



LEGISLATIVE ASSEMBLY

FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, AGEING AND COMMUNITY SERVICES

Ms Bec Cody MLA (Chair), Mrs Vicki Dunne MLA (Deputy Chair)

Ms Caroline Le Couteur MLA

Submission Cover Sheet

Inquiry into Drugs of Dependence (Personal Cannabis
Use) Amendment Bill 2018

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AUSTRALIAN MEDICAL ASSOCIATION (ACT) LIMITED

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The Committee Secretary
Standing Committee on Health, Ageing and Community Services
Legislative Assembly for the ACT
GPO Box 1020, CANBERRA ACT 2601.

26 March 2019

By email: LACCommitteeHACS@parliament.act.gov.au

Committee Secretary

Inquiry into Drugs of Dependence (Personal Cannabis Use) Amendment Bill 2018 ('the Bill').

Please find attached the submission of the Australian Medical Association (ACT) Limited to the above inquiry. This submission has previously been provided in relation to the exposure draft of the Bill.

Yours faithfully

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Australian Medical Association (ACT) Ltd

attach.



AMA (ACT) submission to the ACT Legislative Assembly on *the Drugs of Dependence (Personal Cannabis Use) Amendment Bill 2018*.

The AMA (ACT) is pleased to provide a submission to the ACT Legislative Assembly on the exposure draft of the ***Drugs of Dependence (Personal Cannabis Use) Amendment Bill 2018***.

As an organisation that represents the interests of medical practitioners, advocates for improved health, and health care in the broader community, the AMA (ACT) is strongly supportive of efforts to minimise users' interactions with the criminal justice system associated with cultivation and personal use of small amounts of cannabis. However, it is important this occurs alongside investment in harm reduction and treatment initiatives.

Substance use and dependence is primarily a health problem, that requires treatment and support like other illnesses. Incarceration, for any reason, is associated with poorer health outcomes. Incarceration for substance misuse or dependence may increase difficulties in accessing the appropriate treatments and support.

Cannabis is the most widely used illicit drug in Australia, with over one third (or 35 per cent, approximately 6.9 million) of Australians aged 14 years and over having used cannabis at least once in their lifetimes, and 2.1 million or 10.4 per cent having used cannabis in the last

12 months¹. While many cannabis users experience little or no negative consequences, the widespread use of cannabis contributes to interactions with law enforcement, and even incarceration. Australia's adult prison population is growing, increasing by 6 per cent from 2016 (38,845) to 41,202 in 2017².

Illicit drug offences are the second leading cause for incarceration and have made a significant contribution to the increase in prison population. The consequences for individuals and the community are costly, unnecessarily punitive, and disproportionately impact the disadvantaged.

Health Risks of Cannabis Use

While the AMA (ACT) supports the abolition of criminal penalties associated with personal cannabis use, as medical professionals, the AMA (ACT) is concerned that certain groups within the population are more at risk of the deleterious effects of cannabis. The research base on cannabis and psychosis is highly contentious, but despite the limitations, it is worth highlighting the findings presented at last year's International Early Psychosis Association, which is indicative of a link between cannabis use and schizophrenia. In examining a sample of over 3 million people, researchers found that cannabis abuse increased the risk, by five times, of developing schizophrenia.

Concerningly, the same research also showed that maternal and paternal cannabis abuse increased the risk of schizophrenia in offspring. For the mother, it was associated with a six-fold increase and for the father a 5.5-fold increase in risk³. Similar to alcohol, no safe level of fetal cannabis exposure has been established. Given that many pregnancies are unplanned, it is vitally important that all adults of child bearing age are educated on the risk cannabis exposure poses to unborn children.

¹ Australian Institute of Health and Welfare 2017. National Drug Strategy Household Survey 2016: detailed findings. Drug Statistics series no. 31. Cat. no. PHE 214. Canberra: AIHW. Available from:

² Australian Bureau of Statistics. 2017. 4517.0 – Prisoners in Australia, 2017. Available from:

³ Nielsen, S., Toftdahl, N., Nordentoft, M., & Hjorthøj, C. (2017). Association between alcohol, cannabis, and other illicit substance abuse and risk of developing schizophrenia: A nationwide population based register study. *Psychological Medicine*, 47(9), 1668-1677. doi:10.1017/S0033291717000162

Current estimates highlight elevated rates of psychosis among Aboriginal and Torres Strait Islander people. Much of this disparity has been attributed to substance misuse⁴. Research confirms that Aboriginal men are admitted to hospital with mental disorders due to substance misuse at 4.5 times the expected rate, for women it is 3.3 times the expected rate⁵. Given the relationship between substance misuse and mental illness in this group, any moves that increase access to cannabis may disproportionately impact the health of Aboriginal and Torres Strait Islander people.

AMA Position Statement on ‘Cannabis Use and Health’

A copy of the AMA Position Statement on *Cannabis Use and Health, 2014* (‘Position Statement’) is attached. The AMA (ACT)’s positions on these issues are set out from page 7 of the Position Statement. For current purposes, the most relevant part of the Position Statement is on page 9:

Law Enforcement, Cannabis Regulation and Health

- *In assessing different legislative and policy approaches to the regulation of cannabis use and supply, primary consideration should be given to the impact of such approaches on the health and well-being of cannabis users.*
- *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. 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.*

⁴ Parker, Robert (2010) Mental illness in Aboriginal and Torres Strait Islander peoples. In: Purdie, Nola, Dudgeon, Pat, and Walker, Roz, (eds.) Working Together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice. Commonwealth of Australia, pp. 65-74.

⁵ Pink, B. & Allbon, P. (2008). In: The health and welfare of Australian’s Aboriginal and Torres Strait Islander peoples. ABS.

- *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.*
- *In allocating resources, priority should be given to policies, programs and initiatives that reduce the health-related risks of cannabis use. Law enforcement should be directed primarily at cannabis supply networks.*

Bill is Premature

In AMA (ACT)'s view, the ***Drugs of Dependence (Personal Cannabis Use) Amendment Bill 2018*** is premature and does not appropriately recognise that legalising cultivation and personal use of small amounts of cannabis may be detrimental to some groups within the population. More nuanced deliberations must occur in relation to the benefits of ending criminal penalties associated with cultivation and personal use of small amounts of cannabis, as well as the need to better protect the groups of people who are vulnerable to the deleterious effects of cannabis.

These matters are further set out in the Position Statement.

20 November 2018

Contact:

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Australian Medical Association Ltd

Ph: ██████████

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