

Workers' use of cannabis for self-reported medical purposes in Australia: A nationally representative cross-sectional analysis of prevalence and predictors

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Introduction: Medicinal cannabis has been available via prescription in Australia since 2016, with implications for health and safety. However, little is known about use by employed Australians. This study estimated prevalence, and examined demographic, health, behavioural, and occupational predictors.

Methods: Secondary analysis of employed participants in the 2019 and 2022–23 National Drug Strategy Household Surveys (N = 24,954), the only waves to include questions on medical cannabis use. Cannabis use was classified as medical use (exclusive or combined with non-medical use), exclusively non-medical use, or abstention. Weighted prevalence estimates were calculated across demographic, health, behavioural, industry, and occupation groups. Multinomial logistic regression examined predictors of medical and exclusively non-medical use, with abstainers as the reference group.

Results: Across both surveys, 2.7% of workers reported cannabis use for medical purposes in the previous 12 months, while 11.1% reported exclusive non-medical use. The prevalence of medical use did not differ between surveys. Among workers reporting medical use, 82.3% had not obtained cannabis through a physician's prescription. Prevalence was highest among workers in Administration and Support Services and Wholesale Trade, and among Labourers and Technicians and Trades Workers. Chronic pain, smoking, monthly heavy episodic drinking, younger age, male sex, and never-married status were associated with higher odds of medical use.

Discussions and Conclusions: Cannabis use for medical purposes was uncommon but present across industries and occupations. Higher prevalence in some manual occupations aligns with chronic pain exposure in physically demanding work. Limited engagement with prescribers may reduce access to medical oversight, clinical guidance, and adverse effect management.

Implications for communities, practice, policy and/or First Nations communities:

Workplace responses should distinguish medical from non-medical cannabis use. Approaches must balance worker wellbeing with workplace safety, particularly where chronic pain and non-prescribed access intersect with safety-relevant tasks.

Disclosure of Interest Statement: Kirrilly Thompson, Gianluca Di Censo, and Jacqueline Bowden receive funding from the Australian Department of Health, Disability and Ageing to support research regarding alcohol and other drugs.