

# *Little Green Pharma's Aggressive Expansion: What the Annual Report Doesn't Tell You About Cannabis Harms*

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*Little Green Pharma Ltd's 2021 annual report* reads like a triumph of commercialisation over caution. The Australian medicinal cannabis company posted 217% revenue growth, acquired Europe's largest production facility, and raised \$54.2 million in capital whilst claiming to treat over 50 medical conditions. Yet between the lines of corporate optimism lies a troubling disconnect with mounting scientific evidence about cannabis harms that the industry would prefer remained buried.

## **Exponential Growth, Questionable Foundations**

Little Green Pharma's 2021 figures tell the story of an industry in hypergrowth. The company achieved revenue of \$7 million, up from \$2.2 million the previous year. In financial year 2021 alone, the company added 10,600 new patients, representing a 130% increase. By June 2021, more than 15,200 patients had been prescribed LGP products by over 530 active Australian prescribers.

The Denmark acquisition represents the centrepiece of the company's expansion strategy. The 21,500m<sup>2</sup> cultivation site can produce over 20 tonnes of biomass annually, dwarfing the company's Australian facility which produces 3 tonnes. Managing Director Fleta Solomon describes this as enabling the company to "capitalise on our early mover status and brand recognition in Europe and Australia."

The company secured distribution agreements across Germany (with Demecan), Poland (with Pelion subsidiary), Denmark (with Balancial), and selection as a primary supplier to France's government medicinal cannabis trial. This trial is framed explicitly as market development: the company anticipates it will "catalyse legalisation of a ~€4 billion French medicinal cannabis market."

The language throughout is that of market capture, not medical caution. Chairman Michael Lynch-Bell celebrates the company's "early-mover commercial volumes in international markets" as "the primary mechanism to secure and grow offshore market share."

## **The Evidence They're Not Discussing**

Whilst Little Green Pharma promotes expansion and patient numbers, peer-reviewed research tells a starkly different story. Recent epidemiological studies analysing populations exceeding 330 million across the United States and significant European cohorts have established what laboratory evidence has shown for decades: cannabis is mutagenic, carcinogenic, and teratogenic.

Between 2019 and 2024, dozens of population studies published in mainstream medical journals confirmed that cannabis exposure is causally linked to 33 cancers (compared to 16 for tobacco), with cannabidiol (CBD) – often marketed as the "safe" cannabinoid – implicated as the most carcinogenic at 12 cancers. These aren't speculative findings. They represent rigorous panel regression and causal inference analyses with E-values (a measure of causation strength) reaching extraordinarily high levels.

The same research identifies cannabis as causal in 90 out of 95 birth defects tracked across the European Union. These include hole in the heart, cleft lip and palate, limb deformities, and the severe VACTERL syndrome – a multisystem disorder affecting vertebrae, anus, cardiac system, trachea, oesophagus, renal system and limbs. The P-value for VACTERL's association with daily cannabis use was  $6.16 \times 10^{-6}$ , with an E-value of  $1.70 \times 10^{20}$ , indicating causation so strong that confounding factors are virtually impossible to explain it away.

Studies in both the United States and Europe show that 46 out of 62 and 90 out of 95 congenital anomalies respectively are causally related to cannabinoid exposure. The 40 shared anomalies between datasets include Down syndrome, Edward syndrome, Patau

syndrome, Turner syndrome, encephalocele, spina bifida, diaphragmatic hernia, and numerous cardiovascular malformations.

## **The Genotoxic Trifecta: Cancer, Birth Defects, Accelerated Ageing**

Research published in the journal *Engineering* outlines what scientists now call the “cannabinoid genotoxic trifecta”: cancerogenesis, clinical teratogenesis, and cellular ageing. Cannabis exposure has been shown to advance users’ epigenetic clock age by 30% at just 30 years of chronological age, based on DNA methylation studies. This wasn’t from heavy daily use – the study involved average use of merely 3.39 days per month over four years.

The mechanisms are well established. Cannabinoids cause chromosomal breaks and translocations, oxidation of DNA bases, abnormal sperm and oocyte morphology, and mitochondrial inhibition. Recent epigenetic studies document 382 hits on histone modifying enzymes, 25 hits on fundamental DNA methylation machinery, 242 hits on key embryonic morphogens, and 810 hits predicting various cancers.

Perhaps most disturbing is the multigenerational transmission of harm. Cannabis doesn’t just affect the user – it affects their children, grandchildren, and potentially great-grandchildren through heritable epigenetic changes. Studies show that 59% of the human genome (1,754 megabases of 3,000 megabases total) is directly implicated in cannabinoid genotoxicity.

## **CBD: The “Safe” Cannabinoid That Isn’t**

Little Green Pharma produces various cannabinoid formulations including CBD-dominant oils such as LGP Classic 1:100, launched in February 2021. The company’s expansion relies partly on CBD’s reputation as non-intoxicating and therapeutic. Science tells a different story. Studies show CBD is genotoxic even in low doses, linked with DNA fragmentation, single- and double-strand breaks, micronucleus formation, and oxidation of DNA bases. As far back as 1999, research demonstrated CBD was as genotoxic as toxic cancer drugs.

In United States data, CBD exposure was significantly associated with nine congenital anomalies. The sum of exponents of the lower confidence interval of E-values for CBD-linked anomalies was 39, compared to 8 for tobacco and 0 for monthly alcohol use. This makes CBD a far more potent teratogen than presently legal drugs.

CBD also interacts directly with the Sonic hedgehog pathway – a major tissue morphogen involved in forming most body structures during embryonic development. This explains why cannabis is so strongly linked to VACTERL syndrome and multiple severe structural defects.

## **Is This an Addiction-for-Profit Business Model?**

Little Green Pharma’s revenue model depends on continued and increasing patient numbers. The company’s strategic pillars explicitly prioritise “patient acquisition in Australia” and “early mover commercial volumes in international markets” as mechanisms to “secure and grow offshore market share.”

This concerningly appears to mirror the playbook documented in analyses of cannabis legalisation failures. As one policy document states: “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.”

Australian medical cannabis frameworks have been described as “a very thin facade of medical legitimacy tasked to facilitate recreational use to growing numbers of uninformed customers.” The system functions as “a clear harbinger of only further harms that will be precipitated by the expansion and repetition of these current failed regulation protocols.”

Evidence from legalised jurisdictions confirms this trajectory. Cannabis Use Disorder is rising dramatically post-legalisation. Over 40% of schizophrenia cases in Canadian youth are now linked to cannabis use. Emergency department visits among young people have surged. Black markets persist and often grow larger than legal ones, as seen in California. In Colorado, over 40% of youth report accessing cannabis through someone else's legal purchase, demonstrating the failure of age restrictions.

In the Australian experience, the leading indication for medical cannabis is cannabis addiction itself, sometimes thinly veiled by presenting complaints of back pain or other conditions difficult to objectively verify. Dronabinol and nabilone – synthetic cannabinoids available for decades in the United States – are rarely used due to intolerable side effects including sedation, nausea, vomiting and hallucinations.

## **What 50+ Conditions Really Means**

Little Green Pharma's annual report graphic claims its products are "approved for treatment" of over 50 medical conditions. This assertion warrants scrutiny. The company provides no breakdown of which conditions, no evidence of efficacy for each, and no acknowledgement of the serious harms associated with cannabis exposure. The cannabis industry globally has exploited legitimate suffering to drive commercial expansion. Chronic pain, anxiety, insomnia, PTSD – all conditions with limited treatment options become marketing opportunities for products with thin evidence bases and substantial risk profiles.

The 2022 rapid response published in the *British Medical Journal* stated bluntly: "The reticence of British physicians to become involved in the current cannabis hysteria is to be applauded especially with the very thin (with few exceptions) evidence base for clinical indications and the increasingly documented and exceedingly concerning cannabis genotoxicity public health trifecta."

## **Following the Money: Executive Compensation and Institutional Investment**

Little Green Pharma's financial structure reveals its priorities. In FY2021, Managing Director Fleeta Solomon received total remuneration of \$955,522, whilst Executive Director Angus Caithness received \$801,506. Both hold performance rights and long-term incentives tied to share price milestones – rewards directly linked to commercial expansion, not patient outcomes.

The company's June 2021 capital raise attracted Hancock Prospecting, one of Australia's largest mining and resources companies, which invested \$15 million as part of a \$27.2 million placement. The total capital raised during the year reached \$54.2 million from institutional and retail investors. The involvement of major institutional investors signals that cannabis commercialisation is seen as a legitimate growth industry regardless of health implications.

The company's spending priorities tell their own story. In FY2021, Little Green Pharma spent \$1.78 million on research and development, \$2.11 million on sales and marketing, and \$714,000 on education. This pattern suggests commercial priorities outweigh genuine therapeutic investigation.

## **The French Experiment and European Market Development**

Little Green Pharma was selected as one of four primary suppliers to France's two-year medicinal cannabis pilot programme. The company's framing is revealing: rather than describing this as a public health investigation, it explicitly positions the trial as market development providing "first mover advantage in any future French market."

The company anticipates the trial will "catalyse legalisation of a ~€4 billion French medicinal cannabis market" and states it will be "the sole pathway for the supply of cannabis medicines into France until the end of calendar year 2023."

The Denmark facility acquisition represents the company's bet on European commercialisation. With capacity exceeding 20 tonnes annually – more than six times the company's Australian production – it provides manufacturing capability far beyond current medical demand, suggesting anticipation of either recreational legalisation or dramatic expansion of medical indications.

## **Regulatory Capture and the Illusion of Control**

Little Green Pharma operates within Australia's Therapeutic Goods Administration framework, marketing this regulatory oversight as evidence of product safety and legitimacy. Yet regulatory systems are not designed to assess long-term genotoxic impacts or multigenerational harms. They evaluate immediate safety and basic efficacy, not whether a substance causes cancer in users' children or accelerates cellular ageing by decades.

Policy analyses warn: "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."

Cost-benefit analyses from legalised jurisdictions consistently show that for every dollar earned in cannabis tax revenue, between \$2.50 and \$4.50 is spent on downstream public costs including healthcare, road trauma, regulation, and lost productivity. In Australia, 43% of the \$137 billion in smoking-related costs in 2015/16 came from cancers alone. With cannabis now found to be causing more cancers than tobacco, these costs would escalate dramatically under widespread commercialisation.

## **The Violence and Mental Health Connection**

Whilst Little Green Pharma promotes its products for conditions including PTSD and anxiety, research demonstrates moderate to strong associations between cannabis use and violence. Studies show that any marijuana use during adolescence nearly doubles the risk for intimate partner violence perpetration. Cannabis use is a risk factor for violence that remains significant regardless of study design and adjustment for confounding factors.

The connection to psychosis is equally well-established. High-potency cannabis (which increasingly dominates markets, including medical markets) is linked with first-episode psychosis, with areas implementing more liberal cannabis policies experiencing greater proportions of hospitalisations for cannabis-associated psychosis. The increase in psychosis prevalence parallels cannabis liberalisation in nationally representative surveys.

## **Multigenerational Policy Implications**

Perhaps the most damning aspect of cannabis commercialisation is its multigenerational impact. As the *Engineering* journal article states: “Restricting the exposure of populations to genotoxic cannabinoids is a primary responsibility of public health authorities – not only for their own populations but for at least four generations to come.”

Little Green Pharma’s annual report contains no discussion of genotoxicity, teratogenicity, or transgenerational harm. The company’s pharmacovigilance activities – its system for monitoring drug safety – cannot possibly capture effects that manifest in users’ children, grandchildren, or great-grandchildren decades after exposure.

Clear indications of major genotoxic and age-related morphological changes to sperm and oocytes provide presumptive evidence of preconceptional ageing of the fertilised zygote. The implications are profound: today’s cannabis users may be programming genetic damage into multiple generations of their descendants.

## **The QUEST Initiative: Quality of Life Without Quality of Evidence**

Little Green Pharma prominently features its QUEST Initiative – a hallmark observational study conducted by the University of Sydney examining quality of life for medicinal cannabis patients. By the report date, the study had onboarded 120 prescribers and recruited 1,700 participants.

Quality of life measures, however, don’t capture DNA damage, chromosomal aberrations, or epigenetic changes that accelerate ageing and programme disease into future generations. They certainly don’t measure the cancers that may appear in users’ children or the birth defects in their grandchildren.

The company’s clinical investigation into LGP Classic 10:10 oil concluded the medicine was “safe and effective for the treatment of chronic refractory pain,” yet the parameters for “safe” did not include long-term genotoxic assessment or multigenerational follow-up. The company has progressed to a further trial investigating efficacy for fibromyalgia symptoms.

## What Prevention Looks Like

Effective substance control has one successful model: the tobacco denormalisation campaign. The gold standard involves unified messaging across media, education, government and health policies with one focus, one message, one voice.

Cannabis commercialisation moves in the opposite direction. It normalises, medicalises, and ultimately trivialises a genotoxic substance under the banner of patient care and therapeutic innovation. Companies like Little Green Pharma build business models dependent on increasing consumption whilst remaining silent on demonstrable costs that far outweigh touted benefits.

Proven prevention and recovery models exist. Programmes focusing on structured diversion, trauma-informed treatment, and genuine recovery support show reoffending reductions exceeding 60%. These models centre on helping people exit substance use, not maintaining them on psychotropic substances indefinitely.

## The Questions That Need Answering

Little Green Pharma's annual report should prompt serious questions from regulators, investors, and the medical community:

1. What evidence supports claims that cannabis treats over 50 medical conditions when peer-reviewed literature shows thin therapeutic evidence alongside substantial harm profiles?
2. How does the company reconcile aggressive commercial expansion with evidence that cannabis is causally linked to 33 cancers and 90 birth defects?
3. What protocols exist to monitor long-term genotoxic effects, including multigenerational impacts on patients' descendants?
4. How many patients are being prescribed cannabis primarily for cannabis addiction itself, masked by secondary presenting complaints?
5. What percentage of the company's research budget addresses harm reduction versus product development and market expansion?
6. How does the company justify CBD promotion when research shows it is more teratogenic than tobacco or alcohol?
7. What responsibility does the company acknowledge for patients who develop Cannabis Use Disorder, psychosis, or other documented adverse outcomes?
8. How can production capacity exceeding 20 tonnes annually be justified for genuine medical need rather than anticipated recreational commercialisation?

## **A Philosophy of Surrender**

The cannabis industry represents what has been described as “a philosophy of surrender, where managed despair is mistaken for compassion and policy ambitions have shrunk to keeping people alive in misery rather than enabling them to live with dignity and hope.”

Little Green Pharma’s success metrics – patient numbers, revenue growth, market penetration – reflect commercial priorities, not health outcomes. The company positions itself as bringing relief to suffering patients whilst building a business model dependent on expanding consumption of a substance with profound, multigenerational health implications.

The annual report celebrates the company’s “passion about transforming lives” and vision to “reimagine cannabis medicines.” Yet evidence from multiple peer-reviewed epidemiological studies suggests the transformation may extend far beyond intended therapeutic effects – programming genetic damage, accelerating cellular ageing, and causing birth defects and cancers across multiple generations.

## **The Choice Ahead**

Australia and other nations pursuing cannabis commercialisation face a stark choice. They can follow jurisdictions where legalisation has demonstrably failed where black markets persist, youth use increases, mental health crises worsen, and addiction treatment systems overflow. Or they can prioritise evidence-based prevention over industry profits.

The cannabis industry wants populations to believe commercialisation is about compassion, patient access, and therapeutic innovation. Little Green Pharma’s annual report makes the reality clear: it’s about market capture, revenue growth, and commercial expansion before public awareness catches up with scientific evidence. As peer-reviewed research documenting cannabis genotoxicity continues to accumulate, the question becomes unavoidable: how many generations will pay the price for today’s commercialisation of a substance whose harms are only now becoming fully apparent?

Between the celebration of 217% revenue growth and acquisition of Europe's largest cannabis facility lies a profound ethical question that Little Green Pharma's annual report never addresses: at what human cost is this commercial success being achieved?

Source:

*The Genotoxicity of Cannabis & Why Doctors Should NOT Prescribe it!*

*Legalising Harm: Why Cannabis Legalisation is an Egregious Error*

*Cannabis, Cannabidiol, Cannabinoids, and Multigenerational Policy*

*Australian Cannabis Legalisation Condemned as "Philosophy of Surrender"*