



---

# Cannabis in Australia 2025

A PENINGTON INSTITUTE REPORT

**For more information, contact:**

Penington Institute  
99 Elgin Street  
Carlton Vic 3053  
T: 61 3 9650 0699  
[penington.org.au](http://penington.org.au)

Copyright © Penington Institute

This report was prepared by Jake Dizard and Rhys Cohen.

Every effort has been made to present all information accurately. Penington Institute accepts no liability for and does not indemnify against any loss or damage that may result from any actions taken based on the information contained in this report.

**Suggested Citation:**

Penington Institute. 2025. *Cannabis in Australia 2025*. Melbourne: Penington Institute.

ISSN: 2653-7087

## Table of Contents

Foreword.....	3
Introduction.....	5
Australia in global context .....	5
Part 1: Medicinal cannabis .....	6
Patient access trends.....	6
Barriers to patient access .....	15
Compliance with ethical and regulatory standards .....	16
Governmental response .....	17
TGA medicinal cannabis consultation .....	18
Part 2: Non-prescribed cannabis .....	22
Use of non-prescribed cannabis .....	22
Public attitudes towards cannabis.....	23
Illicit market and law enforcement.....	26
Cannabis health data .....	28
Political and legal developments .....	31

## Foreword

Australia is ready for sensible cannabis reform. As *Cannabis in Australia 2025* reveals, shifting community attitudes and the need to protect public health and safety both point toward decisive policy change.

The evidence presented in this year's report reinforces Penington Institute's view that Australia's continued criminalisation of cannabis for adults is outdated and counterproductive. The illicit market continues to flourish, with criminal suppliers reaping over \$5 billion annually. Additional billions spent enforcing criminalised cannabis policy have neither dented supply nor deterred use.

The community is aware that current policy is not fit for purpose — as survey data highlighted in this report shows, the public's appetite for meaningful change is real and growing. Parliamentary inquiries in multiple states have recommended significant reforms, and the suite of available policy options is expanding as evidence-based alternatives to cannabis criminalisation blossom overseas.

Penington Institute has worked hard to advance the cannabis policy debate in 2025. In July we released the [Penington Cannabis Control Plan](#), Australia's first comprehensive blueprint for cannabis regulation at the state and territory level. The plan is built around careful controls that maximise community health and safety, undermine criminal gangs and reduce government waste.

We also published [independent economic analysis](#) revealing that a legal, strictly regulated cannabis market in Victoria would (conservatively) generate \$10 billion in gross state product and create more than 17,000 new jobs within a decade. There is nothing unique about Victoria — the economic boon is available to any state or territory that adopts a regulated model, with first movers set to reap the greatest rewards.

The combination of solid and growing public support, mounting evidence regarding the ineffectiveness and waste of our current approach, and the ready availability of viable alternatives have cleared the way for Australian politicians to implement common sense, pragmatic cannabis policy.

*Cannabis in Australia 2025* provides an authoritative overview of the context for these discussions. The report provides key data and trends related to cannabis use patterns, health impacts, law enforcement and policy developments.

As in previous editions, the report also offers novel data on the medicinal cannabis sector, along with a review of the important and increasingly contentious debate about how to ensure the long-term success of Australia's medicinal cannabis framework.

Our view is that the conversation about improving the medicinal cannabis system is necessary but delicate. Unethical practices by producers and clinics can certainly cause harm, but so can ill-



**Dr Jake Dizard**  
Acting CEO, Penington Institute

conceived reform, especially if it disrupts care and drives existing patients into the unsafe illicit market. When crafting policy reforms, regulators need to consider net social and health impacts and avoid unintended negative consequences.

Reforming deeply ingrained policies can be challenging, but in this instance Penington Institute believes the solutions are clear: prudent medicinal cannabis reforms, alongside the legalisation and careful regulation of cannabis for adult personal use.

Both are necessary to satisfy the community's reasonable expectation that governments listen to public sentiment, use public resources wisely and keep the community safe.

## Introduction

Penington Institute introduced the Cannabis in Australia series in 2022 to gather and synthesize the latest research, evidence, attitudes and experience regarding cannabis use — both medicinal and illicit — in Australia. *Cannabis in Australia 2025* marks the fourth edition in the series, and includes updated data about medicinal cannabis, law enforcement and community attitudes, along with an overview of new policy initiatives across Australian states and territories.

Two pieces of context remain essential to understanding Australian cannabis use and policy. First, cannabis has been the most commonly used illicit drug in Australia for decades. Second, the pace of cannabis reform around the globe has accelerated in recent years, broadening the slate of policy options and the evidence base for different approaches to cannabis regulation.

## Australia in global context

Australia was part of the first cohort of countries to introduce a national framework for regulated access to medicinal cannabis. At the time of legislation in 2016, only a few countries, including Canada, Israel and the Netherlands, and roughly 30 US states had established such programs. The number subsequently expanded rapidly, reaching 38 US states<sup>1</sup> by 2024, and at least 64 countries by 2021.<sup>2</sup>

The legalisation and regulation of cannabis for adult personal use has also accelerated in recent years, though Australian jurisdictions have opted not to embrace a similarly pioneering approach. As of November 2025, 6 European countries, Canada and Uruguay had implemented or were in the process of establishing various models of regulated adult access to non-prescribed cannabis.<sup>3</sup> In addition, regulated markets were instituted in 24 US states between 2014 and 2025.

Reforms in 2025 centred on Europe:

- In the Netherlands, licensed cultivators and retailers participating in a government-run pilot program began supplying the country's first legal, regulated cannabis to retail customers.<sup>4</sup>

---

<sup>1</sup> Center for Disease Control and Prevention. [State Medical Cannabis Laws](#).

<sup>2</sup> United Nations Office on Drugs and Crime. 2023. [World Drug Report 2023](#). Vienna: UNODC. The UNODC reports that 64 countries have provisions allowing for the medical use of cannabinoid pharmaceutical preparations and/or cannabis-based products, 34 of which allow the use of cannabis-based products for the treatment of a range of medical conditions.

<sup>3</sup> Belackova, Vendula, Benjamin Petruzelka, and Jakib Cihak, et al. 2025. "[Getting "The whole picture": A review of international research on the outcomes of regulated cannabis supply.](#)" *International Journal of Drug Policy* 142(104796).

<sup>4</sup> Government of the Netherlands. [Controlled Cannabis Supply Chain Experiment](#).

- In Switzerland, promising results<sup>5</sup> from the country's 7 ongoing pilot programs for regulated adult-use cannabis cultivation and sale prompted the National Council's Health Committee to draft a bill to legalise cannabis for adults, with public consultation ongoing as of November.<sup>6</sup>
- In Germany, researchers published the first interim report on the country's 2024 cannabis reforms, which decriminalised cannabis and permitted limited personal cultivation by non-profit social clubs. The report found the reforms had resulted in at least 100,000 fewer formal cannabis offences, with no notable increase in consumption, health harms or road safety incidents.<sup>7</sup>
- In Czechia, new laws that were passed in July to decriminalise cannabis and allow limited personal cultivation will go into effect in 2026.<sup>8</sup>

Conversely, in June Thailand began attempting to rein in a legal but weakly regulated cannabis market by introducing reforms intended to restrict access to medical patients only.<sup>9</sup>

## Part 1: Medicinal cannabis

Australia's medicinal cannabis sector underwent shifts in 2025 affecting both market development and the regulatory environment. In contrast to the steep market growth in previous years, medicinal cannabis approvals and unit sales plateaued during the first half of 2025.

Meanwhile, allegations of unethical or clinically unsound practices in the sector prompted sharp criticism from health bodies. Amid consensus that the system's growth far beyond original expectations has generated increasing strain, regulators initiated a formal review of product quality, safety and efficacy.

### Patient access trends

The primary regulatory agency tasked with overseeing medicinal cannabis access, the Therapeutic Goods Administration (TGA), does not compile records of the specific number of people who have been prescribed medicinal cannabis in Australia, making a precise patient count unknowable. Instead, indicative survey, regulatory and market data are used to observe trends in the sector.

One source of estimates is the National Drug Strategy Household Survey (NDSHS) series. According to the 2022–2023 edition of the NDSHS, approximately 700,000 Australians (roughly 2% of the population) had used cannabis for medical purposes in the previous 12 months.<sup>10</sup> Within this group,

---

<sup>5</sup> Mavrot, Celine, Susanne Hadorn, and Baptiste Novet. 2024. [Analysis of Results from Cannabis Pilot Trials in Swiss Cities — Part I, 2023 to Mid-2024](#). Zurich: FOPH

<sup>6</sup> Federal Assembly of the Swiss Parliament. [Global Cannabis Regulation](#); Business of Cannabis. 2025. ["Inside Switzerland's Cannabis Legalisation Plans."](#) *Business of Cannabis* 3 September 2025.

<sup>7</sup> Matthias Meyer. 2025. ["German Political Divide Deepens Over Interim Cannabis Report Findings."](#) *Business of Cannabis* 6 October 2025.

<sup>8</sup> Dario Sabaghi. 2025. ["Czech President Signs Bill To Decriminalize Recreational Cannabis For Personal Use."](#) *Forbes* 18 July 2025.

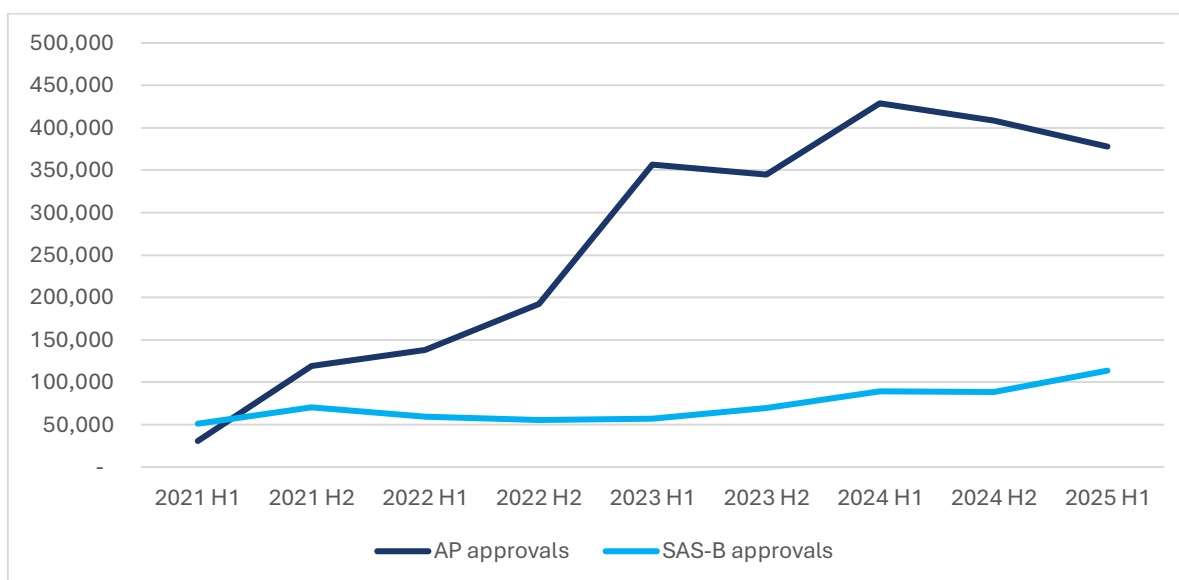
<sup>9</sup> Apinya Wipatayotin. 2025. ["Health ministry pledges to review weed laws."](#) *Bangkok Post* 9 October 2025.

<sup>10</sup> Australian Institute of Health and Welfare. 2024. *National Drug Strategy Household Survey 2022-23*. Canberra: AIHW. Tables 8.1, 8.2.

over 200,000 (29.9%) reported always or sometimes accessing medicinal cannabis via a prescription. This represents a sharp increase from the 3.9% of respondents who reported accessing cannabis via prescription in the NDSHS 2019.<sup>11</sup>

Previous editions of *Cannabis in Australia* have charted a rapid increase in the number of approvals for access to medicinal cannabis products through the two primary approval pathways: the Authorised Prescriber (AP) pathway and the Special Access Scheme Category B (SAS-B) pathway (see Box 1).<sup>12</sup> As Figure 1 illustrates, SAS-B approvals rose in the first half of 2025, but AP approvals continued a decline that started in the second half of 2024.

**Figure 1: Number of approvals/notifications for medicinal cannabis, January 2021- June 2025, by access pathway**



AP remains the primary pathway used for approving access to medicinal cannabis products. However, these approvals peaked in the first half of 2024 (428,841) and subsequently declined, falling to 408,417 in the second half of 2024 and 378,136 in the first 6 months of 2025. SAS-B approvals, by contrast, doubled from 55,489 in the first half of 2022 to 113,692 in the same period in 2025.

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.

<sup>11</sup> Australian Institute of Health and Welfare. 2024. *National Drug Strategy Household Survey 2022-23*. Canberra: AIHW. Table 8.3.

<sup>12</sup> Data accessed on 3 November 2025. The TGA continues to adjust historical approvals data over time, so current figures may differ, see: Therapeutic Goods Administration. [Medicinal cannabis Special Access Scheme data](#).

### Box 1: 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 'unapproved' goods — which include all medicinal cannabis products except for two<sup>13</sup> — 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 and format 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 and format of product.
- **The Authorised Prescriber (AP) scheme** allows healthcare professionals to be approved to prescribe a particular category and format of medicinal cannabis product to a class of patients directly under their care without needing to seek individual approvals for each patient they treat.

Notably, 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.

Similar to previous years, SAS-B approvals in the year up to October 2025 were predominantly (59.2%) for men. The most common indications across all SAS-B approvals were for chronic pain, which comprised 43.8% of approvals, with anxiety accounting for another 31.2%. Historically, oral liquid products have been the formulation for which the most SAS-B approvals have been issued. In August 2024, for the first time since medicinal cannabis was legalised, more SAS-B approvals were issued for dried flower products than oral liquid products, and this has been the case in each subsequent month. In the year to October 2025, 38.8% of SAS-B approvals were for dried flower products, with 31.6% for oral liquid products and 19.7% for edible products.

#### *Sales*

Companies that supply unapproved cannabis medicines in Australia must report their sales data to the TGA every 6 months, and de-identified sales data can be accessed via freedom of information requests. This sales data provides a more accurate picture than approvals data of how prescribed medicinal cannabis products are being used in the community.

The 2024 edition of *Cannabis in Australia* noted the sustained, rapid growth in sales of medicinal cannabis products since 2022, the first year for which unit sales data are available. Sales reached a

---

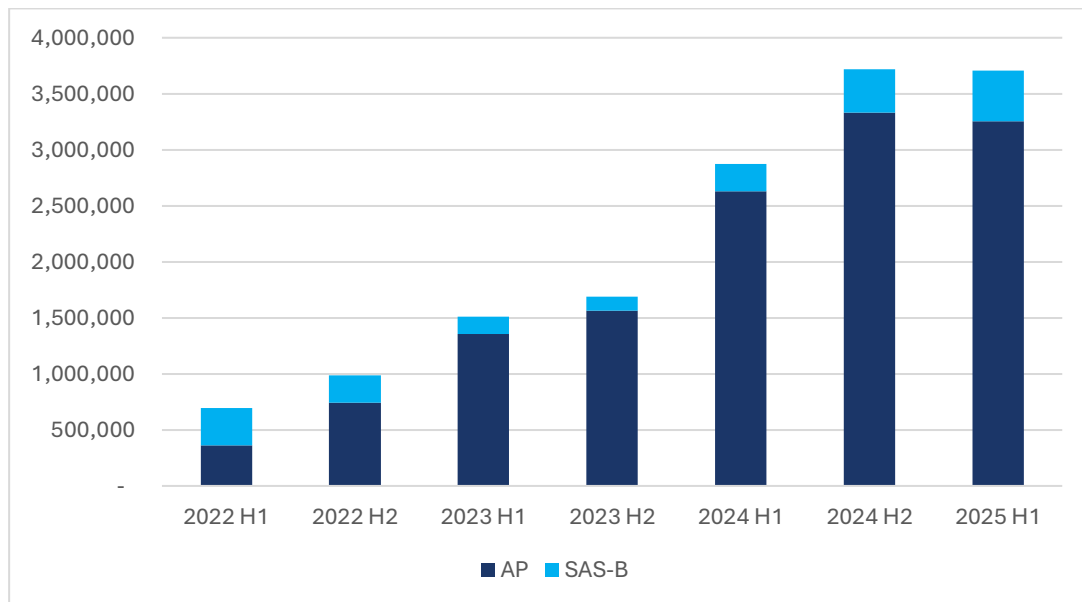
<sup>13</sup> Sativex and Epidyolex, see: Therapeutic Goods Administration. [Guidance for the use of medicinal cannabis in Australia: Patient information](#).

historic peak of 3.72 million units in the second half of 2024, bringing the 2024 annual total to 6.59 million units, compared to 3.20 million in 2023 and 1.68 million in 2022.<sup>14</sup>

More recent sales data from the first half of 2025<sup>15</sup> indicate that this period of near-exponential annual growth may have halted. As Figure 2 shows, sales in the first half of 2025 held steady at 3.71 million units.

Product sales have roughly mirrored the trend towards more SAS-B approvals compared to AP approvals. Units sold following a SAS-B approval actually increased from late 2024 (389,973) to the first half of 2025 (453,479), but this modest growth was not enough to offset the decline in units sold as a result of an AP approval, which fell from 3.33 million to 3.26 million over the same period.

**Figure 2: Units of medicinal cannabis products sold, first half (H1) 2022 to H1 2025, by approval pathway**



The causes of the trend shift are unclear, but the decline in AP approvals and sales may reflect clinical practice adjustments by previously high-volume authorised prescribers in response to negative media coverage and pointed statements from regulatory bodies about healthcare professionals' legal and ethical obligations (see Compliance with ethical and regulatory standards, page 16).

No evident explanation accounts for the increase in SAS-B approvals and sales. The number of unique prescribers using the SAS-B pathway declined slightly from the second half of 2024 (1,948) to the first half of 2025 (1,933) so the rise in SAS-B approvals seems unlikely to reflect the entry of additional non-AP prescribers.

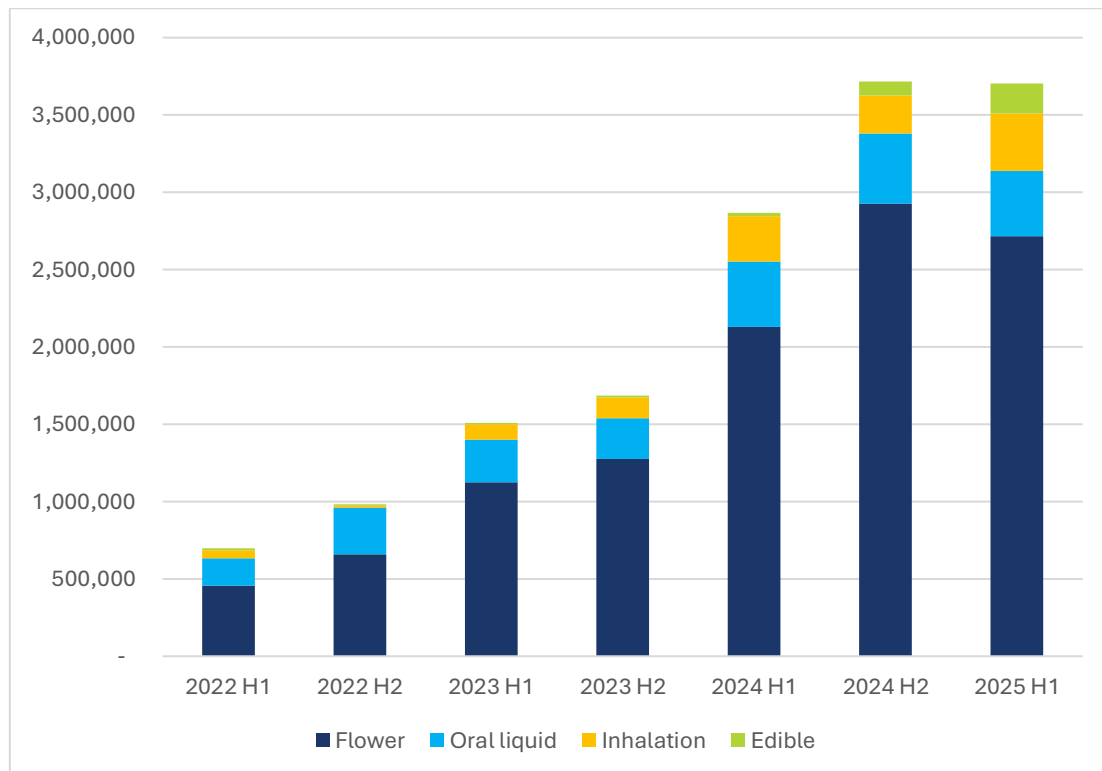
Consistent with previous years, Figure 3 shows that sales have been primarily driven by dried flower products, which peaked at 2.93 million units in the second half of 2024 and declined slightly to 2.72

<sup>14</sup> Therapeutic Goods Administration. [FOI disclosure 25-0145](#). Canberra: TGA.

<sup>15</sup> Therapeutic Goods Administration. [FOI disclosure 26-2142](#). Canberra: TGA.

million units in the first half of 2025. Oral liquid sales followed a similar trajectory, peaking at 454,633 units before declining to 421,595 over the same period.

**Figure 3: Units of medicinal cannabis products sold, first half (H1) 2022 to H1 2025, by product format**



In contrast to the recent decline in sales for flower and oral liquid products, sales of inhalation products<sup>16</sup> grew from 245,273 to 370,390, and sales of edible products<sup>17</sup> rose from 89,491 to 195,540 from the second half of 2024 to the first 6 months of 2025.

Figure 4 shows how sales of these emerging product formats have grown over time. The increasing popularity of inhalation and edible products may have positive health implications if it reflects a shift in use away from dried flower products, which some patients likely smoke rather than vaporise. However, these product formats carry risks, including accidental ingestion of edibles,<sup>18</sup> increased risk

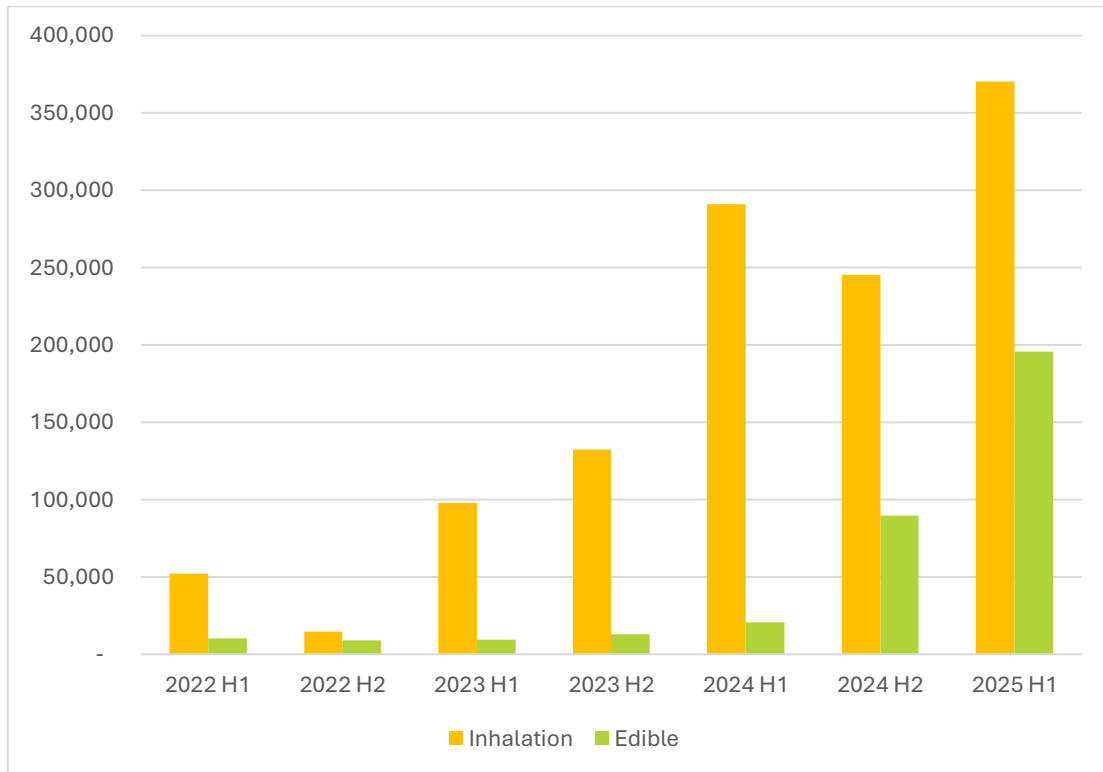
<sup>16</sup> Comprising liquid vapes and pressurised inhaler products.

<sup>17</sup> Comprising pastilles, chewable tablets, and capsule products. In previous editions of this report, we referred to these products as “oral other” instead of “edible” products. The terminology has now been changed to more clearly communicate what these products are.

<sup>18</sup> Cairns, Rose, Sara Allaf, and Nicholas A. Buckley. 2025. “[Cannabis poisonings in Australia following the legalisation of medicinal cannabis, 2014–24: analysis of NSW Poisons Information Centre data.](#)” *MJA* 222(3).

of dependence from more potent formulations<sup>19</sup> and the lack of enforceable quality standards for the devices used to administer inhalation products.<sup>20</sup>

**Figure 4: Units of select medicinal cannabis products sold, first half (H1) 2022 to H1 2025, by product format**



<sup>19</sup> Lacke, Stephanie, Conor H. Murray, and Birttany Henry, et al. 2025. [“High-Potency Cannabis Use and Health: A Systematic Review of Observational and Experimental Studies.”](#) *Am J Psychiatry* 182(7).

<sup>20</sup> Therapeutic Goods Administration. 2025. [Consultation: Reviewing the safety and regulatory oversight of unapproved medicinal cannabis products.](#) Canberra: TGA.

**Box 2: Medicinal cannabis product categories**

Since November 2021, approvals for access have been made under a category system, rather than for specific products.<sup>21</sup> All products are sorted into one of 5 categories, based on how much cannabidiol (CBD)<sup>22</sup> they contain relative to other cannabinoids:

1. CBD medicinal cannabis product (CBD  $\geq$ 98%)
2. CBD-dominant medicinal cannabis product (CBD  $\geq$ 60% and  $<$ 98%)
3. Balanced medicinal cannabis product (CBD  $\geq$ 40% and  $<$ 60%)
4. THC/other cannabinoid-dominant medicinal cannabis product (CBD  $\geq$ 2% and  $<$ 40%)
5. THC/other cannabinoid medicinal cannabis product (CBD  $<$ 2%)

Importantly, these categories are neither determined by the volume of CBD or THC<sup>23</sup> the products contain, nor by the concentration of CBD or THC in the product, only the *ratio* of CBD to other cannabinoids.

Consistent with previous years, the vast majority (85%) of medicinal cannabis units sold in the first half of 2025 were for products in Category 5, meaning they contain very little CBD relative to THC and other cannabinoids. Despite Category 5 products often being characterised as ‘high strength’,<sup>24</sup> these products’ actual cannabinoid content, including how ‘strong’ they are or how much THC they contain, varies considerably. Sales of flower and inhalation products were predominantly for Category 5 products, while oral liquid and edible product sales were more evenly distributed between the categories.

---

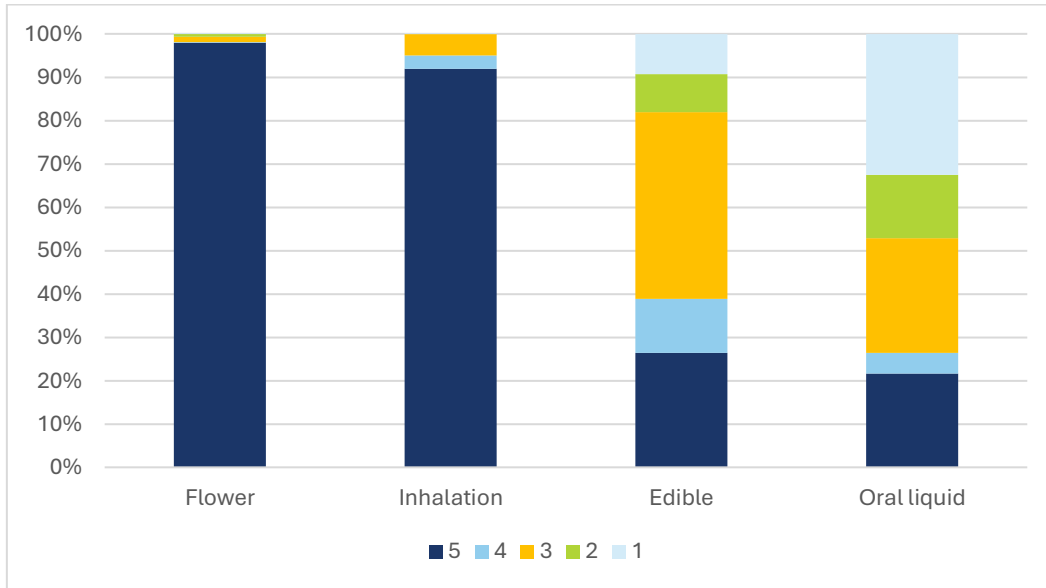
<sup>21</sup> Therapeutic Goods Administration. [Medicinal cannabis product categories](#).

<sup>22</sup> Cannabidiol, a compound found in the cannabis plant known for its non-intoxicating effect and therapeutic properties.

<sup>23</sup> Delta-9-tetrahydrocannabinol, a compound found in the cannabis plant that is responsible for the intoxicating effects associated with cannabis use.

<sup>24</sup> Emma Kirk. 2025. “[Authorities urged to crack down on medicinal cannabis scripts after surge in hospitalisations](#).” *News.com.au* 14 October 2025.

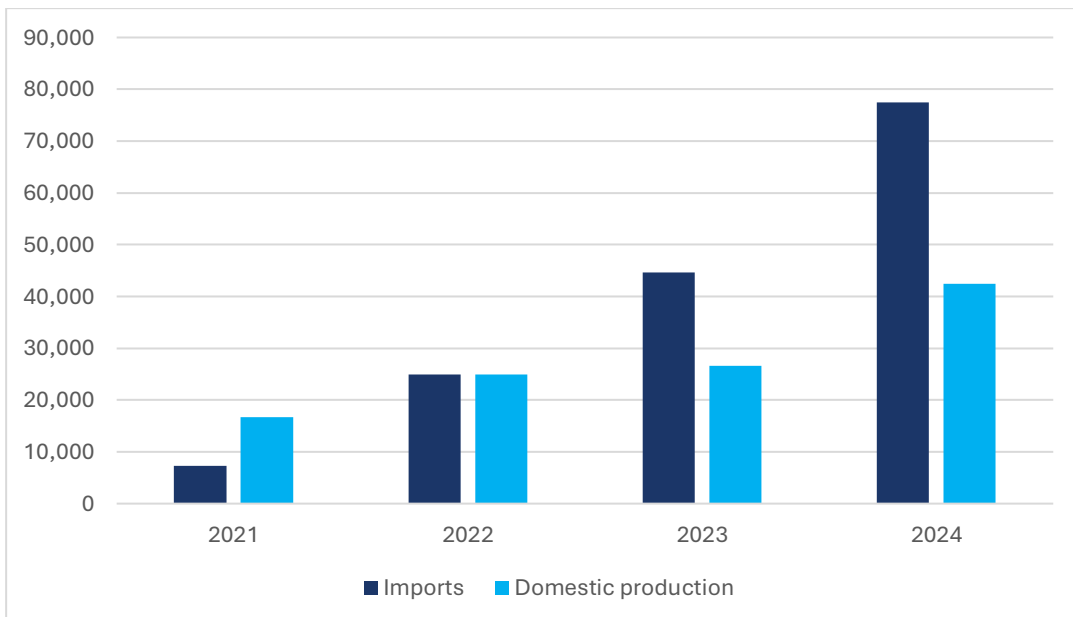
**Figure 5: Per cent of medicinal cannabis units sold, by format and category, first half 2025**



*Supply*

Consistent with the trend observed in 2023, demand for medicinal cannabis in 2024 was primarily met through imports rather than domestic production. In 2024, Australia imported 77.4 tonnes of cannabis, while domestic production reached 42.4 tonnes.<sup>25</sup> Import volume grew 74% from 2023 to 2024, while domestic production grew by 59%.

**Figure 6: Amount of medicinal cannabis dried flower domestically cultivated and imported, 2021–2024 (kg)**



<sup>25</sup> Office of Drug Control. [Australian cannabis data: Import, export, production and stock.](#)

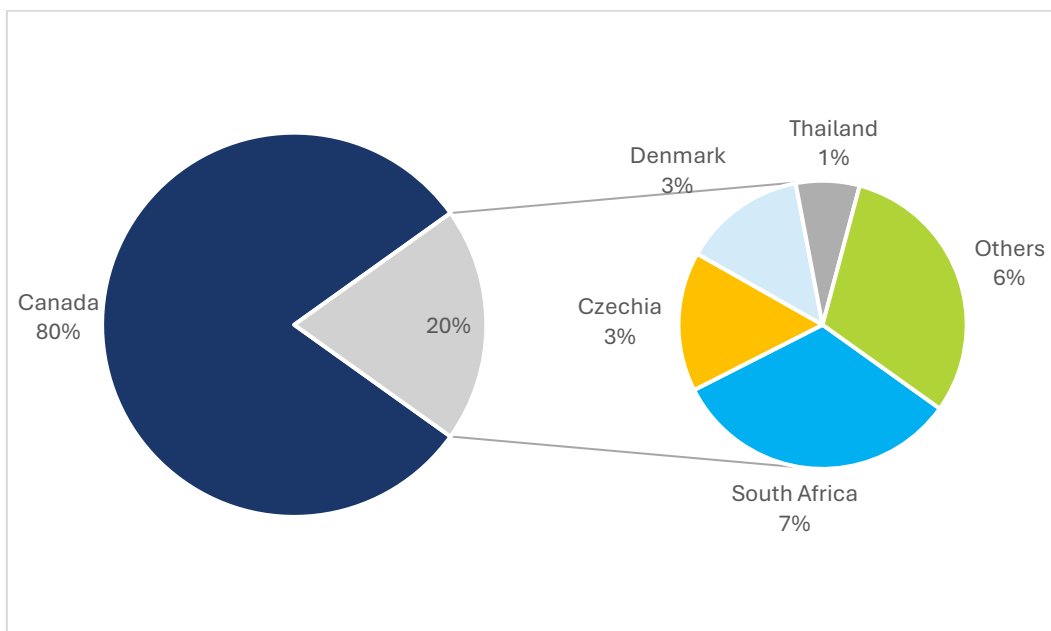
In addition to the annual volume of imports and domestic production, the Office of Drug Control (ODC) reports the amount of inventory held. The stock of domestically produced cannabis recorded at the end of 2024 increased from 14.7 to 21.9 tonnes — around half as much as the total amount of domestic cannabis produced that year. By contrast, imported stock levels declined from 23.3 to 18.1 tonnes.

One interpretation of these data is that imports are overwhelming domestic producers, forcing them to stockpile inventory they cannot sell. However, domestic stock levels reported by the ODC only reflect the amount of cannabis held in stock at a single time point. Domestic stock is therefore likely to be overestimated, as the figures include an unknown amount of cannabis biomass that is yet to undergo extraction and unprocessed cannabis that has been harvested but not yet dried or trimmed.

Meanwhile, much of the cannabis imported into Australia arrives as finished and packaged products ready for sale. Australian cultivators have called on the ODC to improve the quality of these data to provide more accurate stock estimates.<sup>26</sup>

Imports from Canada continue to dominate the market, comprising 80% of total import volumes in 2024, similar to 2023. Other countries of origin for medicinal cannabis imports in 2024 include South Africa, Czechia, Denmark and Thailand.

**Figure 7: Country of origin for imported medicinal cannabis in 2024 (per cent share)**



As in previous years, Australian producers continued to cite difficulties competing with imports in 2025.<sup>27</sup> The TGA has acknowledged Australian producers' perception that an 'unequal regulatory

<sup>26</sup> Adam Sheldon. 2025. "[Industry leaders question ODC data and renew calls for level playing field.](#)" *Cannabiz* 8 October 2025.

<sup>27</sup> Madeleine Rojahn and Scout Wallen. 2025. "[Australian Cannabis Cultivator Guild forms, calling for action on 'import-flooded' market.](#)" *ABC News* 6 May 2025.

burden'<sup>28</sup> exists between imports and domestic products. Although imported products are required to comply with Australian quality standards, they are not required to provide evidence of compliance before entering the market.<sup>29</sup> Industry stakeholders have argued that current regulations make it easier to import than to produce locally, leading to an overreliance on products from countries with cheaper operating costs and lower quality standards, creating potential health risks for patients.<sup>30</sup>

## Barriers to patient access

While access to medicinal cannabis has expanded considerably in recent years, the quality of medical care provided to patients, and the affordability of both medicinal cannabis products and clinical treatments, have drawn criticism.

Recent studies based on interviews with medicinal cannabis patients have identified motivations that include both management of treatment-resistant conditions and protection from the legal risk associated with the criminalised non-prescribed cannabis market.<sup>31</sup> As in previous years, participants in a 2025 study cited product costs as a significant barrier, but noted that telehealth medicinal cannabis clinics made access relatively easy.<sup>32</sup>

Another study published in 2025 compared the experiences of patients accessing medicinal cannabis via their normal health setting to those attending a medicinal cannabis clinic.<sup>33</sup> Patients using cannabis clinics were younger, less likely to be prescribed oral products, had higher rates of employment, higher rates of cannabis use disorder, and were more likely to be seeking treatment for mental health conditions.

Patients using clinics reported lower levels of satisfaction regarding the duration and quality of clinical consultations — including information about potential harms — and higher treatment costs. The study noted that medicinal cannabis clinics remain popular despite these drawbacks because many healthcare practitioners are unwilling to consider medicinal cannabis as a treatment option for their patients. The finding echoes previous studies highlighting clinician resistance to prescribing and ongoing unmet demand for access to medicinal cannabis.<sup>34</sup>

---

<sup>28</sup> Therapeutic Goods Administration. 2025. [Consultation: Reviewing the safety and regulatory oversight of unapproved medicinal cannabis products](#). Canberra: TGA.

<sup>29</sup> Tyrone Daleon and Else Kennedy. 2024. ["Imported medicinal cannabis sold without testing for Australian standards, industry warns."](#) ABC News 9 April 2024.

<sup>30</sup> Ibid.

<sup>31</sup> Dawson, Danielle, Daniel Stjepanovic, and Caitlin McClure-Thomas, et al. 2025. ["Motivations and Pathways: A Thematic Analysis of Interviews with Medicinal Cannabis Consumers in Australia."](#) *Substance Use & Misuse*.

<sup>32</sup> Ibid.

<sup>33</sup> Lintzeris, Nicholas, Jonathan C. Arnold, and Iain S. McGregor, et al. 2025. ["Consumer perspectives of accessing medicinal cannabis treatment from cannabis clinics versus generalist health settings in Australia."](#) *Journal of Cannabis Research* 7(83).

<sup>34</sup> 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).

Underscoring the tension between patient priorities and clinician concerns, a 2025 study found that most Australians believe that medicinal cannabis should be accessible and disagree that it should only be considered as a last-line therapy. However, participants also responded that medicinal cannabis prescriptions should be supported by good clinical evidence,<sup>35</sup> which is currently lacking for many of the conditions for which cannabis is most often prescribed. Regulators have noted that there is little incentive for cannabis producers to gather such evidence when cannabis prescriptions are available without it.<sup>36</sup>

## Compliance with ethical and regulatory standards

Many of the health and safety concerns identified in *Cannabis in Australia 2024* again featured prominently in public discussions throughout 2025. Compared to previous years, these issues prompted more robust responses from regulators and professional medical bodies.

Unlawful advertising of medicinal cannabis products, usually a key area for TGA enforcement, was a less prominent regulatory target in 2025. The TGA reports the total number and value of fines imposed,<sup>37</sup> and in previous years issued dozens of infringement notices usually totalling over \$1 million.<sup>38</sup> As of November 2025, the TGA had publicised only 11 advertising compliance fines totalling \$217,800 that were issued to two companies,<sup>39</sup> along with court proceedings launched in a separate case.<sup>40</sup> Meanwhile, research shows that non-compliant advertising remains widespread, especially on social media.<sup>41</sup>

New data this year from the Australian Health Practitioner Regulation Agency (Ahpra) reinvigorated attention to the role of inappropriate prescribing in stimulating the rapid growth in access to medicinal cannabis. In May 2025, Ahpra reported that 8 medical practitioners had each issued over 10,000 prescriptions for medicinal cannabis products in a 6-month period, while one pharmacist dispensed nearly 1 million products in 12 months.<sup>42</sup>

Ahpra attributed the large volume of prescribing among a small cohort of healthcare practitioners to the rise of single-medicine telehealth clinics, some of which allegedly provide perfunctory clinical

---

<sup>35</sup> Gething, Katrina, Paul Scuffham, and Richard Norman, et al. 2025. "[Australian public preferences for the provision of medicinal cannabis: A discrete choice experiment.](#)" *Pharmacoeconomics and Policy* 1(2).

<sup>36</sup> Therapeutic Goods Administration. 2025. [Consultation: Reviewing the safety and regulatory oversight of unapproved medicinal cannabis products.](#) Canberra: TGA.

<sup>37</sup> Therapeutic Goods Administration. [More than \\$600,000 in fines issued for alleged unlawful medicinal cannabis advertising.](#)

<sup>38</sup> Penington Institute. 2024. *Cannabis in Australia 2024*. Melbourne: Penington Institute.

<sup>39</sup> Therapeutic Goods Administration. [Dispensed Pty Ltd issued infringement notices and directed to cease alleged unlawful advertising of medicinal cannabis;](#) Therapeutic Goods Administration. [ACPharm Queensland issued infringement notices for alleged unlawful advertising of therapeutic goods.](#)

<sup>40</sup> Therapeutic Goods Administration. [Atlas, Mamamia and News Life Media face court for alleged unlawful advertising of medicinal cannabis.](#)

<sup>41</sup> Carmen Lim and Wayne Hall. 2025. "[We looked at 54 medicinal cannabis websites to see if they followed the rules. Here's what we found.](#)" *The Conversation* 13 January 2025.

<sup>42</sup> Australian Health Practitioner Regulation Agency. 2025. [Guidance on medicinal cannabis prescribing targets unsafe practice.](#)

care and prioritise profits over patient health and safety.<sup>43</sup> Subsequent media coverage of a prominent medicinal cannabis clinic revealed instances of high-volume prescribing, short consultation times and allegations of unethical and misleading conduct.<sup>44</sup>

## Governmental response

The array of media and governmental reports about troubling patterns of medicinal cannabis prescribing, and subsequent criticism of the system by professional medical bodies, prompted a series of official responses in the second half of 2025.

In July, Ahpra, in conjunction with both the Medical Board of Australia and the Nursing and Midwifery Board of Australia, published new clinical guidance for healthcare practitioners involved in prescribing medicinal cannabis.<sup>45</sup> The agency reiterated its position that poor medical practice and surging demand for medicinal cannabis was leading to ‘significant patient harm’, warned healthcare practitioners they were ‘on notice’ and reminded them to ‘put patients’ wellbeing above profit.’

The guidance provided examples of poor practice in the sector, including extremely brief clinical consultations, failure to take appropriate medical histories or confirm patient identities, and commercial arrangements involving conflicts of interest.<sup>46</sup> In November, Ahpra prohibited a Victoria-based GP with a roster of 4,200 medicinal cannabis patients from prescribing medicinal cannabis products.<sup>47</sup> The GP attributed the ban to alleged non-compliance with real-time prescription monitoring requirements and exceeding caps on prescription quantities for patients in Western Australia.<sup>48</sup>

In September, the Pharmacy Board of Australia also issued new guidance to support the ‘careful and diligent’ supply of medicinal cannabis products, voicing concerns similar to those raised by Ahpra.<sup>49</sup> In October, the New South Wales (NSW) branches of the Royal Australian College of General Practitioners (RACGP), the Pharmacy Guild of Australia, the Pharmaceutical Society of Australia and the Australian Medical Association (AMA) added their voices, sending a letter to the NSW Minister for Health calling for reforms to address ‘rogue clinics circumventing proper procedures and best practice.’<sup>50</sup>

---

<sup>43</sup> Elise Worthington and Emily-Jane Smith. 2025. “[Medicinal cannabis prescribing practices under scrutiny after scripts issued 'every 4 minutes'.](#)” *ABC News* 19 May 2025.

<sup>44</sup> Angus Thomson and Clay Lucas. 2025. “[The cannabis factory: How one doctor wrote 72,000 scripts in two years.](#)” *Sydney Morning Herald* 28 July 2025.

<sup>45</sup> Australian Health Practitioner Regulation Agency. [Guidance on medicinal cannabis prescribing targets unsafe practice.](#)

<sup>46</sup> Ibid.

<sup>47</sup> Adam Sheldon. 2025. “[Prominent prescriber faces lifetime ban after AHPRA investigation.](#)” *Cannabiz* 13 November 2025.

<sup>48</sup> Ibid.

<sup>49</sup> Australian Health Practitioner Regulation Agency. [Guidance on medicinal cannabis prescribing targets unsafe practice.](#)

<sup>50</sup> Royal Australian College of General Practitioners. [Health bodies urge crackdown on rogue operators as medicinal cannabis use jumps 5455% in five years.](#)

Concerns about ethical and regulatory compliance were also raised by the federal Minister for Health and Ageing, who warned against “unscrupulous and possibly unsafe behaviour” in the industry, despite medicinal cannabis providing “a lot of relief to a lot of people.”<sup>51</sup> In October, the Queensland Minister for Health reported hearing from mental health clinicians that medicinal cannabis overprescribing was causing an increase in demand for acute mental health services.<sup>52</sup>

## TGA medicinal cannabis consultation

In August, the TGA announced a public consultation to review the safety and regulatory oversight of medicinal cannabis.<sup>53</sup> The consultation invited input on two key issues: safety risks posed by medicinal cannabis products and regulatory oversight of products and patient access pathways. As the TGA is responsible for regulating therapeutic goods and not healthcare practitioners or providers, contentious issues regarding medicinal cannabis clinics — such as commercial conflicts of interest and clinical care standards — were deemed out of scope.

TGA representatives stressed that the consultation was not aimed at removing access to medicinal cannabis products and sought to reassure medicinal cannabis sector stakeholders that the TGA had ‘no preconceived ideas about what should or shouldn’t happen’.<sup>54</sup> The consultation paper sought feedback on various issues potentially requiring regulatory reform, including limits on THC content, restricting access to certain dosage forms and restricting or preventing access to ‘most or all unapproved medicinal cannabis products’.<sup>55</sup>

As of November, the TGA had not published submissions. However, the consultation paper and submissions made public by key stakeholders indicate agreement on the need for revisions to the current regulatory framework — but diverging views on the scale of harms caused by medicinal cannabis and how best to address them.

### *Regulatory oversight of products and patient access pathways*

To highlight gaps in the regulatory framework for medicinal cannabis products, the TGA consultation paper contrasted ‘approved’ drugs that have been added to the ARTG with ‘unapproved’ drugs not listed on the ARTG. Approved drugs are subject to extensive assessment, including demonstrations of clinical efficacy. Unapproved drugs, which includes nearly all medicinal cannabis products, are not assessed for quality, safety or efficacy. Unapproved products are expected to comply with quality

---

<sup>51</sup> Clay Lucas and Angus Thomson. 2025. [“No red flags in one doctor’s 72,000 scripts, cannabis giant insists.”](#) *Sydney Morning Herald* 1 August 2025.

<sup>52</sup> Ciara Seccombe. 2025. [“Medicinal cannabis doctors ‘relying on public hospitals to pick up the pieces’, warns State Health Minister.”](#) *AusDoc* 23 October 2025.

<sup>53</sup> Therapeutic Goods Administration. 2025. [Consultation: Reviewing the safety and regulatory oversight of unapproved medicinal cannabis products](#). Canberra: TGA.

<sup>54</sup> Steve Jones. 2025. [“TGA sets out areas of reform focus but insists it has ‘no preconceived ideas’.”](#) *Cannabiz* 14 August 2025.

<sup>55</sup> Therapeutic Goods Administration. 2025. [Consultation: Reviewing the safety and regulatory oversight of unapproved medicinal cannabis products](#). Canberra: TGA.

standards regarding contaminants, potency, product consistency and other factors, but limited monitoring and enforcement means adherence to these standards is not guaranteed.

The growth of medicinal cannabis access within this pre-existing regulatory discrepancy has created unintended consequences, including:

- The routine use of approval pathways designed for exceptional circumstances to prescribe large amounts of medicinal cannabis products, making the framework ‘no longer appropriate’<sup>56</sup>
- Increasing prescription rates for conditions where medicinal cannabis lacks evidence for therapeutic efficacy,<sup>57</sup> including anxiety and sleep disorders<sup>58</sup>
- Few incentives for medicinal cannabis companies to gather evidence that could eventually lead to ARTG product approvals, leading to negligible investment in clinical research.

As an example of reform to address these issues, the TGA introduced the idea of a transition period during which companies would gather the evidence necessary to pursue ARTG approval,<sup>59</sup> although the TGA did not specify what would happen at the end of the transition period. The AMA<sup>60</sup> and the Pharmacy Guild<sup>61</sup> endorsed this approach.

In contrast, medicinal cannabis industry groups proposed enhanced assessment and approval processes to address quality and safety concerns without requiring products to demonstrate the same level of therapeutic efficacy as ARTG approved products. Several submissions suggested ways for the TGA to facilitate the systematic collection of observational data to improve the evidence base for safety and efficacy of medicinal cannabis products.<sup>62</sup>

The AMA and the Pharmacy Guild warned that allowing continued access without clinical evidence of efficacy would ‘set a dangerous precedent and whittle down the quality of medical evidence’.<sup>63</sup> Both called for the immediate removal of access to Category 5 medicinal cannabis products, which would impact products that accounted for approximately 85% of dispensing volumes in the first half of 2025.

---

<sup>56</sup> Ibid.

<sup>57</sup> Suzanne Nielsen and Myfanwy Graham. 2025. [“More people are trying medicinal cannabis for chronic pain. But does it work?”](#) *The Conversation* 19 May 2025.

<sup>58</sup> Suzanne Nielsen and Myfanwy Graham. 2025. [“Medicinal cannabis is most often prescribed for pain, anxiety and sleep. Here’s what the evidence says.”](#) *The Conversation* 26 August 2025.

<sup>59</sup> Therapeutic Goods Administration. 2025. [Consultation: Reviewing the safety and regulatory oversight of unapproved medicinal cannabis products](#). Canberra: TGA.

<sup>60</sup> Australian Medical Association. [Urgent action needed on medicinal cannabis](#).

<sup>61</sup> Pharmacy Guild of Australia. [Urgent action needed on medicinal cannabis](#).

<sup>62</sup> Australian Medicinal Cannabis Association and Medicinal Cannabis Industry Australia. 2025. [Joint submission to TGA Consultation: Reviewing the safety and regulatory oversight of unapproved medicinal cannabis products](#); Cannabis Council Australia. 2025. [Submission to the Therapeutic Goods Administration consultation: Reviewing the safety and regulatory oversight of unapproved medicinal cannabis products](#).

<sup>63</sup> James Dowling. 2025. [“Industry, doctors at odds over medicinal cannabis safety standards.”](#) *The Australian* 22 October 2025.

### *Safety risks posed by medicinal cannabis products*

The TGA consultation paper also sought input on a range of health and safety concerns regarding the use of unapproved medicinal cannabis products, including:

- Risks posed to vulnerable populations
- Risks posed by products with high THC concentrations
- Psychiatric and physical risks.

The consultation paper, citing one data point on increased cannabinoid-related hospitalisations and a set of adverse event reports, requested input as to whether these risks would justify regulatory responses such as:

- Restricting certain product dosage forms
- Limiting the THC content of products
- Restricting prescribing for certain patient cohorts.

A key point of disagreement between advocates of immediate, sharp reform and proponents of a more cautious approach concerns evidence of harms. Medical bodies seeking a rapid pullback from current approval patterns, such as the AMA, have focused on the link between cannabis and psychotic disorders. In the absence of systematic data clarifying the links between medicinal cannabis and the incidence of psychosis diagnoses in Australia, these organisations cite anecdotal reports from clinicians<sup>64</sup> and a small observational report published in 2023.<sup>65</sup>

Groups favouring less disruptive reforms highlight the lack of systematic evidence demonstrating that the use of prescribed medicinal cannabis is contributing to adverse health outcomes in Australia (see Cannabis health data, page 28). Submissions noted that the cannabinoid-related hospitalisation data cited by the TGA neither distinguishes between synthetic cannabinoid receptor agonists (SCRAs),<sup>66</sup> illicit cannabis, and prescribed medicinal cannabis, nor exhibits a clear correlation between hospital presentations and trends in access to prescribed medicinal cannabis.<sup>67</sup> Submissions also noted that the TGA collects but does not verify or investigate adverse event reports, limiting their evidentiary value.<sup>68</sup>

While stakeholders agree that some patients are likely experiencing harms because of prescribed medicinal cannabis, the evidence deficit — and the potential for access restrictions to send patients

---

<sup>64</sup> Australian Medical Association. 2025. [AMA submission to the TGA review into the safety and regulatory oversight of unapproved medicinal cannabis products](#). Canberra: AMA.

<sup>65</sup> Lupke, Karie, Amy Gerard, and Brendan Murdoch, et al. 2023. "[Impacts of medicinal cannabis on an early psychosis service](#)." *Australasian Psychiatry* 32(2).

<sup>66</sup> Often sold as 'synthetic marijuana' or 'spice', these substances can be highly potent and have been linked to an array of harms including fatal overdoses.

<sup>67</sup> Penington Institute. 2025. [Submission to TGA consultation: Reviewing the safety and regulatory oversight of unapproved medicinal cannabis products](#). Melbourne: Penington Institute.

<sup>68</sup> Australian Medicinal Cannabis Association and Medicinal Cannabis Industry Australia. 2025. [Joint submission to TGA Consultation: Reviewing the safety and regulatory oversight of unapproved medicinal cannabis products](#); Cannabis Council Australia. 2025. [Submission to the Therapeutic Goods Administration consultation: Reviewing the safety and regulatory oversight of unapproved medicinal cannabis products](#).

back to the even less safe, unregulated illicit cannabis market<sup>69</sup> — has left the TGA in a challenging position. The TGA has committed to analysing the 751 submissions it received to develop and propose regulatory reform options by December 2025, followed by a second round of public consultations planned for early 2026.<sup>70</sup>

---

<sup>69</sup> Penington Institute. 2025. [\*Submission to TGA consultation: Reviewing the safety and regulatory oversight of unapproved medicinal cannabis products\*](#). Melbourne: Penington Institute.

<sup>70</sup> Steve Jones. 2025. [“TGA sticks to consultation timetable despite flood of submissions.”](#) *Cannabiz* 22 October 2025.

## Part 2: Non-prescribed cannabis

This section presents an update of data on non-prescribed cannabis, also known as ‘adult-use’ or ‘recreational’ cannabis. Data from recent years has consistently indicated that robust cannabis demand continues to fuel a large criminal market, with a law enforcement-centred deterrence strategy failing to dampen 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 sexes and a continuing rise in the lifetime use rate.

The most comprehensive data on cannabis use, including non-prescribed use, is provided by the NDSHS survey. According to the most recent survey, conducted in 2022–2023 and published in 2024, 42.3% of Australians over the age of 18 reported lifetime cannabis use, a figure that has risen gradually from 33.5% in 2001.<sup>71</sup>

The number of people aged 18 and older reporting cannabis use in the past year has varied only modestly since 2001, ranging from a high of 12.3% in 2001 to a low of 9.0% in 2007.<sup>72</sup> In 2022–2023 past-year use among adults was 11.6%, corresponding to approximately 2.4 million Australians. Cannabis use was highest among young adults aged 20–29, with nearly one in four (23%) reporting past-year use.<sup>73</sup> 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.<sup>74</sup>

Among Australians aged 18 and over, cannabis use is consistently higher among males than females.<sup>75</sup> However, the rate among males has varied within a limited range in recent years, while the rate among females has gradually risen (see Figure 8).

---

<sup>71</sup> Australian Institute of Health and Welfare. 2024. [National Drug Strategy Household Survey 2022-23](#). Canberra: AIHW. Table 5.49.

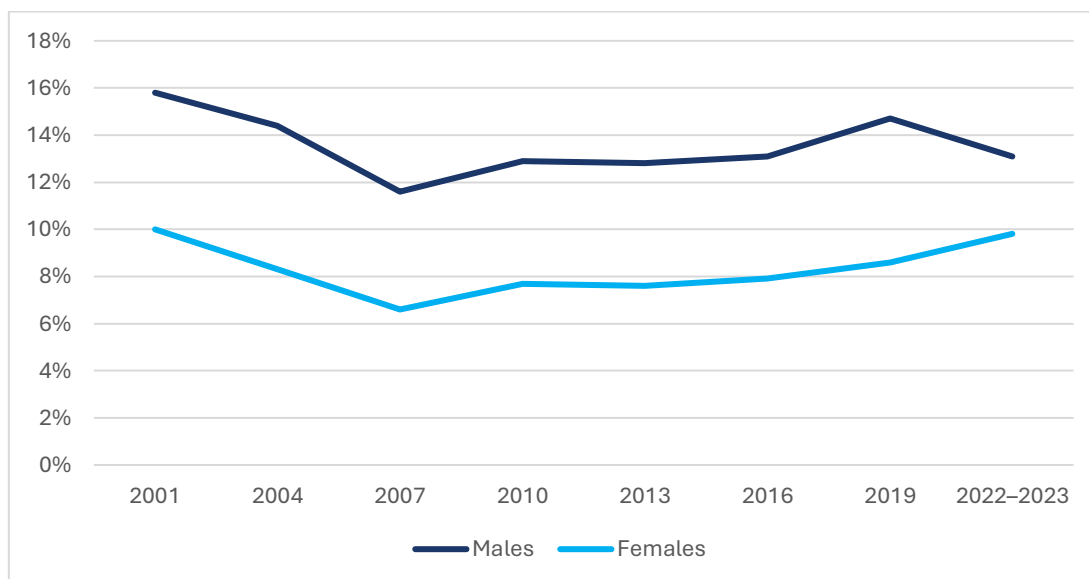
<sup>72</sup> Australian Institute of Health and Welfare. 2024. [National Drug Strategy Household Survey 2022-23](#). Canberra: AIHW. Table 5.50.

<sup>73</sup> Ibid.

<sup>74</sup> Brown, Sarah, Mark N. Harris, and Pretty Srivastava, et al. 2016. “[Modelling Illegal Drug Participation](#).” *Journal of the Royal Statistical Society Series A: Statistics in Society* 181(1).

<sup>75</sup> Australian Institute of Health and Welfare. 2024. [National Drug Strategy Household Survey 2022-23](#). Canberra: AIHW. Table 5.50.

**Figure 8: Recent use of cannabis, by gender (per cent)**



In 2022–2023, 13.5% of males aged 18 and over reported cannabis use in the past year, a drop from 15.1% in 2019. In contrast, use among adult females reached 9.6% in 2022–2023. The 3.9% gap was the smallest differential since the time series began in 2001.

National Wastewater Drug Monitoring Program data covering the period up to August 2024 found that national rates of cannabis use were the same as those reported in 2023; as in previous years, use rates exhibited seasonal fluctuation.<sup>76</sup>

### Public attitudes towards cannabis

Polling data released in 2025 reinforced an ongoing trend<sup>77</sup> toward Australian community support for the legalisation and regulation of cannabis for adults. A large national poll conducted in June by Roy Morgan found 48% support for cannabis legalisation compared to 41% opposition.<sup>78</sup> The poll registered net positive support among both men and women, and within every age bracket except people aged 14–17 and people aged 65+.

<sup>76</sup> Australian Criminal Intelligence Commission. 2025. [National Wastewater Drug Monitoring Program Report 24](#). Canberra: ACIC.

<sup>77</sup> Kaur, Navdep, Katherine M. Keyes, and Ava D. Hamilton, et al. “Trends in cannabis use and attitudes toward legalization and use among Australians from 2001–2016: an age-period-cohort analysis.” *Addiction* 116(5).

<sup>78</sup> Roy Morgan. 2025. [Nearly half of Australians now support marijuana legalisation – up 15 percentage points this decade](#). Survey question: ‘In your opinion should the smoking of marijuana be made legal - or remain illegal?’.

**Figure 9: Support versus opposition for cannabis legalisation, by age and gender**

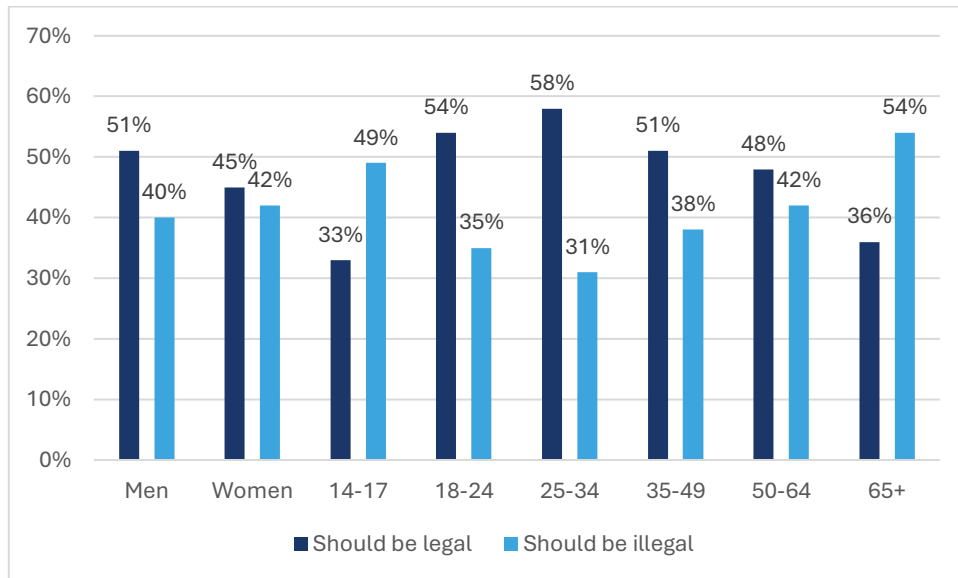


Figure appears in: Roy Morgan. 2025. [Nearly half of Australians now support marijuana legalisation – up 15 percentage points this decade.](#)

The same poll found net positive support in every Australian jurisdiction, ranging from a 22-point margin in the Northern Territory (57% support versus 35% oppose) to a 3-point margin in Victoria (46% support versus 43% oppose).

**Figure 10: Support versus opposition for cannabis legalisation, by jurisdiction**

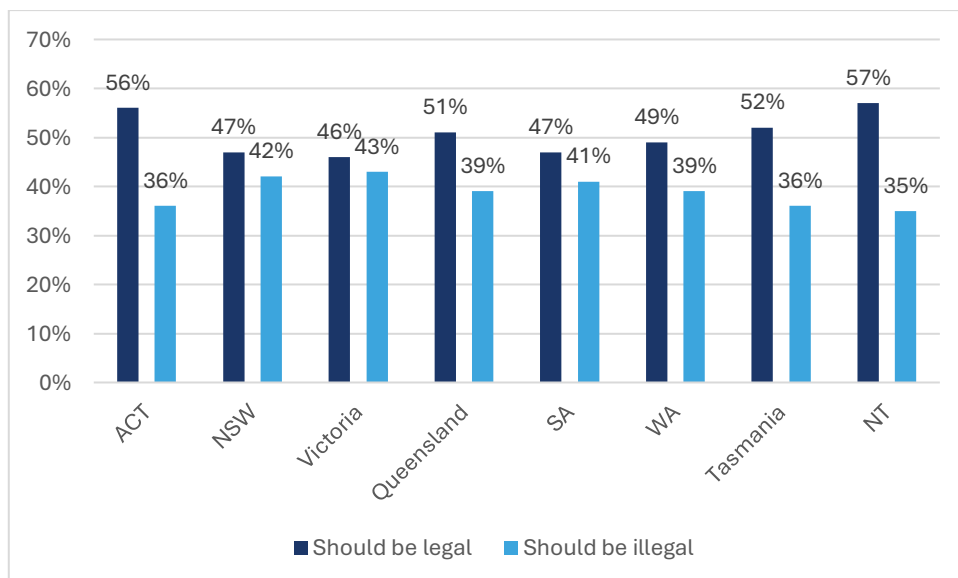


Figure appears in: Roy Morgan. 2025. [Nearly half of Australians now support marijuana legalisation – up 15 percentage points this decade.](#)

Victoria-specific polling commissioned by Penington Institute and conducted by YouGov found considerably stronger support, with 57% of respondents supporting legalisation compared to 31% opposed.<sup>79</sup>

**Figure 11: Support versus opposition for cannabis legalisation in Victoria**

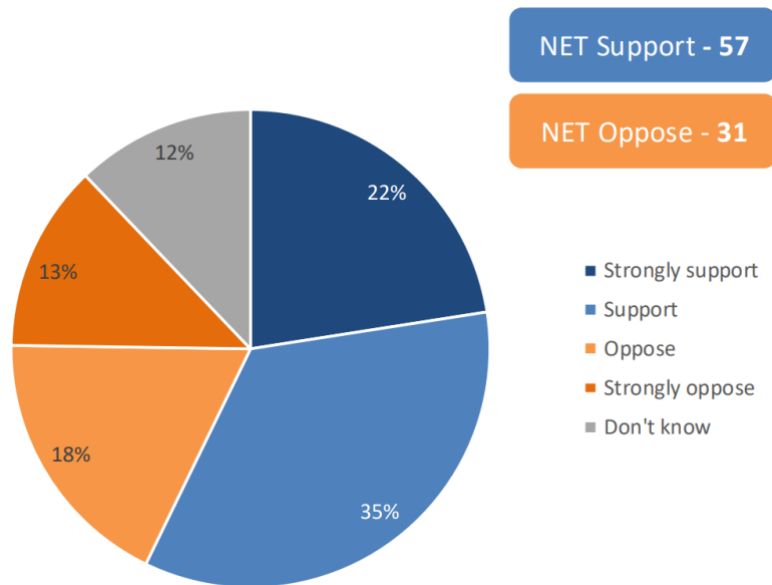


Figure appears in: Penington Institute. 2025. [Community Views on Cannabis in Victoria: Research Findings](#). Melbourne: Penington Institute.

The Victoria survey also registered net support across men (60% support versus 31% oppose) and women (54% support versus 30% oppose), as well as in every age bracket and political party voting intention, including the Coalition (45% support versus 40% oppose).

<sup>79</sup> Penington Institute. 2025. [Community Views on Cannabis in Victoria: Research Findings](#). Melbourne: Penington Institute. Survey question: 'would you support or oppose a change that allows adults to buy cannabis legally – similar to alcohol – but with stricter safety and regulatory controls?'

**Figure 12: Detailed support versus opposition for cannabis legalisation in Victoria**

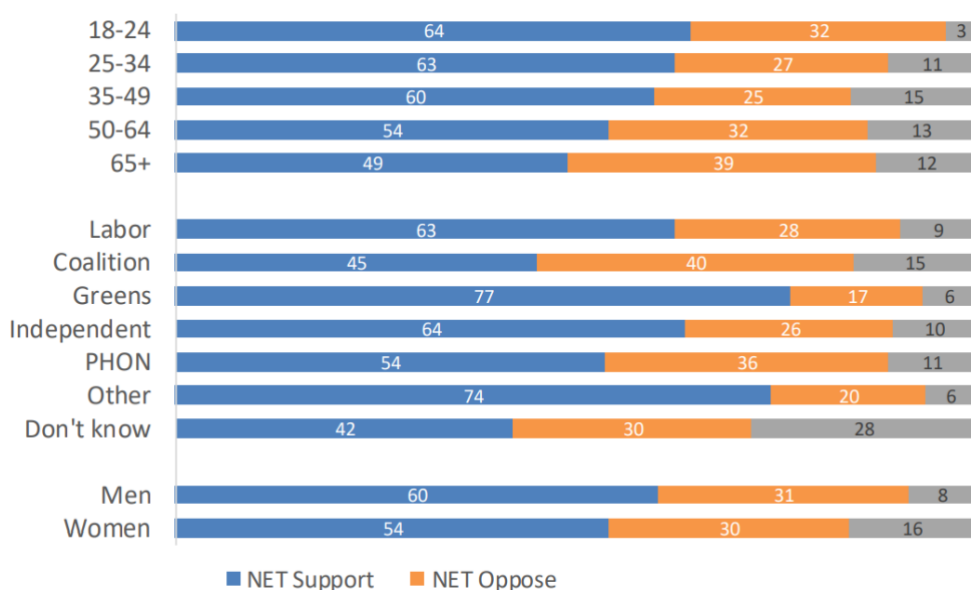


Figure appears in: Penington Institute. 2025. *Community Views on Cannabis in Victoria: Research Findings*. Melbourne: Penington Institute.

## Illicit market and law enforcement

Despite the outlay of an estimated \$2.1 billion annually to enforce cannabis prohibition,<sup>80</sup> Australia's illicit cannabis market continues to flourish. In 2024 economists estimated the value of the illicit market at more than \$5 billion.<sup>81</sup> This large and persistent market attracts a range of criminal suppliers, including members of serious and organised crime groups. According to a 2023 study by the Australian Institute of Criminology, 21.6% of a sample of nearly 600 Australian organised crime groups involved in drug trafficking participated in the criminal cannabis market, with cannabis ranking behind only methamphetamine and cocaine among the drugs most trafficked by serious and organised crime.<sup>82</sup>

Illicit cannabis is mainly supplied through domestic cultivation, with smaller contributions from international imports and, as reported in one case in 2025, diversion from the legal medicinal cannabis industry.<sup>83</sup> The major exception to cannabis criminalisation applies to the Australian Capital

<sup>80</sup> Penington Institute. 2024. *Cannabis Regulation in Australia: Putting community safety first*. Melbourne: Penington Institute.

<sup>81</sup> Penington Institute. 2025. *Billions in the balance: the economic impact of cannabis regulation in Victoria*. Melbourne: Penington Institute.

<sup>82</sup> Morgan, Anthony and Christopher Dowling. 2023. "Enablers of illicit drug trafficking by organised crime groups." *Trends & Issues in Crime and Criminal Justice* no. 665. Canberra: Australian Institute of Criminology. Table 1.

<sup>83</sup> James Willis. 2025. "Unemployed weed dealer paid \$1.8m to medicinal cannabis firm." *Daily Telegraph* 31 July 2025.

Territory (ACT), where possession of under 50 grams of cannabis was decriminalised in 2020. ACT residents are also permitted to cultivate a small number of cannabis plants for personal use, although most continue to source from the illicit market and home cultivators remain exposed to legal and health risks.<sup>84</sup> A 2024 review found that these laws had almost entirely halted cannabis-related offences, without any negative health or safety outcomes.<sup>85</sup>

Police efforts to curtail cannabis distribution and production result in periodic interdictions of large quantities of cannabis and arrests for trafficking.<sup>86</sup> However, available data suggest that these seizures amount to less than 3% of the illicit cannabis consumed by Australians every year.<sup>87</sup> In addition, data indicate that prices have been stable or declining in recent years, and the limited available evidence suggests that THC potency has risen in recent decades.<sup>88</sup> All of these dynamics underscore the limitations of a supply-side focus on cannabis enforcement.

State crime data on cannabis offences, which are available for Victoria<sup>89</sup> and NSW<sup>90</sup> but not for other jurisdictions, show that in the year ending in June 2025, 85% of cannabis offences in Victoria involved possession (7,683 of 8,997), while in NSW the proportion of cannabis incidents involving possession reached 93% (12,288 of 13,281).<sup>91</sup> Cannabis possession comprised nearly one-quarter (24%) of all drug offences in Victoria and nearly one-third (32%) of all drug incidents in NSW during that period.

Cannabis enforcement is also applied unevenly, with recent data showing Aboriginal Australians are charged for cannabis possession at much higher rates compared to non-Aboriginal people in Victoria (8 times higher)<sup>92</sup> and NSW (2.5 times higher).<sup>93</sup> Cannabis possession offences are also

---

<sup>84</sup> Zhou, Cilla, Isobel Lavender, and Rebecca Gordon, et al. 2025. [“An analysis of the cultivation, consumption and composition of home-grown cannabis following decriminalisation in the Australian Capital Territory.”](#) *Scientific Reports* 15(2649).

<sup>85</sup> ACT Health. 2024. [Review of the operation of the Drugs of Dependence \(Personal Cannabis Use\) Amendment Act 2019](#). Canberra: ACT Health.

<sup>86</sup> Australian Federal Police. [Operation Kraken-Dathomir: Two Victorian women charged over seizure of 58kg cannabis, \\$395k in illicit cash and firearms.](#)

<sup>87</sup> Penington Institute. 2024. [Cannabis in Australia 2024](#). Melbourne: Penington Institute.

<sup>88</sup> Swift, Wendy, Alex Wong, and Kong M. Li, et al. 2013. [“Analysis of Cannabis Seizures in NSW, Australia: Cannabis Potency and Cannabinoid Profile.”](#) *PLoS ONE* 8(7); Hall, Wayne, and Wendy Swift. 2000. [“The THC content of cannabis in Australia: evidence and implications.”](#) *Australian and New Zealand Journal of Public Health* 24(5).

<sup>89</sup> Crime Statistics Agency. 2025. [Recorded Offences Visualisation Year Ending June 2025](#). Melbourne: CSA. Table 6.

<sup>90</sup> NSW Bureau of Crime Statistics and Research. 2025. [NSW Recorded Crime Statistics Quarterly Update June Quarter 2025](#). Sydney: BOCSAR.

<sup>91</sup> NSW and Victoria report cannabis possession statistics differently. NSW reports the number of incidents, which are criminal events involving the same offenders, victims, location, timeframe, and offence type (see: BOCSAR. [Definitions and explanations - Crime and policing statistics](#)). Victoria reports the number of offences, which are criminal acts that could incur a penalty (see: CSA. [Explanatory Notes](#)).

<sup>92</sup> Victorian Aboriginal Legal Service. 2025. [Parliamentary Inquiry into the Regulation of Cannabis – Introductory Speech by VALS – Ali Besiroglu, Director of Legal Services](#). Melbourne: VALS.

<sup>93</sup> Teperski, Adam, and Sara Rahman. 2023. [Why are Aboriginal adults less likely to receive cannabis cautions?](#) Sydney: NSW BOCSAR .

disproportionately concentrated in lower socioeconomic areas.<sup>94</sup> In November, the Victorian Parliamentary Budget Office estimated that Victorian police spent 56,800 hours on cannabis enforcement in 2024–2025, nearly half of which involved policing cannabis use and possession offences, not cultivation or trafficking.<sup>95</sup>

In NSW, 69% of alleged cannabis possession offenders were taken to court in the year ending June 2025, while 31% were diverted through schemes including Criminal Infringement Notices and Cannabis Cautions.<sup>96</sup> While the number of incidents involving cannabis possession in NSW has declined over the past decade, so has the proportion of offenders who are diverted from court, from a high of 44% in 2015–16.<sup>97</sup>

In Victoria, Crime Statistics Agency data covering the financial years 2018–19 to 2024–25 show that a total of 34,576 alleged offenders whose most serious offence was possess/use cannabis were detected by police. Of those, 60% (20,815) received a warning or caution, while 40% (13,761) resulted in other outcomes including arrest, summons, or penalty notice.<sup>98</sup>

National data produced by the Australian Criminal Intelligence Commission, which run until 2020–2021, highlights the prevalence of low-level cannabis arrests. Cannabis accounted for 47.1% of the 140,624 drug-related arrests across Australia in 2020–21, and approximately 90% of cannabis arrests affected cannabis consumers rather than suppliers.<sup>99</sup>

## Cannabis health data

Cannabis is typically associated with fewer harms than other commonly used drugs, including alcohol.<sup>100</sup> However, recent reports of negative outcomes linked to inappropriate medicinal cannabis prescribing have renewed focus on potential health risks.

Cannabis-related ambulance and hospitalisation data from the Australian Institute of Health and Welfare are publicly available but do not include details that would enable policy-relevant analysis. None of the data distinguish between SCRAAs, illicit cannabis, and prescribed medicinal cannabis, nor do these sources describe the composition or amounts of cannabis involved.

According to this data, cannabinoid-related ambulance attendances increased in recent years, from 16,534 attendances in 2021 to 18,670 in 2023. In 2023 roughly one-third of these attendances

---

<sup>94</sup> Penington Institute. 2024. [Cannabis Regulation in Australia: Putting community safety first](#). Melbourne: Penington Institute.

<sup>95</sup> Parliamentary Budget Office. 2025. [Impact of legalising cannabis on police resources: police time and operating costs](#). Melbourne: PBO.

<sup>96</sup> NSW Bureau of Crime Statistics and Research. 2025. [NSW Recorded Crime Statistics July 2015 to June 2025](#). NSW: BOCSAR. Table 3.

<sup>97</sup> Ibid.

<sup>98</sup> Parliamentary Budget Office. 2025. [Impact of legalising cannabis on police resources: police time and operating costs](#). Melbourne: PBO.

<sup>99</sup> Australian Criminal Intelligence Commission. 2023. [Illicit Drug Data Report 2020-21](#). Canberra: ACIC.

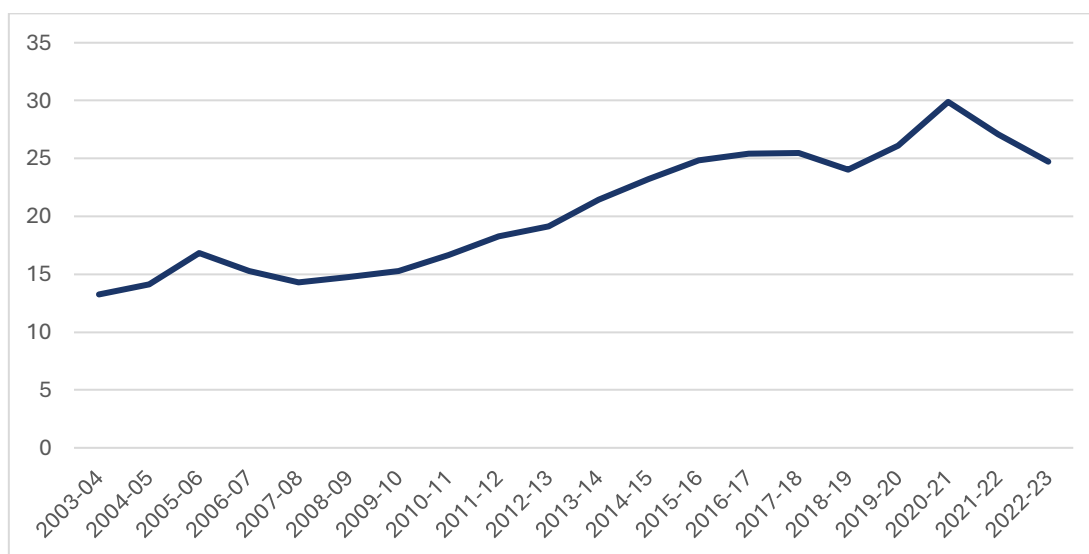
<sup>100</sup> Bonomo, Yvonne, Amanda Norman, and Sam Biondo et al. 2019. [“The Australian drug harms ranking study.”](#) *Journal of Psychopharmacology* 33(7): 759-768.

(6,303) involved people aged 15–24 – the cohort most vulnerable to harmful patterns of cannabis use and the early emergence of psychotic disorders. Attendances in this group have remained relatively stable, declining modestly from 2021 to 2022 (6,274 to 5,690) before the increase in 2023.<sup>101</sup> Cannabinoid-related ambulance attendances occurred less often among older people, with those aged 55+ accounting for just 8.7% (1,625) of attendances in 2023.

Cannabinoid-related ambulance attendances are more likely to involve males, who accounted for almost three-fifths (58.9% or 10,990) of such attendances in 2023. However, among females, those aged 15–24 accounted for a greater proportion of ambulance attendances (39.3% or 2,973) compared to males aged 15–24 (29.8% or 3,269).

The population rate of cannabinoid-related hospitalisations gradually rose from 2003–2004, peaking in 2020–21 before declining by 17.3% in the subsequent two years. The recent decline in hospitalisation rates was consistent across all age cohorts. However, the overall rate as of 2022–23 remained nearly double the level in the early 2000s.<sup>102</sup>

**Figure 13: Cannabinoid-related hospitalisations, age-adjusted rate per 100,000, 2003–04 to 2022–23**



Hospitalisations among males declined from 2020–21 to 2022-23 (from 36 to 29 per 100,000), while rates among females also dropped (from 24 to 21 per 100,000) but remained close to their historic peak. Rates of cannabinoid-related psychosis resulting in hospitalisation followed a similar pattern, reaching a historic peak in 2020–2021 before declining modestly.<sup>103</sup> Despite the clear gradual

<sup>101</sup> Australian Institute of Health and Welfare. 2025. [Alcohol tobacco & other drugs in Australia](#). Canberra: AIHW, Table S1.10.

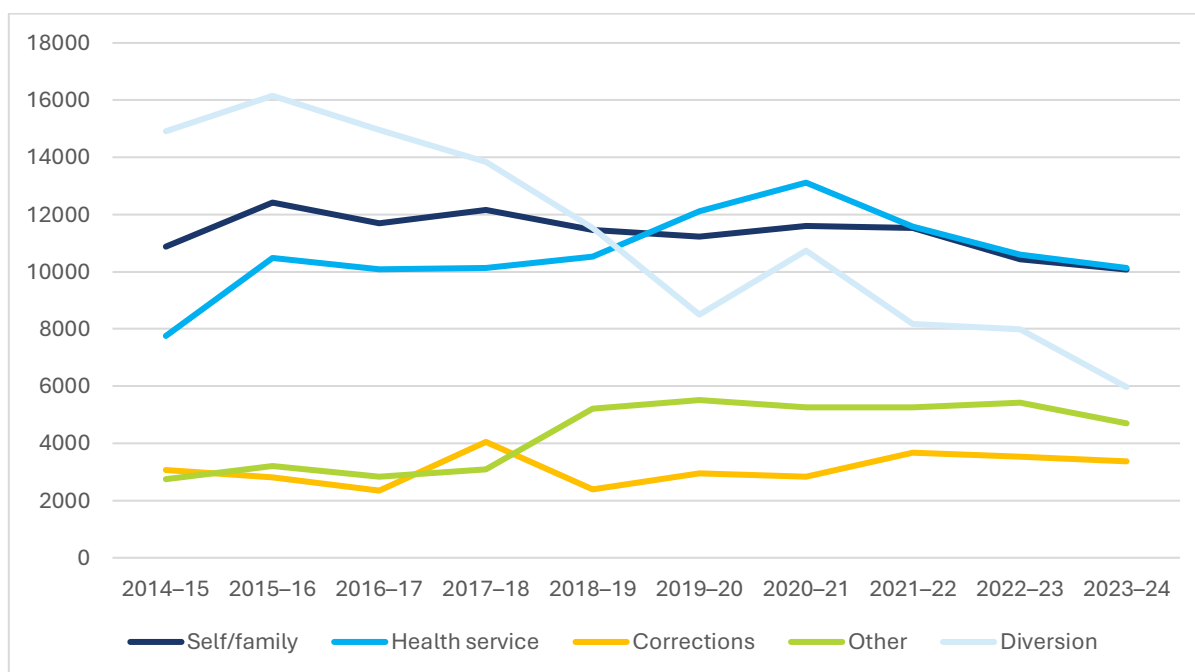
<sup>102</sup> Chrzanowska, Agata, Nicola Man, and Rachel Sutherland, et al. 2025. [Trends in drug-related hospitalisation in Australia, 2003-2023](#). Sydney: NDARC.

<sup>103</sup> Ibid.

increase in cannabinoid-related hospitalisations over recent decades, very little research has been conducted into the causes of this trend.

The number of drug treatment episodes for cannabis as the principal drug of concern has also declined, from over 43,000 episodes in 2020–21 to under 35,000 in 2023–24.<sup>104</sup> Treatment episodes resulting from a health service or self/family referral declined considerably over this time (by 23% and 13%, respectively), while those resulting from a drug diversion program declined by 44%. Drug diversion-related treatment episodes peaked in 2015–16 at over 16,000 and have since declined to less than 6,000 episodes in 2023–24.

**Figure 14: Closed treatment episodes for own cannabis use, by referral source, 2014–15 to 2023–24**



An analysis published in 2025 of calls made to the NSW Poisons Information Centre found that calls regarding cannabis increased over the 2014–24 period, but at a relatively steady rate not correlated with specific policy changes.<sup>105</sup> The study found that the types of cannabis products involved in the calls changed over time, with a trend toward fewer calls involving SCRA and more calls involving edible and oral liquid forms of cannabis, unintentional rather than intentional exposures, and calls involving children and adolescents.

<sup>104</sup> Australian Institute of Health and Welfare. 2025. [Alcohol and other drug treatment services in Australia annual report](#). Canberra: AIHW. Data tables: 2023–24 Drg.Drugs (episodes).

<sup>105</sup> Cairns, Rose, Sara Allaf, and Nicholas A. Buckley. 2025. "[Cannabis poisonings in Australia following the legalisation of medicinal cannabis, 2014–24: analysis of NSW Poisons Information Centre data.](#)" *Medical Journal of Australia* 222(3).

## Political and legal developments

Cannabis policy continued to generate debate and legislative action at the state and territory level throughout 2025, though as of November few concrete changes had occurred.

Delegates to the Victorian Labor Party's state conference in August passed a resolution supporting the legalisation and regulation of cannabis for adults for the second consecutive year,<sup>106</sup> though the resolution had no formal effect on government policy. A similar motion failed when put forward for debate at the Victorian Liberal Party's State Council held in September.<sup>107</sup>

In October, the Victorian Government responded to a Legislative Council inquiry published in March that recommended decriminalising cannabis possession and permitting adults to cultivate small amounts for personal use.<sup>108</sup> The Government opposed the recommendation despite noting the 'health, social and legal benefits' resulting from similar reforms in the ACT.<sup>109</sup>

The Queensland Government in May passed 'Adult Crime, Adult Time' reforms, which raised criminal penalties for offences by young people, including for drug trafficking. Following the changes, some drug diversions and cautions incurred while someone was under 18 will appear in criminal histories during sentencing decisions, increasing the downstream consequences of low-level cannabis detections.<sup>110</sup>

In late 2025 the NSW Government concluded and responded to the recommendations of two separate inquiries. In June the Legislative Council *Inquiry into the impact of the regulatory framework for cannabis in NSW* published its final report,<sup>111</sup> which called on the Government to decriminalise low-level cannabis offences and, following a period of assessment and review, consider legalising and regulating cannabis for adults.<sup>112</sup> The Government did not accept any of the Inquiry's recommendations, stating it had no intention of decriminalising or legalising cannabis.<sup>113</sup> The Government also rejected the Inquiry's recommendation to remove the possibility of custodial sentences for adults found in possession of small amounts of cannabis.

---

<sup>106</sup> Victoria. [Parliamentary Debates](#). Legislative Council. 19 November 2025.

<sup>107</sup> Rachel Eddie. 2025. "[Liberal president re-elected, warns infighting puts party in crisis](#)." *The Age* 13 September 2025.

<sup>108</sup> Legislative Council Legal and Social Issues Committee. 2025. [Inquiry into the Drugs, Poisons and Controlled Substances Amendment \(Regulation of Personal Adult Use of Cannabis\) Bill 2023](#). Melbourne: Parliament of Victoria.

<sup>109</sup> Parliament of Victoria. 2025. [Response to the Inquiry into the Drugs, Poisons and Controlled Substances Amendment \(Regulation of Personal Adult Use of Cannabis\) Bill 2023](#). Melbourne: Parliament of Victoria.

<sup>110</sup> Queensland Government. [Adult Crime, Adult Time expands to 33 offences](#).

<sup>111</sup> The Inquiry had produced an interim report in October 2024, with a suite of recommendations aimed at reducing the criminalisation of cannabis and supporting medicinal cannabis patients. Legislative Council Portfolio Committee No. 1. 2024. [Report 65 - Impact of the regulatory framework for cannabis in New South Wales - First Report](#). Sydney: Parliament of NSW.

<sup>112</sup> Legislative Council Portfolio Committee No. 1. 2025. [Report 66 - Impact of the regulatory framework for cannabis in NSW - Final Report](#). Sydney: Parliament of NSW.

<sup>113</sup> Parliament of NSW. 2025. [Government Response - Report 66 - Impact of the regulatory framework for cannabis in New South Wales - Final Report](#). Sydney: Parliament of NSW.

The NSW Drug Summit held in late 2024 resulted in a May 2025 report that contained several recommendations related to cannabis. The primary measures included a review of the state's Cannabis Cautioning Scheme (CCS) and Early Drug Diversion Initiative (EDDI) to expand eligibility and improve consistency, and legislation of a defence to drug-related driving charges for people using prescribed medicinal cannabis.<sup>114</sup> The Government responded to the report in October 2025.<sup>115</sup> It offered in-principal support for reforms to the CCS and EDDI, noting that reforms to better align the two schemes had been implemented in 2024 and additional options for expanding eligibility were under development.

In most jurisdictions, drivers who test positive for THC face automatic penalties and license suspensions, even if they are not impaired and are taking prescribed medicinal cannabis. The differential treatment of cannabis compared to other prescribed medications has prompted legislative activity in multiple states in recent years, and such efforts continued in 2025.

- In NSW, the state government stated that no changes would be made to medicinal cannabis driving laws until a Government-commissioned review process was concluded, with recommendations expected by the end of 2025.<sup>116</sup> However, both the NSW Greens<sup>117</sup> and an independent NSW MP<sup>118</sup> proposed legislative reforms during the year to provide legal protections for medicinal cannabis patients detected by roadside drug tests
- In Tasmania, an independent MP was disqualified from driving for 6 months after testing positive for THC at the roadside,<sup>119</sup> drawing community attention to the roadside THC testing regime. Although Tasmania is the only Australian jurisdiction which allows for a medical defence against such charges, the MP was not using prescribed medicinal cannabis at the time
- In Western Australia, a Medicinal Cannabis and Safe Driving Working Group established by the Government in 2024 is scheduled to deliver its recommendations by the end of 2025<sup>120</sup>
- In Victoria, new laws came into effect in May giving magistrates discretion to impose license restrictions on medicinal cannabis patients who test positive for THC but are not impaired.<sup>121</sup> A Victorian Government-funded clinical trial into medicinal cannabis and driving performance is ongoing<sup>122</sup>

---

<sup>114</sup> NSW Government. 2025. [Report on the 2024 New South Wales Drug Summit](#). Sydney: NSW Government.

<sup>115</sup> NSW Government. 2025. [NSW Government response: Drug Summit 2024 Co-Chair Report](#). Sydney: NSW Government.

<sup>116</sup> Ibid.

<sup>117</sup> [Road Transport Amendment \(Medicinal Cannabis-Exemptions from Offences\) Bill 2025 \(Cwth\)](#).

<sup>118</sup> Miriah Davis. 2025. ["Alex Greenwich moves to fast track medicinal cannabis driving reforms in NSW."](#) ABC News 18 November 2025.

<sup>119</sup> Mackenzie Heard. 2025. ["Tasmanian MP Craig Garland temporarily disqualified from driving over drug driving charge."](#) ABC News 13 October 2025.

<sup>120</sup> Western Australia. [Parliamentary Debates](#). Legislative Council. 12 November 2025.

<sup>121</sup> Deborah Groarke. 2025. ["Automatic licence bans for cannabis-using drivers to be dropped in Victoria."](#) SBS News 1 March 2025.

<sup>122</sup> Victorian Government. [Medicinal Cannabis and Safe Driving Closed Circuit Track Trial](#).

- In the ACT, analysis commissioned by the ACT Road Safety Fund found that the decriminalisation of cannabis has had no detrimental impact on road safety in the Territory.<sup>123</sup>

With growing community support for meaningful cannabis reforms, Australian governments will find it increasingly difficult to justify maintaining the status quo criminalisation approach to cannabis policy in the coming months and years.

---

<sup>123</sup> Arkell, Thomas. 2025. [\*The Impact of Cannabis Decriminalisation on Road Safety in the ACT\*](#). Canberra: ACT Government.