



**Legislative Council Legal and Social Issues Committee**  
**Submission to the Victorian Inquiry into the Drugs, Poisons**  
**and Controlled Substances Amendment (Regulation of**  
**Personal Adult Use of Cannabis) Bill 2023**

**December 2024**

## About the Drug Advisory Council of Australia Ltd

ACN 661 705 282

The Drug Advisory Council of Australia Ltd (DACA) was founded in 1996. One of its founders, Late Elaine Walters' OAM, prior to her passing in May 2024 most recently published work is *Street Drugs: The New Addiction Industry, 2023*. DACA works to bring to the community and policy makers, the latest, most authoritative international and local research on the deleterious impacts and harms of illicit drugs on individuals, families and society. DACA advocates for greater investment in drug rehabilitation services across the nation, state-wide triage services for individuals wishing to withdraw from drugs and for the provision of greater support for the grieving and aggrieved families of the drug affected. DACA will provide drug education to young people from the harm prevention perspective during 2025, on a peer to-peer basis delivered by our Youth Ambassadors.

DACA conducts webinars via *YouTube* on a range of relevant, often compelling topics with guest speakers from across Australia, the United Kingdom and North America. DACA is active in conducting high profile events to engage with a range of demographics, with renowned guest speakers.

DACA's work is both conducted and actively supported by a cohort of respected professionals, across the fields of child protection, hospital management (director level), medical specializations, law enforcement and force command, education and curricula design, psychology, bail justice, criminology, health sciences, medicine, dentistry, (including special needs dentistry), cyber security and the dark web, public policy development, community service and faith bodies. These specialists are well-known Australians and serve as DACA's Patrons, Board of Directors, Public Fund Management Committee and Executive Members. DACA became a registered charity on 18<sup>th</sup> March 2024. In 2021, DACA formed a coalition, known as the Taskforce for Drug Prevention, comprising five additional, anti-illicit-drugs organizations across Australia. This gives DACA coast to coast reach in Australia, being represented in Victoria, New South Wales, Queensland, South Australia, Tasmania and Western Australia. Projects and collaborative work are continuously being undertaken, including joint drug forums, research application, policy development and communications.

**Contact:**

Jan Kronberg,  
National President  
Drug Advisory Council of Australia Ltd  
Suite 603, level 4, 830 Whitehorse Road

**BOX HILL VIC 3128**

**Postal Address:**

P. O. Box Suite 316  
72A Doncaster Road,  
**BALWYN NORTH VIC 3104**

Phone 0447 160 990

E: [jkronberg@daca.org.au](mailto:jkronberg@daca.org.au)

W: <https://daca.org.au>

## Introduction

The Drug Advisory Council of Australia welcomes the opportunity to provide input into the Victorian Inquiry into the *Drugs, Poisons and Controlled Substances Amendment (Regulation of Personal Adult Use of Cannabis) Bill 2023*.

As an organization that has aimed to raise awareness of the dangers of drug use and abuse, we are deeply concerned about the move to:

- Make it lawful for an adult in Victoria to possess small quantities of cannabis for personal use and for an adult to cultivate no more than six (6) cannabis plants for personal use.
- Permit an adult to lawfully in possession of cannabis to give the cannabis by way of a gift to another adult and for other purposes.

In this submission, we counter many claims made by Rachel Payne MP (Legalise Cannabis Party) including:

- That cannabis related health harms have historically been “misrepresented and overstated”
- That legalization of cannabis will reduce the financial and human costs associated with the policing and sentencing of individuals who commit no other crime other than to possess and use a small amount of cannabis.

These claims are not supported by research evidence.

It is important to note that much of the research evidence we present in this submission is in the form of up-to-date systematic reviews. Systematic reviews constitute the highest level of evidence in the evidence ‘hierarchy’, where the results of numerous individual studies are put together into just one summary. By using systematic reviews, we endeavor to be as honest and unbiased as possible in our presentation of evidence. Our goal is to guard against selecting i.e., cherry picking individual studies that confirm our viewpoint, which is that *cannabis is harmful, that cannabis related harms will be multiplied if cannabis is legalized - therefore cannabis should not be legalized in Victoria.*

## Definition of cannabis

The word ‘cannabis’ refers to all products derived from the plant *Cannabis sativa*. The Cannabis plant contains about 540 chemical substances. The word ‘marijuana’ refers to parts of or products from the plant *Cannabis sativa* that contain certain amounts of tetrahydrocannabinol (THC). THC is the substance that is primarily responsible for the effects of marijuana on a person’s mental state. Some cannabis plants contain very little THC. Under U.S. law, these plants are considered ‘hemp’ rather than marijuana. (Miller C.L., 2017)

## 1. Impacts of legalization on public health

In her Second Reading speech Rachel Payne MP claimed that “Modern research is showing us that the (health) harms associated with cannabis have been misrepresented and overstated historically”.

Ms. Payne’s claim is completely false, and an offence against reason and truth.

So, using the currently hackneyed term on this occasion, it is ‘disinformation’. As a result, this ‘disinformation’ completely collapses her case.

Recent **systematic reviews** make it clear that cannabis significantly harms human health. For example:

- Cannabis use increases the risk of cardiovascular conditions, gastrointestinal disorders, and lung and other cancers (Campeny et al, 2020).
- There is a link between cannabis use and a range of psychiatric disorders. This includes psychosis, even in healthy people (Sorkhou et al, 2021).
- Frequent and dependent cannabis use in youth is associated with IQ decline (Power et al, 2021)
- Pregnant women using cannabis are at increased risk of having babies with low birth weight, being small for gestational age and preterm birth. These babies can find it hard to feed and fight off infection. They are at higher risk of neonatal death and chronic disease later in life (Baía & Domingues, 2022; Wilson & Rhee, 2022),

Dempster et al, (2024) in **their even more recent systematic review** found:

‘The global rise in cannabis consumption has highlighted the need to comprehensively understand its underlying biological effects, particularly those related to mental health. There has been an increase in cannabis use disorders (CUD) worldwide. And meta-analyses and neurobiological studies on cannabis use consistently report a dose-response association between heavy cannabis use and increased risk of psychosis. Factors including early adolescence onset, daily use, and the use of high potency cannabis formulations with high concentrations of Delta-9-tetrahydrocannabinol (THC) are known to be strong predictors of psychotic disorders, reportedly increasing the risk of illness by to 2 to 5 times compared to non-users. More genetic studies have reported a complex and yet-to-be-fully elucidated bidirectional relationship between the genetics of schizophrenia and heavy cannabis use. Nevertheless, recent epidemiological evidence suggests that countries with higher prevalence and increased availability of high potency cannabis have also witnessed elevated incidences of psychotic disorders’.

In a very recent review undertaken by Teutsch et al (2024) it was found that:

‘One of the most prominent public health concerns related to cannabis policy is the rise of high concentration and high potency THC products. The risks associated with THC consumption increase as the dose increases. And legalizing products that deliver

high doses potentially increases adverse cannabis-related harms. Indeed, high-concentration THC products are associated with a higher risk of psychosis and cannabis use disorder. More research is needed to describe the relationship between THC dose and adverse effects to better inform public policy. The committee also reviewed 14 systematic reviews evaluating the public health impacts of cannabis policy. The committee found limited or only suggestive evidence that the perceived risk of cannabis use, declines after legalization, that use among adults increases, that traffic collisions increase, and that hospital visits related to cannabis use increase’.

Teutsch et al (2024) also found:

‘In the United States, where growing of cannabis plants is legal in some jurisdictions, the number of derivatives of the *Cannabis sativa* plant, such as extracts, cannabinoids, isomers, acids, salts and salts of isomers are causing concern. Being permitted to cultivate and use cannabinoids and derivatives such as CBD, delta-9-THC and tetrahydrocannabinolic acid (THCa), as well as semisynthetic cannabinoids raise public health concerns, because they are not well studied, and the products may contain harmful by-products. For example, delta-8-THC production uses strong acids and solvents such as toluene and heptane. A booming industry now exists for largely unregulated hemp-derived products, which competes with legal cannabis markets’.

It should further be noted that the Australian Medical Association (AMA), in their submission to the Senate Legal and Constitutional Affairs *Inquiry into the Legalising Cannabis Bill 2023* did not support the legalization of cannabis. They wrote:

... there are short-and long-term mental and physical health impacts of using cannabis which can vary depending on the individual’s mood and weight, their method of administration and quantities used. People can experience immediate impacts to mental health such as reduced brain function, anxiety or panic attacks, paranoia, or memory loss. Cannabis users are more likely to develop psychoses or schizophrenia. Physical impacts can include impaired reaction time, balance, and information processing. Cannabis can be addictive and cause withdrawal symptoms. Long-term use can impair brain function, damage the person’s throat and lungs and cause bronchitis or cancer, cause cardiovascular system damage, and mental health conditions such as depression. Using cannabis while pregnant is associated with a lower birthweight of babies”. (Australian Medical Association, submission no 16, Senate Inquiry into the *Legalising Cannabis Bill 2023*).

Does Ms. Payne really accuse the AMA and the multitude of other experts of misrepresenting and overstating the harms to human health?

The AMA also raised the very valid concern that if cannabis is legalised “people may self-medicate using cannabis products regulated ... for therapeutic purposes without consultation with their medical practitioner”. (Australian Medical Association, submission no 16, Senate Inquiry into the *Legalising Cannabis Bill 2023*).

Fortunately, on the 31<sup>st</sup> May 2024, the Legal and Constitutional Affairs Legislation Committee, after receiving two hundred and two (202) submissions and undertaking two public hearings, [recommended the Senate not pass the Bill](#).

The negative physical and mental health impacts of cannabis use would magnify if cannabis were to be legalized. Because if cannabis is legalized, cannabis use would increase. According to research (e.g., Athanassious et al, 2023, Farrelly et al, 2023, Hall et al, 2023) there is widespread consensus that following recreational cannabis legalization, many people equate the legal status of cannabis with its safety, and start to use cannabis, or use cannabis more often. This is found to be particularly the case in young adults, and perinatal users (during pregnancy and just after birth). Post legalization there has also been found to be an increase in cannabis use disorder.

## **2. Impacts of legalization on law enforcement and justice system costs.**

In her Second Reading speech Rachel Payne MP said that legalization of cannabis “can drastically reduce law enforcement and justice system costs”, noting that in “the year to September 2021, there were almost 9000 people charged with cannabis use and possession offences ... (and that) ... “in the three years to June 2019, 11,498 people were sentenced in the Magistrates’ Court of Victoria for simple possession and over 1,100 of those people were jailed”. This is misleading.

While we agree there is ample evidence (e.g., Callaghan et al, 2021, Hall et al, 2023) finding that legalization in jurisdictions such as Canada and Colorado have resulted in reduced cannabis related arrests – this does not mean there has been a reduction in crime overall. In other words, where is the evidence that the 1,100 people who were jailed for cannabis possession in Victoria were jailed for cannabis possession alone?

Indeed, international research tells us there is conflicting evidence about whether cannabis legalization results in a reduction of crime overall (Athanassious et al, 2023; Lu et al, 2021). Athanassious and colleagues (2023) in their systematic review of thirty-two (32) studies found that some research studies found increases and others found decreases in crimes such as violent crime, property crime and sexual assaults after recreational cannabis legalization. They also point to the dearth of research with controlled designs related to the impact of legalization of cannabis on criminality. In other words, no-one knows the impact of cannabis legalization on over-all crime rates.

In her Second Reading speech, Ms Payne said that legalization of cannabis “can take multimillion-dollar profits out of the hands of organized crime”. Again – there is no evidence to support this claim. International evidence shows that in many jurisdictions where recreational cannabis has been legalized, the illicit market has continued to thrive. According to the Canadian Cannabis Survey (2021), for example, only 43% of cannabis consumers report always acquiring cannabis legally. Concerningly, it is the frequent users who are more likely to purchase from the illegal market. Differences in prices and the amount of THC (the psychoactive component in cannabis) are the main reasons why people

source their cannabis illegally. Wasisto and Jans (2022) report that in Canada illicit cannabis is 55% cheaper than legal cannabis.

### **3. Impacts of legalization on vulnerable people.**

We are very concerned that legalizing cannabis will result in the most harm being caused to vulnerable people.

Choudhary (2023) suggests there are two market segments of personal cannabis use, the relatively well-off users in party settings, and street users who are **poor, unemployed, homeless, dependent on cannabis, or adolescents disengaged from school**. It is this second group who are most likely to be targeted by black market sellers, and still be arrested.

**Indigenous peoples** are a vulnerable group who are likely to suffer disproportionately should cannabis be legalized. There is a well-known gap between Indigenous and Non-Indigenous life expectancy and range of other health outcomes. According to the AIHW (2022) the leading five disease types contributing to burden of disease in Indigenous Australians in 2018 were:

- Mental and substance use disorders
- Injuries such as falls, road traffic injuries and suicide
- Cardiovascular diseases
- Cancers such as lung cancer
- Musculoskeletal conditions.

Legalizing cannabis is likely to increase the prevalence and severity of the first four above listed disease types (mental and substance use disorders, injuries, suicide, cardiovascular disease and cancer) all of which have evidence-based links to cannabis use.

**Individuals and families struggling to access secure and affordable rental accommodation are also likely to suffer harm if this Bill is passed.**

To begin our explanation, we come to Clause 4

- New 69X sets out to “...authorise a person over the age of 18 years to cultivate no more than 6 cannabis plants at the person’s principal place of residence, for personal use.” This includes rental accommodation.
- New section 69Z “...authorises a person of or over the age of 18 years to possess a small quantity of cannabis...and to possess not more than 6 cannabis plants cultivated at that person’s principal place of residence.” Again, also in leased premises, rental accommodation.
- New section 69ZE “...authorises an owner or occupier of land or premises to permit another person of or over the age of 18 years to cultivate cannabis plants at the premises. For example, the landlord of a residential rental property permitting their tenant to cultivate cannabis.”

These amendments raise serious questions:

- Does 'cultivate' also mean process, refine, make ready for smoking?
- Does 'principal place of residence', also mean leased or rented properties?
- In the case of a rented property as the 'principal place of residence', will the property owner have a protected right to add a clause into the Lease Agreement, that there is to be no smoking, vaping, or production and use of cannabis inside the house?
- Will this proposal then require an amendment to the Residential Tenancies (Residential Tenancies Amendment Act 2018) Transitional Regulations 2021?
- Will the property owner have the right to bill the tenant for increased insurance cover to repair the property if cannabis use and/or production has caused damage to the property from cannabis residue, which adheres to surfaces and the profound odour?

### **Outcome of such legislation**

The proposals in the *Drugs, Poisons and Controlled Substances Amendment (Regulation of Personal Adult Use of Cannabis) Bill 2023* of allowing cannabis smokers to smoke at leased premises will ultimately add increased pressure on the already struggling rental property market, as landlords put their properties on the market. Thus, further reducing the numbers of available houses and flats to rent. This will ultimately harm those seeking rental accommodation.

Currently, Victorians, especially landlords who have an issue with tenants about smoking inside the premises are forced to deal with a costly dispute process through VCAT.

This could mean a greater number of people having to choose between their cannabis smoking or ingestion habits and homelessness.

The landlords renting out their properties will need to add clauses into the Lease Agreement that no smoking, vaping or cannabis smoking is to take place inside the premises.

## **4. Impacts of legalization on children and young people**

Wilson and Rhee (2022), in their systematic review, found a post legalization increase in the number of parents using cannabis in the presence of their children. The American Academy of Pediatrics (AAP) opposes cannabis legalization for this reason. Their concern is - and this is informed by an extensive literature - that parents who use cannabis are more likely to have offspring who use cannabis due to socialization processes e.g., parental modelling.

It has also been found that in many jurisdictions where legalization has occurred, there has been a resulting increase in children being hospitalized for accidental cannabis poisonings (Farrelly et al, 2023).

Five years after the Cannabis Act 2018, which legalized recreational cannabis use in Canada, the Legislative Review of the Cannabis Act: Final Report of the Expert Panel, March 22, 2024, states that:



‘One of the issues we heard most about was the amount of THC permitted in edible cannabis products. While industry stakeholders favoured increasing the limit to encourage consumers to shift to the legal market, public health stakeholders opposed this, citing concerns about the potential impact on child poisonings, cannabis-related emergency room visits and mental health impacts’.

## **5. The views of ordinary Victorians about the legalization of cannabis**

Ms Payne also said “A majority of ordinary Victorians support legalized cannabis and the vast majority, around 78 per cent, believe that possession of cannabis should not be a crime”.

It is a shameful truth, that in times past, slavery was supported by the majority of ordinary white people. It serves as a reminder that the views of ‘ordinary’ should not be used as a measuring stick about what is good and right. What ‘ordinary’ people think about legalizing cannabis, should NOT be equated with what is beneficial to children, families and communities and what will contribute to the whole of human flourishing.

## **6. Impacts of the Australian Capital Territory’s decriminalization of the personal use of cannabis.**

The Australian Capital Territory decriminalized personal use of Cannabis in January 2020.

Although the ACT Government’s 2024 review found little to no concerns resulting from decriminalization it must be noted that decriminalization is a very different phenomenon to legalization.

The good people of the Australian Capital Territory are often unwittingly being used as if they live in a Petrie dish, being socially experimented upon to aid and abet the sinister push we are writing about in this submission.

So, if we genuinely want to gain insight into the potential consequences of legalization, we should be drawing upon the learnings from international jurisdictions such as, Colorado and Canada.

In Colorado, where recreational cannabis has been legalized for more than ten years (since 2012), the harmful effects have been well studied. It has been found that the prevalence of cannabis use, particularly young adult use, has continued to rise (Hinckley et al, 2022). Many negative public health outcomes have been observed including increases in unintentional overdoses, electronic vaping-associated lung injury, and increased motor vehicle collisions related to cannabis consumption (Hinckley et al, 2022). There has also been an increase in cannabis-involved pregnancy hospitalizations (Wang et al, 2022a) and an increase in psychosis emergency department visits (Wang et al, 2022b). Hinckley and colleagues (2022) state that since legalization, cannabis has also become more potent and there is concern that this will increase risk for cannabis use disorders, mental health disorders – particularly cannabis-induced psychosis and suicidal behaviour. Wang and colleagues (2022b) suggest ‘that as more states legalize cannabis, there is the potential

impact on the mental health of the population; this is something that legalizing states should prepare to address’.

In Canada, where recreational cannabis use was legalized in 2018, there are well established concerns. Particularly relating to the damaging impacts on public health and child safety. According to Hall and colleagues’ (2023) systematic review, in the five years since legalization there has been an increase in prevalence in:

- cannabis use among young adults
- in adult hospital attendances for psychiatric distress and vomiting
- unintentional ingestion of edible cannabis products by children
- hospitalizations for cannabis use disorders in adults.

The review found that presentations to emergency departments with psychoses and cannabis use disorders may have increased since legalization. There was conflicting evidence on whether there has been an increase in cannabis impaired driving.

In relation to the impact on youth the Canadians found:

‘We are concerned with trends related to youth use of cannabis. While the data indicates that youth use has remained relatively stable since legalization, Canada continues to report among the highest rates of youth cannabis use in the world, and cannabis use among young adults has increased (for example, as described in our *What We hear Report*, surveys now suggest that more than 4 in 10 Canadians aged between 20 and 24 report using cannabis in the past year’. (Canadian Legislative Review of the Cannabis Act: Final Report of the Expert Panel, March 22, 2024).

In relation to high potency cannabis products the Canadians found:

‘We are also increasingly concerned with the apparent shift towards the consumption of higher-potency cannabis products, since these products carry greater health risks. And there have been recent reports suggesting increases in cannabis-related health care presentations’. (Canadian Legislative Review of the Cannabis Act: Final Report of the Expert Panel, March 22, 2024).

## **7. Comments by former Chief Commissioner of Victoria Police**

The Drug Advisory Council of Australia Ltd is grateful to have received an invaluable and timely contribution from one of our Patrons, Kel Glare AO APM, former Chief Commissioner of Victoria Police.

His written contribution of December 9<sup>th</sup>, 2024 is set out below.

‘The amendments proposed by the Drugs, Poisons and Controlled Substances Amendment (Regulation of Personal Adult Use of Cannabis) Bill 2023 is a recipe for disaster, disguised as promoting Human Rights.

Australia is a signatory to the United Nations Article 61 Single Convention of Narcotic Drugs and has an obligation to comply with that treaty. Human Rights are not an

excuse for allowing any conduct that unreasonably harms anyone. That is why acts of violence, and many other behaviours are prohibited by law. No society can exist in a state of anarchy.

The scientific evidence that cannabis use is harmful to people is irrefutable. A recent conversation with a person who has lived among habitual users of cannabis brought the following response, “They lose their social skills, become apathetic, their judgement is impaired, they find it difficult to concentrate and complete even simple tasks, they often are depressed, their memory is affected, and they are uninterested in anything but their next “fix”.

This lived experience is a graphic warning about the detrimental effects of cannabis use.

Authorising any households to grow up to six cannabis plants for personal use by people over eighteen years of age and expecting no adverse outcome for younger people is naivety bordering on lunacy. Where households have children under eighteen it is certain that too many will be tempted to try what they see adults freely using. Escalation of young people using cannabis is a certainty. To deny this is stupidity.

Time, effort and money would be better spent on education programs, particularly for young people, to inform of the dangers of using cannabis and other illicit drugs.

Educating from an early age is a prerequisite to a lasting diminution in the use of illicit drugs that have become such a scourge on society. Public campaigns against drink driving and smoking tobacco have had real success.

The free use of cannabis will be reflected in the Road Toll and the proponents of this Bill will have blood on their hands.

This Bill must fail’. (Glare, K., AO APM, Former Chief Commissioner of Victoria Police, December 9<sup>th</sup>, 2024)

## **Discussion and Conclusion**

In summary, we have grave concerns about the prospect of legalising the possession of small quantities of cannabis for personal use, and for an individual to also be permitted then to process their cannabis plants into products and derivatives of addiction for personal use and in turn to ‘gift’ these products to others.

No matter how small the quantities mentioned in the Bill, this is a dangerous policy. We have grave concerns about legalising the cultivation and processing of cannabis plants for personal use.

Compared to years past, cannabis and the products derived from cannabis, have much higher THC (Tetrahydrocannabinol) content. THC is the substance in cannabis that is

primarily responsible for the psycho-affective effects on a person. The cannabis of today is highly potent, addictive and the negative effects can be long-lasting.

Permitting the gifting of cannabis is a total nonsense, as no controls can be instituted to ensure financial transactions, especially in cash or kind, such as a barter system or the delivery of a variety of personal services can be monitored. The concerns we have are evidence-based - that legalisation will result in poorer public health, and risks to the safety and wellbeing for children and young people and others who are vulnerable.

There is more nonsense and extremely poorly thought-out policy behind this legislation as proposing that, what we accommodate as a society such as the legal age for drinking alcohol and driving a motor vehicle would equally apply to ensure minors, i.e. those under the age of 18 cannot access cannabis for personal use.

This aspect of the Ms Payne's legislation ignores the fact that cannabis use affects the developing brain. The brain continues to develop, until the age of 25 years, especially in young men. This makes this so-called safety measure to protect those under 18 years, a very dangerous precedent, as it would sanction those between 18 and 25 years to unwittingly smoke cannabis and therefore damage their brains.

'The teen brain is 'wired' differently than adults but is developing quickly to manage the adult world. Adolescent brains tend to use the amygdala more – in this case emotional areas of the brain in making decisions. This is because the prefrontal cortex, the part of the brain responsible for executive decisions, is one of the last areas of the brain to mature (usually by the age of 25)'. (OVOM One Voice One Message).

The safety and well-being of children, including the health and development of unborn babies, is a particular concern.

In our very clear assessment, the predicted health and safety harms significantly outweigh any predicted benefits.

Frankly this legislation is a testament to the moral rot and decay that such propositions are put forward for others to agree upon with hyperbolic drivel.

Evidence-based benefits of cannabis legalisation are difficult, almost impossible to find. Over the past several decades around the world, there have been countless initiatives to alleviate the legal pressures on cannabis smokers, who have become addicted to the products.

Their cynical stepped approach has been to:

1. firstly, trivialize the impact and dangers of cannabis use,
2. then move to normalize cannabis usage/acceptance of drug taking making it, *de rigeur*,

3. then move to legalize cannabis use, which is the ultimate goal of those offending and addicted users, their support base and investors.

At the Drug Advisory Council of Australia our view is that governments should invest heavily to developing drug education to actively foster prevention, to ensure young people never take up cannabis or any other illicit drug.

And that national, ideally bipartisan, anti-drug campaigns, akin to the anti-smoking campaigns of recent decades are immediately instituted and appropriately funded to sustain such campaigns over coming decades.

This will assist our nation to avoid the abyss that we confront, because of illicit drug use.

Importantly, it is time to pull the weeds up by their roots.

Accordingly, we urge the Victorian Parliament to reject *The Drugs, Poisons and Controlled Substances Amendment (Regulation of Personal Adult Use of Cannabis) Bill 2023*.

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