

## Inquiry into the use of Cannabis in Victoria

Ms Elena Slodecki

**Organisation Name:** Royal Australian and New Zealand College of Psychiatrists

**Your position or role:** Policy Officer - Victorian Branch

### SURVEY QUESTIONS

**Drag the statements below to reorder them. In order of priority, please rank the themes you believe are most important for this Inquiry into the use of Cannabis in Victoria to consider::**

Mental health, Accessing and using cannabis, Young people and children, Public health, Social impacts, Education, Public safety, Criminal activity

**What best describes your interest in our Inquiry? (select all that apply) :**

Academic and research, Advocacy body, Working in the alcohol and drug services sector, Working in the health sector

**Are there any additional themes we should consider?**

**Select all that apply. Do you think there should be restrictions on the use of cannabis? :**

Other – please explain.

### YOUR SUBMISSION

**Submission:**

**Do you have any additional comments or suggestions?:**

### FILE ATTACHMENTS

**File1:** [5f4898864fb85-FINAL\\_SUB\\_VIC Parliamentary Inquiry into Cannabis\\_Aug20.pdf](#)

**File2:**

**File3:**

**Signature:**

Elena Slodecki



28 August 2020

Parliament of Victoria  
Legal and Social Issues Committee  
Parliament House, Spring Street  
EAST MELBOURNE VIC 3002

By online submission

Dear Committee members,

**Re: Inquiry into the use of Cannabis in Victoria**

The Royal Australian and New Zealand College of Psychiatrists Victorian Branch (RANZCP Vic Branch) welcomes the opportunity to provide input to the Legal and Social Issues Committee Inquiry into the use of Cannabis in Victoria.

The Royal Australian and New Zealand College of Psychiatrists is the principal organisation representing the medical specialty of psychiatry in Australia and New Zealand and is responsible for training, educating and representing psychiatrists on policy issues. The RANZCP Victorian Branch has almost 1700 members, including around 1200 qualified psychiatrists and more than 300 members who are training to qualify as psychiatrists. The RANZCP partners with people with lived experience, through the Community Collaboration Committee and our community member on the RANZCP Victorian Branch Committee. Carer and consumer representation is woven into the fabric of the RANZCP and helps to ensure the RANZCP considers the needs, values and views of the community throughout its work.

Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey of recovery. They have a key role in the coordination and provision of early intervention and treatment approaches for those with problematic cannabis use. Recreational cannabis use is common in Australia, with a small subset of cannabis users having vulnerability to development of mental disorders. Cannabis use has been linked to psychotic disorders, with certain use patterns elevating risk.

There is a need for public health strategies which delay onset of use to protect young people and adolescents during this critical period of neurodevelopment. The RANZCP would also encourage further funding for an increased number of addiction specialists, including trainee and consultant addiction psychiatrists, who can support and treat individuals with a cannabis use disorder and related mental health comorbidity.



To discuss any of the issues raised in this letter and submission, please contact Elena Slodecki, Policy Officer – Victorian Branch, via [REDACTED] or by phone on [REDACTED]

Yours sincerely



Dr Kerryn Rubin  
**Chair, Victorian Branch Committee**



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



Parliament of Victoria  
**Inquiry into Cannabis Use in Victoria**

August 2020

# Improve the mental health of communities

# Royal Australian and New Zealand College of Psychiatrists submission

## Parliament of Victoria: Inquiry into Cannabis Use in Victoria

### About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and as a bi-national college has strong ties with associations in the Asia-Pacific region.

The RANZCP Victorian Branch has almost 1700 members, including around 1200 qualified psychiatrists and more than 300 members who are training to qualify as psychiatrists. The RANZCP partners with people with lived experience, through the Community Collaboration Committee and our community member on the RANZCP Victorian Branch Committee. Carer and consumer representation is woven into the fabric of the RANZCP and helps to ensure the RANZCP considers the needs, values and views of the community throughout its work.

### Key findings

- Recreational cannabis use is common in Australia.
- For a small subset of cannabis users, cannabis use may be a precipitating or maintaining factor for mental disorders, such as psychosis.
- Cannabis use has been linked to psychotic disorders, with frequency of use and use of high-potency cannabis elevating risk. [1-4]
- Individuals may use cannabis to relieve symptoms of mental illness, especially where treatment is difficult to access or unavailable.
- There are physical and mental health impacts of problematic cannabis use, especially for young people and adolescents.
- Public health strategies should focus on delaying the age of cannabis use to protect young people and adolescents during this critical period of neurodevelopment.
- It is essential public health messaging on cannabis use is destigmatising, in order to encourage people to come forward for treatment.
- Punishments for possession and use of cannabis are not commensurate with the level of harm experienced at a population level, with the mental health effects of punitive measures needing to be weighed against the risks relating to cannabis use.
- There is a need for a greater number of addiction specialists, particularly Addiction Psychiatrists, who can support and treat individuals with a cannabis use disorder, and related mental health comorbidity.

### Introduction

The RANZCP Victorian Branch welcomes the opportunity to provide a submission to the Inquiry into the Use of Cannabis in Victoria. The following submission is structured according to the Terms of Reference for the Inquiry.

Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey of recovery. Psychiatrists have a key role in the coordination and provision of preventative, early intervention and treatment approaches for those with problematic cannabis use. As such, the RANZCP Victorian Branch would like to make the

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following comments regarding the mental health and social impacts of cannabis use on people who use, their families and carers.

### *Definitions*

This submission focuses on recreational use of illicit cannabis.

It is worth clarifying the different types of cannabis which are in circulation as they are associated with different use patterns and harms:

- **Cannabis:** term given to products derived from elements of the cannabis plant, containing the psychoactive cannabinoid THC (delta-9 tetrahydrocannabinol) and non-psychoactive cannabidiol (CBD). Different forms of cannabis can be smoked, eaten or vaporised, with high-potency concentrates containing a high concentration of THC. [5]
- **Synthetic Cannabis:** a new psychoactive substance designed to mimic or produce similar effects to cannabis, specifically the effects of the psychoactive compound THC (delta-9 tetrahydrocannabinol). [6]
- **Medical Cannabinoids:** chemical compounds which can be extracted from the cannabis plant for medical use. A variety of plant-derived and synthetic cannabinoids have been developed for medical use. [7] [8]

### **a. Prevent young people and children from accessing and using cannabis in Victoria;**

Australian data suggests recent use of cannabis was highest amongst the 18 to 24 year old age group, who made up around one quarter of recent cannabis users in 2019 (Table 4.43). [9] It is important to understand the trajectories from recreational use to dependent use, given cannabis use is relatively common amongst youth. For a small cohort of individuals, cannabis use confers greater risks of development of a use disorder or mental disorder, including those with mood disorders, [10] a family history of schizophrenia or psychosis [1, 11] or cannabis-using parents. [12] Earlier onset and heavier use is also associated with a higher likelihood of problems, including use disorder and poorer mental health outcomes. [13] Cannabis use can increase risk of developing psychosis or may be a trigger for persistent psychosis. It is important that public health messaging is targeted appropriately to reach the youth audience, so these health risks can be conveyed.

*Further information on cannabis use and its relationship with mental disorders, including psychosis, is provided under question (e) below.*

Policymakers should also consider the reasons why young people may use cannabis, such as peer acceptance, experimentation, relief from mental health concerns, and availability of cannabis. For some young people struggling with symptoms of mental disorders, such as anxiety or depression, cannabis may be used to relieve symptoms. There needs to be greater availability and accessibility of mental health support for young people, so they can access support for their mental health concerns rather than self-medicate. Given the potential for early cannabis use to result in adverse outcomes later in life, delaying onset of cannabis use may be also a beneficial public health strategy. [3, 10, 14, 15] Policy measures should focus on reducing access for younger people and preventing early uptake of cannabis use, as well as providing services which can educate young people about the risks and effects of cannabis.

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#### **b. Protect public health and public safety in relation to the use of cannabis in Victoria;**

A recent study on cannabis-related deaths in Australia found that no deaths were directly attributed to cannabis toxicity. However, accidental injury, suicide and natural disease were common features of cannabis-related deaths. [16] Public health measures which have utility in protecting the health of Victorians include activities which:

- destigmatise cannabis use disorders, and increase access to treatment
- provide evidence-based education on the risks associated with cannabis use for at-risk population groups
- decrease access for young people
- provide harm reduction advice tailored to specific audiences, such as youth
- enhance capacity of alcohol and other drug services.

#### **c. Implement the health education campaigns and programs to ensure children and young people are aware of the dangers of drug use in particular, cannabis use;**

Campaigns which aim to educate youth on the risks associated with cannabis use, and delay onset of cannabis use may have utility in reducing the health-related harms of cannabis. The majority of prevention campaigns offered in Australia are multidrug, with few specifically focused on cannabis. The MAKINGtheLINK programme encourages young people with mental health or drug issues to seek professional help. [17] The programme has shown some success as an early intervention initiative, [18] and there could be benefit for utilising this programme or similar models across Victorian schools. The Positive Choices programme and Cannabis Support & Information have also been identified by our members as useful tools to provide evidence-based drug education to school communities. [19, 20]

#### **d. Prevent criminal activity relating to the illegal cannabis trade in Victoria;**

The mental and physical health of the community must be the priority when considering criminal activity relating to cannabis. The RANZCP contends substance use disorder should be treated as a health issue, not a criminal justice matter. [21] Punishments for possession and use of cannabis are not commensurate with the level of harm experienced at a population level, with the mental health effects of punitive measures needing to be weighed against the risks relating to cannabis use. We support a recovery-focused rehabilitative approach to reducing addiction. Money currently spent on prosecuting individuals for cannabis-related offences could be better invested in treating disorders and improving the mental wellbeing of these offenders.

A subset of individuals have increased risk for use disorder and mental disorders relating to the use of cannabis. A much larger subset does not have such a high-level of risk. There is a need for nuanced and targeted regulatory approaches which will not result in more availability and supply for individuals who are at risk of developing a persistent disorder. The RANZCP Victorian Branch would welcome the opportunity to work with the Victorian government to consider appropriate approaches for regulation of cannabis use.

#### **e. Assess the health, mental health, and social impacts of cannabis use on people who use cannabis, their families and carers.**

##### *Prevalence*

The *National Drug Strategy Household Survey (NDSHS) 2019* found recent use (preceding 12 months) of cannabis increased between 2016 and 2019, from 10.4 to 11.6 per cent, with around 36% of those over the age of 14 having used cannabis at some point in their lifetime. [22] People who use cannabis

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were more likely to use the drug on a weekly basis, than those who use other illicit substances such as ecstasy or cocaine. [22] There are also indications that those aged 18 and over who had been diagnosed with, or treated for a mental health condition in the preceding 12 months, were more likely to smoke or have recently used an illicit drug. [22]

A recent systematic review meta-analysed the risk of cannabis use disorders from use, with people who use cannabis having a one in five risk of developing a cannabis use disorder. Risk was increased where cannabis use was initiated early and used frequently. [23] The likelihood of becoming dependent on cannabis is raised in men, minorities, those who start using earlier, and those with childhood trauma. [24]

#### *Mental Health Impacts*

Australian data indicates that of those who used cannabis in the last month, 30% self-reported as having a mental illness, with self-reported mental illness for those who had or had not used cannabis in the previous 12 months being around 25% and 15% respectively (Table 4.48). [9] Cannabis use can be associated with adverse outcomes for an individual's mental and physical health, with literature suggesting it may be part of a complex set of factors leading to psychosis. [3] A recent study found that over half of study participants with clinical high risk for psychosis had used cannabis, [2] although it was identified further research regarding frequency, dose and other factors was necessary to understand this relationship. Further findings indicate young cannabis users are most at risk, suggesting policymakers should concentrate efforts on delaying the onset of cannabis use and ensuring access to early treatment and support for youth who do commence cannabis use. [3]

The association of cannabis use with depression, excessive drinking and use of other drugs shows a pattern of comorbidity which may lead to negative outcomes for adolescents. [25] Cannabis use during adolescence also impacts neurological development, and may lead to poorer cognitive and emotional outcomes later in life. [15] Increasing cannabis use has also been associated with failure to obtain educational milestones, including high school completion, university enrolment and degree attainment. [14] Further, the recreational use of cannabis has been associated with an increased risk of premature mortality, including from accidental injury, disease and suicide. [16]

#### *Potency, Purity and Risk*

Daily cannabis use has been associated with increased odds of psychotic disorder, compared with no use, with these odds increasing to nearly five-times for daily use of high-potency types of cannabis. [1] High-potency cannabis is where there is a greater concentration of THC. Risk for cannabis use problems and anxiety disorders were also found to be higher amongst those reporting use of high-potency cannabis. [26]

Given the risks, public policy measures should focus on education relating to reducing frequency of cannabis use and the risks of high-potency cannabis, as well as limiting the availability of high-potency cannabis. [1, 26]

#### *Tobacco, Cannabis and Physical Health*

In 2019, a large proportion of cannabis use in Australia occurred mixed with tobacco (Table 4.45). [9] Common use of cannabis with tobacco means harms related to cannabis use are compounded by the harms related to tobacco use. [27] The physical health impacts of tobacco use are well known. Reducing the use of cannabis with tobacco represents an opportunity to reduce health harms.

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#### *Recommendations*

Stigma reduces the likelihood of people seeking treatment for substance use concerns. [28] Public health campaigns should be evidence-based and should focus on harm minimisation messages and strategies to destigmatise, rather than sensationalise, substance use disorders. [29] The needs and vulnerabilities of young people are specific and require a tailored approach which meets their stage of development. Given the potential for early cannabis use to result in adverse outcomes later in life, delaying onset of cannabis use may also be a beneficial public health strategy. [3, 10, 14, 15]

In addition, further efforts and research are required to improve evidence-based treatments for cannabis use, particularly given a recent Cochrane systematic review was unable to ascertain the most effective duration, intensity and type of intervention for reducing and treating cannabis use. [30]

Individuals with a substance use disorder must also be able to access quality alcohol and other drug (AOD) services, alongside mental health service where needed. AOD services also need to be age-appropriate and more accessible to the youth population. Greater integration of AOD and mental health service would be beneficial in supporting patients with a dual mental health and substance use disorder diagnosis. In order to increase service capacity, there is a need for a commensurate increase in addiction psychiatry capacity in Victoria, an area of critical workforce shortage. There is also a need to expand the number of addiction psychiatrist positions in the public mental health system, so that trainees can be placed in jobs once they have qualified. Otherwise, Victoria risks losing qualified addiction psychiatrists to other States and Territories. As such, the RANZCP would recommend funding to train and recruit a greater number of addiction specialists, particularly Addiction Psychiatrists, who can support and treat individuals with a cannabis use disorder, and related mental health problems.

Further, there is a need to increase knowledge and skills in addiction within general psychiatry and child and adolescent psychiatry to enhance the ability for screening, assessment and treatment of cannabis-related comorbidities within Victoria's mental health system. Further opportunities for training and education should be explored.

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