Cannabis Control, or Controlled by Cannabis?

The Public Health & Safety Promotion Policy Proposal – Cannabis Use in Australia

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OVERVIEW

This Policy Proposal has been designed for Australia with the hard learned lessons from other jurisdictions in mind. Ensuring faux claims of perceived manageability are addressed. Not only has there been considerable consultation with health, legal and policy professionals, but with the voice of the vast silent majority of non-substance users being heard. Informing and being informed by this majority demographic who have been kept in the dark on this now heavily engineered and dangerous psychotropic toxin.

Australians deserve best practice safety, health and wellbeing policy.

Alcohol and Tobacco are still the greatest contributors of harm to the public health and safety arena. Adding another psychotropic toxin to the currents of trade will only amplify and add to these growing community harms. Once a substance is trivialised, normalised, decriminalised, legalised then commercialised – harms will increase and the human cost in short and long-term harms, not least to the emerging generation will be incalculable. All that will be achieved is the greater accessibility, availability and acceptability of a now addictive and demand sustaining substance.Add to that, commercialisation – you now have another thriving addiction for profit industry decimating public and community health, with impunity. This is completely contrary to good public health, safety and productivity.

This document will demonstrate that the Penington Institute modelling of vast sums of money to be garnered by the Victorian Government from tax revenues and increased employment will be far outweighed by the health and social costs presented by cannabis legalisation, and that the Penington document is culpably silent on the very real demonstrable costs that far outweigh its touted benefits.

The ‘Perfect Permission’ model of legalised substances has not removed the criminal dealer from the market place, and will not do so in Australia. If the argument is applied that ‘enforcement will ensure the regulated market will not be undermined or black market cannabis continues’, then we could argue that could be done now, whilst the substance is still technically illegal. It is all about political will.

The question then becomes not whether a substance can be policed, but whether there is the political will to police it in the best interest of public health, safety and wellbeing.

A COUNTER-POLICY RESPONSE TO THE PENINGTON CANNABIS CONTROL PLAN

July 2025

Executive Summary

The Penington Cannabis Control Plan (PCCP) claims to offer a cautious, health-first model for cannabis legalisation in Australia. In reality, it lays the groundwork for commercialisation, increased harm, and the erosion of public health standards under the guise of regulation. Drawing on selective international examples, the PCCP ignores well-documented social and psychiatric harms, underestimates the influence of industry, and overstates the ability of legislation to "control" a psychotropic substance through licensing schemes alone.

This counter-paper exposes the core fallacies of the PCCP and presents a prevention-based framework that protects health, supports diversionary reform, and rejects addiction-for-profit economics. Australia does not need to legalise cannabis to modernise drug policy; it needs the political will to invest in what works: education, demand reduction, prevention, treatment, and recovery.

1. Public Health: What's Missing from "Health-Based" Legalisation

The question must be asked, “What are the precise public health impacts of cannabis that would be exacerbated by its legalisation?”

Between 2019 and 2024, dozens of peer-reviewed medical journal population studies have been completed on the actual health impacts of cannabis. These studies confirm what was known for at least 5 decades from in vitro studies – that cannabis is mutagenic, carcinogenic and teratogenic. The population studies have been done on massive populations, including the 330 million US citizens from 50 States all with varying cannabis legalisation or prohibition regimes, as well as the very significant populations for 14 countries in Europe, likewise with differing cannabis use regimes.

The public health impacts are very substantial. Cannabis is shown to be causal in :

- **33 cancers** (as compared to 16 for tobacco) where Cannabidiol (CBD) is the most carcinogenic cannabinoid at 12 cancers. The studies show that cannabis provides a greater burden, in terms of cancers caused in a population, than either tobacco or alcohol. The costs of cannabis-caused cancers alone will later be shown to outweigh any revenues or cost-benefits cited by the Penington study. [1, 2]
- **Cancers which make up 70% of pediatric cancer cases** [3, 4]
- **90 birth defects** out of 95 tracked in the European Union including hole in the heart, cleft lip/palate and limb deformities [5, 6]
- **Autism**, where Cannabidiol (CBD) is once again heavily implicated [7, 8]
- **Premature aging** of users by 30% at 30 years [9]

This adds to the already well established medical and social harms of cannabis, including psychosis[10] , elevated risk of suicide[11] and violence (including domestic violence)[12]

The PCCP claims cannabis legalisation will promote public health by regulating use. But regulation has not neutralised harm in any jurisdiction that has legalised high-potency cannabis. On the contrary:

- **Cannabis Use Disorder is rising**, with over 40% of schizophrenia cases in Canadian youth now linked to cannabis use.[13]
- **Emergency department visits among young people have surged** post-legalisation in both Canada and parts of the U.S.[14]
- **THC concentrations have skyrocketed**, with 60–90% concentrates widely available in legal markets.[15]

By focusing on regulation rather than restriction, the PCCP ignores the basic rule of substance policy: **greater access leads to greater use**, especially among youth.

Instead of promoting health, the PCCP paves the way for:

- **Normalisation of daily use**, even among adolescents.
- **Increased comorbidity** with anxiety, depression, psychosis, and suicidality.[16]
- **A new industry** with a vested interest in addiction and demand generation.

Cannabis legalisation is not a health intervention; it is the beginning of a public health crisis by design.

2. Public Safety: Crime Reduction Or Crime Redirection?

The PCCP asserts that legalisation will reduce crime and allow law enforcement to "focus on more serious offences." But evidence from legalised jurisdictions tells a different story.

- In **California**, the black market remains larger than the legal one.[17]
- In **Oregon**, cannabis-related organised crime and illegal grows have increased since Measure 110.[18]
- In **Colorado**, youth access through diverted legal supply remains a top concern of police departments.[19]
- In the UK since drug testing on arrest commenced the numbers are staggering. Psychotropic toxins including THC are not only correlated with, but causal of crime. Greater permission to engage with such substances will not reduce crime.[20]

Cannabis retail stores — often highly concentrated in lower-income areas — become **targets of armed robbery**, as their product is valuable, portable, and often transacted in cash.

Legalisation does not remove criminal actors. It **changes their tactic**s:

- From selling on the street to selling online or undercutting licensed prices.
- From small-scale distribution to **organised criminal supply of untaxed high-potency products.**
- From street enforcement to **cross-border trafficking**, especially where cannabis remains illegal federally or in neighbouring states.

Rather than “fighting crime,” legalisation **outsources it to a more diffuse, harder-to-trace network**. The PCCP offers a plan for partial compliance, not community safety.

3. Controlling Cannabis: Regulation Or Rubber Stamp?

The Penington Plan promises “strict controls” on cannabis through licensing, age restrictions, product standards, and retail oversight. But in every jurisdiction where cannabis has been legalised, **the idea of control has proven illusory**.

- **Age restrictions are routinely bypassed** through social sourcing, straw purchasers, and online sales. In Colorado, over 40% of youth report accessing cannabis through someone else’s legal purchase.[21]
- **Potency limits are either unenforced or raised over time**, under pressure from commercial operators seeking higher profits.[22]
- In Canada, **marketing restrictions are evaded through social media influencers, product placement, and lifestyle branding**.[23]
- The current disaster that is Australia's ‘Vote for Medicine’ framework has seen a very thin facade of medical legitimacy be tasked to facilitate recreational use to growing numbers of uninformed ‘customers’. This is already a clear harbinger of only further harms that will be precipitated by the expansion and repetition of these current failed regulation protocols.[24]

The idea that cannabis can be safely “controlled” through retail licensing ignores the reality of regulatory capture. As with tobacco and alcohol, once an addictive industry is legalised, it does not stay in its lane.

The PCCP assumes:

- That governments can out-regulate addiction-driven profit models.
- That enforcement agencies will be funded and politically empowered to act against a now-legal product.
- That “education” will offset commercial promotion.
- Ironically, the only model that manages to achieve these potential outcomes has been the QUIT campaign on Tobacco. The gold standard of ‘denormalisation’ is the key. All media, education, government and health policies and practices have only One Focus, One Message and One Voice - QUIT. Cessation of use is the only goal driver that reduces problematic use. This can be done now, if political will permits. But to legalise this addictive psychotropic toxin and then prepare to ‘denormalise’ it, is a ludicrous cognitive dissonance at best.

But the evidence is clear: **legalisation erodes regulation over time**. In legal markets, industry pushes for more outlets, higher limits, looser packaging laws, and greater access. Every “guardrail” becomes a speed bump on the way to full commercialisation.

In reality, the PCCP is not a plan to control cannabis. **It is a plan to license loss of control**.

4. The Economy: Profits First, Costs Later

The Penington Plan suggests that cannabis legalisation will generate tax revenue, create jobs, and reduce enforcement costs. These claims are **economically optimistic, but empirically empty.**

Here's what the data actually shows:

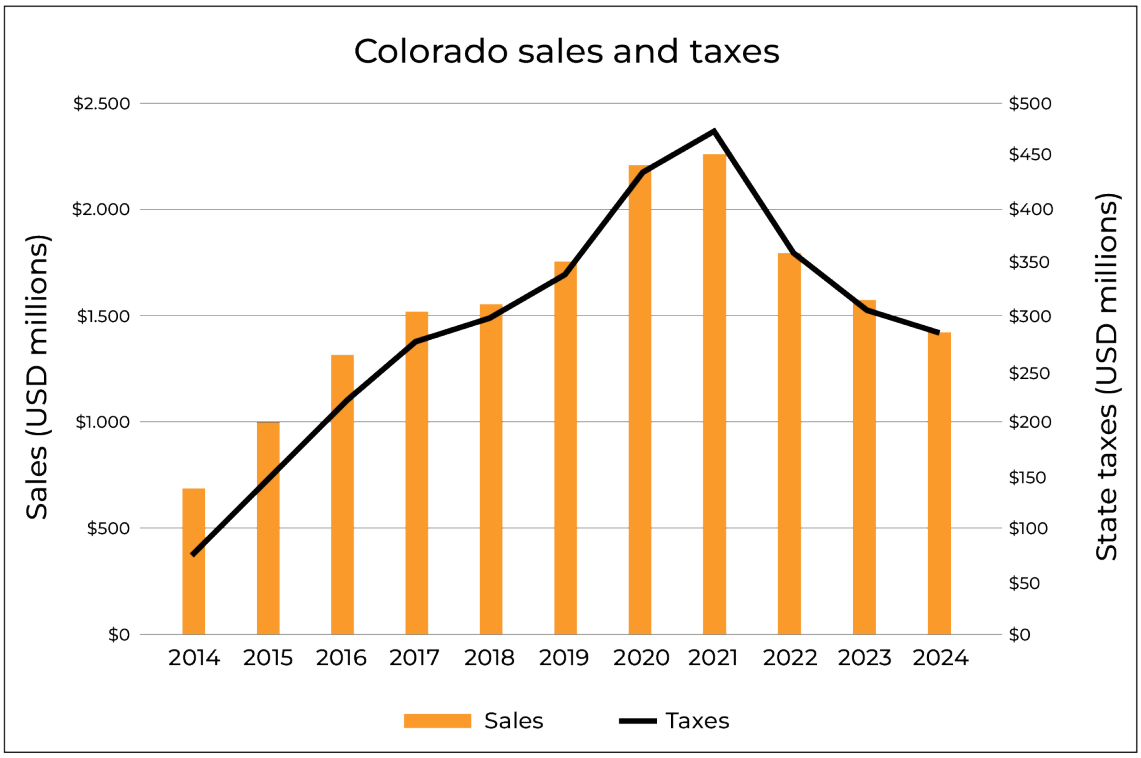
- In California, **legal operators are going bankrupt** due to price collapse and black market competition.[25]
- In Canada, **tax revenues from cannabis make up less than 0.4% of total federal revenue**, while mental health and healthcare costs continue to rise.[26]
- A 2024 cost-benefit analysis found that **for every dollar earned in cannabis tax revenue, up to $4.50 is spent on downstream public costs**, including healthcare, road trauma, regulation, and lost productivity.[27]

To illustrate from the Penington Institute's own figures on page 9 of their document, their graph reproduced on our following page, celebrating rising tax revenues also inevitably shows the rise in cannabis use, where all of the harms (and their substantial costs) previously outlined are increased accordingly.

Taking the 2024 cost-benefit analysis cited above, the 1:4.5 ratio between tax dollars earned and downstream public costs never reduces the disparity of sharply increased cannabis harms as cannabis use will always rise against the touted rising tax revenues.

Further, the 2024 cost-benefit analysis does not include the recent findings of the population studies previously outlined, where, to take an example of one single cannabis harm, cannabis-caused cancers in the US outweigh those from tobacco. This has heavy cost implications to add to the analysis. 43%, or $59 billion of the total $137 billion of Australian smoking-related costs in 2015/16 was from cancers.[28, 29]

Figure 2: Regulated adult-use cannabis sales and taxes in Colorado (USD$ million)[20]



Rising cannabis use as seen in the Pennington graph above, the inevitable correlation of cannabis legalisation, along with rising medical cannabis use, will sharply increase the costs of cannabis-related cancers. This is but one of the health harms newly but solidly established in the peer-reviewed literature.

Legalisation does create jobs — mostly in marketing, lobbying, and packaging — but these come **at the cost of public health and workforce reliability**. Youth daily use increases, absenteeism rises, and workplace accidents become more frequent in states and provinces that legalise.[30]

And the biggest winners?
Private equity groups and multinationals who consolidate the market, shape the rules, and offload the public health bill to governments and families.

The PCCP does not offer economic reform. It offers **another addictive product line with a tax stamp**.

Conclusion: Regulated to Death

The Penington Cannabis Control Plan promises safety, regulation, and community wellbeing. In reality, it offers **a roadmap to commercial cannabis normalisation**, built on fragile assumptions and willful disregard of evidence from jurisdictions that have already travelled this path.

Legalisation is not a neutral act. It is **a structural shift in how society relates to risk, health, and corporate power**. Where it has occurred, the outcomes are clear:

- **Use goes up**
- **Harms increase**
- **Regulation erodes**
- **Industry captures the agenda**

There is no evidence that Australia will be the exception to this global trend. And every reason to believe we will repeat — or exceed — the same mistakes.

What Australia needs is not a "Cannabis Control Plan," but a **Cannabis Prevention and Recovery Framework**. This framework must centre on structured diversion programs, not depenalisation alone. It must empower the judiciary to serve as rehabilitative guides, not mere sentencing agents. And it must build on proven examples — from the Wandoo Rehabilitation Prison's sub-1% recidivism rate to Kenton County's two-phase Strong Start program, which slashed reoffending by over 60%.

Models in Portsmouth, Ohio, show what whole-of-community recovery can look like when housing, employment pathways, trauma-informed counselling, and wraparound services are integrated. Secure welfare environments, not just open referrals, make meaningful behavioural change possible.

Innovations like financial literacy at San Quentin, wild horse rehabilitation in Nevada, and drama therapy in New York further illustrate that recovery is not abstract — it's practical, it's measurable, and it's already working.

TRUE REFORM DOES NOT WEAKEN THE ROLE OF COURTS. IT EXPANDS THEIR CAPACITY TO RESTORE DIGNITY, HEALTH, AND AGENCY. THAT'S THE FUTURE AUSTRALIA DESERVES.

Alternative Framework: Prevention, Not Promotion

What Real Reform Looks Like

Instead of...	We need...
Legal retail stores normalising use	Total Denormalising mechanisms society wide.
	Diversion programs supporting recovery
Licensing schemes favouring industry	Localised prevention initiatives
High-potency extracts with weak oversight	Evidence-based limits on availability and access
"Education" campaigns competing with advertising	Saturation prevention messaging - One Message, One Focus, One Voice. QUIT.
Commercial tax logic	Community wellbeing investment
Social equity dispensaries	Demand reduction incentives and actions for at-risk communities

Principles for an Australian Drug Policy That Works

1. **Protect Children**
   Delay initiation, reduce access, reject normalisation.

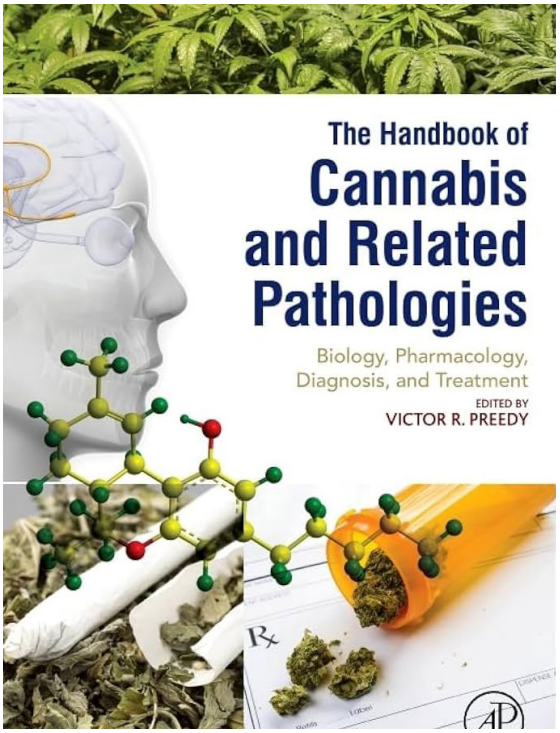
2. **Reduce Use, Not Just Harm**
   Shift the focus upstream to demand prevention.

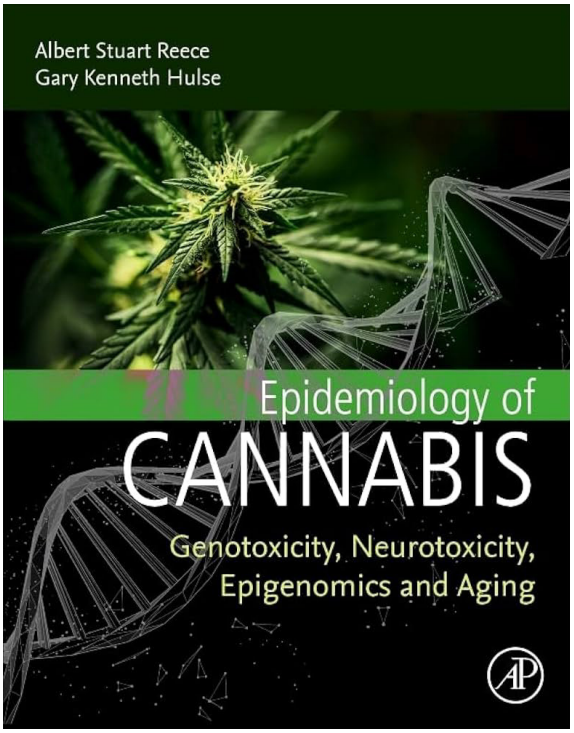
3. **Support Recovery Through Structure**
   Invest in judicial diversion, trauma-informed care, and accountability.

4. **Follow the Evidence, Not the Economics**
   Prioritise mental health, social resilience, and workforce participation over speculative tax gains.

5. **Resist Commercial Capture**
   Don't repeat the mistakes of Big Tobacco, Big Alcohol, and now, Big Cannabis.

Further Imperative Policy Considering Resources





Parliamentary Joint Committee on Law Enforcement

Public communications campaigns targeting drug and substance abuse

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Endnotes

1. Reece, Albert Stuart, Gary Kenneth Hulse, and Wei Wang: Cannabis, Cannabidiol, Cannabinoids, and Multigenerational Policy (2023). https://www.engineering.org.cn/engi/EN/10.1016/j.eng.2022.07.012

2. Drug Free Australia: Cannabis and cancers (2025). https://www.youtube.com/watch?v=4T_RKFbkNFo&t=103s

3. Reece, Albert S. and Gary K. Hulse: A geospatiotemporal and causal inference epidemiological exploration of substance and cannabinoid exposure as drivers of rising US pediatric cancer rates (2021). https://ro.ecu.edu.au/ecuworkspost2013/10071/

4. Reece, Albert Stuart, Gary Kenneth Hulse, and Wei Wang: Cannabis, Cannabidiol, Cannabinoids, and Multigenerational Policy (2023). https://www.engineering.org.cn/engi/EN/10.1016/j.eng.2022.07.012

5. Reece, Albert Stuart, Gary Kenneth Hulse, and Wei Wang: Cannabis, Cannabidiol, Cannabinoids, and Multigenerational Policy (2023). https://www.engineering.org.cn/engi/EN/10.1016/j.eng.2022.07.012

6. Drug Free Australia: Cannabis and multiple birth defects (2025). https://www.youtube.com/watch?v=aLQFvY-Z19g&t=16s

7. Reece, Albert: Impact of Converging Sociocultural and Cannabinoid-Related Trends on US Autism Rates Dataset: Combined Geospatiotemporal and Causal Inferential Analysis (2020). https://data.mendeley.com/datasets/p7myt3fbzs/1

8. Drug Free Australia: World expert explains strongly causal role of Cannabis in autism epidemic (2025). https://www.youtube.com/watch?v=x8bDLzEInWA&t=833s

9. Reece, Albert Stuart, Gary Kenneth Hulse, and Wei Wang: Cannabis, Cannabidiol, Cannabinoids, and Multigenerational Policy (2023). https://www.engineering.org.cn/engi/EN/10.1016/j.eng.2022.07.012

10. Di Forti, Marta et al.: The contribution of cannabis use to variation in the incidence of psychotic disorder across Europe (EU-GEI): a multicentre case-control study (2019). https://pubmed.ncbi.nlm.nih.gov/30902669/

11. Gobbi, Gabriella et al.: Association of Cannabis Use in Adolescence and Risk of Depression, Anxiety, and Suicidality in Young Adulthood: A Systematic Review and Meta-analysis (2019). https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2723657

12. Dellazizzo, Laura et al.: Association Between the Use of Cannabis and Physical Violence in Youths: A Meta-Analytical Investigation (2020). https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2020.19101008

13. WRD News: Cannabis Legalisation Linked to Surge in Psychosis Cases in Canada (2024). https://wrdnews.org/cannabis-legalisation-linked-to-surge-in-psychosis-cases-in-canada-study-reveals

14. JAMA Network Open. "Changes in Incident Schizophrenia Diagnoses Associated With Cannabis Use Disorder After Cannabis Legalization." February 2025. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2829840

15. Dalgarno Institute, 2020 Impact Report. https://www.dalgarnoinstitute.org.au/images/resources/pdf/Dalgarno_Impact_Report_2020.pdf

16. Massive Population Studies Confirm Alarming Cannabis Harm (March 2024). https://www.dalgarnoinstitute.org.au/index.php/resources/cannabis-as-medicine/2278-massive-population-studies-confirm-alarming-cannabis-harm2

17. California Cannabis Market Outlook (2024), Whitney Economics. https://cannabis.ca.gov/wp-content/uploads/sites/2/2025/03/California-Cannabis-Market-Outlook-FNL.pdf

18. Oregon Secretary of State Audit: Measure 110 Implementation (2024). https://sos.oregon.gov

19. Colorado Department of Public Safety. Impacts of Marijuana Legalization in Colorado (2021). https://cdpsdocs.state.co.us

20. WRD News Team: Drug Testing on Arrest Programme Reveals 96,000 Positive Results Since 2022 in England and Wales (2025). https://wrdnews.org/drug-testing-on-arrest-programme-reveals-96000-positive-results-since-2022-in-england-and-wales/

21. Healthy Kids Colorado Survey (2021). https://cdphe.colorado.gov/healthy-kids-colorado-survey

22. WRD News: The Hyannis Consensus Blueprint. https://wrdnews.org/the-hyannis-consensus-blueprint-a-landmark-in-balanced-drug-policy

23. Canadian Centre on Substance Use and Addiction (CCSA). Marketing and Youth Cannabis Use (2023). https://www.ccsa.ca

24. Dalgarno Institute: Failing Mental Health and 'Vote for Medicine' Models: Cannabis Conundrum Grows (2024). https://www.dalgarnoinstitute.org.au/index.php/resources/next-phase-blog/2414-failing-mental-health-and-vote-for-medicine-models-cannabis-conundrum-grows

25. Los Angeles Times. “California Cannabis Businesses Struggle in Saturated Market” (2024). https://latimes.com

26. Canada Revenue Agency. Cannabis Excise Tax Data (2023). https://www.canada.ca

27. Foundation for Drug Policy Solutions (FDPS) Blueprint (May 2025). https://drugpolicysolutions.org/fdps-blueprint

28. Tobacco In Australia: The costs and benefits of smoking to the Australian economy (2025). https://www.tobaccoinaustralia.org.au/chapter-17-economics/17-2-the-costs-of-smokin

29. Australian Institute of Health and Welfare: Burden of tobacco use in Australia: Australian Burden of Disease Study 2015 (2019). https://www.aihw.gov.au/reports/burden-of-disease/burden-of-tobacco-use-in-australia/summary

30. Institute for Work & Health: Cannabis use linked to higher injury risk, but only among those who use at or before work (2022). https://www.iwh.on.ca/plain-language-summaries/cannabis-use-linked-to-higher-injury-risk-but-only-among-those-who-use-at-or-before-work