Drug Free Australia's Arguments Against Drug Legalisation

Public Opinion

Modern illicit drug prohibitions were first initiated as a result of strong societal support for unified political measures against the recreational use of certain drugs which were deemed to either 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.[1] In the late 19th and early 20th century drug use was regarded by the public "as alone a habit, vice, sign of weakness or dissipation,"[2] similar to the view of those who could not control their use of the licit drug alcohol. The use of illicit drugs has been prohibited internationally since 1912, almost an entire century, because of international agreement that the general community has a greater right to protect itself from the harms of illicit drug use than does an individual user to use a harmful substance recreationally.

Currently there is still significantly greater public support for the continued prohibiting of illicit drug use than there is for legalizing and regulating the use of these substances. In the United States 82% of those polled by the Family Research Association in 1998 were opposed to the legalization of heroin and cocaine in the same manner as alcohol is legal.[3] In October 2009 a Gallup poll found that 54% of those polled were against the legalization of cannabis.[4] In Australia, which has had the highest levels of illicit drug use in OECD countries for more than a decade, 95% of Australians oppose the legalization of heroin, cocaine and amphetamines, and 79% oppose the legalization of cannabis. In Australia, this opposition to the legalization of illicit drugs is driven by even higher rates of disapproval of illicit drugs, as measured by its triennial national Household Surveys, with 97% disapproving the regular use of heroin, cocaine and amphetamines, 2% undecided and only 1% approving. Only 7% approve of the regular use of cannabis.[5]

In a democracy political representatives must have regard for the kind of society the majority wish to have. This is the meaning of democracy. Taking as an example the Australian Household surveys mentioned above, if 95% of Australians are against the legalization of heroin, cocaine and amphetamines then a politician's support for the continued prohibition of these drugs transcends any kind of cynical political calculation and is clearly a responsible and responsive enactment of democratic representation. In any democracy where 'the will of the people' is respected by its political representatives, the prohibition of these substance might well be expected to remain intact.

Opponents of drug legalisation express concern that 'harm reduction' interventions are often used by drug legalisation advocates as a pathway to normalizing drug use in a society, and via a pathway of incrementalism, overwhelming a society's conscious concerns with a political, but not popular, acceptance of drug use. At the same time, critics of harm reduction, where it is used to alleviate the harms of illegal practices or behaviours, cite concerns about its strategies sending a message of sanctioned acceptance of the very behaviours which the community, through its legislators or governance, do not accept.

Dr Alex Wodak, a member of the International Harm Reduction Association has described the movement from harm reduction to drug legalisation thus,

> "In many countries it is time to move from the first phase of harm reduction – focusing on reducing adverse consequences – to a second phase which concentrates on reforming an ineffective and harm-generating system of global drug prohibition."[6]

Health

That illicit drugs are inherently harmful substances is attested by the very nomenclature of the 'harm reduction' movement. Taking as an example the disproportionate harms of heroin, European mortality ranges from 1 to 4 deaths for every 100 opiate users per annum.[7] but worldwide is most usually around 2% per annum.[8] In Australia, 83% of Australians aged 14 and over drink alcohol,[9] and for the 10%[10] estimated to be problem drinkers the 3,500 deaths per year from alcohol would represent just 0.22 lives per hundred, even before recognising that alcohol deaths are not all self-inflicted. In 2005, there were 14,900 tobacco deaths per year[11] predominantly afflicting the age-group which had 43%[12] of Australia's 11,388,000 population smoking tobacco in 1965, yielding 0.3 lives per hundred mortality per year.

The protest that alcohol is harmful yet legal, therefore illegal drugs should similarly be legal (and harmful) ignores the fact that the legal drugs already cause more than enough harm to want to add a new battery of even more harmful but now legal drugs.

Illicit drugs are illicit precisely because they present inordinate mortality or morbidity via their use. By comparison, the current costs of law enforcement, which has so dramatically maintained levels of illicit drug use so much below that of licit drug use, and which has thereby contained their health harms, will be far outweighed by the exponential increases in healthcare costs as drug use increases under the legalization/regulation paradigm - as with alcohol or tobacco there is an inverse relationship between reducing the cost of the drug and the resulting increases in use and harms.[13]

Many of the deaths from using cannabis, other than from car accidents while intoxicated or violence and aggression while withdrawing,[14] are more likely to figure in the longer term, just as it is with tobacco, where both nicotine overdose and cannabis overdose are both extremely rare.

Importantly, mortality is but one indicator of harm – illicit drugs cause a wide range of other health morbidity problems with substantial costs to the individual and their society. For instance, while ecstasy may have lower mortality rates than most other illicits, there is a growing science on the already recognized considerable health harms of ecstasy.[15] Distinctions between 'soft' and 'hard' drugs are entirely artificial, and titling cannabis 'soft' does not lessen the extensive harms of the substance where the spread of health harms is even more diverse than for other illicits.[16]

Arguments that the health harms of illicit drugs are caused by lack of government regulation of their purity and strength are not supported by the evidence. In Australia, which has had the highest per capita opioid mortality (59 per million population in 1999) in the OECD, higher than the US (<57 per

million population in 1999 – CDC drug related deaths include more than overdoses), Canada (31 per million population in 2002) and Europe (2 to 46 per million in 1999) studies found that "overdose fatality is not a simple function of heroin dose or purity. There is no evidence of toxicity from contaminants of street heroin in Australia."[17] Other causes of death such as suicide, murder and accidents are an effect of the drug themselves, not of their purity or otherwise.

The contention that the damage of illicit drugs are exaggerated, or that scientific studies showing their manifest harms are 'junk science'[18] fails to recognize the weight and plausibility of that scientific and social evidence. Psychological damage and illness, genetic damage, damage to immune and reproductive systems, personality changes, damage to internal organs are all effects of the drugs themselves.[19] Suicide, illness and accidents are the effect of the drug, not of their prohibition.

'Harm reduction' measures, whereby the financial costs of ameliorating the harms of recreational drug use and its associated addictions are shifted from the user to the community, (which is often unaware of the substantial costs they foot) will often present unending financial liability to the community where there is, as is often the case with harm reduction, no focus on getting the user off drugs. For instance, a 2009 British heroin trial spent £15,000 per annum on supplying heroin and support to users, reducing their crime from an average of £15,600 per annum to £2,600 per annum[20] – this represents an added societal burden of £17,000 for each participant and a net loss of £2,000 per heroin trial participant to that society. By comparison, a rehabilitated drug user no longer needs crime to support an expensive habit that no longer exists. Sweden, with its restrictive drug policy, which includes mandatory rehabilitation, has brought its drug use levels down from the highest levels in Europe to the lowest amongst developed countries worldwide.[21] Also the costs of rehabilitation of drug users are lower than the cost of imprisonment, and negate the health harms to individual users once clean.

The Success of Prohibition

Prohibition has a successful track record suppressing illicit drug use since it was introduced 100 years ago[22] in that licit drugs have current (last 12 months) user rates as high as 80-90% in populations over 14 years of age,[23] and tobacco has historically had current use rates up to 60% of adult populations,[24] the percentages currently using illicit drugs in OECD countries are generally below 1% of the population excepting cannabis where most are between 3% and 10%, with six countries between 11% and 17%.[25]

In the 50 year period following the first 1912 international convention restricting use of opium, heroin and cocaine, the United States' use of illicit drugs other than cannabis was consistently below 0.5% of the population, and cannabis at 1-2% of the population between 1955 and 1965.[26] With the advent of the counter-culture movement from the late 1950s, where illicit drug use was characterized as mind-expanding and relatively harmless,[27] illicit drug use rose sharply. These new generations were quite obviously distanced from those generations which had first witnessed first-hand the harms of the illicits at the turn of the previous century and which had fought for their prohibition.

With illicit drug use peaking in the 1970's in the United States, the 'Just Say No' campaign, initiated under the patronage of Nancy Reagan, coincided with recent (past month) illicit drug use dropping from 14.1% in 1979 to 5.8% in 1992, a drop of 60%.[28] In 2009, despite increases in illicit drug use since the 1990s, levels are nevertheless 40% below 1979 levels. Rising levels of drug use across the Western world have coincided with the bankrolling of the drug legalization lobby particularly by billionaire financiers from the US and UK since 1991.[29] George Soros, perhaps the most central billionaire financier for drug legalisation worldwide is clearly not opposed to illicit drug use, as per his autobiography where he asserts that " I would establish a strictly controlled distribution network through which I would make most drugs, excluding the most dangerous ones like crack, legally available."[30] The drug legalization lobby's vigorous promotion in media and schools of a 'safe use of illegal drugs' message[31] indicates that drug prohibition has been in the midst of a pitched battle waged by those who are accepting not only of the drug user but who also promote an acceptance of drug use itself.

With extremely low expenditures spent on illicit drug control by countries worldwide until the mid '60s, it can be argued that the counter-culture message that illicit drugs can and should be used 'safely', backed by the multi-million dollar inputs by drug legalisation financiers, is to a great extent responsible for the heavy increases in drug control expenditures since that time.

Those seeking the legalization and consequent regulation of illicit drugs have proposed that prohibition does not work, despite its 100 years of successful suppression of illicit drug harms, and use a variety of erroneous arguments to support their view.

Their argument that "Prohibition promotes drug use" sharply conflicts with a 2001 Australian study of 18-29 year olds by the NSW Bureau of Crime Statistics and Research which shows that Prohibition does indeed deter illicit drug use.[32] 29% of those who had never used cannabis cited the illegality of the substance as their reason for never using the drug, while 19% of those who had ceased use of cannabis cited its illegality as their reason. 91% of those currently using cannabis weekly said they would use more cannabis if it were made legal, while 14% of the total sample of 579 interviewees said they 'definitely' or 'probably' would use the substance more frequently. The Director of the Bureau, Don Weatherburn, said,

> "Cannabis use may be widespread but the critical question for policy is whether its use would become even more widespread if the drug were legalised. The present findings suggest that it would."

The criticism that the 'war on drugs' can never be won (and therefore is of no value) is no more true than the argument that police 'blitzes' on highway speeding should be curtailed because they fail to eradicate speeding. While blitzes on speeding very successfully reduce and contain the behaviour, policing of illicit drug use does exactly the same. Removing policing of speeding drivers will have precisely the same effect as removing policing of illicit drugs. No one would suggest legalizing stealing because it has never been eradicated.

It is contended that prohibition causes greater drug use by making drugs so expensive that users must become dealers and continually recruit new users to support their habit. This contention is deficient on two grounds a. higher prices levied by governments on alcohol and tobacco inevitably

reduce demand, and so it is with illicit drugs,[33] and b. taking the 1,000,000 young people in the US per year who start smoking tobacco,[34] prohibiting tobacco would not conceivably swell their numbers, only decrease them. Of course, legalizing drugs will make drugs cheaper and thus increase use as with the experience of cheaper crack cocaine in the US.[35]

The view that prohibition makes a prohibited item lucrative for criminals is indeed correct, after all this is an inherent dynamic that drives criminality. But capitulating to illicit drug use on these grounds makes no more sense than capitulating to those who continue to traffic in human lives, a more expensive business because of its illegality and therefore more lucrative for the criminal, but necessary for the rights of vulnerable citizens.

The idea that criminals will be put out of business by legalization fails to recognize that the most productive recruiting pool to illicit drug use has always been amongst secondary school-aged young people,[36] an age group that would still be prohibited from buying drugs even in a regulated framework, as with alcohol or tobacco. Consequently, criminal effort will be more concentrated on this vulnerable age group even moreso than currently. Further, a large number of studies have shown that criminal careers are embarked on before the onset of drug use, while drug use intensifies this criminal behaviour.[37]

Criminal behaviour can importantly be the direct result of drug use which can cause emotional/brain damage, mental illness and anti-social behaviour.[38] Psychoactive drugs can have a powerful impact on behavior which may influence some people to commit crimes that have nothing to do with supporting the cost of their drug use.[39] The use of drugs changes behavior and causes criminal activity because people will do things they wouldn't do if they were rational and free of the drug's influence. Cocaine-related paranoia is an example. If drug use increases with legalization, so will such forms of related violent crime as assaults, drugged driving, child abuse, and domestic violence.

It is sometimes argued that the harms of prohibition outweigh the harms to users and their community. Given that prohibition has so demonstrably suppressed the harms from illicit drug use, as previously outlined, the harms to users and society, also previously outlined, under legalization/regulation would clearly far outweigh the current harms of prohibition.

The argument that drug addicts are forced into crime by prohibition should first and foremost highlight the fact that this argument presupposes and underlines the addictive nature of illicit drugs (which legalization proponents often downplay), addictive enough to create a viable criminal supply industry. Secondly, the harms of increased drug use, which as previously outlined would be a consequence of legalization and its cheaper prices, far outweigh the current crime harms of prohibition.

Drug legalization advocates spuriously claim that US prisons are overflowing with people convicted for only simple possession of marijuana. This claim is aggressively pushed by groups seeking to relax or abolish marijuana laws. A more accurate view[40] is that the vast majority of inmates in prison for marijuana have been found guilty of more than simple possession. They were convicted for drug trafficking, or for marijuana possession along with other offences. Many of those in prison for marijuana entered a guilty plea to a marijuana charge to avoid a more serious charge. In the

US, just 1.6 percent of the state inmate population were held for offences involving only marijuana, and less than one percent of all state prisoners (0.7 percent) were incarcerated with marijuana possession as the only charge. An even smaller fraction of state prisoners were first time offenders (0.3 percent). The numbers on the US federal prisons are similar. In 2001, the overwhelming majority of offenders sentenced for marijuana crimes were convicted for trafficking and only 63 served time for simple possession.

The proposal that countries must capitulate to the 'overwhelming flood of illicit drug use' by deserting prevention and rehabilitation for a more enlightened policy of harm reduction is shown to be without support when the example of Sweden is considered.[41] Sweden had the highest levels of illicit drug use in the 1970's but has long had the lowest levels of drug use in the developed world due to a sustained emphasis on education and rehabilitation. When Sweden reduced spending on these elements its drug use rose as it did in the 1990s[42], but restoring expenditure from 2002 again sharply decreased drug use as per student surveys.[43] In 2001, a poll run by TEMO for the newspaper Dagens Nyheter, found that 96% of Swedes are strongly supportive of their restrictive drug policy.[44]

Under a purely harm reduction model it is inevitable that more people will try illicit drugs and become addicted. The Netherlands policy of taking a soft line on cannabis use to create a 'separation of markets' between cannabis dealers and hard drug dealers failed to stem the initiation to drugs such as heroin, cocaine and amphetamines. In the EMCDDA's 2000 report Annex (shown below but no longer available from EMCDDA on the internet) in the year 1998 the Netherlands had the third highest cannabis and cocaine use in Europe. This level of cannabis use negates any argument that the Netherland's soft approach on cannabis, which by 1998 had been in place for decades, creates lower drug use. Dutch tolerance has allowed the Netherlands to become a criminal epicentre for illicit synthetic drug manufacture, as well as a home for the production and export of strains of cannabis with THC 10 times higher than normal.[45]

Last 12 months prevalence of drug use in recent nation-wide surveys among general population in some EU countries.

			Method		All adults				Younger Adults				
		Year	Data coll.	Sample	Age range	Cannabis	Cocaine	Amphetamines	Ecstasy	Age range	Cannabis	Cocaine	Amphetamines	Ecstasy
Belgium (Flem.)		1994	Phone	2259	(18-65)	1.5%	0.2%	0.3%	0.1%	(18-35)	3.6%	-	-	-
Denmark	(1)	1994	Interv.	2521	-	-	-	-	-	(16-44)	7.0%	-	a) 0.5%	-
	(2)	1994	Mail	1390	(18-69)	3.3%	-	-	-	(16-44)	6.0%	-	-	-
Finland	(1)	1996	Mail	3009	(16-74)	1.9%	-	-	-	(16-34)	5.2%	-	-	-
	(2)	1998	Mail $	2568	(15-69)	2.5%	b) 0.2%	0.2%	0.2%	(15-34)	6.3%	b) 0.4%	0.4%	0.4%
France		1995	Phone	1993	(18-69)	4.7%	0.2%	d) 0.3%	-	(18-39)	8.9%	0.3%	d) 0.6%	-
Germany	(1) (former W)	1995	Mail	6292	(18-59)	5.0%	0.9%	0.8%	0.9%	(18-39)	8.8%	1.6%	1.5%	1.6%
	(1) (former E)	1995	Mail	1541	(18-59)	1.9%	0.2%	0.2%	0.6%	(18-39)	3.5%	0.3%	0.4%	1.2%
Germany	(2) (former W)	1997	Mail	6337	(18-59)	4.5%	0.7%	0.5%	0.9%	(18-39)	7.8%	1.2%	0.9%	1.7%
	(2) (former E)	1997	Mail	1682	(18-59)	2.3%	0.1%	0.3%	0.4%	(18-39)	4.5%	0.2%	0.6%	0.7%
Greece		1998	Interv.	3752	(15-64)	4.4%	0.5%	0.1%	0.1%	(15-34)	8.8%	1.0%	0.1%	0.3%
Netherlands		1997/98	Interv.	22000	(15-69)	5.2%	0.7%	0.4%	0.8%	(15-34)	9.8%	1.4%	0.8%	1.8%
Spain	(1)	1995	Interv.	9984	(15-64)	7.3%	b) 1.9%	1.1%	c) 1.3%	(15-34)	12.8%	b) 3.4%	1.9%	c) 2.5%
	(2)	1997	Interv.	12445	(15-64)	7.6%	b) 1.6%	0.9%	c) 0.9%	(15-34)	14.2%	b) 2.7%	1.7%	c) 1.7%
Sweden	(1)	1996	Interv.	1500	(15-69)	e) 1%	-	-	-	(15-34)	e) 1.0%	-	-	-
	(2)	1998	Interv.	1500	(15-69)	1.0%	-	-	-	(15-34)	2.0%	-	-	-
United Kingdom	(1)	1994	Interv.	10000	(16-59)	8.0%	<0.5%	2.0%	1.0%	(16-29)	20.0%	1.0%	7.0%	3.0%
	(2)	1996	Interv.	10940	(16-59)	9.0%	<0.5%	3.0%	1.0%	(16-29)	21.0%	1.0%	8.0%	4.0%
	(3)	1998	Interv.	9988	(16-59)	9.0%	1.0%	3.0%	1.0%	(16-29)	23.0%	3.0%	8.0%	4.0%

$ (combined sample: mail (n=2143) and phone (n=425)); a) "hard drugs"; b) cocaine or crack; c) "ecstasy and other designer drugs"; d) amphetamine+ecstasy; e) all illegal drugs

NOTES:
- "Data coll." means "data collection method used in the survey": "interv." (face to face interview), "phone" (telephone interview), "mail" (mailed questionnaire)
- Sample sizes refer to the complete national surveys. In some cases, national surveys cover a broader age range than that presented here, and therefore the estimates presented are based on somewhat smaller samples. Estimates for young adults are also generally based in smaller subsamples.
- In some countries (United Kingdom) the age range for young adults is more restricted than in other countries, which tends to produce higher prevalence figures

However, where there were once thousands of cannabis cafes there are now only several hundred.[46] Levels of cannabis use, in 2005 only marginally higher than in 1998, while other European countries have accelerated past them, are more likely the result of this evident growing intolerance of cannabis in the Netherlands rather than a growing tolerance. British reductions in cannabis use after softer legislation may be moreso the result of heavy UK media exposure of the stronger evidence of links between cannabis and psychosis.[47] The UK has since toughened its laws on cannabis.

Addiction

As is the case with alcohol addiction, illicit drug addictions likewise serve to keep many such users functionally in poverty[48] and often as a continued burden on friends, family and society. Where it is argued that all disabilities are a burden on society it must be recognized that most disabilities are not the result of a choice, whereas the decision to recreationally use illicit drugs is most commonly free, and with the knowledge that they may lead to an addiction.

Freedom from the Consequences of Drugs

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.[49]

> :"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."[50]

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 user.[51] 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 recognize that addiction is defined as compulsive by its very nature[52] 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[53] 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.

Medical Uses of Illicit Drugs

Calls for the use of raw cannabis to be legalized for medical purposes makes the effectiveness of medicine subject to political votes rather than scientific rigour. Medicines are subjected to the following:

"All active ingredients have to be identified and their chemistry determined. They have to be tested for purity with limits set for all impurities including pesticides, microbe & fungi and their products. These tests have to be validated and reproduced if necessary in an official laboratory. Animal testing will include information on fertility, embryo toxicity, immuno-toxicity, mutagenic and carcinogenic potential. Risks to humans, especially pregnant women and lactating mothers, will be evaluated. Adequate safety and efficacy trials must be carried out. They must state the method of administration and report on the results from different groups, i.e. healthy volunteers, patients, special groups of the elderly, people with liver and kidney problems and pregnant women. Adverse drug reactions (ADR) have to be stated and include any effects on driving or operating machinery." [54]

"Due to a placebo effect, a patient may erroneously believe a drug is helpful when it is not. This is especially true of addictive, mind-altering drugs like marijuana. A marijuana withdrawal syndrome occurs, consisting of anxiety, depression, sleep and appetite disturbances, irritability, tremors, diaphoresis, nausea, muscle convulsions, and restlessness. (1) Often, persons using marijuana erroneously believe that the drug is helping them combat these symptoms without realizing that actually marijuana is the cause of these effects. Therefore, when a patient anecdotally reports a drug to have medicinal value, this must be followed by objective scientific studies."[55]

Practical Uses of Illicit Drugs – Hemp

Opposition to the legalisation of hemp, which uses plants of the cannabis genus for commercial purposes, centres on the fact that those wanting to legalise the use of cannabis for recreational and medical purposes themselves present it as their Trojan horse for that very purpose.

High Times, a magazine for pot smokers and activists, has dozens of quotes similar to these,

> "I met this seventy-five-year-old guy down in Mexico. He had lived in Kentucky, and he said when he was young there were people in his family and his community who were hemp growers...He said that for years and years everyone knew of hemp as something you could use to get high. All the farmers smoked it in the field; they knew you could smoke a little and catch a buzz."
> (Jon Fishman, Best of High Times #18)
>
> "All activist groups, including the National Organization for the Reform of Marijuana Laws (NORML), were severely hampered by lack of support and funding. Could hemp be the issue capable of drawing the smokers [marijuana users] out of their closets?"
> (High Times, p.45, May 1994)
>
> Matthew Cheng and Alex Shum, importers of hemp fabric, "feel that the way to legalize marijuana is to sell marijuana legally. When you can buy marijuana in your neighbourhood shopping mall, IT`S LEGAL! So, they are going to produce every conceivable thing out of hemp."
> (High Times, "Hemp Clothing is Here!", March 1990)

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[1] 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.org/schaffer/library/studies/op/op1.htm

[2] Terry CE, Pellens M The Opium Problem 1928 http://www.druglibrary.org/schaffer/library/studies/op/op1.htm

[3] Testimony of Barry McCaffrey, Director, US Office of Drug Control Policy to House Government Reform and Oversight Committee. The Drug Legalization Movement In America 1999
http://www.drugwatch.org/McCaffrey%20Testimony%20on%20Drug%20Legalization.htm

[4] See US Support For Legalizing Marijuana Reaches New High 1999 http://www.gallup.com/poll/123728/u.s.-support-legalizing-marijuana-reaches-new-high.aspx

[5] Australian Institute of Health and Welfare. Drug Statistics Series number 20.Cat. no. PHE 98. Canberra: AIHW. pp 11,12
http://www.aihw.gov.au/publications/phe/ndshs07-fr/ndshs07-fr-no-questionnaire.pdf

[6] Dr Alex Wodak; Paper presented to the 15th International Conference on the Reduction of Drug Related Harm

[7] Bargagli AM et al Drug-related mortality and its impact on adult mortality in eight European countries. European Journal of Public Health, Vol. 16, No. 2, 198–202

[8] Mirakbari SM Heroin Overdose as Cause of Death: Truth or Myth. Australian Journal of Forensic Sciences, Volume 36, Issue 2 July 2004 , pages 73 - 78

[9] Australian Institute of Health and Welfare 2008. 2007 National Drug Strategy Household Survey: detailed findings. Drug statistics series no. 22. Cat. no. PHE 107. Canberra: AIHW. p 32
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[10] Australian Institute of Health and Welfare 2008. 2007 National Drug Strategy Household Survey: detailed findings. Drug statistics series no. 22. Cat. no. PHE 107. Canberra: AIHW. p 32

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[11] Collins D, Lapsley H The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004-05. Canberra: Department of Health and Ageing 2008

[12] http://www.quit.org.au/browse.asp?ContainerID=1864

[13] Speech by Gil Kerlikowske, Director of the US ONDCP "Why Marijuana Legalization Would Compromise Public Health and Public Safety" pp 9,10 http://www.whitehousedrugpolicy.gov/news/speech10/030410_Chief.pdf

[14] See studies showing links between cannabis and violence and aggression Niveau G, Dang C, Cannabis and Violent Crime 2003 Medicine, Science and the Law 43(2):115-121 or Howard RC, Menkes DB, Changes in Brain Function During Acute Cannabis Intoxication: preliminary findings suggest a mechanism for cannabis-induced violence. 2007 Criminal Behaviour and Mental Health 17 Issue 2: 113-117

[15] NIDA Info Facts http://www.nida.nih.gov/infofacts/ecstasy.html

[16] See The Marijuana Connection - Table of Contents http://www.sarnia.com/GROUPS/ANTIDRUG/mjcnnct/cnnctcvr.htm

[17] ANCD Research Paper No. 1 Heroin overdose: prevalence, correlates, consequences and interventions p 27 http://www.ancd.org.au/images/PDF/Researchpapers/rp1_heroin_overdose.pdf

[18] For example, http://www.libertarianz.org.nz/?libzpr=209

[19] See for example the 400+ journal studies cited by category of harm at The Marijuana Connection http://www.sarnia.com/GROUPS/ANTIDRUG/mjcnnct/cnnctcvr.htm

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[48] For example, 57% of Sydney's injecting room clients were on social security benefits - Final Report of the Evaluation of the Sydney Medically Supervised Injecting Centre p 14
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