



National Office  
4 Campion Street  
Deakin ACT 2600

T 02 6175 0200  
F 02 6259 0462

E [natoffice@acl.org.au](mailto:natoffice@acl.org.au)  
W [acl.org.au](http://acl.org.au)

ABN 40 075 120 517

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Committee Secretary  
Senate Legal and Constitutional Affairs Committee  
PO Box 6100  
Parliament House  
Canberra ACT 2600

Dear Committee

***ACL Submission regarding Criminal Code and Other Legislation Amendment (Removing Commonwealth Restrictions on Cannabis) Bill 2018***

The Australian Christian Lobby (ACL) welcomes the opportunity to provide a submission to the Committee considering proposed changes to the Criminal Code and Other Legislation Amendment (Removing Commonwealth Restrictions on Cannabis) Bill 2018.

ACL's vision is to see Christian principles and ethics influencing the way we are governed, do business, and relate to each other as a community. ACL seeks to see a compassionate, just and moral society through having the public contributions of the Christian faith reflected in the political life of the nation.

With more than 120,000 supporters, ACL facilitates professional engagement and dialogue between the Christian constituency and government, allowing the voice of Christians to be heard in the public square. ACL is neither party-partisan nor denominationally aligned. ACL representatives bring a Christian perspective to policy makers in Federal, State and Territory Parliaments.

Please feel free to contact me if I can be of further assistance in the consideration of this matter. I would be pleased to meet to discuss our submission or any other aspect in respect to this review.

Yours sincerely,

**Martyn Iles**  
**Managing Director**

## ACL Comment on the Bill

**ACL strongly opposes any changes to Federal legislation that would enable States to legislate for the recreational use of marijuana or cannabis products.**

The commercial interest in expanding a market for marijuana is obvious from the US in those states that have legalized the recreational use of cannabis and all cannabis products. This is clearly an enormously lucrative market and extensive lobbying from the drug industry is therefore not surprising. Clearly the proposed amendments will be considered in relation to their implications for the public good, rather than the commercial interests of well-funded lobby groups. There appears to be no pressing urgency impelling the suggestion to change the current policy settings beyond an adherence to liberal principles of government encapsulated in Senator Leyonhjem's speech at the Second Reading of the Bill in which he expressed the view that "adults should be free to make their own choices, as long as they do not harm others".<sup>1</sup>

### *Medicinal use*

ACL does not object to the use of cannabis or cannabis extracts for medicinal use under the supervision of a doctor, where such products are approved by the TGA and regulated according to the same guidelines and procedures currently used to ensure adherence to pharmaceutical standards in other drugs.

Without such regulation, the potential for false-advertising regarding the therapeutic benefits of cannabis by commercial interests are clear. As with any natural product, the concentration of THC (delta-9 tetrahydrocannabinol) in cannabis leaves varies greatly depending on the conditions of cultivation and the part of the plant used.<sup>2</sup> The production of cannabis for medical and related research purposes under license is already possible in Australia (legislation passed on 29 February 2016 came into effect on 30 October 2016). New legislation is not required to enable legal cannabis production.

### *Recreational use and over-consumption*

Grave concern, however, attaches to the legalization of marijuana as a recreational drug.

Colorado legalized the recreational use of marijuana in 2012 and opened its first state-licensed marijuana stores from January 2014. Within two months, the first death was reported from marijuana

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<sup>1</sup> Senator David Leyonhjem, Criminal Code and Other Legislation Amendment (Removing Commonwealth Restrictions on Cannabis) Bill 2018, Second Reading, Senate Hansard, Wednesday, 9 May 2018, Page: 2748. (Available at: <http://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;db=CHAMBER;id=chamber%2Fhansards%2Fb85e71d5-2553-4839-9ed8-7d251c360afa%2F0161;query=id%3A%22chamber%2Fhansards%2Fb85e71d5-2553-4839-9ed8-7d251c360afa%2F0158%22>).

<sup>2</sup> Wayne Hall, Wendy Swift, "The THC content of cannabis in Australia: evidence and implications", Technical Report No. 74, National Drug and Alcohol Research Centre, University of NSW, Sydney, 1999. (Available here: <https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/T.R%20074.pdf>).

consumption without evidence of polysubstance abuse.<sup>3</sup> The death concerned a 19 year old man who was “marijuana-naïve”, with no known known history of alcohol abuse, illicit drug use, or mental illness. According the Morbidity and Mortality Report, the man’s friend had, purchased marijuana cookies and given one to the deceased:

*A police report indicated that initially the decedent (sic) ate only a single piece of his cookie, as directed by the sales clerk. Approximately 30–60 minutes later, not feeling any effects, he consumed the remainder of the cookie. During the next 2 hours, he reportedly exhibited erratic speech and hostile behaviors. Approximately 3.5 hours after initial ingestion, and 2.5 hours after consuming the remainder of the cookie, he jumped off a fourth floor balcony and died from trauma.<sup>4</sup>*

Within a very short time of making marijuana publicly available, recommendations regarding tighter regulation were already emerging with the Centres for Disease Control and Prevention calling for further investment in morbidity and mortality surveillance to monitor the effect of marijuana overconsumption.<sup>5</sup> Suggestions included mandatory potency testing on batches of recreational edible marijuana products by state-certified laboratories to control for THC levels and enforcing labelling standards to advise consumers about the dangers of consuming multiple doses.

Edible marijuana products were also implicated in Richard Kirk’s murder of his wife, Kristine, after eating marijuana-infused candy possibly in conjunction with prescription pain medication. Their three children, aged 13, 11 and 7 at the time of the shooting, subsequently filed a law suit against the dispensary, Nutritional Elements, claiming that the business sold their father a “Karma Kandy Orange Ginger” that failed to adequately warn users about the risks of psychosis and paranoia and led him to suffer hallucinations before he fatally shot their mother.<sup>6</sup>

THC-infused edibles take longer to produce a ‘high’ and the intoxication lasts longer than if the products are smoked (with mean peak plasma concentration at 1–2 hours after ingestion, in contrast with 5–10 minutes to peak plasma concentrations if smoked). Concerns therefore remain that multiple servings may be ingested before any result is felt. The consumption of “a large dose of THC can result in a higher THC concentration, greater intoxication, and an increased risk for adverse psychological effects.” The control of dosage is also made difficult by highly variability in bioavailability of different produces and rates of gastrointestinal absorption for different people.

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<sup>3</sup> Jessica B. Hancock-Allen, Lisa Baker, Michael VanDyke, Dawn B. Holmes, “Death Following Ingestion of an Edible Marijuana Product — Colorado, March 2014”, *Morbidity and Mortality Report*, 24 July 2015, vol 64(8), pp. 771-72. (Available here: <http://europepmc.org/articles/pmc4584864>).

<sup>4</sup> Jessica B. Hancock-Allen, Lisa Baker, Michael VanDyke, Dawn B. Holmes, “Death Following Ingestion of an Edible Marijuana Product — Colorado, March 2014”, *Morbidity and Mortality Report*, 24 July 2015, vol 64(8), pp. 771-72. (Available here: <http://europepmc.org/articles/pmc4584864>).

<sup>5</sup> Jessica B. Hancock-Allen, Lisa Baker, Michael VanDyke, Dawn B. Holmes, “Death Following Ingestion of an Edible Marijuana Product — Colorado, March 2014”, *Morbidity and Mortality Report*, 24 July 2015, vol 64(8), pp. 771-72. (Available here: <http://europepmc.org/articles/pmc4584864>).

<sup>6</sup> Sam Levin, “Colorado family sues pot dispensary after murder blamed on edible”, *The Guardian*, 12 May 2016. (Available at: <https://www.theguardian.com/society/2016/may/11/family-sues-marijuana-dispensary-murder-colorado>).

Though marijuana consumption is problematic, its effective regulation is obviously difficult once legislation surrounding it has been relaxed. Supervision of consumption, may serve to reduce the risks, it clearly cannot eradicate them altogether. Over-consumption is only one and many of the health implications of marijuana use are still under-researched. The cost of overseeing all of this and educating the public concerning the dangers of over-consumption could be considerable.

### *Adolescents*

Concerns about the negative effects of unrestricted recreational marijuana use on the general population are heightened with regard to the effect of legalization on adolescents. A 1999 report from the University of NSW, Sydney, summarizing changing patterns of cannabis use Australia acknowledged a likelihood that levels of THC consumption were increasing as users migrated to more potent forms of cannabis. More concerning, however, were the earlier ages of initiation in cannabis use for teenagers which, correlated with a greater chance that teenagers would become daily or near-daily users, and “also increase their chances of developing problems as a consequence of their cannabis use.”<sup>7</sup>

Research has shown that marijuana’s negative effects on attention, memory, and learning can last for days or weeks after the acute effects of the drug wear off, depending on the person’s history with the drug.<sup>8</sup> Consequently, someone who smokes marijuana daily may be functioning at a reduced intellectual level most or all of the time, which manifests in measurably lower educational outcomes for students who smoke cannabis compared with their nonsmoking peers.<sup>9</sup> It is therefore unsurprising that marijuana use was positively associated with school dropout and truancy or that these results are heightened when chronic marijuana use (weekly or more frequent) was distinguished from non-chronic marijuana use (less frequent than weekly).<sup>10</sup>

The link between cannabis consumption and psychosis has been suggested.<sup>11</sup> According to the American National Institute of Drug Abuse:

*A recent analysis using data from three large studies in Australia and New Zealand found that adolescents who used marijuana regularly had a much higher chance of developing dependence, using other drugs, and attempting suicide. Several studies*

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<sup>7</sup> Hall and Swift, op.cit.

<sup>8</sup> A.D. Schweinsburg, S.A. Brown, S.F. Tapert, “The influence of marijuana use on neurocognitive functioning in adolescents”, *Curr Drug Abuse Rev*, vol.1(1), 2008, pp. 99-111.

<sup>9</sup> J. Macleod, R. Oakes, A. Copello, et al., “Psychological and social sequelae of cannabis and other illicit drug use by young people: a systematic review of longitudinal, general population studies”, *Lancet*, vol. 363, 2004, pp. 1579-1588. doi:10.1016/S0140-6736(04)16200-4.

<sup>10</sup> M. Christopher Roebuck, Michael T. French, Michael L. Dennis, “Adolescent marijuana use and school attendance”, *Economics of Education Review*, vol. 23(2), April 2003, pp. 133-41. ([https://doi.org/10.1016/S0272-7757\(03\)00079-7](https://doi.org/10.1016/S0272-7757(03)00079-7))

<sup>11</sup> R. Radhakrishnan, S.T. Wilkinson and D.K. D’Souza, “Gone to pot—a review of the association between cannabis and psychosis”, *Front Psychiatry*, 2014, vol. 5, p. 54.

*have also linked heavy marijuana use to lower income, greater welfare dependence, unemployment, criminal behavior, and lower life satisfaction.*<sup>12</sup>

40% of a sample of NSW juvenile offenders reported smoking 40 or more “cones” of cannabis a week.<sup>13</sup> Even (for adults) increased rates of workplace accidents and absenteeism.<sup>14</sup>

#### *Adverse health effects for adults*

Further adverse health effects of cannabis use have been summarised in *Lancet* by Hall and Solowii and include the following:<sup>15</sup>

##### **Acute Effects:**

- anxiety and panic, especially in naive users;
- impaired attention and memory and psychomotor performance while intoxicated;
- possibly an increased risk of accident if a person drives a motor vehicle while intoxicated with cannabis, especially if cannabis is used in combination with alcohol;
- an increased risk of psychotic symptoms among those who are vulnerable because of personal or family history of psychosis.

##### **Chronic Effects remain uncertain but the most probable are:**

- chronic bronchitis and histopathological changes that may be precursors to the development of malignancy caused by smoking cannabis;
- a cannabis dependence syndrome characterised by an inability to abstain from or to control cannabis use;
- subtle impairments of attention and memory that persist while the user remains chronically intoxicated, and that may or may not be reversible after prolonged abstinence.

##### **Among possible adverse effects that remain to be confirmed are:**

- an increased risk of: cancers of the oral cavity, pharynx, and oesophagus; leukemia among offspring exposed while in utero;
- impaired educational attainment in adolescents and under-achievement in adults in occupations requiring high level cognitive skills.

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<sup>12</sup> Marijuana: “How does How does marijuana use affect school, work, and social life?”, *National Institute on Drug Abuse*. (Available at: <https://www.drugabuse.gov/publications/research-reports/marijuana/how-does-marijuana-use-affect-school-work-social-life>).

<sup>13</sup> P. Salmelainen, “The correlates of offending frequency: A study of juvenile theft offenders in detention” *New South Wales Bureau of Crime Statistics and Research*, Sydney, 1995.

<sup>14</sup> Macdonald S, Hall W, Roman P, Stockwell T, Coghlan M, Nesvaag S. Testing for cannabis in the work-place: a review of the evidence. *Addict Abingdon Engl*. 2010;105(3):408-416. doi:10.1111/j.1360-0443.2009.02808.x; C. Zwerling, J. Ryan, E.J. Orav, “The efficacy of preemployment drug screening for marijuana and cocaine in predicting employment outcome”, *Journal of the American Medical Association*, vol. 264(20), 1990, pp. 2639–2643.

<sup>15</sup> W. Hall, and N. Solowij, “The adverse effects of cannabis use”, *Lancet*, vol. 352, 1998, pp.1611–1616.

**Groups at higher risk of experiencing these adverse effects include:**

- adolescents with a history of poor school performance, who initiate cannabis use in the early teens, are at increased risk of using other illicit drugs and of becoming dependent on cannabis;
- women who continue to smoke cannabis during pregnancy may increase their risk of having a low birth weight baby;
- persons with asthma, bronchitis, emphysema, schizophrenia, and alcohol and other drug dependence, whose illnesses may be exacerbated by cannabis use.

*Conclusion*

The detrimental effects of legalising the recreational marijuana, though still significantly under-researched, appear to be considerable. Where no pressing need urges a change to existing policy settings on this issue, ACL recommends that Federal legislation remain as an impediment to States legislating for recreational use of marijuana or cannabis products in the interests of public health and safety.