SELECT COMMITTEE INTO CANNABIS AND HEMP

Submission from the National Drug Research Institute, Curtin University (NDRI) to Legislative Council of the Parliament of Western Australia

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SUBMISSION FOCUS

We thank the Committee Chair, The Hon Brian Walker for his personal invitation to NDRI's Director Prof Simon Lenton to make a submission.

As Dr Walker is aware, NDRI, and Lenton in particular, have a 28 year history of conducting research bearing on cannabis policy reform, particularly that related to non-medical or 'recreational' cannabis use.

Noting that the TOR of this Inquiry does not include recreational cannabis for more information on this work the Select Committee is directed towards:

(1) Our website ndri.curtin.edu.au;

(2) The recent book *Legalizing Cannabis: Experiences, Lessons and Scenarios* (2020), Routledge, London, edited by Tom Decorte, Simon Lenton and Chris Wilkins. This book brings together a global all-star-cast of drug policy researchers to provide insights to the past, present and future of cannabis legalisation [1]; and

(3) Our recent analysis from a national group, led by NDRI, that estimated that the cost of cannabis use to Australian society in 2015/16 was $4.5 billion [2]. (See Infographic summary at the end of this submission).

However, given that the focus of the Select Committee's work is on hemp and availability of medicinal cannabis we have only made a comparatively brief submission largely limited to drawing on our own research that, to some extent, bears on the topic of medicinal cannabis and specifically on The Inquiry's Terms of reference point 2(b):

> "medicinal cannabis, its prescription, availability and affordability;"

We trust that this will be of some use to your Select Committee and note that, should you decide to hold hearings at a later date, **Prof Lenton, or other NDRI Researchers, would be open to appearing and providing further evidence in person if so invited**.

ABOUT NDRI

The National Drug Research Institute's (NDRI) mission is to conduct and disseminate high quality research that supports evidence informed policy, strategies and practice to prevent and minimise alcohol and other drug-related health, social and economic harms among individuals, families and communities in Australia. Since its inception in 1986, the Institute has grown to employ about 25 research staff, making it one of the largest centres of drug research and public health expertise in Australia. NDRI Researchers have completed more than 500 research projects, resulting in a range of positive outcomes for policy, practice and the community. For example, NDRI research has significantly informed and contributed to policy and evidence-based practice such as the National Amphetamine-Type Stimulants (ATS) Strategy, the National Drug Strategy and the National Alcohol Strategy; contributed to Australia's involvement in international strategies, such as WHO Global and

Regional Strategy to Reduce Harmful Use of Alcohol; directly contributed to Australian and State government alcohol and illicit drug policy, including cannabis policy and naloxone availability; significantly contributed to international evidence-based school interventions; influenced NHMRC guidelines to reduce alcohol health risks; and been cited in development of policy documents for Aboriginal Australians. The Institute's work was described as *"research considered truly internationally competitive and making a major contribution to the advancement of knowledge"* in the Research Quality Framework.

NDRI Research pertaining to medicinal cannabis

The most relevant research which we have conducted bearing on medicinal cannabis has been the Australian data from our large online survey study of small-scale cannabis cultivators. The first phase of this study conducted in 2012-13 reached 6530 growers in 11 countries including Australia [3] with 2 more countries added in 2016-17 [4]. As part of this work, the survey included a module specifically on growing for medical purposes which were included in the surveys in Australia, Belgium, Denmark, Finland, Germany and the UK (N = 5313, of which 2346 were 'growing for medical reasons'). This data was subsequently the focus of two papers focussing on the medicinal cannabis issue [5, 6]. It must be noted that as our samples were not selected at random, but were self-selected in response to a wide diversity of recruitment methods, we are unable to say that they are representative of all cannabis growers, or all who grow for medical purposes. Nonetheless truly random methods rarely access hard-to-reach populations such as these [7] and we did reach a significant number of largely illegal small-scale cannabis growers and those doing so for medical reasons.

Preliminary data from the most recent of these surveys, conducted in 2020-21 indicates that the number of Australian Cannabis growers who identified 'providing themselves with cannabis for medical reasons' as a reason that they grow cannabis increased from 54% in 2012-13, to 74% in 2020-21 [8]. This suggests, not only that medicinal cannabis is an increasingly significant reason that Australians grow cannabis, but also that 'home-growing', for want of a better term, ought to be considered in any deliberations on medicinal cannabis in Australia, as it is elsewhere. For example as of February 2021, of the 50 US states, there were eight that allowed home cultivation for medicinal use (only), four that allowed home cultivation but did not distinguish between medicinal and non-medicinal use, and five states that allowed home cultivation for both, but had higher plant limits for cannabis grown for medicinal over recreational purposes [9].

So, in 2012-13, some 5yrs before the introduction of a Federally legislated medical cannabis regime in Australia [10, 11], we found that 54% of our 491 Australian growers identified, from a list of potential reasons, that they were growing to 'provide cannabis as medicine to myself' and 20% gave a reason as growing in order to 'provide cannabis as medicine to somebody else'. From here on we refer to these respondents as 'medicinal cannabis growers'. The mean age of the Australian medicinal cannabis growers in the sample was 39yrs (median 38yrs) and they ranged from 18 to 71 years of age, with almost 9 in 10 respondents being males [5]. Many of these medicinal cannabis growers also stated that they grew for a range of other reasons including, but not limited to 'provid(ing) me with cannabis for personal use'; 'I get pleasure from growing cannabis', 'to avoid contact with criminals'; 'the cannabis I grow is healthier than the cannabis I can buy'; and 'it's cheaper than buying cannabis'[5]. Further analysis of data from this study indicates that one third (33%) of the Australian medical cannabis growers in the sample were also growing for non-medical (recreational) use, while two-thirds (67%) were only growing for medical use [6].

Medical growers in our sample reported cultivating cannabis for wide variety of illnesses, injuries and conditions. Most frequent among these were: Depression and other mood disorders (47%); Anxiety and panic disorders(45%); Chronic pain (32%); Arthritis (31%); Migraines and headaches (24%) [5]. This range of illnesses reflected commonly occurring physical and mental health problems and was far beyond the limited range of serious but relatively rare conditions (Spasticity from neurological conditions such as Multiple Sclerosis, intractable seizure disorders in children, AIDS-related wasting, chemotherapy-induced nausea and vomiting, anorexia and wasting associated with chronic illness (such as cancer), Cancer pain etc.) which were later listed by government as eligible for medicinal cannabis treatment [12]. These listed conditions were based on the available efficacy evidence at the time, although the TGA guidelines noted that access to medicinal cannabis was not limited to these conditions [12].

Interestingly our 2012-13 grower survey results were not that dissimilar to a more recent survey (2018-19) of Australian medicinal cannabis users, of whom only 2.4% were accessing their cannabis via official channels prescribed by a doctor [13]. This study found, like our own, that medical cannabis was used to treat a wide variety of conditions including, among others: Pain (62%) including back pain (34%) and arthritis (19%), among others; Mental Health (45%) including anxiety (33%), and depression (28%), among others; and Sleep Problems (49%).

The relative cost of medical cannabis

The real or perceived cost of medicinal cannabis through official sources was identified as a barrier to accessing licit medicinal cannabis by 21% of respondents to the 2018-19 survey who were accessing their cannabis from the illegal market [13]. However, the authors commented that many of these people had not tried to access it through the legal route so it was unclear at the time if this was a perception, or based on experience. As the Committee will be aware, getting a handle on the true cost of medical cannabis to patients, based on their self-report, is not straightforward and is complicated by the cost per product vs the cost per ml of active ingredient (THC, CBD, etc.) [14]. Nevertheless, there is general belief that the cost of legal medicinal cannabis is high, not least because much of the product is imported, but also because of Australian regulatory and compliance costs, and claims of profiteering by some industry players [14]. Furthermore medicinal cannabis products are not covered by the Pharmaceutical Benefits Scheme and although it is claimed that between 70% and 80% of private health funds cover some form of medicinal cannabis products [15] getting straight answers from insurer's policy sales representatives and claim managers is challenging, however, a useful summary table has been provided [15].

According to the *Australian Medicinal Cannabis Market – Patient, Product and Pricing Analysis* produced by FreshLeaf [16], a data provider for the Australian Cannabis Industry, the average patient spend by registered medical cannabis patients in Australia in Quarter 3 2021 was $278 per month and the average daily dose was 112mg of cannabinoid. Interestingly too, according to this source, 40% of Special Access Scheme approvals were for herbal cannabis (i.e cannabis flower or 'heads'),rather than oils and other medicines containing extracts of cannabis [16]. For the Select Committee's benefit, the price of cannabis in the Perth illicit drug market during the first half of 2021 based on our regular surveys of drug users was approximately $350 per ounce, $25 per gram of herbal cannabis heads [17, 18].

Main points

- An increasing proportion of small-time (largely illicit) cannabis growers in Australia say they grow for medicinal reasons;
- The range of medical conditions for which growers and users say they use medicinal cannabis is large and greater than the relatively limited range of conditions for which there is current evidence for efficacy;
- Evidence suggests that the cost of legal medicinal cannabis in Australia may be a barrier to access for some who could benefit from this treatment;
- Industry data from the Australian medicinal cannabis suppliers in Q3 2021 indicates that the average monthly spend by medicinal cannabis users accessing the legal market is $278 and that herbal flower cannabis (heads) is an increasing proportion of the market;
- Medicinal cannabis products are not covered under the PBS and it seems that accessing cover under private health insurers is not straightforward;
- Internationally, a number of other jurisdictions allow medical cannabis users to legally grow their own cannabis as a source of supply.

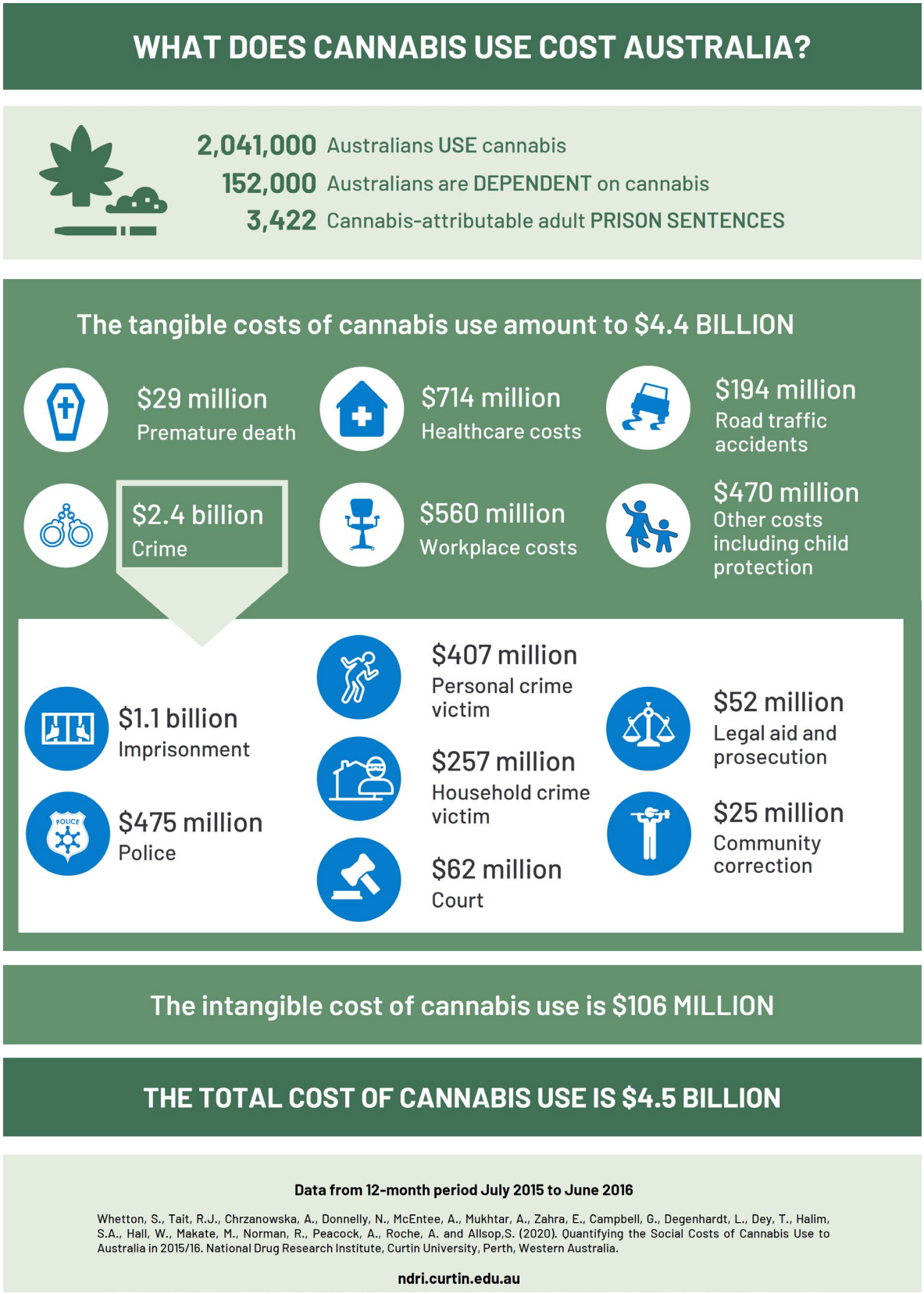

Figure 1. Summary of the social costs of cannabis

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