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AMA submission to the Senate Legal and Constitutional Affairs Legislation Committee inquiry into *the Criminal Code and Other Legislation Amendment (Removing Commonwealth Restrictions on Cannabis) Bill 2018.*

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The AMA is pleased to provide a submission to the Senate Legal and Constitutional Affairs Legislation Committee's Inquiry into the *Criminal Code and Other Legislation Amendment (Removing Commonwealth Restrictions on Cannabis) 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 is strongly supportive of efforts to stop incarceration associated with cannabis use. This must occur 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.

The Criminal Code and Other Legislation Amendment (Removing Commonwealth Restrictions on Cannabis) Bill is premature and fails to recognise that efforts to decriminalise 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 personal cannabis use, as well as the need to better protect the groups of people who are vulnerable to the deleterious effects of cannabis. The AMA also has significant concerns about the lack of capacity within the drug and alcohol treatment sector in Australia. Many individuals have difficulty in accessing the treatment and support they require at the right time.

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 months.¹ 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 2017.² 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.

While the AMA supports the abolition of criminal penalties associated with personal cannabis use, as medical professionals, the AMA 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 sixfold increase and for the father a 5.5 fold increase in risk.³ 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 risks cannabis exposure poses to unborn children.

Current estimates highlight elevated rates of psychosis among Aboriginal and Torres Strait Islander people. Much of this disparity has been attributed to substance misuse.⁴ 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 rate.⁵ 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.

Finally, the costings associated with the proposal are of low reliability and take a very simplistic view of the situation. Budget cuts have been proposed for several authorities, while no discernible investment in treatment has been included. Investment in drug and alcohol treatment services is vital. This lack of insight confirms the premature nature of the *Criminal Code and Other Legislation Amendment (Removing Commonwealth Restrictions on Cannabis) Bill 2018*.

14 June 2018

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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:
<https://www.aihw.gov.au/reports/illicit-use-of-drugs/ndshs-2016-detailed/contents/table-of-contents>

² Australian Bureau of Statistics. 2017. 4517.0 – Prisoners in Australia, 2017. Available from:
<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4517.0>

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

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.