National Cannabis Strategy Consultation Paper

September 2005

On 12 November 2004 the Ministerial Council on Drug Strategy (MCDS) agreed to the development of a National Cannabis Strategy (the Strategy), the first of its kind in Australia.

This consultation paper serves as a starter to what will be a comprehensive consultation process, which will be an integral part of the Strategy development process. The issues presented in this paper are not meant to be exhaustive; the consultation forums may reveal additional issues that have not been addressed, or they may provide better information on the issues that are outlined here.

The National Cannabis Strategy will be developed by referring to: current research and policy information; input from members of the Strategy Project Management and Reference Groups; submissions from organisations and the community; and the views expressed during the consultation forums. Views expressed via submissions and during the consultation forums will be taken into account but not necessarily incorporated into the Strategy.

Please note that this paper is only meant as a starting point for these consultations; it is **not** a draft of the Strategy. It has been developed by the National Drug and Alcohol Research Centre on behalf of the Australian Government Department of Health and Ageing. Its contents have not been endorsed by the Government or by the MCDS.

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Introduction

Cannabis is by far the most widely used illicit drug in Australia; one in every three Australians has tried the drug at least once during their lifetime. In November 2004, the Ministerial Council on Drug Strategy agreed that a National Cannabis Strategy would be developed. It will be the first of its kind in Australia. The widespread use of cannabis in Australia means that the National Cannabis Strategy will be a particularly important component of the National Drug Strategy.

The current National Drug Strategy aims to prevent the uptake of harmful drug use and minimise drug-related harm. In keeping with this underlying philosophy, the National Cannabis Strategy will need to focus on reducing the harm associated with cannabis use in this country. In order to develop a strategy that will aim to minimise cannabis-related harm, a wide variety of issues need to be addressed that involve a range of sectors in the community. For example, the health sector needs to be involved in providing adequate treatment to those who are dependent on cannabis. The law enforcement sector is responsible for disrupting the supply of cannabis. The education sector has an important role to play in preventing the use of cannabis by informing young people about the harmful aspects of the drug. Finally, researchers provide reliable and up-to-date information on a wide variety of cannabis-related issues that help inform government policy and initiatives.

Given the range of issues that need to be addressed, the development of the National Cannabis Strategy needs to include a broad consultation process. This paper serves as a starting point for this consultation process, by highlighting important areas that need to be considered when developing the Strategy. Each area included in this paper begins with some background information and then outlines some potential strategies to address the issues involved in each area.

Developing a National Cannabis Strategy: Method

In November 2004, the principal body responsible for Australia's National Drug Strategy, the Ministerial Council on Drug Strategy, agreed that a National Cannabis Strategy would be developed, based on recommendations from experts in the drug and alcohol field, as well as the Intergovernmental Committee on Drugs.

A Project Management Group (PMG), chaired by Professor Richard Mattick of the National Drug and Alcohol Research Centre, has been established to lead the development of the Strategy. The PMG includes members of the Australian National Council on Drugs (ANCD), and representatives from the health, education and law enforcement sectors. Four Reference Groups have also been established to provide advice to the PMG throughout the development of the Strategy. These Reference Groups include people with knowledge and experience in four areas that are particularly relevant to cannabis: Mental Health; Treatment; Law Enforcement; and Research.

At the first Project Management Group meeting, it was agreed that the Strategy will be informed by existing knowledge and research and a comprehensive consultation process. The Strategy will be developed within existing legislative frameworks. Cannabis law reform and the medicinal use of cannabis are not being considered as part of the development of the Strategy.

A Background Paper is currently being developed that provides an overview of the cannabis situation in Australia at the present time. This paper will provide the context for the National Cannabis Strategy. It draws on existing research and policy documents and is guided by input from the National Cannabis Strategy Reference Groups.

Consultations

The National Cannabis Strategy has no precedent in this country. This is one of the reasons why a comprehensive consultation process is so important for the development of the Strategy. Representatives from a range of sectors will be invited to attend consultation forums that are occurring around the country between September and November 2005. Attendees will have the opportunity to express their views on what should be considered when developing the National Cannabis Strategy during these forums.

Consultation forums will be broad and inclusive. Forums will be held in all capital cities as well as in at least one regional area in each state and territory. Invitations to attend the forums will be extended to: drug and alcohol workers; criminal justice professionals including police; representatives from all levels of government; researchers; educators; Indigenous representatives; drug user groups; health professionals; parent groups; and other relevant stakeholders. A special forum for canvassing the views of young people will also be held.

In addition to the face-to-face consultation forums, organisations and members of the general community will be able to submit their views in written form (for further detail, please see the end of this document).

Cannabis Issues

The National Drug Strategy 2004-2009 has provided the framework and starting point for determining the important issues in relation to cannabis. Existing national strategies and action plans have also been drawn upon, such as the *National Action Plan on Illicit Drugs 2001 to 2002-03* and the *Aboriginal and Torres Strait Islander Complementary Action Plan 2003-2006.* Additionally, reports arising from the National Task Force on Cannabis from the first half of the early 1990s were referred to. Importantly, the issues presented in this paper have been informed by suggestions made in the initial Project Management Group and Reference Group meetings, and by existing data and literature related to cannabis.

It should be noted that the issues outlined in this paper are not presented in order or importance and have some degree of overlap. Furthermore, they provide a starting point for the consultations only and are not meant to be exhaustive. Suggestions for areas that have been missed or not covered adequately are more than welcome. Feedback can be given at the consultation forums as well as via written submissions.

1. Educating the community about cannabis

Since the 1970s, cannabis has been the most commonly used illicit drug in Australia. The most recent data from the National Drug Strategy Household survey show that 34% of Australians over the age of 14 years have tried cannabis during their lifetime and 11% have used cannabis recently.

The widespread use of cannabis has perhaps helped shape public opinion about the drug. Survey data have shown that the public sees cannabis as a 'soft' drug compared to drugs such as heroin or amphetamines. According to a study of young Australians interviewed as part of the development of the National Illicit Drug Campaign, the perception of cannabis was as a relatively harmless drug that is used by everyday people. Furthermore, according to the most recent household survey, a significant proportion of Australians think that regular use of cannabis is acceptable and support the legalisation of the drug. Some experts suggest that the decriminalisation of minor cannabis offences in certain Australian jurisdictions has served to increase the perception in the community that cannabis is a harmless drug because people believe that decriminalisation is equivalent to legalisation.

However, there is growing evidence that cannabis use has the potential to have adverse physical, psychological and social outcomes, and contribute to mortality and morbidity. Evidence also suggests that: more people are using cannabis now than 20 years ago, with a particular increase in use among Indigenous Australians; the age of initiation into cannabis use is getting younger; and cannabis is being used more frequently. Early initiation and more frequent drug use are associated with an increased risk of dependence. There is a need to raise awareness in the community about cannabis given the increase in harmful use of cannabis and the association between cannabis and adverse outcomes. Some of the strategies outlined below, such as school drug education covering cannabis use, are already being implemented by certain states and territories and by the Commonwealth.

Potential strategies

- Community education campaigns
- Distribution of information about the meaning of decriminalising minor cannabis offences, particularly in those states and territories where decriminalisation has occurred
- School drug education programs on the harms associated with cannabis use
- Education strategies for young people who are not in school
- Targeted prevention to at-risk groups such as Indigenous communities

2. Reducing the negative effects of cannabis

Cannabis use and dependence is second only to heroin use and dependence in terms of healthy years of life lost due to illicit drug-related conditions, according to the Australian Institute of Health and Welfare. More disability-adjusted *healthy* years of life were estimated to have been lost in 1996 due to cannabis use and dependence (4,416 years) than to HIV, Hepatitis B and Hepatitis C combined (2,189 years). Although unlike these blood-borne viruses, cannabis has not caused any deaths, the disability caused by dependence and the extent of use in Australia means that the burden of disease is greater.

Relationship between cannabis and mental health

The link between the use of cannabis and mental health problems is an issue that receives a lot of attention in both research and the media. Although severe illnesses such as schizophrenia have received a large portion of this attention, there is also debate about whether the use of cannabis can lead to more common psychiatric disorders such as depression and anxiety.

Although the area is still contentious, there is a growing consensus that cannabis use represents a statistical risk factor for developing later psychosis, but that it is neither sufficient nor necessary to cause a psychotic disorder such as schizophrenia. The majority of those who use cannabis do not develop psychosis later in life, which suggests that there is some additional vulnerability in the individuals who do. It is likely that cannabis use represents part of a collection of causal factors that lead to the development of psychotic disorders.

The link between depression and anxiety has also been addressed recently. Overall, the evidence suggests that regular cannabis use is associated with elevated levels of depression or depressive symptoms. Although results are mixed, there is a substantial amount of evidence to suggest that cannabis use, particularly frequent or heavy use, predicts depression later in life. Cannabis can lead to symptoms of anxiety in the short-term, but there is a lack of evidence pointing to cannabis as an important risk factor for chronic anxiety disorders.

Other negative effects

Negative physical effects of cannabis use include increased risk of developing respiratory diseases and cancer due to the route of administration favoured by the vast majority of cannabis users (smoking). Additionally, there is some evidence to suggest that smoking cannabis has an adverse effect on fertility and on the foetus if used when pregnant.

Cannabis can lead to dependence, which in turn can lead to a myriad of occupational, financial and social problems. There is some evidence that cannabis leads to adverse cognitive outcomes and can impair driving, but further research is needed.

Treatment and intervention

The problems associated with cannabis need to be dealt with on a number of fronts. Two important ways of dealing with the negative outcomes of cannabis use are to prevent them from happening in the first place or to alleviate them through treatment of cannabis dependence. However, in comparison to other drugs of dependence, cannabis has few treatment options available.

Although most cannabis users do not completely quit using the drug as a result of treatment, psychological interventions such as Cognitive Behavioural Therapy (CBT) and Motivational Interviewing have been shown to be effective in reducing the amount of cannabis used, which helps to reduce the adverse outcomes of use.

Research is underway to find out more about effective cannabis treatments. For example, pharmacological treatments to alleviate cannabis withdrawal or block the effects of cannabis to prevent further use are being trialled. As more cannabis users seek treatment, there is a clear need to improve knowledge about effective treatments, as well as increase access to those who need it.

Potential strategies

- Increase research into effective cannabis treatments
- Improve access to treatment, particularly among those at high risk of adverse cannabis-related problems such as young people and Indigenous Australians
- Workforce development
- Increase awareness of the negative effects of cannabis, particularly among those at risk such as people with a family history of psychosis
- Improved coordination between mental health and drug treatment programs to adequately address the mental health problems associated with cannabis

3. Responding to high risk groups

Typically, people who use cannabis do not progress to using the drug regularly for the long-term. Most will experiment sporadically with cannabis during adolescence and early adulthood and cease use once their mid to late 20s is reached. However, there are a proportion of people that will use cannabis for longer and more often, and become dependent on the drug. Dependence means that the risk of suffering adverse effects of cannabis is increased.

The risk of becoming dependent on cannabis increases with more frequent use; about one in ten people who have tried cannabis at least once in their lifetimes will become dependent on the drug, compared to one in two daily cannabis users.

In addition to frequent use, research has identified a set of risk factors for developing cannabis dependence that include: early initiation into cannabis use; being male; social factors such as having peers who use drugs and poor parenting; cigarette smoking in adolescence; and early school leaving. Many of these risk factors are inter-related; untangling the relative contribution of each is difficult.

Young people

Young people who use cannabis, particularly those who start using the drug at an early age, are at greater risk of experiencing some of the adverse effects of cannabis than those who begin using cannabis in late adolescence or early adulthood. Research has shown that educational achievement and mental health are both compromised in young

people who use cannabis. Additionally, young cannabis users are more likely to become involved in the criminal justice system than those who do not use cannabis. The mechanism of this association is unclear and it is likely to be due in part to predisposition to poor academic achievement, mental health problems and involvement in crime.

Aboriginal and Torres Strait Islander Peoples

The use of illicit drugs, in particular cannabis, is higher among Aboriginal and Torres Strait Islander people than among the general population in Australia. According to the general population survey on drug use, about half of Indigenous people report using cannabis during their lives compared to one-third of the general population.

The prevalence of current cannabis use in some remote Aboriginal communities, particularly among young males, is alarmingly high given that cannabis was not detected in surveys conducted in this area during the mid 1980s. For example, 67% of males aged 13 to 34 years in one Arnhem Land community were regular cannabis users according to one survey. The favoured route of administration among this remote Indigenous population is via a 'bucket bong', which constitutes a very efficient way to smoke cannabis that minimises loss of side-stream smoke and is an 'appropriate' way to 'binge smoke' cannabis. The recent rapid rise in cannabis use in this area of Australia is also of concern given the strong association between cannabis and other substance use among this population, whom already have high rates of other substance use. In particular, the practice of mixing tobacco with cannabis can lead to nicotine dependence. Anecdotal evidence suggests that cannabis is not seen as a harmful drug when compared to alcohol among Aboriginal communities, which represents another barrier to curbing the rising use of this drug among Indigenous Australians.

Those with mental health problems

As mentioned, people who are vulnerable to mental health problems such as schizophrenia may be at an increased risk of suffering from psychosis as a result of using cannabis. Furthermore, research has shown that psychotic symptoms become more severe after people with an existing psychotic disorder smoke cannabis.

Potential Strategies

- Early intervention and prevention strategies
- School-based programs
- Innovative strategies aimed at young people who are not in either school or work
- Development of social activities in remote communities to provide an alternative to cannabis and other drug use
- Access to treatment for at risk groups
- Increase in awareness among those with mental health problems about the particular risks associated with using cannabis
- Supply reduction initiatives aimed at remote communities

4. Cannabis and other drug use

Most users of cannabis are poly-drug users. According to the household survey only three per cent of recent cannabis users had *not* used it in conjunction with another drug or alcohol at least once in the year prior to the survey. According to the National Survey of Mental Health and Wellbeing, dependent cannabis users are much more likely to also be dependent on alcohol, opioids or stimulants than non-dependent cannabis users or non-users. Tobacco smoking is also much more common among cannabis users than among non-users; three-quarters of dependent cannabis users also used tobacco.

This link with tobacco smoking is particularly alarming given the known adverse health effects of smoking cigarettes and the highly addictive properties of nicotine. Cannabis has been described as a 'Trojan Horse' for nicotine addiction, given the usual method of mixing cannabis with tobacco when preparing marijuana for administration.

It is still not clear whether cannabis use plays a causal role in the use of other drugs such as heroin or amphetamine (the gateway hypothesis) or whether there is a common cause for the use of both cannabis and other illicit drugs. If the former argument is true then reducing cannabis use should reduce the use of other drugs; if the latter argument has more merit, then strategies need to address the underlying cause of the use of cannabis and other illicit drugs.

Potential strategies

- Treatment interventions need to take into account other drug dependencies
- Harm reduction messages that discourage the use of tobacco with cannabis

5. Cannabis use and crime

Cannabis is an illicit drug, which means that it is illegal to use, possess, grow or sell cannabis in Australia. The criminal aspect of cannabis use is a major area that needs to be considered in the National Cannabis Strategy.

Supply of cannabis

Most of the cannabis that is seized in Australia is domestically produced. Cannabis is harder to import than other drugs, since its size and odour makes detection more likely than other illicit drugs such as heroin. Additionally, it is relatively easy to cultivate cannabis in Australia given the country's space and climate.

According to crime data and the opinion of law enforcement professionals, the supply of cannabis has become increasingly linked to organised crime groups, who are attracted to the high profit margins involved in the cultivation of the marijuana. In particular, the money to be made through the use of the efficient hydroponic method of cultivation makes cannabis an attractive drug to be involved in for organised crime groups. These groups may also be involved in the manufacture of other drugs such as amphetamine, as well as in other crime.

Involvement in the criminal justice system

In Australia it is a crime to use cannabis, so individuals who may not have otherwise engaged in criminal behaviour risk becoming involved in crime and the criminal justice system because they use the drug. An individual becoming involved in the criminal justice system can lead to adverse social and occupational outcomes for that person.

Some states and territories in Australia have decriminalised minor cannabis offences, such as the possession of a small amount of marijuana for personal use. This means that the offence can be dealt with by a civil penalty, such as a fine, rather than by receiving a criminal charge.

In the rest of Australia, any cannabis offence is a criminal offence. If someone is charged with possession of cannabis in these areas and found guilty, they could receive a large fine or jail time and will have a criminal record. However, it is unlikely that someone caught with a small amount of marijuana for the first time would receive a criminal conviction, because of the diversion programs that run in these states. Diversion programs aim to 'divert' minor cannabis offenders away from the criminal justice system and into treatment. Diversion programs aim to reduce the harms associated with drug use by providing treatment and by eliminating the social harms that are associated with having a criminal record.

Diversion programs are not only for minor cannabis offenders; there are programs that aim to divert offenders, who have committed more serious crimes and who are also dependent on drugs, into treatment and away from jail.

Each state and territory in Australia has at least one type of diversion program. Diversion programs in Australia vary widely. This variation is perhaps appropriate given the jurisdictional differences in drug use, treatment demand and availability.

Although some evaluations have been carried out, more data is needed to determine the effectiveness of the various diversion programs for cannabis users around the country. Some potential negative effects of diversion programs include the misguided allocation of drug treatment resources to individuals who may not actually require treatment, and 'net widening', which refers to the unintended outcome of increasing the number of individuals involved in the criminal justice system due to the diversion program being easier to administer than the former criminal justice procedure. A recent overview of diversion programs concluded that diversion can have the following positive effects: contact with a treatment service that may not have occurred otherwise is facilitated; court appearance and the associated adverse social, occupational and other effects are avoided; and involvement in drug use and crime is decreased.

Potential strategies

- Increased supply-reduction focus on hydroponic cultivation of large amounts of cannabis
- Evaluation of diversion programs

6. Developing effective partnerships

A coordinated effort between a variety of sectors is needed in order to reduce the harms associated with cannabis use. Cohesiveness is required in the approach taken to address comorbid cannabis and mental health disorders. Law enforcement and health professionals need to work closely together to carry out diversion programs effectively. Researchers and policy makers have an obvious need to strengthen their partnership, so that government policies and initiatives are based on sound evidence.

Other countries such as Canada and the United Kingdom have strategies in place to address the issue of cannabis use and cannabis-related harm in their communities. Partnerships with governments from other countries to find out the strategies that are making a difference may also prove useful.

Potential strategies

- Strengthen existing partnerships and identify opportunities for new partnerships

7. Monitoring and evaluation

There are a range of research gaps in the area of cannabis that need to be addressed. For example, the effectiveness of diversion programs needs to be properly assessed. Further research is needed into effective and practical cannabis treatment. The data on cannabis use among Aboriginal and Torres Strait Islander people is in need of updating. There is currently no monitoring of the potency of cannabis available in Australia.

In addition to filling these research gaps, the effectiveness of existing cannabis strategies need to be assessed and monitoring systems for new strategies need to be put in place. Adequate monitoring systems need to be in place so that emerging trends in cannabis use are detected and strategies developed to address them.

Potential strategies

- Survey of cannabis use and cannabis-related harm among Indigenous Australians
- Continuation of monitoring of cannabis use and supply to respond to emerging trends
- Collection of data on cannabis potency
- Monitoring of existing cannabis strategies, such as the effectiveness of public awareness campaigns

PLEASE NOTE:
This consultation paper serves as a tool to help guide debate during the consultation process for the development of the National Cannabis Strategy. It is not a draft of the Strategy. It has been developed by the National Drug and Alcohol Research Centre on behalf of the Australian Government Department of Health and Ageing. The contents of the paper have in no way been endorsed by the Ministerial Council on Drug Strategy or by the Australian Government.

Your views

You are invited to put forward a written submission on issues to consider in the development of the Strategy. Please note that the Project Management Group will not name individuals or organisations in association with any views; and will not formally write to acknowledge receipt of views. Views expressed will be taken into consideration but not necessarily incorporated in the Strategy.

Format for submissions:

Outline your suggestions for the National Cannabis Strategy, including reasons why these suggestions are significant, in no more than 500 words or two pages (double-spaced). If necessary, submit a separate background document of no more than 10 pages in length (double-spaced). Please include all bibliographic details if research is cited. Any other supporting documents can be sent as separate attachments.

Submissions will be accepted until 30 November 2005. Submissions can be sent electronically to the following email address: cannabis.strategy@unsw.edu.au, or via post to the following address:

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