

Decriminalization or legalization of drugs?

This article was inspired in part by the noteworthy article, "Legalize and Regulate Drug Use" published in the *Toronto Star* (June 3, 2009) and written not by a journalist but a ballsy police officer named David Bratzer from Victoria. He's an open and public member of *Law Enforcement against Prohibition*.

LEAP for short is an organization presently gaining favour among progressive politicians and community problem-solvers – with Bratzer – who's helped out to the chase. The nub of his message: "We need to admit that what we're doing is not working and embrace the concept of legalization, to better serve and protect citizens across Canada". --D.W.

By Diane Walsh

To any rational person, the consequences on society of bad drug policy are obvious. Writing in the *Toronto Star's* June 3, 2009, issue, Victoria police officer David Bratzer cites "public disorder, backlogged courts, high property crime rates, organized crime and gang violence over control of the drug trade" to try to awake the public to realize that "these costs are not worth an absolute prohibition on drug use in our society".

An open member of the organization, Law Enforcement against Prohibition (LEAP), Bratzer says, "A better approach would be to treat drug abuse as a public health problem rather than as a criminal justice problem."

"It is time for medical facilities that cover the full spectrum of harm reduction, including regulated access to heroin and cocaine," he adds. "Enforcement would not be part of this health-care."

Bratzer is enormously respected in the Victoria community and is part of a larger collective voice of action being heard in Canada at this time. This is in concert with other intellectually honest allies such as US President Obama.

Other BC LEAP members include Senator Larry Campbell, former mayor of Vancouver, and retired British Columbia Justice Jerry Paradis, a recent contributor to *Canadian Dimension* (spring 2009) and radio, speaking on the subject on legalization. See <http://leap.cc/cms/index.php?name=Speakers&bio=237>

Retired police detective Anthony (Tony) Smith explains that LEAP is an international organization that started in the US with the aim of legalizing drugs worldwide and intent on removing the UN sanction against drugs. Smith explains the backdrop for LEAP's mission:

"This sanction was pushed through the UN by US money and control and applies to all the signatory nations of the UN. The problem will not be truly solved without worldwide action. LEAP has 13,000 members, many of whom are from outside the US."

When I first communicated with Smith, explaining I wanted to do a piece on what decriminalization would look like if it were "policy", he said bluntly, "Many reporters feel it is incumbent to add their own untested views, in order to facilitate their egos. Please don't do that".

I promised to approach the subject in good faith. But the truth is I did hesitate when deciding how to approach this.

Originally it had only occurred to me to discuss decriminalization, otherwise known as "decrim". But when I began to do some research around town, I realized it would be a bit of a cop-out to focus on decrim, and it was certainly not where LEAP was at nor where many people in Victoria were at in terms of their sense of the activism required. (More on this later with Ted Smith, from Victoria's medical cannabis club).

In the past, whenever I'd considered doing an article on legalization (as opposed to decriminalization), one of my nagging concerns, with the Internet, was the possibility of being infiltrated [since George W. was then in power and so many wacky things were going on and journalists were being severely targeted for not towing the party-line].

As odd as it may have seemed, I decided I had to ask Smith in our interview: Does the FBI (or by extension, CSIS) follow LEAP activity and outside activist communication? That is, do they watch LEAP members or people who spend time/resources hacking information, to find out about member communication with other people outside the organization of similar leaning across Canada and the US?

Smith responded, "I doubt it," adding, "Medical marijuana is legal in 14 states, and ignored in many cities. The [US] president himself states in his book, *Things my Father Taught Me*, that he used marijuana and cocaine in high school and until his final year in university."

Ok, not that reassuring but I would work with it.

What did surprise me was when he informed me that "some members of the FBI themselves are members of LEAP". Now that's cool!!

But the question remained in my mind: Why is Canada depending on LEAP rather than having an individual and sovereign organization of its own?

Smith clarified, "Canada is not dependant on LEAP; rather LEAP is dependant on all its volunteer members. This is a worldwide problem, however it is likely that Canada and the US, which have mirrored each other in prohibition will mirror each other in returning to sensibility."

But still, interestingly, there is but one known representative from high public office in LEAP. "Only Senator Campbell", Smith confirms.

"Many politicians however support us. Come on, no politician is ever going to get into any situation they can't deny when useful," scoffs Smith, understandably.

Smith is firm in his response, "We are not a secret society. Criticism of government policy is incumbent on individuals if we are to remain in a true and useful society. Look what happened when newspapers feared to criticize George Bush. Read the *New York Times*—they constantly criticize government policies in a much more aggressive, insulting way than LEAP ever will".

Thinking back to the Bush years and setting aside just for the moment Obama's effort to soften US federal drug policy toward cannabis use, many people still say that the US's *modus operandi* is an on-going war on drug users, not the drug traffickers/drug makers – with the Canadian Conservatives attempting to resuscitate "Bush" on drugs.

Smith agrees. "This was stated policy at one time, the theory being that if there were no users, there would be no market for dealers. The other thing to be aware of is that the arms industry relies on money from drugs to provide the resources for rebel groups and even some governments to purchase arms."

The Harper government's current position is nothing more than an attempt to piggy-back onto the drug policy of the former US president.

Smith is as mystified as the rest of us, saying, "I really have no idea. Harper is an enigma. If he took one serious look at the situation, and what is going on in the world today, particularly the US, he would not be doing what he is".

The drug wars in Mexico and to a lesser extent on the streets of Surrey, BC, make it a scary proposition to be seen to launch toward a "legalizing of drugs" conversation when there is so much vested interest in the trade being illegal.

But Smith points out that "the only way we can reduce the [gangs'] influence, is to remove their major source of income. During alcohol prohibition, the murder rate increased four times; after repeal it went back to what it was before, and most of the gangs simply went out of business. No business can run without producing an income. Prior to 1920 all drugs were legal and sold by pharmacies. The pharmacists didn't shoot each other."

I asked Smith if he thought talking publicly about the subject of legalization carried any risk along with it. "Maybe," he said, "but I really don't care. If we continue along this route we will certainly see gangs intimidating and killing police, judges, prosecutors, etc, as they do in Mexico and many other countries. This would destroy our way of life and all we care about. In Mexico the choice given to law enforcement is, 'the bullet or the bribe'."

Even with legalization, I suggest, there will always be an interest for some to undercut what-would-become the legal drugs to provide easier or/and more powerful drugs and access.

Maybe, but Smith is quick to point out, "Many powerful substances are already legal.

Cannabis is used for a wide variety of purposes (source: wikipedia)

Hemp

Hemp is the natural, durable soft fiber from the stalk of *Cannabis sativa* plants that grow upwards of 20 feet tall. Cannabis plants used for hemp production are not valued for recreational uses as the plants that are cultivated for hemp produce minimal levels of THC, analogous to attempting to get drunk from low-alcohol beer. Cannabis plants intended for any drug cultivation cannot be hidden in a hemp field either, as the size and height of each are significantly different.

Hemp producers sell hemp seeds as a health food, as they are rich in heart-healthy, essential fatty acids, amino acids (both essential and nonessential), vitamins and minerals. Hemp "milk" is a milk substitute also made from hemp seeds that is both dairy and gluten-free.

Hemp is fairly easy to grow and matures very fast compared to many crops, most notably trees used for paper. Compared to cotton for clothing, hemp cloth is known to be of superior strength and last longer. The fibers may also be used to form cordage for industrial-strength ropes. Hemp plants also require little pesticides and herbicides due to its height, density and foliage. This also makes the hemp plant very environmentally-friendly.

Hemp can be utilized for 25,000 very durable textile products, ranging from paper and clothing to biofuels (from the oils found in the seeds), medicines and construction material. Hemp has been used by many civilizations, from China to Europe (and later North America) for the last 12,000 years of history.

Cannabis (drug)

Cannabis is a popular recreational drug around the world, only behind alcohol, caffeine and tobacco. In the United States alone, it is believed that over 100 million Americans have tried Cannabis, with 25 million Americans using it within the past year.

The psychoactive effects of Cannabis are known to have a biphasic nature. The first psychoactive effects include a state of relaxation, and to a lesser degree, euphoria from its main psychoactive compound, tetrahydrocannabinol. The latter effects include an increase in heart rate and hunger, believed to be caused by 11-Hydroxy-THC, a psychoactive metabolite of THC produced in the liver. In addition to euphoria, other psychoactive effects such as introspection, metacognition, anxiety or paranoia and a facility for philosophical thinking are also commonly reported. Cannabidiol (CBD), which has no psychotropic effects by itself, has been shown to attenuate the higher anxiety levels caused by THC alone. Some studies show that cannabidiol actually has a small stimulant effect similar to caffeine. The *Cannabis sativa* plant is known to cause more of a "high" by stimulating hunger, and producing comedic and energetic effects. Conversely, the *Cannabis indica* plant is known to cause more of the "stoned" effect, possibly due to a higher CBD to THC ratio.

Normal cognition is restored in approximately three hours for larger doses via a smoking pipe, bong or vaporizer. However, if a large amount is taken orally the effects may last much longer. Minuscule psychoactive effects may be felt up to 24 hours to a few days, depending on dosage, frequency and tolerance.

According to the UK medical journal *The Lancet*, Cannabis has a lower rate of dependence compared to both nicotine and alcohol. However, everyday use of Cannabis is correlated with some withdrawal symptoms such as irritability, anxiety, and insomnia. There is also evidence to suggest that if a user experiences stress, the likelihood of getting a panic attack increases due to an increase in THC metabolites. However, any Cannabis withdrawal symptoms are typically mild to moderate and are never life-threatening alone. Various extracts including hashish and hash oil are also produced from the plant.

Medical cannabis

A synthetic form of the main psychoactive cannabinoid in Cannabis, 9-tetrahydrocannabinol (THC), is used as a treatment for a wide range of medical conditions.

In the United States, although the Food and Drug Administration (FDA) does acknowledge that "there has been considerable interest in its use for the treatment of a number of conditions, including glaucoma, AIDS wasting, neuropathic pain, treatment of spasticity associated with multiple sclerosis, and chemotherapy-induced nausea," the agency has not approved "medical marijuana". There are currently 2 oral forms of cannabis (cannabinoids) available by prescription in the United States for nausea and vomiting associated with cancer chemotherapy: dronabinol (Marinol) and nabilone (Cesamet). Dronabinol is also approved for the treatment of anorexia associated with AIDS. The FDA does facilitate scientific investigations into the medical uses of cannabinoids.

In a collection of writings on medical marijuana by 45 researchers, a literature review on the medicinal uses of Cannabis and cannabinoids concluded that established uses include easing of nausea and vomiting, anorexia, and weight loss; "well-confirmed effect" was found in the treatment of spasticity, painful conditions (i.e. neurogenic pain), movement disorders, asthma, and glaucoma. Reported but "less-confirmed" effects included treatment of allergies, inflammation, infection, epilepsy, depression, bipolar disorders, anxiety disorder, dependency and withdrawal. Basic level research was being carried out at the time on autoimmune disease, cancer, neuroprotection, fever, disorders of blood pressure.

Clinical trials conducted by the American Marijuana Policy Project, have shown the efficacy of cannabis as a treatment for cancer and AIDS patients, who often suffer from clinical depression, and from nausea and resulting weight loss due to chemotherapy and other aggressive treatments. A synthetic version of the cannabinoid THC named dronabinol has been shown to relieve symptoms of anorexia and reduce agitation in elderly Alzheimer's patients. Dronabinol has been approved for use with anorexia in patients with HIV/AIDS and chemotherapy-related nausea. This drug, while demonstrating the effectiveness of Cannabis at combating several disorders, is more expensive and less available than "pot" and has not been shown to be effective or safe.

Glaucoma, a condition of increased pressure within the eyeball causing gradual loss of sight, can be treated with medical marijuana to decrease this intraocular pressure. There has been debate for 25 years on the subject. Some data exist, showing a reduction of IOP in glaucoma patients who smoke cannabis, but the effects are short-lived, and the frequency of doses needed to sustain a decreased IOP can cause systemic toxicity. There is also some concern over its use since it can also decrease blood flow to the optic nerve. Marijuana lowers IOP by acting on a cannabinoid receptor on the ciliary body called the CB receptor. Although Cannabis is not a good therapeutic choice for glaucoma patients, it may lead researchers to more effective, safer treatments. A promising study shows that agents targeted to ocular CB receptors can reduce IOP in glaucoma patients who have failed other therapies...

Source: Wikipedia For more information, see <http://en.wikipedia.org/wiki/>

The movement gains momentum

A couple of years ago, there was a horrific problem with kids in Northern Labrador sniffing gasoline and glue. They were brought south for treatment because the facilities were here, not because our cars don't run on gasoline...Criminals will still sell some drugs, but it will be a tiny proportion providing drugs are easily available through any system we establish, without too many restrictions. This is important because the more restrictions we impose, the larger will be the role of gangs."

So, how could we, as a society, guarantee that the harm reduction resources, facilities, and institutions would follow?

Smith paints this picture: "Life has no guarantees, but with the savings in law enforcement, courts and jails, medical – amounting in Canada to 2.5 billion dollars yearly, surely a small portion could be used for harm reduction?"

Ok, here's the cliché that I just had to ask: How would we explain good from bad to children if crack-meth was, say, legal and available in what would be tantamount to a segregated drug store, sanctioned by a progressive government?

Smith argues, "The important thing is for our children to have healthy, loving, supportive childhoods. If you look at the derelict drug users in our inner cities, they are there not because of drugs but because of physical, sexual and psychological abuse. Many have escaped chronic alcoholism in their home communities. Healthy kids have plans, to become productive members of society, to marry, to have kids of their own. Nowhere on their list of things to do is to become chronic drug abusers and it won't happen."

He adds, "Re: [Crystal] there are many things not mentioned. We already give our attention deficit kids crystal—Ritalin is the same substance. The difference is crystal is smoked which gets it into the brain much more rapidly. Anything can be abused; some addicts mainline painkillers, anti-nausea drugs, anti-histamines etc...Injection is the problem as it gets large amounts of the substance almost immediately into the brain."

When asked to outline his concept of what legalization would look like, Smith was equivocal in saying that "[we] are not going to design that; it will be muddled over and fiddled with by the politicians for years. Several models have been suggested. One view is that we should distribute in much the same way as we do tobacco and alcohol today. Remember it is much easier for kids today to get drugs than alcohol. Clearly the derelict-type addict would have to be supervised and provided drugs until able or willing to get off them altogether. That alone will cut property crimes by at least 80%. Others have suggested that pharmacies sell drugs as they did until 1920. Whatever system we use, it must provide privacy for the purchaser and be readily available. If not the gangs will continue to thrive."

What does Smith say of the *status-quo*?

"I loathe a system entirely designed to make vicious criminals rich and powerful. Furthermore, their kids likely will be wealthy and so called pillars of society and all through drugs. Any long-term police [person] will tell you the scariest drug is liquor. With it, respectable individuals turn into violent, vile animals. All riots are alcohol associated, as are almost all violent crimes. Other drugs if used in these situations are almost always taken with liquor."

He concluded, "At least 80% of property crimes are committed by addicts. Why not provide them with their drug of choice, and save people from the victimization or B&E's, theft from auto, etc."

The Opposition viewpoint

Denise Savoie, NDP MP for Victoria, is equally appalled by the idiocy of the Conservative government's formal position on drugs. She says categorically, "I believe the way to prevent the problems associated with drug use is not to 'get tough' by further criminalizing it, as the Conservatives continue to do with measures like Bill C-15. This US-styled war on drugs is simplistic, knee-jerk and counter-productive; we already spend 73% of our drug strategy on enforcement, yet drug use continues to rise".

Savoie continues, "There is certainly need and value in cracking down on gangs and organized crime by increasing policing resources, which the Conservatives have not yet delivered; however, it must be complemented by addressing drug use from a public health perspective, making smart use of harm reduction, strengthening community resources and targeting the root causes of demand."

She adds, "That's not soft on crime, it's smart on crime. Meanwhile, the current Conservative 'strategy' of slapping a mandatory minimum on every crime in the code is intellectually bankrupt and entirely ineffective. It doesn't deter organized and violent crime – it just makes it better organize and more violent."

The most unequivocal and interesting point she makes is this: "Cracking down on someone with two pot plants in their pocket is a ridiculous diversion of precious resources – like cracking down on jaywalkers while ignoring speeding cars. I personally believe that it's time to recognize that prohibition has caused more death, pain, harm and crime than we can bear, and *it's time to stop it*".

For people who don't know, Savoie also points out, "I presented a petition in the House of Commons last year (wearing a hemp shirt) asking the government to recognize that industrial hemp is a valuable fibre and a large biomass source that could be used to replace many commonly used problematic materials. Industrial hemp could actually help farmers diversify their farm operations, and many people have called for government incentives for industrial hemp processing facilities for paper and other products, while making use of hemp biomass in the making of bio-fuels, instead of using food for fuel. I will continue to advocate these smart approaches to drug policy in Canada".

There are certainly many people who would like to know more about this petition and where things stand on it.

Cannabis for medical purposes

A required part of this overall conversation is of course the equally controversial and political subject of providing high-quality cannabis for medical purposes.

But there are people willing to put themselves out there. One such character worth following is Ted Smith who heads up the medical cannabis club in Victoria found at www.cbc-canada.ca.

He comes into the debate with the comment that, "In regards to legalization vs. decriminalization, I consider decrim a lawyer's term for job protection."

Smith's point is that, "While, under decrim, the consumer faces fewer penalties, there is still a reigning regime of punishment and denial, giving organized criminal groups a large market in which to operate."

"Legalization turns all the justice system expenses of the drug war into small, tax-paying businesses," he says. "This would allow police to focus upon crimes with victims while taking a source of revenue away from criminal organizations. The best model to consider is how the wine industry operates, maximizing jobs by promoting small businesses that could specialize in local varieties and extra services."

Smith adds, "The changes happening under the new administration in the US are exciting. It is weird watching the US getting out of the drug war while the current leading political party in Canada is preparing mandatory minimum sentences for various drug crimes. Bill C-15 would give people at least six months for growing as few as six plants



Cannabis sativa from Vienna Dioscurides, 512 A.D. -- from Wikipedia, the free encyclopedia

if they are convicted of intending to sell it [marijuana]."

Think of Ted Smith as a walking, talking hemp plant.

The question that begs to be asked is, with so many people wanting to use cannabis, why not make it easier for them to get a prescription, instead of them having to access the drug illegally? Then the issue becomes encouraging doctors to further investigate the merits of cannabis as pain relief and exploring the political reasons holding that research back.

Patients who have a prescription from a doctor are getting marijuana legally in Victoria. Contrary to gossip, it's not technically unlawful to self-medicate with cannabis but there are hoops to jump through: you must have proof that you are suffering from a disease where cannabis may prove useful/helpful.

That's a bit different from a doctor recommending using cannabis in writing. It allows the patient to make the call, and protects the doctor's reputation albeit he/she could certainly produce a medical file that itemizes the patient's condition, if need be.

The whole argument in connection to the use of cannabis for medical purposes is highly politicized.

Professionals who argue that marijuana is relatively safe can face severe political consequences. For instance, Professor David Nutt, the British government's chief drug adviser, was removed from his post after he said the drug was less harmful than alcohol.

It may not be as bad in Canada but certainly doctors have to be careful not to damage their careers and not look like they are advocating being a pot-head!

Marijuana as a drug with medical benefits is increasingly being recognized – there's no question of that. For instance, Dr. Willem Scholten, of the World Health Organization, believes patients should have access to high-quality medicine [*Wall Street Journal*, November 27, 2009].

Scholten, as is the case with many other sincere professionals, implies that if cannabis does have medical attributes, there would need to be a system in place that ensures that patients get their medicine (without contamination, bacteria, pesticides and/or harmful other ingredients in the stash) and that they get the same access every time. The key is that it be grown, regulated and distributed legally.

If cannabis is a good medicine, then it should be accessible to people who suffer from serious pain as a result of HIV, multiple sclerosis, muscular dystrophy, HEP C, and other grave illnesses. Certainly this list isn't exhaustive.

The movement toward legalization of drugs both "hard" and "soft" gains momentum once we accept cannabis for medical use. Patient first in other words.

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