

How legalising cannabis can help society

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Associate Professor Chris Wilkins is proposing a not-for-profit public health model for the regulation of recreational cannabis.

Leading drug researcher Associate Professor Chris Wilkins from Massey University's SHORE and Wh?riki Research Centre is calling for the adoption of a not-for-profit public health model for recreational cannabis. It would allow regulated cannabis products to be sold by philanthropic societies, in an approach similar to the Class 4 gambling regime which was introduced in 2003 to regulate "pokie" trusts in New Zealand.

The Class 4 gambling regime has operated in New Zealand for more than 10 years - returning around \$260 million to community groups annually, benefiting sports, arts, education and community services.

"Cannabis societies would pay 20 per cent of all cannabis sales revenue to drug treatment, 20 per cent to community groups and 20 per cent as government levies. Drug treatment and community grants would be distributed in the areas where cannabis sales occur, ensuring local people have good access to drug treatment if they need it. And local community groups would benefit from cannabis sales in their area," Dr Wilkins says.

A legal model would result in community groups and drug treatment facilities being better funded, he says. "The pokie trusts gave out \$262 million to community groups in 2015, so this model would mean those drug treatment and community groups would be getting extra sources of income. Also, the government would receive revenue to cover the wider health and social costs linked to cannabis use."

But would cannabis use increase? "Inevitably, we have got to accept that if we have a legal cannabis market there's going to be some increased use and that will increase harm. But that's offset by knowing how the legal cannabis market will impact the alcohol market and alcohol related harm, other drug use, and the provision of better access to drug treatment and other health and community services."

What have we learnt?

Dr Wilkins says many important lessons should be drawn from the commercialisation of alcohol and tobacco. "They attract profit driven companies who invest a lot into promotion and marketing that targets young people and heavy users. They also lobby strongly to reduce regulatory restrictions and lobby for more pro-consumption environments which normalise use."

A successful legal regime would also reduce the scale of the [black market](#) and consequently make the existing level of policing more effective against black market supply and organised criminal gangs involved in cannabis supply, he says. "In our model we propose a minimum price to start off with that would mirror the black market price, and also taxation based on the THC level to make sure that the more potent products had higher levels of tax. It's reasonable to expect the legal cannabis sector and the public in general will engage more with reporting black market activity once legal supply networks are available."

Despite calling for recreational cannabis to be

legalised, Dr Wilkins isn't claiming cannabis is harmless. "Cannabis poses a serious health risk to some users with a family history of mental illness and addiction. But the evidence says moderate occasional use by the vast majority of the population causes health risks in the same ball park as alcohol."

Dr Wilkins says legalising cannabis offers a number of benefits which would attract users away from the black market. "You get product innovation, different types of products, accurate labelling, and they will be safely cultivated under agricultural standards in terms of pesticides and fertilisers and other contaminants."

Approved cannabis products have set maximum limits of THC (tetrahydrocannabinol – the principal psychoactive ingredient in cannabis) allowed, and would set minimum levels of CBD (cannabidiol – the non-psychoactive ingredient known for its medicinal benefits) to minimise harmful side effects such as psychosis and dependency.

Dr Wilkins says more detail could be provided about how the regulatory regime would work in practice with some of the finer details set out in a longer academic paper. The aim at this stage is not to provide a blueprint for a Cannabis Act, but rather start a conversation about the key aspects of a public health approach to legal cannabis.

"Inevitably, details will be negotiated by politicians, informed by public submissions from interested parties, and subject to analysis by government agencies. Our primary aim is to set out the key pillars of a public health approach to a legal cannabis market which benefits the local community groups and illustrates how this approach has operated effectively with respect to gambling machines for more than 10 years," he says.

Dr Wilkins, who heads the illegal drug research team at SHORE, holds a doctorate in Economics with research expertise in drug trends, drug markets, drugs and crime, legal highs and drug policy. For the past 10 years, he has conducted many studies of [drug](#) use in New Zealand including methamphetamine, cannabis, legal highs, ecstasy

and the non-medical use of pharmaceuticals.

Key points:

- Cannabis would be sold by "not-for-profit" philanthropic societies
- Cannabis societies would return 20 per cent of the revenue from cannabis sales to [drug treatment](#) and 20 per cent to community groups such as sports, arts, education and community services
- A further 20 per cent of cannabis sales revenue would go to the government to cover the wider health and social costs of cannabis use
- There would be a minimum set price for cannabis, in line with the current [black market](#) price
- Taxation would be based on THC levels in products
- There would be a minimum level of CBD in [cannabis](#) products
- Smoking products would be taxed at a higher rate than lower health risk options such as edibles and vaping
- Advertising would be restricted to the physical premises only
- No internet sales
- Local government authorities would have the power to determine the number of retail outlets in their areas

Provided by Massey University

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