



Cannabis in Australia 2024

A PENINGTON INSTITUTE REPORT



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Contents

CEO foreword	3
Introduction	5
Australia in global context.....	5
Part 1: Medicinal cannabis	7
Patient access trends.....	7
Industry growth trends	10
Barriers to patient access	14
Compliance with ethical and regulatory standards	16
Part 2: Non-prescribed cannabis	19
Use of non-prescribed cannabis.....	19
Illicit market and law enforcement.....	21
Cannabis health data.....	23
Public attitudes toward cannabis.....	25
Political and legal developments	26
Conclusion	28

CEO foreword

The message from this year's edition of Cannabis in Australia is clear: cannabis policy in this country is adrift. The lack of strategic direction is visible in the data about public attitudes, in the medicinal sector, and even in developments related to politics and law enforcement. When it comes to cannabis, facts on the ground are changing, but our strategy remains stagnant.

One clear example is community attitudes toward cannabis, which continue to diverge further from public policy. As the data from the National Drug Strategy Household Survey (NDSHS) released this year reveal, the public does not view our criminalised cannabis model as effective or appropriate.

NDSHS data also show that millions of Australians continue to use cannabis, and at least 42 percent of adults have used it in their lifetime. The billions of dollars spent on law enforcement are not deterring people from using – and certainly not deterring the criminals who reap the gains of the \$5 billion illicit market. Cannabis is widely available, cheap, and viewed as relatively benign.

Our policing strategy is similarly incoherent. Many states and territories have codified alternative policing tools such as diversion schemes – and the ACT has decriminalised possession of small amounts of cannabis – but overall we continue to arrest, in relatively arbitrary fashion, thousands of people for minor cannabis offences with little apparent purpose.

The medicinal cannabis sector is increasingly falling into this same purgatory. In terms of growth, the industry is flourishing, with hundreds of thousands of patients benefiting from access to safe, quality-controlled products that are dispensed according to a doctor's directions. Yet many of the headlines related to medicinal cannabis this year have been negative, with regulators and journalists investigating producers that treat regulations as optional and medical clinics that act more like retailers, leaving vulnerable people at risk.



JOHN RYAN
CEO, Penington Institute

Some medicinal cannabis clinics are clearly prioritising high-volume access over high-quality medical care. Regulators must actively enforce laws and regulations against companies and individuals who flout them. But parliamentarians and other policymakers must also understand the broader context: it is short-sighted to make medicinal cannabis the sole access point for a high-demand, relatively low-harm product. The effect is that people who can navigate and afford prescription medicinal cannabis are able to avoid being criminalised for their cannabis use, while those at highest risk of arrest – Indigenous, rural, and lower-income people – lack such protection.

The pathway out of this incoherence is the establishment of a regulated adult-use cannabis model. Of course, all forms of cannabis access need to emphasise protections for the people most vulnerable to experiencing harms from cannabis use.

Medicinal cannabis prescribers need to take more steps to ensure they have a full understanding of their patients' medical history and co-present conditions. Clinics, pharmacies, and companies supplying cannabis medicines must ensure their businesses operate lawfully and ethically. And participants across the industry need to identify, disclose, and minimise commercial conflicts of interest and incentive structures that prioritise profit over patient care.

Any regulated adult-use model should pay careful attention to potency and other product characteristics. People under 18 should not be able to access adult-use cannabis, and anyone found providing it to them should face severe penalties. Advertising and promotional activity should be banned entirely.

The good news is that other jurisdictions are already paving the way. Canada's strict bans on marketing and promotion are largely effective, according to an independent legislative review released this year. Even in the comparatively unfettered markets in the 24 US states with legal cannabis, studies have shown that regulating cannabis had no effect on diagnoses of psychotic disorders and has not resulted in increased cannabis use by adolescents, in part because retailers are complying with age limits.

An approach tailored to Australia can do even better. Medicinal cannabis should be the domain of patients, doctors, and pharmacists, working under clear ethical standards. A regulated cannabis regime should replace our criminalised model so adults can legally access quality-controlled products rather than facing both arrest and the danger of purchasing untested goods from criminals. Australia has created a policy muddle, but we know how to get out; we just need the will to do so.

Introduction

This report gives a snapshot of the latest research, evidence, attitudes, and experience with respect to the rapidly changing landscape around cannabis use – both medicinal and illicit – in Australia and worldwide.

Following previous Penington Institute publications ([Cannabis in Australia 2022](#), [Cannabis in Australia 2023](#)), this document offers an authoritative summary of the most recent data concerning cannabis use and supply in the Australian context.¹ As the most commonly used illicit drug in the country, cannabis merits substantial attention, especially given the increasing pace of cannabis reform around the globe.

Cannabis in Australia 2024 adopts a dual focus – medicinal cannabis on the one hand, and non-prescribed or illicit cannabis on the other – in order to better understand how cannabis is accessed, used, and experienced by Australians.

Australia in global context

When Australia established regulated access to medicinal cannabis in 2016, it joined a small set of early adopters including Israel,² Canada,³ the Netherlands,⁴ and Italy,⁵ along with 30 states in the United States.⁶ In the subsequent eight years, scores of countries have joined a global shift to implement and expand medicinal cannabis frameworks.

By 2021, the United Nations Office on Drugs and Crime reported that 64 countries had implemented medicinal cannabis laws at the national level,⁷ including Germany, the UK, France, and Spain, with new additions each year. In total, the number of people living in a jurisdiction with legal medicinal cannabis exceeds 1 billion as of 2024, underscoring the transition of

¹ In December 2022, Penington Institute released *Cannabis in Australia 2022*. Published alongside a technical report, *Cannabis in Australia 2022* presented the findings from nearly two years of research and around 100 expert interviews with the aim of promoting understanding of cannabis in its various forms: medicinal cannabis, illicit cannabis, and hemp. See: Penington Institute. 2022. [Cannabis in Australia 2022](#). Melbourne: Penington Institute.

² Zarhin, Dara, Maya Negev, Simon Vulfsons, and Sharon Sznitman. 2018. "[Rhetorical and regulatory boundary-work: The case of medical cannabis policy-making in Israel.](#)" *Social Science & Medicine* 217(2018):1-9.

³ Shim, Minsup, Hai Nguyen, and Paul Grootendorst. 2023. "[Lessons from 20 years of medical cannabis use in Canada.](#)" *PLoS One* 18(3).

⁴ de Hoop, Bas, Eibert R Heerdink, and Arno Hazekamp. 2018. "[Medicinal Cannabis on Prescription in The Netherlands: Statistics for 2003–2016.](#)" *Cannabis & Cannabinoid Research* 3(1):54-55.

⁵ Anna Momigliano. 2017. "[In Italy, the army provides medical marijuana. And some say that's a problem.](#)" *The Washington Post* 1 December 2017.

⁶ Figure as of the end of 2016. See: National Organisation for the Reform of Marijuana Laws (NORML). [Medical laws](#).

⁷ United Nations Office on Drugs and Crime. 2023. [World Drug Report 2023 Chapter 3](#). Vienna: UNODC.

medicinal cannabis frameworks from policy innovation to routine reform in several regions of the world.

Broader cannabis law reforms are following a similar trajectory. As of November 2024, 24 of the 50 US states, encompassing more than half the country's population, have established models providing adult access to legal, regulated non-medical cannabis purchased from stores.⁸ In conjunction with legal adult access models in Uruguay,⁹ Canada,¹⁰ and Thailand,¹¹ approximately 300 million people now live in jurisdictions with regulated cannabis markets. Regulated non-profit organisations can now cultivate and distribute cannabis in Germany¹² and Malta,¹³ and four more European countries have either initiated (Switzerland,¹⁴ the Netherlands¹⁵) or are planning (Czechia,¹⁶ Luxembourg¹⁷) pilot programs of regulated cannabis production for adult use.

⁸ Athena Chapekis and Sono Shah. 2024. "[Most Americans now live in a legal marijuana state – and most have at least one dispensary in their county.](#)" *Pew Research* 29 February 2024.

⁹ Simon Maybin. 2019. "[Uruguay: The world's marijuana pioneer.](#)" *BBC* 4 April 2019.

¹⁰ Government of Canada. [Cannabis Legalization and Regulation.](#)

¹¹ Angela Symons. 2024. "[Is weed still legal in Thailand? Here's what tourists need to know as government u-turns.](#)" *Euro News* 9 July 2024.

¹² MJBiz Daily Staff. "[Germany approves first 'cultivation social club' for cannabis.](#)" *MJBiz Daily* 15 July 2024.

¹³ Emma Borg. 2024. "[Cannabis clubs are all full up.](#)" *Times of Malta* 17 March 2024.

¹⁴ Federal Office of Public Health Switzerland. [Pilot trials with cannabis.](#)

¹⁵ MJBiz Daily. 2024. "[Netherlands' experiment with legal cannabis cultivation expands.](#)" *MJBiz Daily* 17 June 2024.

¹⁶ Dario Sabaghi. 2024. "[Czech Republic Unveils Cannabis Legalization Plan Without Legal Market.](#)" *Forbes* 15 January 2024.

¹⁷ Government of Luxembourg. 2023. [Pilot Project for Legal Access to Cannabis for Non-Medical Purposes.](#) Luxembourg City: Government of Luxembourg.

Part 1: Medicinal cannabis

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

Overall, the medicinal cannabis sector continues to evolve, highlighted by the following trends in patient access and regulatory management:

- Ongoing growth in patient access approvals via each of the two regulated pathways;
- Patients still predominantly being prescribed flower and oral liquid products to treat chronic pain and psychiatric indications;
- A sharp rise in sales of medicinal cannabis products in 2024, with sales on track to double the number from 2023;
- Increased regulatory attention on inappropriate cannabis prescribing, including clinical business models narrowly focused on cannabis prescribing and dispensing.

The following section contains additional detail related to these and other developments in the medicinal cannabis sector.

Patient access trends

Detailed records of the number of individuals who have been prescribed medicinal cannabis are not compiled by regulators, so assessments of trends in the sector are based on the best available indicative data.

Data from the *National Drug Strategy Household Survey 2022-2023* (NDSHS), released in February 2024, estimated that approximately 700,000 Australians had used cannabis for medical purposes in the prior 12 months, with over 200,000 (29.9 percent) always or sometimes accessing medicinal cannabis via a prescription.¹⁸ This represents a significant increase from the previous survey edition in 2019, when only 3.9 percent of respondents who reported medical cannabis use declared that they accessed cannabis via prescription.

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, cannot be established from the approvals data collected and made available by the TGA.

¹⁸ Australian Institute of Health and Welfare. 2024. [National Drug Strategy Household Survey 2022-23](#). Canberra: AIHW, Table 8.3.

The 2023 edition of this report cited a rapid increase in approvals to access medicinal cannabis in Australia, with a marked shift in activity away from use of the Special Access Scheme Category B (SAS-B) approval pathway towards the use of the Authorised Prescriber (AP) Scheme (see ‘Medicinal cannabis approval pathways’). Updated data suggests that this trend has continued, and that both patient access approvals and purchases of medicinal cannabis products have continued to grow considerably.

Medicinal cannabis approval pathways

Australia’s medicinal cannabis approval process is part of an established system intended to facilitate patient access to therapeutic goods or medical devices not included in the Australian Register of Therapeutic Goods (ARTG).

Access to these ‘unregistered’ goods – which include all medicinal cannabis products except for two¹⁹ – occurs primarily via two TGA-administered pathways:

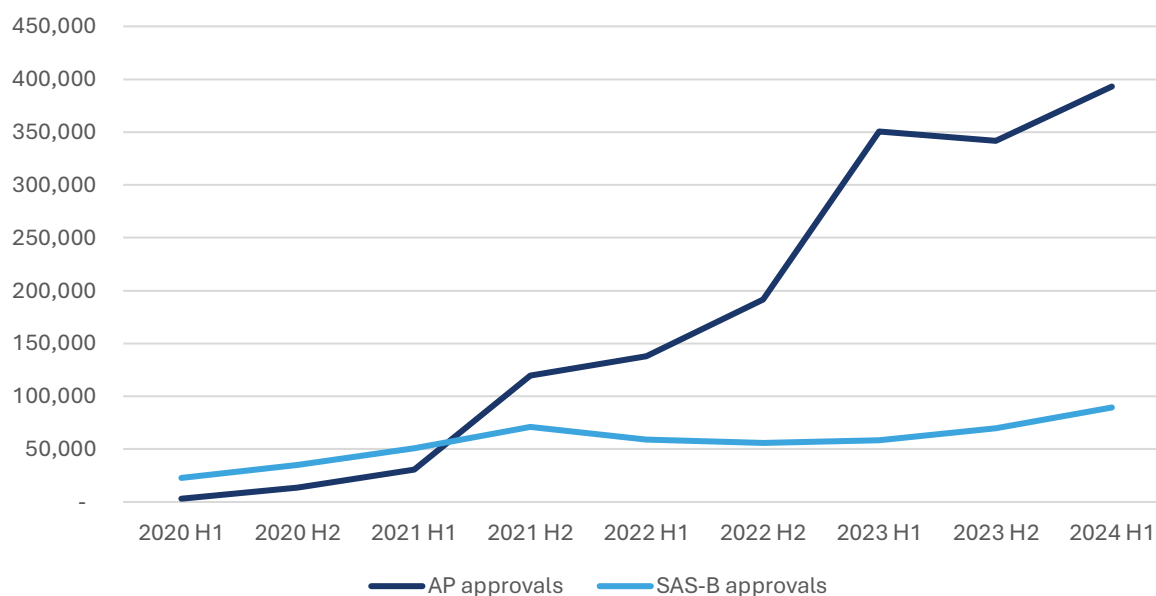
- **The Special Access Scheme Category B (SAS-B) pathway** allows a healthcare professional to be approved to prescribe a particular category of medicinal cannabis product for a particular patient and medical indication; a new approval is needed for each new patient and for each different category of product.
- **The Authorised Prescriber (AP) scheme** allows healthcare professionals to be approved to prescribe a particular category of medicinal cannabis product to a class of patients directly under their care without needing to seek individual approvals for each patient they treat.

Approvals via the AP pathway reached a new record high in the first half of 2024 (393,111), up 15 percent from the second half of 2023 (341,803) (see **Figure 1**).²⁰ Meanwhile, approvals via the SAS-B pathway have been climbing slowly upwards, reaching a new peak of 89,422 approvals in the first half of 2024.

¹⁹ These are Epidyolex, which is approved for treating two rare forms of paediatric epilepsy, and Sativex, which is approved for intractable pain and muscle spasticity in patients with multiple sclerosis.

²⁰ Data accessed on 8 August 2024. The TGA continues to adjust historical approvals data over time, so current figures may differ. See: Therapeutic Goods Administration. [Medicinal cannabis Authorised Prescriber Scheme data](#).

Figure 1: Number of approvals/notifications for medicinal cannabis, January 2020 to June 2024, by access pathway



Limited information is available on the patient age, gender, and conditions for which medicinal cannabis has been approved, as such data is only collected and reported for approvals issued via the SAS-B pathway.

Similar to previous years, SAS-B approvals in the first half of 2024 were predominantly for men (53,011 approvals, or 59 percent). The most common indications across all SAS-B approvals were for chronic pain, which comprised over 40 percent of approvals (36,767), with anxiety accounting for another one-third (29,178). Among the various forms of cannabis products, oral liquid products remained most commonly approved at 46 percent of approvals (40,919), with approvals for dried flower products comprising 39 percent (35,118).

Consistent with peer-reviewed research on the demographic profiles of Australian medicinal cannabis patients,²¹ SAS-B approvals for patients aged 18-44 have continued to skew more heavily towards men, who comprised 62 percent of the 53,665 approvals in this cohort in the first half of 2024. The 21,493 approvals for anxiety (40 percent) exceeded the one-third share for chronic pain; in contrast to the overall medicinal cannabis patient population, within the 18-

²¹ Trevitt, Benjamin T, Sasha Bailey, and Llewellyn Mills et al. 2024. "[Differences in prescribed medicinal cannabis use by cannabinoid product composition: Findings from the cannabis as medicine survey 2020 \(CAMS-20\) Australia-wide study.](#)" *PLoS One* 19(2).

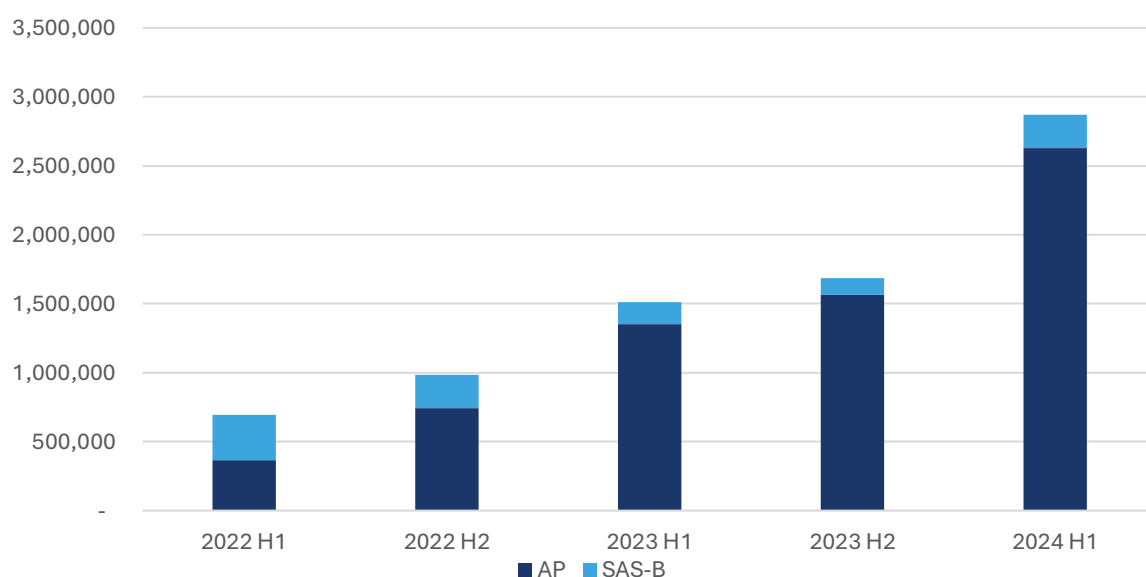
44 cohort approvals for flower products reached 45 percent (24,153), exceeding the roughly 40 percent (20,989) share for oral liquid products.

The limitations of data collected from AP approvals means that the implications of SAS-B approval data should be treated with caution, as SAS-B approvals represent a small share of overall approvals and do not account for the wide variation in the amount of use resulting from individual approvals. Hence, the data do not accurately reflect the actual use of prescribed medicinal cannabis products in the community. For example, in the second half of 2023, 38 percent of SAS-B approvals were for dried flower products, whereas market sales data shows that 76 percent of products sold in that time period were dried flower products (see below).

Industry growth trends

Medicinal cannabis market sales data shows that the volume of products being sold to patients has continued to grow rapidly. As shown in **Figure 2**, sales data provided by companies to the TGA on a 6-monthly basis, and accessed by Penington Institute, indicate that the total number of units²² sold in the first half of 2024 reached 2.87 million, up considerably from the 1.68 million units that were sold in the second half of 2023.²³

Figure 2: Units of medicinal cannabis products sold, first half (H1) 2022 to first half (H1) 2024, by approval pathway

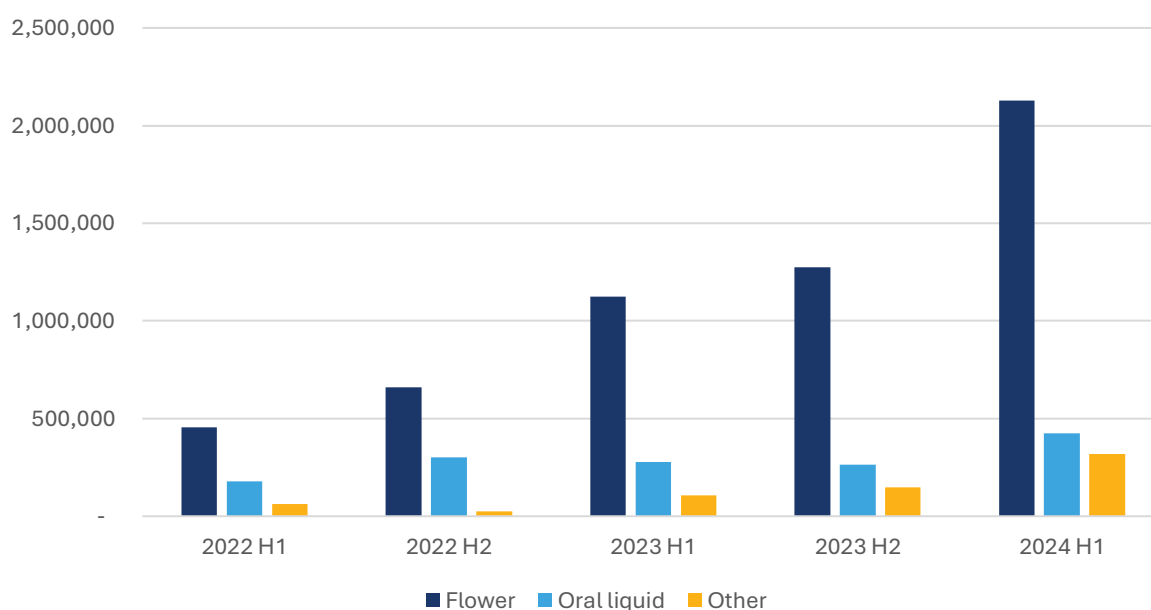


²² A “unit” is a single container of a medicinal cannabis product, e.g. a single tub of flower, or a single bottle of oral liquid.

²³ Therapeutic Goods Administration. [FOI disclosure log](#). FOI 5000, published 27 March 2024.

Figure 3 demonstrates that while the volume of product sales has continued to increase overall, sales of oral liquid products as a proportion of total sales peaked in the second half of 2022 at over 30 percent (301,099 units) and have since declined, dropping to a 15 percent share (424,926 units) in the first half of 2024.²⁴

Figure 3: Units of medicinal cannabis products sold, first half (H1) 2022 to first half (H1) 2024, by product format



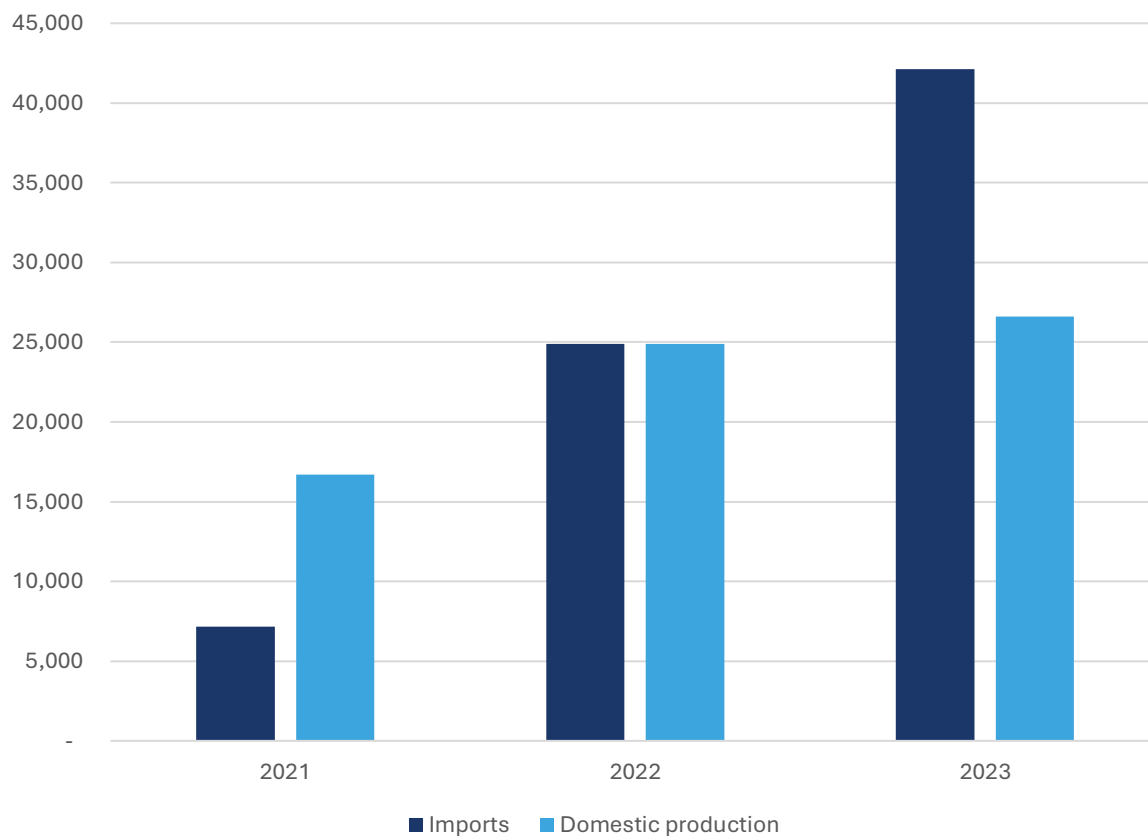
Calculations using pricing data provided by the comprehensive product data website honahlee show that,²⁵ assuming all products of the same format are sold at the median retail price, Australians spent an estimated \$234 million purchasing medicinal cannabis products in 2022, rising to \$448 million in 2023, and \$402 million in just the first six months of 2024.

To meet this growing demand, the supply of medicinal cannabis products has also increased. However, as seen in **Figure 4**, it appears that overseas suppliers rather than domestic Australian cultivators have been the primary beneficiaries of rising demand.

²⁴ Therapeutic Goods Administration. [FOI disclosure log](#). FOI 25-0003, published 25 September 2024.

²⁵ honahlee. [Catalyst medicines database](#). Data provided on 13 August 2024.

Figure 4: Amount of medicinal cannabis dried flower domestically cultivated and imported, 2021 to 2023 (kg)



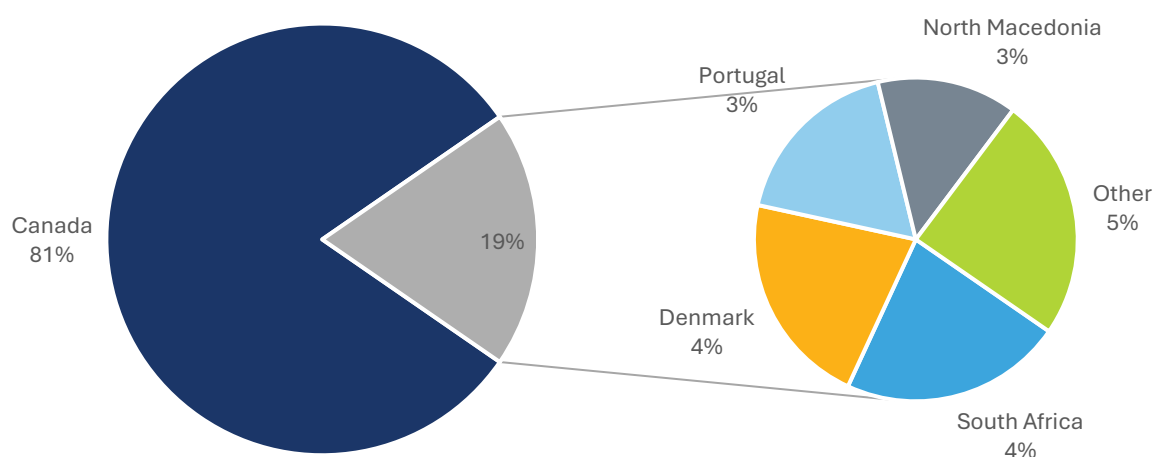
In 2022, market demand was satisfied in roughly equal measure by Australian cannabis cultivation and imports. In 2023, however, the volume of imported cannabis grew by 41 percent, while domestic production grew by only 6 percent.²⁶ As in previous years, in 2023 the overwhelming majority of imports (81 percent) came from Canada (see **Figure 5**), despite the Canadian government largely preventing reciprocal trade²⁷ and ongoing disputes between Canadian companies and foreign governments for alleged anti-dumping violations.²⁸ Exports from Australia remained low in 2023, reaching 2,066kg in total, up from 1,510kg in 2022.

²⁶ Office of Drug Control. [Australian cannabis data: import, export, production, and stock](#).

²⁷ A Trade Concern lodged with the World Trade Organisation by the government of Colombia on this issue is still ongoing: World Trade Organization. 2022. [Minutes of the Committee on Market Access 30 and 31 March 2022](#). Geneva: WTO.

²⁸ David Brown. 2024. ["Israel: Report now proposes up to 175% tax on Canadian cannabis imports."](#) *Stratcann* 12 November 2024.

Figure 5: Country of origin for imported medicinal cannabis in 2023 (percent share)



In addition, at the end of 2023, 38,000kg of imported medicinal cannabis was held in stock, compared to 14,787kg of domestically produced medicinal cannabis.²⁹ The disparity between domestic and imported volumes has led some cannabis industry stakeholders to claim that the Office of Drug Control, which regulates licenses for both imports and domestic cultivation, is inadequately enforcing regulations preventing stockpiling.³⁰

Media reports in 2024 also highlighted a potential gap in product safety testing: while all products are required to comply with Australian quality standards, imported products may undergo testing in their country of origin, and no companies are required to provide Australian regulators with evidence of compliance before supplying products to patients. The TGA can conduct random and targeted post-market testing, but in April 2024 the TGA confirmed that no such tests had been conducted in the prior 12 months.³¹

²⁹ Office of Drug Control. [Australian cannabis data: import, export, production, and stock.](#)

³⁰ Steve Jones. 2024. [“ODC faces renewed calls to monitor imports amid stockpiling concerns.”](#) *Cannabiz* 15 August 2024.

³¹ Tyrone Dalton and Else Kennedy. 2024. [“Imported medicinal cannabis sold without testing for Australian standards, industry warns.”](#) *ABC News* 9 April 2024.

Barriers to patient access

Factors limiting access to prescribers

Despite increasing numbers of Australians accessing prescribed medicinal cannabis products, significant barriers remain to its acceptance within the broader medical community, including an ongoing prescriber deficit. A study published in 2024 identified key themes shaping cannabis prescribing behaviour among Australian healthcare practitioners:³²

- The clinical capabilities necessary to prescribe, such as knowledge about dosage, adverse reactions, and efficacy, as well as information about the hundreds of different products and preparations.
- Attitudes about prescribing an unregistered therapeutic good, including how to navigate the access and approval pathways, concerns about legal liability, and the high cost to patients of unregistered, unsubsidised products.
- Negative attitudes within the medical community, primarily the stigma associated with medicinal cannabis prescribing, which is exacerbated by the poor reputation of some cannabis prescribers.
- Widely differing beliefs about clinical utility, which reflect the tension between a lack of published high-quality evidence and personal experience of beneficial therapeutic outcomes, and between conflicting responsibilities to alleviate pain and to be guided by scientific evidence.

Concerns about the perceived legitimacy of medicinal cannabis is also likely to impact patients, who may feel uncomfortable disclosing or inquiring about using medicinal cannabis with their treating physician. A 2024 study focusing on a group of Australian oncology patients revealed that 19 percent were currently using cannabis for medicinal purposes.³³ These patients reported strong physical and psychological benefits, with minimal risks to their health. Notably, patients echoed clinicians' perception that high-quality evidence to support the claimed benefits is lacking, yet the most common source of information about medicinal cannabis was not doctors but 'friends or family' (69 percent) followed by 'TV, newspaper or magazine' (48 percent) and 'social media, websites or blogs' (43 percent). This suggests that irrespective of their attitudes toward prescribing and the lack of high-quality evidence demonstrating the efficacy of medicinal cannabis in treating the conditions it is most often prescribed for, doctors should be

³² Dobson, Olivia, Michaela Barber, and Myfanwy Graham et al. 2024. "[The wild west of medicine': A qualitative investigation of the factors influencing Australian health-care practitioners' delivery of medicinal cannabis.](#)" *Drug and Alcohol Review* 43(5): 1280-1293.

³³ Taylor, Joseph, Elizabeth Fradgley, and Ben Britton et al. 2024. "[Patients' perceptions of the efficacy, safety, and quality of the evidence of medicinal cannabis: a survey of Australian cancer patients.](#)" *Preprint via Research Square.*

sufficiently informed to provide education and guidance to patients who inquire about treating conditions with medicinal cannabis.

Research into the experiences of people who use both prescribed and illicit cannabis for medical purposes continues to demonstrate the benefits that come from facilitating access to regulated products under clinical supervision. The most recent Cannabis as Medicine Survey (CAMS),³⁴ a study based on anonymous online survey data published in May 2024, found that patients using prescribed cannabis products were significantly more likely than people using illicit products to have received a diagnosis for their health condition, to use oral or vapourised routes of administration (instead of smoking), and to be confident about product quality and composition; they also reported experiencing fewer side effects.³⁵

Roadside and workplace drug testing

In addition to the time and cost associated with accessing medicinal cannabis, Australian roadside testing regimes – which effectively prohibit medicinal cannabis patients from driving – pose a considerable barrier. Despite reform proposals in several states and territories in recent years, medicinal cannabis remains the only medication that is 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.

Tasmania remains the only Australian jurisdiction to allow a medical defence for driving with the presence of THC in body fluids. However, in November 2024 Victorian legislators passed the Roads and Road Safety Legislation Amendment Act 2024 that will come into effect in March 2025. The amendments give magistrates discretionary sentencing powers for offenders who are legally prescribed medicinal cannabis patients and are unimpaired at the time of their offence. Previously, anyone found driving with THC in their system faced the automatic suspension of their driver's license. The change had been recommended as an interim measure by independent expert reviewers,³⁶ anticipating the results of a government-commissioned study of the real-world effects of medicinal cannabis on driving expected to conclude in 2026.

Another barrier to medicinal cannabis occurs when workers are subject to workplace drug testing regimes. In August 2024, the Victorian Legislative Council tabled its final report following an inquiry into workplace drug testing in Victoria, including the treatment of people

³⁴ Mills, Llewellyn, Jonathan C. Arnold, and Anastasia Suraev et al. 2024. "[Medical cannabis use in Australia seven years after legalisation: findings from the online Cannabis as Medicine Survey 2022–2023 \(CAMS-22\)](#)." *Harm Reduction Journal* 21(104).

³⁵ Cannabis as Medicine Survey 2022-23 (CAMS-22).

³⁶ Parsons, Tony and Hamish McIntosh. 2024. [Consultation Report: Medicinal Cannabis and Driving in Victoria: An Interim Proposal for Law Reform](#). Melbourne: Legalise Cannabis Party Victoria.

using medicinal cannabis.³⁷ Submissions made to the inquiry demonstrated that employers have responded to medicinal cannabis use by employees more harshly than the use of other prescription drugs, resulting in damaging health and employment outcomes for some workers.³⁸ The Committee recommended multiple regulatory and legislative changes to provide clarity and education about the purpose of the workplace drug testing framework and specify that the use of prescription medicines is encompassed within the protections afforded to people with a disability.

Compliance with ethical and regulatory standards

The growth of the medicinal cannabis sector has been accompanied by rising concerns about questionable practices by some medicinal cannabis clinics and prescribers, along with perceptions that regulatory activity has not sufficiently ensured that patients receive appropriate care or quality-controlled products.

The TGA is charged with enforcing the prohibition on unlawful advertising of medicinal cannabis to the public. In June 2024, the agency reported that over the 2023-24 financial year,³⁹ it had issued 64 fines totalling more than \$1.1 million to companies and individuals that breached medicinal cannabis advertising regulations,⁴⁰ similar to the \$1.2 million in fines issued in 2022-23.⁴¹ The TGA also initiated court action against several medicinal cannabis companies and their directors for failing to comply with formal TGA instructions to cease alleged breaches of advertising regulations;⁴² the cases remained in progress as of November 2024.

Additional commercial practices that continue to attract media and regulatory scrutiny in 2024 include companies both producing cannabis medications and directly owning and operating

³⁷ Legislative Council Legal and Social Issues Committee. 2024. [Workplace drug testing in Victoria](#). Melbourne: Parliament of Victoria.

³⁸ Victorian Equal Opportunity & Human Rights Commission. 2024. [Inquiry into Workplace Drug Testing in Victoria, submission 20](#). Melbourne: Parliament of Victoria; Penington Institute. 2024. [Inquiry into Workplace Drug Testing in Victoria, submission 33](#). Melbourne: Parliament of Victoria; Health & Community Services Union. 2024. [Inquiry into Workplace Drug Testing in Victoria, submission 21](#). Melbourne: Parliament of Victoria; Kate Seear et al. 2024. [Inquiry into Workplace Drug Testing in Victoria, submission 43](#). Melbourne: Parliament of Victoria.

³⁹ The TGA released figures which combined the 2022-23 and 2023-24 financial years, so we have subtracted the previously announced 2022-23 figures to arrive at the 2023-24 results.

⁴⁰ Therapeutic Goods Administration. [More than \\$600,000 in fines issued for alleged unlawful medicinal cannabis advertising](#).

⁴¹ Penington Institute. 2023. [Cannabis in Australia 2023](#). Melbourne: Penington Institute.

⁴² Therapeutic Goods Administration. [Court proceedings initiated against CDA Clinics QLD Pty Ltd and its former director for alleged unlawful advertising of medicinal cannabis](#); Therapeutic Goods Administration. [Court proceedings initiated against Montu Group Pty Ltd, Alternaleaf Pty Ltd, and an individual for alleged unlawful advertising of medicinal cannabis](#).

cannabis clinics,⁴³ companies allegedly paying doctors a commission based on prescribing volumes,⁴⁴ and clinics channelling patients to specific pharmacies.⁴⁵

Another challenge driving regulatory activity during the year has been the need to maintain care standards for medicinal cannabis patients with diagnosed substance use disorders (SUDs). In June 2024, reports emerged that as many as 40 NSW doctors who prescribe medicinal cannabis had been summoned for interviews with the state Ministry of Health's Pharmaceutical Services Unit (PSU), which must approve cannabis prescriptions for patients who are currently in an opioid treatment program or have been diagnosed with an SUD.⁴⁶ Several of the investigations reportedly resulted in the PSU imposing conditions on doctors' ability to prescribe, in turn producing interruptions to continuity of care for some patients.⁴⁷

In response, in August 2024 the Australian Medicinal Cannabis Association (AMCA) published an interim guidance document for healthcare professionals prescribing medicinal cannabis to patients with use disorders,⁴⁸ including the estimated 25 percent of medicinal cannabis patients who likely meet the criteria for cannabis dependence.⁴⁹ This guidance clarified that such patients often require higher doses than would normally be prescribed to patients without use disorders.

At the Commonwealth level, the Australian Healthcare Practitioner Regulatory Agency (AHPRA) signalled increased interest by convening a forum attended by various state and Commonwealth agencies and medical boards in February 2024 to discuss concerns with the medicinal cannabis framework, including the growing popularity of single-drug telehealth clinics and the fragmentation of powers and responsibilities across jurisdictions and levels of government. In September, AHPRA announced the creation of a dedicated Rapid Regulatory Response Unit (RRRU)⁵⁰ tasked with proactively investigating safety and misconduct concerns arising from

⁴³ Penny Durham. 2024. "[Cowboys bringing cannabis into disrepute.](#)" *Medical Republic* 22 April 2024.

⁴⁴ Sam Cucchiara. 2024. "[Claims cannabis suppliers are paying Aussie doctors to prescribe their products to patients.](#)" *A Current Affair*; Clay Lucas. 2024. "[Seven-minute scripts: How top cannabis company encourages quick consults with doctor bonuses.](#)" *The Age* 16 November 2024.

⁴⁵ Steve Jones. 2024. "[A fistful of dollars: cowboys put cannabis regime at risk.](#)" *Medical Republic* 5 March 2024.

⁴⁶ Steve Jones. 2024. "[Cannabis prescribers caught up in crackdown by NSW health regulator.](#)" *Cannabiz* 20 June 2024.

⁴⁷ Steve Jones. 2024. "[Don't punish good doctors, health authorities are warned as concern mounts over NSW 'witch hunt'.](#)" *Cannabiz* 27 June 2024.

⁴⁸ Lintzeris, Nick. 2024. [Interim Guidance regarding THC based Medicinal Cannabis Treatment for Patients with Cannabis and/or other Substance Use Disorders](#). Sydney: Australian Medicinal Cannabis Association.

⁴⁹ Dawson, Danielle, Daniel Stjepanovic, and Valentina Lorenzetti et al. 2024. [The prevalence of cannabis use disorders in people who use medicinal cannabis: A systematic review and meta-analysis](#). *Drug and Alcohol Dependence* 257(2024).

⁵⁰ Steve Jones. "[Medicinal cannabis in the crosshairs as AHPRA sets up 'rapid response' taskforce.](#)" *Cannabiz* 5 September 2024.

emerging healthcare business models, including the single-product and high-volume telehealth clinical models that some medicinal cannabis clinics operate under.⁵¹

Publicity also accrued during the year to cannabis clinic doctors prescribing high-THC products to patients with mental health conditions, including previously diagnosed psychotic disorders, without notifying their treating psychiatrist or usual GP.⁵² In October, reports emerged that AHPRA had taken steps against employees of a cannabis clinic-dispensary as part of an investigation prompted by the suicide of a patient with psychiatric conditions who was prescribed medicinal cannabis. AHPRA suspended two of the company's doctors from medical practice and suspended the pharmacist who co-founded the company from being able to dispense Schedule 8 medicines.⁵³ An affiliated company was also revealed to have targeted veterans with communications promoting access to free medicinal cannabis funded by the Department of Veterans Affairs. In one case, the company continued sending cannabis to a patient despite being notified the patient was experiencing cannabis dependence and mental health issues.⁵⁴

In addition to regulatory scrutiny, episodes of inappropriate prescribing prompted expressions of concern from the Queensland branch of the Royal Australian and New Zealand College of Psychiatrists (RANZCP).⁵⁵ In a letter to the editor of the journal *Australasian Psychiatry* published in December 2023, workers at a Queensland early psychosis service reported that over a nine-month period up to July 2023, five patients referred to the service had been prescribed medicinal cannabis in the prior three months, and four patients had received a prescription after the onset of psychosis.⁵⁶ However, no data were made available to assess whether the introduction of prescribed medicinal cannabis had increased overall use of cannabis (prescribed or illicitly obtained) among patients referred to the clinic.

⁵¹ Australian Health Practitioner Regulation Agency. [Concerns raised over emerging models of care.](#)

⁵² Janelle Miles and Elise Worthington. 2024. ["Doctors warn of significant increase in people hospitalised with psychosis after being prescribed medicinal cannabis."](#) *ABC News* 21 July 2024.

⁵³ Janelle Miles and Elise Worthington. 2024. ["Medicinal cannabis doctors investigated by authorities after suicide and hospitalisation of patients."](#) *ABC News* 11 October 2024.

⁵⁴ Elise Worthington and Michael Workman. 2024. ["Veterans targeted by medicinal cannabis businesses on social media spruiking free products and subscriptions."](#) *ABC News* 11 November 2024.

⁵⁵ Janelle Miles and Elise Worthington. 2024. ["Doctors warn of significant increase in people hospitalised with psychosis after being prescribed medicinal cannabis."](#) *ABC News* 21 July 2024.

⁵⁶ Lupke, Katie, Amy Gerard, and Brendan Murdoch et al. 2023. ["Impacts of medicinal cannabis on an early psychosis service."](#) *Australasian Psychiatry* 32(2): 164.

Part 2: Non-prescribed cannabis

This section presents an update of data on non-prescribed cannabis, also known as ‘adult-use’ or ‘recreational’ cannabis. Overall, the data suggests that robust, persistent cannabis demand continues to fuel a thriving criminal market, with few indications that an approach centred around law enforcement is dampening supply or demand.

Use of non-prescribed cannabis

Cannabis remained the most-used generally illicit substance in Australia. Indicators of prevalence suggest overall stability in rates of recent use across the country, with moderate variation across states and territories and a continuing rise in the lifetime use rate.

According to the results of the NDSHS 2022-23, released in February 2024, the proportion of people aged 18 and over reporting lifetime use of cannabis increased from 38.1 percent in 2019 to 42.3 percent in 2022-23.⁵⁷ Almost half (49.3 percent) of Northern Territory and Western Australia (47 percent) residents reported lifetime use of cannabis.⁵⁸

Since 2001, rates of cannabis use in the past year among people aged 18 and older have remained relatively stable, ranging from a high of 12.3 percent in 2001 to a low of 9.0 percent in 2007.⁵⁹ In the 2022-23 survey, 11.6 percent of people aged 18 and over – which corresponds to approximately 2.4 million Australians – reported recent use, similar to the 11.8 percent figure in the 2019 survey.⁶⁰ Meanwhile, rates of lifetime use have increased steadily from 2001 (33.5 percent) to 2022-23 (42.3 percent).⁶¹ Given reluctance among some people to admit to illegal behaviour in self-report surveys, these figures likely understate the true level of cannabis use in Australia.⁶²

As in previous years, a higher proportion of males aged 18 and older reported lifetime use and use of cannabis in the last 12 months (see **Figure 6**). However, 9.6 percent of females aged 18 and older surveyed in 2022-23 reported past-year cannabis use, an increase from 8.7 percent in 2019; the proportion of males decreased from 15.1 in 2019 percent to 13.5 percent in 2022-

⁵⁷ Australian Institute of Health and Welfare. 2024. [National Drug Strategy Household Survey 2022-23](#). Canberra: AIHW, Table 5.15.

⁵⁸ NDSHS lifetime use data at the state and territory level is only available for people aged 14 and over. See NDSHS 2022-23, Table 9b.37.

⁵⁹ NDSHS 2022-23, Table 5.50.

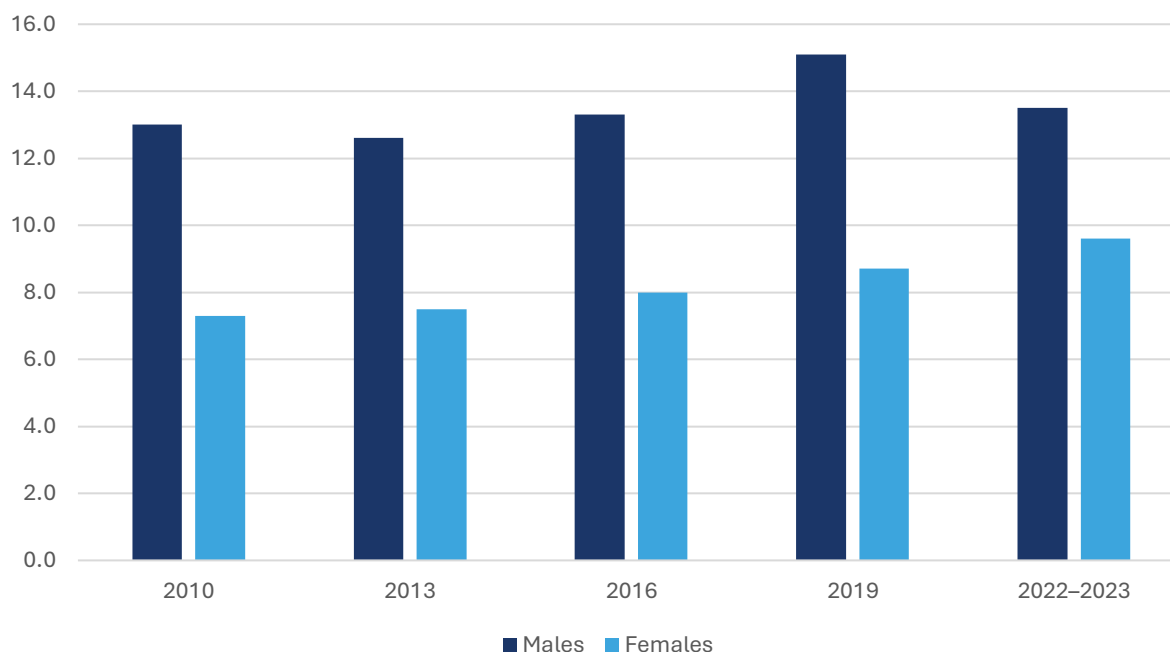
⁶⁰ NDSHS 2022-23, Table 5.8.

⁶¹ NDSHS 2022-23, Table 5.48.

⁶² Penington Institute. 2022. [Cannabis in Australia 2022](#). Melbourne: Penington Institute, section 4.2.

23.⁶³ The proportion of all females identified as engaging in cannabis use categorised as ‘high risk’ also increased, from 1.8 percent in 2019 to 4.8 percent in 2022-23.⁶⁴

Figure 6: Prevalence of cannabis use in the last 12 months, people 18+, by sex (percent)



Data released in November 2024 by the National Wastewater Drug Monitoring Program, which covers the period to June 2024, confirm the ongoing dominance of cannabis compared to consumption of any other illicit drug in Australia.⁶⁵ As in previous wastewater reports, cannabis use in regional areas was substantially higher than in metropolitan areas.

⁶³ NDSHS 2022-23, Table 5.50.

⁶⁴ NDSHS 2022-23, Table 5.58

⁶⁵ Australian Criminal Intelligence Commission. 2024. [National Wastewater Drug Monitoring Program Report 23](#). Canberra: ACIC.

Illicit market and law enforcement

As with other illicit goods, the combination of criminalisation and steady demand for cannabis primarily benefits criminal suppliers. In a May 2024 analysis using data from the 2019 NDSHS, economists estimated the size of the illicit retail cannabis market at around \$5 billion.⁶⁶

This immense market attracts cannabis producers operating at a range of scales, with a substantial share of the revenue accruing to serious organised crime networks. A 2023 study by the Australian Institute of Criminology found that of nearly 600 Australian organised crime groups involved in drug trafficking, 21.6 percent of the sample participated in the criminal cannabis market, with cannabis ranking behind only methamphetamine and cocaine among the drugs most trafficked by serious and organised crime.⁶⁷

Significant law enforcement resources – an estimated \$2.1 billion per year⁶⁸ – are spent on anti-cannabis efforts, and policing efforts periodically result in successful operations to disrupt large-scale cultivation and distribution networks. However, seizures of cannabis are a mere fraction of national demand: the 11,606kg of combined domestic and border seizures of cannabis in 2020-2021 amount to just 2.6 percent of the 441 tonnes Australians are estimated to have consumed in 2019.⁶⁹ The marginal impact of seizures is reflected in cannabis prices, which have remained steady or declining in the past decade. Similarly, the stability of demand and rising levels of THC content over time point to the limited effectiveness of supply-side anti-cannabis efforts.⁷⁰

The primary output of law enforcement spending continues to be arrests for low-level use and possession offences. According to the most recent national data produced by the Australian Criminal Intelligence Commission, cannabis accounted for nearly half (47.1 percent) of the 140,624 drug-related arrests across Australia in 2020-21, with 90 percent of national cannabis arrests affecting cannabis consumers, rather than suppliers (see **Figure 7**).⁷¹

⁶⁶ Assuming annual demand of 441 tonnes and a uniform price of \$11 per gram. See: Jenny Williams and Christiern Rose. 2024. [“How can we measure the size of Australia’s illegal cannabis market – and the billions in taxes that might flow from legalising it?”](#) *The Conversation* 10 May 2024.

⁶⁷ Australian Criminal Intelligence Commission. 2023. [“Enablers of illicit drug trafficking by organised crime groups.”](#) *Trends & Issues in Crime and Criminal Justice* no. 665.

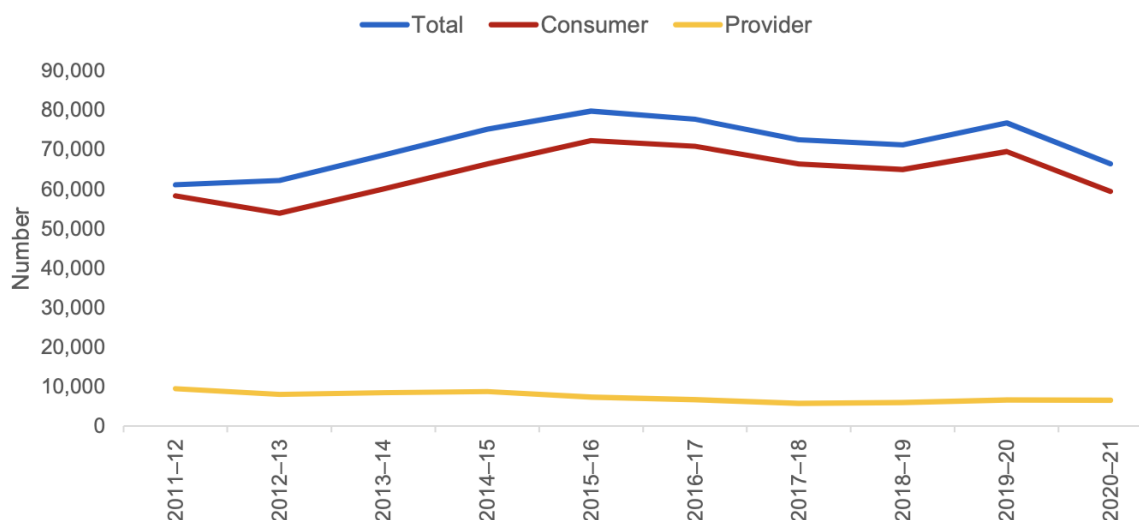
⁶⁸ Penington Institute. 2024. [Cannabis Regulation in Australia: Putting community safety first](#). Melbourne: Penington Institute.

⁶⁹ Australian Criminal Intelligence Commission. 2023. [Illicit Drug Data Report 2020-21](#). Canberra: ACIC; Jenny Williams and Christiern Rose. 2024. [“How can we measure the size of Australia’s illegal cannabis market – and the billions in taxes that might flow from legalising it?”](#) *The Conversation* 10 May 2024.

⁷⁰ Penington Institute. 2024. [Cannabis Regulation in Australia: Putting community safety first](#). Melbourne: Penington Institute.

⁷¹ Australian Criminal Intelligence Commission. 2023. [Illicit Drug Data Report 2020-21](#). Canberra: ACIC.

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



More recent data are unavailable for most states and territories as published data on drug arrests does not distinguish between substances, but the more disaggregated statistics from New South Wales and Victoria indicate relative stability in the dynamics of cannabis policing.

In NSW, the 14,733 offences cannabis-related drug offences recorded in the 12 months to June 2024 accounted for 36.9 percent of all drug offences; while the number of offences represented a decline of approximately 11 percent from the previous year, the percentage of drug offences involving cannabis remained stable. Possession and/or use of cannabis remained dominant, accounting for 92 percent of all cannabis charges recorded by NSW Police in 2024 (13,603 offences).⁷²

In Victoria, similarly, use and possession charges accounted for 84.5 percent of the 8,942 cannabis-related drug offences recorded in the year through June 2024.⁷³ An analysis of Victorian cannabis offences between 2018 and 2023 also suggests that the geographic and sociodemographic burden of this policing is uneven: per capita offence rates tend to be higher

⁷² NSW Bureau of Crime Statistics and Research. 2024. [New South Wales Recorded Crime Statistics: Quarterly Update, June Quarter 2024](#). Sydney: NSW BOCSAR.

⁷³ Crime Statistics Agency Victoria. 2024. [Data Tables of Recorded Offences, Year Ending June 2024](#). Melbourne: CSA.

in areas that rank lower on the Index of Relative Socio-Economic Advantage and Disadvantage (IRSAD).⁷⁴

These arrests impose significant costs on the criminal justice system and can lead to serious repercussions for the person charged, but they are still low relative to the prevalence of cannabis consumption. Based on the NDSHS's 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 253 million times per year. Given that there were 66,285 cannabis-related arrests in 2020-21, the rate of arrest is approximately 1 of every 3,816 incidents of cannabis use,⁷⁵ a risk level that is unlikely to deter many people from using cannabis.

Cannabis health data

Studies have found that cannabis has a relatively low harm profile compared to other drugs, including alcohol.⁷⁶ However, reports of negative outcomes following inappropriate prescribing of medicinal cannabis have brought renewed attention to the types of health issues associated with cannabis use.

Limited ambulance and hospitalisation data published by the Australian Institute of Health and Welfare are available, though they are insufficient for a granular understanding of trends related to cannabis health harms and should be treated with caution.

People aged 15-24 are the cohort most at risk of harms from problematic cannabis use, and most likely to experience the initial onset of psychotic symptoms linked to schizophrenia and associated conditions. According to ambulance attendance data,⁷⁷ the population rate for

⁷⁴ Penington Institute. 2024. [Cannabis Regulation in Australia: Putting community safety first](#). Melbourne: Penington Institute.

⁷⁵ This estimate was calculated based on the reported frequency of use among the 2.5 million people who reported using cannabis recently, as follows: the 18 percent who reported daily use were estimated to use cannabis 365 times annually; the 21 percent who reported 'once a week or more' use were estimated to use cannabis three times per week over the course of the year; the 11.7 percent who reported 'about once a month' use were estimated to use cannabis 12 times per year; the 17.4 percent who reported 'every few months' use were estimated to use cannabis four times per year; and the 31.9 percent 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 253 million occasions of cannabis use per year among the 2.5 million recent cannabis users. See: Australian Institute of Health and Welfare. 2024. [National Drug Strategy Household Survey 2022-23](#). Canberra: AIHW, Table 5.33.

⁷⁶ Bonomo, Yvonne, Amanda Norman, and Sam Biondo et al. 2019. "[The Australian drug harms ranking study](#)." *Journal of Psychopharmacology* 33(7): 759-768.

⁷⁷ Australian Institute of Health and Welfare. 2024. [Alcohol tobacco & other drugs in Australia](#). Canberra: AIHW, Table S1.10.

cannabis-related ambulance attendances in this age group declined slightly from 2021 to 2022 across all jurisdictions where data was available, except for Tasmania, which recorded an 18 percent rise.⁷⁸

National cannabis-related hospitalisations for people aged 15-24⁷⁹ increased by approximately 16 percent between 2015 and 2022, a period in which recent cannabis use in this cohort rose from 19.6 percent in 2016 to 21.6 percent in 2019, subsequently remaining steady at 21.5 percent in 2022-23.⁸⁰ The increase in cannabis hospitalisations was substantially driven by episodes involving females, with rates increasing from 37.8 hospitalisations per 100,000 people in 2015 to 56.5 in 2022; the rate for males aged 15-24 remained roughly stable over that time, as did rates for the overall population.

Data on mental health diagnoses and hospitalisations are not sufficiently disaggregated by age and associated risk factors to assess the relationship between cannabis use and the emergence of psychotic symptoms in the community at large. However, available AIHW data on overnight hospitalisations involving specialised psychiatric care do not reveal any generalised trend suggesting a rise in psychotic disorders in recent years.⁸¹

The NDSHS uses survey response patterns to assess the riskiness of people's cannabis use, categorising respondents as low, moderate, and high risk, with high risk potentially indicating the presence of a cannabis use disorder. Among all of the respondents to the NDSHS 2022-2023 who used cannabis in the past 12 months, the vast majority (81.5 percent) were categorised as low risk, with fewer than 15 percent categorised as moderate risk. The proportion whose use was categorised as high risk increased from 2.9 percent in 2019 to 4.1 percent in 2022-2023, but this change was not statistically significant.⁸² Other than the increase in high risk use among women (see 'Use of non-prescribed cannabis'), the only significant increase in high-risk use was observed among people aged 14-19, although the survey offered methodological reasons why this data should be treated with caution.⁸³

⁷⁸ Jurisdictions where data were available include VIC, QLD, NSW, ACT, and TAS.

⁷⁹ Australian Institute of Health and Welfare. 2024. [Alcohol tobacco & other drugs in Australia](#). Canberra: AIHW, Table S1.13.

⁸⁰ NDSHS 2022-23, Table 5.50.

⁸¹ Australian Institute of Health and Welfare. 2024. [Mental health online report-Admitted patients mental health-related care](#). Canberra: AIHW, Table AC.6.

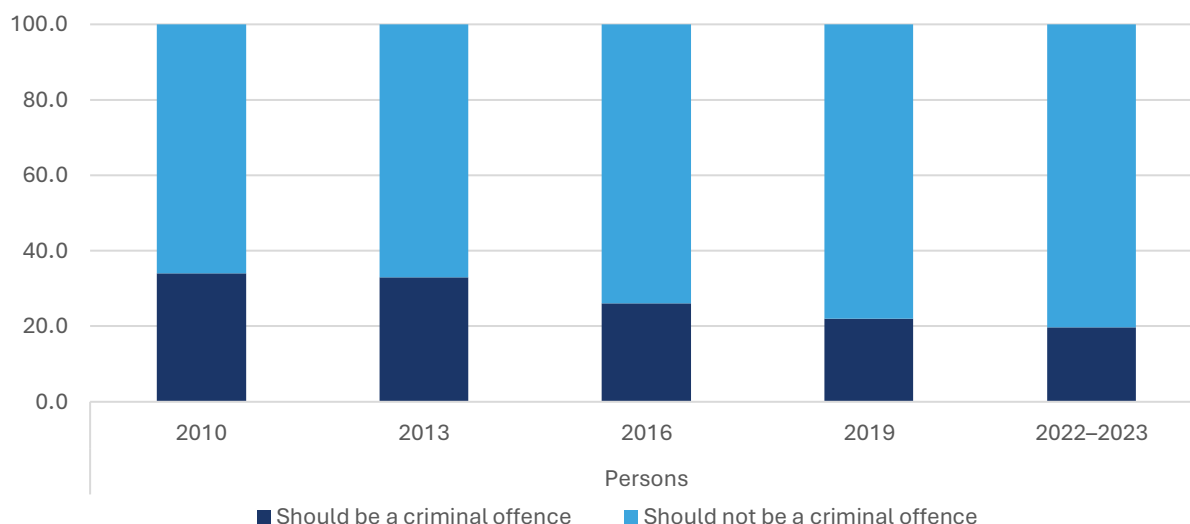
⁸² NDSHS 2022-23, Table 5.58.

⁸³ The 2019 data has a high level of sampling error making it unsuitable for most uses, and the 2022-23 data has large standard errors. See: NDSHS 2022-23, Table 5.58.

Public attitudes toward cannabis

Support for Australian cannabis policy reform has risen steadily in recent years. According to the NDSHS 2022-2023, over 80 percent of respondents stated that the possession of cannabis for personal use should not be a criminal offence, the highest rate since the introduction of the question in 2010 (see **Figure 8**).⁸⁴

Figure 8: Believe the possession of cannabis for personal use should be a criminal offence, people aged 14 and over, 2010 to 2022–2023 (percent)



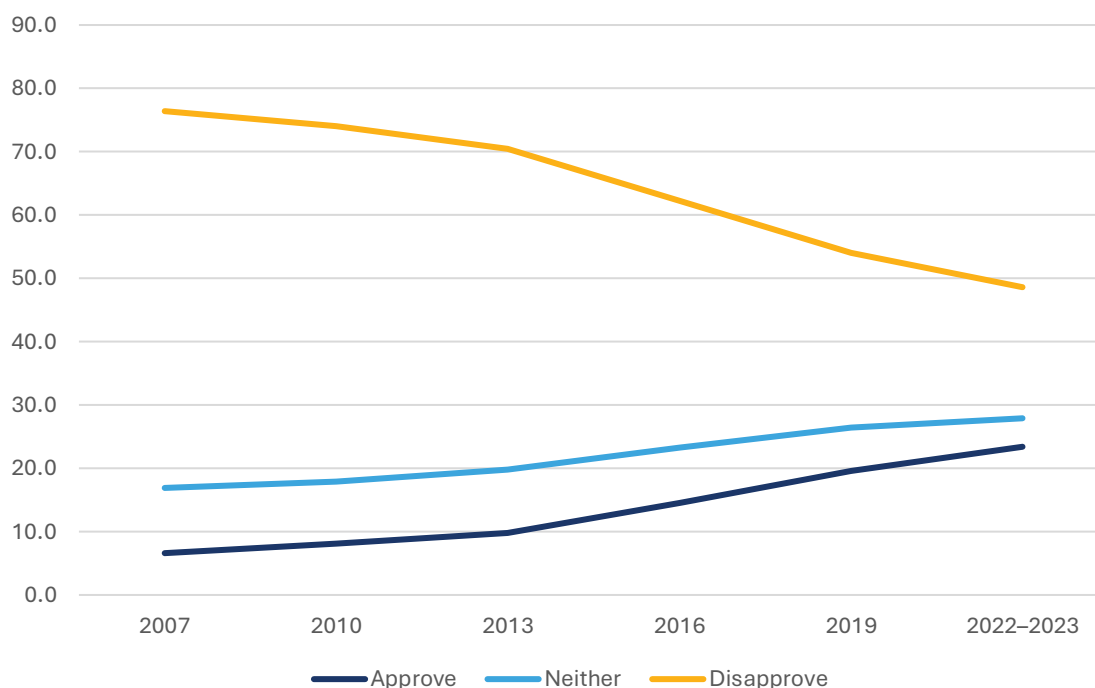
In addition, the percentage of respondents who viewed cannabis as the drug of highest concern for the general community decreased from 5.5 percent in 2007 to 2.8 percent in 2022-2023.⁸⁵ Overall, while more Australians continue to disapprove of cannabis use than approve, the trend toward net approval is evident (see Figure 9): in 2007, 6.6 percent of respondents approved of cannabis use compared to 76.4 percent disapproving (with 16.9 percent responding 'neither'); by 2022-2023, disapproval dropped to 48.6 percent, and approval rose to 23.4 percent (with 27.9 percent responding 'neither').⁸⁶

⁸⁴ NDSHS 2022-23, Table 11.15.

⁸⁵ NDSHS 2022-23, Table 11.5.

⁸⁶ NDSHS 2022-23, Table 11.10.

Figure 9: Personal approval and disapproval of the regular use of cannabis by an adult, people aged 14 and over, 2007 to 2022–2023 (percent)



This evolution toward less punitive attitudes on cannabis was also visible in a sample of Victorians polled in December 2023. A majority of Victorians (54 percent) expressed support for a regulated adult use cannabis model. Echoing the NDSHS data, concern about the harm caused by cannabis ranked significantly lower than concern regarding opioids, amphetamines, cocaine, and alcohol. In addition, 66 percent of respondents expressed support for focusing on education about drugs for young people rather than punishment through the criminal justice system, with just 15 percent holding the opposite view.⁸⁷

Political and legal developments

As in previous years, various cannabis law reform initiatives occurred in Australia in 2024. At the federal level, a Senate inquiry was held into the Legalising Cannabis Bill 2023 (Cth) introduced by the Greens Party. Public hearings were held in January 2024; in June the Senate Standing Committee on Legal and Constitutional Affairs recommended that the Senate not pass the bill,

⁸⁷ Penington Institute. [Cannabis reform: It's time for change.](#)

citing reasons that included potential strain on the health system and concerns that young people would be more vulnerable to health consequences of cannabis use.⁸⁸

At the state level, the Western Australia branch of the Legalise Cannabis Party introduced two reform bills in March 2024. The Legalise Cannabis (Referendum) Bill 2024⁸⁹ sought to provide for a referendum on the question of legalising cannabis for personal cultivation and adult use. The Misuse of Drugs (Lawful Personal Use of Cannabis) Amendment Bill 2024 sought to legalise adult possession of up to 50g of cannabis, cultivation of up to 6 plants per household, sharing of up to 50g of cannabis with another adult, and consumption of cannabis in non-public spaces. The bill was defeated in parliament in June.⁹⁰

Several initiatives put forward in NSW have not resulted in significant policy change as of November 2024. In February 2024, the government introduced the Early Drug Diversion Initiative,⁹¹ which empowers police to issue either an on-the-spot fine or a referral to a health service for assessment to eligible persons in possession of small quantities of illicit drugs, including cannabis. However, according to figures provided in parliamentary questioning, between February 29 and August 11 just 436 of the 6332 people (6.4 percent) caught with illicit drugs were issued a fine, and an overwhelming majority (98.9 percent) of those found in possession of cannabis were charged rather than diverted.⁹²

In addition, the NSW Legislative Council conducted an inquiry into the impact of the regulatory framework for cannabis in New South Wales. Hearings were held in August 2024 to investigate the costs and impacts of current cannabis regulation as well as potential alternative approaches. An interim report released in late October recommended lowering the intensity of police enforcement of minor cannabis offences and reducing the severity of penalties for possession of small quantities of cannabis, as well as the introduction of a legal defence for prescribed medicinal cannabis patients driving unimpaired.⁹³ The NSW government also announced a Drug Summit comprised of regional forums held in November 2024 followed by Sydney forums in December, with Premier Chris Minns suggesting that the topic of medicinal

⁸⁸ Constitutional Affairs. 2024. [Legalising Cannabis Bill 2023 Additional Comments by Senator Paul Scarr](#). Canberra: Parliament of Australia.

⁸⁹ Parliament of Western Australia. [Legalise Cannabis \(Referendum\) Bill 2024](#).

⁹⁰ Parliament of Western Australia. [Misuse of Drugs Amendment \(Lawful Personal Use of Cannabis\) Bill 2024](#).

⁹¹ NSW Government. [Early Drug Diversion Initiative](#).

⁹² Max Maddison. 2024. ["Postcode lottery: Where police have shunned state's new drug laws."](#) *Sydney Morning Herald* 15 September 2024.

⁹³ Legislative Council Portfolio Committee No. 1 - Premier and Finance. 2024. [Impact of the regulatory framework for cannabis in New South Wales: First report](#). Sydney: Parliament of New South Wales.

cannabis and roadside drug testing would be on the agenda⁹⁴ but pre-emptively excluding from consideration the legalisation and regulation of cannabis.⁹⁵

Finally, the Australian jurisdiction that has undertaken the most notable cannabis reforms – the Australian Capital Territory, where limited cannabis decriminalisation was implemented in January 2020 – completed a review that was released in August 2024.⁹⁶ The review found that these reforms have nearly eliminated cannabis-related offences in the ACT, with the remaining handful of charges laid primarily affecting people aged under 18 years, as cannabis remains criminalised for minors. Using NDSHS and wastewater data, the review also found that cannabis use in the ACT remains low compared to other parts of Australia, and neither cannabis-related ambulance callouts nor hospitalisations had changed significantly since the reforms took effect.

Conclusion

Developments related to medicinal cannabis and illicit cannabis are trending in a similar direction in Australia in 2024. More people continue to seek health benefits from medically prescribed cannabis, while Australian attitudes toward cannabis are becoming progressively less punitive and more open to significant policy reform. However, the policy domain is only slowly responding to Australians' needs and attitudes. On the medicinal side, regulators are facing increasing pressure to more proactively enforce rules designed to protect patients, ensure product quality standards, and punish bad actors in the sector. With respect to illicit cannabis, the law enforcement-centred approach continues to produce thousands of arrests, with little discernible impact on cannabis availability.

While legislators continue to investigate reform options, political will to implement substantive change remains stalled. This combination of policy inertia and shifting public behaviours and attitudes suggests that cannabis in Australia is an unsettled topic that will create both rising tension and increasing opportunity for policymakers in the coming years.

⁹⁴ Steve Jones. 2024. "[NSW premier 'expects' driving laws to be addressed at drug summit.](#)" *Cannabiz* 29 August 2024.

⁹⁵ Nick Dole. 2024. "[The NSW government is vowing to listen to experts at the drug summit. So why is one proposal already off the table?](#)" *ABC News* 1 November 2024.

⁹⁶ ACT Health. 2024. [Review of the operation of the Drugs of Dependence \(Personal Cannabis Use\) amendment Act 2019](#). Canberra: ACT Health.