

SUBMISSION

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AMA submission to the Senate Legal and Constitutional Affairs Committee – Legalising Cannabis Bill 2023

legcon.sen@aph.gov.au

Introduction

The AMA does not support the *Legalising Cannabis Bill 2023*. Cannabis use can have a range of negative health impacts and consequently impacts on Australia's health system. The AMA believes that if cannabis was legalised for recreational purposes, it would indicate to the public that cannabis use is not harmful. However, the AMA recognises that the current approach to cannabis regulation could be improved. The AMA believes that cannabis use should be treated first and foremost as a health issue instead of a criminal issue. The AMA supports the Therapeutic Goods Administration's role in assessing the safety, quality, and efficacy of cannabis products for therapeutics purposes.

The AMA believes that there is not sufficient evidence of the health and social costs and benefits to legalise recreational cannabis in Australia. Some countries and jurisdictions have legalised cannabis for recreational use (with varying policies), such as Canada, the Netherlands, some jurisdictions of the USA.¹ Since legalisation in Canada, cannabis use rates in youth have increased, along with increases ED presentations and cannabis use disorder diagnoses.^{2,3} Research in Canada and other countries have mixed findings on the impacts of cannabis legalisation, highlighting the need for better research and data collection in this space.^{4,5}

Health impacts of cannabis use

It is important to consider the Bill's potential impacts on people's health and the health system.

Cannabis is the most common illicit drug used in Australia and globally. In 2019, 36 per cent of Australians aged 14 and over had used cannabis in their lifetime, with 11.6 per cent using cannabis in the last 12 months.⁶ Cannabis use is more prevalent in populations such as adolescents, Aboriginal and Torres Strait Islander people, people in contact with the criminal justice system, and people who inject drugs.⁷

The absolute risk of harms associated with cannabis use is low and those who use cannabis occasionally are unlikely to be affected. However, 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.^{8,9} Using cannabis is associated with alcohol, tobacco, and other drug use.¹⁰

In Australia, cannabis was present in 4.5 per cent of drug-induced deaths in 2021. There were 29.2 cannabinoid-related hospitalisations per 100,000 population in 2020-21, with over two in three requiring overnight hospitalisation.¹¹ A recent systematic review found an increase in acute cannabis poisoning post-legalisation in the US, Canada, and Thailand.¹²

As cannabis can contribute to impaired reaction times and brain function, its use can increase the risk of road traffic accidents.¹³ Canada saw an increase in cannabis-impaired driving incidents post-legalisation, however has not seen a significant increase in traffic-related injuries.¹⁴

The AMA is concerned that cannabis legalisation as a result of the above health harms may increase health service demand. This will put further pressure on an already strained health system, including further strain on already limited and under-funded mental health and drug rehabilitation services. Research has found significant increases in cannabis-related hospitalisations and ED visits in some Canadian jurisdictions post-legalisation.^{15,16,17,18}

Cannabis regulation

Recreational use

The AMA does not condone the trafficking or recreational use of cannabis. The AMA believes that there should be vigorous law enforcement and strong criminal penalties for the trafficking of cannabis. The personal recreational use of cannabis should also be prohibited. However, criminal penalties for personal cannabis use can add to the potential health and other risks to which cannabis users are exposed.¹⁹ The AMA believes that it is consistent with a principle of harm reduction for the possession of cannabis for personal use to attract civil penalties such as court orders requiring counselling and education (particularly for young and first-time offenders), or attendance at 'drug courts' which divert users from the criminal justice system into treatment. When cannabis users come into contact with the police or courts, the opportunity should be taken to divert those users to preventive, educational and therapeutic options that they would not otherwise access. For example, a study by the Australian Institute of Criminology found that police diversion techniques were significantly cheaper than subjecting people to the criminal justice system and offenders still reduced their drug use and offending.²⁰

Bill specifics

The establishment of Cannabis Cafés as proposed by the Bill may further normalise cannabis use and could re-introduce smoking in public settings when much progress has been made to reduce this in the context of tobacco smoking and vaping.²¹ Further, the Bill does not place any restrictions on locations for retail sale, which may increase the risk of retailers targeting vulnerable groups for profit. For example, there are reports of stores opening to deliberately sell vapes close to schools, further increasing accessibility of vapes to children and young people.²² We cannot make the same mistake with cannabis products.

The AMA believes that the Bill's intention to not charge a licensing fee to Aboriginal and Torres Strait Islanders to sell cannabis products will have unintended consequences. Discounting cannabis product licenses in these communities may further proliferate cannabis use rates, adding further complexity to a population already facing inequitable health issues. Decriminalising personal cannabis use (as described above) and raising the age of criminal responsibility to 14 would be a more effective method of reducing the disproportionate incarceration rates of Aboriginal and Torres Strait Islanders and its associated health and social impacts.^{23,24}

While the Bill intends to restrict the sale of cannabis products to people over the age of 18, allowing people to grow up to six plants in their home may normalise frequent cannabis use and will make large quantities of cannabis even more accessible to young people. This quantity is more than is currently permitted in other jurisdictions. For example, the Australian Capital Territory only permits two plants per household, while Canada permits four.^{25,26}

Therapeutic use

The AMA is concerned that people may self-medicate using cannabis products regulated under the proposed Cannabis Australian National Agency for therapeutic purposes without consultation with their medical practitioner, and without the quality controls that come with product registration under the Therapeutic Goods Administration's (TGA) Australian Register of Therapeutic Goods (ARTG). The AMA supports the TGA's role in assessing the quality, safety, and efficacy of therapeutic products. There is currently a limited evidence base for the use of medicinal cannabis products for several conditions.²⁷ There are only two cannabidiol products registered on the ARTG and subsidised under the Pharmaceutical Benefits Scheme.²⁸

For most conditions, there will be more evidence-based treatments available through a doctor or allied health professional that patients should explore before self-medicating on cannabis products.

Conclusion

The AMA does not support the *Legalising Cannabis Bill 2023*. The AMA is concerned that if cannabis were legalised for recreational purposes, it may increase health and social-related harms. This in turn may increase demand on an already overstretched healthcare system. The AMA supports methods to reduce the disproportionate rates of incarceration for Aboriginal and Torres Strait Islander people, including decriminalising personal cannabis use, and raising the age of criminal responsibility to 14. The AMA is also concerned that people may use recreational cannabis products to self-medicate when Australia already has an existing, high-quality process for assessing the safety, quality, and efficacy of therapeutic products through the TGA.

Contact

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