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INQUIRY INTO IMPACT OF THE REGULATORY FRAMEWORK FOR CANNABIS IN NEW SOUTH WALES

Organisation: Alcohol and Drug Foundation

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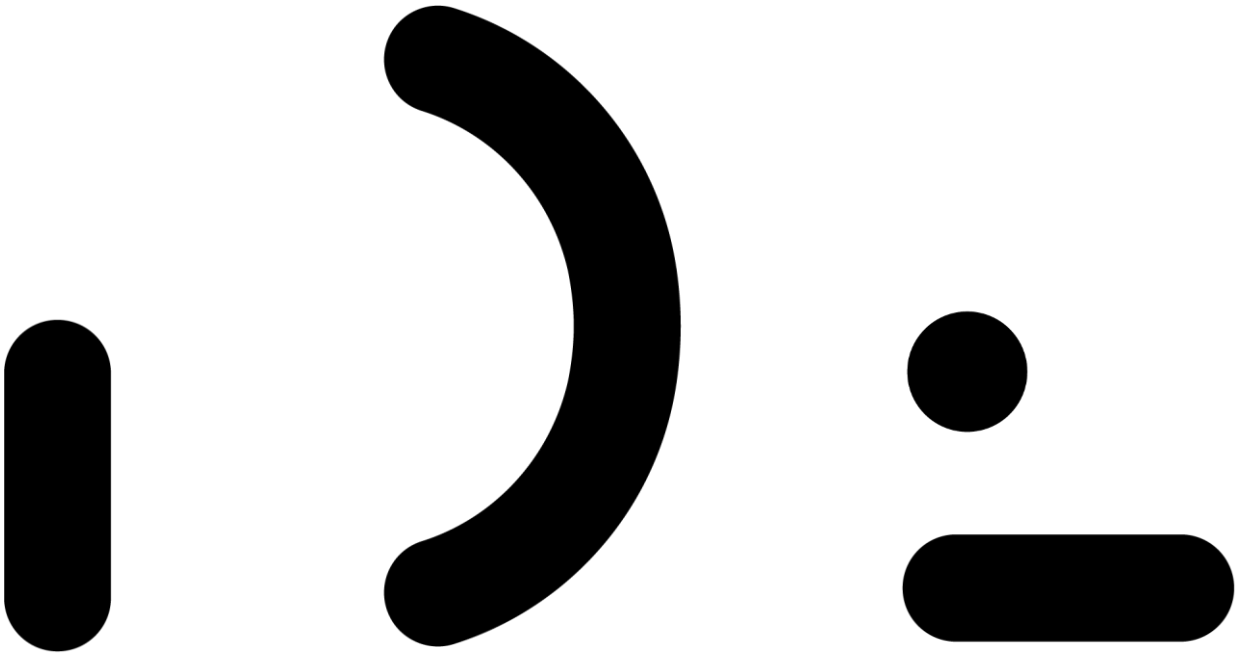

Impact of the regulatory framework for cannabis regulation in NSW

Alcohol and Drug Foundation Submission

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Level 12
607 Bourke Street
Melbourne VIC 3000

PO Box 818
North Melbourne
VIC 3051

T 03 9611 6100
F 03 8672 5983
adf@adf.org.au
adf.org.au

ABN 66 057 731 192

Alcohol and Drug Foundation

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About the Alcohol and Drug Foundation

The Alcohol and Drug Foundation (ADF) delivers evidence-based approaches to minimise alcohol and other drug harm. We recognise the power of strong and empowered communities and the important role they play in preventing problems occurring in the first place. A community-centric approach is at the heart of everything we do.

Executive Summary

Cannabis is the most commonly used illicit substance in Australia, with 41% of people aged 14 and over (8.8 million people) having tried cannabis in their lifetime, an increase from 36% in 2019.[1] Yet, it is currently illegal to produce, distribute or sell cannabis, and in most Australian jurisdictions, it is illegal to possess cannabis for non-medical use. Trends towards health-based responses like decriminalisation and diversion suggest that criminalisation is both increasingly limited in its application and effectiveness at responding to use and preventing harms. Moreover, those who continue to be affected by criminalisation may be those who are more often in contact with police, meaning that the law is applied inequitably.

In the last few decades there have been global shifts towards alternative approaches regulating cannabis away from criminalisation. In Australia, the ACT, South Australia, and the Northern Territory have all decriminalised the personal possession of cannabis up to a certain threshold, meaning that individuals generally face a fine or a health referral when detected in possession, rather than a criminal sanction. Additionally, in the ACT an individual or household are able to grow two or four cannabis plants respectively, though use of cannabis in public was made a criminal offence.[2] Public attitudes towards cannabis are trending away from criminalisation, with 80% of Australians supporting possession of cannabis not being a criminal offence, and 45% of Australians supporting legalisation of cannabis, increasing from 25% in 2010.[1]

The legalisation of medicinal cannabis has led to new business models emerging that prescribe and provide cannabis products via online advertising and telehealth, which would usually not be seen with pharmaceutical products.[3] While this has already begun to shift cannabis availability away from illicit markets, there are concerns that the medicinal market may be evolving into both a space for legitimate medical access to an important medicine, and also a pathway to access to legal cannabis for those able to afford and navigate the system. This may have the effect of further entrenching inequalities in the application of cannabis laws, where some are able to access cannabis via a legal pathway and others will remain in the illicit market.

The ADF is committed to evidence-based drug policy that minimises harm via the three pillars of the *National Drug Strategy* – demand reduction, supply reduction, and harm reduction. The balanced regulation of a harmful product for legal sale is a pathway that can achieve these ends, by shifting production and access to a regulated system to reduce availability and risks associated with unregulated products. While the quality of evidence on public health outcomes of cannabis legalisation from other jurisdictions is mixed, available research suggests that highly commercialised models are associated with increased harms compared to non-commercial or minimally commercial models.

This submission discusses the impacts of the current framework of cannabis regulation in Australia. It also provides an overview of alternative models to the regulation of cannabis, including non-commercial approaches to cannabis regulation, which may be best suited to minimising harm.

Impacts of the current regulatory framework

01 INEFFECTIVENESS OF THE CURRENT REGULATORY FRAMEWORK

Data on the prevalence of cannabis use in Australia shows that the current approach to regulation has not been successful in reducing use and availability. Despite significant expenditures on cannabis-related law enforcement, estimated at $1.7 billion in 2015/16, indicators of demand and supply suggest that Australia has a large, well-supplied cannabis market.[4, 5]

Cannabis remains the most commonly used illicit drug in Australia, with nearly half of the population having tried it at least once in their lifetime.[1] Cannabis is also reported among people who use drugs as being easy or very easy to obtain, suggesting that criminalisation has not deterred its use but has instead contributed to allowing a large illicit market to exist.[6, 7] The number of border detections of cannabis increased by 812% over the past ten years, from 2,660 in 2011 to 24,255 in 2020-21. During this time, the total weight of cannabis seizures also increased by 47%, from 7,349kg in 2011-12 to 10,787kg in 2020-21.[8] Almost half (47.1%) of drug-related arrests nationally were for cannabis, with 90% being related to personal use and possession, rather than trafficking offences.[5] The current regulatory framework has been ineffective, costly and disproportionately impacts those people who are detected with cannabis for personal use, rather than suppliers.

02 HARMS RELATED TO THE ILLICIT MARKET

Excluding medicinal cannabis, all cannabis sales and products in Australia occur within an illicit market. This unregulated market poses several risks, including the flow of profits to organised crime groups, unknown potencies of cannabis products, and a lack of systems to prevent sales to minors.[9] The illicit nature of the market also means that consumers are at risk of purchasing contaminated or adulterated products, which can have serious health consequences. In an illicit market, the products that consumers access are of varying quality, potency, and specific impacts, leading to an unpredictable and dangerous drug supply.

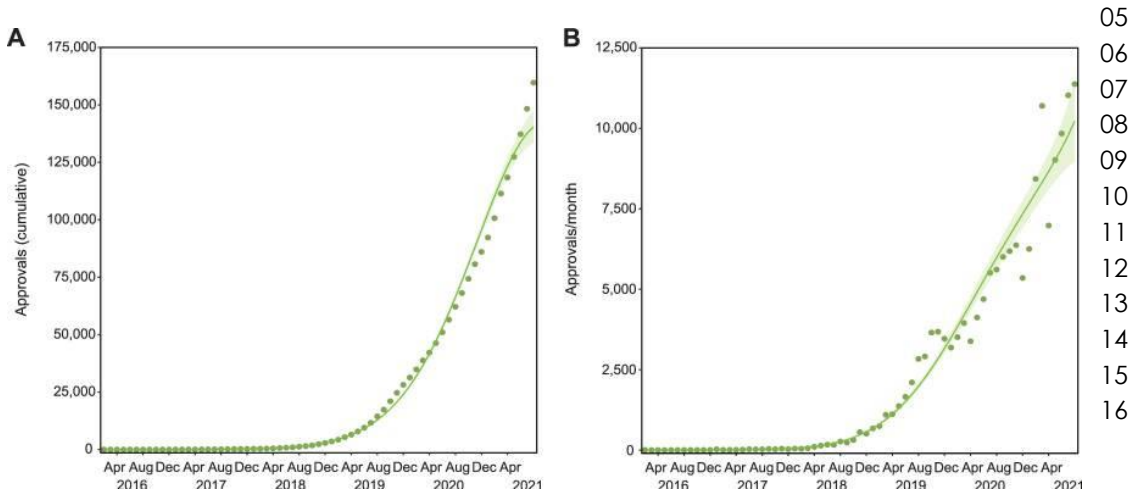
03 HARMS RELATED TO CRIMINALISATION

The criminalisation of cannabis has led to several harms, including high availability, personal use harms, and the marginalisation of communities targeted by enforcement efforts. Criminalisation also contributes to the perpetuation of stigma surrounding cannabis use, which can prevent individuals from seeking help for related health issues. Additionally, the enforcement of cannabis laws disproportionately affects marginalised communities, leading to further social inequalities. While police diversion programs are expanding, research from NSW shows that the application of diversion schemes is inequitable. To be eligible for the NSW Cannabis Cautioning Scheme, a person must have less than 15g of dried cannabis, have no prior convictions for drug, violent or sexual offences, must admit to the offence and consent to the caution. Individuals can receive up to 2 cautions before they are charged. These eligibility criteria are a significant barrier for Indigenous people, who are overrepresented in contacts with police and the criminal justice system.[10] Research has found that non-Indigenous people in NSW are four times as likely to be offered

diversion for cannabis than Indigenous people in NSW, demonstrating that while criminalisation continues to exist that it can cause harm to those already experiencing systemic discrimination.[11]

04 INCREASING ACCESS TO CANNABIS THROUGH THE MEDICINAL MARKET

In recent years there has been a significant increase in the number of people accessing cannabis via prescription in Australia, with over one million new patients reported as commencing cannabis via the authorised prescriber scheme since 2016, and a further half a million approvals under the SAS-B access pathway[12]. Of significant concern is the emergence of commercial actors in the medicinal cannabis space in Australia. The rapid proliferation of prescribing has seen the emergence of doctor's clinics that are marketed directly as cannabis clinics. Internet searches quickly produce numerous results. These clinics are vertically integrated – they conduct online consultations and then sell the prescribed medication to the consumer. This is concerning as these clinics have an incentive to prescribe medical cannabis products. As cannabis is not indicated for specific conditions, prescriptions can be made for a range of issues that may not have a solid evidence base. The following graph from a study by MacPhail et al. demonstrates the trend in medicinal cannabis prescribing.[13] While this study's data stops at the end of 2021, this trend has largely continued.[12]



With the presence of commercial actors whose main purpose is to provide cannabis prescriptions and then sell the medicines, there is a risk that the motivation for prescribing is financial rather than medical. This has the potential to cause harms if cannabis products are inappropriately prescribed. The medicinal cannabis space is at greater risk of these harms given the significant increase in prescribing, ambiguity around prescribing practices, potential non-medical demand for cannabis, and the ongoing criminalisation of non-medical cannabis possession and use in Australia. Indeed, it is arguable that Australia risks developing a quasi-legalised market for non-medical cannabis access through medicinal cannabis. Lessons from international jurisdictions with expansive medicinal cannabis systems suggest evidence-based specified conditions, indications and tight regulation, like those for other medicines, are required to maximise public health outcomes.[14] This is a serious issue that must be considered when assessing options for changes to cannabis regulation in Australia.

Considerations for the regulation of cannabis

It is clear that prohibition of substances and the criminalisation of individuals using substances generates harm, but the evidence is also clear that there are risks associated with the use of

psychoactive substances like cannabis. Any move to create a regulated market for cannabis must therefore strive to find a balance between ensuring adequate availability so that the illicit market is undermined, while also providing protections to ensure the risk of harms are reduced. These protections can include creating a non-for-profit or government monopoly model, limiting trading hours and outlet density, limiting online sales and delivery, limiting product types, age restrictions, bans on promotion, effective pricing, and minimising the role of for-profit actors in the sector.

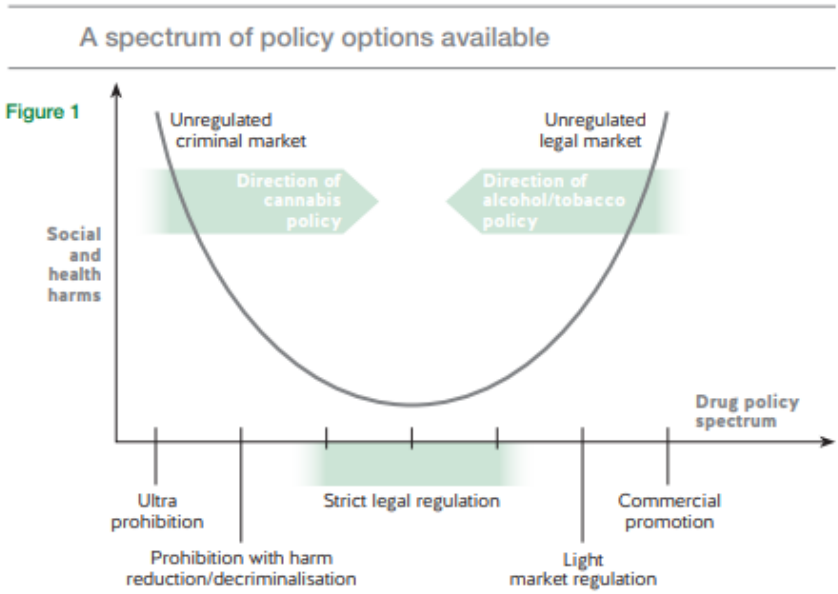
Lessons from alcohol and tobacco control have demonstrated that creating safer environments through regulating availability, pricing, and promotion, can have profound impacts on the public health outcomes associated with substance use while maintaining a legal market.[15] An effective approach to cannabis regulation should involve the three pillars of harm minimisation – supply reduction through regulation, demand reduction through education and public health messaging, and harm reduction education and advice for those who do choose to use. A holistic approach should go beyond the mechanics of legalisation and market regulation and must ensure that the community at large is targeted through holistic approaches.

Evidence from international jurisdictions demonstrates that minimising the impact of commercial actors in any proposed cannabis market should be a priority of any approach to regulation, to ensure that public health objectives can be maximised. The legalisation of cannabis can otherwise continue to reproduce inequalities, where economic considerations outweigh social and public health considerations. Experience in other harmful industries shows that commercial determinants in the health space can have an outsized impact on harms.

05 COMMERCIAL DETERMINANTS OF HEALTH

A growing body of research is exploring the commercial determinants of health. Commercial determinants of health are drivers of health outcomes that are motivated by commercial rather than public health interest[16]. In other industries where harmful products are provided by for-profit organisations, there is a conflict between the incentives of for-profit organisations and public health outcomes. For-profit entities will invariably seek growth and profit as their key driver, without consideration of public health outcomes. The example of the tobacco industry demonstrates how for-profit business can actively work against the public good. It has taken decades of hard-fought regulation to contain the power of the tobacco industry in the developed world. Similar challenges exist in the alcohol and gambling spaces in Australia today. Research evaluating the impact of cannabis regulation suggests that the role of commercial entities should be minimised, particularly at the point of retail sale, to reduce negative public health outcomes.

Additionally, evidence from other harmful industries demonstrate that availability, pricing, and promotion, are all drivers of harms[17]. Commercial providers have an incentive to increase availability, lower prices, and increase promotion of harmful products to maximise sales. At the other end of the spectrum, a fully prohibitionist approach unfairly criminalises and encourages illicit markets. While an overly commercialised model drives harms through heightened availability and promotion, a regime of overregulation drives harm through forcing individuals into black markets and criminalisation. The following diagram from Transform Drug Policy Foundation demonstrates this spectrum of regulatory options and their corresponding harms:[9]



06 ALTERNATIVE APPROACHES TO THE REGULATION OF CANNABIS

Available evidence suggests that alternative approaches to regulating cannabis could address many of the harms associated with the current approach. Shifting production and access to a regulated system would reduce the availability of cannabis, particularly to minors and mitigate the risks associated with unregulated products. Regulation would also provide opportunities to implement harm reduction strategies, improve, public health outcomes and reduce the influence of organised crime in the cannabis market. Furthermore, regulating cannabis would allow for the development of safer consumption practices and reduce the stigma associated with cannabis use.

Conclusive evidence concerning the outcomes of specific models of cannabis regulation is still emerging. Many jurisdictions have adopted commercialised models, where for-profit businesses are involved in the production, distribution, and retail of cannabis products. As a result, much of the research that directly examines the health outcomes of the legalisation of cannabis concerns these models. As has been outlined above, commercialised models may put public health outcomes in conflict with profit incentives for businesses.[18] Commercial models tend to see greater variation in product types available, many of which are associated with increased harms due to higher potency (e.g. dabs, shatter, concentrates, oils etc.), or accidental poisonings when in the form of edibles (e.g. lollies with THC content).[18-20] Additionally, commercialised models tend to see prices decrease as markets mature, something that is also associated with further harm.[21, 22] This submission provides an overview of non-commercial alternative approaches to regulating cannabis from international jurisdictions.

Not-for-profit model

A not-for-profit cannabis regulation model can include not-for-profit retail or wholesale, or a government monopoly over retail or wholesale. Not-for-profit models can also include cannabis social clubs (CSC). Members allocate their allowance of cultivation of cannabis plants for personal use to the club, which grows and supplies cannabis to members at a designated venue.

Evidence from jurisdictions implementing this model, such as Spain and Uruguay, is limited but suggests that community control of production and retail can enhance public health outcomes compared to commercial models, as profit incentives from retail sales are removed.[23] This model can be effective in displacing illicit cannabis markets and reducing their associated harms, provided that products are accessible and appropriately priced. However, this is associated with more limited tax revenue compared to for-profit models and is restricted to individuals with access to growing facilities or social networks through which to join invitation-only CSCs, potentially excluding marginalised populations from accessing the licit market. The not-for-profit model may also require some enforcement to direct individuals to the licit market and prevent diversion of illicit products into the licit market, as well as sale of licit products on the illicit market.[9] It can also be more difficult to regulate and monitor product types and access.

Government monopoly model

Under this model, the government holds a monopoly on retail and/or wholesale of cannabis products, allowing for strong regulation of product types, promotion and availability. Some jurisdictions, such as Quebec, allow private actor involvement in production, such as from commercial actors, social enterprises or not-for-profit actors.[9]

Evidence from Quebec suggests that a government monopoly on retail sales of cannabis products can be very effective at moderating public health impacts through the regulation of the types of products that can be sold. For example, Quebec has moved to prohibit sales of certain types of edibles (e.g. cannabis brownies, gummies or chocolates) that may appeal to children.[24] This model can also result in financial gains for government which can be used to enhance alcohol and other drug (AOD) harm reduction and treatment services. In Quebec, profits and taxes from cannabis sales are remitted in full to the Fonds de lutte contre les dépendances, a government-run cannabis education and prevention fund. In 2022-23, more than CA$200 million was redirected to this initiative.[25] A government monopoly can also increase control over the supply chain, reducing the variety in product types and potency that is often seen in commercial models. A government retail monopoly can also reduce outlet density, which is associated with higher levels of harm.[26] Early evidence from Quebec suggests that use of cannabis in the past 12 months and regular cannabis use has remained stable since the legislation was introduced in 2018.[27]

However, government monopolies that are overly restrictive may not meet demand and fail to displace existing illicit markets. Like not-for-profit models, products within a government monopoly model must be accessible and appropriately priced to replace illicit markets which have the potential for greater harms. Research from the International Cannabis Policy Study (ICPS) found that people in Quebec reported the lowest rates of purchasing cannabis from legal sources at 79% in 2022.[28]

Growing and gifting

The growing and gifting model, such as that proposed by the *Drug Misuse and Trafficking Amendment (Regulation of Personal Adult Use of Cannabis) Bill 2023*, enables adults to cultivate a certain number of cannabis plants (the bill enables up to 6 cannabis plants per household) and gift, but not sell, cannabis leaf to other adults (the bill enables gifting of up to 50g of cannabis leaf). In the ACT, an individual aged over 18 years can grow up to 2 cannabis plants in the home (with a maximum of 4 per household), with some restrictions on how they can be grown (artificial

cultivation is prohibited) and requirements that they are inaccessible to the public and individuals under the age of 18.

International evidence suggests that allowing home growing of cannabis can assist in the transition away from an illicit market by offering a low-cost option for accessing cannabis and providing supply while a regulated supply develops. However, home growing of cannabis is already widespread despite prohibition and enforcement of a growing and gifting model would be very difficult. The need for restrictions must therefore be balanced with the difficulty of enforcement, as overly tight restrictions would likely lead to a situation where all regulations are ignored. A sensible set of restrictions on home growing practice that are clearly identifiable with their stated public health purposes is likely to be the most effective approach.[9] Such restrictions may include requirements that cannabis plants are inaccessible to the public and individuals under 18 and prohibiting the growing and selling of cannabis seeds to people under 18 years.

07 ANY OTHER MATTERS

Cannabis and road safety

Drug driving is a key issue related to introducing a regulated cannabis market. This is already becoming an imperative with rising rates of medicinal cannabis prescribing and would be even more so under a legalised model. International evidence suggests potential increases in road harms following legalisation in some jurisdictions, including Uruguay, the US and Canada. Literature reviews suggests modest increases in traffic incidents, particularly following commercialisation of cannabis markets (opening of retail stores, greater product availability. However, much of the evidence is inconsistent and limited by poor data and study quality and challenges in using cannabis positive toxicology as a measure of impairment.[29-31] Currently roadside drug tests test for the presence of THC, the main psychoactive substance in cannabis, rather than for impairment. This is an issue as THC is lipid, rather than water-soluble, and can be detected in the blood for a long time after last use of cannabis – in some cases even months. This is presenting a complex issue for people prescribed medicinal cannabis who may not be impaired but may still be being detected with cannabis in their system, and potentially facing an immediate loss of licence. While the need for road safety is an imperative, the current approach penalises people who are not impaired – undermining the purpose of the law. Unfortunately, there are no clear technological or policy solutions at this stage. Serious work must be done on this issue to rectify the current injustice, and doubly so if legalisation of cannabis is to be considered.

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