

CANNABIS POLICY OUTLINE

- **Medical Profession.** Many professional organizations have made strong statements warning against widespread [cannabis use](#). e.g. [AMA](#), [RACGP](#), [AAP](#), [ACOG](#), [British Lung Foundation](#).
- **Common Pattern.** The almost ubiquitous pattern in which medical cannabis is used today is to treat decades long cannabis addiction, with the other indications serving as mere “tickets” to engage whilst simultaneously avoiding legal censure.
- **Higher Concentrations.** At 25-35% cannabis now is about ten times stronger than earlier and forms (Waxes, “Shatter”, Dabs) up to 100% THC are coming. In USA organized crime is often associated with legal cannabis operations.
- **Parallel Drug Approval Pathway.** It is obvious that whilst all other drugs are held to a strict approvals and regulatory pathway cannabis products are held to no serious control whatsoever with the industry in an effectively unregulated exponential growth phase.
- **Limited Benefits.** Despite the international rhetoric of many governments and the cannabis industry there is either nil or very poor evidence for the efficacy of the vast majority of cannabinoid products in the management of most indications presenting to GPs (Ref [RACGP Review](#)).
- **Known Harms.** Alternately, there is increasing direct and indirect evidence from cellular, mechanistic, case data and epidemiological studies of “likely” harm from cannabis, both within and across generations (epigenetics). This is supported by large epidemiological studies, [confirming](#) increased [cancers](#) and [neonatal](#) congenital [abnormalities](#) in areas of increased cannabinoid use, not dissimilar from those used to identify links between tobacco or alcohol and morbidities. [Numerous](#) aging [pathologies](#) are [accelerated](#) 30% at 30 years.
- **Further Harms.**
 - i) Gateway role** – Into harder drugs and criminal lifestyle is now well established by studies in numerous countries. Whilst few cannabis users progress to harder drugs, virtually all users of harder drugs have used cannabis, with much higher rates of drug and criminal progression amongst ever users of cannabis.
 - ii) Adult Brain** – Most major psychiatric syndromes have been linked with cannabis viz: sedation, amotivational state, anxiety, PTSD, serious mental disorders, depression, psychosis, bipolar disorder, schizophrenia, suicidal thoughts and completed suicides. Also linked with homicide and violence and over 70 mass shootings in USA thought to be linked with aggression (seen in both cannabis withdrawal and intoxication), impaired judgement and psychosis
 - iii) Child Brain** – ADHD-like and autism-like features; extreme aggression; impaired cortical processing; learning difficulties; smaller brain; microcephaly; anencephaly (which causes death within hours)
 - iv) Chest disease** – COPD, chronic bronchitis, emphysema, lung cysts, elevated residual volume, premalignant changes in upper and lower airways
 - v) Immunomodulation** – Both immunosuppression and immunostimulation are described mediated via T-cells, B-cells, NK Cells, T-reg cells, antibodies and cytokines
 - vi) Endocrinopathy** – Central and peripheral hypogonadism, Prolactin elevated

- vii) **Cardiovascular** - accelerated coronary artery and atherosclerotic disease; strongly arrhythmogenic (many tachyarrhythmias both atrial and ventricular; asystole kills within seconds); strokes.
 - viii) **Driving, machine operating, workplace safety, critical skills.** Evidence here is overwhelmingly negative and very concerning. Highly associated with motor vehicle fatalities (which kill). Alcohol-cannabis vehicular impairments are common.
 - ix) **Overdose.** Especially with new highly concentrated forms and in combination with alcohol and other drugs. In Colorado overdoses from cocaine, amphetamines opioids and fentanyl have risen massively since legalization. Includes psychotic reactions. In Colorado, Texas and elsewhere **fatal child overdose** has become a major problem.
- **Genetic Toxicity.** These include gestationally and neonatal congenital abnormalities, cancers both childhood and adult, and the occurrence of premature age-related morbidities, and [powerful](#) direct [effects](#) on the [aging](#) process [etc](#).
 - **Known Mechanisms.** These findings are underpinned by clear cellular mechanistic studies on how cannabinoids (both THC and CBD based) can cause the above by interfering with [normal cellular and body functions](#) creating [antecedents of disease](#). This of course is not surprising given the increasing understanding of the role of endogenous cannabinoids in [normal development](#), body functioning, and cellular reproduction and maintenance, chromosomes, gene maintenance and control (epigenome) and that use of large doses or prolonged exogenous cannabinoids can significantly disrupt these functions.
 - **“Do No Harm.”** Given the aforementioned, it is clear that caution needs to be applied to the medical use of cannabinoids, that although in the most positive interpretation may have a nominal impact managing morbidities, may in turn cause greater harm transgenerationally.
 - **Multigenerational Impacts** Genetic and epigenetic effects are believed to persist for at least [three to four generations](#). Cannabinoids have been shown to be driving several [childhood](#) (and thus cross-generational) cancers including [total childhood cancer](#). Cannabis, THC and cannabidiol have been shown to be linked with the cancers of the: [breast](#), [prostate](#), [ovary](#) and [testis](#) showing carcinogenesis to the reproductive organs. Also many birth defects including the absence of [arms](#) and [legs](#) and congenital [brain](#), [face](#), and [heart defects](#). Also aging of the [sperm](#) and [ovum](#) themselves in [rodents](#) and [humans](#).
 - **Rigorous Trials – Evidence Base.** It is therefore not only reasonable but essential that each cannabinoid product marketed should be assessed by the established international standards for pharmaceutical development, and to which all other pharmaceutical products, prior to being released and used in populations must conform. There is need for a robust evidence base. At present cannabis is not performing impressively in hundreds of [clinical trials](#). In the case of cannabinoids this must include rigorous and long term tests of genetic, epigenetic and epitranscriptomic toxicity including: genotoxicity, carcinogenicity, mutagenicity, teratogenicity and gametotoxicity in both sexes.
 - **Not Incarceration.** We do not believe that period of incarceration for possession of small amounts of cannabis is appropriate. Nor has the law ever worked in this way either in this country nor in other western nations.
 - **Education Needed.** Clearly widespread community education on this subject is needed. The leaders of our profession are superbly placed to spearhead the delivery of needed messages. However the educational effort needs to be a much broader whole of Government approach.