



Cannabis in Australia



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CEO Foreword



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Most features of the Australian cannabis landscape have held steady in 2023. As the update presented in the following pages reveals, the key prevailing trend is continued expansion of the medicinal cannabis sector, where patient numbers are steadily increasing despite enduring barriers to access.

This relative stability contrasts with the ongoing surge of reforms abroad. Just weeks ago, residents of Ohio voted to make their state the 24th to introduce a decriminalised, regulated adult-use market. Once implemented, over 50 percent of the U.S. population will live in a state that has adopted similar reforms, including people living in conservative-voting states like Missouri, Ohio, and Montana.

In Canada, a country with significant policy, cultural, and historical similarities to Australia, 2023 marks five years since the implementation of an adult-use cannabis market in 2018 – a period that has seen a pronounced shift from illicit, uncontrolled cannabis to legal, quality-controlled products.

Germany is finalising details of a strictly regulated legal cannabis framework to be introduced in 2024, and pilots of a regulated cannabis market are on the verge of being rolled out in selected cities in the Netherlands and Switzerland. Thailand is an unusual case that proves the importance of carefully considered reforms: the emergence of a legal grey zone last year resulted in a rush of mostly unregulated cannabis commerce, which is now in the process of being reined in.

While Australia's evolution is more gradual, it is gaining momentum. In the medicinal cannabis sector, the quantity of products accessed by Australians in 2023 is set to more than double the previous year's tally. There are many benefits to broadening access to regulated cannabis. In addition to being a promising treatment option for various health conditions, medicinal cannabis presents a mostly untapped opportunity to treat people with cannabis use disorders.

However, these benefits can only be achieved by addressing the significant barriers that remain. In *Cannabis in Australia 2022*, the key barriers we identified were product and medical consultation costs; a lack of education among healthcare professionals; and the unequal treatment of medicinal cannabis compared to other prescription drugs in Australia's workplace and roadside drug testing regimes – all of which continue to curtail access in 2023.

Healthcare professionals should be encouraged to use medicinal cannabis as a harm reduction tool. For people who are heavy or dependent cannabis users, a prescription means a medical professional engaging with them about their health, including dependence issues. The potency, dosage, and

frequency of their use can be monitored, and harms further reduced by providing products that are free from toxic contaminants found in illicit cannabis.

Prescribing cannabis with medical supervision also reduces the harms caused by the ongoing criminalisation of non-prescribed cannabis. Around 90% of all cannabis-related arrests between 2011 and 2021 were for the possession of small amounts of cannabis. Law enforcement related to cannabis alone costs Australia \$1.7 billion annually – money that could be far better spent tackling serious crimes.

The economic value of a legal and strictly regulated framework could vastly exceed expenditures on law enforcement, as has already happened in Canada. This new industry would be well suited to create economic development and jobs in regional Australia and would generate hundreds of millions of dollars in tax revenue to fund programs to prevent and reduce harms from drug use.

There is still much work to do, especially replacing decades of alarmist fearmongering with evidence-based community knowledge and understanding about the risks and benefits of cannabis. Penington Institute will continue to advocate for a balanced model that facilitates a nationwide shift away from the counterproductive criminalisation model while also taking decisive steps to minimise the health harms that cannabis can cause.

John Ryan

CEO, Penington Institute

Introduction

In December 2022, Penington Institute released *Cannabis in Australia 2022*. Published alongside a technical report, *Cannabis in Australia 2022* presented the findings from many months of research and around 100 expert interviews to provide an overview of cannabis use in Australia. The report aimed to promote understanding of cannabis in its various forms: medicinal cannabis, illicit cannabis and hemp.¹

As part of our ongoing effort to promote improved understanding of cannabis within our communities, Penington Institute has developed *Cannabis in Australia 2023*. This update focuses on new evidence and new thinking about Australia's relationship to this versatile and complex plant.

¹ Penington Institute (2022). *Cannabis in Australia 2022*. Melbourne.

Part 1: Medicinal cannabis

This section presents an update of data on medicinal cannabis in Australia. Data on medicinal cannabis approvals are sourced from the Therapeutic Goods Administration (TGA), which is the body responsible for regulating access to medicinal cannabis in Australia.

Medicinal cannabis approvals

The number of approvals for prescribed medicinal cannabis in Australia continues to grow. The TGA does not record or report the number of patients accessing medicinal cannabis products, only approvals for access. Patients may receive more than one approval. Whether an approval results in a patient accessing medicinal cannabis, or how much is accessed, is unknown.

Patients are increasingly accessing medicinal cannabis via Authorised Prescribers² (APs). From July 2016 to July 2023, there have been 812,262 approvals via the AP pathway, with 319,679 approvals occurring in the first half of 2023.³

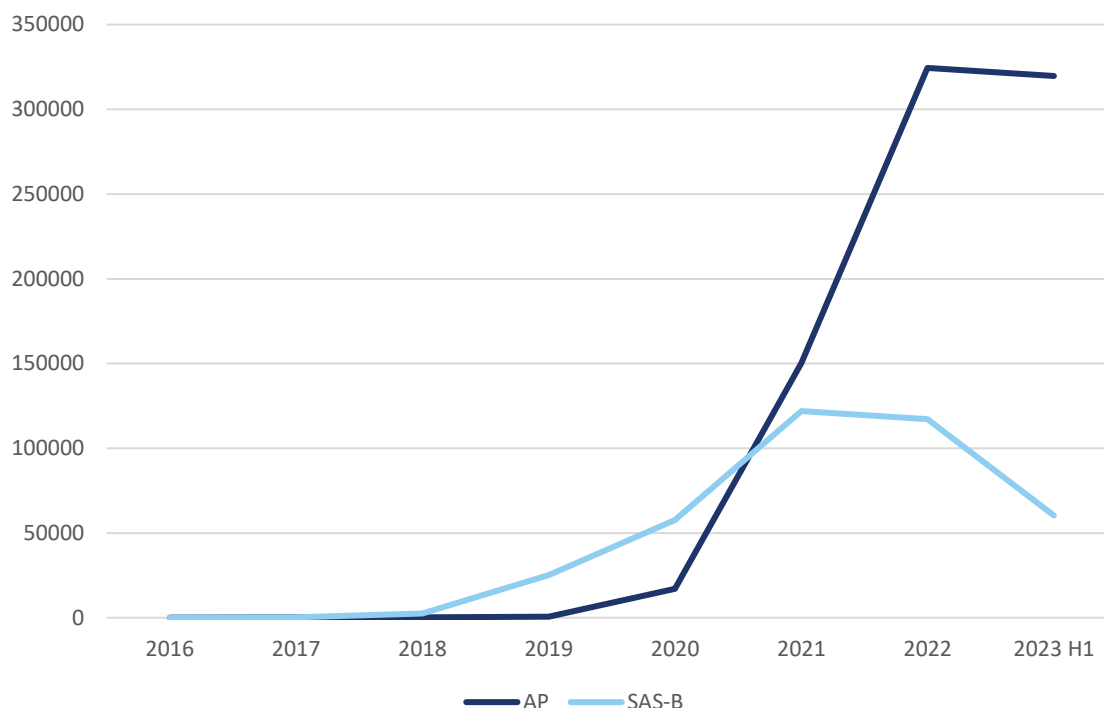
An additional 447,505 approvals have been issued via the SAS-B pathway.⁴ The proportion of all notifications reported via the AP pathway has increased dramatically in recent years, from a mere 2% in 2019 to over 84% in the year to June 2023 (Figure 1).

² The AP pathway allows authorised medical practitioners to supply therapeutic goods (such as medicines or medical devices) that are not included in the [Australian Register of Therapeutic Goods \(ARTG\)](#) to patients with a particular medical condition without the need for individual patient approvals. As of November 2023, there were 2,287 medicinal cannabis Authorised Prescribers in Australia (TGA Authorised Prescriber [data dashboard](#)).

³ AP approvals are reported every six months, so the most recent figures cover January-June 2023.

⁴ The SAS-B pathway allows medical practitioners to access therapeutic goods that are not included in the ARTG for a single patient. As of November 2023, there were 5,415 unique medical practitioners who had submitted a SAS-B application for medicinal cannabis products (TGA SAS-B [data dashboard](#)).

Figure 1: Number of approvals/notifications for medicinal cannabis, January 2016 – June 2023, by access pathway



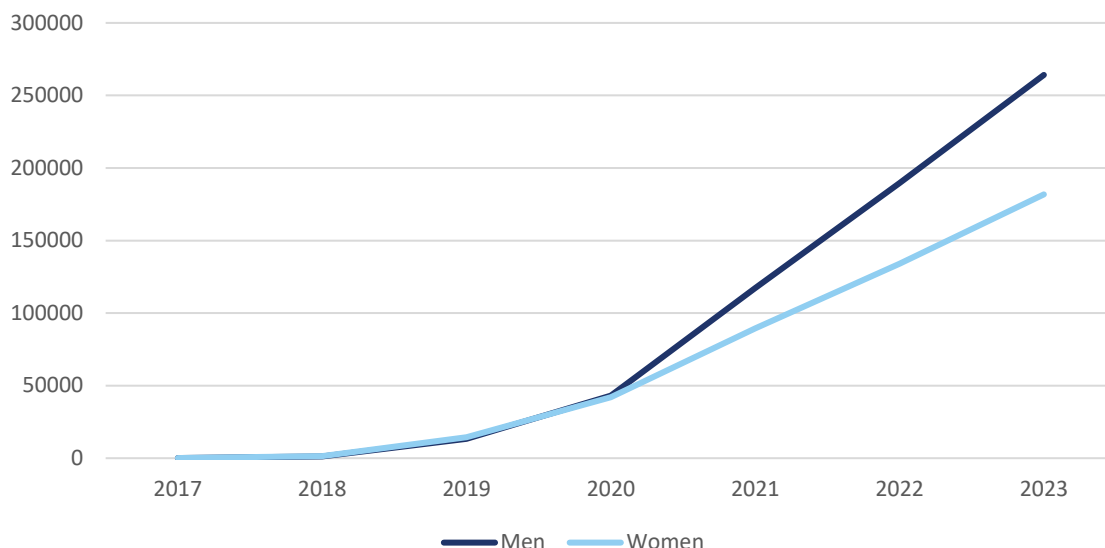
Information on the condition for which medicinal cannabis has been approved, and the age and gender of patients, is available only for the SAS-B pathway. This information is becoming less readily observable as the AP pathway becomes the dominant method of access in Australia.

SAS-B approvals in 2023 followed similar trends to recent years. Of the 112,567 SAS-B approvals in the year to November 2023, almost half (52,996) were prescribed for chronic pain and roughly one-third (38,845)

for anxiety. Approvals were typically given to people aged 18 to 44 years (59% of approvals), with 29% of approvals for people aged 45 to 64 years. Half of the approvals (61,875) were for oral liquid products, 45,708 were for dried flower and 8,739 were for an inhalation form of medication, such as liquid vapes.

By 2023, 264,315 cumulative medicinal cannabis approvals had been provided to men via the SAS-B pathway, compared with 181,909 for women (Figure 2).

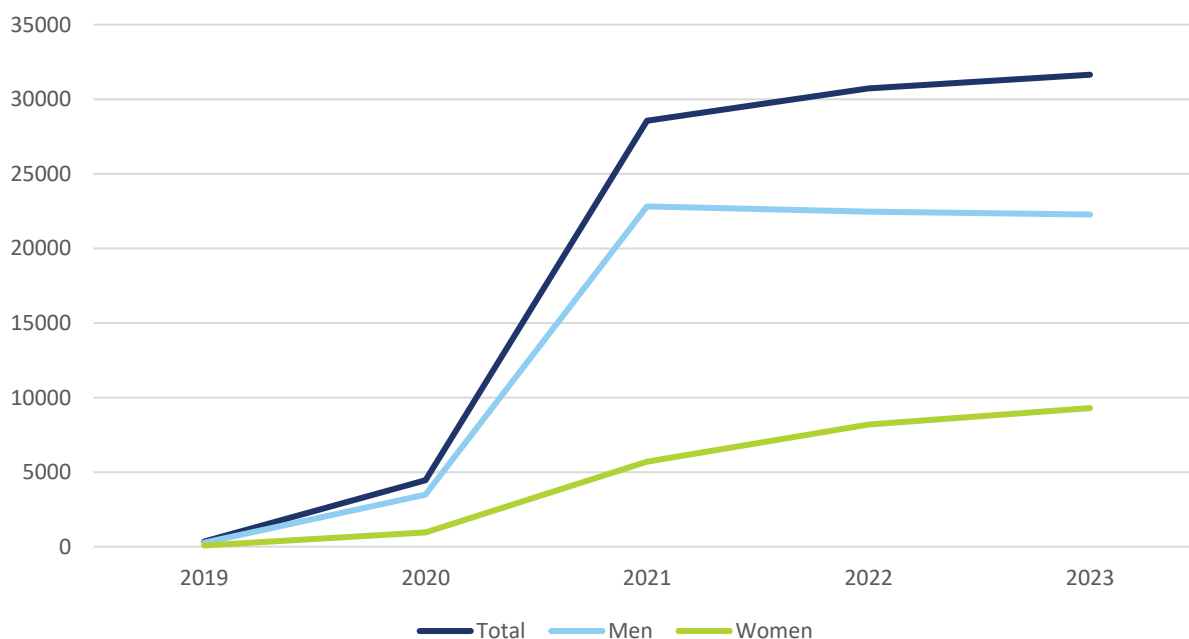
Figure 2: Cumulative number of SAS-B approvals/notifications for medicinal cannabis, 2017-2023, by gender



In the year to November 2023, approvals for patients aged 18 to 44 were more likely to be for men (65% of approvals) than women. The number of approvals for flower products for patients aged 18 to 44 has increased rapidly since the end of 2019, with the increase greater among men than women (Figure 3).⁵

The slowing of the increase (represented by the flattening of the curve) is likely due to the broader prescribing shift from the SAS-B pathway to the AP pathway.

Figure 3: Annual number of SAS-B approvals/notifications for medicinal cannabis flower products among 18 to 44 year olds, 2019-2023, by gender



⁵ TGA SAS-B [data dashboard](#)

The increasing use of medicinal cannabis in flower form is also apparent in industry data on the Australian medicinal cannabis market showing that the market share held by flower products increased from 456,101 units⁶ (65.5% of the market) in the first half of 2022⁷ to 1,123,609 units (74.4% of the market) in the first half of 2023 (Figure 4).⁸ Data on unit sales are only available in six-monthly tranches from January 2022 onwards⁹ and have been published by the TGA in response to Freedom of Information requests. These data indicate how many units were sold for each de-identified product on the market during that time period, including the product format (oil, flower etc.), the category of the product,¹⁰ and whether the product was sold as a result of a SAS-B or AP approval.

The prices of these products are not included in the TGA data. However, some rough economic estimates are possible. Information provided by a comprehensive product database website¹¹ suggests that current median recommended retail prices are:

- Flower products = \$140 per unit
- Oral liquid products = \$140 per unit
- Other products = \$135 per unit

Under the assumption that all products of the same format are sold at the median retail price, these figures generate an estimate that Australians spent approximately \$234 million during the 2022 calendar year, and approximately \$210 million between January and June 2023.¹²

⁶ A unit in this context means a single packet of medication. This could be a single jar of oil, a single jar of flower, or a single packet of lozenges. These data do not include information on the size or strength of a unit. Sales of compounded medicinal cannabis products are also not included in these data.

⁷ FOI 4078, published 15 December 2022: <https://www.tga.gov.au/foi-disclosure-log>.

⁸ FOI 4712, published 16 October 2023: <https://www.tga.gov.au/foi-disclosure-log>.

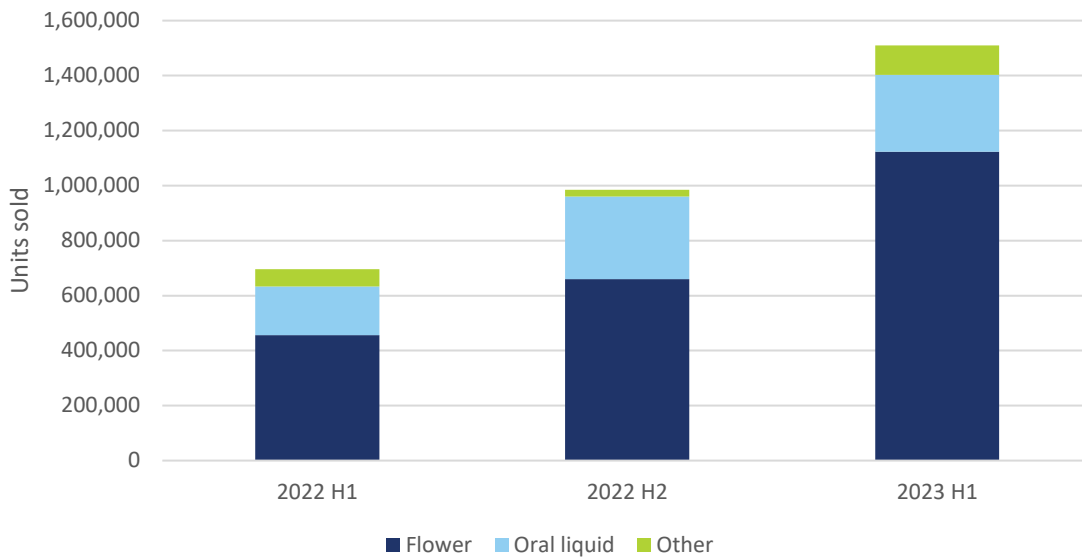
⁹ 2022 H1 (Jan-Jun), 2022 H2 (Jul-Dec), and 2023 H1 (Jan-Jun)

¹⁰ The TGA classifies all products into one of five categories based on the proportion of active ingredients. Category 1 is >98% CBD, Category 5 is <2% CBD, and the others range in between. For more information, see: [Medicinal cannabis products by active ingredients](#)

¹¹ Data provided by Catalyst by honahlee: <https://catalyst.honahlee.com.au>.

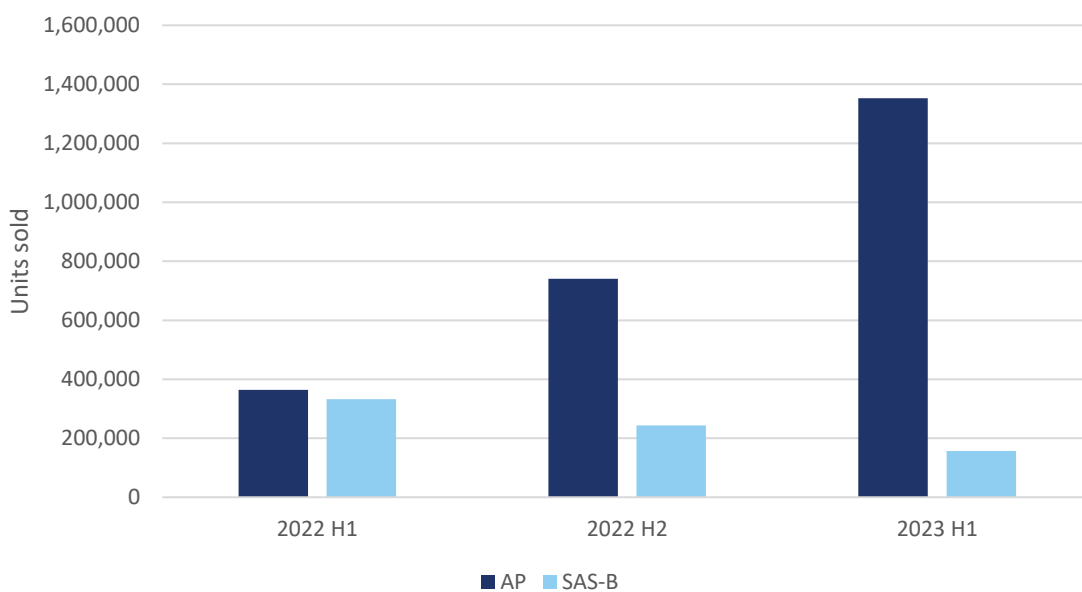
¹² Product prices have followed a downwards trend over time, so using current prices to estimate historical expenditure will result in more conservative estimates. These estimates do not include money spent on clinical consultation fees, pharmacy mark-ups, delivery fees, or any other associated expenditures.

Figure 4: Units of medicinal cannabis products sold, first half (H1) 2022 to first half (H1) 2023, by product format



In the first half of 2023, there were a total of 1,510,186 units of medicinal cannabis sold in Australia, with the vast majority (1,353,112 units) sold via the AP pathway and only 157,074 units sold via the SAS-B pathway (Figure 5).

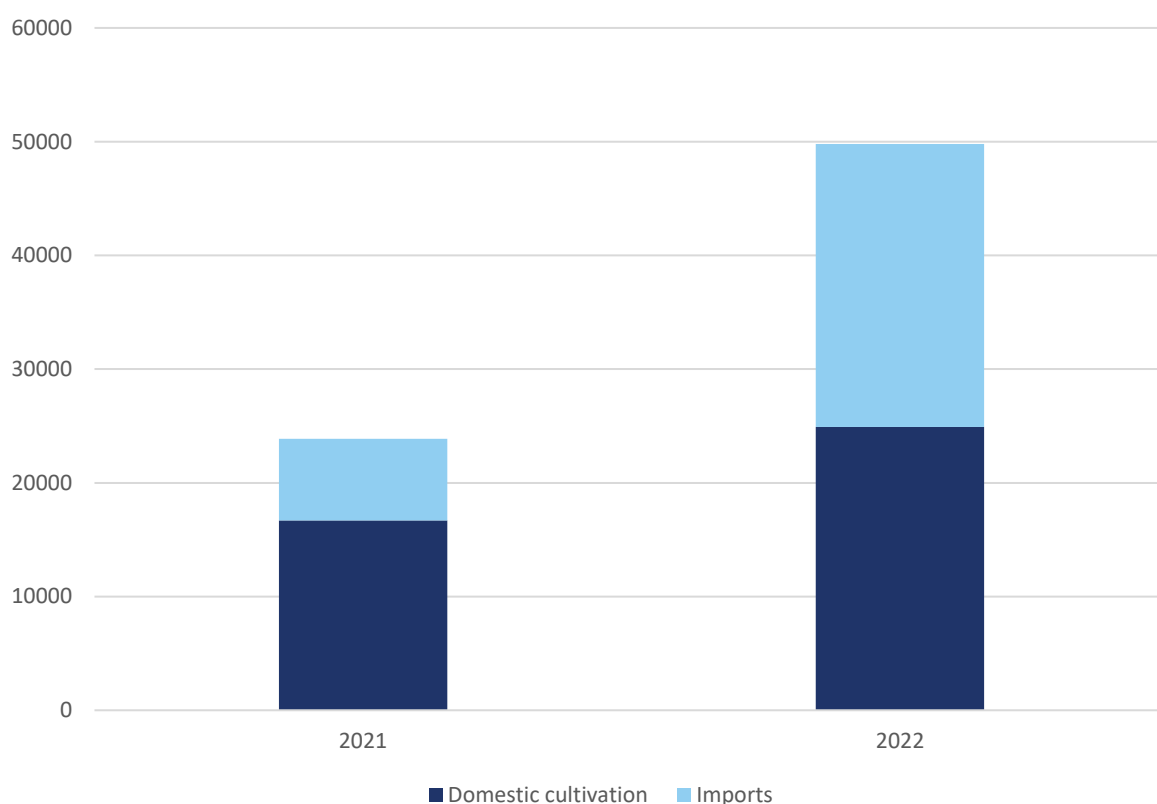
Figure 5: Units of medicinal cannabis products sold, first half (H1) 2022 to first half (H1) 2023, by approval pathway



Medicinal cannabis products accessed by Australian patients are supplied through a combination of domestic cultivation and overseas imports. Data published by the Office of Drug Control (ODC)¹³ show that Australian companies cultivated 16,700kg of dried flower in 2021 and 24,900kg in 2022, while imports grew from 7,173kg to 24,877kg over the period (Figure 6).¹⁴

In addition to the overall expansion of patient access, which requires additional supply, this sudden increase could partly be caused by the introduction of new quality standards for imported products that came into effect in July 2023.¹⁵ In advance of these changes, some companies reportedly stockpiled products that after July would be prevented from reaching the Australian market.¹⁶

Figure 6: Amount of medicinal cannabis dried flower domestically cultivated and imported 2021-2022 (kg)



¹³ ODC, [Australian cannabis data: Import, export, production and stock](#)

¹⁴ Data on cannabis oils and extracts are not currently available and are not included in these figures. This means that comparing domestic cultivation with imports will under-represent the volume of imports; all cannabis oils made from domestically cultivated plants will be captured in the domestic cultivation figures, while oils and extracts that are imported to Australia will not appear in these data.

¹⁵ TGA, [Conforming with Therapeutic Goods \(Standard for Medicinal Cannabis\) \(TGO 93\) Order 2017](#)

¹⁶ Steve Jones. "Concerns mount over non-GMP dump in local market as reform date nears". *Cannabiz*, 2 February 2023.

Imports of dried flower were received from 16 different countries over the 2021-2022 period, with 84% (26,993kg) coming from Canada, followed by Denmark (3.3%), Portugal (2.8%) and Germany (2.7%). Despite Australia being one of Canada's largest export markets for medicinal cannabis products,¹⁷ the Canadian government does not permit commercial medicinal cannabis imports, a policy that has led some countries to raise concerns with the World Trade Organisation.¹⁸

Despite the significant growth in supply of dried flower from both domestic cultivation and imports, it appears the vast majority of dried flower is consumed by Australian patients and is not exported. Over the 2021-2022 period, Australia exported a total of 2,936kg of dried flower, 75.5% (2,225kg) of which was sent to Germany, 18.3% (538kg) to the United Kingdom, 5.8% (172kg) to New Zealand, and <1% (1kg) to France.

Increased cannabis sales have been accompanied by a rising compliance workload for the TGA. Advertising of medicinal cannabis to the general public is prohibited; the TGA undertakes enforcement activity where there is a breach of its advertising requirements, with possible penalties including fines and criminal prosecution.¹⁹ One-quarter of all advertising complaints received by the TGA relate to medicinal cannabis, with the agency increasing capacity in its compliance branch

to respond to the increased workload.²⁰ Monitoring medicinal cannabis advertising remains a key priority for the TGA in 2023-24.²¹

In 2022-23, the TGA received 362 allegations of alleged non-compliance related to medicinal cannabis advertising, resulting in 101 infringement notices totaling over \$1.2 million to seven different companies for alleged breaches of advertising regulations; the number of allegations surpassed those received regarding image-enhancing therapeutic goods (161) and nicotine vaping products (280).²²

Reports have also emerged of questionable prescribing practices among some clinicians, including inadequate consultations²³ and commercial conflicts of interest.²⁴ The Australian Health Practitioner Regulation Agency (AHPRA) has acknowledged receiving 'occasional concerns' about cannabis prescribing practices, but no data regarding open investigations have been made available.²⁵ The need for professional and regulatory bodies, including AHPRA, to ensure the maintenance of appropriate standards of care is especially important during this period of medicinal cannabis industry growth and change.

¹⁷ Matt Lamers. "Australia, Israel top destinations of Canadian medical cannabis exports". *MJBiz Daily*, 5 September 2023.

¹⁸ Matt Lamers. "Canada under growing pressure to lift medical marijuana import ban". *MJBiz Daily*, 17 December 2021.

¹⁹ TGA, *Advertising guidance for businesses involved with medicinal cannabis products*.

²⁰ Martin Lane. "A quarter of all advertising complaints received by the TGA relate to medicinal cannabis". *Cannabiz*, 28 September 2023.

²¹ TGA, *Vaping products, medicinal cannabis and the wellness industry included in 2023-24 compliance and enforcement priorities*.

²² TGA (2023). *Therapeutic Goods Advertising Compliance Annual Report 2022-23*. Canberra.

²³ Gemma Sapwell. "Growth in one-stop medicinal cannabis clinics raises concerns about patient care". *ABC News*, 5 December 2023.

²⁴ Matilda Marozzi. "Medicinal cannabis clinics' quality of care can be pot luck". *ABC News*, 8 October 2022.

²⁵ Steve Jones. "Industry debates ethical issues as AHPRA confirms 'concerns' have been raised". *Cannabiz*, 16 August 2023.

Barriers to access

Medicinal cannabis has been shown to be associated with improvements in a range of health-related quality-of-life measures.²⁶ But while the increasing number of medicinal cannabis approvals being granted in Australia suggests that more people are able to access the prescribing framework, barriers remain.

Lack of professional knowledge about medicinal cannabis

Australia still faces a dearth of medicinal cannabis prescribers. While acceptance of medicinal cannabis as a treatment option has increased among General Practitioners (GPs), recent research suggests an ongoing need for improved GP training and education around cannabis-based medicines. A 2021-2022 survey of more than 500 GPs examined GP knowledge, experiences and attitudes towards medicinal cannabis. It showed that while most GPs (85%) had received at least one patient enquiry about medicinal cannabis during the last three months, only half (52%) felt comfortable discussing medicinal cannabis with patients. Only one-fifth (21.8%) had ever prescribed a medicinal cannabis product, with just 23% reporting that they had adequate knowledge about the use of medicinal cannabis in clinical practice.²⁷

A recently published study of pharmacists' knowledge of medicinal cannabis similarly suggests a need for more education around medicinal cannabis. A survey of 217 pharmacists found that, while most (60%) had dispensed at least one medicinal cannabis prescription during their career, around half (54%) felt comfortable supplying medicinal

cannabis and only 39% felt confident in discussing medicinal cannabis-related enquiries with patients.²⁸

In addition to knowing how and when it is appropriate to prescribe medicinal cannabis, doctors also need to choose which products to prescribe. There are currently more than 800 different products available,²⁹ with little authoritative guidance available regarding the clinical indications that correspond to each option. Doctors can also find it difficult to know which products are in stock and which pharmacies will dispense them. These challenges mean that many healthcare professionals refer their patients to dedicated medicinal cannabis practitioners and clinics, which are better equipped to navigate these obstacles.

However, while medicinal cannabis clinics can be beneficial, some 'vertically integrated' clinics have their own brand of cannabis medicines which are prescribed to their patients, and some prescribers associated with these practices direct patients to a specific pharmacy which is either owned by or has a commercial agreement with the clinic.³⁰

²⁶ See, for example: Arkell, T.R., Downey, L.A., Hayley, A.C. and Roth, S. (2023). *Assessment of medical cannabis and health-related quality of life*. *JAMA Network Open*, 6(5): e2312522.

²⁷ Bawa, Z., McCartney, D., Manocha, R. and McGregor, I.S. (2022). *Knowledge, experiences, and attitudes of Australian General Practitioners towards medicinal cannabis: a 2021-2022 survey*. *BMC Primary Care*, 23(1): 1-11.

²⁸ Bawa, Zeeta, Bandana Saini, Danielle McCartney, Miguel Bedoya-Pérez, Andrew J. McLachlan, and Iain S. McGregor. *A cross-sectional survey exploring the knowledge, experiences and attitudes of Australian pharmacists toward medicinal cannabis*. *International Journal of Clinical Pharmacy* 45, no. 2 (2023): 375-386.

²⁹ Data provided by Catalyst by honahlee: <https://catalyst.honahlee.com.au>.

³⁰ Jordan Baker. "Buying legal marijuana is as easy as picking up the phone. Here's how I did it". *Sydney Morning Herald*, September 28.

Roadside drug testing

Roadside drug testing in Australia remains one of the most significant barriers to medicinal cannabis access, as it remains illegal to drive with any THC in one's system, even in the complete absence of any perceived impairment. The consequence of these laws is that medicinal cannabis patients face fines or criminal penalties if they choose to drive a car, prompting some people who have derived health benefits from medicinal cannabis to forgo treatment with the drug.³¹

Medicinal cannabis is the only medication that is commonly subject to roadside drug testing regimes. Other medications that have greater potential for significant impairment – particularly opioids and benzodiazepines – are not included in these tests.

In acknowledgement of this burden, Australian states have started considering possible changes to drug-driving laws. As of December 2023, Tasmania remains the only Australian jurisdiction that allows a medical defence for driving with the presence of THC in body fluids. In August 2023, the New South Wales Legalise Cannabis Party³² introduced a bill that would provide a legal defence to unimpaired drivers with a legitimate

medicinal cannabis prescription in the event they test positive in a roadside drug test. A similar bill was proposed by the Greens Party in Queensland³³ in 2022. In July 2023 the Victorian Government followed the Victorian Legalise Cannabis Party's bill to amend drug-driving laws by announcing a trial initiative to allow a small number of medicinal cannabis users to drive on a closed track in order to identify any potential safety issues.³⁴ The bill authorising the trial was successfully passed in November 2023.

In contrast to the work underway in these states, in February 2023 strict new driving laws came into effect in South Australia that ensure that drivers caught with drugs including THC in their system can have their driver's licence immediately suspended.³⁵ Medicinal cannabis patients, doctors and lawyers as well as the South Australian Greens Party have called for a review of the laws.³⁶

Amid increasing media attention³⁷ driven in part by the spate of new legislative proposals, the debate about medicinal cannabis and driving continues.

³¹ Sean Murphy. "Chronic illness sufferers push for reform of cannabis driving laws lagging behind the science". *ABC News*, 26 August 2023.

³² *Road Transport Amendment (Medicinal Cannabis) Bill 2023*.

³³ *Transport Legislation (Road Safety and Other Matters) Amendment Bill 2022*.

³⁴ In October 2023 the Victorian Government announced the *Transport Legislation Amendment Bill 2023* to enable a closed-circuit trial of driving among medicinal cannabis patients.

³⁵ South Australian Department for Infrastructure and Transport (2023). *Towards Zero Together*. Adelaide.

³⁶ Dixie Sulda and Narelle Graham. "Calls to exclude medicinal cannabis users from new SA drug-driving rules". *ABC Radio Adelaide*, 13 February 2023.

³⁷ Sean Murphy. "Chronic illness sufferers push for reform of cannabis driving laws lagging behind the science". *ABC Rural*, 26 August 2023.

Part 2: Adult-use cannabis

This section presents an update of data on illicit cannabis, also known as ‘adult-use’ cannabis.

Use of illicit cannabis

Cannabis remains the most-used and the most-policed substance in Australia. Indicators of cannabis demand and supply in Australia point to a large market that is well supplied. There were an unprecedented 24,255 border detections of illicit cannabis in 2020-21 (the most recent year of data) – almost double the number from the previous year. There were 55,199 seizures of illicit cannabis in Australia in 2020-21 (down 12% on the previous year – see Table 1), and 66,285 arrests (down 14% on the previous year – see Table 2).³⁸

Table 1: Number, weight and percentage change of national cannabis seizures, 2019-20 and 2020-21, by jurisdiction

State/Territory	Number			Weight (grams)		
	2019-20	2020-21	% change	2019-20	2020-21	% change
New South Wales	18,814	17,278	-8.2	4,072,121	2,993,153	-26.5
Victoria	4,067	3,681	-9.5	1,681,821	4,101,061	143.8
Queensland	18,689	15,344	-17.9	2,733,103	1,175,778	-57.0
South Australia	278	463	66.5	871,732	899,800	3.2
Western Australia	15,601	13,481	-13.6	654,936	976,327	49.1
Tasmania	2,331	2,811	20.6	173,543	223,544	28.8
Northern Territory	2,036	1,754	-13.9	90,742	172,472	90.1
Australian Capital Territory	638	387	-39.3	384,689	245,215	-36.3
Total	62,454	55,199	-11.6	10,662,687	10,787,350	1.2

Source: ACIC (2023), p. 53

³⁸ Australian Criminal Intelligence Commission (2023). *Illicit Drug Data Report 2020-21*. Canberra.

Table 2: Number and percentage change of national cannabis arrests, 2019-20 and 2020-21, by jurisdiction

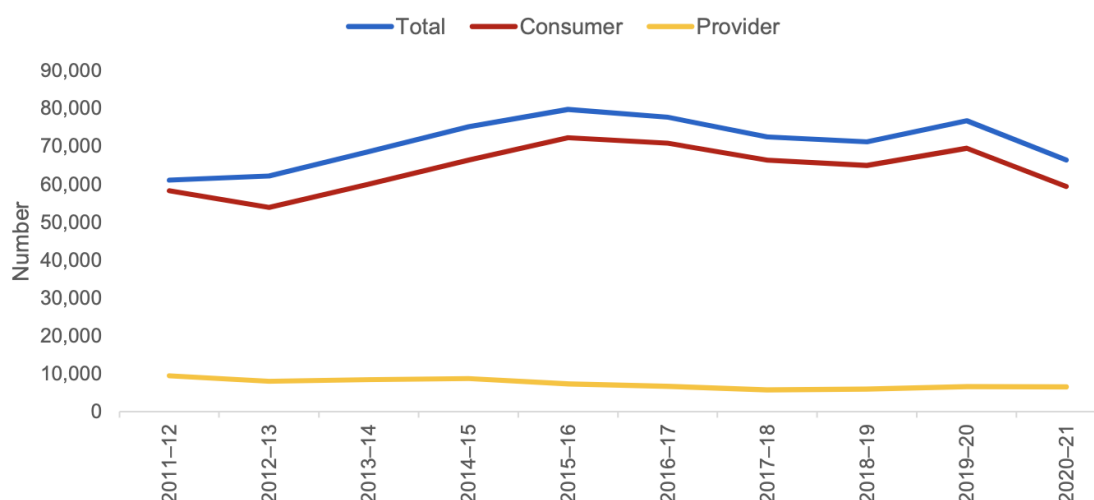
State/Territory (a)	Arrests		
	2019-20	2020-21	% change
New South Wales	17,474	15,101	-13.6
Victoria	11,860	11,855	0.0
Queensland	23,697	20,437	-13.8
South Australia	3,482	2,439	-30.0
South Australia (CENs) (b)	6,850	4,920	-28.2
Western Australia	8,921	7,577	-15.1
Western Australia (CIRs) (c)	1,538	1,395	-9.3
Tasmania	1,598	1,439	-9.9
Northern Territory	412	426	3.4
Northern Territory (DINs) (d)	691	622	-10.0
Australian Capital Territory	117	74	-36.8
Australian Capital Territory (SCONs) (e)	29	0	-100.0
Total	76,669	66,285	-13.5

- (a) Arrest data include state/territory and Australian Federal Police data
- (b) Cannabis Expiation Notices
- (c) Cannabis Intervention Requirements
- (d) Drug Infringement Notices
- (e) Simple Cannabis Offence Notices

Source: ACIC (2023), p. 54

Cannabis accounted for almost half (47.1%) of the 140,624 drug-related arrests across Australia in 2020-21, with 90% of national cannabis arrests affecting cannabis consumers, rather than providers (Figure 7).³⁹ This means that the vast majority of people arrested due to illicit cannabis are arrested for offences relating to personal use and possession; very few are arrested for trafficking offences.

Figure 7: Number of national cannabis arrests in Australia, 2011-12 to 2020-21



Source: ACIC (2023), p. 53

³⁹ Ibid, p. 53.

Illicit cannabis use is not isolated to small pockets of the community. According to the National Wastewater Drug Monitoring Program, cannabis is the most consumed drug in Australia by a large margin (aside from nicotine and alcohol), with use higher in regional areas than in capital cities.⁴⁰

Between August and December 2022, the population-weighted average consumption of cannabis decreased in both capital cities and regional areas, after reaching an all-time high in August 2021. Nonetheless, cannabis consumption in Australia ranked sixth on an index of 16 mostly European countries; measured consumption was far behind the U.S. but roughly equivalent to Portugal, where cannabis (along with other drugs) has been decriminalised since 2001.⁴¹

These data complement the self-report data from the 2019 National Drug Strategy Household Survey (NDSHS),⁴² which showed that 37% of Australians – more than one in three, or 7.6 million people – have used illicit cannabis at least once, with 12% (or 2.4 million people) having used cannabis in the last 12 months.⁴³ Among those who had used cannabis recently, most had used it ‘experimentally and occasionally’,⁴⁴ with one-third (32%) reporting its use only once

or twice per year. Daily use of cannabis – which may indicate actual or potential development of cannabis use disorder (CUD) – was reported by 14% of people who had used cannabis in the previous 12 months.⁴⁵

Concerns about cannabis-related health harms are particularly salient for young people, who are most vulnerable to lasting harms from substance use in general. NDSHS data indicate that in 2019, 13.3% of Australian adolescents aged 14-19 reported consuming cannabis within the past year, a figure only slightly higher than the general population (11.6%); notably, the prevalence of cannabis use among adolescents decreased between 2001 and 2019.⁴⁶

According to NDSHS estimates, the overwhelming majority (83%) of the 2.4 million people who had used cannabis during the last 12 months had a low risk of developing cannabis dependence. A further 15% (approximately 350,000 people) were at a moderate risk and only 3% (approximately 70,000 people) were considered high risk. Among the total population aged 14 and older, 98% were classified as low risk, with only 2% as moderate or high risk (Table 3).⁴⁷

⁴⁰ Measured as the number of doses per 1,000 people per day: Australian Criminal Intelligence Commission (2023). *National Wastewater Drug Monitoring Program – Report 19*. Canberra.

⁴¹ Australian Criminal Intelligence Commission (2023). *National Wastewater Drug Monitoring Program – Report 19*. Canberra.

⁴² 2019 data are the most recent available as 2022 data are yet to be published.

⁴³ Australian Institute of Health and Welfare (2020). *National Drug Strategy Household Survey 2019: Detailed findings*. Canberra. Tables 4.2, 4.3, 4.6 and 4.7.

⁴⁴ Copeland, J. (2016). *Cannabis use and its associated disorders: Clinical care*. *Australian Family Physician*, 45(12): 874-877, p. 874.

⁴⁵ Australian Institute of Health and Welfare (2020). *National Drug Strategy Household Survey 2019: Detailed findings*. Canberra. Table 4.20.

⁴⁶ Chan, G., Chiu, V., Sun, T., Connor, J. P., Hall, W. D., & Leung, J. (2021). *Age-related trends in cannabis use in Australia. Findings from a series of large nationally representative surveys*. *Addictive Behaviors* 123, 107059.

⁴⁷ Australian Institute of Health and Welfare (2020). *National Drug Strategy Household Survey 2019: Detailed findings*. Canberra. Table 4.49.

Table 3 – Risk of cannabis dependence by sex, 2019

Risk score	Males	Females	All people
Among people who recently used cannabis			
Low risk	80.6	85.3	82.5
Moderate risk	15.8	12.9	14.6
High risk	3.6	1.8	2.9
Total population (14+)			
Low risk	97.2	98.9	98
Moderate risk	2.3	1.1	1.7
High risk	0.5	0.1	0.3

Source: AIHW (2020), Table 4.49

The number of people at risk of dependence is therefore small, even among those who have used cannabis recently.

Based on self-reported frequency of use data among people who had used cannabis in the previous 12 months, it is conservatively estimated that this cohort uses some form of cannabis approximately 218 million times per year.⁴⁸ Given that there were 66,285 cannabis-related arrests in 2020-21, the rate of arrest is approximately 3 of every 10,000 incidents of cannabis use. It is clear that the risk of encountering law enforcement is ineffective at preventing people from consuming cannabis – some people are detected by police (mostly for personal use and

possession offences), but most are not. This underscores the value of exploring alternatives to the current criminalised model.

Australia’s law enforcement-centred approach also has repercussions for the criminal economy. Modelling conducted by the Victorian Parliamentary Budget Office released in November 2023 estimates that in Victoria alone, consumers spend between \$1.02 and \$1.27 billion per year on illicit cannabis.⁴⁹ With approximately 25% of Australia’s population living in Victoria, the amount of money spent on illicit cannabis every year at the national level could exceed \$4 billion, a substantial portion of which is captured by organised criminal groups.

⁴⁸ This estimate was calculated based on the reported frequency of use among the 2.4 million people who reported using cannabis recently, as follows: the 14.4% who reported daily use were estimated to use cannabis 365 times annually; the 22.7% who reported ‘once a week or more’ use were estimated to use cannabis three times per week over the course of the year; the 12.8% who reported ‘about once a month’ use were estimated to use cannabis 12 times per year; the 17.8% who reported ‘every few months’ use were estimated to use cannabis four times per year; and the 32.3% who reported using cannabis ‘one or twice a year’ were estimated to use cannabis twice per year. Summing all these provides a total estimate of approximately 218 million occasions of cannabis use per year among the 2.4 million recent cannabis users. Australian Institute of Health and Welfare (2020). *National Drug Strategy Household Survey 2019: Detailed findings*. Canberra. Table 4.20.

⁴⁹ Victorian Parliamentary Budget Office (2023). *Cannabis consumption in Victoria: value of the illicit cannabis market*. Melbourne.

Cannabis and the law

There have been efforts towards cannabis law reform in Australia in 2023. In June, the Legalise Cannabis Party simultaneously introduced bills in Victoria, New South Wales and Western Australia to legalise cannabis for personal use. The party called for states to amend existing legislation to make it legal for adults to possess small quantities of cannabis for personal use and cultivate a maximum of six cannabis plants at home. The Regulation of Personal Adult Use of Cannabis Bill 2023⁵⁰ would also allow an adult who is lawfully in possession of cannabis to give the cannabis to another adult as a gift. It would not allow access to people aged under 18, would not

allow people to drive impaired and would make no changes to the offence of selling cannabis.

At the federal level, in August 2023 the Greens Party introduced the Legalising Cannabis Bill 2023⁵¹ to permit adults to use cannabis. The bill aims to create a unified legal home-grow and commercial cannabis market across the country while saving police and court time and resources spent on enforcing minor cannabis offences.⁵² As of December, all bills remained under consideration in the chambers in which they were introduced.

Public attitudes to cannabis law reform

Support for cannabis law reform in Australia remains strong. Four in ten Australians (41%) supported the legalisation of cannabis in 2019, steadily increasing from 21% in 2007. Support for legalisation overtook opposition (37%) for the first time in 2019, indicating growing rejection of prohibition as an appropriate way to manage cannabis.⁵³

Less than one-quarter (22%) of all respondents agreed that the possession of cannabis for personal use should be a criminal offence.⁵⁴

An August 2023 survey of Australian adults found that half of respondents agreed or strongly agreed that cannabis should be 'regulated and taxed by the government in a similar way to tobacco or alcohol', while one-quarter disagreed or strongly disagreed (Figure 8).⁵⁵

⁵⁰ Adeshola Ore. "Legalise Cannabis makes united push for personal marijuana use in three Australian states". *The Guardian*, 20 June 2023.

⁵¹ [The Greens Legalising Cannabis Bill 2023](#).

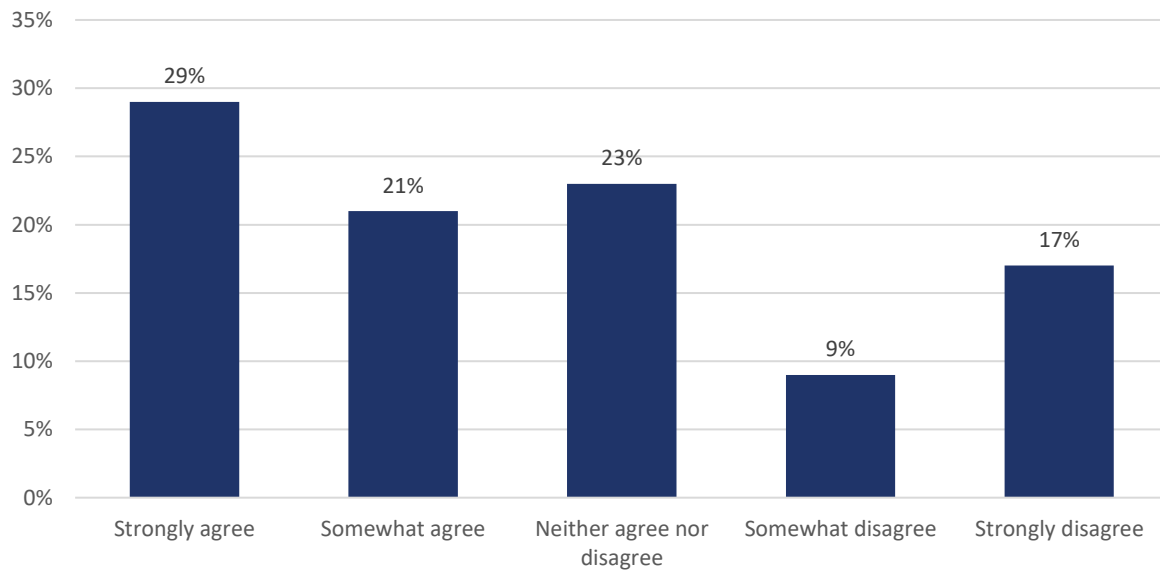
⁵² See further: <https://greens.org.au/legalise-it>.

⁵³ Australian Institute of Health and Welfare (2020). *National Drug Strategy Household Survey 2019: Detailed findings*. Canberra. Table 9.26.

⁵⁴ *Ibid*, Table 9.15.

⁵⁵ Essential Research (2023). *Attitudes to regulation and taxation of illegal drugs*.

Figure 8: Responses to whether cannabis should be 'regulated and taxed by the government in a similar way to tobacco or alcohol'



Source: Essential Research (2023)

In conclusion, 2023 has seen the status of cannabis in Australia continue to evolve. At the level of individuals and communities, Australians' behaviours and attitudes are gradually changing, with fewer people supporting the traditional model of criminalisation and ever more people seeking health benefits from medicinal cannabis. Within the policy arena, ambitious reform proposals are becoming more common, though significant policy changes have been quite limited outside the medicinal cannabis regime.