



Australian Indigenous HealthInfoNet

Alcohol and Other Drugs
Knowledge Centre



***What do we know about the impacts of
cannabis use in Aboriginal and Torres Strait
Islander communities?***

Dr. Julia Butt

**Senior Research Fellow, Healthway Fellow
National Drug Research Centre (NDRI)
Curtin University, Western Australia**

Thursday 21 May 2020

Core funding
is provided by the
Australian Government
Department of Health



Operated by

Australian Indigenous
HealthInfoNet



National Drug &
Alcohol Research Centre



national drug research institute





Australian Indigenous HealthInfoNet

Alcohol and Other Drugs
Knowledge Centre



Acknowledgement of Country

We would like to acknowledge the Traditional Owners of the land we are standing on today, the Whadjuk people of the Nyoongar nation, and pay our respects to Elders past, present and future.

Core funding
is provided by the
Australian Government
Department of Health



Operated by

Australian Indigenous
HealthInfoNet



National Drug &
Alcohol Research Centre



national drug research institute



Cannabis

What do we know about the impacts of cannabis use in Aboriginal and Torres Strait Islander Communities?

Dr. Julia Butt

Senior Research Fellow, Healthway Fellow

National Drug Research Institute, Curtin University

Acknowledgements

- Healthway  healthway
- A/Professor Ted Wilkes

- This presentation reviews recreational cannabis use.

Overview

- Health risks associated with cannabis
- Prevalence of cannabis
- What we know about patterns of cannabis use
- Impacts on individuals
- Impacts on communities
- Impacts on workforce and organisations
- What else we need to know.

What is cannabis

- Gunja, yarndi
- Dried leaves and buds of cannabis plants (pot), resin (hash), or concentrates
- Typically smoked, but can be baked or drunk as a brew
- Cannabis contains chemicals called cannabinoids – THC-psychoactive, CBD – not
- THC; it is a hallucinogen and moves from the lungs / gut into blood stream to the brain.

Health risks associated with cannabis

- Short-term effects of cannabis (stoned):
 - increased appetite
 - blood-shot eyes
 - Increased heart-rate
 - altered senses (for example, seeing brighter colours) and sense of time
 - changes in mood – laughter, relaxation/sociability; also anxiety/paranoia
 - impaired body movement
 - difficulty with thinking and problem-solving
 - impaired memory
 - hallucinations (when taken in high doses)
 - delusions (when taken in high doses).

Long term risks associated with cannabis

- Respiratory conditions
 - sore throat, bronchitis
 - lung cancer when used with tobacco
- Cognitive effects
- Intense nausea and vomiting
- Mental health
 - worsening of symptoms
 - family history
- Maternal and child health

Longer term risks associated with cannabis

- Risk of dependence
 - tolerance
 - Withdrawal
 - aggression as a component of withdrawal?
- Rate of dependence
 - difficult to estimate but considered to be approx. 1 in 10.

Social effects

- People who use, compared to those who do not:
 - lower life satisfaction
 - poorer mental health
 - poorer physical health
 - more relationship problems
 - reduced academic and career success.

Cannabis in Australia

- Laws vary from state to state
- Availability and introduction of cannabis developed at different times across Australia
- Changing potency
- Policy is changing and complex
 - the impact of medicinal cannabis.

Prevalence of cannabis use

- International
 - most commonly use illicit drug
 - around 200m (20m dependent) Hamilton, 2019
- National
 - 2016 NDSHS -35% over lifetime; 10.4% past 12 months (AIHW, 2020)
 - ASSAD: 17% over lifetime; 8% past year (Guerin & White, 2016)

Prevalence of cannabis use

- Aboriginal and Torres Strait Islander population
 - 2018-2019 NATSIHS: 24% in past 12 months (31.4% males; 17.7% females).

Prevalence of cannabis use

- Other research
 - *‘Talking about the smokes’* (Thomas et al.,)
 - Pregnant women (Williams et al., 2017)
 - incarcerated populations e.g. 46% Aboriginal male inmates (Doyle et al., 2015)
 - youth populations – cannabis very common: 20% 16-29 year olds used at least weekly (Bryant et al., 2016)
 - Yet it often not thought of when asked about ‘drugs’ (Wilson et al., 2013)

Prevalence of cannabis use

- Our research with health workforce – *‘Could it be the gunja?’*
- Prevalence - clients
 - questionnaire: 30% reported ‘most’ of their clients used cannabis (50% reported either ‘a quarter’ or ‘a few’)
- Prevalence – community
 - questionnaire: Questionnaire: 94.5% reported use was ‘common’ or ‘very common’ in community
 - 47% reported availability of cannabis had ‘increased’ over the past 3 years
 - focus groups: So common that it is almost normal.

Pattern of cannabis use

- Small studies in remote communities
 - not possible to generalise but significant research
 - *QLD: Bohanna & Clough, (2011); Graham & Clough, (2018)*
 - *NT: Clough et al. (2000's)*

Impacts of cannabis use on health and wellbeing

- Dependence
- Respiratory health
- Mental health
 - diagnosable mental illness
 - stress management
 - wellbeing; self esteem, motivation, general wellness
- General health – sleep, diet
- Tobacco use.

Impacts of cannabis on community

- Economic effects
- Legal consequences
- Black market effects
- Family functioning
- *Little Children are Sacred.*

Impacts of cannabis on community

- Cannabis use is normalised...
- Significant harms in remote communities
- Cannabis use impacts can be slow to emerge
- Fears that cannabis protects from alcohol related harm.

Impacts of cannabis on service providers

- Cannabis use is present
 - Cannabis is the *other* drug in polydrug use
- Complicating factor in health conditions
- Not knowing what to do: confidence, role validity, knowledge, skills, resources
- Treatment availability
- Opportunity for intervention at community and individual level.

What do we know?

- Cannabis use is common
- Cannabis can cause harm
- Research and practice has a tendency to look the other way. '*Cannabis neglected but endemic*' (Lee, Conigrave, Patton, & Clough, 2009)
- Finding room on the health agenda is difficult.

What do we need to know?

- Prevalence
- Pattern
- Course
- Consequences
- Cannabis use in pregnancy
- Health literacy
- Attitude and perception of harm
- Quitting experiences
- Workforce support
- Intervention development – at all levels

References

- Australian Institute of Health and Welfare. (2020). Alcohol, tobacco & other drugs in Australia. Retrieved from <https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia>
- Bohanna, I & Clough, A.R. (2011) Cannabis use in Cape York Indigenous communities: high prevalence, mental health impacts and the desire to quit. *Drug and Alcohol Review*, 31 (4) 580-584
- Bryant, J et al. (2016) Illicit and injecting drug use among Indigenous young people in urban, regional and remote Australia. *Drug Alcohol Rev* 35(4):447-55
- Budney, A. J. et al. (2003). The time course and significance of cannabis withdrawal. *Journal of Abnormal Psychology*, 112 (3), 393–402.
- Clough, A. R., et al. (2002). Rising cannabis use in remote Indigenous communities. *Medical Journal of Australia* 177: 395-396
- Clough, A. R., et al. (2004). Emerging patterns of cannabis and other substance use in Aboriginal communities in Arnhem Land, Northern Territory: a study of two communities. *Drug and Alcohol Review* 23(4): 381-390.
- Doyle, M.F., Butler, T.G., Shakeshaft, A. et al. (2015) Alcohol and other drug use among Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander men entering prison in New South Wales. *Health Justice* 3, 15
- Graham, V. E., & Clough, A. R. (2018). Cannabis use among remote Indigenous Australians: opportunities to support change identified in two waves of sampling. *Frontiers in public health*, 6, 310.
- Guerin, N. & White, V. (2018). ASSAD 2017 Statistics & Trends: Australian secondary students' use of tobacco, alcohol, over-the-counter drugs, and illicit substances. Cancer Council Victoria
- Lee, K.S.K., Conigrave, K.M., Patton, G.C., & Clough, A.R (2009). Cannabis use in remote Indigenous communities in Australia: endemic yet neglected. *The Medical Journal of Australia*. 190. 228-9. 10.5694/j.1326-5377.2009.tb02379.x.
- Hamilton, I. (2019) Millions use cannabis, but figures for how many become dependent aren't reliable. *The Conversation*, June 3, 2019
- Smith, P.H, Homish, G.G., Leonard, K.E., & Collins, L.R. (2013) Marijuana withdrawal and aggression among a representative sample of U.S. marijuana users, *Drug and Alcohol Dependence* 132, 63-68.
- Thomas, D.P., Davey, M.E., Panaretto, K.S., & van der Sterren, A.E. (2017) Cannabis use among two national samples of Aboriginal and Torres Strait Islander tobacco smokers: cannabis use in Aboriginal and Torres Strait Islander tobacco smokers. *Drug and Alcohol Review*, 37, DO - 10.1111/dar.12609
- Wilson, M., Butt, J., Gower, D., Wilkes, M., Gray, D., & Howe, N. (2013). Drinking in the suburbs: The experiences of Aboriginal young people. National Drug Research Institute, Curtin University, Perth, Western Australia

National Drug Research Institute

Preventing Harmful Drug Use in Australia

Dr Julia Butt
Senior Research Fellow, NDRI

julia.butt@curtin.edu.au



Australian Indigenous HealthInfoNet

Alcohol and Other Drugs
Knowledge Centre



Thank you

Dr. Julia Butt
National Drug Research Centre (NDRI)
Email: Julia.Butt@curtin.edu.au

Vilma FitzGerald
Australian Indigenous HealthInfoNet
Email: v.fitzGerald@ecu.edu.au

Core funding
is provided by the
Australian Government
Department of Health



Operated by
Australian Indigenous
HealthInfoNet





☰ Cannabis ▾

🏠 > Learn > Specific drugs > Cannabis

Cannabis

Cannabis is a drug that comes from the marijuana plant. It is known by different names such as gunja, yarndi, marijuana, pot, or weed [1]. Cannabis can be smoked or added to foods and baked [2]. There is also a synthetic (man-made) form of cannabis, which may be more harmful than regular cannabis [3].

What are the short term effects?

People who smoke cannabis feel its effects immediately [3]. When eaten, it takes about an hour to feel the effects. Using cannabis makes you 'high' or 'stoned'. Cannabis affects your ability to react quickly and pay attention to the road which makes driving dangerous. The short term effects of cannabis are different for everyone but can include:

- feeling happy, talkative and less self-conscious
- decreased nausea
- feeling hungry
- lack of coordination
- feeling suspicious about other people (paranoia).

What are the long term harms of using cannabis?

Long term use of cannabis can affect a person's social and emotional health. It can trigger psychosis and depression, or make a person's depression worse. Effects from using cannabis regularly over a long time include [3][1]:

- increased risk of lung diseases associated with smoking (such as cancer)
- increased risk of getting regular colds and flu
- poor memory
- not wanting to do things (lethargy)

- Prevalence
- Prevention and education
- Treatment and support



AODconnect provides a national listing of alcohol by region or postcode and other drug treatment services for Aboriginal and Torres Strait Islander people.

The interactive app is intended for Aboriginal and Torres Strait Islander alcohol and other drug (AOD) workers, community members or any health professional working in the AOD sector looking for a culturally appropriate service.

<https://aodknowledgecentre.ecu.edu.au/learn/specific-drugs/cannabis/publications/29960>

Core funding
is provided by the
Australian Government
Department of Health





Australian Indigenous HealthInfoNet

Alcohol and Other Drugs
Knowledge Centre



Contact details

Alcohol and Other Drugs Knowledge Centre
Australian Indigenous HealthInfoNet
Edith Cowan University
2 Bradford Street
Mt Lawley WA 6050
Ph: (08) 9370 6336

Email: aodknowledgecentre@healthinfonet.org.au

Website: <https://aodknowledgecentre.ecu.edu.au>

Newsletter subscription: <https://healthinfonet.ecu.edu.au/key-resources/newsletters/>

Core funding
is provided by the
Australian Government
Department of Health



Operated by
Australian Indigenous
HealthInfoNet

