ACT Government
Health

Appendix A: Detailed analysis of secondary data

Appendix to the Review of the operation of the *Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019*

August 2024

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Appendix A: Detailed analysis of secondary data

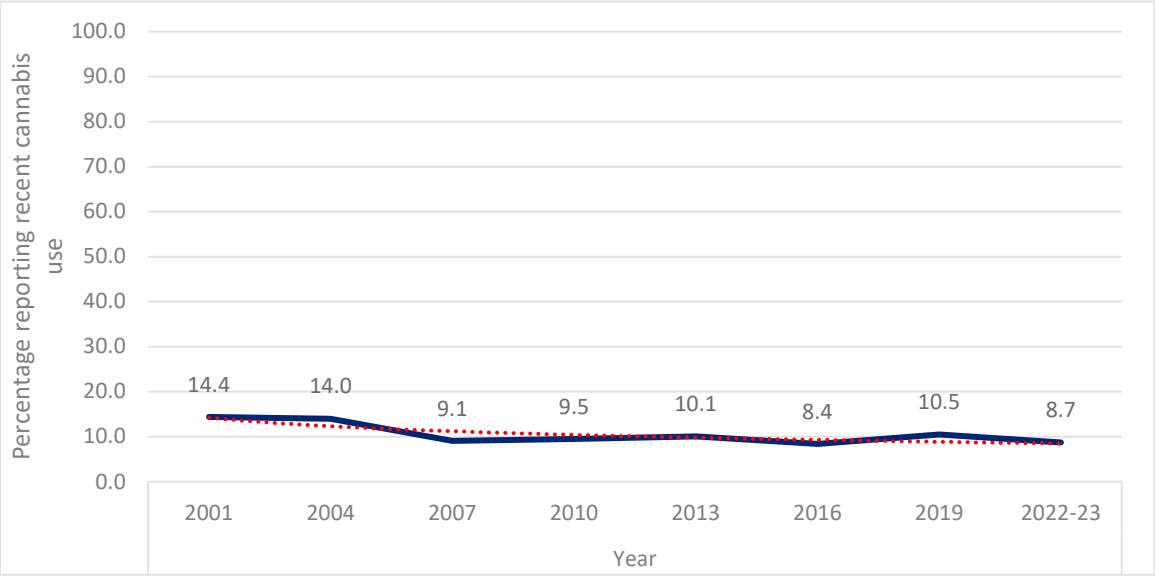
This document is an Appendix to the report on the Review of the operation of the *Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019* (Cannabis Act) and should be read in conjunction with that report. This document provides the detailed analysis of secondary data that are summarised in that report.

Cannabis use

National Drug Strategy Household Survey

According to the National Drug Strategy Household Survey[1], use of cannabis in the previous 12 months in the ACT has remained relatively stable in the last 15 years, including since the commencement of the Cannabis Act. In 2022–23, 8.7 per cent of people reported using cannabis in the previous 12 months, which is consistent with the rates of recent use since 2007 which have ranged between 8.4 per cent and 10.5 per cent (see Figure 1).

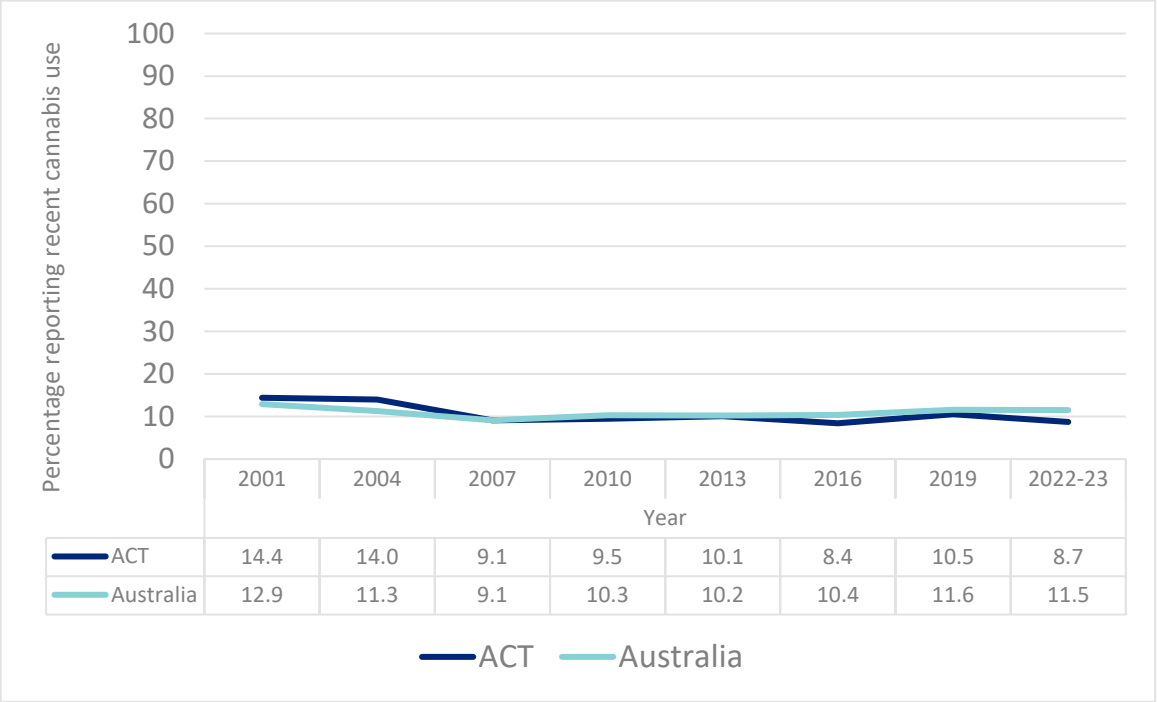
Figure 1: Percentage of people aged 14 years and older reporting recent (previous 12 months) cannabis use in the ACT (blue) and trend over time (red), 2001 to 2022–23



Note: Figure produced by ACT Health from data from the AIHW National Drug Strategy Household Survey. Note that these data are for people aged 14 years and older but the Cannabis Act reforms apply only to people over 18 years of age.

People in the ACT were slightly less likely to have used cannabis in the previous 12 months than the rest of Australia since 2010 (see Figure 2, in 2022–23, 8.7 per cent in ACT compared with 11.5 per cent in Australia). In 2022-23 people in the ACT reported the lowest rate nationwide of proportion of the population using cannabis in the last 12 months.[2]

Figure 2: Percentage of people aged 14 years and older reporting recent (previous 12 months) cannabis use, ACT and Australia, 2001 to 2022–23



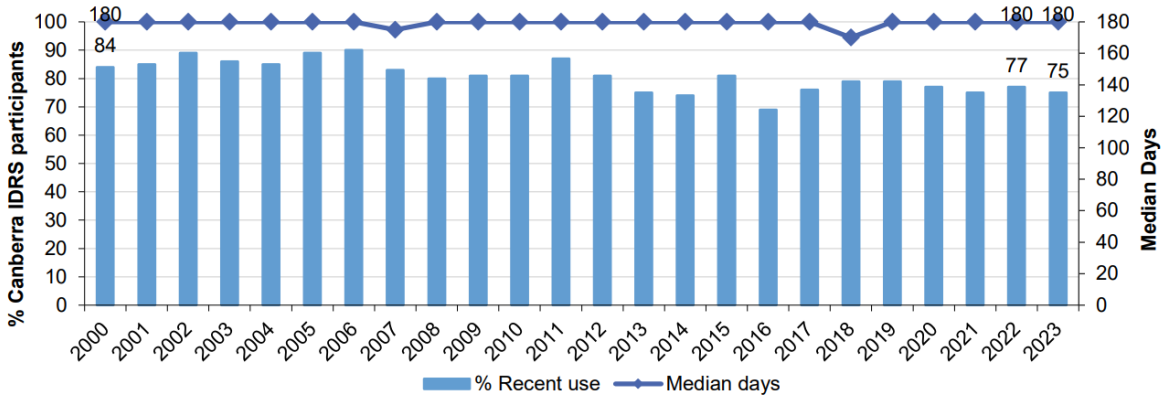
Note: Figure produced by ACT Health from data from the AIHW National Drug Strategy Household Survey. Note that these data are for people aged 14 years and older but the Cannabis Act reforms apply only to people over 18 years of age.

Illicit Drug Reporting System (IDRS) and Ecstasy and Related Drugs Reporting System (EDRS)

The Illicit Drug Reporting System (IDRS) and Ecstasy and Related Drugs Reporting System (EDRS) involve annual interviews with participants in the ACT, conducted by the National Drug and Alcohol Research Centre in the University of New South Wales. The IDRS comprises a sentinel sample of people aged 18 years and over who inject drugs, and the EDRS comprises a sentinel sample of people who regularly use ecstasy and/or other illicit stimulants. The results are not representative of all people who use drugs in the ACT but provide in-depth information from targeted local samples.

ACT IDRS participants were asked about their recent (past six month) use of various forms of cannabis and cannabinoid-related products for both prescribed and non-prescribed use. The data in Figure 3 indicate that the percentage of IDRS participants who reported recent use of non-prescribed cannabis has seen a gradual decline since 2000 but has been relatively stable since the commencement of the Cannabis Act in 2020, sitting at some of the lowest levels recorded by the IDRS in the ACT (between 75 per cent and 77 per cent of participants between 2020 and 2023 according to accompanying data tables).[3] The median frequency of use in the past six months has remained stable at 180 days – i.e. daily use.

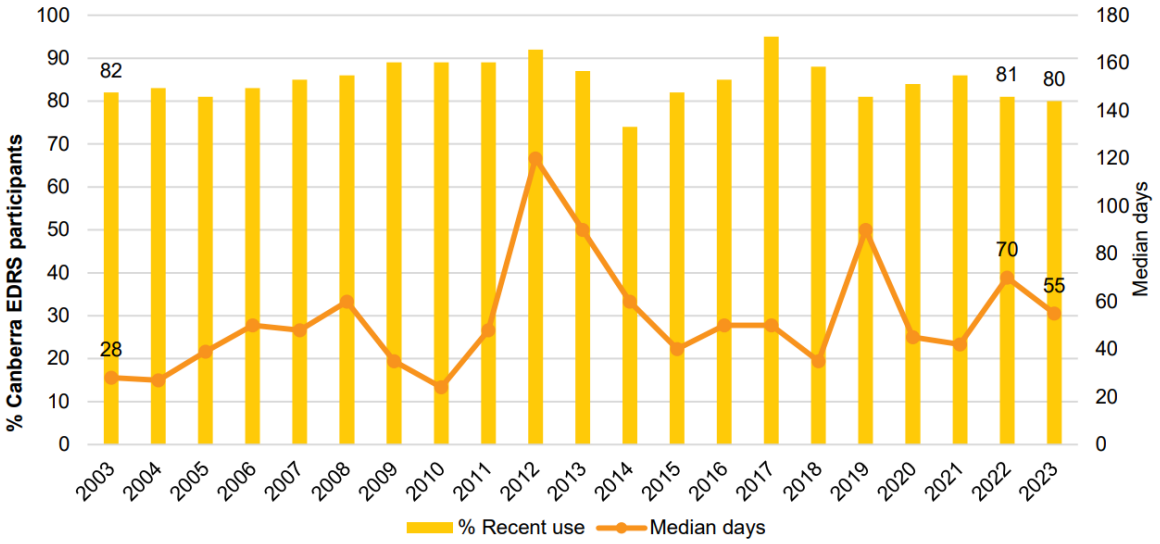
Figure 3: Past six month use and frequency of use of non-prescribed cannabis and/or cannabinoid-related products, Canberra, ACT, 2000–2023[i] [4]



Note: Figure reproduced from 2023 IDRS report, page 29, copyright National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

According to Figure 4, among ACT EDRS participants, the rates of recent (past six month) use of non-prescribed cannabis and/or cannabinoid-related products, has remained relatively stable over recent years with no clear increasing or decreasing trend since the commencement of the Cannabis Act.[5] The frequency of recent cannabis use in the EDRS sample has fluctuated significantly over time between weekly and several times a week, likely due to the small sample size reporting against these measures, so limited conclusions can be drawn from this data on any changes since 2020.

Figure 4: Past six month use and frequency of use of non-prescribed cannabis and/or cannabinoid-related products, Canberra, ACT, 2003–2023[6]



Note: Figure reproduced from 2023 EDRS report, page 39, copyright National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

[i] The 2023 ACT IDRS report notes: "data from 2021–2023, and between 2000–2016, refers to non-prescribed cannabis use only, while data from 2017–2020 refers to 'any' cannabis use (including hydroponic and bush cannabis, hash and hash oil). While comparison between 2021–2023 and previous years should be treated with caution, the relatively recent legalisation of medicinal cannabis in Australia and the small percentage reporting prescribed use in 2023 lends confidence that estimates are relatively comparable" (p.28). These caveats also apply to the EDRS data from these periods.

The IDRS and EDRS differentiate between indoor-cultivated 'hydroponic' cannabis and outdoor-cultivated 'bush' cannabis. While outdoor cultivation was decriminalised under the Cannabis Act reforms, penalties remain for hydroponic or indoor cultivation of cannabis using artificial lights. Looking back over IDRS and EDRS reports between 2017 and 2023, the IDRS data regarding the forms of cannabis used are variable and do not indicate any particular trend in people using more or less bush cannabis since 2020. The EDRS data may indicate an increase in bush cannabis use and a decrease in hydroponic cannabis use after 2020. However, these data were not reported in years prior to 2018 so a clear trend cannot be established.

Reports on the impacts of COVID-19 and associated restrictions on drug use in the IDRS and EDRS were published based on figures from between April and June 2020 (EDRS) and June to August 2020 (IDRS). This time period captured the impact of early pandemic restrictions including closure of non-essential services, home isolation and quarantine measures, and transition to remote work for many workplaces beginning in March 2020, but was prior to the most significant restrictions in the ACT and lockdown which began in August 2021.

The EDRS report indicated that EDRS participants had changed their drug use patterns, with the most common change being from reporting ecstasy/MDMA as the main drug used in the past month to cannabis.[7] Reasons for decreasing use included few opportunities to be with people or go out and reasons increasing use included being "more bored" and having "more time". Over 45 per cent of EDRS participants reported using more cannabis, a higher percentage of participants than for any other drug. This may have been in part due to the relative ease of accessing cannabis during this time compared to other illicit drugs, which were reported as being more difficult to obtain during this period.

60 per cent of IDRS participants reported no change in their cannabis use, while 25 per cent reported using more.[8] The price of cannabis was reported to have remained largely stable, compared to an increase in the price of crystal methamphetamine and heroin, with an increase in price and reduced availability of those drugs being a factor in many using them less during this period.

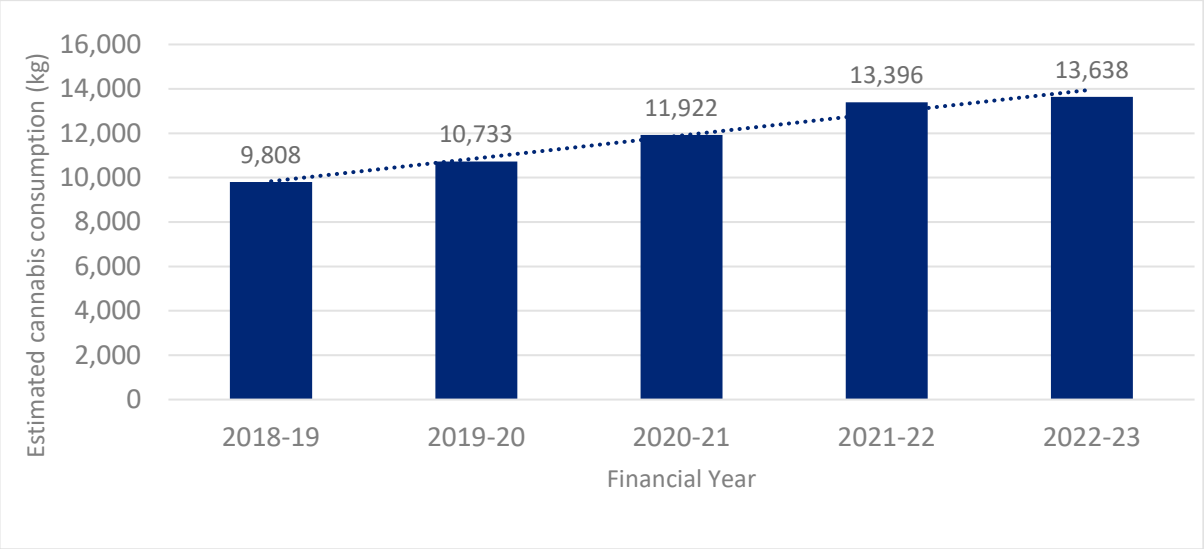
These data reflect the impacts that the COVID-19 pandemic and associated restrictions had on cannabis use, largely reflecting no significant change in the numbers of people using cannabis but an increase in use amongst people who already used cannabis.

Wastewater

The Australian Criminal Intelligence Commission National Wastewater Drug Monitoring Program reports on estimated cannabis consumption across Australia based on wastewater testing.

Figure 5 shows the estimated consumption of cannabis across Australia in kilograms, by financial year, since wastewater testing began in 2018-19 through to 2022-23. There has been an increase in THC-metabolite detection in wastewater in the ACT and this has been paralleled by a national increase in estimated cannabis consumption of 39% between 2018-19 and 2022-23 (see Figure 5). During this period the Australian population only grew by 6.6%.

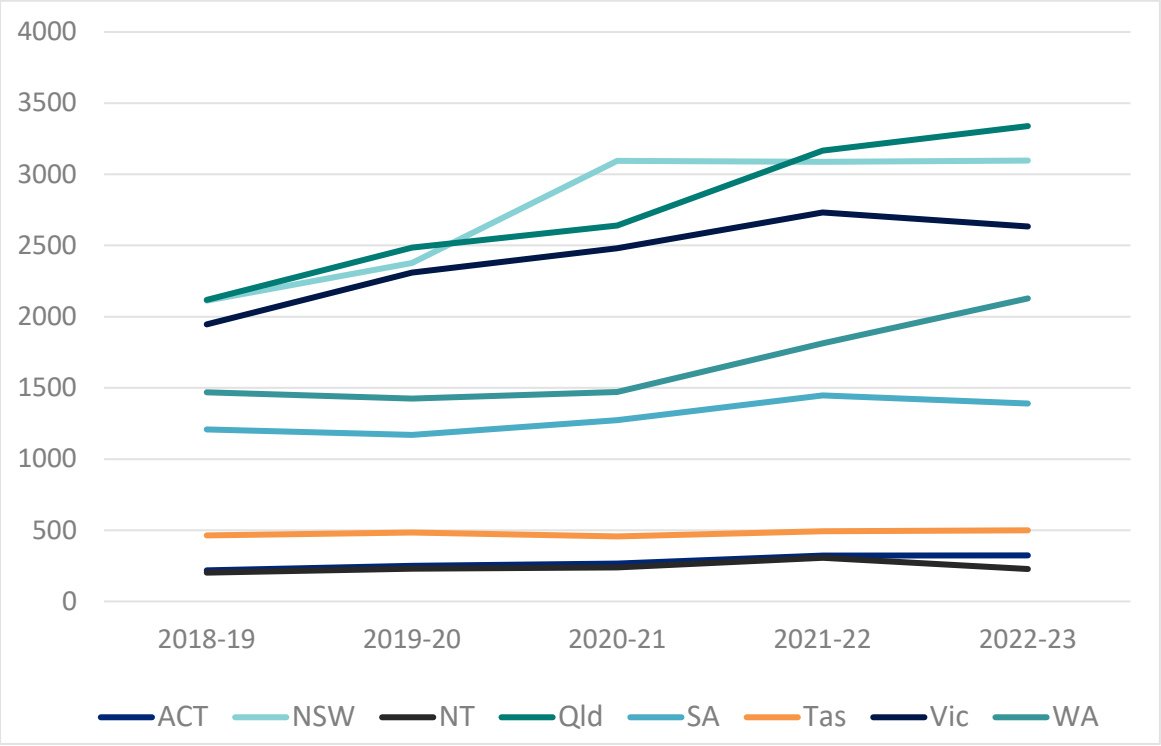
Figure 5: Estimated annual cannabis (THC) consumption, as total weight consumed nationally (in kg), from wastewater testing, by financial year (2018-19 to 2022-23)[9]



Note: Source - Australian Criminal Intelligence Commission - National Wastewater Drug Monitoring Program: Report 21. Graph created using data from Table 1 page 14. These data were not reported on the most recent report (Report 22).

Figure 6 shows how this estimated total consumption was distributed across states and territories between 2018-19 and 2022-23. It should be noted that higher total consumption levels in larger states and territories reflect their larger population sizes. Figure 6 shows that while total cannabis consumption increased in the ACT between 2018-19 and 2019-20 it also increased in several other jurisdictions.

Figure 6: State and Territory trends in estimated cannabis consumption (THC) in tonnes from wastewater testing, by financial year (2018-19 to 2022-23)[10]

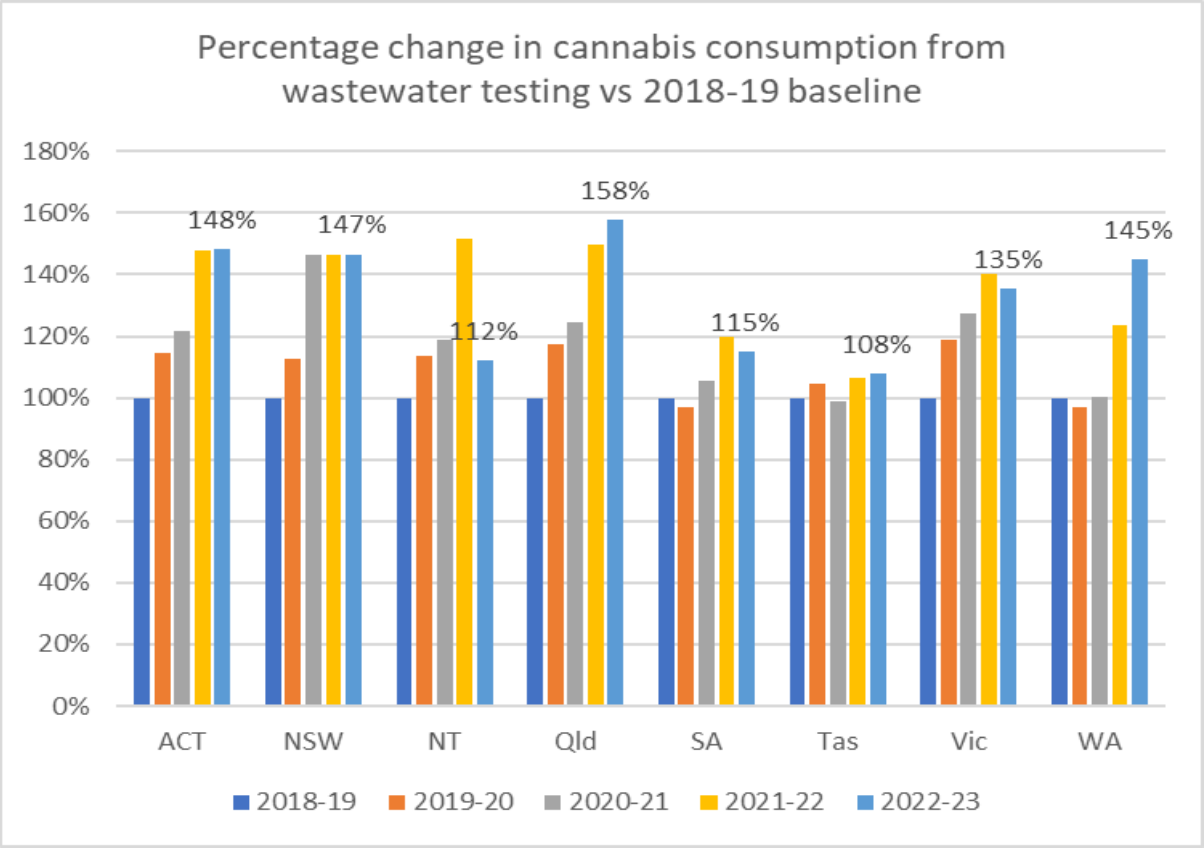


Note: Source - Australian Criminal Intelligence Commission - National Wastewater Drug Monitoring Program: Report 21. Graph created using data from Table 7 page 17. These data were not reported on the most recent report (Report 22).

Figure 7 controls for the differences in population sizes between jurisdictions by presenting the percentage change in cannabis consumption over the same period, showing the percentage increase since baseline (represented as 100%) in 2018-19. Figure 7 shows that between 2018-19 (left hand dark blue column) and 2022-23 (lighter blue right hand column) estimated cannabis consumption in the ACT increased by 48%. While this was higher than the estimated increase across Australia (39%) shown in Figure 7, there were proportionate increases in NSW (47%), Queensland (58%), and Western Australia (45%) over the same period. In most jurisdictions cannabis consumption tended to increase, relative to 2018-19, in the main years of the COVID-19 pandemic – 2019-20, 2020-21 and 2021-22 – but has stabilised or even reduced in 2022-23. An exception to this trend was WA where consumption was initially stable but rapidly increased in 2021-22 and 2022-23.

In the years immediately following decriminalisation—2019-20 (orange column) and 2020-21 (grey column)—similar proportionate increases to those observed in the ACT were also seen in Queensland and the Northern Territory. A larger proportionate increase was observed in NSW and Victoria. Wastewater data therefore does not seem to indicate a distinct effect of decriminalisation in the ACT over and above factors affecting several other jurisdictions over the same period.

Figure 7: Percentage increase in State and Territory estimated cannabis consumption (THC) from 2018-19 baseline, from wastewater testing, by financial year (2018-19 to 2022-23)[11]



Note: Source - Australian Criminal Intelligence Commission - National Wastewater Drug Monitoring Program: Report 21. Graph created using data from Table 7 page 17. These data were not reported on the most recent report (Report 22).

The lower increase in estimated cannabis consumption in South Australia and Tasmania than the ACT may be due to the older age profile of these two jurisdictions compared to the ACT. The ACT has a higher proportion of younger adults aged 20-39 (33.7 per cent) and a lower proportion of older

adults than any other jurisdiction apart from the Northern Territory (34.2 per cent), with South Australia (26.6 per cent) and Tasmania (25.5 per cent) having the oldest age profiles (according to the Australian Bureau of Statistics Estimates Resident Population figures 2023). The proportion of young adults aged 20-39 years in the ACT is also substantially higher than NSW (28.3 per cent). Nationally, self-reported cannabis use in the past 12 months was higher in the 20-29 age group (24.4 per cent) than the 30-39 age group (17.2 per cent) and across all aged 14 years and older (13.1 per cent).[12] Given that a higher proportion of younger people use cannabis than older people, South Australia and Tasmania could be expected to have a lower increase in cannabis consumption than the ACT.

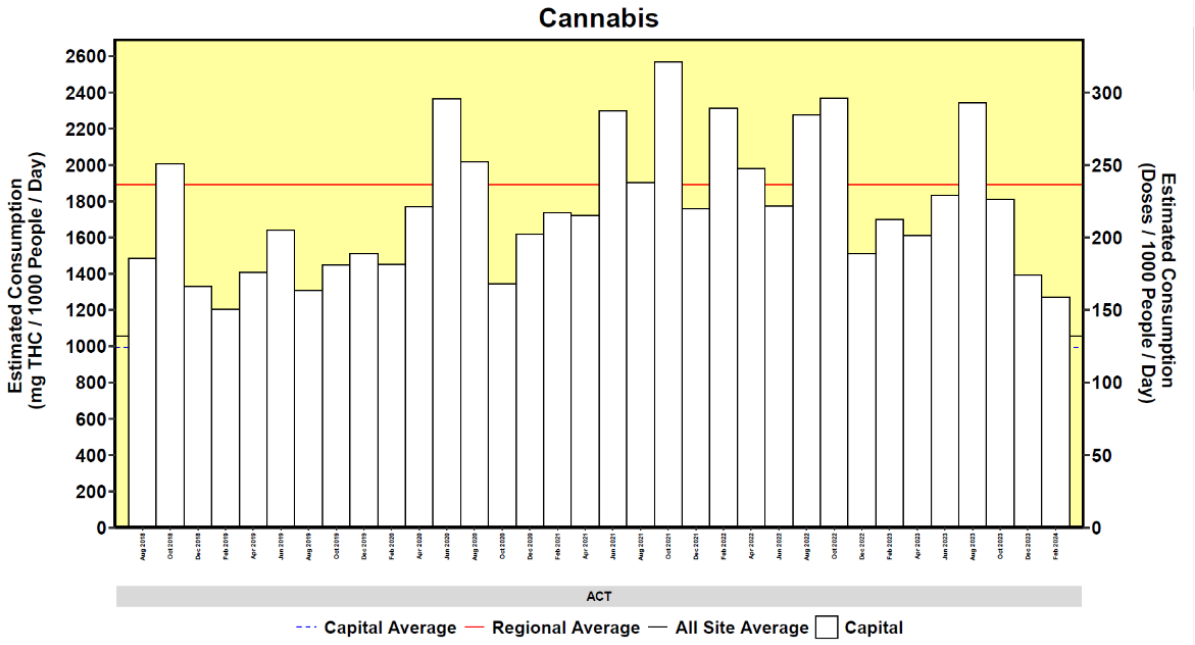
Both survey research and wastewater testing indicate that cannabis consumption increased nationwide during the pandemic period, particularly during lockdowns in 2020 and 2021.[13] The Australian Criminal Intelligence Commission (ACIC) concluded that cannabis supply was the only market relatively unaffected by COVID-19 period restrictions because almost all cannabis is produced in Australia and production is spread around the country.[14] The ACIC has noted that there tends to be a marked difference in NSW, between much lower cannabis consumption levels in Sydney compared with higher consumption in regional NSW, where the ACT is geographically located.[15]

An additional factor is that medicinal prescription of cannabis products, including products containing THC, has grown rapidly as restrictions on prescribing have been loosened in 2018.[16] There were large increases in the number of medicinal cannabis applications in 2021 and 2022, including products containing THC and herbal cannabis products.[17] The National Drug Strategy Household Survey 2022-23 found that 3.0% of people reported using cannabis for medicinal purposes in the past 12 months. The increase in medicinal cannabis use in recent years complicates interpretation of wastewater testing results as wastewater testing cannot separate THC consumed via prescribed cannabis from non-prescribed consumption.

Research has estimated that 80% of cannabis in Australia is consumed by the heaviest using 16% of consumers.[18] The National Drug Strategy Household Survey 2022-23 indicated nationwide an increase in daily cannabis use from 14% of users in 2019 to 18% % of total cannabis users.[19] Changes across jurisdictions in estimated consumption are therefore more likely to be due to increasing consumption among existing users than people starting to use cannabis or using occasionally.

Figure 8 shows more detail of the increase in cannabis consumption during 2020 and 2021 in the ACT. Figure 8 shows that estimated cannabis consumption has fluctuated in the ACT, with signs of an increase during and following the 2020 to 2021 COVID-19 pandemic period. Since then, however, estimated cannabis consumption has declined. Estimated consumption levels in December 2023 and February 2024 were similar to the pre-pandemic (and pre-decriminalisation) consumption levels seen in 2019.

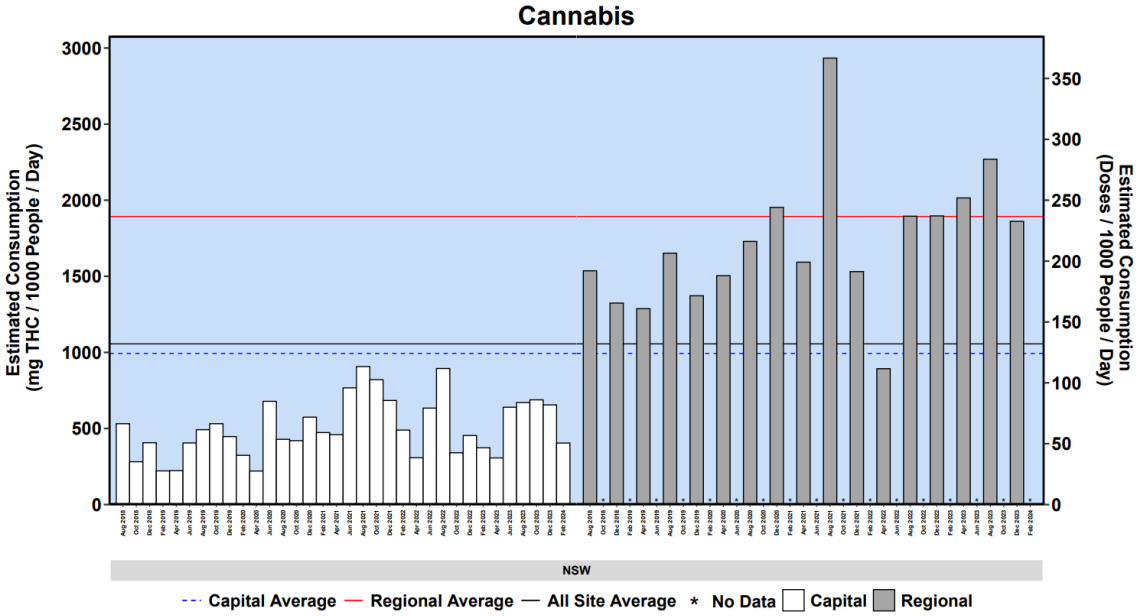
Figure 8: Estimated cannabis consumption in mg THC and doses per 1000 people per day, ACT, August 2018 to February 2024[20]



Note: Figure reproduced from ACT longitudinal data figures report from Report 22 of the National Wastewater Drug Monitoring Program, copyright Australian Criminal Intelligence Commission, Canberra.

When compared with estimated cannabis consumption in New South Wales over the same period (Figure 9), it can be seen that estimated consumption levels in Canberra were broadly similar to regional NSW (grey vertical bars), fluctuating around the regional average. However, in December 2023 estimated cannabis consumption in the ACT fell (see Figure 8) and was lower than regional NSW consumption shown in Figure 9 (regional areas were not measured in February 2024).

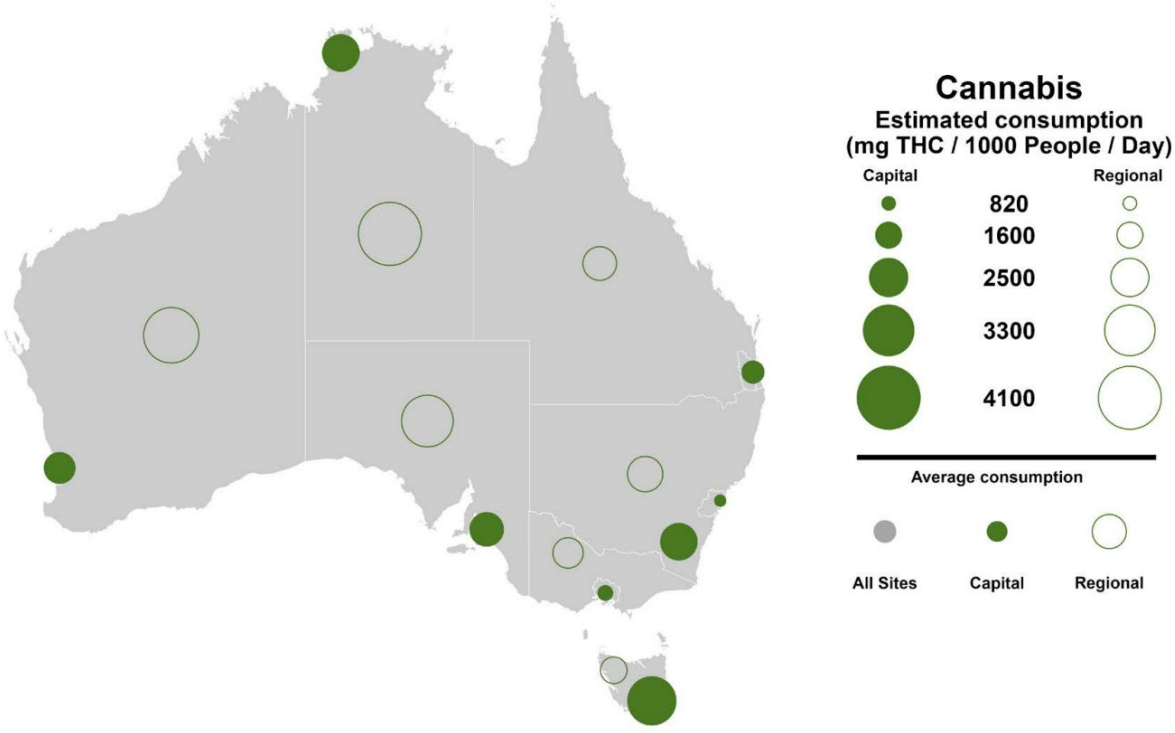
Figure 9: Estimated cannabis consumption in mg THC and doses per 1000 people per day, New South Wales capital city sites (white bars) and regional sites (grey bars), August 2018 to February 2024[21]



Note: Figure reproduced from NSW longitudinal data figures report from Report 22 of the National Wastewater Drug Monitoring Program, page 2, copyright Australian Criminal Intelligence Commission, Canberra.

There are some limitations with wastewater data for cannabis, including that differences in sewer design and collection methods can influence the reportable levels of the metabolites used for estimating rates of consumption. This means caution should be used when comparing levels between testing sites. Notwithstanding this, the below bubble map (Figure 10) shows how Canberra compared to national regional and capital sites in terms of estimated cannabis consumption in August 2023. Cannabis consumption tends to be higher in smaller regional cities (e.g. Canberra, Adelaide, Perth, Darwin) than the large capital cities (e.g. Sydney, Melbourne and Brisbane) and cannabis consumption in the ACT tends to be similar to the average for nearby regional areas, reflecting Canberra's regional location. The month reflected in Figure 10 was a month with one of the ACT's highest historical readings, higher than most periods of testing including the most recent periods represented in Figure 8. Figure 10 reflects ACT's estimated cannabis consumption rates being largely consistent with other smaller capital cities and nearby regional areas, including those with different cannabis legislation and policies. Note that the regional bubbles in Figure 10 are an average of all the regional testing sites rather than reflecting testing at the location of the bubble on the map.

Figure 10: Estimated average cannabis consumption per jurisdiction for August 2023 in mg consumed per day per thousand people. The number of collection days varied from 5 to 7.[22]



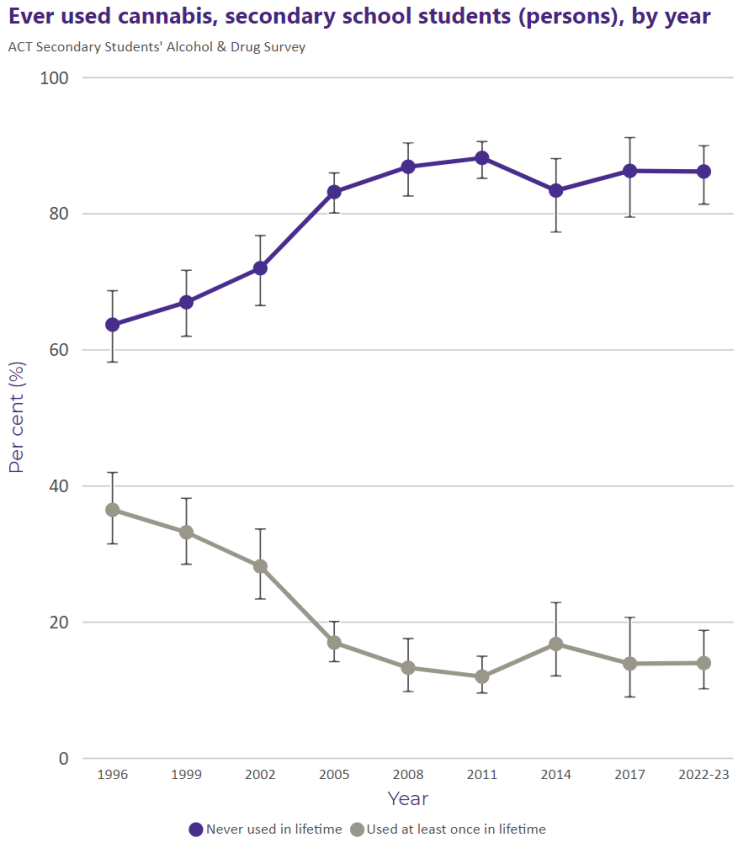
Note: Figure reproduced from Report 21 of the National Wastewater Drug Monitoring Program, page 44, copyright Australian Criminal Intelligence Commission, Canberra. This figure was not reproduced in Report 22 which contains the latest testing data.

Secondary school students

Noting that the Cannabis Act reforms applied only to people over the age of 18 years, the below data are presented to identify whether there had been any unintended impacts on people under the age of 18 years as a result of the reforms.

The national Australian Secondary School Students' Alcohol and Drug (ASSAD) survey was conducted in 2017 and 2022–23, with a delay in the latter collection due to the COVID-19 pandemic. The ACT data in Figure 11 show no differences in the number of secondary school students surveyed who had ever used cannabis between the two years (13.8 per cent in 2017 and 13.9 per cent in 2022–23).[23] When broken down by age group (not reflected in figure), no major changes were seen between time periods. Among 12–15 year olds, 7.1 per cent in 2017 and 7.2 per cent in 2022–23 had ever used cannabis. Among 16–17 year olds, 27.6 per cent in 2017 and 28.2 per cent in 2022–23 had ever used cannabis.

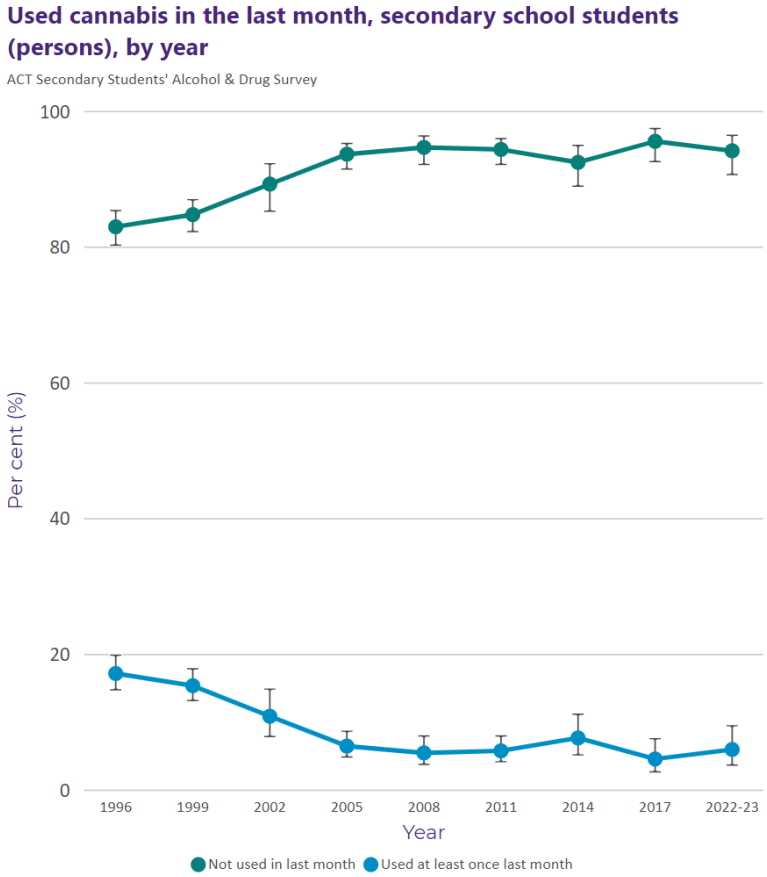
Figure 11: Percentage of secondary school students aged 12–17 years who had ever used cannabis, by year, ACT, 1996 to 2022–23[24]



Note: Figure reproduced from ACT Health website, copyright ACT Health Directorate, Canberra.

The percentage of students who had used cannabis in the last month remained stable in 2022–23 and consistent with previous years, as can be seen in Figure 12. When broken down by age group, among 12–15 year olds, rates of recent use remained some of the lowest rates of past month cannabis use in this age group since the survey began in 1996, with no statistically significant change between 2017 (1.9 per cent) and 2023-23 (2.9 per cent). There was also no statistically significant change in past month cannabis use among 16–17 year olds (9.8 per cent in 2017 and 12.4 per cent between in 2022–23).

Figure 12: Percentage of secondary school students aged 12–17 years who had used cannabis in the last month, by year, ACT, 1996 to 2022–23[25]



Note: Figure reproduced from ACT Health website, copyright ACT Health Directorate, Canberra.

In terms of the location of last use, there was no statistically significant changes in the location of last use of cannabis.

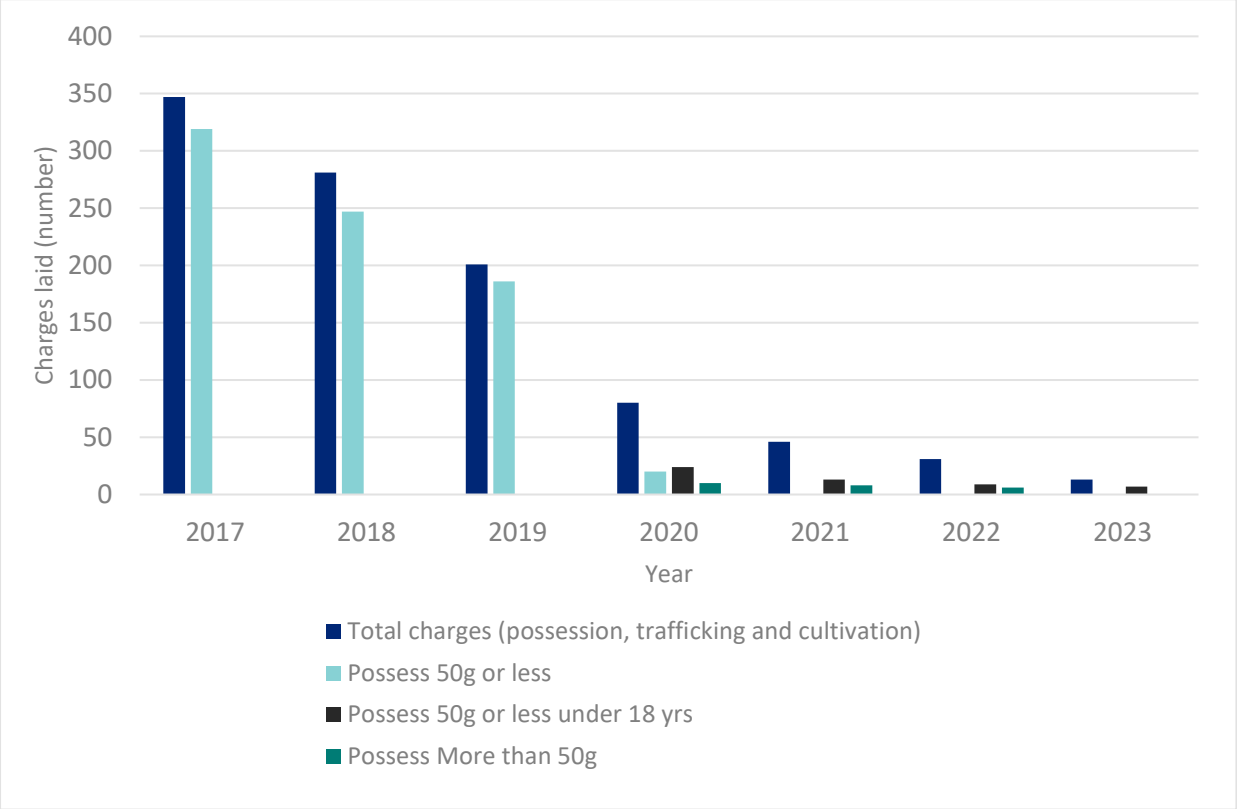
These data indicate that there was not an increase in the number of young people using cannabis following the Cannabis Act reforms. This is a positive indication that an increase in youth cannabis use has not been an unintended consequence of the reforms.

Cannabis offences and police diversions

Possession, trafficking and cultivation offences

Figure 13 shows that charges being laid for cannabis offences were on a downward trend before the commencement of the Cannabis Act in 2020 and have continued to decline since 2020. Cannabis possession offences comprised most cannabis-related offences in all years. Note that after 2020, the data categories changed to separate the offences by weight and age in accordance with the legislation. This shows that most cannabis possession charges laid since 2020 are for minors under 18 years of age as possession of less than 50g of cannabis still potentially carries penalties for this age group. Note that data have been suppressed in Figure 13 where less than five offences were recorded under a particular offence category.

Figure 13: Charges laid by ACT Policing relating to cannabis offences, by year and offence, 2017–2023.

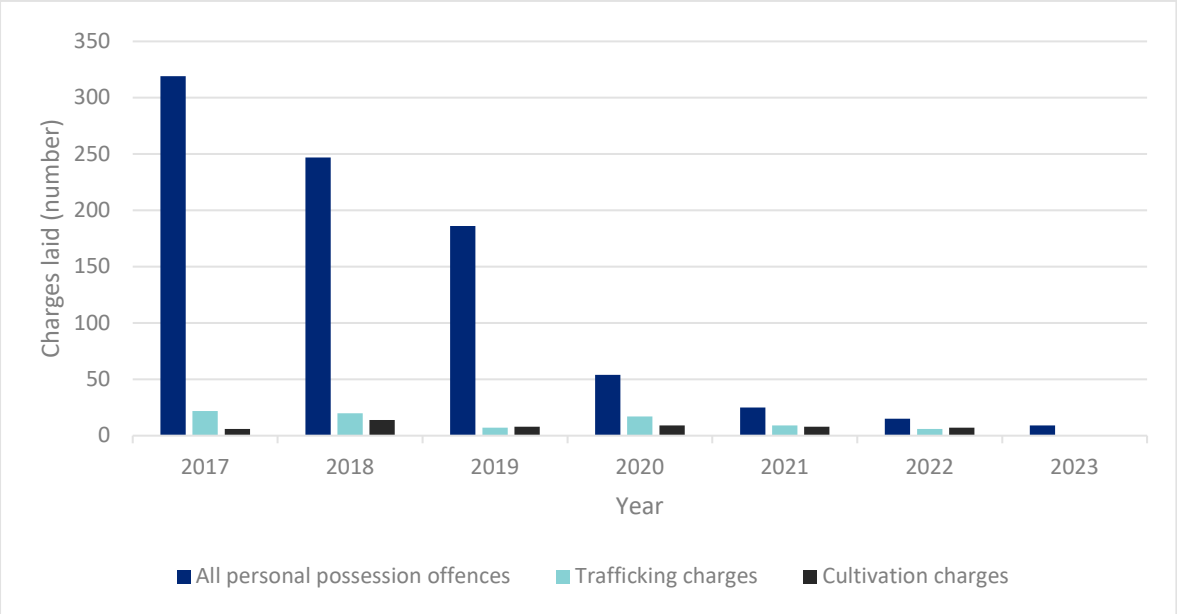


Note: Figure produced by ACT Health from data provided by ACT Policing. Data have been suppressed where less than five offences were recorded under a particular offence category.

Figure 14 also shows the decline in cannabis possession charges over time and shows these alongside trafficking and cultivation charges. Trafficking charges have not increased since the commencement of the Cannabis Act in 2020, and in 2022 and 2023 there have only been a very small number of charges laid for trafficking offences. Charges for cultivation offences have continued to be laid at low levels for cultivation of quantities above the allowable limit under the Cannabis Act. Note that trafficking and cultivation offences for 2023 have been removed from Figure 14 due to the suppression of data with less than five charges laid to protect privacy and to avoid the risk of re-identification of individuals from the publication of the data. These data demonstrate no significant increase in trafficking or cultivation offences since the commencement of the Cannabis Act, and

continuing small levels of cannabis possession offences, including for minors and possession above the small quantity threshold.

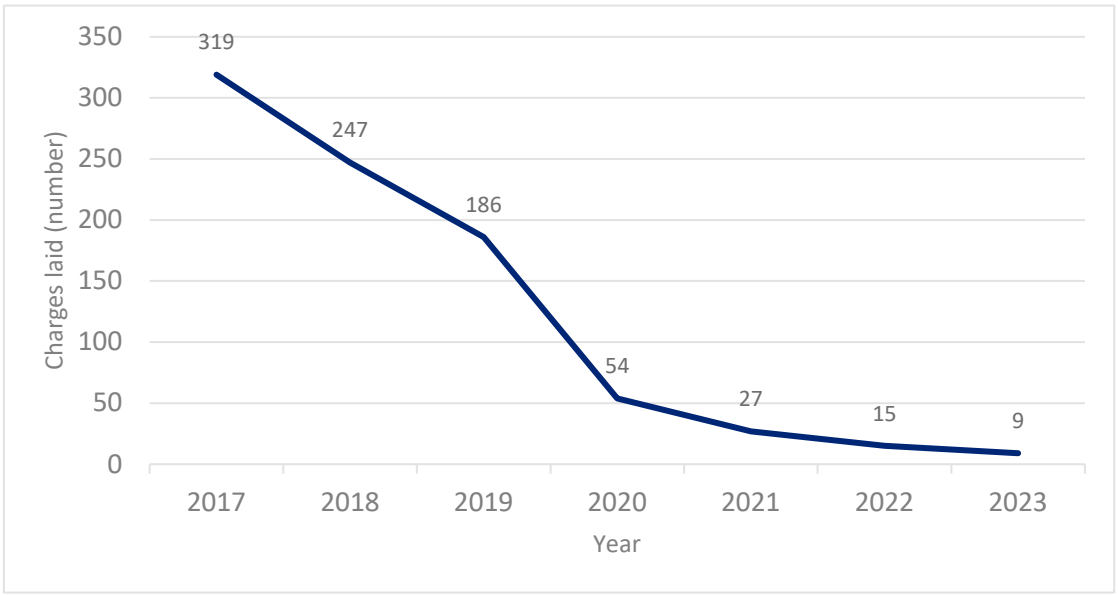
Figure 14: Charges laid by ACT Policing relating to cannabis, by category of offence and year, 2017–2023.



Note: Figure produced by ACT Health from data provided by ACT Policing. Data have been suppressed (removed from the figure) where less than five offences were recorded under a particular offence category.

As can be seen in Figure 15, charges laid for personal possession of cannabis across all offences reduced dramatically leading up to 2020 and have continued to decline since then.

Figure 15: Personal possession of cannabis charges laid by ACT Policing, by year, 2017–2023.



Note: Figure produced by ACT Health from data provided by ACT Policing.

Small numbers of charges for cannabis possession, trafficking and cultivation have been laid under Commonwealth law but as fewer than five charges have been laid per year, these data are not

reported here. The data shows that while Commonwealth offences are still used on occasion, this only occurs in a very small number of cases.

Very few charges have been laid for the new offences under the Cannabis Act of smoking cannabis near a child and supplying cannabis to a child. The exact numbers have been suppressed in this report due to small numbers (that is, less than five).

To put the ACT offence figures into a national context, Table 16 shows how the ACT compared to other jurisdictions over the 2019–20 to 2020–21 period for cannabis related arrests. ACT had the largest decrease in cannabis arrests over this period[ii] (36.8 per cent decline), and the number of SCONs reduced to zero even though they could still be issued during this period following the Cannabis Act reforms and prior to the introduction of the SDON in 2023. According to the national Illicit Drug Data Report, arrests of cannabis consumers accounted for 90 per cent of national cannabis arrests in 2020–21, reflecting the ongoing national trend of cannabis possession offences far outnumbering the number of arrests of cannabis providers.

Table 16: Number and percentage change of national cannabis arrests, 2019–20 and 2020-21[26]

State/Territory[a]	Arrests		
	2019–20	2020–21	% change
New South Wales	17,474	15,101	-13.6
Victoria	11,860	11,855	0.0
Queensland	23,697	20,437	-13.8
South Australia	3,482	2,439	-30.0
South Australia (CENs)[b]	6,850	4,920	-28.2
Western Australia	8,921	7,577	-15.1
Western Australia (CIRs)[c]	1,538	1,395	-9.3
Tasmania	1,598	1,439	-9.9
Northern Territory	412	426	3.4
Northern Territory (DINs)[d]	691	622	-10.0
Australian Capital Territory	117	74	-36.8
Australian Capital Territory (SCONs)[e]	29	0	-100.0
Total	**76,669**	**66,285**	**-13.5**

a. The arrest data for each state and territory include Australian Federal Police data.
b. Cannabis Expiation Notices.
c. Cannabis Intervention Requirements.
d. Drug Infringement Notices.
e. Simple Cannabis Offence Notices.

Note: Table reproduced from Illicit Drug Data Report 2020-21, page 54, copyright Australian Criminal Intelligence Commission, Canberra.

[ii] Because cannabis was decriminalised at the end of January 2020, seven months into the 2020-21 financial year, ACT possession arrests remained higher in 2020-21 than in later years.

Simple Cannabis Offence Notices

The below figure 17 shows that the discharge of cannabis offences to SCONs was declining prior to 2020, but had fallen to very low levels since 2020. SCONs have fallen to zero since 2021, and the SDON replaced the SCON in October 2023. No SDONs were issued for cannabis offences in 2023 after their introduction in October of that year.

Figure 17: Discharge of cannabis offences to Simple Cannabis Offence Notice (SCON) and cannabis-related diversion referrals.

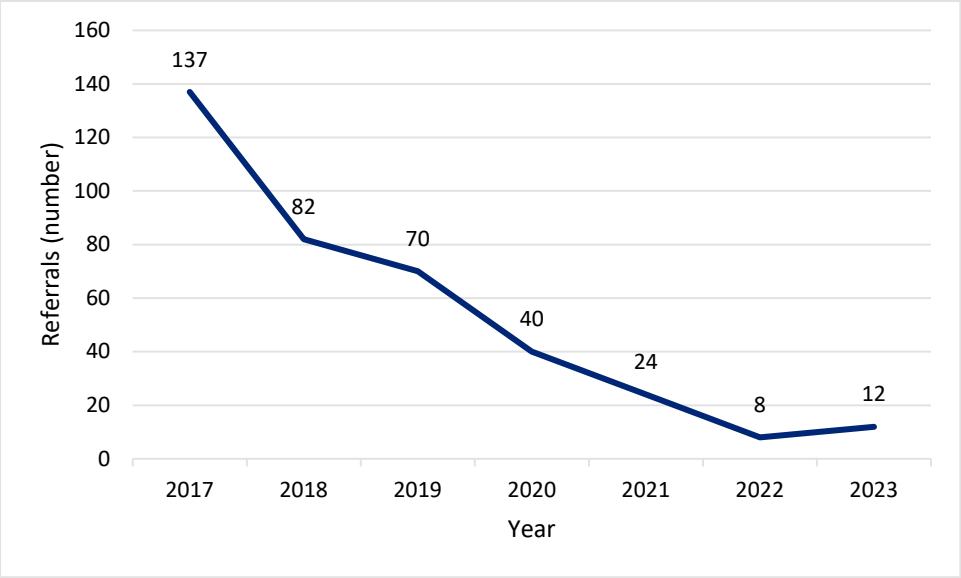
Note: Figure produced by ACT Health from data provided by ACT Policing.

Illicit Drug Diversion program referrals

The Illicit Drug Diversion program involves police referring people apprehended for possession of small amounts of drugs to the Alcohol and Drug Service at Canberra Health Services for assessment, education and/or treatment. If the person is compliant no conviction is recorded on their criminal record. The program is available for people apprehended for possession of all illicit drugs, including cannabis, and is available for minors.

Cannabis related drug diversion referrals were on a downward trend since before the introduction of the Cannabis Act, as can be seen in Figure 18, and have continued to decline to very low levels in 2022 and 2023. This decline is expected given criminal offences have been removed for possession of small amounts of cannabis by adults. Minors can still be diverted through the Illicit Drug Diversion Program, and adults are able to self-refer for the program if they have been apprehended by the police for drug-related or other offences.

Figure 18: Cannabis related drug diversion referrals by ACT Policing, by year, 2017–2023



Note: Figure produced by ACT Health from data provided by ACT Policing.

Seizures

According to the national Illicit Drug Data Report, police cannabis seizures in the ACT saw a very substantial decline (down 39.3 per cent) between 2019–20 and 2020–21, demonstrating a significant change in cannabis policing during this period, as would be expected given the decriminalisation under the Cannabis Act. The number of seizures tends to be more driven by possession offences than supply offences, while the weight of seizures can be substantially impacted by a few large seizures. The ACT change is particularly pronounced when viewed in the context of seizures nationally as can be seen in Table 19.

Table 19: Number, weight and percentage change of ACT cannabis seizures 2019–20 and 2020–21[27]

State/Territory[a]	Number			Weight (grams)		
	2019–20	2020–21	% change	2019–20	2020–21	% change
New South Wales	18,814	17,278	-8.2	4,072,121	2,993,153	-26.5
Victoria	4,067	3,681	-9.5	1,681,821	4,101,061	143.8
Queensland	18,689	15,344	-17.9	2,733,103	1,175,778	-57.0
South Australia	278	463	66.5	871,732	899,800	3.2
Western Australia	15,601	13,481	-13.6	654,936	976,327	49.1
Tasmania	2,331	2,811	20.6	173,543	223,544	28.8
Northern Territory	2,036	1,754	-13.9	90,742	172,472	90.1
Australian Capital Territory	638	387	-39.3	384,689	245,215	-36.3
Total	**62,454**	**55,199**	**-11.6**	**10,662,687**	**10,787,350**	**1.2**

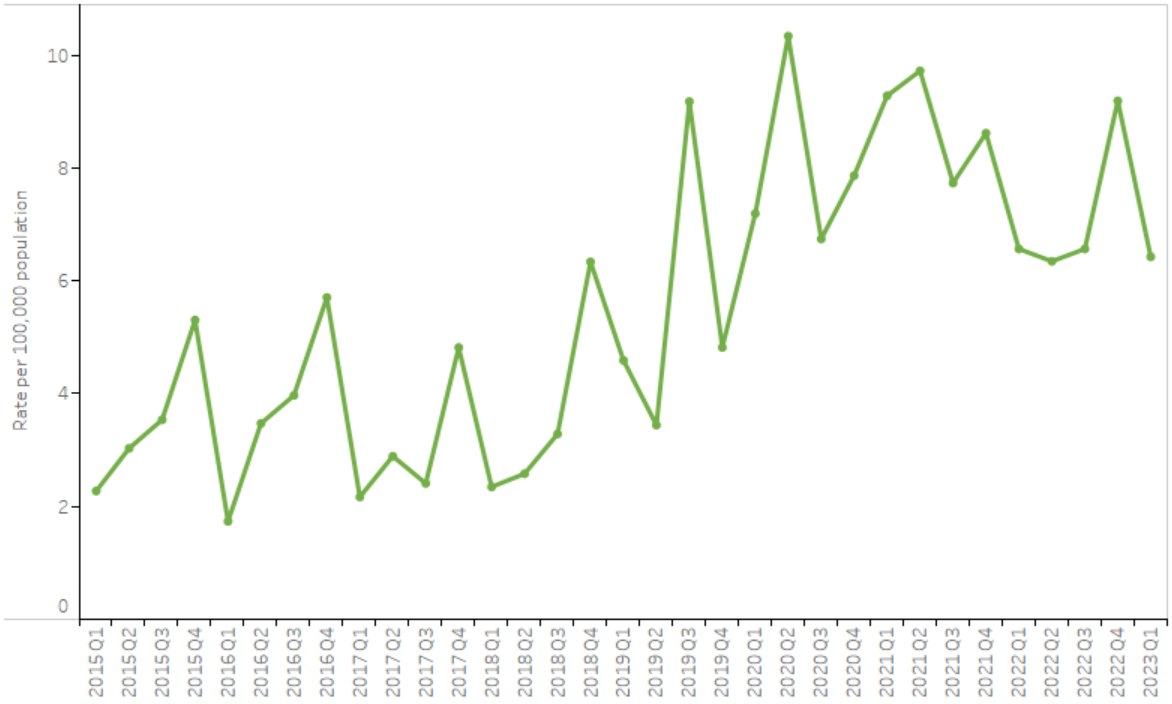
Note: Reproduced from Illicit Drug Data Report 2020-21, page 53, copyright Australian Criminal Intelligence Commission, Canberra.
Includes seizures by state/territory police and AFP for which a valid seizure weight was recorded.

Health system presentations related to cannabis

Ambulance attendances

Data on drug-related ambulance attendances are collated by the National Ambulance Surveillance System (NASS) and reported by the Australian Institute of Health and Welfare. Figure 20 below shows that while ambulance attendances for cannabis in the ACT fluctuate over time, there was an increase in ambulance attendances for cannabis in the ACT between 2018 and 2020 which has plateaued between 2020 and Q1 2023. Between 2020 and 2023, in each quarter there have been between 6.3 and 10.3 ambulance attendances for cannabis per 100,000 population. In raw numbers, this equates to between 29 and 46 ambulance attendances per quarter between 2020 and 2023. Data are not available after Q1 2023 as there is a delay in coding the ambulance data to produce these reports and categorise the attendances based on drug type.

Figure 20: Ambulance attendances for cannabis in ACT, rate per 100,000 population, quarterly 2015–2023[28]



Note: Figure reproduced from Australian Institute of Health and Welfare website on alcohol and other drug-related ambulance attendances from the National Ambulance Surveillance System, Monash University, Turning Point.

It is important to note that there could be a variety of reasons for increased rates of ambulance attendances. While these data may indicate an increase in the number of people experiencing cannabis related problems, they may also reflect people feeling more comfortable seeking medical support following decriminalisation, which is an aim of the reforms.

Emergency department presentations

Data on emergency department presentations was considered for inclusion in this report.

Emergency department care is a form of non-admitted hospital care. Emergency department presentation records have many of the same fields as hospital records for admitted patients,

however, there are key differences in the way they are structured. A notable difference in emergency department records compared with hospital admissions is the lack of external cause data, which states what the cause of a presentation was. Emergency department data may include the presenting condition (e.g. an injury) but does not include the cause (e.g. intoxication). This means that emergency department records do not present a reliable picture of the number of presentations related to cannabis use. Secondary coding of the causes from case notes would be required to verify the figures and this level of analysis was not within the scope of this review.

As a result, the emergency department presentation data is not included in this report. The ambulance and hospital admissions data presented in this report have been subject to this independent secondary coding and are thus considered reliable and has been used here in lieu of emergency department data.

Hospital separations

Hospital admissions are captured in the data as 'hospital separations' of admitted patients, which are given a primary diagnosis code.

As can be seen in Figure 21, there does appear to have been an increase primary cannabinoid-related hospital separations over time, however the main increase occurred in 2016 and peaked in 2018, before the Cannabis Act reforms, and the number of admissions has been relatively consistent since 2019. There is no discernible impact of decriminalisation in 2020 on hospital admissions and in 2023 admissions were at their lowest level since 2015. Figure 22 which shows cannabinoid-related hospital separations per 100,000 persons reflects this same trend.

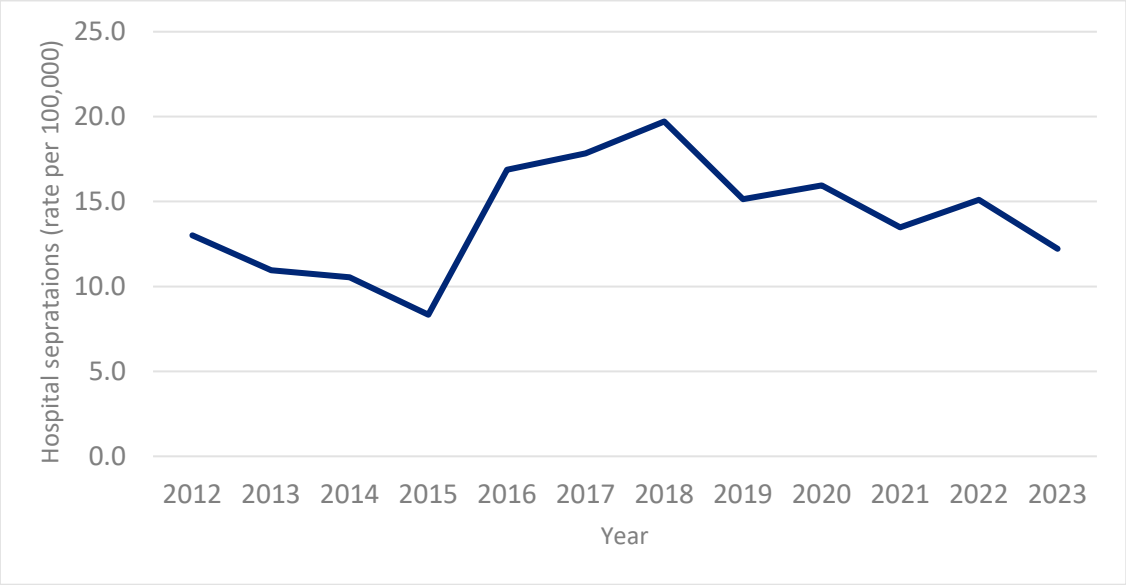
Cannabinoid-related psychosis admissions showed a small peak in 2022 at 41 admissions, but admissions have generally been in the range of 25-34 admissions per year since 2016 (Figure 21).

However, these hospital data are subject to the same caveat as the emergency department data. The Digital Health Record (DHR) system was implemented in the ACT in November 2022, and as such, comparison of pre- and post-DHR data is not valid as data are drawn from different source systems.

Figure 21: Number of primary cannabinoid-related hospital separations at ACT public hospitals, by selected Principal Diagnosis Codes, from 2012–2023

Note: Figure by ACT Health. Data provided by Canberra Health Services.

Figure 22: Primary cannabinoid-related hospital separations at ACT public hospitals, rate per 100,000 persons.

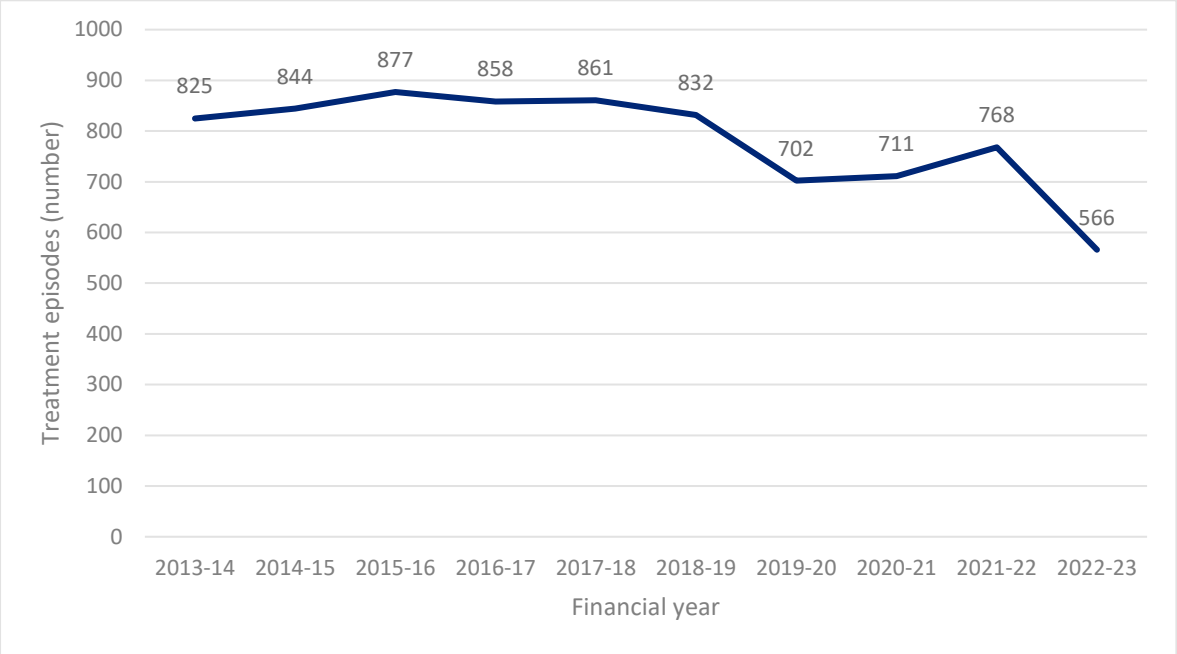


Note: Figure by ACT Health. Data provided by Canberra Health Services.

Treatment and support for cannabis use

As can be seen in Figure 23, there was a substantial decrease in treatment episodes for cannabis in 2019–20, a small increase in episode numbers in 2020–21 and then another decline in 2022–23. The number of cannabis treatment episodes needs to be interpreted cautiously, in part because COVID-19 led to a reduction in treatment delivered in the ACT in 2020 and 2021, and recovery of treatment services from COVID-related disruptions and staffing shortages has been gradual. The impact of the pandemic on treatment episodes makes it difficult to draw any conclusions regarding the impact of the Cannabis Act on treatment episodes over this period. Treatment episode numbers for cannabis remain below pre-pandemic levels. Data on treatment seeking and unmet demand are not available.

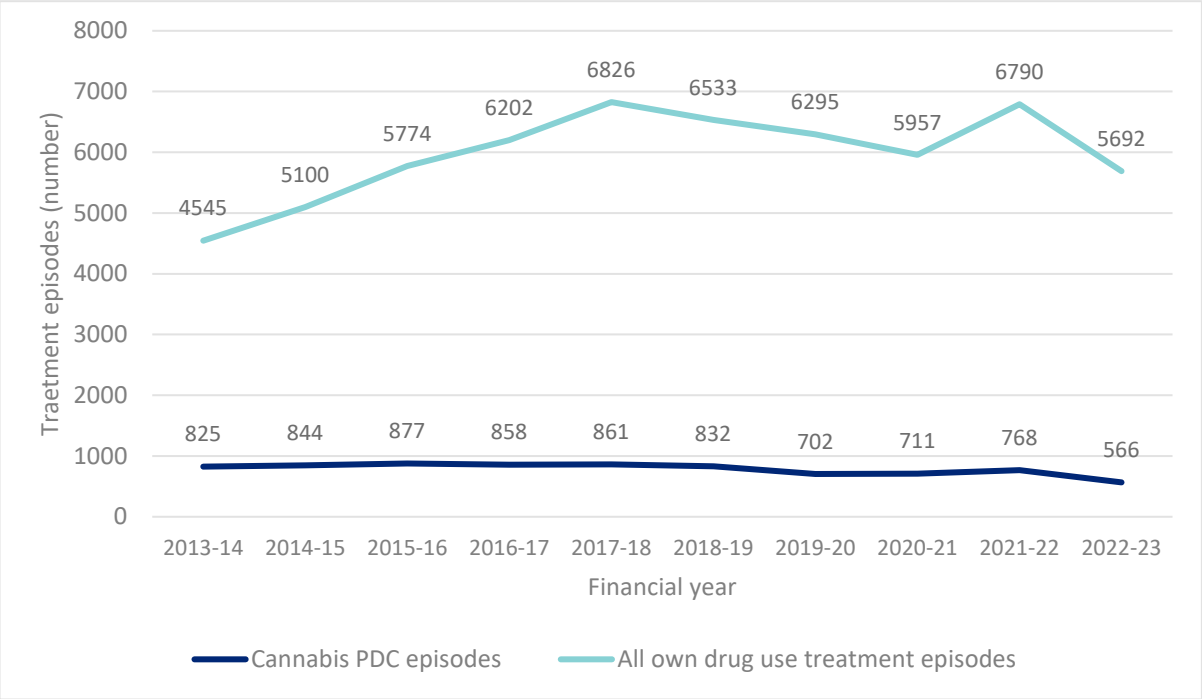
Figure 23: Number of treatment episodes with cannabis as the primary drug of concern, ACT, 2013–14 to 2022–23



Note: Figure created by ACT Health from ACT data from the Alcohol and Other Drug Treatment Services National Minimum Dataset.

The fluctuations in the cannabis treatment episodes reflect similar fluctuations in the total drug treatment episodes across the same period, as can be seen in Figure 24, suggesting that these fluctuations were not specific to cannabis treatment or the Cannabis Act.

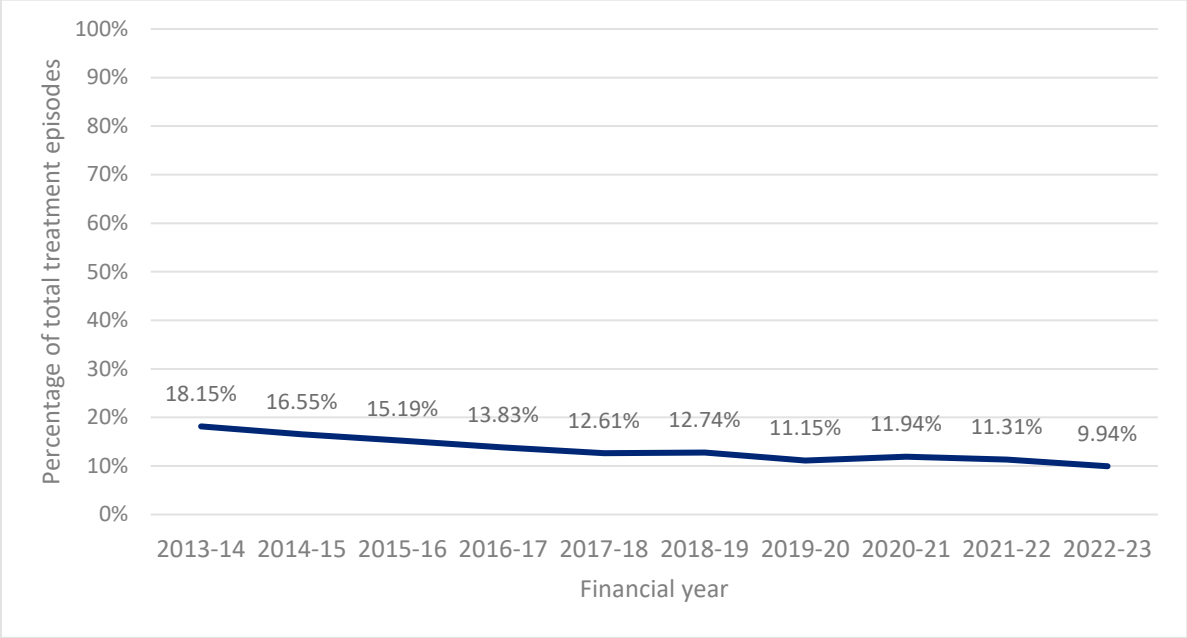
Figure 24: Number of treatment episodes in ACT, total treatment episodes for own drug use of all drugs, and episodes with cannabis as the primary drug of concern (PDC), 2013–14 to 2022–23



Note: Figure created by ACT Health from ACT data from the Alcohol and Other Drug Treatment Services National Minimum Dataset.

Figure 25 shows that the percentage of total treatment episodes for a person's own drug use (as opposed to someone else's drug use) in which cannabis is the primary drug of concern has been declining over the last decade. Cannabis treatment episodes made up just under 10 per cent of total treatment episodes for a person's own drug use in 2022–23.

Figure 25: Percentage of total treatment episodes for own drug use with cannabis as primary drug of concern, ACT, 2013–14 to 2022–23



Note: Figure created by ACT Health from ACT data from the Alcohol and Other Drug Treatment Services National Minimum Dataset.

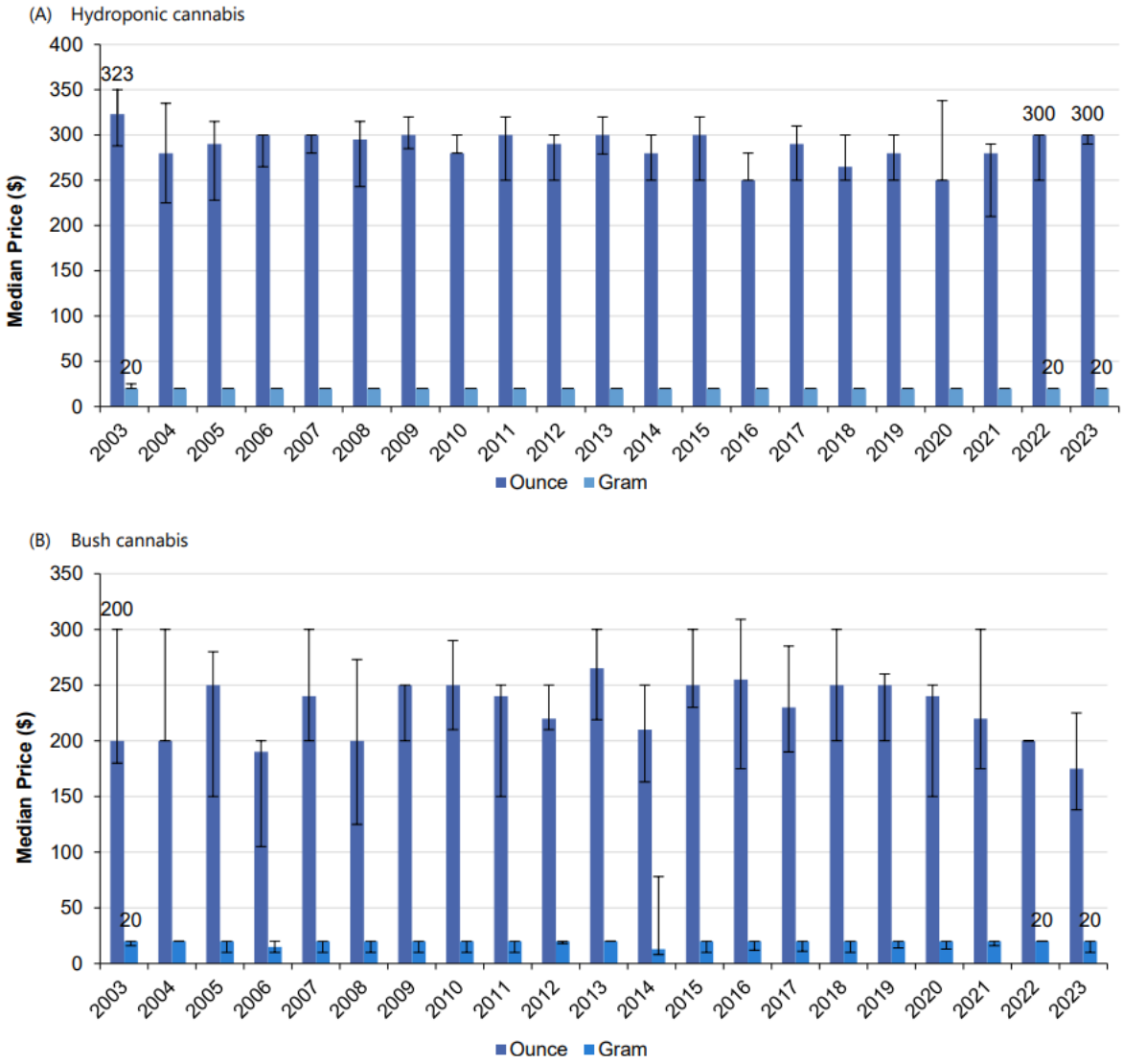
Cannabis markets

Price

The street price of cannabis in the ACT can be seen as a measure of supply and demand. For example, if decriminalisation led to a significant increase in cannabis supply but demand was stable, price should go down. If demand increased but supply was stable, then price should go up. According to the IDRS, Figure 26 (B) appears to show a decline in price per ounce of bush cannabis in Canberra since 2019. However, the accompanying data tables[29] indicate that the sample sizes for this measure are very low, particularly in 2022 and 2023 and the figures are therefore unreliable. The report indicates that price fluctuations over the years are also likely due to the small sample sizes for this measure. The price fluctuation between 2019 and 2023 is not outside the range of variation that has been seen in previous years. The price per gram of 'bush' cannabis remained stable at $20, with no change since the commencement of the Cannabis Act. A stable price can be seen as indicating that there is a relative balance between supply and demand.

Figure 26 (A) (and the accompanying data tables[30]) indicates the median price per ounce of hydroponic cannabis was between $250 and $300 per ounce between 2020 and 2023, which is consistent with price fluctuations in previous years. Price per gram has remained at $20 since 2003.

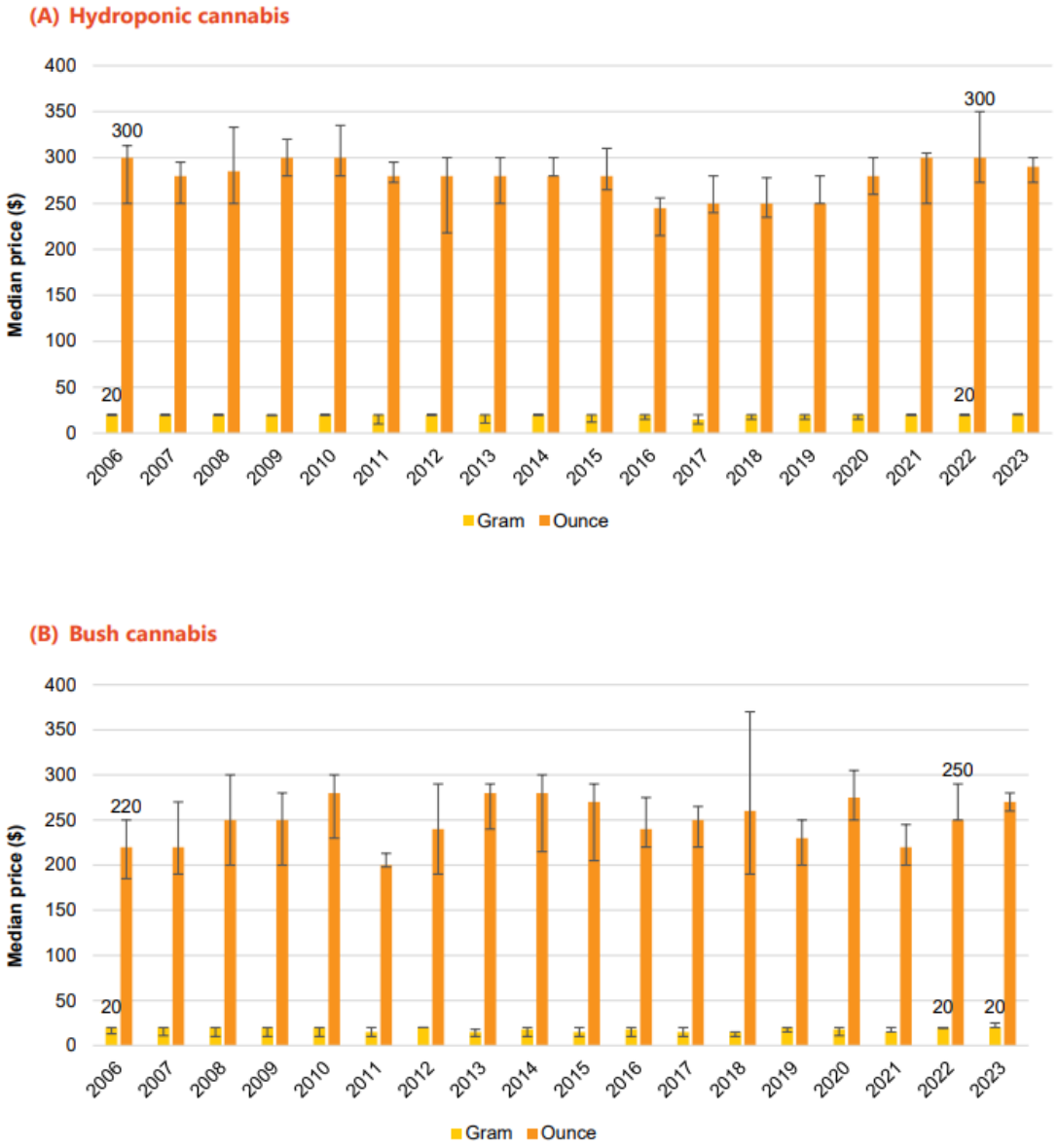
Figure 26: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and gram, Canberra, ACT, 2003–2023[31]



Note: Figure reproduced from 2023 IDRS report, page 31, copyright National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

Only small numbers of participants reported on the price of cannabis in the EDRS so these numbers were suppressed in the 2023 report, however, as can be seen in Figure 27, the prices of bush cannabis do not appear to have markedly changed since 2020 and are within the range of variability of previous years. Prices for hydroponic cannabis did return to previous levels ($280 to $300 per ounce) in 2020 following a dip in the preceding years ($250 per ounce). Prices of both bush and hydroponic cannabis have remained steady at around $20 per gram over the last five years.[32]

Figure 27: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and gram, Canberra, ACT, 2006–2023[33]



Note: Figure reproduced from 2023 EDRS report, page 41. Copyright National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

The prices for cannabis reported in the IDRS and EDRS are consistent with what is seen at a national level in the Illicit Drug Data Report, which reports the price of hydroponic cannabis remained relatively stable nationally between 2019–20 and 2020–21 (between $15 and $100 per gram and between $220 and $600 per ounce in 2020–21). The prices for cannabis in the ACT appear to be on the lower end of the national price spectrum. Bush cannabis prices were not reported.

Noting the limitations of these data, these data do not indicate any impact on the price of cannabis as a result of the changes under the Cannabis Act.

Availability

In the IDRS, the perceived availability of both bush and hydroponic cannabis appear to have increased in 2022 and 2023, with increases in percentages of those IDRS participants who could comment reporting that cannabis was 'very easy' to obtain. Perceived availability was lower in 2020 and 2021, indicating that the later increase was not necessarily related to the changes under the Cannabis Act but may have been related to changes during the COVID-19 pandemic.[34]

In the EDRS, there was a significant change in the perceived availability of hydroponic and bush cannabis between 2022 and 2023, with all participants able to comment in 2023 reporting the perceived availability of hydroponic cannabis to be 'easy' or 'very easy' to obtain. This was the highest percentage since monitoring commenced.[35]

While these data appear to indicate there has been an increase in cannabis availability in the last few years, the historic figures vary considerably between years and many of these results are not outside previous patterns of fluctuation and so do not indicate a clear trend since 2020.

Sourcing and growing cannabis

According to the National Drug Strategy Household Survey, in 2022–23 in the ACT, there was a substantial reduction in people reporting obtaining cannabis from a friend (48 per cent) compared to in 2019 (68 per cent).[36] There was no increase in the proportion of people sourcing cannabis from a dealer (18.8 per cent in 2022–23 compared to 18.3 per cent in 2019). There may have been an increase in people sourcing cannabis from a relative or partner and in people growing their own cannabis, however, the AIHW reported that these figures have a high relative standard error and should be interpreted with caution. People in the ACT were more likely than the national average to have grown their own cannabis (12.4 per cent in the ACT compared with 3.6 per cent nationally, noting the ACT figure was subject to a high relative standard error).[37] This appears to reflect a change in practices of sourcing and growing cannabis following the commencement of the Cannabis Act among those surveyed.

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Acknowledgment of Country

We acknowledge the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

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