Emerging topic: Medicinal cannabis

Quick facts

6.8% of people who used cannabis only used it for medical purposes.

About 1 in 2 people who used cannabis for medical purposes had chronic pain.

3.9% of those who used cannabis for medical purposes obtained it by prescription.

People who did not use cannabis for medical purposes were twice as likely to use another illicit drug than a person who only used cannabis for medical purposes.

Older people were more likely than younger people to use cannabis only for medical purposes.

There has been increasing interest over the last few years in the use of cannabis for medical purposes. The main psychoactive component of the cannabis plant is delta-9-tetrahydrocannabinol (THC). The highest concentration of THC is in the flowering tops and leaves of the plant. Other than THC, cannabis has more than 70 unique chemicals that are collectively referred to as cannabinoids (ACIC 2018). The potential benefits of cannabinoids for symptom relief in cancer patients have been subject to a number of government reviews and public debate in recent years. Governments at Commonwealth, state and territory levels have made legislative and policy changes to progress access to the use of cannabis in the treatment of various medical conditions (Cancer Council 2020).

Previous surveys (until 2016) measured the public's support for the use of cannabis as a medicine and the greater majority were in favour of it. In the 2016 NDSHS, 87% of those surveyed supported 'a clinical trial for people to use marijuana to treat medical conditions' and 85% supported a permanent legislative provision in the form of a 'change in legislation permitting the use of marijuana for medical purposes'.
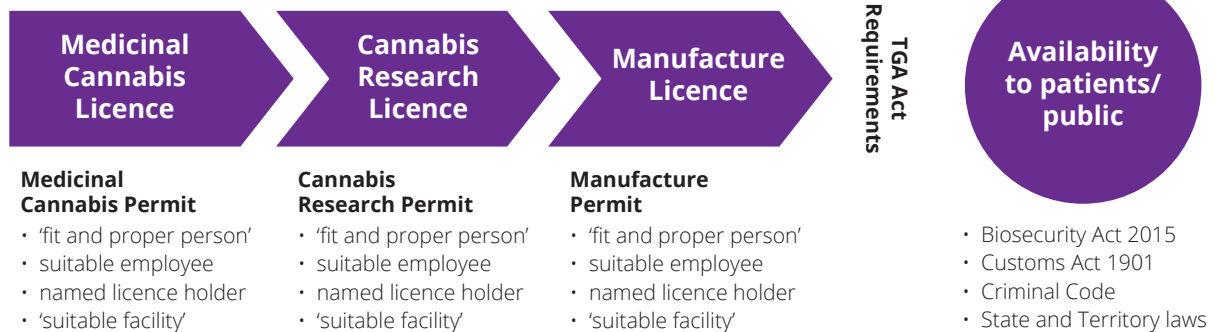
What is the current law in Australia?

Before 2016, Australian law generally considered cannabis an illegal narcotic. However, in February 2016, the *Narcotics Drug Act 1967* was amended (see Box 6.1 for the current legislative overview of medicinal cannabis) and medicinal cannabis products are available for specific patient groups under strict medical supervision.

Box 6.1: Australian legislative overview of medicinal cannabis

The *Narcotic Drugs Amendment Act 2016* established a national licensing and permit scheme for the cultivation, production and manufacture of cannabis for medicinal and scientific research purposes. There are other existing commonwealth, state and territory laws that contribute to the regulatory landscape dealing with cannabis which goes beyond the medicinal cannabis scheme.

ND Act and regulations – Medicinal Cannabis Scheme

Medicinal Cannabis Licence	Cannabis Research Licence	Manufacture Licence	TGA Act Requirements	Availability to patients/ public
Medicinal Cannabis Permit	**Cannabis Research Permit**	**Manufacture Permit**		
• 'fit and proper person'	• 'fit and proper person'	• 'fit and proper person'		• Biosecurity Act 2015
• suitable employee	• suitable employee	• suitable employee		• Customs Act 1901
• named licence holder	• named licence holder	• named licence holder		• Criminal Code
• 'suitable facility'	• 'suitable facility'	• 'suitable facility'		• State and Territory laws

Source: Young 2020.

How was use of medicinal cannabis collected in the survey?

In the 2019 survey, 2 new questions were included regarding medical use of cannabis:

- Have you used Marijuana/Cannabis for medical purposes in the last 12 months?
- Was the medical Marijuana/Cannabis prescribed by a doctor?

If a person indicated that they used cannabis only for medical purposes and always had it prescribed by a doctor, then they were removed from recent use of cannabis results as the NDSHS focuses on illicit use. This chapter focuses on people who reported that their cannabis was used only for medical purposes and those who sometimes used it for medical purposes and sometimes for other reasons, regardless of whether they said a doctor prescribed it.

How many people use cannabis and how many use it for medical purposes?

In 2019, 11.7% of people (or about 2.5 million Australians) aged 14 and over had used cannabis in the previous 12 months, including use for medical purposes that was prescribed by a doctor (tables 6.1 and 6.2). Of people who used cannabis in the previous 12 months, 6.8% said they used it only for medical purposes and 16.3% said they sometimes used it for medical purposes and sometimes for other reasons (Table 6.1). This equates to 2.7% in the total Australian population (or about 600,000 people) using cannabis for medical purposes, either always or sometimes (tables 6.1 and 6.2).

However, when asked if their medical cannabis was prescribed by a doctor, only 3.9% of those who said they used cannabis for medical purposes obtained it by prescription—1.8% always had it prescribed and 2.1% sometimes had it prescribed (Figure 6.1).

Figure 6.1: Proportion using cannabis for medical purposes and proportion that had it prescribed by a doctor, 2019 (per cent)
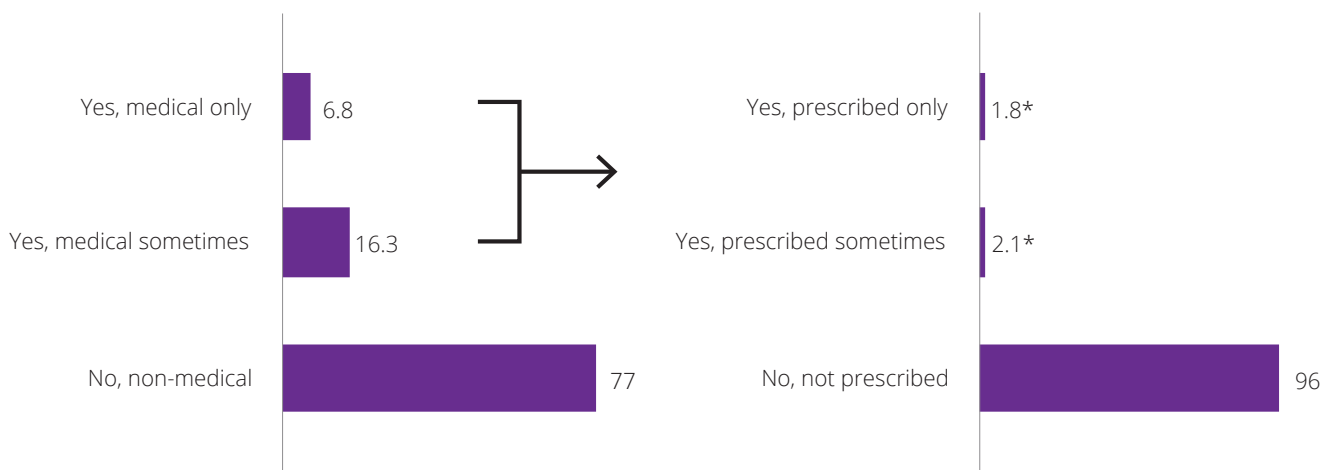
*Estimate has a relative standard error of 25% to 50% and should be used with caution.
Source: tables 6.1 and 6.3.

Due to the small number of people whose medicinal cannabis was prescribed by a doctor, the remaining discussion in this chapter focuses on people who said they used cannabis for medical purposes even though cannabis might not have been prescribed.

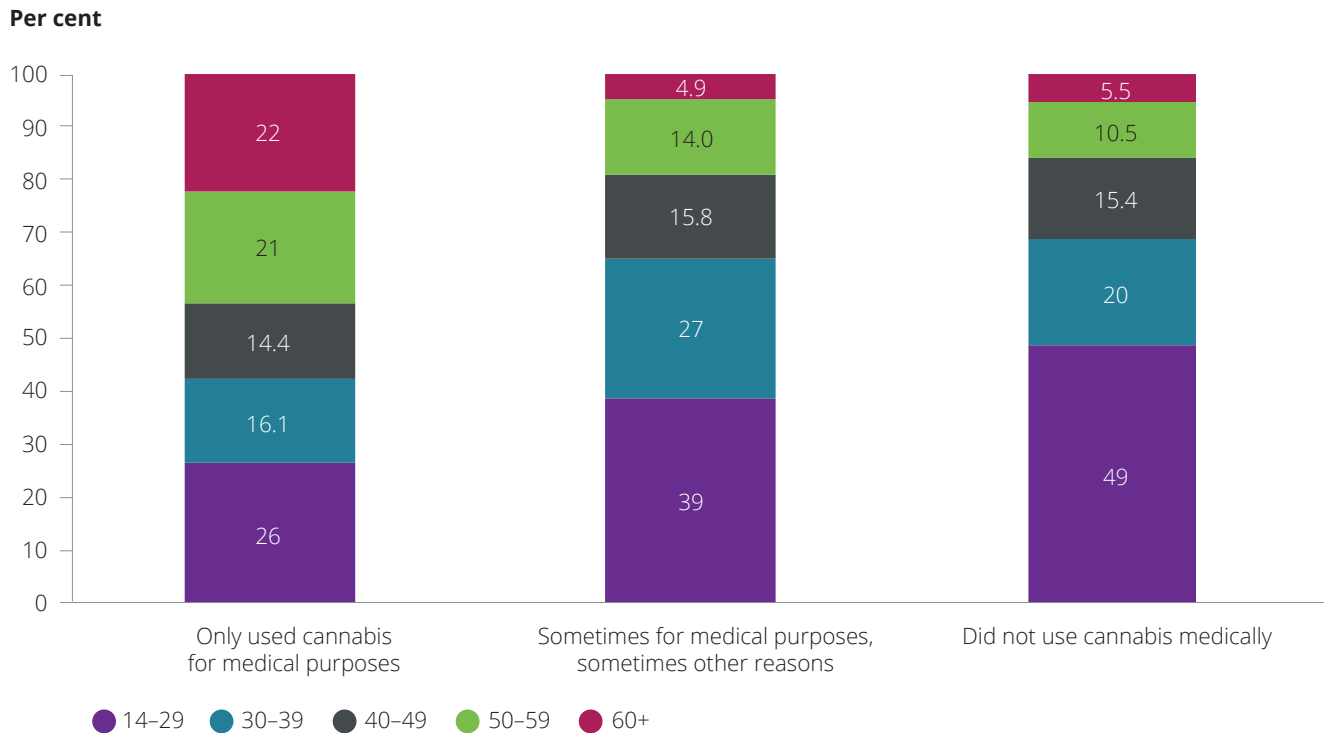## Who is most likely to use cannabis for medical purposes?

Older people, particularly those aged 60 and over, were most likely to use cannabis only for medicinal purposes, while people in their 20s were least likely to use it for medicinal purposes (Table 6.4).

Of people who used cannabis medically only, 43% were aged 50 and over (Figure 6.2). By comparison, among those who did not use cannabis for medical purposes (non-medically or illicitly), only 16% were aged 50 and over and 49% were aged 14–29.

People who used cannabis for medical purposes, either always or sometimes, were more likely than those who did not use cannabis for medical purposes to live in the lowest socioeconomic areas (29% compared with 20%) and *Inner regional* areas (22% compared with 17.0%) (Table 6.6).

Figure 6.2: Age distribution of people who used cannabis, by medical use status, 2019 (per cent)

Per cent

| | 14–29 | 30–39 | 40–49 | 50–59 | 60+ |

Legend: ● 14–29 ● 30–39 ● 40–49 ● 50–59 ● 60+

Categories: Only used cannabis for medical purposes; Sometimes for medical purposes, sometimes other reasons; Did not use cannabis medically

Source: Table 6.5.

People who used cannabis medicinally were more likely to have a health condition

Compared with people who used cannabis for non-medical purposes, people who used cannabis only for medical purposes were far more likely to have:

- chronic pain (7.7 times as likely)
- a mental illness (2.4 times as likely)
- very high levels of psychological distress (2.8 times as likely)
- hypertension (3.2 times as likely)
- poor or fair health (3.2 times as likely) (Table 6.7).

CHRONIC PAIN	MENTAL ILLNESS	PSYCHOLOGICAL DISTRESS	HYPERTENSION	POOR OR FAIR HEALTH
53% compared with 6.9%	**53%** compared with 22%	**27%** compared with 9.7%	**20%** compared with 7.9%	**33%** compared with 10.4%

However, these results should be interpreted with caution and are likely to be influenced by age. As noted in the previous section, people who used cannabis for medical purposes are more likely to be older than those who used for non-medical purposes.

Frequency of use also varied among people who used cannabis for medical and non-medical purposes, with people using for medical purposes much more likely to use it every day or weekly than those who used for non-medical purposes (Table 6.8).
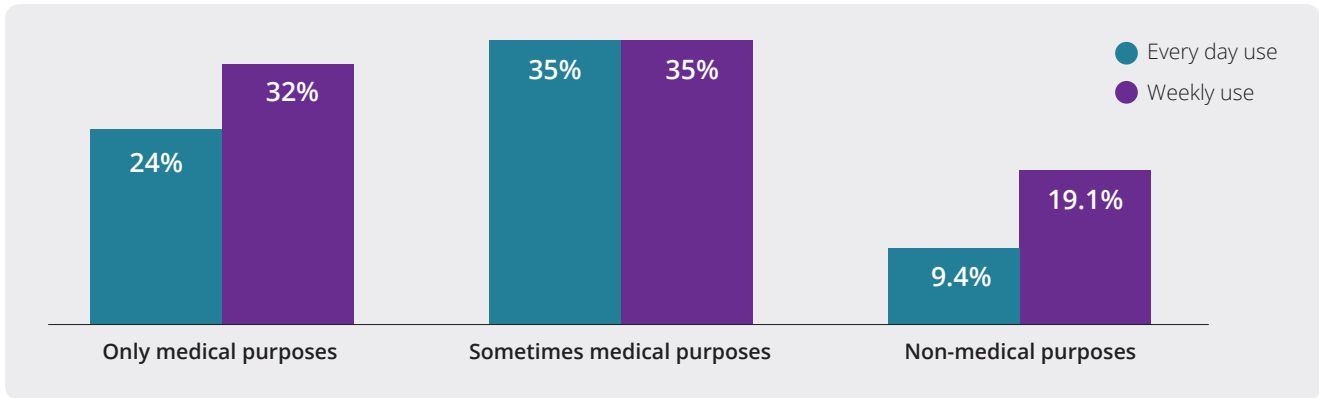

What forms of cannabis are most often used?

Not only did people who used cannabis for medical purposes differ in their demographics and health conditions, they also used different forms of cannabis. Cannabis comes in 3 main forms:

- herbal cannabis (also referred to as marijuana)—the dried leaves and flowers of the cannabis plant (the weakest form)
- cannabis resin (hashish)—the dried resin from the cannabis plant
- cannabis oil (hashish oil)—the oil extracted from the resin (the strongest form) (ACIC 2019; NSW Ministry of Health 2017).

Compared with people who used cannabis for non-medical purposes, people who used cannabis only for medical purposes were more likely to use cannabis oil (23% compared with 4.5%) and less likely to use leaf (27% compared with 51%) (Table 6.9).

Use of other drugs varied by status of medicinal cannabis use

People who used cannabis for non-medical purposes and people who sometimes used cannabis for medical purposes were twice as likely to have used another illicit substance as those who used it only for medical purposes.
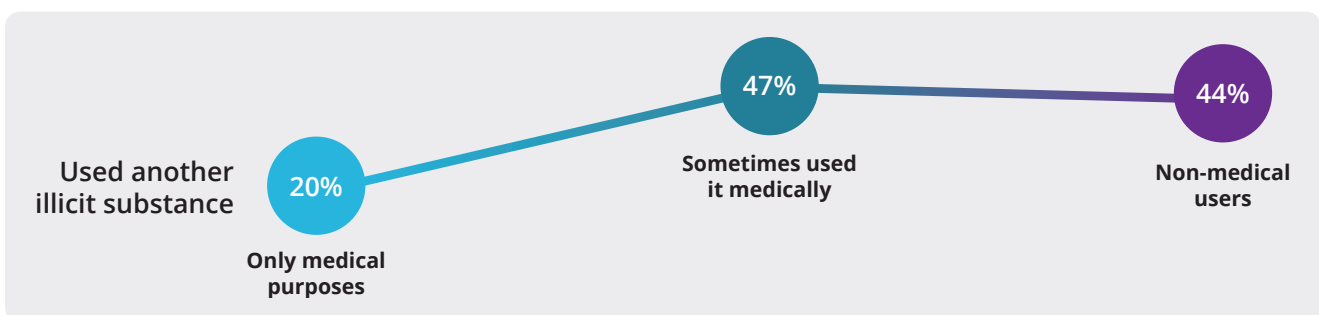
People who use cannabis are far more likely to smoke tobacco than the general population (43% compared with 14%), and smoking tobacco was highest among people who used cannabis for medical purposes. Half (51%) of those who only used cannabis for medical purposes and 57% of those who used it sometimes for medical purposes smoked tobacco, compared with 39% of people who used it for non-medical purposes (Table 6.10).

Where do people who used medicinal cannabis get it from?

People who used cannabis for medical purposes (either always or sometimes), usually obtained it from a friend (51%), but 22% purchased it from a dealer; 7.3% grew it themselves and 2.2% had a prescription for a medical condition (this last result should be interpreted with caution due to high sampling error) (Table 6.11).

What are people's attitudes towards cannabis?

People who use drugs are more likely to support legalisation and less likely to support negative consequences for supplying or using drugs. This was no different among people who used cannabis for medical purposes and was in fact often higher among people who used cannabis for medicinal purposes, particularly those who sometimes used cannabis for medical purposes (Figure 6.3).

Figure 6.3: Attitudes towards cannabis use, by medicinal cannabis status, people aged 14 and over, 2019 (per cent)
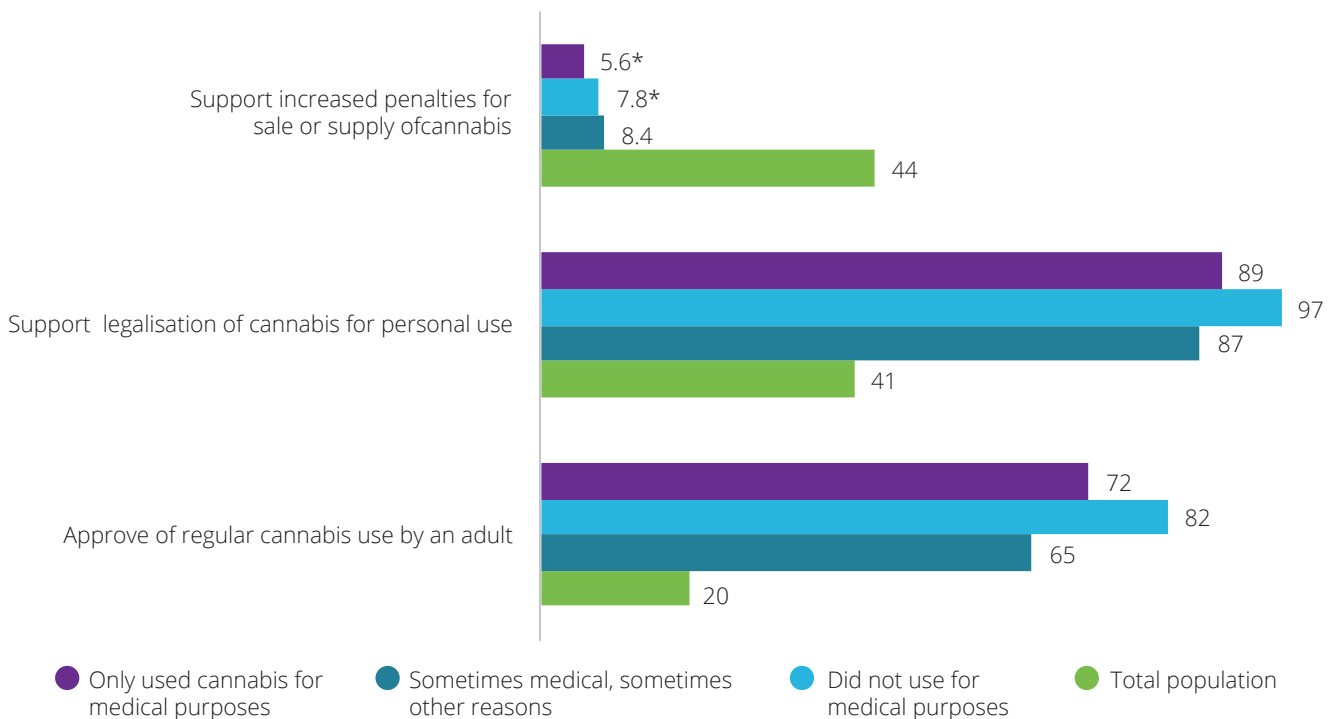
*Estimate has a relative standard error of 25% to 50% and should be used with caution.
Source: Table 6.12.

For references and terminology used in this chapter please see the main report or refer to the technical information for more information on the sample, the methodology, response rate and limitations of the survey results.