Public Health Association
AUSTRALIA

Public Health Association of Australia submission to Inquiry into the use of Cannabis in Victoria

[redacted]

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Public Health Association
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The **Public Health Association of Australia** (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public's health in Australia.

The PHAA works to ensure that the public's health is improved through sustained and determined efforts of our Board, National Office, State and Territory Branches, Special Interest Groups and members.

We believe that health is a human right, a vital resource for everyday life, and a key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people's health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

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Our mission as the leadi[redacted]anisation for public health representation, policy ar[redacted]to promote better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health. Members of the Association are committed to better health outcomes based on these principles.

Our vision is for a healthy population, a healthy nation and a healthy world, with all people living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health and wellbeing for all.

The reduction of social and health inequities should be an over-arching goal of national policy, and should be recognised as a key measure of our progress as a society. Public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

Introduction

PHAA welcomes the opportunity to provide input to the Inquiry into the Use of Cannabis in Victoria. PHAA supports the National Drug Strategy 2017-2026's pillars of reform – supply reduction, demand reduction and harm reduction – as priority areas.[1] Substance misuse should be treated as a health issue, rather than a criminal justice issue. Australian policies relating to illicit drug use should be assessed according to the extent to which they minimise the health, social and economic harms arising from their use. A whole of government approach to prevention, early intervention and treatment, which recognises the common antecedents of many social problems, including drug use, must be implemented. Such an approach needs to be adequately resourced and should contain a range of strategies aimed at building resilience, maximising protective factors, minimising risk factors, and providing support to individuals, families and communities with problems resulting from illicit drug use. Decriminalising illicit drugs should be considered to enhance the capacity of the public health system to respond.

Evidence-based programs that are effective in reducing drug related harm to both the individual and the community should continue to be supported while funding for interventions of doubtful effectiveness or those accompanied by severe adverse effects should be reviewed. Particular attention must be given to the issue of illicit drug use by at risk population groups. Effective strategies will involve development in partnership with at risk groups, supported by Government funding.

PHAA Response to the Inquiry Terms of Reference

a) Preventing young people and children from accessing and using cannabis in Victoria

The principles of harm reduction recognise that drugs are a part of society and will never be eliminated, and that there is a need to provide people who use drugs with options that help to minimise risks from continuing to use drugs and of harming themselves or others.

[redacted]rategy Household Survey 2019 data[2] shows that[redacted] most other illicit drugs, [redacted]for the first trial of cannabis increased from 16.[redacted]o 17.3 years in 2019. Most people (69%) who try illicit drugs do so out of curiosity for the first time, with similar proportions continuing its use for fun (71%). With use of illicit drugs amongst young people declining, over one in six (18%) of those aged 14-19 years had used cannabis at least once in their lifetime, and over one in ten (13%) reported use in the last 12 months.

The majority of people (73%) have never used illicit drugs, showing disinterest in drugs. Of those never users, almost half (44%) stated they were concerned about their health and potential addiction, and one in three (32%) are concerned about legal consequences. One in three (33%) of young people aged 14-19 years reported being offered or having had an opportunity to use cannabis in 2019.[2]

The age of first using cannabis has significant implications. Cannabis use is related to impaired and lasting effects on adolescent cognitive development, including inhibitory control.[3] Initial cannabis use early in adolescence, has effects including interference with brain development, lower IQ, and poor educational outcomes, with regular use potentially resulting in an increased risk of dependence and use of other illicit drugs.[4] Being a vulnerable population with brains still developing, preventing and delaying onset of use of cannabis is therefore important for the health of children and young people.

Daily cannabis use is associated with increased likelihood of psychotic disorders among those who are aged 18-64 years compared with those who have never used, especially for high potency cannabis with a THC level of more than 10%.[5]

There has been an overseas report showing increasing THC content of confiscated cannabis, from 3% in the 1980s to 12% in 2012.[4] With daily use and high-potency being strong independent predictors of a psychotic disorder, together with the age of first trial having a modest role, it is imperative that young people are protected against high-potency cannabis and daily use.[5]

Harm reduction is an important consideration across all responses to cannabis use. Responses which result in a criminal record and incarceration may lead to more lasting harm to the user than may be cause by the use of the drug.[6, 7] In contrast, strengthening and supporting personal and social protective factors reduces the likelihood that young people will engage in problematic drug use, and promotes mental and physical health and wellbeing. This includes many social determinants of health including family relationships, education, employment and housing.[8]

The drivers of drug use are a convergence of personal characteristics and attributes of the individuals, nature and properties of the drug consumed, and an environment and culture which creates norms and expectations of substance use.[9] Modifiable risk factors associated with developmentally harmful substance use during adolescence include the level of community drug use, availability of drugs within the community, maternal smoking and alcohol use, extreme social disadvantage, child abuse and neglect, family breakdown, early school failure and substance use by peers.[10]

There are protective factors against harmful substance use such as school engagement, vocational training and employment, strong parent-child relationships, firm attachment to positive adult role models, and 'future-oriented recreational pursuits' which should be proactively supported in an effort to minimise [redacted] people associated with drug use.[11] [redacted]

Maintain the current regulation over the medicinal cannabis industry, consistent with PHAA's policy statement on medicinal cannabis.

b) Protecting public health and public safety in relation to the use of cannabis in Victoria

According to the National Drug Strategy Household Survey, cannabis continued to be the most common illicit drug used in 2019, with over one third (36%) of Australians aged 14 years or over having ever used cannabis. Over one in ten (11.6%) reported use in the last 12 months, up from 10.4% in 2016, with over one third (37%) of these people using cannabis at least weekly.[2] Concomitant use of other drugs (alcohol, tranquilisers, hallucinogens, cocaine, ecstasy and others) significantly increased amongst recent users of cannabis in 2019.[2]

With 41% of Australians supporting legalisation of cannabis, an increase of 6% since 2016,[2] monitoring quality and content of cannabis may be important. In addition, improving the accessibility of medicinal cannabis may protect public health due to quality control and regulation by the TGA.

While many individuals are able to use illicit drugs with little or no long-term harms, for those that experience addiction, mental health issues or other drug related harms, the most effective response should involve treatment and support, rather than arrest. High risk populations for adolescent substance misuse include children and adolescents in families with parents who use drugs, as well as young people who have been suspended from school or have mental health problems. People with harmful substance use patterns are particularly likely to be unemployed or to experience marginalisation, both of which can exacerbate their problems and prevent seeking of benefitting from treatment. Protection of public health in relation to substance use must thus address existing social-group inequalities contributing to harmful substance use, address marginalisation and social exclusion among people who use drugs, and ensure that policies do not exacerbate existing disadvantage experienced by social groups by considering how they impact upon the psychosocial and material conditions faced by disadvantaged people.[12]

There are culturally and linguistically diverse communities in Victoria who are particularly vulnerable to experiencing harms related to drugs – including low levels of health literacy and pre- and post- migration stressors making it harder to adjust to a new cultural environment. It is well documented that culturally and linguistically diverse communities are significantly underrepresented in the alcohol and drug treatment system, and that this lack of representation is illustrative of an under-utilisation of services rather than a lower need.[13] Protecting public health and safety demands understanding the barriers and enablers of access to services for vulnerable groups such as culturally and linguistically diverse communities.

The 2018 Inquiry into Drug Law Reform report acknowledged that drug treatment services are 'overwhelmingly' located in metropolitan areas, despite the higher prevalence of drug use in rural and regional Victoria.[11] The lack of drug and alcohol services in rural and regional areas of Victoria has been identified as a significant challenge to accessing timely treatment for people with substance-use disorders living in non-metropolitan areas.[14]

In 2016, the Victorian government legalised use of medicinal cannabis through the Narcotic Drugs Amendment Act 2016. Beneficial effects of medicinal cannabis on various symptoms including chronic pain have been demonstrated in various scientific research including a systematic review.[15] However, accessibility is a major barrier for chronic pain sufferers, due to its regulatory regime and economic costs of obtaining legal cannabis through medicinal prescription, and a lack of medical practitioners practising in [redacted]cine.[16]

[redacted]n Australians who reported recent use of canna[redacted]exclusively for medicinal purposes, with another 16% reporting use for mixed purposes including medicinal and other. Despite this, only 3.9% of those who used cannabis for medicinal purposes obtained it legally through prescription by doctors.[2] Indeed, those who used cannabis for medicinal purposes at least sometimes, tended to be from lower socioeconomic areas.[2] An online study conducted in 2019 found 13% of endometriosis sufferers aged 18-45 years accessed illegal cannabis for pain treatment despite its quality being of concern.[17] Prohibitive cost and tight regulation of medicinal cannabis prescription needs to be addressed in order to allow access to high quality products with ease, regardless of socioeconomic status.

PHAA advocates for more ready access by patients and their GPs to medicinal cannabis through the national and state and territory schemes. With growing approvals for the supply of cannabis products to individuals by the TGA,[18] it is also important to support research on risks and benefits of various forms of cannabis for medicinal purposes and to remain open to evolving evidence.

In line with PHAA's 2019 background paper on medicinal cannabis, legislatures, governments and regulators should ensure that the budding cannabis industry does not exert undue influence on public policy. Additionally, the benefits and disadvantages of legalising recreational use of cannabis for personal use should be considered.

c) Implementing health education campaigns and programs to ensure children and young people are aware of the dangers of drug use, in particular, cannabis use

Primary prevention strategies aimed at helping people avoid or modify drug use to reduce harms are a promising method of reducing alcohol and drug problems when actively led by the community in which they are undertaken. Using evidence-based and targeted, community-driven approaches helps communities to strengthen their capacity to identify and prevent harms, and support protective factors.[19] Prevention and early intervention targeted at young people should be adequately funded, with appropriate and effective messages and communications strategies.

Children and young people need to be involved in the discussion of health and education programs designed to protect them from the harms that can be associated with drug use. Education campaigns and programs might be divided into those that are universally delivered to children and young people, and those that are targeted to people who are at increased risk of harm. Particular attention must be paid to ensuring that young people who have dropped out or been expelled from school and those who are homeless or reside in state-funded care or juvenile justice settings are not left behind.[14]

Young people have demonstrated an eagerness to be involved in conversations about minimising the harms attributable to drug use in society. Young people surveyed generally:[20]

- Support harm reduction measures
[redacted]government intervention only when a person's [redacted]ng harm to someone else, [redacted]eference for education and treatment being th[redacted]onse by governments
- Support drug law reform (legalisation of personal use of illicit drugs) and for the regulation of new psychoactive substances

Notably, there were significant differences in views based on gender, age, and geographical location, highlighting the importance of carefully tailoring educational efforts to particular audiences.[20]

As people with a diagnosis of psychotic disorder are found to be more likely to have first trialled cannabis aged 15 year or younger, it is imperative that preventative initiatives start at this age or lower,[5] with risks being clearly communicated.

Furthering school-based drug education programs and other preventive measures can help address this issue. However, in order to employ a whole of government approach and involve all relevant stakeholders, the allocation of a longer-term budget commitment for prevention services should be considered. As stated in PHAA's policy statement on illicit drugs, the imbalance in funding of prevention, treatment and harm reduction must be addressed. The 2009-10 Australian drug budget witnessed 66% ($1.1 billion) of expenditure go to law enforcement services, seven times the total expenditure of $156.8 million on prevention services.[21] This inequity in expenditure could potentially affect the attainability and feasibility of the nationally agreed harm minimisation strategy, as outlined in the 2017-2026 National Drug Strategy.[1]

With declining substance use amongst young people aged under 30 years, it is important to keep this trend continuing for current and future generations.

It is important to take learnings from evaluations of previous efforts to educate the community on drug-related harms, particularly where they have found limited effectiveness.[22] The kinds of programs which are thought to have an evidence base in minimising harms associated with cannabis use include education and skills training interventions, family interventions, multi-component community interventions and brief intervention and motivational interviewing strategies. There is evidence that these programs can be adapted to be delivered online, in a manner that many minimise access barriers for some cohorts.[23]

Health claims promoted in medicinal cannabis legislation and media may impact public perceptions of the harms associated with public use, creating a perception that recreational use is less harmful than evidence suggests.[24] Medicinal cannabis legislation should be complemented by appropriate harm minimisation measures for recreational use to ensure public health objectives are not undermined.

d) Preventing criminal activity relating to the illegal cannabis trade in Victoria

We know that many people involved in criminal activity in Victoria are recidivists, and that over 75% of male and 83% of female prisoners reported illicit drug use.[14] The 2017 Victorian Ombudsman's report noted that there are a number of resource-related challenges to interrupting the 'billion-dollar recidivism merry-go-round'. Long waiting times for inpatient withdrawal services, particularly in rural and regional [redacted]ch major hurdle in the provision of alcohol and drug services, and thus rehabilitation [redacted]ble people to avoid further criminal justice con[redacted]

e) Assessing the health, mental health, and social impacts of cannabis use on people who use cannabis, their families and carers

Cannabis is a psychoactive substance that affects people in different ways depending on amount, strength, method of ingestion, individual factors and environments, source of the substance, and any other substances it is used with. Short term effects include intoxication with disturbances in the level of consciousness, cognition, perception and behaviour. The risks of long term cannabis use include dependence, educational underachievement, poor memory retention,[25] mental health disorders,[26] and potential psychotic symptoms.[27] Harm reduction measures to reduce heavy and risky use among young people are particularly important. Furthermore, a rigorous evaluation process on cannabis use should be developed and implemented if recreational cannabis use is legislated and permitted in Victoria.

Due to the morbidities associated with cannabis use e.g. chronic pain, mental illness, hypertension and severe psychological distress, assessment of users' health is imperative.

Improvements in access to mental health services may provide benefits as over a quarter (27%) of recent users of cannabis reported having a mental illness, compared with 15% of others. Furthermore, the proportion of young people reporting trying illicit drugs to improve unhappy mood increased from 18% to 23% between 2016 and 2019, and over one third (35%) of those aged 14-17 years continued use for this purpose.[2] Among those with problematic drug use, the link with mental illness is stronger. Among those in treatment for alcohol and other drug use disorders, 70-90% of people have a comorbid mental illness.[28] People living with comorbid substance dependence and mental illness are likely to experience greater rates of relapse and more hospital readmissions; treatment non-adherence; poorer psychological health; interpersonal stressors and difficulties; social exclusion through unemployment, living alone or homelessness; more frequent use of aggression and physical violence and associated injury; and/or greater risk of poor physical health.[29]

Minimisation of the harms associated with cannabis use in the community must be informed by an understanding of comorbidity, and resourcing of services equipped to provide support for young people with a complex multitude of vulnerabilities. Divisions in the health sector between services for mental health and for alcohol and other drug use are a barrier to accessing and providing effective treatment. Evidence-based programs for treating young people with a mental illness and alcohol and other drug use exist and should be implemented to minimise the burden of co-morbid mental illness and substance use in our community.[30]

Messages need to be clear, educational and effectively targeted so that young people can make an informed decision. In order to prevent potential addiction and mental health deterioration associated with drug use, treatment and support services should be available and accessible. In particular, counselling or support sessions may need to target a whole peer group. Previous or recent users of illicit drugs have a higher proportion of friends who use drugs compared with those who have never used. In particular, one in five recent users have all or most of their friends who also use illicit drugs, and a friend has been consistently the most common (65%) source of illicit drugs since 2010.[2]

With regular use of high potency cannabis linked with psychosis risk,[5] the difficulty of knowing the strength and content of cannabis from an unregulated market is problematic for harm reduction. A regulated [redacted]ide an opportunity to standardise formulations [redacted]nsparency around strength [redacted]ucing risk.

A regulated market would allow for product health information labels. An evaluation of cannabis health information labels found that they both educate and motivate decreased consumption.[31]

Conclusion

PHAA supports the broad directions of the inquiry into the use of cannabis in Victoria in seeking to minimise the harms associated with cannabis use in the community. Substance use is likely to remain ubiquitous across all community groups in Victoria, however, we are keen to ensure that the Government understands the inequitable distribution of harms associated with substance use. We are particularly keen that the following points are highlighted:

- Drug misuse should be treated as a health issue, not a criminal issue
- While the risk of adverse chronic health outcomes for most users is low, regular use of high potency cannabis among adolescents is associated with more severe and persistent negative outcomes
- Prevention and early intervention measures require addressing social determinants of health to strengthen protective factors and minimise risk factors.
- Children and young people must be at the centre of design of educational campaigns intended to minimise harms associated with substance use. Evaluation of previous efforts demonstrate a lack of efficacy of mass-media campaigns.
- Culturally and linguistically diverse communities, and rural and regional Victorians are particularly vulnerable to harms associated with substance use. Their needs must be assessed and addressed in order to protect public health and safety.
- Comorbid substance use and mental illness is prevalent among young people and services must be adequately resourced and trained to address these concurrent challenges to wellbeing.

The PHAA appreciates the opportunity to make this submission and the opportunity to contribute to reduced harm and risk associated with cannabis in Victoria.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.

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7 September 2020

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