

Australia Cannabis Laws

Early history

The first record of common hemp seeds brought to Australia was with the First Fleet at the request of Sir Joseph Banks, who marked the cargo "for commerce" in the hope that hemp would be produced commercially in the new colony. For 150 years early governments in Australia actively supported the growing of hemp with gifts of land and other grants, and the consumption of cannabis in Australia in the 19th century was believed to be widespread.

It was popular as a medicine, and was used as an intoxicant by members of the literati; Marcus Clarke, author of the great Australian novel *For the Term of his Natural Life*, experimented with cannabis as an aid to writing. A short story he wrote, *Cannabis Indica*, was written under the influence of cannabis;^[6] members of Melbourne's bohemian Yorrick Club (of which Clarke was a member) were notorious cannabis users. Until the late 19th century, "Cigares De Joy" (cannabis cigarettes) were widely available; these claimed to "give immediate relief in cases of asthma, cough, bronchitis, hay-fever, influenza [and] shortness of breath".

Like many developed nations Australia first responded to the issue of cannabis use in the 1920s, acting as a signatory to the 1925 Geneva Convention on Opium and

Other Drugs that saw the use of cannabis restricted for medicinal and scientific purposes only. Cannabis was grouped with morphine, cocaine and heroin, despite cannabis' rare use as a medicine or remedy in Australia at the time.

This prohibition model was applied with little research into cannabis use in Australia. Most drug-related laws enacted by jurisdictions of Australia during this time were related to opium but as a result of pressure from the United Kingdom, Australia began implementing local laws consistent with the Geneva Convention. According to McDonald and others, in 1928 the state of Victoria enacted legislation that prohibited the use of cannabis; other states followed suit slowly over the next three decades.

As in other Western countries, cannabis use was perceived as a significant social problem in Australia; new drug control laws were enacted at the state and federal level, and penalties for drug offences were increased. In 1938, cannabis was outlawed in Australia as a result of a Reefer Madness-style shock campaign; the newspaper *Smith's Weekly* carried a headline reading "New Drug that Maddens Victims". This campaign introduced the word "marijuana" to Australia, describing it both as "an evil sex drug that causes its victims to behave like raving sex maniacs" and "the dreaded sex drug marijuana". The campaign was only moderately successful; it failed to instill the generation with false negative effects of the drug and its impact on society, it did not stop an increase in

demand and usage.

1960s

The 1960s saw an increase in the use of cannabis, heroin and LSD as part of political and social opposition to the Vietnam War, and this resulted in most Australian states gradually moving to a prohibitionist and criminal-justice orientation. Right-wing Australian politicians like Queensland premier Joh Bjelke-Petersen and NSW premier Robert Askin supported Nixon's War on Drugs in America, calling for a crackdown on Australian youth culture. Following the fall of the Whitlam government in 1975, these politicians launched a Nixon-style war on drugs in Australia.

In the late 1960s organised drug trafficking developed in Sydney with the arrival of US servicemen on leave from the Vietnam War, and the local drug markets expanded to meet their requirements. The 1970s were considered the first "decade of drugs", marked by the public's growing financial capacity to support drug use and an increase in young people affected by unemployment. As a result, the 1970s were also the decade of Royal Commissions and inquiries to deal with the "drug problem".

In 1964, with the discovery of hundreds of acres of wild hemp growing in the Hunter Valley in NSW, authorities responded with a massive eradication campaign. However, the baby-boomers of the 60s responded to the "evil threat" in a very different manner to the previous

generation, with groups of surfers and hippies flocking to the Hunter Region in search of the wild weed which was described in reports as "a powerful psychoactive aphrodisiac". These groups became known as the Weed Raiders—legendary characters, bearing tales of plants up to three metres tall.

1970s to 2000

In 1973 tribes of hippies attended the Aquarius Festival in the Northern NSW town of Nimbin. When police tried to arrest revelers who were openly smoking marijuana, the crowd of 6,000 rioted. Nimbin is home to the Hemp Embassy, founded by activist pioneer Michael Balderstone, and the MardiGrass, an annual festival dedicated to cannabis which began in 1993.

According to Jiggins, by 1977 there was again talk of decriminalisation of cannabis in New South Wales, following the decriminalisation of cannabis in nine US states. The Joint Committee upon Drugs of the NSW Parliament recommended the removal of jail sentences for personal use of cannabis, and NSW Premier Neville Wran outlined a plan to remove jail sentences for people convicted and for possessing cannabis for personal use. He said that cannabis use was widespread and that "tens of thousands of parents whose sons and daughters smoke marijuana" would not want their children to carry "the stigma of being a jailed, convicted criminal".

The disappearance of local political and community leader

Donald Mackay in Griffith, NSW in July 1977 placed the issue of the nexus between illicit drug production, organised crime and police corruption before the public; this was due to Mackay's revelations about large-scale marijuana growing in the Riverina area. His inquiries led to the largest cannabis seizure in Australian history at Coleambally, 60 km south of Griffith, in November 1975. The plantation spread over 31 acres (130,000 m²) and was estimated to be capable of producing 60 tonnes of cannabis. The NSW Royal Commission into Drug Trafficking (the Woodward Inquiry) was sparked by Mackay's disappearance, and the story was brought to life as an acclaimed television miniseries *Underbelly: A Tale of Two Cities*.

Things were different in Queensland. In August 1976 NSW Police conducted a predawn raid on the Tuntable Falls Co-operative, located just south of Nimbin; a few weeks later the Cedar Bay commune, located in far northern Queensland, was raided by Queensland Police. "Using a helicopter, a naval patrol boat and four wheel drives they rounded up the members of the isolated community. Finding only a small quantity of marijuana, the police discharged firearms into water tanks and burned down the hippie's houses before they left". Joh Bjelke-Petersen defended the police action (including the burning of houses on the commune), declaring he was "tough on drugs". His accomplice in the Cedar Bay raid was the young John Howard (then Minister for Business), who later served as Prime Minister from 1996 to 2007. This would

develop into an international news story.

In terms of the broader population, cannabis was not widely used in Australia until the 1970s. Legislation reflected increased usage of cannabis; in 1985 the National Campaign Against Drug Abuse was introduced, which was an assessment of illicit drug use among the general population. Prior to 1985, it was concluded that cannabis use amongst Australians rose from the early 1970s throughout the 1980s.

Donnelly and Hall report that in a survey conducted in 1973, 22% of Australians aged 20–29 years reported ever using cannabis. This rose to 56% in 1985, and school surveys show a marked increase in cannabis use during the 1970s and 1980s. The rise in the use of cannabis continued into the 1990s with the 1998 household survey recording the highest prevalence of cannabis use, with 39% of those surveyed using cannabis at least once and 18% reporting cannabis use in the past year. By 2001 the lifetime rate had fallen to one-third of the population, where it currently remains.

2000s

According to Donnelly and Hall, although changes in willingness to divulge illicit drug use and changing survey protocol and design are likely to have contributed to the change in prevalence, the extent and consistency of the increase suggests that an actual rise in cannabis use has occurred. A poll conducted by The Mercury in October

2011 showed that 71% of Australians want Cannabis legalised. Another poll done by The Daily Telegraph showed 56.5% think it should be legalised. In response to the passage of Amendment 64 in Colorado (allowing the recreational use of cannabis for legal adults), an online poll conducted by the ABC television show The Drum in November 2012 showed that 70% of Australians supported the legalisation of cannabis for recreational purposes. The poll enjoyed an overwhelming response unusual for the online poll with 35509 votes counted.

Currently there is increasing interest in hemp in Australia. A recent case in the media details a hemp grower on the northern beaches of Sydney who has legally grown 500 plants in his backyard. The Sydney Morning Herald describes cultivator Richard Friar as a hemp evangelist—a firm believer in the world-changing potential of cannabis, which can be used in everything from food to fabrics and building materials. With permission from the NSW Department of Primary Industries, Friar and his wife are part of a pilot project aimed at educating farmers to the benefits of growing hemp for its by-products from food to fabric. The author also notes that in December 2009, Friar applied to Food Standards Australia New Zealand for permission to sell the seed for human consumption; approval is expected. In 2012, hemp seeds and protein are readily available for purchase in health food stores, but with labels that say the product is not for human consumption. The Andrews Labor Victorian Government announced in 2015 that medical cannabis will be legalized

in Victoria from 2017.

Usage

According to J. Copeland from the NCPIC and others, cannabis in Australia is commonly smoked as a cluster (or "cone") of the flowering heads (buds) or resin glands (also known as hashish) of the female plant. Less commonly, the plant leaves are smoked; this is called keif. (hash oil is a lot more potent than if you were to smoke just the bud). Typically, cannabis is smoked using a bong, pipe or joint and is often mixed with tobacco. cannabis can be eaten or brewed as tea, Cannabis can be baked into foods such as cakes and brownies to be ingested (during the process of making cannabis butter for baked goods the marijuana is boiled with the butter activating the THC making recipes using canna-butter potent and effective). There is an increasing prevalence of electric vapourisers for inhalation of the drug.

Cannabis use varies with age, and is most prevalent among Australians in their 20s and 30s. In fact, cannabis was not commonly used in Australia until the 1970s. Since then it has gradually increased until the late 1990s when it was at its highest usage. From 1998 onwards it has declined marginally but it still is the most commonly used illicit drug in Australia. Patterns of use are similar to those throughout the developed world with heaviest use occurring in the early 20s, followed by a steady decline into the 30s. 90% of experimental or social recreational users of cannabis do not go on to use the substance daily

or for a prolonged period; most discontinue its use by their late 20s.

According to the 2007 National Drug Strategy Household Survey, cannabis was used at least once by one-third of all Australians aged 14 years or older, and 1.6 million people reported using cannabis in the preceding 12 months. Of 12- to 15-year-olds 2.7% reported using cannabis in the previous 12 months, compared with 15% of 16- and 17-year-olds and 19% of 18- and 19-year-olds.

Results indicate that males aged 14 years or older were more likely than their female counterparts to have ever used cannabis (37.1% versus 30.0%), and one in five teenagers aged 14 to 19 reported having used cannabis. This gender differential is seen across all age groups except the 14- to 19-year-olds, in which there is little difference between males and females in terms of lifetime and past-year use.

Of the entire population, those aged 30 to 39 years were the most likely (54.6%) to have used cannabis at some time in their lives. According to McLaren and Mattick, the lower proportion of cannabis use among older age groups compared with younger users is even more striking when recent use is assessed; males aged 14 and older were more likely than corresponding females to have used cannabis in the previous 12 months (1.0 million and 0.6 million, respectively). 12.9% of teenagers aged 14 to 19 had used cannabis in the previous 12 months; those aged

20 to 29 were the most likely age group to have used cannabis in the previous 12 months, with one in five having done so.

According to Hall although rates of cannabis use are considerable, most people who use cannabis do so infrequently. According to the 2004 household survey, approximately half of all recent cannabis users used the drug less than once a month. However, the proportion of recent cannabis users who use cannabis every day is not considered trivial; it is cited at 16% by the Australian Institute of Health and Welfare. Those aged 30 to 39 were most likely to use cannabis every day. The 2004 household survey also shows that of all respondents who used cannabis on a regular basis, the average number of cones or joints smoked on any one day was 3.2.

Statistics show that between 1995 and 2007 (after peaking in 1998), the proportion of both males and females aged 14 years or older who had used cannabis in the previous 12 months declined steadily. Between 2004 and 2007, the decline was significant. Recent cannabis use dropped steadily since 1998 and significantly between 2004 and 2007—from 11.3% to 9.1%, the lowest proportion seen since 1993. Cross-sectional analysis of household survey data shows the age of initiation into cannabis decreasing over time. According to the Mental Health Council of Australia in 2006, the average age of first use for 12- to 19-year-olds was 14.9 years—significantly lower than in previous years.

The percentage of school aged students admitting to past year Cannabis use reduced from 32% in 1996 to 14% in 2005. Cannabis is considered relatively easy to obtain in Australia, with 17.1% of the population recording that they were offered (or had the opportunity to use) cannabis.

Indigenous Australians

Well-documented historical and social factors have contributed to the widespread use of tobacco and alcohol among indigenous communities and according to Perkins, Clough and others, the use of illicit drugs (cannabis in particular) is higher among Aboriginal and Torres Strait Islander peoples than among the non-indigenous population of Australia.

Little detailed information is available on cannabis use in urban or remote indigenous communities. J. Copeland from the NCPIC and others cite 2001 National Drug Strategy Household Survey results showing that 27% of Aboriginal and Torres Strait Islander respondents reported using cannabis in the last 12 months, compared with 13% of non-indigenous Australians. However, these results are likely to under-report cannabis use in non-urban Aboriginal populations; communities are often small, isolated and highly mobile, making data collection problematic. What little detailed information is available on remote indigenous communities comes mainly from targeted studies of several communities in the Top End of Australia's Northern Territory.

Studies that do provide information on cannabis use within the indigenous population show pattern of problematic cannabis abuse that exceeds that seen in the mainstream non-indigenous population. A survey conducted in the mid-1980s by Watson and others[36] failed to detect any cannabis use in Top End indigenous communities. However, by the late 1990s the Aboriginal Research Council provided information suggesting that cannabis was used by 31% of males and 8% of females in eastern Arnhem Land. A further study in 2002 found that cannabis was being used regularly by 67% of males and 22% of females aged 13 to 36.

As part of the 2004 National Drug Strategy, a survey was conducted assessing drug use among indigenous populations living in urban areas. Results showed that 48% had tried cannabis at least once, and 22% had used cannabis in the previous year. Regular cannabis use (at least weekly) was also more common among Aboriginal and Torres Strait Island communities than non-indigenous groups (11% and 4%, respectively).

A statewide survey of students in New South Wales (NSW) indicated that the use of cannabis is significantly higher among indigenous students. Researchers noted that, after adjusting for socio-demographic variables, indigenous students were 1.6 times more likely to have ever tried cannabis than non-indigenous students.

The data describing cannabis use in the indigenous population compared with non-indigenous use varies in the ratio of recent cannabis use to those respondents who have ever used cannabis. In the non-indigenous population, rates of cannabis use in the last 12 months are a third of those ever using cannabis; however, researchers found only a few percentage-points' difference between rates of regular and lifetime use within the indigenous population.

According to McLaren and Mattick, the reasons for high rates of cannabis use among Aboriginal and Torres Strait Islander communities are complex and likely to be related to the social determinants of drug use. Risk factors associated with harmful substance use are often related to poor health and social well-being, stemming from the alienation and dispossession experienced by this population. Spooner and Hetherington confirm that many of the social determinants of harmful substance abuse are disproportionately present in Aboriginal and Torres Strait Islander communities.

A survey about drug use conducted in 1997 of two NSW populations of Aboriginal Australians found that 38% had used Cannabis.

It is very common for young Aboriginal people to create a combination of cannabis and tobacco. The varying reasons for this mix include: the potent burning characteristics of tobacco, the cost of cannabis, and the

desire for the combined effects of both substances.

Synthetic marijuana

Main article: Synthetic marijuana

Synthetic marijuana has nothing to do with cannabis or its use at this time. Before June 2011, synthetic marijuana was not really known in Australia, let alone known as a household threat to the Australian public. However, compulsory employee drug tests at Western Australian mines found that 1 in 10 employees had consumed compounds found in synthetic marijuana. Synthetic marijuana is known as a recreational drug that mimics the effects of cannabis. Its popular usage as opposed to naturally-grown marijuana was attributed to the fact that users could obtain a "legal high", as the compounds in synthetic marijuana were not yet listed as illegal on the Australian Standard for the Uniform Scheduling of Medicines and Poisons [SUSMP] - the governing body of drug listing in Australia. As a result of such, the Western Australian government banned the seven most commonly detected synthetic cannabinoids, followed suit by the federal government in July that year, but the ban lapsed in October 2013.

Due to its popularity among recreational drug users, health professionals began researching the drug. As a result of a study by the Drug and Alcohol Review, it was found that 291 of 316 participants reported side effects in an online survey pertaining to the patterns of synthetic marijuana use. These side-effects included panic, vomiting,

depression and psychosis and some felt the side effects were serious enough to consider seeking medical assistance.

An additional study conducted with the assistance of the UNSW, found that of 1100 self-reported synthetic drug users, 10% of individuals who had admitted to trying synthetic marijuana felt they were going to die, and 75% said they wouldn't try it again.

Legalisation and policy

History

In 1913 Australia signed the International Hague Convention on Narcotics, and extended importation controls over drugs other than opium. 1921 saw the first international drug treaty (the Opium Convention), and in 1925 the Geneva Convention on Opium and Other Drugs saw restrictions imposed on the manufacture, importation, sale, distribution, exportation and use of cannabis, opium, cocaine, morphine and heroin for medical and scientific purposes only.

In 1926 the Commonwealth Government banned the importation of cannabis; in 1928 Victoria passed the Poisons Act and became the first state to control cannabis, followed by South Australia (1934), NSW (1935), Queensland (1937), Western Australia (1950) and Tasmania (1959). In 1940 the Commonwealth extended import restrictions on Indian hemp, including preparations containing hemp.

In 1961 Australia signed the International Single Convention on Narcotic Drugs This convention supports an obligation to make cannabis available as a medicine. Most current state and federal cannabis control Acts in Australia are in contradiction to this.

Professor Robin Room, Director of the Centre for Alcohol Policy Research, Turning Point Alcohol & Drug Centre and Professor of Population Health & Chair of Social Research in Alcohol at University of Melbourne, published an op-ed on the Conversation Australia news website that proposed a regulated cannabis market as one way to reduce problem drinking in Australia. Room stated: "It's time to rebalance laws, not only to cut down how much we are drinking, but also to reconsider whether young experimenters, and those around them, might be better off if the experiments were with another drug, such as cannabis."

Proposed decriminalisation (1970's)

The 1978 NSW Joint Parliamentary Committee Upon Drugs supported the decriminalisation of cannabis; under the proposal, personal use of cannabis would no longer be an offence and users would be given bonds and probation. Trafficking in cannabis would carry severe penalties.[13] However, the 1979 Australian Royal Commission of Inquiry into Drugs recommended against decriminalisation, concluding that such a step would contravene the UN Single Convention on Narcotic Drugs

and lead to calls for the decriminalisation of other drugs. The recommendation was that the consideration of decriminalisation be delayed for another 10 years.

In 1985, against a backdrop of growing awareness at community and government levels of illicit drug use at a national level, the National Campaign Against Drug Abuse (NCADA) was established.

Since 1985, the national drug policy in Australia has been based on the principle of criminalisation and harm minimisation; the National Campaign against Drug Abuse has since become the National Drug Strategy. The National Cannabis Strategy 2006–2009 was endorsed in 2006.

Legal consequences

Australia has largely avoided a punitive drug policy, developing instead harm-minimisation strategies and a treatment framework embedded in a law-enforcement regime. Import and export of cannabis is illegal, and federal penalties apply. Offences can lead to sentences of up to life imprisonment for cases involving import or export of commercial quantities (100 kg and above for cannabis, 50 kg and above for cannabis resin and 2 kg and above for cannabinoids). Offences for quantities below a commercial quantity have lesser penalties attached. Federal offences also target the commercial cultivation of cannabis, domestic trafficking and possession. However, most cannabis offences committed are dealt with under

state and territory legislation.

According to the Ministerial Council on Drug Strategy, the National Drug Strategy and its substance-specific strategies were written for the general population of Australia. The Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003–2006 was developed as a supplement to the national action plans so that these plans could be applied to Australia's indigenous communities.

At a national level, there is no overriding law that deals with cannabis-related offences; instead, each state and territory enacts its own legislation. According to Copeland and others, while some jurisdictions enforce criminal penalties for possession, use and supply, others enact civil penalties for minor cannabis offences. Conviction for a criminal offence will attract a criminal record and can be punishable by jail time and harsh fines. Civil penalties, however, do not result in a criminal record and are generally handled by lesser fines, mandatory treatment and diversion programmes. In fact, all Australian states and territories have implemented systems where non-violent, minor and early cannabis offenders are diverted from the legal system.

Although violent offenders and dealers are excluded, cannabis-cautioning schemes have been implemented in several states. Offenders are issued a caution notice rather than facing criminal proceedings; cautioning

systems include an educational component on the harm of cannabis. Some also contain mandatory counseling or more substantial treatment for repeat offenders.

Australian states and territories

Here are details of the penalty systems in place throughout Australia: in the Australian Capital Territory (ACT), a civil-penalty system for possession of small amounts of cannabis was introduced in 1993. Possession of up to 25 g or two non-hydroponic plants attracts a fine of 100 Australian dollars, due within 60 days. Offenders can choose to attend the Alcohol and Drug Program (ACT Alcohol, Tobacco and Other Drugs Strategy). In South Australia possession of small quantities of cannabis is decriminalised, attracting a fine similar to that for a parking ticket. However, penalties for growing cannabis have become harsher since the advent of widespread large-scale cultivation. There is much confusion on the subject, with many believing that possession of a small amount of cannabis is legal.

In Western Australia, as of August 2011: A person found in possession of 10 g or less of cannabis will receive a Cannabis Intervention Requirement notice to attend a mandatory one on one counseling session. Quantities larger than this attract a penalty of A\$2000 or two years in jail, or both. A person found in possession of more than 100g of cannabis would be deemed to have that quantity for supply and could face a penalty of A\$20,000 or two years in jail. It is also illegal for cannabis smoking

implements to be displayed in shops or sold, with fines up to A\$10,000 for sales to adults and jail for up to two years or a fine of up to A\$24,000 for selling to minors. Opposing political sides have accused the government of changing the laws to appear tough on drugs in response to an increased public fear of clandestine drug labs following a number of them exploding in suburban areas, such as the Lilac Pass Incident.

In New South Wales, Queensland, Victoria and Tasmania, possession and use of cannabis is a criminal offence; however, it is unlikely that anyone caught with a small amount will be convicted. Diversion programs in these states aim to divert offenders into education, assessment and treatment programs. In New South Wales, if one is caught with up to 15 g of cannabis, at police discretion up to two cautions can be issued. In Tasmania up to three cautions can be issued for possession of up to 50 g of cannabis, with a hierarchy of intervention and referrals for treatment with each caution.

Similarly, in Victoria, up to 50 g of cannabis will attract a caution and the opportunity to attend an education program (Victoria Cannabis Cautioning Program); only two cautions will be issued. In Queensland, possession of cannabis or any schedule 1 or 2 drug specified in the Drugs Misuse Regulation 1987 carries a maximum prison sentence of 15 years; however, jail terms for minor possession is very rare. Possession of smoking paraphernalia is also a criminal offence in Queensland.

However, under the Police Powers and Responsibilities Act 2000 a person who admits to carrying under 50 g (and is not committing any other offence) must be offered a drug diversion program.

Adults in the Northern Territory found in possession of up to 50 g of marijuana, one gram of hash oil, 10 g of hash or cannabis seed, or two non-hydroponic plants can be fined A\$200 with 28 days to expiate rather than face a criminal charge.

With the rapid expansion in hydroponic cannabis cultivation, the Australian Drug Misuse and Trafficking Act (1985) was amended in 2006; the amount of cannabis grown indoors under hydroponic conditions that qualifies as a "commercial quantity" or as a "large quantity" was reduced.

In South Australia, the Northern Territory and in the Australian Capital Territory, possession of less than 100 grams can result in fines from \$100 to \$200. In South Australia, fines can also be issued for the possession of a used bong or for possession of other used cannabis-smoking implements.

Medicinal use

The use and cultivation of cannabis is illegal in Australia without authorisation, justification or excuse under law. Medical necessity is also a legitimate defence for some people in Australia for e.g. Clinical trials of cannabis for

medicinal purposes have been suggested by multiple governments. Currently, the only state to start medical trials is NSW, having started the first of three trials in January 2015. This first trial is focused on treating severe epilepsy in children. Support for a change in legislation permitting the use of marijuana for medical purposes remained relatively unchanged between 2004 and 2007. Two-thirds (68.6%) of respondents in the 2007 NDSHS survey supported "a change in legislation permitting the use of marijuana for medical purposes" and almost three-quarters (73.6%) supported "a clinical trial for people to use marijuana to treat medical conditions". Females were slightly more likely than males to support either of these measures.

A media report on 16 May 2013 stated that a New South Wales (NSW) parliamentary committee has recommended the use of medically-prescribed cannabis for terminally ill patients and has supported the legalisation of cannabis-based pharmaceuticals on such grounds. As part of the recommendation, the committee has called upon the cooperation of the federal Australian government for a scheme that would allow patients to possess up to 15 grams of cannabis. Also, both the patients and their carers would be required to obtain a certificate from a specialist, registration with the Department of Health and a photo Identification card.

The committee's report, which included Liberal, National, Labor, Greens and Shooters party members, was

unanimous, but the document acknowledged that NSW had limited powers, as federal laws and bodies such as the Therapeutic Goods Administration governed the regulation of drugs. Also, the committee did not recommend the use of cannabis for chronic pain or for the decriminalisation of marijuana cultivation for personal use. Ellomo Medical Cannabis P/L and Mullaway's Medical Cannabis P/L are two Australian medicinal cannabis companies, and the former was responsible for a submission to the 2013 NSW parliamentary enquiry into the use of cannabis for medical purposes.

In February 2014, Tasman Health Cannabinoids proposed trials of cultivation and processing of medicinal cannabis in Tasmania in conjunction with the University of Tasmania, this was approved in principal by the then Labor Health Minister Michelle O'Byrne, but subsequently rejected by the incoming Liberal Health Minister Michael Ferguson. The company then was granted a licence by the Norfolk Island Government to produce medical cannabis, but that licence was overturned by the island's Administrator, Gary Hardgrave.

On 17 October 2015, the Federal Government announced that it would legalise the growing of cannabis for medicinal and scientific purposes. On 24 February 2016, the Australian parliament made amendments to the Narcotic Drugs Act that legalised the growing of cannabis for medicinal and scientific purposes. Subsequently, the usage of medicinal cannabis was legalised at the federal

level on 1 November 2016 - as of November 2016, medicinal cannabis can be prescribed in New South Wales and Western Australia, with all other states and territories except South Australia and the Northern Territory to follow in 2017.

Supply

Statistics on the prevalence of cannabis use indicate the existence of high demand for the drug. As cannabis is an illicit drug in Australia, a sizeable black market exists to meet demand.

Prevalence and price

The prevalence of cannabis in Australia indicates that the drug is widely available. The University of New South Wales' National Drug and Alcohol Research Centre's Drug Trends Bulletin for October 2009 shows that 58% of cannabis users in NSW believe hydroponically-grown cannabis to be "very easily" available; 43% believe bush-grown cannabis is "very easy" to find. 0% considered hydro cannabis "very difficult" to find and 5% considered bush-grown cannabis to be "very difficult" to find. The results show that figures for the ACT are lower (42% believe hydroponically-grown cannabis is "very easy" to find, as do 29% for bush-grown cannabis. 3% and 7%, respectively, believe that cannabis is "very difficult" to find).

Victoria shows similar figures to NSW; 66% and 32%, respectively, believe cannabis is "very easy" to find and

0% and 3%, respectively, believe it is "very difficult" to find. Tasmania shows similar statistics. In South Australia fewer people consider cannabis (either hydroponically- or bush-grown) "very easy" to find (32% and 37% respectively), with the majority considering it "easy" to find (46% and 21%). Western Australia reports similar statistics as South Australia, as does the Northern Territory. Queensland reports statistics similar to NSW with 64% and 56% of respondents reporting hydroponically grown cannabis and bush cannabis, respectively, "very easy" to find and 3% and 6%, respectively, considering it "very difficult" to find.

The majority of cannabis is domestically produced, with outdoor and hydroponic cultivation common in all states and territories. Single and others note that Australia's climate and the amount of space available is conducive to outdoor cultivation. According to the Australian Crime Commission (ACC) the average price for one gram of cannabis ranged from A\$20–A\$35, although prices in remote areas can be significantly higher. In remote regions of the Northern Territories, for example, the price can reach \$50–\$100 for a gram.

According to the most recent research (2016). The cost of one gram can cost anywhere between \$10–15 a gram, much lower than first thought.

According to Stafford and Burns, an ounce of hydroponically grown cannabis has risen from A\$300–\$320 between 2008 and 2009; an ounce of bush weed

has increased from A\$200–\$229.

NDSHS notes that one in six Australians reported that they were offered or had the opportunity to use cannabis.

The ACC reports that hydroponically-grown cannabis is described by 75% of the 2007 NDSHS respondents as being "easy" or "very easy" to obtain; "bush cannabis" (outdoor-grown cannabis), by contrast, is not as readily available and was reported by over half of the respondents as being "easy" to obtain.

Respondents in the National Drug and Alcohol Research Centre (NDARC) October 2009 Drug Trends Bulletin were asked to rate the purity and potency of cannabis. Statistics show that, in general, hydroponically-grown cannabis is considered to have high purity and potency (NSW 61%; ACT 54%; Victoria 58%; Tasmania 66%; South Australia 65%; Western Australia 69%; Northern Territory 38% [14% low; 31% medium; 17% fluctuates]; Queensland 58%). Bush-grown cannabis is considered to have medium purity and potency (explained by the greater variables in production), with a number of respondents categorizing bush grown cannabis as poor-quality. Respondents reported daily or near-daily use of cannabis.[62]

According to the 2007 NDSHS, 68.5% of cannabis users obtained cannabis from a friend or acquaintance. 4.8% acquired it from a relative, and 19.5% obtained it from a dealer. 7.2% claimed to have acquired the drug in another

way, including "grew/made/picked it myself".

Seizures and arrests

According to the Australian Crime Commission (ACC), cannabis accounted for the greatest proportion of national illicit drug arrests and seizures in 2007/2008 – 5409 kg (5,409,000 grams) were seized nationally over 12 months, accounting for 64% of illicit drugs seized in Australia. This equates to 41,660 cannabis seizures, or 68% of all seizures. 2007/2008 saw 52,465 cannabis arrests, a 7% decrease from figures for 2006/2007. The majority of arrests continue to occur in Queensland.

Despite a slight decrease from 2006, cannabis continues to be the most commonly detected drug amongst police detainees. Self-reporting within this group identifies hydroponically-grown heads as both the preferred and actual form of cannabis used by the majority of detainees.

Furthermore, even though the total amount of cannabis arrests has declined since the mid 1990s, suppliers of cannabis are still arrested more often than suppliers of any other drug. For example, in 2005-06 over half of all the people arrested for supplying drugs were supplying cannabis.

Advocacy

Support for the legalisation of illicit drugs declined slightly between 2004 and 2007 and support for the legalisation for personal use of cannabis fell between 2004 and 2007,

from 27.0% to 21.2%. Males were more likely than females to support legalisation (in 2007, 23.8% versus 18.5%).

Most states and territories have policies or legislation in place which are designed to reduce the penalties for cannabis possession. The objective, according to the Australian Illicit Drug Guide, is to reduce backlogs in the judicial system caused by what are considered minor cannabis offences and to divert offenders into treatment and counselling.

Cannabis-cautioning programs operate in Victoria, NSW, ACT, WA and Tasmania as part of the Illicit Drug Diversion Initiative. These programmes are policy-based (rather than legislation-based) approaches. Most states also have separate cautioning systems for juvenile offenders.

Australian lawmakers recently passed a measure to legalize the growing of cannabis for medical use within a part of the world renowned for zero-tolerance and harsh penalties for illegal drugs.

The government introduced a bill to Parliament that would amend the Narcotics Drugs Act 1967 and create a licensing scheme for growing medicinal cannabis. Marijuana is currently illegal throughout Australia, but two states are considering making the drug available for therapeutic uses.

“This government understands that there are some Australians suffering from severe conditions for which cannabis may have applications and we want to enable access to the most effective medical treatments available,” Health Minister Sussan Ley told Parliament.

The bill is guaranteed to become law, with the main opposition party immediately pledging support.

Southeast Asia has some of the world’s toughest drug laws.

Indonesia, Australia’s nearest neighbor after Papua New Guinea, created a diplomatic rift last year by rejecting Australian pleas to spare the lives of two Australian heroin traffickers.

The Australians were among eight drug convicts executed by firing squad in April. Indonesia argued that the tough response was needed because narcotics abuse among Indonesians had reached a crisis level.

Edward Aspinall, an Australian National University expert on Indonesian politics, did not expect marijuana crops growing legally in Australia would damage relations with Indonesia.

“If it even rates notice among the Indonesian authorities or politicians, it will just be seen as an example of the inappropriately liberal and permissive nature of Western

societies,” Aspinall said.

The government said the proposed amendment would meet Australia’s international obligations to ensure that production, manufacture and distribution of marijuana was for medical and scientific purposes only.

A government survey of 24,000 Australians nationwide found in 2013 that 69 percent of respondents supported a change of law to permit cannabis use for medicinal purposes.

Under the new federal scheme, patients with a valid prescription can possess and use medicinal cannabis products manufactured from cannabis legally cultivated in Australia, provided the supply has been authorised under the Therapeutic Goods Act and relevant state and territory legislation. The changes put medical cannabis in the same category as restricted medicinal drugs such as morphine.

The Victorian government announcement last year that it will legalise the drug for medical use in 2017. NSW is also currently conducting trials into a cannabis-based drug, Epidolex, with a focus on children with epilepsy, and leading the state-based focus on medical marijuana.

The Therapeutic Goods Administration (TGA) is due to hand down its interim decision on scheduling cannabis for medicinal purposes next month. The minister said an independent Advisory Committee will be set up to oversee

the next stage of the rollout of a national regulator for medicinal cannabis.

“A national regulator will allow the government to closely track the development of cannabis products for medicinal use from cultivation to supply and curtail any attempts by criminals to get involved,” Ms Ley said.

Australia is about to see an explosion of capital investment in a product that, up until recently, has been the domain of the criminal underworld.

After years of lobbying by doctors, cancer patients and parents of sick children, medical cannabis has finally been legalised.

And with the ink still drying on the Federal Government’s laws, key players are ready to pounce on what is tipped to become a billion-dollar industry (once state laws catch up, and a national regulator is established).

But for Australians already buying cannabis under murky legal conditions, the impact of the new legal industry remains uncertain.

Canadian company Tilray is about to embark on the world’s biggest clinical trial of marijuana’s impact on chemotherapy patients in partnership with the NSW Government and the University of Sydney.

If all goes well, the company is looking to import cannabis

products from its state-of-the-art facility on Vancouver Island, where it grows and extracts the product that has spawned a \$250 billion global industry, and establish a plantation on Australian soil.

“In Australia, we think that medical cannabis has potential to be a billion-dollar industry, and can create thousands of skilled jobs and generate tens of millions of dollars in foreign investment,” the company’s global president Brendan Kennedy told news.com.au.

“We hope to invest significant capital in Australia in coming years ... We intend to break ground on an Australian facility in the next 12 months.”

Tilray’s hi-tech Canadian greenhouse has 100,000 plants and 50 different strains of cannabis, which its team of botanists and biochemists cultivate for their different medicinal properties.

But for Bendigo mum Cheri O’Connell, the medicine she needs for 10-year-old Tara is closer to home — and a hell of a lot cheaper.

Tara, who has a life-threatening form of epilepsy called Dravet syndrome, used to have up to 200 seizures a day and was expected to die before her ninth birthday.

“Now she’s walking, talking, running, reading — all those things that we just never thought possible,” Ms O’Connell said.

Her recovery began in 2013 when she started taking a tincture made from THCA, a non-psychoactive cannabinoid extracted through a process developed by Nimbin identity Tony Bower through years of trial and error.

Ms O'Connell does not pay for the product, but believes when it is available in the retail market it would sell for between \$30 and \$100, depending on the bottle size and strength. She has looked at the prices of medical cannabis products available in the United States and found they cost up to \$2000 a month.

She fears regulation will push up the price of the product that has allowed her family a normal life — or worse. Mr Bower, who has been distributing his products to the ill and infirm for more than a decade through his business Mullaways Medical Cannabis, argues he can make the pain-relieving tinctures more cheaply than big pharma.

“We have something in Australia that we know works,” he told news.com.au.

While Mr Bower's products have not been chosen for a clinical trial, his customers swear by it — and, without an affordable option, “will just keep getting it illegally”, he said.

Aside from the cost, parents live with the ever-present fear of an education department crackdown.

Tara has to take her medicine several times during the

school day, and this has already seen her excluded from a special needs school.

“We have the knowledge that, at any time, if the education department or anyone up the chain says ‘sorry we can’t do it at school anymore’, then she’ll be home schooled,” Ms O’Connell said.

Mr Bower, who has raised \$10 million from private investors to set up five shade houses with 600 plants, said he was considering a move to Victoria, where he believes the approval process may be quicker.

Cardiologist Dr Ross Walker, who recently became a director of mining-turned-cannabis company MGC Pharmaceuticals, said getting cannabis products onto the PBS could take years.

Dr Walker, who describes cannabinoids as “the next big thing in medicine”, said he hoped the process could be expedited in order to get the medicine to those who need it.

“I’ve seen three patients in the last two days who I think would be highly suitable for medical cannabis,” he said.

“One girl with very serious breast cancer, and another person with severe pain where they’re just not getting any relief from the current therapy available. And another person with pain. I just think it’s dreadful that we can’t offer these things to people.”

MGC, an Israeli company that relisted on the Australian Stock Exchange last week after being bought out by Erin Resources, operates a cannabis growing and extraction facility in Slovenia where it makes skin care products and cosmetics containing a non-psychoactive extract called Cannabidoil (CBD).

The company plans to grow cannabis locally once the regulatory system has been set up.

Both MGC and Tilray will offer cannabis products on a compassionate use basis, through the Therapeutic Goods Administration's special access scheme. This will allow a small number of seriously ill patients to access the drugs at a lower cost.

The Federal Health Department says in a statement on its website: "The Government wants to ensure that Australians get access to the most effective medical treatments that are available, but it is important to ensure we follow the principles of evidence-based medicine.

"The Government has a duty to ensure that any therapeutic product, including medicinal cannabis, is a safe and effective treatment for public use, and also meets the manufacturing standards that the Australian public expect."

The Australian government has passed new national laws to permit the use of medicinal cannabis by people with

painful and chronic illnesses. The amendments to the Narcotic Drugs Act will allow cannabis to be legally grown for medicinal purposes without repercussion from the law.

Who's doing what now?

The Narcotic Drugs Act was amended in parliament today to permit the legal cultivation of cannabis for the manufacture of medicinal cannabis products in Australia. The Amendment Bill essentially allows licensing and permit schemes to be established for the cultivation and production of cannabis and cannabis resin for medicinal and scientific purposes.

The Commonwealth currently has laws that permit the importation of raw cannabis material into Australia for medicinal purposes but cultivation of the plant wasn't allowed. As the Bill explains:

“The manufacturing provisions in the Narcotic Drugs Act 1967 are considered inadequate to properly manage the risks associated with the potential for diversion of medicinal cannabis products and other narcotic drugs.”

How's it going to work?

The cultivation, production and manufacturing process will be regulated by a state or territory government agency. There's no change to Australia's strict international obligations to drug safety, which means the process will be tightly controlled. As explained in the Bill:

“As a signatory to the Single Convention, Australia agrees that the licit use of narcotic drugs must be tightly regulated to ensure that public health is protected from the risks of diversion into illicit markets.”

Additionally, the Secretary of the Department of Health will have the power to order the destruction of cannabis produced by a licence holder. This allows the Secretary to control the level of production and prevent unnecessary accumulation.

Licence holders will also need to ensure crops are carefully secured and accounted for so as not to be diverted to illicit uses. Substantial penalties will apply for breaches of conditions and for undertaking unauthorised activities.

There will be two cannabis licences: one that authorises the cultivation of cannabis for manufacture into medicinal cannabis products, and another that authorises research into the cannabis plant that is to be used for medicinal purposes. (For example, testing growing conditions, cannabinoid yields from different strains and ensuring consistency in yields.)

The drug will be manufactured in multiple forms: for example, NSW is currently in the process of trialing the cannabis-based drug Epidolex which is geared towards children with epilepsy. Meanwhile, Perth-based medical business MGC Pharmaceuticals is working with the

University of Sydney to develop a federal government white paper on creating a medical cannabis industry.

Naturally, recreational cannabis cultivation and use will remain illegal. State-based criminal laws remain unchanged.

How do you get the cannabis?

It's "medical marijuana". Under the new federal scheme, patients with a valid prescription can possess and use medicinal cannabis products manufactured from cannabis legally cultivated in Australia, provided the supply has been authorised under the Therapeutic Goods Act and relevant state and territory legislation. The prescription process is basically no different to other sometimes-illicit medicinal drugs such as morphine.

Who's paying for all this?

The Government anticipates that there will be costs involved in the regulation of the cultivation licensing scheme, ranging from administration of licence applications and site inspections to "sampling and testing". The Government has proposed that these be funded from a cost-recovery scheme "consistent with the Commonwealth's cost-recovery guidelines."

They're gonna need someone to grow this stuff, right?

Can I get in on that?

Probably not. As outlined in the Bill, all applicants must complete a strict 'fit and proper person' test that will cover

such matters as criminal history, connections, associates and family, financial status, business history and capacity to comply with licensing requirements:

“This test is explicitly designed to ensure the exclusion of criminal elements, including organised crime, which may be tempted to use the licence scheme as cover for illegal activities.”

Many aspects of a medical marijuana program could take time to fully develop – but government officials are prepared to make changes to the legislature as needed during this process. They have yet to determine what types of marijuana will be grown, how it will be distributed to patients, let alone they still have to get doctors to agree to work with patients seeking this alternative treatment.

Among the many lawmakers and activists who helped to bring this new law into reality is Lucy Haslam, who ran the campaign and created an organization called United in Compassion. She created the group after her son died last year to cancer. While petitioning for reform on these laws she was not shy to tell lawmakers that she used cannabis to help her son get through his roughest days.

“[Daniel] would really be at peace today,” Haslam said after hearing Parliament’s decision. “He didn’t want to die...but it would give him peace to know this is going to help so many Australians. I think he’d be proud.”

I'm sure her son is proud and it is so nice to see that the Australian government took their citizens seriously about this situation. All people are asking for is legal and safe access to a plant that has a multitude of medicinal properties – and the Australian government saw this and decided to help people gain safe access to a natural medicine.

Use of cannabis (also known as marijuana) for medical or recreational use is illegal in most countries as a result of agreements reached in the International Opium Convention (1925).

However, many countries have decriminalized the possession of small amounts of cannabis, and many countries have conflicting laws about cannabis possession.

For instance, although federal U.S laws declare the use of marijuana is illegal, one-half of the U.S. states have enacted laws to legalize medical marijuana and four states have legalized marijuana for recreational use.

In Spain, Belgium, and Switzerland sale of marijuana is illegal but the growing of cannabis plants for personal use is legal in some areas and in some quantities.

In India, some religious uses of cannabis are legal in some states, and cannabis is sometimes sold in government-authorized shops, although it is otherwise illegal.

Updates:

Cannabis is the most widely used illicit drug in Australia, with a reported one-third of all Australians aged 22 or older (33.5%, about 5.8 million) having tried cannabis and 1 million using it in the past year. It is estimated that 750,000 Australians use cannabis every week, and approximately 300,000 smoke it on a daily basis.

Australia has one of the highest cannabis prevalence rates in the world, and Australia's indigenous population has higher levels of cannabis use. Although recreational cannabis use is illegal in Australia, the country has largely avoided a punitive drug policy focusing on harm-minimization strategies and a treatment framework embedded in a law-enforcement regime. Indeed, in recent years politicians have lent increasing support towards the legalization of marijuana, with senators and politicians from both majority sides of the cabinet 'throwing their support behind the legalization of medical cannabis.

On 24 February 2016, Australia legalised medicinal cannabis at the federal level.