



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?

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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.

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Cannabis


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

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Acknowledgements

- 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

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Thank you

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Cannabis

Cannabis is a drug that comes from the marijuana plant. It is known by different names such as gunja, yarndi, marijuwana, 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>

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