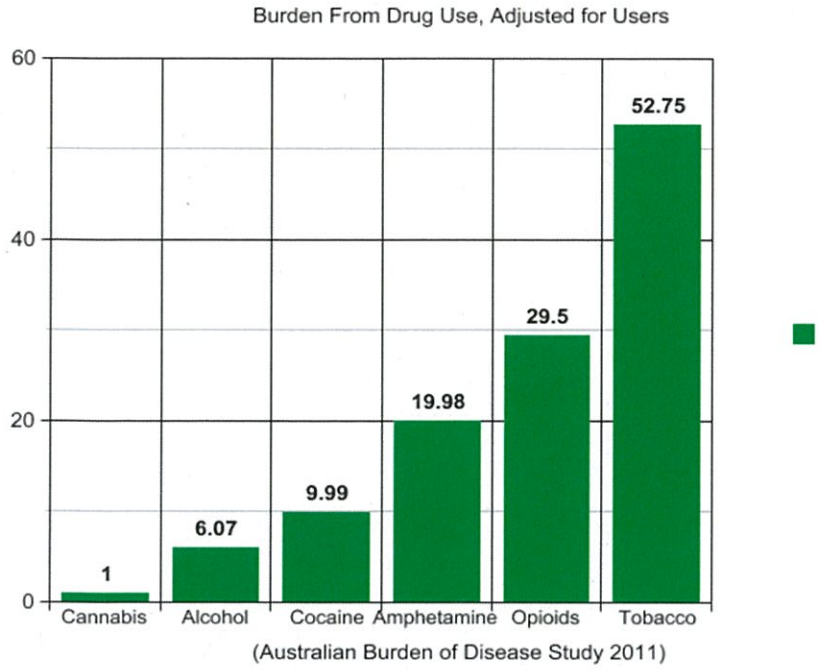
Summary

There is plenty of evidence to show that cannabis is a far safer alternative to both legal and illegal drugs, especially alcohol which has such a high cost to Australian lives.

Even without taxation, if legalisation lead to any reduction in the use of other drugs, legal or otherwise, *Australian lives would be saved* and the quality of life of Australians would be better than were cannabis use to remain illegal.

With taxation, even if there was no substitution of cannabis for other drugs, at least the 0.1% of burden that cannabis use creates could be reduced and the monetary expense of the burden to Australian taxpayers could be regained. This doesn't even factor in the expense of law enforcement that would no longer be required, and considering that there are now over 10,000 arrests annually in WA for cannabis related crime, accounting for more than half of all drug related arrests, there would be a lot more police, court and prison resources freed up to deal with other crime.

Cannabis users do not, nor ever did, deserve to be treated as criminals for choosing a far safer alternative to legal drugs such as alcohol, tobacco or pharmaceutical drugs such as opioids. This graph, using data from the Australian Institute of Health and Welfare illustrates just how much safer cannabis is to use than the alternatives.



Using cannabis as a baseline at a factor of one, it shows how many times more burden there is from other common drugs in Australia were there the same number of users. For example, alcohol is at least six times more burden, therefore more than six times more dangerous to use than cannabis. Opioids are near thirty times more burden, and tobacco more than fifty times more burden than cannabis if there were the same number of users.

Pressure on the public health system

It has been mentioned by the federal government, and the premier of WA that legalisation of cannabis for adult use would put more pressure on the public health system. Apart from the existing information that shows that there was no attributable increase in the number of cannabis users due to legalisation in the USA (14), I would like to correct this, as the legalisation of cannabis would REDUCE the burden, due to many factors.

a. The majority of Australian cannabis consumers that are fed through the drug rehabilitation programs to avoid jail and or fines after they have been arrested for cannabis possession. Only 28% of all treatment for cannabis was referred by self/family, indicating that a huge portion of current and past treatment is unnecessary (3).

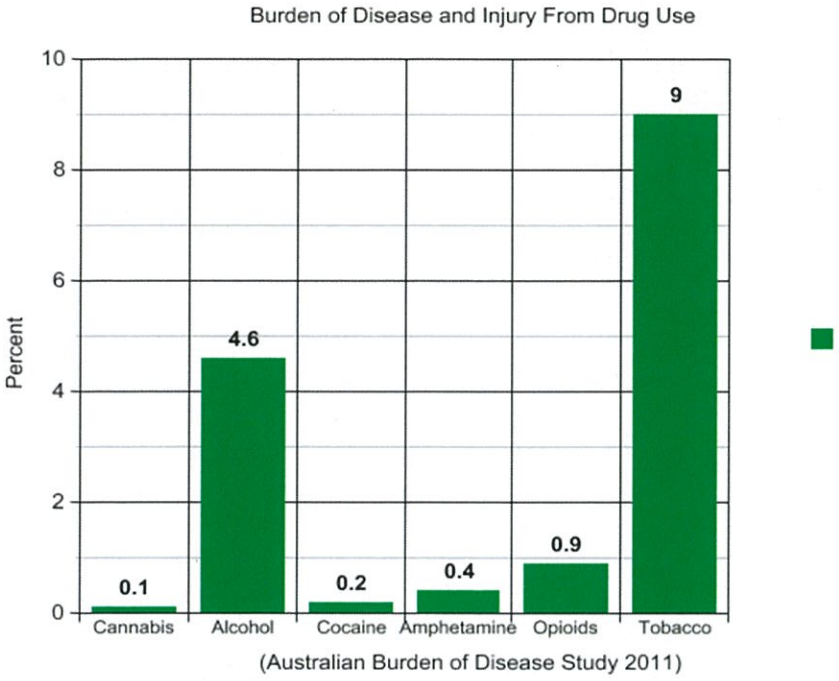
b. The substitution of cannabis for alcohol or opioids and their associated health problems would contribute to a reduction of the burden on the public health system.

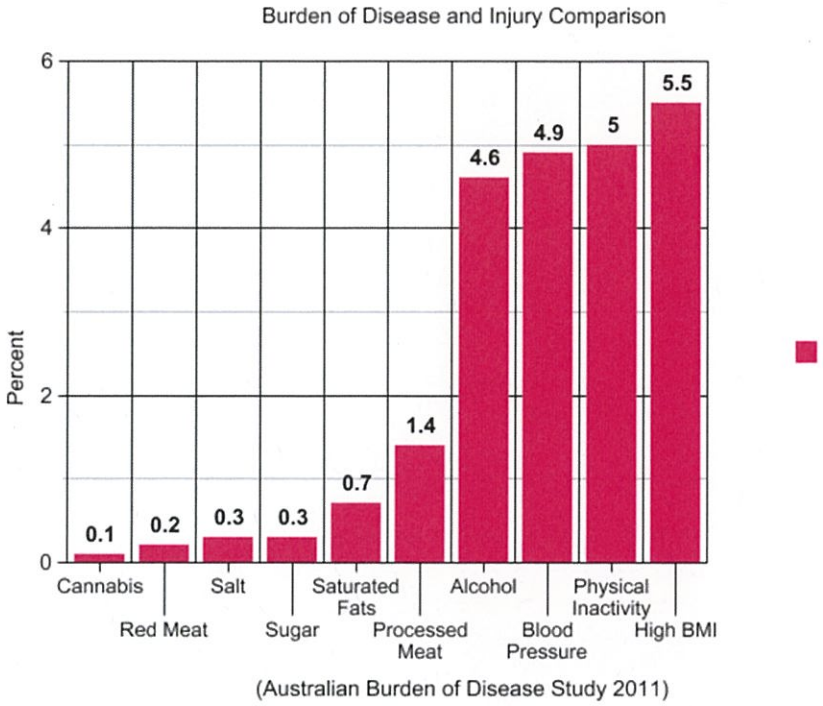
Deaths by opioid overdose fell by 25%, and prescriptions by for opioids fell 14% after the legalisation of cannabis in American states (10).

Alcohol sales also decreased a massive 20% in states with recreationally legal cannabis (11). The burden of alcohol to the public health system in Australia was 4.6% in 2011. Assuming Australia would see the same reduction of alcohol consumption, that would reduce the overall burden by 0.92% alone,

or over nine times the current total burden of all cannabis use in Australia.

If we go by the statistics provided by the Australian Institute of Health and Welfare, the impact of cannabis on the public health system was 0.1% of the total burden of disease and injuries in 2011.





c. Cannabis use is associated with an 8% lower BMI (16), and long term use is associated with lower blood pressure and heart rate (17). Considering that high blood pressure accounted for 4.9% of all disease and injury burden in 2011, and high body mass contributed 5.5% of all disease and injury burden in 2011 (13), there would be a noticeable decrease in these burdens were there more cannabis use also.

Public Opinion vs Enforcement

The government and law enforcement in WA have been failing to pay attention to the opinions of it's citizens, increasing penalties and arrest rates of cannabis users, despite the views of Western Australians leaning more and more away from penalising cannabis users and more towards legalisation.

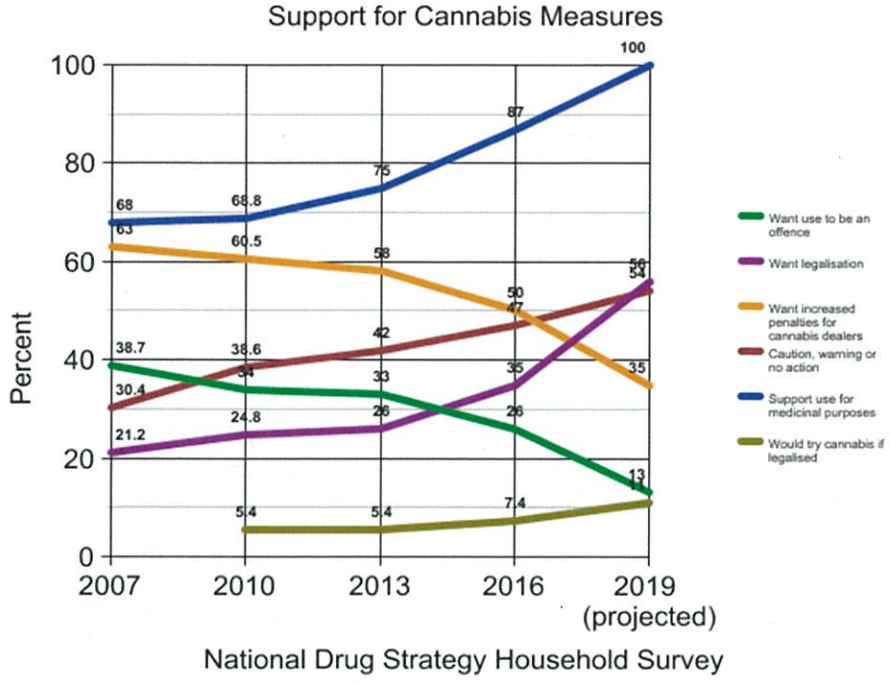
If you compare the two following graphs, you'll see that almost no Australian believes cannabis users should be punished, and the projected 2019 figures clearly show that the majority of Australians believe cannabis use should be legalised.

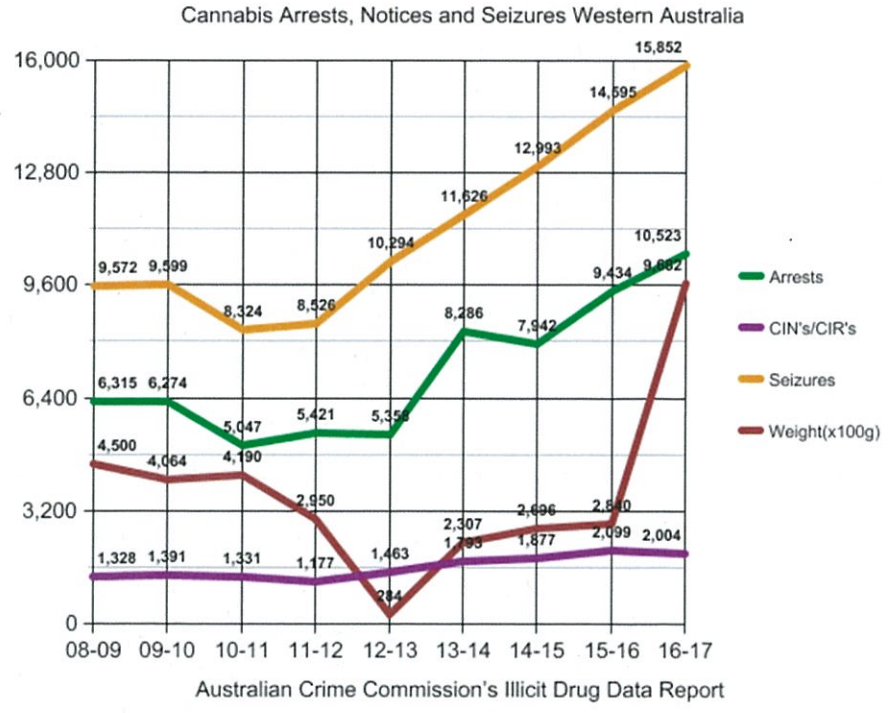
The 2019 projected figure for legalisation is also likely low, as recent polls by news groups have shown on average 85% support for legalisation. If you consider that the pre gay marriage rights plebiscite polls were within a 12% accuracy of the plebiscite results, even if the polls for cannabis legalisation were out by 25% there would still be a greater number of supporters than there were for gay marriage rights.

In addition, despite no increase in the number of cannabis users in WA, arrest rates have been steadily climbing since 2010-11, to the point where they were DOUBLE the arrest rates in 2016-17.

This is completely opposite of the what Australians wanted, clearly showing a complete and utter

failure of the WA government to perform it's job of carrying out the wishes of it's citizens.





Below is just to address the usual concerns of the nay-sayers to cannabis legalisation, and may be included or discluded in part or whole from the submission at the discretion of the committee.

Legalisation does not lead to an increase in cannabis users

According to the National Drug Strategy Household Survey 2016, if cannabis were to be legalised, the great majority of the population (82%) claimed they would still not use it and only 7.4% said they would try it (20).

The legalisation of cannabis in American states did not affect the the number of cannabis users (14).

Psychosis, Schitzophrenia, Anxiety and Depressive Disorders

a. Cannabis has long been associated with increased risk of psychosis, however, please take note that this is when cannabis is consumed by minors (1), for which will remain illegal with the legalisation of cannabis for adult consumption.

b. To develop cannabis induced psychosis the minor must also be predisposed to the condition, or if you like, be part of the 0.87% of the population with an inherent disorder (2).

c. In WA, with over 300,000 regular users of cannabis, there were only six cases related to cannabinoid related psychosis in all WA hospitals from March 2017 and Feburary 2018 (18), or a rate of 0.00002% of the population, or 0.0002% of the cannabis using population.

d. According to the Australian Burden of Disease Study 2011, with 10.4% of Australians using cannabis that year, cannabis use was attirbuted to only 1.6% of the burden of schizophrenia and only 0.2% of the burden of anxiety or depressive disorders (13).

Use By Minors

Supply of cannabis to minors, either the below the age of 18, 21 or otherwise would obviously still remain illegal and carry punishments similar to that of supplying alcohol to a minor.

The National Survey on Drug Use and Health, an annual American nationwide survey, found declines in teen cannabis use in all but one of the five states that had legal cannabis from 2014 to 2016 (9).

This is likely due to cannabis use being an openly discussed topic due to legalisation, leading to the better education of teenagers of the possible harms.

The suggestion that more Australian teenagers will use cannabis because it is legal is completely unfounded.

Addiction

Unfortunately, there have not been many studies on the addictiveness of whole plant cannabis as they tend to use purely THC compound, despite the indication that other cannabinoids such as CBD reduce the addictive qualities of THC (4). Regardless, below are the results.

a. With a lifetime dependence risk of 9% in cannabis users vs 32% for nicotine, 23% for heroin, 17% for cocaine, and 15% for alcohol, the addiction risk with cannabis is not as high as that for other drugs of abuse.

The risk for new-onset dependence of cannabis is essentially zero after the age of 25 years, whereas cocaine dependence continues to accrue until the age of 45 years. Likewise, the average age at first alcohol use is the same as for cannabis, but alcohol users will keep on making the transition from social use to dependence for decades after first use (4).

b. The total burden to disease and injury in 2011 by cannabis dependency was only 0.036% in 2011 (13).

c. There were only fourteen cases of cannabis associated dependency in all WA hospitals from March 2017 to Feburary 2018, despite roughly 300,000 regular cannabis users, or a rate of 0.000046% in users (18).

Gateway Drug

To debunk this very old myth, we only need to look at some simple figures.

At least 35% of Australians have used cannabis in their lifetimes, 43% of Australians have used an illicit drug and the next most commonly used illegal drug to cannabis was ecstasy at 11% and hallucinogens at 9.4% (3).

If cannabis was a gateway drug as suggested, then the figure for other drug use should match the same percentage of use as cannabis, and 8% of illegal drug users never even try cannabis.

Also from the same source, based on those that have received treatment for cannabis use, 48% of cannabis users had no other drug of concern, and only 16% of patients had an illegal drug as a secondary drug of concern, where cannabis was the primary drug of concern.

Allowing Australians to source their cannabis by legal means would also see a reduction of the use of illegal drugs as they would no longer need to source them from drug dealers, who can push hard drugs on users.

Cancer

According to a recent summary of reviewed studies there is no consensus on the claim that smoking cannabis causes cancer (5). In fact there are many, many studies that suggest that cannabis should be used to *treat* cancer (21).

Even the Alcohol and Drug Foundation of Australia claim that cannabis only causes cancer when consumed with tobacco, an ignorant statement as it could be claimed that air causes cancer when consumed with tobacco. (12)

Regardless, cannabis can be administered in other forms such as by ingestion, vapourisation, topically and even via suppositories if the need requires.

Road Toll

a. Apart from the existing law that already heavily (disproportionately even) punishes drivers for having

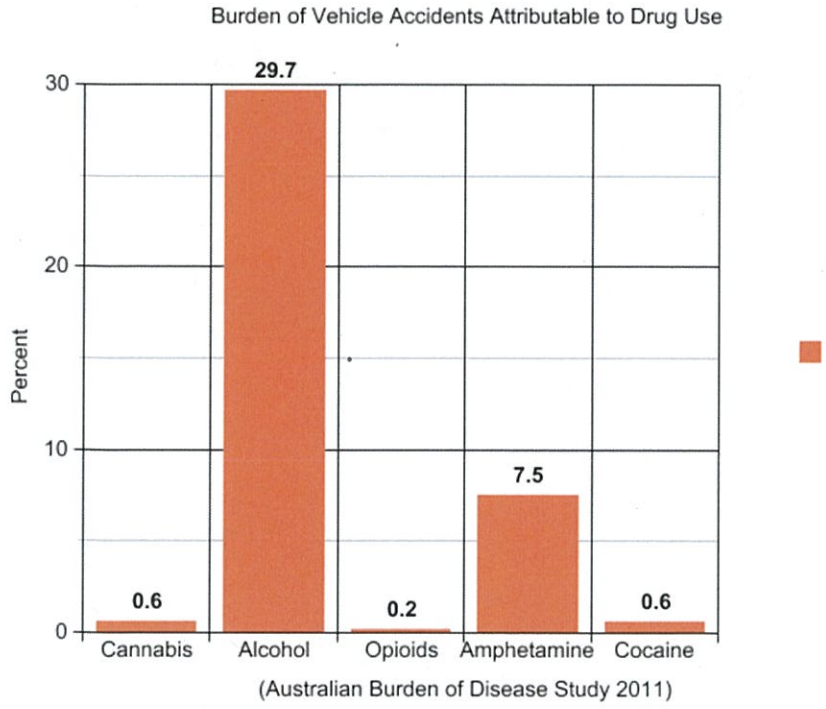
any trace of cannabis in their system (which includes use withing the past 30 days, not actual impairment (7)) there has been no increase in road fatalities after the legalisation of cannabis in American states such as Colorado (8).

b. Studies show that most cannabis-intoxicated drivers show only modest impairments on actual road tests. Experienced cannabis users who drive on a set course show almost no functional impairment under the influence of cannabis, except when it is combined with alcohol (6).

c. According to the Australian Burden of Disease Study 2011, only 0.6% of the total Road traffic injuries - motor vehicle occupants was attributable to cannabis use, of which much would be inaccurate as tests do not show impairment, or even intoxication, only that the driver has consumed cannabis within the past week with a blood test, or last month with a urine test.

Compare this with Alcohol, where 29.7% of total road traffic injuries were attributable to alcohol use.

Or if you prefer, the 2011 total burden to disease and injury in Australia in 2011 from traffic injuries from cannabis use was 0.0046%, the total burden from alcohol was 1.37%.



Workplace Accidents

In a recent study in the International Journal of Drug Policy showed that not only does legalisation of cannabis not increase the number of workplace accidents, but DECREASES them by 33.7% (15). This is likely attributable to reductions in the consumption of alcohol, opioids and other substances that impair cognitive function, memory, and motor skills.

1 .https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2424288/

2. https://www.ncbi.nlm.nih.gov/pubmed/17199051

3. https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/aodts-2016-17/contents/table-of-contents

4. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3538401/

5. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4302404/

6. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2722956/

7. https://en.wikipedia.org/wiki/Cannabis_drug_testing

8. https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2017.303848

9.https://www.samhsa.gov/data/sites/default/files/NSDUHsaeShortTermCHG2016/NSDUHsaeShortTermCHG2016.htm

10. https://www.scientificamerican.com/article/where-marijuana-is-legal-opioid-prescriptions-fall/

11. https://news.gsu.edu/2017/12/12/medical-marijuana-laws-associated-decreased-alcohol-consumption-study-finds/

12. https://adf.org.au/drug-facts/cannabis/

13. https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/drug-types/cannabis

14. https://onlinelibrary.wiley.com/doi/full/10.1111/add.14031

15. https://www.ijdp.org/article/S0955-3959(18)30196-8/fulltext

16. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4204468/

17. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2228270/

18.http://www.parliament.wa.gov.au/Hansard/hansard.nsf/0/55b5bb6ba094a70148258331000a56bd/$FILE/C40+S1+20180410+p1655d-1656a.pdf

19.http://www.who.int/violence_injury_prevention/road_safety_status/2015/country_profiles/Australia.pdf

20. https://www.aihw.gov.au/reports/illicit-use-of-drugs/ndshs-2016-detailed/contents/table-of-contents page 128

Cannabis kills tumor cells

- http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1576089
- http://www.ncbi.nlm.nih.gov/pubmed/20090845
- http://www.ncbi.nlm.nih.gov/pubmed/616322
- http://www.ncbi.nlm.nih.gov/pubmed/14640910
- http://www.ncbi.nlm.nih.gov/pubmed/19480992
- http://www.ncbi.nlm.nih.gov/pubmed/15275820
- http://www.ncbi.nlm.nih.gov/pubmed/15638794
- http://www.ncbi.nlm.nih.gov/pubmed/16818650
- http://www.ncbi.nlm.nih.gov/pubmed/17952650
- http://www.ncbi.nlm.nih.gov/pubmed/20307616
- http://www.ncbi.nlm.nih.gov/pubmed/16616335
- http://www.ncbi.nlm.nih.gov/pubmed/16624285
- http://www.ncbi.nlm.nih.gov/pubmed/10700234
- http://www.ncbi.nlm.nih.gov/pubmed/17675107
- http://www.ncbi.nlm.nih.gov/pubmed/14617682
- http://www.ncbi.nlm.nih.gov/pubmed/17342320
- http://www.ncbi.nlm.nih.gov/pubmed/16893424
- http://www.ncbi.nlm.nih.gov/pubmed/15026328

Uterine, testicular, and pancreatic cancers

- http://www.cancer.gov/cancertopics/pdq/cam/cannabis/healthprofessional/page4
- http://www.ncbi.nlm.nih.gov/pubmed/20925645

Brain cancer

- http://www.ncbi.nlm.nih.gov/pubmed/11479216

Mouth and throat cancer

- http://www.ncbi.nlm.nih.gov/pubmed/20516734

Breast cancer

- http://www.ncbi.nlm.nih.gov/pubmed/18454173
- http://www.ncbi.nlm.nih.gov/pubmed/16728591
- http://www.ncbi.nlm.nih.gov/pubmed/9653194

Lung cancer

- http://www.ncbi.nlm.nih.gov/pubmed/25069049
- http://www.ncbi.nlm.nih.gov/pubmed/22198381?dopt=Abstract
- http://www.ncbi.nlm.nih.gov/pubmed/21097714?dopt=Abstract

Prostate cancer

- http://www.ncbi.nlm.nih.gov/pubmed/12746841?dopt=Abstract
- http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3339795/?tool=pubmed
- http://www.ncbi.nlm.nih.gov/pubmed/22594963
- http://www.ncbi.nlm.nih.gov/pubmed/15753356
- http://www.ncbi.nlm.nih.gov/pubmed/10570948
- http://www.ncbi.nlm.nih.gov/pubmed/19690545

Blood cancer

- http://www.ncbi.nlm.nih.gov/pubmed/12091357
- http://www.ncbi.nlm.nih.gov/pubmed/16908594

Skin cancer

- http://www.ncbi.nlm.nih.gov/pubmed/12511587
- http://www.ncbi.nlm.nih.gov/pubmed/19608284

Liver cancer

- http://www.ncbi.nlm.nih.gov/pubmed/21475304

Cannabis cancer cures (general)

- http://www.ncbi.nlm.nih.gov/pubmed/12514108
- http://www.ncbi.nlm.nih.gov/pubmed/15313899
- http://www.ncbi.nlm.nih.gov/pubmed/20053780
- http://www.ncbi.nlm.nih.gov/pubmed/18199524
- http://www.ncbi.nlm.nih.gov/pubmed/19589225
- http://www.ncbi.nlm.nih.gov/pubmed/12182964
- http://www.ncbi.nlm.nih.gov/pubmed/19442435
- http://www.ncbi.nlm.nih.gov/pubmed/12723496
- http://www.ncbi.nlm.nih.gov/pubmed/16250836
- http://www.ncbi.nlm.nih.gov/pubmed/17237277

Cancers of the head and neck

- http://ww.ncbi.nlm.nih.gov/pmc/articles/PMC2277494

Cholangiocarcinoma cancer

- http://ww.ncbi.nlm.nih.gov/pubmed/19916793
- http://www.ncbi.nlm.nih.gov/pubmed/21115947

Leukemia

- http://www.ncbi.nlm.nih.gov/pubmed/15454482
- http://www.ncbi.nlm.nih.gov/pubmed/16139274
- http://www.ncbi.nlm.nih.gov/pubmed/14692532

Cannabis partially/fully induced cancer cell death

- http://www.ncbi.nlm.nih.gov/pubmed/12130702
- http://www.ncbi.nlm.nih.gov/pubmed/19457575
- http://www.ncbi.nlm.nih.gov/pubmed/18615640
- http://www.ncbi.nlm.nih.gov/pubmed/17931597
- http://www.ncbi.nlm.nih.gov/pubmed/18438336
- http://www.ncbi.nlm.nih.gov/pubmed/19916793
- http://www.ncbi.nlm.nih.gov/pubmed/18387516
- http://www.ncbi.nlm.nih.gov/pubmed/15453094
- http://www.ncbi.nlm.nih.gov/pubmed/19229996
- http://www.ncbi.nlm.nih.gov/pubmed/9771884
- http://www.ncbi.nlm.nih.gov/pubmed/18339876
- http://www.ncbi.nlm.nih.gov/pubmed/12133838
- http://www.ncbi.nlm.nih.gov/pubmed/16596790
- http://www.ncbi.nlm.nih.gov/pubmed/11269508
- http://www.ncbi.nlm.nih.gov/pubmed/15958274
- http://www.ncbi.nlm.nih.gov/pubmed/19425170
- http://www.ncbi.nlm.nih.gov/pubmed/17202146
- http://www.ncbi.nlm.nih.gov/pubmed/11903061
- http://www.ncbi.nlm.nih.gov/pubmed/15451022
- http://www.ncbi.nlm.nih.gov/pubmed/20336665
- http://www.ncbi.nlm.nih.gov/pubmed/19394652
- http://www.ncbi.nlm.nih.gov/pubmed/11106791
- http://www.ncbi.nlm.nih.gov/pubmed/19189659
- http://www.ncbi.nlm.nih.gov/pubmed/16500647
- http://www.ncbi.nlm.nih.gov/pubmed/19539619
- http://www.ncbi.nlm.nih.gov/pubmed/19059457
- http://www.ncbi.nlm.nih.gov/pubmed/16909207
- http://www.ncbi.nlm.nih.gov/pubmed/18088200
- http://www.ncbi.nlm.nih.gov/pubmed/10913156
- http://www.ncbi.nlm.nih.gov/pubmed/18354058
- http://www.ncbi.nlm.nih.gov/pubmed/19189054

- http://www.ncbi.nlm.nih.gov/pubmed/17934890
- http://www.ncbi.nlm.nih.gov/pubmed/16571653
- http://www.ncbi.nlm.nih.gov/pubmed/19889794
- http://www.ncbi.nlm.nih.gov/pubmed/15361550

Translocation-positive rhabdomyosarcoma

- http://www.ncbi.nlm.nih.gov/pubmed/19509271

Lymphoma

- http://www.ncbi.nlm.nih.gov/pubmed/18546271
- http://www.ncbi.nlm.nih.gov/pubmed/16936228
- http://www.ncbi.nlm.nih.gov/pubmed/16337199
- http://www.ncbi.nlm.nih.gov/pubmed/19609004

Cannabis kills cancer cells

- http://www.ncbi.nlm.nih.gov/pubmed/16818634
- http://www.ncbi.nlm.nih.gov/pubmed/12648025
- http://www.ncbi.nlm.nih.gov/pubmed/17952650
- http://www.ncbi.nlm.nih.gov/pubmed/16835997

Melanoma

- http://www.ncbi.nlm.nih.gov/pubmed/17065222

Thyroid carcinoma

- http://www.ncbi.nlm.nih.gov/pubmed/18197164

Colon cancer

- http://www.ncbi.nlm.nih.gov/pubmed/18938775
- http://www.ncbi.nlm.nih.gov/pubmed/19047095

Intestinal inflammation and cancer

- http://www.ncbi.nlm.nih.gov/pubmed/19442536

Cannabinoids in health and disease

- http://www.ncbi.nlm.nih.gov/pubmed/18286801

Cannabis inhibits cancer cell invasion

- http://www.ncbi.nlm.nih.gov/pubmed/19914218