Australian Government

Department of Health

SENATE STANDING COMMITTEE ON ECONOMICS

AN INQUIRY INTO MEASURES INTRODUCED TO RESTRICT PERSONAL CHOICE 'FOR THE INDIVIDUAL'S OWN GOOD

AUSTRALIAN GOVERNMENT
DEPARTMENT OF HEALTH

SUBMISSION

NOVEMBER 2015

The Terms of Reference of this inquiry are to investigate the economic and social impact of legislation, policies or Commonwealth guidelines, with particular reference to:

a) the sale and use of tobacco, tobacco products, nicotine products, and e-cigarettes, including any impact on the health, enjoyment and finances of users and non-users;

b) the sale and service of alcohol, including any impact on crime and the health, enjoyment and finances of drinkers and non-drinkers;

c) the sale and use of marijuana and associated products, including any impact on the health, enjoyment and finances of users and non-users;

d) bicycle helmet laws, including any impact on the health, enjoyment and finances of cyclists and non-cyclists;

e) the classification of publications, films and computer games; and

f) any other measures introduced to restrict personal choice 'for the individual‘s own good‘.

In this submission, the Department of Health will be responding in relation to item c) of the Terms of Reference .

The Government’s approach to dealing with drugs (including illicit drugs, pharmaceuticals, alcohol and tobacco) is set out in the *National Drug Strategy 2010-2015* (NDS). The NDS is a product of collaboration between Commonwealth, state and territory governments, and extensive community and sector consultations. The NDS strives for a balanced, evidence based approach to tackling drug use in the community that incorporates law enforcement, prevention, early intervention and health care strategies. The NDS is currently being revised.

In Australia the consumption of cannabis for recreational use is illegal. It is classified as a narcotic drug and as such cannabis is tightly controlled in Australia and its use and supply is regulated by a number of Commonwealth, state and territory government laws.

Background

Cannabis is the most used illicit drug in Australia. According to the *2013 National Drug Strategy Household Survey*, 35% of the Australian population reported using cannabis at some time in their lives, with 10.2% having used it in the last 12 months. 3.5% of Australians used cannabis in the previous week.

- 38% of 18-24 year olds and 48% of 25-29 year olds reported ever using the drug
- 19% of indigenous people aged 14 years and over used recently
- Australian men are more likely than women to have used cannabis at any time period.

Health and Social Issues associated with Cannabis use.

Of the people seeking assistance for drug addiction in 2013-14, 22% reported cannabis as the most common principal drug of concern.

As a depressant, the acute effects of cannabis use can include a feeling of well-being, talkativeness, drowsiness, loss of inhibitions, decreased nausea, increased appetite, loss of co-ordination, bloodshot eyes, dryness of the eyes, mouth and throat and anxiety and paranoia. Effects such as drowsiness, disinhibition and unco-ordination can expose users to an

increased risk of accident or injury especially when attempting complex tasks such as driving a motor vehicle or operating machinery.

Chronic cannabis use can be associated with a number of negative health and social effects, including diverse health risks associated with smoking, including respiratory diseases, cancer, decreased memory and learning abilities and decreased motivation in areas such as study, work or concentration. People with a family history of mental illness are more likely to also experience anxiety, depression and psychotic symptoms after using cannabis.

The most harmful way of smoking cannabis is through a bong. Inhaling smoke through water makes it cooler, which makes it easier for the smoker to inhale a greater volume of smoke more deeply into the lungs. This increases the surface area for tar and other carcinogens to affect the respiratory system. Around two-thirds of Australian cannabis smokers mix tobacco, with their cannabis. The combination of these two substances increases exposure to harmful chemicals, causing greater risks to the lungs, respiratory organs as well as the cardiovascular system.

Compared to tobacco cigarette smokers, people who smoke cannabis typically inhale more smoke (two-thirds larger puff volume), inhale the smoke deeper into the lungs (one-third greater depth of inhalation) and hold the smoke in the lungs for longer time periods (up to four times longer). This results in the lungs being exposed to greater amounts of carbon monoxide and other smoke irritants and a greater retention of tar in the respiratory tract.

There is a large body of research and evidence on the harms associated with cannabis use, in particular the 2010 report *The epidemiology of cannabis use and cannabis-related harm in Australia 1993-2007*. This report, prepared by the National Drug and Alcohol Research Centre at the University of New South Wales, found that the number of older users presenting to hospital with dependence and other cannabis related problems increased markedly between 2002 and 2007 and nearly doubled among users aged 30-39 years. Hospital presentations for cannabis-induced psychosis were highest among users aged 20-29 years. The number of hospital outpatient treatment episodes for cannabis problems increased by 30%.

Further studies by Moore (2007)[1], found dependent cannabis users cost the health system $1.2 billion per annum and that the social costs attributable to crime for both dependent and non-dependent cannabis users was $1.9 billion, with 80% of these costs being attributable to dependent users. This is greater than the costs associated with illicit opioid use. It is noteworthy that Moore reported that he believed at that time that there was no persuasive research indicating a causal link between cannabis use and impaired driving at that time, however subsequent research indicates cannabis intoxication can increase likelihood of causing a crash by at least two fold. Moore estimated in 2007, that the total annual social cost of cannabis use was in the vicinity of $3.1 billion. Social costs associated with dependent cannabis use accounted for $2.8 billion, or almost one quarter of the total social costs ($12 billion) associated with drug use in Australia.

In addition, the welfare and market effects of cannabis use result in reduced productivity, lower wages, unemployment and increased reliance on welfare. The National Minimum Data Set for specialist drug treatment 2013-14 revealed that 24% of episodes are for primary

[1] Moore, T. (2002). Monograph No. 14: Working estimates of the social costs per gram and per user for cannabis, cocaine, opiates and amphetamines. DPMP Monograph Series. Sydney: National Drug and Alcohol Research Centre.

cannabis use (43,371 episodes per annum) at a cost of $16,110 per episode (AIC 2011) or almost $70 million per annum.

Pharmaceutical Products

Pharmaceutical products derived from cannabis have been authorised in a number of European and Western countries, with Sativex® being the most internationally available.

There are a number of pathways for lawful access to cannabinoids for medicinal use, subject to Commonwealth classification within the Standard for the Uniform Scheduling of Medicines and Poisons and state and territory legislation. These are through medicines registered on the Australian Register of Therapeutic Goods (ARTG), clinical trials and the Special Access Scheme and the Authorised Provider Scheme under the *Therapeutic Goods Act 1989.*

The Commonwealth has agreed to facilitate the cultivation of cannabis to allow the production of cannabis products for medical and scientific use. It is doing this through the preparation of the necessary legislative framework to be included in the *Narcotic Drugs Act 1967*. The amendments to the Act will establish authority, within the Department of Health, for a Commonwealth licensing scheme to regulate the cultivation of cannabis for medical and scientific purposes. This will facilitate the availability of a sustainable domestic supply of medicinal cannabis material available for manufacture into finished products. These products may then be used in clinical trials and be available for supply as a therapeutic product, under the *Therapeutic Goods Act 1989* via the Special Access and Authorised Prescriber Schemes. These amendments will also ensure Australia's obligations under the United Nations *Single Convention on Narcotics 1961* are met.

The Department of Immigration and Border Protection enforce controls to protect Australian borders and foster lawful trade and travel. There would also be potential implications for border control if the medicinal use of cannabis, clinical trials or special access schemes for that purpose, or its further decriminalisation was approved, or if medicinal cannabis products were exported.

Hemp as Food

Low THC hemp is currently not permitted to be sold as a food in Australia under Standard 1.4.4 - Prohibited and Restricted Plants and Fungi of the *Australia New Zealand Food Standards Code* (the Code). An amendment to this standard by Food Standards Australia New Zealand (FSANZ) would be required to remove this prohibition.

At its meeting on 30 January 2015, the Australia and New Zealand Ministerial Forum on Food Regulation (the Forum) rejected a proposed variation to Standard 1.4.4 - *Prohibited and Restricted Plant and Fungi* resulting from *Application A1039 – Low THC Hemp as a Food*, of the Code. Application A1039 made to FSANZ sought to permit low THC hemp as a food in Australia and New Zealand. Ministers rejected the variation noting several concerns including:

- law enforcement issues, particularly from a policing perspective in relation to roadside drug testing, along with potential conflicts with state and territory Application Acts;
- the possibility of a need for a maximum cannabidiol (CBD) level; and
- that the use of hemp in foods may send a confused message to consumers about the acceptability and safety of Cannabis.

Ministers have agreed to promptly progress this matter and have asked the Food Regulation Standing Committee (FRSC) to undertake a work plan to fill information gaps around their concerns. The FRSC work plan is underway and the Forum will consider future options after the work plan is completed.

Law enforcement

Permitting small quantities of THC in foods complicates and introduces a level of doubt into roadside drug testing.

Ministers were concerned about the lack of a CBD level in the Application process. FRSC are undertaking a survey to determine the level of CBD, THC and total cannabinoid present in hemp food products.

Legislative Implications

It should be noted that amending the Code to permit the sale of hemp foods with low THC will not automatically make the sale of hemp foods legal in Australia and New Zealand. This will have legal implications for a variety of legislation in a number of Australian states and territories as well as border controls, as many of these currently control cannabis regardless of its THC content.

Furthermore, the Australian and New Zealand Governments have international treaty obligations with respect to food containing low THC and the *Convention on Psychotropic Substances 1971*.