

# Exploring cannabis use motives and associations in Australia

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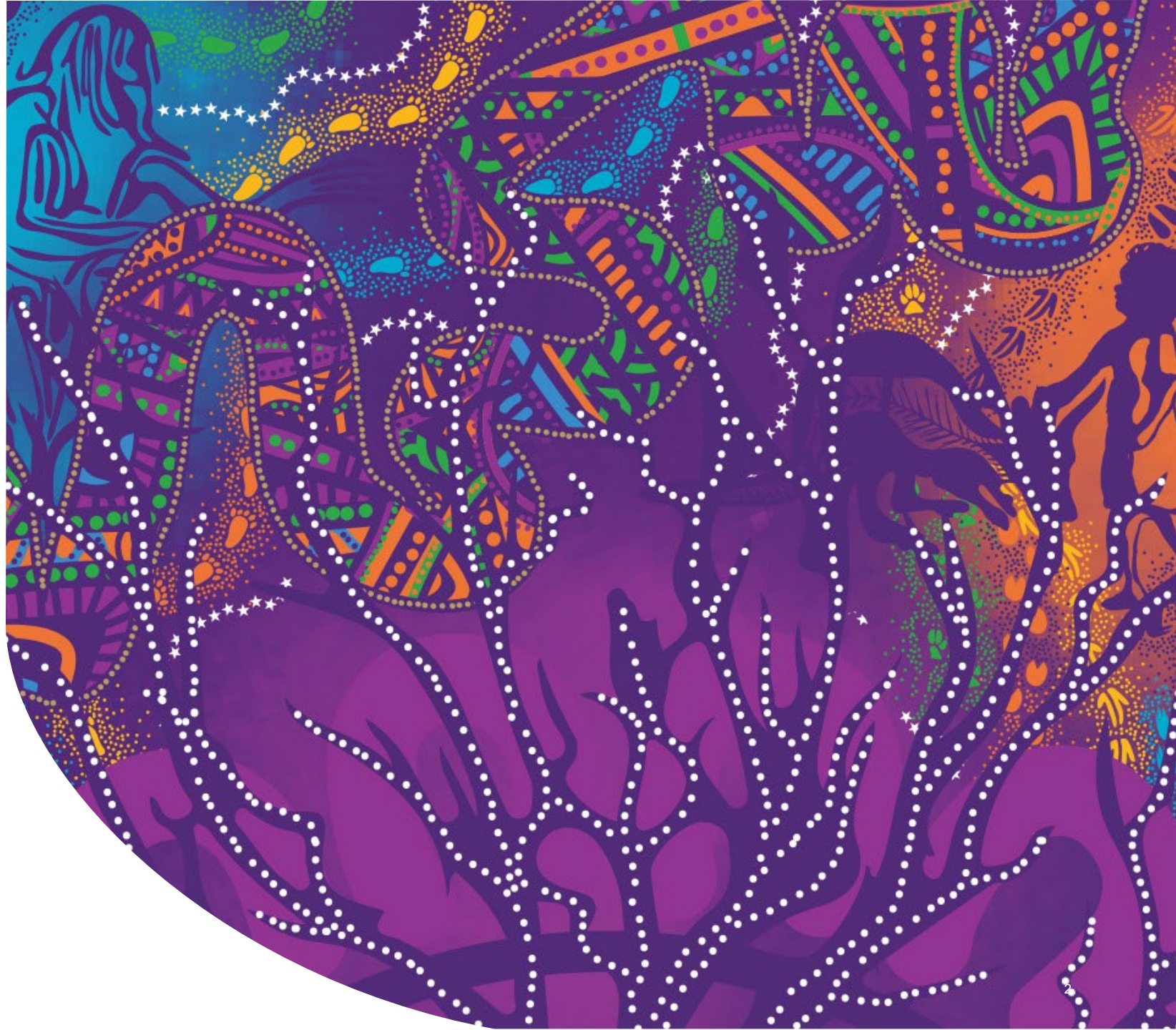
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# Acknowledge of Country

I acknowledge that I am a visitor on the lands of the Ngunnawal people.

I extend my respect and acknowledgment to the Traditional Custodians of Meanjin and the Wurundjeri Woi-wurrung people of the Kulin Nation, where this work was carried out.

I recognise that sovereignty has never been ceded and that ongoing colonial structures and policies remain today.



# Disclosures

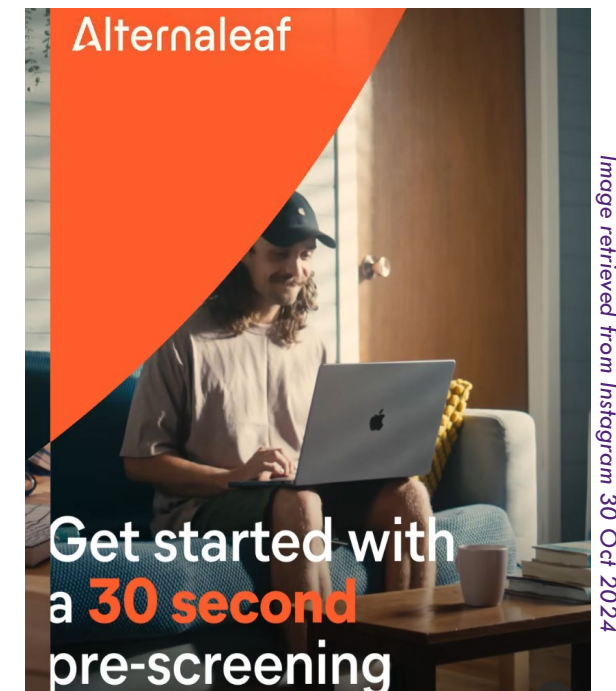
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- No conflicts of interest to declare



# A brief history

Cannabis has been prescribed as an unapproved medicine in Australia since 2016

Most commonly prescribed for chronic pain, anxiety, sleep disorders, PTSD and cancer<sup>1</sup>



1. Australian Government Department of Health and Aged Care. SAS-B Approvals, Canberra (AU): Department of Health and Aged Care; 2024

# The current study

The information presented today represents preliminary findings only.

1. To examine the proportion of people who used cannabis in the past 12 months for different motives (i.e., medical-only, recreational-only & dual-use);
2. To test the relationship between commonly prescribed health conditions and cannabis use motives



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# Methods

## International Cannabis Policy Study (2023, Wave 6, Australia)

A cross-sectional multi-country survey

### Participants

- Inclusion criteria: had tried cannabis in lifetime, informed consent
- $N = 3,042$
- Aged 16-65 ( $M = 39.90$ ,  $SD = 0.27$ )
- 50.1% female at birth

### Data analysis

- Weighted by sample weights and strata

# Methods

## Cannabis use motives measure

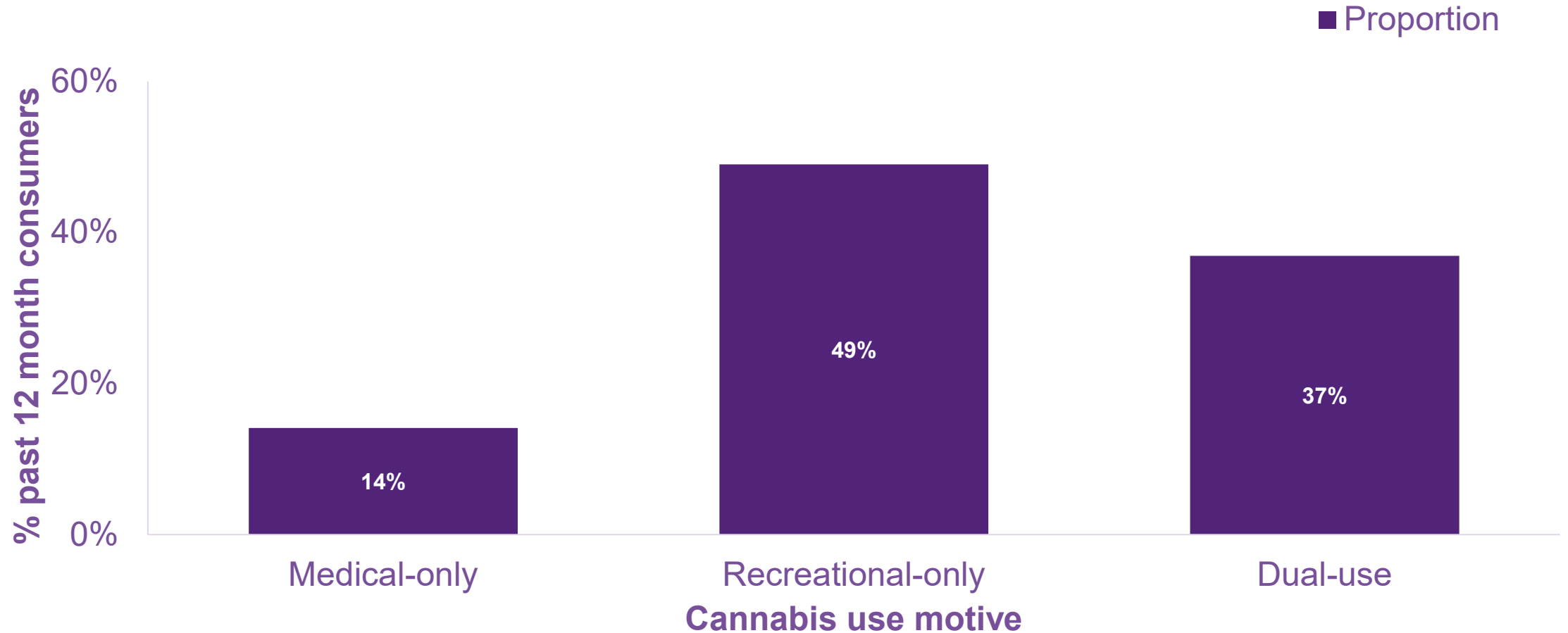
Do you use marijuana for medical reasons, recreational reasons, or both?

*By “medical marijuana user,” we mean someone who uses marijuana only to manage a medical condition.*

- Medical use only
- Recreational use only
- Both recreational and medical use (i.e. dual use)

# Preliminary Results

Proportion of cannabis use motives in past 12-month Australian consumers





# Pain

(including arthritis, neuropathy or premenstrual syndrome)

*Is using cannabis for pain more likely in consumers with different motives for cannabis use?*

Using cannabis for pain was associated with a significantly higher likelihood of being a medical-only consumer of cannabis compared to recreational-only (OR = 3.97, SE = 0.28,  $t = 4.92$ ,  $p < .001$ )

Same pattern for dual-use cannabis consumers compared to recreational-only (OR = 3.97, SE = 0.22,  $t = 6.26$ ,  $p < .001$ )

No significant difference in odds between medical-only and dual-use consumers

No significant effects of control variables

Logistic regression

DV: Individuals who self-reported using cannabis for pain

IVs: Cannabis motive, age, sex at birth, education, income adequacy

# Anxiety

(including phobia, obsessive-compulsive disorder or a panic disorder)

*Is using cannabis for anxiety more likely in consumers with different motives for cannabis use?*

Using cannabis for anxiety was associated with a significantly higher likelihood of being a medical-only consumer compared to recreational-only (OR = 2.89, SE = 0.28,  $t = 3.82$ ,  $p < .001$ )

Same pattern for dual-use cannabis consumers compared to recreational-only (OR = 3.16, SE = 0.21,  $t = 6.26$ ,  $p < .001$ )

No significant difference in odds between medical-only and dual-use consumers

No significant effect of control variables

Logistic regression

DV: Individuals who self-reported using cannabis for anxiety

IVs: Cannabis motive, age, sex at birth, education, income adequacy

# Sleep

(Problems sleeping)

*Is using cannabis for sleep more likely in consumers with different motives for cannabis use?*

Using cannabis for sleep-related problems was associated with higher odds of dual-use motives compared to recreational-use only (OR = 3.53, SE = 0.54,  $t = 2.36$ ,  $p < .05$ )

No significant difference in odds between medical-only and recreational-only use

No significant effect of control variables

Logistic regression

DV: Individuals who self-reported using cannabis for problems sleeping

IVs: Cannabis motive, age, sex at birth, education, income adequacy

# PTSD

Post-traumatic stress disorder (PTSD) or traumatic event (e.g., abuse or loss)

*Is using cannabis for PTSD more likely in consumers with different motives for cannabis use?*

Dual-use motives were associated with over three times higher odds of using cannabis for PTSD compared to recreational-use only (OR = 3.53, SE = 0.25,  $t = 5.09$ ,  $p < .001$ )

Medical-only motives were associated with lower odds of using cannabis for PTSD compared to dual-use (OR = 0.49, SE = 0.16,  $t = -2.13$ ,  $p < .05$ ).

No significant difference in odds between medical-only and recreational-only use

No significant effect of control variables

Logistic regression

DV: Individuals who self-reported using cannabis for PTSD

IVs: Cannabis motive, age, sex at birth, education, income adequacy

**Dual-use motives may be associated with using cannabis for commonly prescribed health conditions**

**What might be the impact of dual use on adverse outcomes?**



# Conclusions

Consistent with existing literature, recreational use was found to be the most common motive for cannabis consumption in Australia.

However, dual-use motives are also common in Australia and may be associated with using cannabis for commonly prescribed health conditions.

# Future directions

Given the infancy of medicinal cannabis policy in Australia, it is important to continue to monitor trends in cannabis use, particularly in individuals with dual-use motives.

The next direction is to examine dual use consumers' patterns of cannabis use and potential adverse outcome

# Supervisory team and collaborators

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# Thank you

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