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Senator Marielle Smith

Chair, Senate Standing Committees on Community Affairs (Legislation Committee)

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Dear Senator Smith

The Australian Alcohol and other Drugs Council (AADC) welcomes the opportunity to provide a submission to the Senate Standing Committee on Community Affairs on the *Improving Access to Medicinal Cannabis Bill.* AADC supports the intent and measures taken within the Bill to enhance access to medicinal cannabis in Australia. This submission is endorsed by AADC's membership (listed below and overleaf), with the exception of the Australasian Professional Society on Alcohol and other Drugs (APSAD).

About the Australian Alcohol and other Drugs Council

AADC is the national peak body representing the alcohol and other drugs (AOD) sector. We work to advance health and public welfare through the lowest possible levels of AOD related harm by promoting effective, efficient and evidence-informed prevention, treatment and harm reduction policies, programs and research at the national level. AADC's founding members comprise each state and territory peak body for the AOD sector, other national peak bodies relating to the AOD sector, and professional bodies for those working in the AOD sector.

The current membership of AADC is:

Alcohol, Tobacco and Other Drug Association ACT (ATODA)	Alcohol, Tobacco and Other Drugs Council Tasmania (ATDC)	Association of Alcohol and Other Drug Agencies NT (AADANT)
Australasian Therapeutic Communities Association (ATCA)	Australian Injecting and Illicit Drug Users League (AIVL)	Drug and Alcohol Nurses of Australasia (DANA)
Family Drug Support (FDS)	National Indigenous Drug and Alcohol Committee (NIDAC)	Network of Alcohol and Other Drug Agencies (NADA)
Queensland Network of Alcohol and Other Drug Agencies (QNADA)	South Australian Network of Drug and Alcohol Services (SANDAS)	The Australasian Professional Society on Alcohol and other Drugs (APSAD)

Victorian Alcohol and Drug Association Inc (VAADA)	Western Australian Network of Alcohol and other Drug Agencies (WANADA)	Drug Policy Modelling Program, UNSW* **AADC associate member*

Increasing access and reducing risk

Data provided by the Therapeutic Goods Administration suggests that although rates of medicinal cannabis prescribing have increased significantly since 2021, access across Australia is inconsistent. This is illustrated by applications within the Special Access Scheme Category B (the largest application category) where there are currently more than 355,000 applications and almost 180,000 located within Queensland. By contrast, only 238 Category B applications are current in the Northern Territory.[1]

Data on the inconsistent access to medicinal cannabis across jurisdictions is reinforced by research undertaken by the University of Sydney, which finds that the current model of medicinal cannabis access is complex and the system difficult to navigate. The study finds that less than one quarter of people find accessing medicinal cannabis easy or straightforward.[2] Alongside this, as medicinal cannabis is not currently available on the Pharmaceutical Benefits Scheme (PBS), costs are prohibitive. Medicinal cannabis is typically more expensive than cannabis purchased in the illicit market, with medicinal cannabis costing up to $1000 per week for the most severe conditions and highest doses.[3]

AADC is concerned that difficulties in accessing medicinal cannabis through a prescription will continue to expose users of medicinal cannabis to illicit drug markets and the risk of arrest. Cannabis is the most commonly used illicit substance in Australia and up to 40% of recently sampled (n=888) people who use illicit cannabis report doing so to manage pain.[4] However, cannabis is also the substance most commonly related to arrest, with almost 70,000 people arrested for cannabis possession in 2019-20.[5] While most jurisdictions in Australia have some type of provisions for diversion away from the criminal justice system in cases of cannabis possession, these provisions are inconsistently applied within and between jurisdictions.[6]

AADC welcomes provisions within the *Improving Access to Medicinal Cannabis Bill* which support more equal access to medicinal cannabis across Australia and have the potential to reduce interaction with illicit drug markets and risk of arrest and penalty within the criminal justice system. AADC also supports consideration of listing medicinal cannabis on the PBS as a further means to reduce interaction with the criminal justice system and expand accessibility of medicinal cannabis.

[1] Therapeutic Goods Administration. (2023). Medicinal cannabis Special Access Scheme Category B data. Accessed 24 April 2023 at https://www.tga.gov.au/products/unapproved-therapeutic-goods/medicinal-cannabis-hub/medicinal-cannabis-access-pathways-and-patient-access-data/medicinal-cannabis-special-access-scheme-category-b-data

[2] Lintzeris, N., Mills, L., Abelev, S. V., Suraev, A., Arnold, J. C., & McGregor, I. S. (2022). Medical cannabis use in Australia: consumer experiences from the online cannabis as medicine survey 2020 (CAMS-20). Harm Reduction Journal, 19(1), 1-10.

[3] Department of Health (Victoria). (2023). *Frequently asked questions about medicinal cannabis*. Accessed 8 May 2023 at https://www.health.vic.gov.au/drugs-and-poisons/frequently-asked-questions-about-medicinal-cannabis

[4] *ibid*

[5] Australian Institute of Health and Welfare. (2022). *Alcohol, Tobacco and Other Drugs in Australia 2022 – Impacts. Supplementary Data Tables.* Accessed 24 April 2023 at https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/data-tables

[6] For further discussion on the use of diversion provisions in relation to illicit drug possession, see AADC's submission to the Joint Committee on Law Enforcement's Inquiry into Australia's Illicit Drug Problem. Available at https://aadc.org.au/wp-content/uploads/2023/01/JCLE-Illicit-Drugs-Inquiry-AADC-Submission.pdf

Concurrent reforms to laws relating to medicinal cannabis and driving impairment are required

Alongside a widening of access to medicinal cannabis is the need for commensurate reforms to driving impairment laws related to the consumption of tetrahydrocannabinol (THC), the psychoactive component of cannabis. A review of evidence undertaken on cannabis consumption and driving impairment finds that at a THC concentration similar to that available in most medical cannabis products in Australia, driving was impaired only after immediate consumption and the effects were similar to the level of impairment seen with low level blood alcohol concentration (<0.05%). There was no observable impairment four hours after consumption.[7]

However, THC can remain detectable in a person's system long after impairment has ceased. Current laws relating to driving impairment and the use of roadside drug testing are typically framed around the presence of any amount of THC as evidence of driving impairment.[8] There is no impairment threshold similar to blood alcohol concentration in Australian legislation. This places users of medicinal cannabis at increased risk of criminalisation and the range of flow on effects stemming from engagement with the criminal justice system. This factor – alongside prohibitive costs - may act as a further deterrent to people a seeking medicinal cannabis prescription, thereby preventing potential positive health outcomes.

A recent inquiry into medicinal cannabis in Western Australia further highlights the discrepancy in impaired driving laws in relation to prescription medications of all types. These are outlined in Table 1 (below), highlighting that there are no similar driving impairment laws related to stimulant, sedative or opioid-based prescription medications. This discrepancy demonstrates the current systemic discrimination in relation to medicinal cannabis users and continued stigmatisation of cannabis use, despite cannabis being legal when prescribed for therapeutic purposes.

Drug prescribed by healthcare professional	Legal to drive, provided not impaired
Opioids (for example, codeine, fentanyl, methadone, morphine, oxycodone, tramadol)	✓
Sedatives (for example, diazepam, lorazepam, oxazepam)	✓
Stimulants (dexamphetamine, methylphenidate)	✓
Over the counter medication such as antihistamines, sudafed, cold and flu tablets	✓
Medicinal cannabis containing THC	✗

Table 1: Comparison of laws relating to prescription medications and driving impairment in Western Australia.[9]

Countries such Canada and jurisdictions within the United States of America have undertaken law reform to more accurately define a threshold of driving impairment related to THC consumption. AADC recommends that similar reform be undertaken in Australia. AADC recognises that laws related to driving impairment are largely an issue for state and territory governments and as such, recommends that reform be initiated and undertaken through the establishment of an AOD sector-

[7] Arkell, T. R., McCartney, D., & McGregor, I. S. (2021). "Medical cannabis and driving", *Australian journal of general practice*, 50(6), 357-362.

[8] Legislative Council Legal and Social Issues Committee. (2021). *Inquiry into the use of cannabis*. Melbourne: Parliament of Victoria.

[9] Walker, B. (2023). *Select Committee Inquiry into Cannabis and Hemp: Medicinal cannabis and industrial hemp in WA*. Perth, WA: Parliament of Western Australia.

inclusive national governance structure under the auspices of the National Drug Strategy 2017-2026. The establishment of a national governance framework would help ensure consistency of laws across Australia in this and other key areas of policy, in line with National Drug Strategy priorities.

Thank you for the opportunity to provide comment on the *Improving Access to Medicinal Cannabis Bill.* If you require any further information, please do not hesitate to contact me directly on or via email at .

Yours sincerely

Melanie Walker

CEO, Australian Alcohol and other Drugs Council