



Legislative Council
Legal and Social Issues Committee

Inquiry into the Drugs,
Poisons and Controlled
Substances Amendment
(Regulation of Personal Adult
Use of Cannabis) Bill 2023

Inquiry

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About the Committee

Functions

The Legal and Social Issues Standing Committee will inquire into and report on any proposal, matter or thing concerned with community services, education, gaming, health, and law and justice.

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Terms of reference

Inquiry into the Drugs, Poisons and Controlled Substances Amendment (Regulation of Personal Adult Use of Cannabis) Bill 2023

On 11 September 2024, the Legislative Council agreed to the following motion:

That this House requires the Legal and Social Issues Committee to inquire into, consider and report, no later than 18 March 2025, on the Drugs, Poisons and Controlled Substances Amendment (Regulation of Personal Adult Use of Cannabis) Bill 2023, including consideration of the impacts of the Australian Capital Territory's decriminalisation of the personal use of cannabis.

Chair's foreword

This Report from the Legal and Social Issues Committee examines a Bill introduced in the Legislative Council by the Legalise Cannabis Party, to regulate the personal use of cannabis in Victoria. The Bill was sent to the Committee in September 2024.

The Report is a comparatively short report by the usual standards of the Committee, reflecting the very specific nature of the Inquiry. In it the Committee provides important background information that will guide an understanding of the Bill.

This includes a comparison of the Bill with the legislation in the Australian Capital Territory (ACT) that the Bill is based on, as well as a summary of the latest research on the impact that legislation has had in the ACT. The Committee also explored jurisdictions globally that have either legalised or decriminalised cannabis for personal use. It includes this analysis in the Report.

Other relevant information the Committee provides includes a list of amendments to the Bill suggested by stakeholders and the transcripts of evidence from the public hearing the Committee held on 14 February 2025.

Can I thank all the stakeholders who made submissions and attended that hearing. The Committee also appreciates the experts who took the time to speak with the Committee when it travelled to Canberra to investigate this issue.

I would also like to thank my fellow Committee members and the Committee Secretariat, Sylvette Bassy, Caitlin Connally, Niamh McEvoy and Patrick O'Brien.

I trust this Report is useful in informing the Parliament when deciding the progress of this Bill.



Trung Luu MLC
Chair

Executive summary

On 11 September 2024, the Legislative Council referred the Drugs, Poisons and Controlled Substances Amendment (Regulation of Personal Adult Use of Cannabis) Bill 2023 to this Committee. The Committee was tasked with considering the Bill as well as the impacts of decriminalisation in the Australian Capital Territory (ACT). The proposed Bill is closely aligned to the current decriminalisation model in the ACT, allowing the Committee to assess the proposal in a comparable jurisdiction.

During this Inquiry, the Committee engaged with stakeholders through submissions and consultations. It visited Canberra on 11 February 2025 to better understand the impact of the ACT's *Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019*. The Committee also spoke with a range of stakeholders at a public hearing on 14 February 2025.

Chapter 1: Background to Inquiry

Chapter 1 compares provisions in the Drugs, Poisons and Controlled Substances Amendment (Regulation of Personal Adult Use of Cannabis) Bill 2023 with the ACT's *Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019*.

It also summarises recent reviews into the operation of the 2019 legislation, namely:

- a 2024 review conducted by ACT Health
- a 2025 research study conducted by the Lambert Initiative on cannabis use and cultivation trends in the ACT following the implementation of the legislation.

Chapter 1 concludes with an analysis of other jurisdictions that have either legalised or decriminalised cannabis for personal use.

Chapter 2: Suggested Amendments

Chapter 2 provides a summary of amendments proposed by stakeholders to the Drugs, Poisons and Controlled Substances Amendment (Regulation of Personal Adult Use of Cannabis) Bill 2023.

Chapter 3: Transcripts of Evidence

Chapter 3 includes Transcripts of Evidence from the Committee's public hearing conducted on 14 February 2025.

Chapter 4: Findings and Recommendations

Chapter 4 presents the Committee's Findings and Recommendations regarding the Drugs, Poisons and Controlled Substances Amendment (Regulation of Personal Adult Use of Cannabis) Bill 2023.

What happens next?

There are several stages to a parliamentary inquiry.

The Committee conducts the Inquiry

This Report on the Inquiry into the Drugs, Poisons and Controlled Substances Amendment (Regulation of Personal Adult Use of Cannabis) Bill 2023 is the result of extensive research and consultation by the Legislative Council Legal and Social Issues Committee.

The Committee received written submissions, spoke with people at the public hearing, reviewed research evidence and deliberated over a number of meetings. A range of stakeholders expressed their views directly to us as Members of Parliament.

A Parliamentary Committee is not part of the Government. The Committee is a group of members of different political parties (including independent members). Parliament has asked us to look closely at an issue and report back. This process helps Parliament do its work by encouraging public debate and involvement in issues.

You can learn more about the Committee's work at: <https://www.parliament.vic.gov.au/lpic-lc>.

The report is presented to Parliament

This Report was presented to Parliament and can be found at: <https://www.parliament.vic.gov.au/cannabisbillinquiry-reports>.

A response from the Government

The Government has six months to respond in writing to any recommendations made in this Report.

The response is public and put on the inquiry page of Parliament's website when it is received at: <https://www.parliament.vic.gov.au/cannabisbillinquiry-reports>.

In its response, the Government indicates whether it supports the Committee's recommendations. It can also outline actions it may take.

Chapter 1

Background to Inquiry

This Chapter provides background information gathered for this Inquiry. This includes an analysis of the Australian Capital Territory's (ACT's) legislative reforms on the personal use of cannabis and how that legislative framework compares to the proposed Bill. It also includes an overview of the ACT Government's review of the reforms. The Committee also conducted research on the jurisdictions beyond Australia that have legalised and decriminalised cannabis for personal use.

1.1 Comparison of Victoria's proposed legislation with the ACT model

To assist its consideration of the Bill, the Committee undertook a legislative comparison with the ACT's *Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019*. The ACT legislation and the Victorian Bill were compared because Victoria's proposed legislation is closely aligned with the ACT's framework for cannabis decriminalisation. Further, the Committee, in addition to assessing the provisions of the Victorian Bill, was also tasked with examining the impact of decriminalisation in the ACT. This provided an opportunity to evaluate the effects of a similar approach in another Australian jurisdiction.

A more detailed consideration of the ACT legislation, including the outcome of a Review of the first three years of operation, can be found in Section 1.2 below.

Table 1.1 below summarises the main components of the ACT's *Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019* and the *Drugs, Poisons and Controlled Substances Amendment (Regulation of Personal Adult Use of Cannabis) Bill 2023 (Vic)*.

Table 1.1 Comparison of ACT legislation and Victorian Bill

Aspect	<i>Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019 (ACT)</i>	<i>Drugs, Poisons and Controlled Substances Amendment (Regulation of Personal Adult Use of Cannabis) Bill 2023 (Vic)</i>
Cultivation limits	Up to 2 cannabis plants per person. Maximum of 4 plants per residence.	Up to 6 cannabis plants per residence (regardless of the number of occupants).
Possession limits	Up to 50g of dried cannabis or 150g of harvested but not dried cannabis.	Possession of a small quantity (up to 50g) as defined under the Drugs, Poisons and Controlled Substances Act (the principal Act).
Gifting cannabis	No explicit provisions for gifting cannabis.	Adults (18+) can gift cannabis to other adults if there is no monetary exchange.
Public use restrictions	Smoking cannabis is prohibited in public places and near children, with penalties for violations.	Prohibited in public places, cannabis use is allowed only in private residences.
Legal age for usage	Adults aged 18 and over.	Adults aged 18 and over.
Guidance and education	Requires the ACT Government publish guidance material on the legal and health implications on the amendments.	No specific provision for mandatory guidance material.
Criminal penalties	Penalties for possessing more than the allowable amounts (up to 2 years' imprisonment or fines)	Penalties for violating permissible actions, such as exceeding limits or using in prohibited spaces. However, the focus is on regulation for personal use rather than criminal prosecution.
Review provision	Requires a review after 3 years of operation of the amendments.	No specific review clause included.

Source: *Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019 (ACT)*; *Drugs, Poisons and Controlled Substances Amendment (Regulation of Personal Adult Use of Cannabis) Bill 2023 (Vic)*.

1.2 ACT Health's Review of the Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019 (ACT)

Under s 205A of the *Drugs of Dependence Act 1989 (ACT)*, the Minister was required to conduct a review of legislative changes made by the *Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019 (ACT)* (Cannabis Act) once it reached its third year of operation.¹

This statutory review—published in August 2024—assesses the Cannabis Act's operation since its implementation in 2020. The Act decriminalised the possession and cultivation of small amounts of cannabis for personal use by adults in the ACT. The review evaluated whether the reforms have achieved their intended objectives and their impact on the community and the criminal justice system.

¹ ACT Health, *Review of the operation of the Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019*, 2024. Accessed at: <https://www.act.gov.au/_data/assets/pdf_file/0004/2570890/Review-of-the-operation-of-the-Drugs-of-Dependence-Personal-Cannabis-Use-Amendment-Act-2019.pdf>.

ACT Health also published a detailed analysis of secondary data (Appendix A of the Review).² The secondary data analysis covered areas such as:

- Cannabis use: data from the National Drug Strategy Household Survey, Illicit Drug Reporting System and Ecstasy and Related Drugs Reporting System.
- Wastewater analysis: testing results from the National Wastewater Drug Monitoring Program, providing estimates of cannabis consumption in the ACT and other regions, as well as national trends.
- Secondary school students: the impact of the Act on minors, using data from the Australian Secondary School Students' Alcohol and Drug Survey to track cannabis use trends among students aged 12 to 17.
- Cannabis offences and police diversions: breakdown of cannabis-related offences (including possession, trafficking and cultivation) and the use of Simple Cannabis Offence Notices and referrals to drug diversion programs.
- Health system presentations: ambulance attendances, hospital admissions (separations), and emergency department presentations related to cannabis use, showing the trends since the Act's implementation.
- Treatment and support for cannabis use: treatment episodes for cannabis use, including how the COVID-19 pandemic affected service delivery and the number of people seeking treatment.
- Cannabis markets: cannabis prices, availability and sourcing practices (covering both 'bush' and 'hydroponic' cannabis prices). Also assesses availability trends, including where people obtain cannabis, and any trend shifts since decriminalisation.

Box 1.1 Overview of the ACT Health Review's findings and conclusions

Key Findings

1. **Stable cannabis use:** Cannabis use rates have remained stable, with no significant increase since the reforms. ACT residents remain less likely to have used cannabis recently than the national average.
2. **Decrease in cannabis offences:** Charges for cannabis offences and police diversions have declined significantly, reflecting the intended shift towards treating cannabis use as a health issue rather than a criminal justice matter.
3. **No increase in health issues:** Cannabis-related ambulance callouts and hospital admissions have shown no substantial changes since the Act's implementation.

(Continued)

² ACT Health, *Review of the operation of the Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019*, Appendix A, 2024.

Box 1.1 (Continued)

4. **Stakeholder feedback:** Key stakeholders report positive impacts of the Act, including reduced stigma, increased willingness to seek support for cannabis use, and improved relations with law enforcement.

Challenges and Considerations

- **Legal ambiguities:** Some issues persist due to the tension between ACT and Commonwealth cannabis laws, creating uncertainty for enforcement.
- **Quantitative limits:** The current personal cultivation limits do not account for seasonal growing patterns, leading to unintended challenges for individuals adhering to the law.
- **Black market concerns:** ACT Policing has raised concerns about organised crime exploiting the legal framework.

Conclusion of the Review

ACT Health determined that the reforms have generally operated as intended, with positive outcomes and limited unintended consequences. While some operational issues exist, it concluded that they do not warrant significant changes to the Act at this time. The Review contended that further consultation and potential adjustments may be needed to refine aspects such as cultivation limits and legal ambiguities in the future.

Source: ACT Health, *Review of the operation of the Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019, 2024*.

The Act came into effect in the ACT on 31 January 2020. The Act decriminalised the possession and cultivation of small amounts of cannabis for personal use by adults, aiming to reduce criminal justice involvement for individuals using cannabis and treat excessive use as a health issue. This statutory review, conducted by the ACT Health Directorate (ACT Health), examined the effectiveness of the reforms and their impacts on the community, public health, and the criminal justice system.

‘Decriminalisation’ refers to the removal of criminal penalties for a criminal offence. Decriminalisation can be applied in practice (where a criminal penalty may be applied but police and courts can use their discretion in enforcing the law) or in law (where criminal penalties are removed and discretion does not apply). The Act implemented decriminalisation in the law by removing criminal penalties from the legislation.

‘Legalisation’ refers to the removal of criminal offences in the law, such that something is no longer a criminal offence and supply of substances is regulated. Cannabis was not legalised in the ACT under the Cannabis Act as criminal offences were retained even though criminal penalties were removed for small quantities of cannabis.

Box 1.2 Overview of the *Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019 (ACT)*

The Cannabis Act introduced several key provisions:

- Adults in the ACT can possess up to 50g of dried cannabis or 150g of undried (wet) cannabis without criminal penalties.
- Adults can cultivate up to two cannabis plants, with a maximum of four plants per household, but cultivation is limited to the person's residence and cannot occur in public or easily accessible areas.
- Artificial cultivation methods, such as hydroponics or using artificial light, remain prohibited.
- Cannabis must be stored out of reach of children, and smoking cannabis in public or exposing a child to cannabis smoke or vapour is prohibited.
- The simple cannabis offence was retained for cannabis-related offences not covered by decriminalisation.

Source: *Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019 (ACT)*.

ACT Health's Review utilised a mixed-methods approach. This methodology combined both quantitative and qualitative data collection to evaluate the population-level impacts of the reforms and assess practical outcomes from the perspectives of stakeholders. The methods employed included:

1. **Quantitative secondary data:** including national and local surveys, drug reporting systems, police data, and health service records. These data sources provided insights into cannabis use trends, criminal offences, health service presentations, and treatment data in the ACT. Key data sources include:
 - National Drug Strategy Household Survey (Australian Institute of Health and Welfare)
 - Australian Secondary Students' Alcohol and Drug Survey (ACT Health)
 - Wastewater Monitoring (Australian Criminal Intelligence Commission)
 - Cannabis-related data from ACT Policing and Canberra Health Services.
2. **Key stakeholder interviews:** in-depth qualitative interviews were conducted with a range of local stakeholders, including representatives from law enforcement, health services, and advocacy groups.

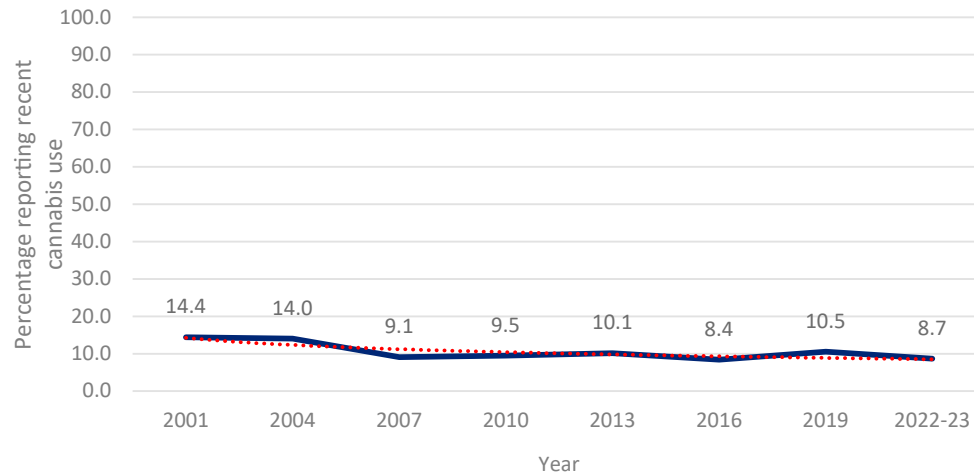
1.2.1 Trends in cannabis use following implementation of the Act

The Review found that the reforms have largely been effective in meeting their objectives. Rates of cannabis use in the ACT have remained stable, with no significant

increase since the Act's implementation. Furthermore, people in the ACT are still less likely to report recent cannabis use compared to the national average.

The National Drug Strategy Household Survey showed that in 2022–23, 8.7% of people reported using cannabis in the previous 12 months. This is consistent with the rates of recent use since 2007, which ranged between 8.4% and 10.5%.

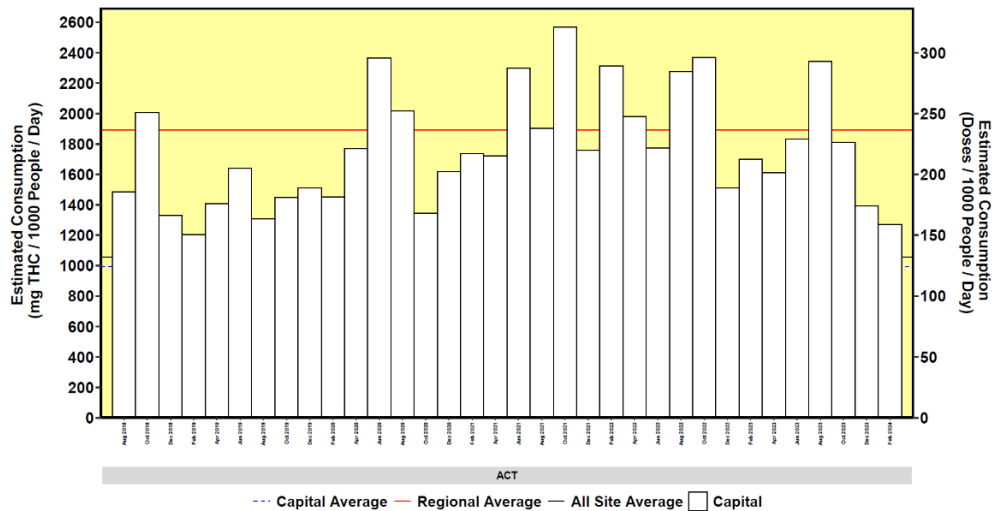
Figure 1.1 Percentage of people aged 14 years and older reporting recent (previous 12 months) cannabis use in the ACT (blue) and trend over time (red), 2001 to 2022–23



Source: ACT Health, *Review of the operation of the Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019*, 2024.

Wastewater monitoring indicated that cannabis consumption has fluctuated. There was no increase in February 2020 immediately following the Cannabis Act reforms coming into effect. However, there was an increase between April 2020 and October 2023 before returning to pre-2020 levels.

Figure 1.2 Estimated cannabis consumption in mg THC and doses per 1000 people per day, ACT, August 2018 to February 2024



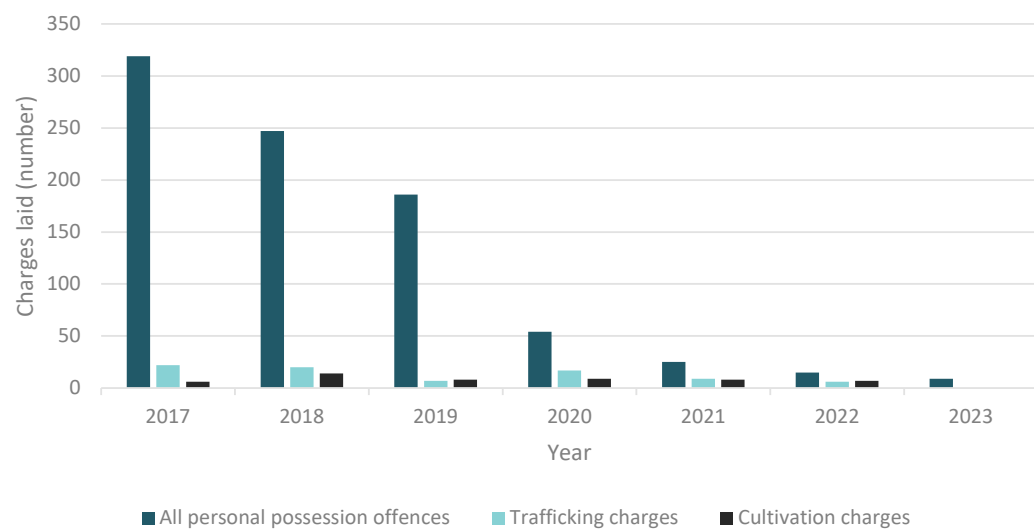
Source: ACT Health, *Review of the operation of the Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019*, 2024.

1.2.2 Rates of cannabis-related offences and diversions following implementation

A significant decrease in cannabis-related offences and police diversions was observed. Charges for personal cannabis possession have dropped dramatically since the Cannabis Act's introduction, reflecting a shift in law enforcement practices in line with the reform's objectives. There has also been no notable increase in charges related to trafficking or large-scale cultivation of cannabis. Additionally, the reforms did not result in significant changes in health service usage, with cannabis-related ambulance callouts and hospital admissions remaining relatively stable.

Cannabis offence charges were on a 'downward trend' before the commencement of the Act and the decline has continued, with a significant decrease from 2019 to 2020 (first year of implementation).

Figure 1.3 Charges laid by ACT Policing relating to cannabis, by category of offences and year, 2017–2023

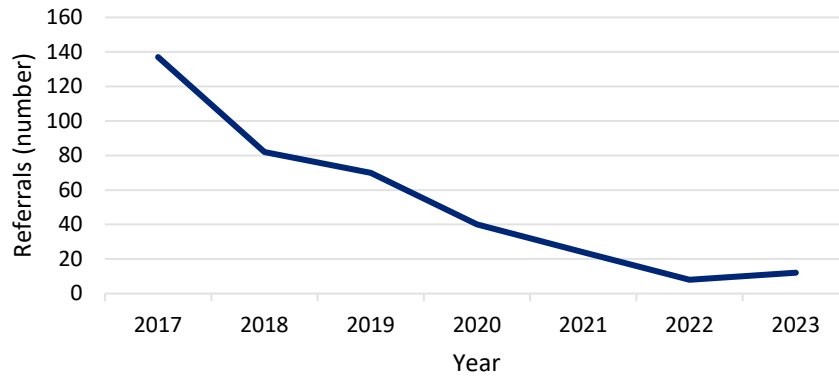


Source: ACT Health, *Review of the operation of the Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019, 2024*.

Fewer than five charges per year have been laid for cannabis possession, trafficking and cultivation under Commonwealth law. As the numbers are so small, they are not reported.

Cannabis-related diversions have also declined (continuing a downward trend which commenced pre-2020).

Figure 1.4 Cannabis-related drug diversion referrals by ACT Policing, by year, 2017–2023



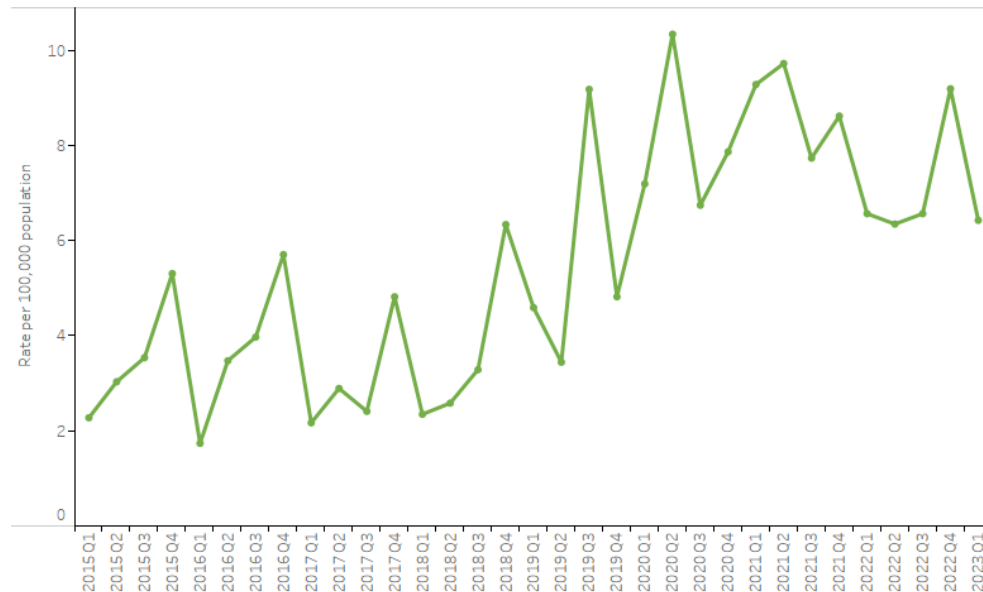
Source: ACT Health, *Review of the operation of the Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019*, 2024.

1.2.3 Rates of health system presentations related to cannabis use

The data indicated that ambulance attendances and hospital admissions related to cannabis and cannabinoids have remained stable since the introduction of the Act. Ambulance callouts fluctuated, with a noticeable increase between 2018 and 2020, but plateaued from 2020 through early 2023.

Hospital admissions for cannabinoid-related diagnoses also remained consistent, with no discernible impact from the Act’s implementation. The most significant increase in admissions occurred between 2016 and 2018, prior to decriminalisation, and admissions in 2023 were at their lowest since 2015.

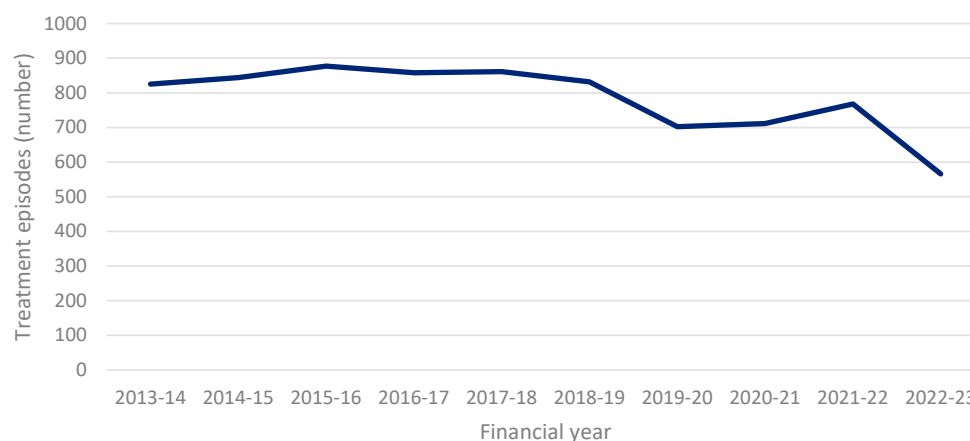
Figure 1.5 Ambulance attendances for cannabis in the ACT, rate per 100,000 population, quarterly 2015–2023



Source: ACT Health, *Review of the operation of the Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019*, 2024.

Regarding treatment for cannabis use, the COVID-19 pandemic affected service delivery, making it difficult to assess the impact of the Act on treatment episodes. Treatment numbers declined in 2019–20 and remained below pre-pandemic levels, with a small increase in 2021–22 before declining again in 2022–23. Cannabis-related treatment episodes accounted for less than 10% of total drug treatment episodes in 2022–23, continuing a long-term trend of decline.

Figure 1.6 Number of treatment episodes with cannabis as the primary drug of concern, ACT, by financial year, 2023–14 to 2022–23



Source: ACT Health, *Review of the operation of the Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019*, 2024.

ACT Health noted that it is challenging to attribute changes in health service usage to the Act, as factors such as reduced stigma and increased willingness to seek medical help may also contribute. Furthermore, it indicated that an increase in the prescription of medicinal cannabis products complicates the interpretation of the data. Overall, there have been no substantial changes in cannabis-related presentations to ambulances or hospitals since the Act's introduction.

1.2.4 Trends in the cannabis market since implementation

Data from the Illicit Drug Reporting System (IDRS) and Ecstasy and Related Drugs Reporting System (EDRS) showed no significant impact on the price of cannabis following the Cannabis Act reforms, with prices for both 'bush' and 'hydroponic' cannabis remaining stable within typical fluctuations. However, cannabis availability increased in 2022 and 2023, following a decline during the COVID-19 pandemic in 2020 and 2021, though availability has historically fluctuated without a clear trend post-2020.

The National Drug Strategy Household Survey (2022–23) showed a notable reduction in people sourcing cannabis from friends (48% in 2022–23, down from 68% in 2019), with no significant change in cannabis sourced from dealers. More people reported obtaining cannabis from relatives or partners, and growing their own cannabis, although these figures should be interpreted cautiously due to data limitations. People in the ACT were more likely to grow their own cannabis compared to the national average, indicating a shift in cannabis sourcing practices following the reforms.

1.2.5 Perspectives of stakeholders to the Review

Key stakeholders, including representatives from law enforcement, health services, and advocacy groups, largely support the reforms. The Cannabis Act has been positively received by the community, with reports of better relations between cannabis users and law enforcement. Stakeholders highlighted that the reforms have provided clarity for individuals possessing cannabis for personal use, reducing concerns about inconsistent policing. Public communication around the reforms has also been effective, helping people understand the new legal framework.

However, some challenges were raised. There are ongoing concerns about the legal ambiguity between ACT and Commonwealth laws. While cannabis possession and cultivation are decriminalised in the ACT, Commonwealth law still criminalises these activities, potentially creating confusion for both law enforcement and the public. Law enforcement has also flagged that organised crime groups may attempt to exploit the legal framework to avoid prosecution, although evidence of this remains limited.

1.2.6 Challenges and opportunities for improvement

The Review identified a few operational challenges that could benefit from future refinement. One notable issue is the current limits on cannabis cultivation for personal use. The Act permits individuals to grow up to two plants or four per household, but these restrictions do not account for the seasonal nature of cannabis cultivation. As a result, individuals may find themselves with harvests exceeding the legal limit or insufficient cannabis for personal use over the year. There are also restrictions on growing cannabis using artificial methods (such as hydroponics), which some stakeholders suggest could help address these issues by allowing year-round cultivation.

Additionally, there are concerns related to access to cannabis seeds or cuttings, as the Act does not provide a legal mechanism for obtaining these. This gap in the legislation could inadvertently push individuals towards the black market, undermining the health-based approach intended by the reforms.

In conclusion, ACT Health determined that the Act reforms appear to be operating as intended, with the ACT community and key stakeholders reporting positive outcomes from the reforms. The Review suggested that the reduction in criminal justice involvement for cannabis users, coupled with stable health service impacts, suggests that the Act has successfully shifted the treatment of cannabis use towards a health-oriented framework. Although certain issues, such as legal ambiguities and the limits on cultivation, may warrant further consideration, the Review did not recommend reopening the debate on cannabis policy at this time. ACT Health suggested any future adjustments should involve comprehensive consultation with stakeholders to ensure the legislation continues to meet community needs while addressing the challenges identified.

1.3 Recent analysis of cannabis use and cultivation trends following the ACT's decriminalisation

On 4 February 2025, a study conducted as part of the Lambert Initiative was released which examined the cultivation, use, and composition of home-grown cannabis in the ACT post-decriminalisation.³ The study surveyed 311 ACT residents who currently or previously cultivated cannabis and analysed 71 cannabis samples for cannabinoid and contaminant content.⁴

The study made a number of findings on the behaviour of cannabis cultivators and consumers following decriminalisation and the operation of the ACT's model, namely:

- **Motivations for cultivation:** The primary reasons for cultivating cannabis were personal use (70% non-medicinal, 61% medicinal), enjoyment of the process (65%), and avoidance of illegal suppliers (48%).
- **Cultivation practices:** The median number of plants grown per year was four, with 47% of cultivators growing more than the legal limit of two plants per person (four per household). Most (51%) grew outdoors.
- **Cannabis composition:** The average THC concentration was 8.99%, lower than both commercial medicinal cannabis and police-seized illicit cannabis. CBD levels were very low (<0.1% in most cases), contrary to some cultivators' expectations.
- **Legal grey areas:** Several legal grey areas were identified by participants due to uncertainties with the legislation, specifically:
 - Many cultivators (78%) highlighted that legal plant limits could yield more cannabis than legally permitted for possession.
 - As no legal avenue exists to obtain cannabis seeds or cuttings, cultivators are at risk of unintentional illegal activity.
 - Despite legal protections, 52% of respondents remained anxious about potential arrest.
- **Health and safety:** The study also made several findings relevant to the health and safety of cannabis products being cultivated in the ACT, namely:
 - Cannabis samples were largely free from significant contaminants, though some showed traces of heavy metals and pesticides.
 - A majority (68%) of cultivators had encountered mould, pests, or other cultivation challenges.
 - Most (76%) processed their cannabis into other forms, such as oils or edibles, which are generally considered safer than smoking.⁵

³ The Lambert Initiative for Cannabinoid Therapeutics (University of Sydney) conducts research into the therapeutic applications of medicinal cannabis and other areas of relevant study.

⁴ Cilla Zhou, et. al, 'An analysis of the cultivation, consumption and composition of home-grown cannabis following decriminalisation in the Australian Capital Territory', *Science Reports*, vol. 15, 2025, <<https://www.nature.com/articles/s41598-024-84897-w>> accessed 26 February 2025.

⁵ Ibid.

From a public health and harm reduction perspective, the study suggested that education on cultivation best practices and quality control measures could mitigate health risks associated with contamination. A significant proportion of cultivators lacked guidance on safe growing techniques, with some samples exhibiting trace levels of heavy metals and pesticides. Additionally, the study advocated for the inclusion of cannabinoid testing services, similar to existing pill-testing initiatives, to help users better understand the composition of their cannabis and avoid unintended psychoactive effects.⁶

Another significant legal consideration was driving laws, with 86% of respondents supporting exemptions that would allow medicinal cannabis patients to drive with THC in their system, provided they meet impairment testing standards.⁷ Given that THC can remain detectable long after impairment has subsided, the study suggested that current drug-driving laws may disproportionately affect medicinal cannabis users who are legally consuming prescribed products.⁸

1.4 Decriminalisation and legalisation of personal use of cannabis: An international comparison

This Section provides an overview of jurisdictions that have relaxed regulations, either through decriminalisation and legalisation, for the personal use of cannabis. It summarises the approach adopted in each jurisdiction, the impact of the policy change, and the conflict between legalisation and international drug control law. It also provides a summary of jurisdictions that have decriminalised cannabis for personal use. The Committee notes that this is not an exhaustive list of all jurisdictions and models applied to regulating the use of cannabis.

Table 1.2 Summary of key terms

Legalisation	Decriminalisation	Harm reduction
<p>The possession and personal use of drugs are permitted by law in a jurisdiction.</p> <p>A regulatory system can be designed to ensure the substance and associated risks are appropriately managed. For example, alcohol and tobacco are legal in most countries but they are also subject to regulation.</p>	<p>The possession and personal use of drugs remains illegal but does not incur criminal charges or penalties. Instead, civil penalties, education or treatment may be imposed and would not appear on a person's criminal record.</p> <p>Decriminalisation may be (i) '<i>de jure</i>' meaning that it has resulted from a formal change in the law by the legislature or courts, or (ii) '<i>de facto</i>' meaning a legal change has not formally occurred, but the criminal justice system has discretion to impose alternative penalties such as fines.</p>	<p>Programs, policies and practices that aim to reduce the physical, mental, social and legal harms associated with drug use, drug policies and drug laws.</p> <p>Examples of harm reduction approaches include overdose prevention services and overdose reversal methods such as the administration of naloxone to reverse the symptoms of opioid-related overdose.</p>

⁶ Ibid.

⁷ Ibid.

⁸ Ibid.

1.4.1 Decriminalisation of cannabis for personal use

Tables 1.3 and 1.4 provide examples of jurisdictions that have adopted *de jure* or *de facto* decriminalisation of cannabis for personal use.

Table 1.3 Examples of *de jure* decriminalisation

Jurisdiction	Date of the policy change	Detail of the policy
Spain	1974	A Supreme Court ruling in 1974 held that drug consumption and possession were not criminal offences, legislation to this effect was passed in 1982. Personal possession and cultivation are largely decriminalised but regulations between municipalities and regional governments can vary. The sale and importation of any quantity of cannabis containing THC is a criminal offense and public consumption may also result in a fine. However, Spain is well known for its cannabis social clubs. There are now over 1,000 of these establishments, which are particularly popular in several regions including tourism hotspots such as Barcelona. Despite occasional crackdowns, they have mostly been tolerated by local law enforcement, despite objections from the Central Government.
Portugal	2001	Small quantities of all drugs for personal use were decriminalised as part of a public health approach. People are rerouted from the criminal justice system to public health services. As it stands, up to 25g of cannabis herb or 5g of hashish is decriminalised.
Estonia	2002	The Penal Code was amended to provide that the possession of small quantities of drugs for personal use was decriminalised and made punishable by a fine or 'administrative arrest' meaning detention in police custody. 'Small quantity' is not defined in law.
Croatia	2013	Changes to the criminal code mean the possession of small amounts of cannabis for personal use is now considered a misdemeanour and people may be referred for treatment. The amount of personal use is determined by court practice. In November 2022, the Croatian Parliament rejected a proposal to legalise the cultivation of cannabis plants for personal use. Croatia legalised cannabis for medical use in 2015.
Jamaica	2015	Amendments to the Dangerous Drugs Act removed criminal penalties for personal use and possession of up to 57g. Any quantity is permitted for 'sacrament in adherence to the Rastafarian faith'.
Italy	2019	A court ruling held the cultivation of small quantities of cannabis at home, regardless of THC content, for personal use is legal. Since 2016, the sale of cannabis products with less than 0.6% THC in specialist stores has been permitted.

Jurisdiction	Date of the policy change	Detail of the policy
Switzerland	Decriminalisation: 2013 Scientific trials: 2020	<p>Since 2013, possession of up to 10g of cannabis for personal use has been decriminalised (Article 19b Federal Act on Narcotics and Psychotropic Substances) but may still incur a fine of 100 Francs. However, in practice, fines are not imposed for possession under 10g – including if supplied (but not sold) to other adults – for example, the sharing of joints. CBD products that contain less than 1% of THC are exempt and can legally be bought and sold subject to relevant health and safety regulations.</p> <p>In 2020, the federal government amended the Narcotics and Psychotropic Substances to allow scientific trials on the personal use of cannabis to be conducted between 2021 and 2031. Where a trial is established, up to 5000 residents within the relevant area, aged 18 and over, can use up to 10g of cannabis for personal use per month. Trials can last up to 5 years. The aim is to gather more evidence-based knowledge on the effect of cannabis on public health, and the possibilities and limitations of a regularised cannabis market. Switzerland is the first European country to establish these trials.⁹</p>

Table 1.4 Examples of *de facto* decriminalisation

Jurisdiction	Date of the policy change	Detail of the policy
The Netherlands	Decriminalisation: 1970s Pilot of closed cannabis supply chain: 2024	<p>The personal use of cannabis is not a criminal offence, but cultivation, sale and possession is still prohibited. Since the 1970s there has been a practice of tolerance of possession of small quantities of drugs including 5g of cannabis and the personal cultivation of up to 5 plants.</p> <p>The practice of tolerance extends to coffeeshops, which can sell up to 5g per customer. However, coffeeshop supply is obtained through the illicit market. This is often referred to as ‘the back door problem’. To address this, the Netherlands is piloting a model for a closed cannabis supply chain in 10 municipalities with cannabis produced in regulated premises and made available for sale in coffeeshops. The pilot began in 2024 and will last 4 years.</p>

Source: European Parliament, *Recreational use of cannabis: Laws and policies in selected EU Member States*, briefing paper, 2024, <[https://www.europarl.europa.eu/RegData/etudes/BRIE/2024/762307/EPRS_BRI\(2024\)762307_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/BRIE/2024/762307/EPRS_BRI(2024)762307_EN.pdf)> accessed 21 February 2025.

⁹ Federal Office of Public Health (Switzerland), *Pilot trials with cannabis*, <<https://www.bag.admin.ch/bag/en/home/gesund-leben/sucht-und-gesundheit/cannabis/pilotprojekte.html>> accessed 21 February 2025; Switzerland Confederation, *Cannabis: What is the law in Switzerland?*, <<https://www.ch.ch/en/health/medicines-and-narcotic-substances/cannabis>> accessed 21 February 2025.

1.4.2 Legalisation of cannabis for personal use

To date, ten countries and 24 American states, three American territories and Washington DC have legalised cannabis for personal use to varying degrees.¹⁰ Where a jurisdiction has legalised cannabis, it may adopt one of the following regulatory models:

- grow cannabis in a private setting or through a ‘cannabis club’, which tend to operate as non-profit cooperatives in which members collectively grow, share and consume cannabis (‘the personal cultivation model’ / ‘the personal cultivation and cannabis club model’),
- production and supply entirely under government control (‘the monopoly model’)
- production and supply partly under government control with limited involvement by private actors, such as companies or social enterprises, on aspects like production (‘the partial monopoly model’)
- production and supply by licensed producers and/or licensed vendors (‘the commercial licensing model’)
- production and supply largely unregulated but for relevant trading and health and safety regulations (‘the unregulated commercial model’).¹¹

Table 1.5 below summarises the policy changes in most of these jurisdictions, with two examples from the United States provided.

¹⁰ The American states are Alaska, Arizona, California, Colorado, Connecticut, Delaware, Illinois, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nevada, New Jersey, New Mexico, New York, Ohio, Oregon, Rhode Island, Vermont, Virginia, Washington. The American territories are Guam, Puerto Rico, and Northern Mariana Islands. A summary of legalisation in American states is available from UNODC, *World Drug Report 2024: Contemporary Issues, 2024*, <https://www.unodc.org/documents/data-and-analysis/WDR_2024/WDR24_Contemporary_issues.pdf> accessed 21 February 2025.

¹¹ Transform Drug Policy Foundation, *How to Regulate Cannabis: A Practical Guide (Third Edition)*, 2022, <<https://transformdrugs.org/publications/how-to-regulate-cannabis-3rd-ed>> accessed 21 February 2025.

Table 1.5 Overview of select jurisdictions which have legalised cannabis

Jurisdiction	Date of the policy change	Detail of the policy	Impact of the policy
Uruguay	<p>The cannabis regulation bill (Law No. 19.172) was signed into law in December 2013 making Uruguay the first country to legalise cannabis.</p> <p>(Note that Uruguay never formally criminalised the consumption of cannabis.)</p>	<p><i>Partial monopoly model combined with cannabis clubs.</i></p> <p>The model seeks to enable adults to legally access cannabis while eliminating incentives to increase consumption. Regulation is overseen by the government agency the Instituto de Regulación y Control del Cannabis (IRCCA). IRCCA is the sole buyer from licensed producers and the sole supplier to licensed pharmacies. Uruguayan citizens and permanent residents aged 18 or over who are registered with IRCCA can:</p> <ul style="list-style-type: none"> • Grow up to six flowering plants per household with a maximum total yield of 480g per year. Personal cultivation was allowed from 2015. • Become a member of a ‘cannabis club’. Clubs of 15 to 45 people can collectively grow up to 99 plants per year. The first clubs were registered in 2014. Clubs are banned from advertising their activities. • Purchase up to 40g of cannabis per month from a licensed pharmacy. Buyers are required to verify their identity with a fingerprint scan. Pharmacies are banned from advertising cannabis. <ul style="list-style-type: none"> – Cannabis access commenced in 2017. Around 37 pharmacies participate. Initially, products had a maximum THC level of 9%. A new strain was introduced in 2022 with a maximum THC level of 15%. A fourth strain was introduced in 2024 with a maximum THC level of 20%. (Restrictions on THC do not apply to home cultivation and cannabis clubs.) <p>Drug driving is illegal. It is also illegal to smoke cannabis in enclosed public spaces.</p>	<p>A July 2024 survey found that 47% of Uruguayans supported the legalisation of cannabis (up from 26% in 2012).</p> <p>There are an estimated 240,000 cannabis users in the country. Of these, around 97,000 are registered with IRCCA. A grey market has emerged because, for example, people may disagree with the mandatory registration with IRCCA, or find the access options unworkable for them e.g. because they do not want to cultivate but don’t have access to a club or pharmacy.</p> <p>Increases in the THC strength of pharmacy-bought cannabis was motivated by concerns that people were not interested in lower strength products and continued to source cannabis by other means. Following the introduction of a new strain in 2022 with a maximum of 15% THC, the number of people registering to buy cannabis from pharmacies rose from 51,249 to 62,288 in nine months.</p> <p>Since legalisation, life-time cannabis use has risen; it rose from 20% of the population in 2011 to 30% in 2019. Though a 2020 study found an increase in the perception of cannabis availability among young people, it found no significant increase in cannabis use among that age group. The study concluded that the model adopted may help minimise the impact of legalisation on adolescent cannabis use. However, the researchers recognised that further studies would be required to assess longer-term impact.</p> <p>The Integrated National Health System works to educate and raise awareness of problematic cannabis use and support treatment. However, few studies are available on the public health impact of legalisation in Uruguay. In addition, the three different access options have led to enforcement challenges because they are regulated differently.</p> <p>Finally, restrictions on international drug control and finance mean that banks have refused to offer services to producers and suppliers. Many banks operating in Uruguay operate in compliance with USA federal law, which considers cannabis illegal. This means that cannabis sales in Uruguay are largely in cash.¹²</p>

12 Lauren Predebon and Nancy Calisto, ‘A Decade In: Taking Stock of Uruguay’s Cannabis Regulation’, *TalkingDrugs*, 7 November 2024, <<https://www.talkingdrugs.org/a-decade-in-taking-stock-uruguay-cannabis-regulation>> accessed 21 February 2025; UNODC, *World Drug Report 2024: Contemporary Issues*, 2024, <https://www.unodc.org/documents/data-and-analysis/WDR_2024/WDR24_Contemporary_issues.pdf> accessed 21 February 2025; Rosario Queirolo, et. al., ‘Intended and unintended effects of cannabis regulation in Uruguay’, *Policy and Politics*, 2024; Hannah Laqueur, et. al., ‘The impact of cannabis legalization in Uruguay on adolescent cannabis use’, *International Journal of Drug Policy*, vol. 80, 2020; University of Bath, *Legal but not available: how powerful international banks are limiting accessibility of cannabis*, Media Release, 19 December 2023, <<https://www.bath.ac.uk/announcements/legal-but-not-available-how-powerful-international-banks-are-limiting-accessibility-of-cannabis>> accessed 21 February 2025; Ivana Obradovic, ‘From prohibition to regulation: A comparative analysis of the emergence and related outcomes of new legal cannabis policy models’, *International Journal of Drug Policy*, vol. 91, 2021; International Narcotics Control Board, ‘Analysis of the trend to legalize the non-medical use of cannabis’, *Report of the International Narcotics Control Board for 2021*, 2021.

Jurisdiction	Date of the policy change	Detail of the policy	Impact of the policy
Georgia	30 July 2018 via court ruling.	<p><i>Personal cultivation model.</i></p> <p>The Constitutional Court of Georgia ruled that cannabis consumption for personal use was legal and decriminalised possession of cannabis. Cultivation and selling remain illegal.</p> <p>Later that year, the Georgian Government passed legislation clarifying that consumption would remain illegal in public spaces, in the presence of minors, and while driving. It also legislated that people 21 and over will be permitted to possess 5g of dried cannabis, 10g of fresh cannabis and 10g in plant form.¹³</p>	<p>Few studies have analysed the impact of legalisation in Georgia. However, a 2024 study assessed its impact among young adults (aged 18–29). It compared data from 2015 and 2022 and found a minimal increase in lifetime cannabis use (17.3% compared to 18.1%) and annual cannabis use (7% compared to 7.7%). The study also found the age of first use increased from 18.1 years to 19.1 years. Males and people who gambled were also at higher risk of cannabis use.¹⁴</p>
Canada	The Federal Cannabis Act was passed on 21 June 2018. Most provisions came into force on 17 October 2018.	<p><i>Commercial licensing model.</i></p> <p>People 18 and over (including tourists) can:</p> <ul style="list-style-type: none"> • possess up to 30g of dried or fresh cannabis in public and share that amount with other adults • grow up to 4 plants per household from licensed seeds or seedlings • make cannabis food and drink products provided they aren't made in concentrated form, and • buy cannabis edible products and concentrates (except in Quebec). <p>Drug driving remains illegal. When the federal government legalised cannabis it also increased the maximum penalty for drug driving from 5 years' imprisonment to 10 years.</p> <p>A federal licence is required to produce, package and label cannabis products. Canadian provinces and territories are responsible for regulating the sale and distribution of products and may introduce their own additional safety measures. For example, a person must be at least 18 in Alberta to buy, use, possess or grow cannabis for personal use but 21 in Quebec.</p> <p>Where a jurisdiction does not have a regulated retail framework, people can purchase cannabis online from federally licensed producers.</p> <p>Advertising and marketing are regulated. For example, only plain packaging and factual information is permitted. Packages must carry health warnings and state the THC and CBD content of the product. THC levels can amount to 30%.</p> <p>(Continued)</p>	<p>Prior to legalisation, there was an increasing trend in cannabis use in Canada. This trend continued in the first few years after legalisation, particularly among 20–24-year-olds. However, the trend across age groups stabilised after 2020 and the daily or near-daily use of cannabis decreased in 2022.</p> <p>Cannabis use among adolescents in Canada is the highest of any country. However, notwithstanding a decline due to the COVID-19 pandemic, use among this age group has remained relatively stable compared to pre-legalisation.</p> <p>In 2024, 72% of people using cannabis in the past 12 months reported obtaining it legally. This suggests that the legal market is reducing demand for the illicit market.</p> <p>Legalisation has been associated with an increase in hospital attendances. Between January 2015 and March 2021, the rates of hospitalisation relating to cannabis use increased 1.6 times. The largest relative increase was for cannabis-induced psychosis, followed by hospitalisations for cannabis withdrawal, harmful use and dependence. One third of hospitalisations were aged 15–24 years old. Legalisation has also been associated with increased unintentional ingestion of edible cannabis products by children.</p> <p>In March 2024, a report from an independent expert panel reviewing the Cannabis Act was published. The panel was concerned with trends regarding cannabis use among young people, the shift among consumers to higher-potency products and reports suggesting increases in cannabis-related health care presentations. The panel were also concerned with the lack of engagement with First Nations communities. It was, however, encouraged by the decrease in people interacting with the criminal justice system for cannabis but said there is a need to gather more data on the relationship between racial bias and law enforcement.</p> <p>(Continued)</p>

¹³ OHCHR, *Study on arbitrary detention relating to drug policies*, 2021, <<https://www.ohchr.org/en/calls-for-input/study-arbitrary-detention-relating-drug-policies>> accessed 21 February 2025.

¹⁴ Illia Nadareishvili, et. al, 'Post-legalization shifts in cannabis use among young adults in Georgia – A nationally representative study', *Addiction*, vol. 120, issue 2, 2025.

Jurisdiction	Date of the policy change	Detail of the policy	Impact of the policy
Canada (Continued)		The federal government emphasised three goals for the policy reform: <ul style="list-style-type: none"> • protecting public health • protecting young people • reducing criminality associated with the illegal market. 	<p>There is conflicting evidence on whether cannabis-impaired driving has increased since legalisation. Canadian Government statistics indicate that in 2024, 18% of people reported driving after consuming cannabis in the past 12 months.</p> <p>In 2017, the federal government committed funding of CAD \$46m over 5 years to public education (particularly for young people) on the health and safety risks of cannabis consumption.¹⁵</p>
United States of America Note: cannabis is not legal at federal level.	State of Colorado Joint first American state to legalise by electoral ballot on 6 November 2012. Personal possession, consumption and cultivation legal from December 2012. Retail sales legal from January 2014.	<p><i>Commercial licensing model.</i></p> <p>Regulation is overseen by the Colorado Department of Revenue. It permits:</p> <ul style="list-style-type: none"> • People aged 21 or over to possess and use up to 2 ounces (just under 60g) of cannabis for personal use. • A resident aged at least 21 to grow up to six plants with up to three flowering at one time. However, counties and municipalities can restrict this. For example, a maximum of 12 plants per household is allowed in Denver even if three or more adults live there. <ul style="list-style-type: none"> - All plants must be kept in a locked, enclosed area and away from people under 21. <p>Consumption of cannabis in public spaces is banned. It also cannot be used on federal land (e.g. national parks) because it is still illegal under federal law. Property owners, including landlords, have the right to ban possession and use on their properties.</p> <p>The limit for driving in Colorado is 5 nanograms or more of THC per millilitre in the whole blood. However, drivers can be arrested for impaired driving if they appeared impaired, even with a blood level below this.</p>	<p>Colorado and other states (e.g. California) noted an increase in cannabis tourism, which in turn had an impact on other sectors of the economy like tourism and hospitality. These states have also reported an increase in tax revenue from cannabis. In 2020, Colorado reported US\$387m. In addition, between 2010 and 2014 (i.e. before and after legalisation), the number of cannabis-related court cases fell by around 81%.</p> <p>However, public health and safety concerns have been reported. For example, traffic deaths involving drivers who tested positive for cannabis increased from 11% in 2013 to 20% in 2020. Cannabis-related emergency room visits and hospitalisations (including treatment for cannabis use disorders and dependence) also increased considerably from 2013 but generally stabilised from 2018. Emergency room visits related to edibles had the largest increase, especially for children.</p> <p>As cannabis is illegal at federal level, access to services from banks operating at federal level is restricted and there is no involvement from federal regulatory bodies like the Food and Drug Administration and Environmental Protection Agency. In addition, people engaging in the state-level cannabis market also need to be aware that federal law applies on federal land within the state (such as national parks).¹⁶</p>

15 Wayne Hall, et. al., 'The implementation and public health impacts of cannabis legalization in Canada: a systematic review', *Society for the Study of Addiction*, 2023; UNODC, *World Drug Report 2024*; Government of Canada, *Legislative review of Cannabis Act*, <<https://www.canada.ca/en/health-canada/services/publications/drugs-medication/legislative-review-cannabis-act-final-report-expert-panel.html>> Government of Canada, *Cannabis use (non-medical in Canada)*, 2024, <<https://health-infobase.canada.ca/cannabis>> accessed 21 February 2025.

16 Felipe Botero Escobar, *Cannabis Legalization in Colombia: Exploring the potential impacts on organized crime*, 2024; Rocky Mountain High Intensity Drug Trafficking Area Program, 'The Legalization of Marijuana in Colorado: The impact', *The Journal of the Missouri State Medical Association*, vol. 8, 2021.

Jurisdiction	Date of the policy change	Detail of the policy	Impact of the policy
United States of America (Continued)	State of Washington Joint first American state to legalise by electoral ballot on 6 November 2012. Personal possession, consumption and cultivation legal from December 2012. Retail sales legal from July 2014.	<i>Commercial licensing model.</i> Regulated by the Washington State Liquor and Cannabis Board. It set out that: <ul style="list-style-type: none"> • Adults aged 21 or over (including non-residents) can possess and use up to one ounce (28g) of cannabis / 7 ounces of cannabis concentrates / 16 ounces of cannabis-infused product in solid form i.e. edibles / 72 ounces in liquid form. • Consumption in public places and on federal land is illegal. • Property owners (e.g. landlords) have a right to ban cannabis use on their properties. • Home growing is banned except for qualifying patients for medicinal purposes; cannabis for recreational purposes can only be legally bought and sold through licensed retail stores. • Sharing is not allowed. Drivers with 5 nanograms or more of THC in their blood within 2 hours of driving can be deemed driving under the influence, which is an offence.	The impact of legalisation has been reflective of the Colorado experience, including the public health concerns identified above. In addition, issues noted above on the conflict between state and federal law apply. ¹⁷
Malta	Malta was the first EU country to legalise cannabis via the Authority on the Responsible Use of Cannabis Act, which passed in December 2021.	<i>Personal cultivation and cannabis club model.</i> People 18 and over can: <ul style="list-style-type: none"> • Carry up to 7g of cannabis in public. • Grow 4 plants at home. • Become a member of a cannabis club (known as Cannabis Harm Reduction Associations). These can have between 2 and 500 members. Tourists cannot procure cannabis from clubs. At least seven clubs have been provided licences to date. Consumption in public is prohibited and can incur a fine. The fine is increased if consumed around a person under 18. People under 18 found consuming cannabis are considered for treatment, where appropriate. The regulator is the Authority on the Responsible Use of Cannabis.	There is limited literature on the impact of the policy change.

Jurisdiction	Date of the policy change	Detail of the policy	Impact of the policy
Thailand	Thailand was the first country in Asia to legalise cannabis on 9 June 2022 by way of amendment to the Narcotics Code.	<p><i>Unregulated commercial model</i></p> <p>On 9 June 2022, Thailand removed cannabis and hemp from the list of narcotics classified under the Narcotics Code (cannabis for medical use was legalised in 2018). It went further by legalising cannabis containing less than 0.2% THC per dry weight for cultivation, purchase, possession and consumption. Cannabis-infused foods and edibles were also permitted provided those products adhere to the THC limit.</p> <p>People must be at least 20 years old. Pregnant and breastfeeding women are prohibited from consuming cannabis and smoking cannabis in public spaces is also prohibited.</p> <p>Following the change to the Narcotics Code, the then Minister of Public Health distributed one million seedlings, and many people (reports vary between 3,000 and 4,000) were released from prison for decriminalised cannabis-related offences.¹⁸</p> <p><u>Further policy developments</u></p> <p>In 2023, the Thai Government announced it would U-turn on the policy and ban recreational cannabis by the end of 2024. However, following a cabinet reshuffle and change in Prime Minister in April 2024, this stance was reviewed. In late 2024, the Ministry of Public Health proposed the Hemp and Marijuana Control Bill. The Bill would:</p> <ul style="list-style-type: none"> impose licence requirements for cultivating, producing, importing and selling cannabis, hemp and their extracts impose additional permits for import and export prohibit consumption except for medical purposes, research and education purposes and to produce herbal products, medical products, food products, cosmetic products or other products specified in regulations. <p>(Continued)</p>	<p>The then government said the intention behind the change was to promote a medical cannabis market in Thailand. However, a grey area has emerged because of decriminalisation, a lack of regulation and a lack of law enforcement. This led to an increase in the establishment of unlicensed cannabis dispensaries and the sale of higher strength cannabis products.¹⁹</p> <p>Since June 2022, over 11,400 dispensaries have reportedly opened in Thailand.²⁰ In addition, there are reports that cannabis with up to 35% THC has been sold by dispensaries and that 30% of randomly sampled cannabis-infused drinks had exceeded the legal limit for THC (0.2%).²¹</p> <p>Data from the Centre for Addiction Studies suggest there was a 10-fold increase in people aged 18–19 using cannabis between 2019 and 2023. Data from the National Institute of Drug Abuse Treatment suggests an increase in the number of people presenting to emergency rooms with cannabis in their system. In one Bangkok ER the number of presentations was 243 out of 1,243 in 2022. This rose to 1,072 out of 1,661 in 2023. The Institute also noted a 23.85% increase between 2022 and 2023 in the proportion of patients in its psychiatric ward.²²</p>

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- 18 Angela Symons, 'Is weed still legal in Thailand? Here's what tourists need to know as government u-turns', *Euro News*, 7 November 2024, <<https://www.euronews.com/travel/2024/11/07/is-weed-still-legal-in-thailand-heres-what-tourists-need-to-know-as-government-u-turns>> accessed 21 February 2025.
- 19 Criminal Defence Lawyers Australia, *Is Weed Legal in Thailand?*, 2024, <<https://www.criminaldefencelawyers.com.au/blog/is-weed-legal-in-thailand>> accessed 21 February 2025; Legal 500, *The Effects of the Delisting of Marijuana in Thailand and the Thai Government's Attempt to Address this*, 2023, <<https://www.legal500.com/developments/thought-leadership/the-effects-of-the-delisting-of-marijuana-in-thailand-and-the-thai-governments-attempt-to-address-this>> accessed 21 February 2025; Angela Symons, 'Is weed still legal in Thailand? Here's what tourists need to know as government u-turns', *EuroNews*, 7 November 2024, <<https://www.euronews.com/travel/2024/11/07/is-weed-still-legal-in-thailand-heres-what-tourists-need-to-know-as-government-u-turns>> accessed 21 February 2025; TNI, *Cannabis policy in Thailand – a way forward*, 2023, <<https://www.tni.org/en/article/cannabis-policy-in-thailand-a-way-forward>> accessed 21 February 2025.
- 20 Weed Thailand, *Map of Cannabis Shops in Thailand*, <<https://weed.th>> accessed 21 February 2025.
- 21 Kevin Zhang and Siti Suhaila Harith, 'Why ASEAN countries should not look at Thailand for legalising medical cannabis', *The Conversation*, 31 March 2023, <<https://theconversation.com/why-asean-countries-should-not-look-at-thailand-for-legalising-medical-cannabis-191739>> accessed 21 February 2025.
- 22 Lauren Day and Supattra Vimonsuknopparat, 'Thailand was first in Asia to decriminalise marijuana, but 'cannabis cowboys, could see those laws change', *ABC News*, 8 February 2024, <<https://www.abc.net.au/news/2024-02-08/thailand-cannabis-laws-rethink-over-industry-medical-concerns/103418788>> accessed 21 February 2025.

Jurisdiction	Date of the policy change	Detail of the policy	Impact of the policy
Thailand (Continued)		The timeline on the Bill is unclear. Some reports suggest it could pass by the middle of 2025. ²³ If enacted, the legislation would have a significant impact on the current status quo on cannabis in Thailand.	
Luxembourg	Bill 8033 was passed in June 2023 and took effect from 21 July 2023.	<p><i>Personal cultivation model.</i></p> <p>People 18 and over can cultivate four plants per household.</p> <p>Possession, transportation or purchase or consumption of cannabis in public spaces remains prohibited and is subject to a fine of 145 Euro. Drug driving remains illegal.</p> <p>The above policy is part of a two-stage pilot project. A proposed later stage will see publicly owned dispensaries distributing cannabis. This will be monitored by the EU Drugs Agency (formerly the European Monitoring Centre for Drugs and Drug Addiction) to evaluate the policy's impact on public health.</p>	There is limited literature on the impact of the policy change. One 2024 survey found that 16% of people who had used cannabis in the past year had done so for the first time and 5% had increased their use of cannabis since the policy change. 12% of past year users were growing cannabis at home, most of whom had started doing so after the change. ²⁴
Germany	The Cannabis Act was passed on 23 February 2024.	<p><i>Personal cultivation and cannabis club model.</i></p> <p>Germany's model consists of two pillars. Pillar one largely took effect on 1 April 2024 and enables people 18 and over to:</p> <ul style="list-style-type: none"> • Possess up to 25g of cannabis in public. This increases to 50g if possessed at home. • Grow up to 3 plants per household, provided they are permanently or ordinarily a German resident for at least six months. Sharing is prohibited. • Since July 2024, join a cannabis club (maximum of 500 members). Members aged 18–20 are limited to 30g per month and the THC content must be 10% or less. Members 21 or older are limited 50g per month. Sharing with non-members is prohibited. Clubs are required to run not-for-profit. The number of clubs can be limited to one club per 6,000 inhabitants per district or city. Each club must provide access to counselling. • Use cannabis in public except around schools and kindergartens. <p>Since 1 January 2025, those with a conviction for possessing, buying or growing cannabis amounting to 30g or less can apply to have their conviction expunged.</p> <p>Pillar two intends to legalise commercial production and distribution as part of regional scientific pilots. This pillar is not yet operational. To date, no timeline has yet been provided by the German Government.</p>	<p>It is too early to assess the impact of the 2024 Act. Notably, pillar one will be evaluated after 4 years. Interim evaluations are also expected on matters such as the impact of the policy on consumption among children and young people.</p> <p>In the lead up to the 2025 German Federal Election, the Christian Democratic Union party (CDU) said that it would repeal the Cannabis Act if it won the election, despite polling suggesting a majority of Germans support the policy.²⁵ The election was held on 23 February 2025. At the time of writing the conservative bloc of the CDU and Christian Social Union had won the most seats and were on track to form the next German Government.</p>

23 Legal500, *New Draft Bill for Cannabis and Hemp of Thailand*, 2024, <<https://www.legal500.com/developments/thought-leadership/new-draft-bill-for-cannabis-and-hemp-of-thailand>> accessed 21 February 2025; Transnational Institute, *Cannabis policy in Thailand – a way forward*, 2023 <<https://www.tni.org/en/article/cannabis-policy-in-thailand-a-way-forward>> accessed 21 February 2025.

24 Berndt Nadine, *Cannabis law reform in Luxembourg: first observations after its change among recreational cannabis users and non-users*, conference presentation, <<https://www.lisbonaddictions.eu/lisbon-addictions-2024/presentations/cannabis-law-reform-luxembourg-first-observations-after-its-change-among-recreational>> accessed 21 February 2025.

25 Dario Sabaghi, 'Nearly 60% Of Germans Support Full Cannabis Legalization Ahead Of Upcoming Elections', *Forbes*, 23 December 2024, <<https://www.forbes.com/sites/dariosabaghi/2024/12/23/nearly-60-of-germans-support-full-cannabis-legalization-ahead-of-upcoming-elections>> accessed 21 February 2025.

Jurisdiction	Date of the policy change	Detail of the policy	Impact of the policy
South Africa	Decriminalised in September 2018 via court ruling. Legalised by the Cannabis for Private Purposes Act 2024, signed into law on 29 May 2024. This made it the first African nation to legalise cannabis.	<p><i>Personal cultivation model.</i></p> <p>The Constitutional Court of South Africa unanimously ruled that criminal penalties for home cultivation and the personal consumption of cannabis (called 'dagga' in South Africa) were unconstitutional. It held that cannabis use in public, and the selling and supply of cannabis remained illegal. The Court gave the Government 24 months to change the law to reflect the ruling, including determining legal quantities of cannabis.</p> <p>Legislation was delayed but the Cannabis for Private Purposes Act 2024 was eventually enacted. The Act permits people aged 18 and over to:</p> <ul style="list-style-type: none"> • Cultivate 4 flowering plants in a private place or up to 8 if more than one adult resides in a household. • Exchange one or more plants to another adult provided there is no consideration i.e. compensation, gift, reward, favour or benefit. • Possess in a public place up to 500g fresh / 100g dried / 25g solid or liquid concentrate of cannabis. <p>The Act prohibits cannabis use around minors and in public. Adults must reasonably restrict public access to plants and restrict access to minors. The Act also makes provision to automatically expunge criminal records for minor cannabis possession offences under the former drug control laws.</p>	<p>In response to the court ruling, the Government presented its National Cannabis Master Plan to Parliament in August 2021. This detailed plans to legalise cannabis (which were achieved via the 2024 Act). It also expressed an intention to commercialise cannabis. This second intention is still in the policy development phase.</p> <p>It is too early to assess the impact of 2024 Act. However, in December 2024, the South African Human Rights Commission expressed its concern over the number of complaints it continues to receive regarding the arrest of adults privately using, possessing or cultivating cannabis. This is despite a moratorium on such arrests by the South African Police Services since 23 August 2023.²⁶</p> <p>In addition, since the 2018 court ruling, cannabis clubs and dispensaries have been established. However, a 2022 court judgment held that cannabis clubs constitute dealing and general consumption of cannabis and are therefore illegal (The Haze Club case). Notably, clubs and dispensaries are not specifically provided for in the 2024 Act, suggesting that the Haze Club case is the precedent to follow. Yet, despite this, clubs continue to operate.</p>
Czechia	Legalised by the Psychomodulatory Substances Act 2024, which took effect on 1 January 2025.	<p><i>Model detail to be confirmed but likely to be a commercial licensing model.</i></p> <p>Amendments to the Criminal Code 2009 came into force on 1 January 2010 and decriminalised the possession of a 'small quantity' of cannabis for personal use. It is now treated as an administrative offence and incurs a fine. In 2012, the Supreme Court held that a 'small quantity' is no more than 10g. Processing and storing any amount is considered drug production and is an offence that could be punishable by up to five years in prison.</p> <p>In 2022, the Government announced its intention to bring forward reforms to legalise cannabis use and establish a taxed and regulated cannabis market. The Psychomodulatory Substances Act 2024 allows for low-risk substances to be regulated under strict conditions for adult use. This includes cannabis flower and extracts with less than 1% THC. Regulated sale is expected to start in July 2025.</p>	It is too early to assess the impact of the Act.

²⁶ Keaoleboga Molefe, 'Cannabis grow clubs held not legal by court', *Financial Institutions Legal Snapshot*, 2022, <<https://www.financialinstitutionslegalsnapshot.com/2022/09/30/cannabis-grow-clubs-held-not-legal-by-court>> accessed 21 February 2025; Niko Vorobyov, 'South Africa legalises cannabis use. Will the rest of Africa follow?', *Al Jazeera*, 10 June 2024, <<https://www.aljazeera.com/news/2024/6/10/south-africa-legalises-cannabis-use-will-the-rest-of-africa-follow>> accessed 21 February 2025; Seth Thorne, 'Big changes for South Africa's R28 billion cannabis plans', *BusinessTech*, 10 December 2024, <<https://businesstech.co.za/news/government/801595/big-changes-for-south-africas-r28-billion-cannabis-plans>> accessed 21 February 2025; South African Human Rights Commission, *South African Human Rights Commission reminds law enforcement to adhere to the moratorium on cannabis-related arrests*, media statement, 23 December 2024, <<https://www.sahrc.org.za/index.php/sahrc-media/news-2/item/4221-media-statement-south-african-human-rights-commission-reminds-law-enforcement-to-adhere-to-the-moratorium-on-cannabis-related-arrests>> accessed 21 February 2025.

Legalisation of cannabis in Mexico: A legal grey area

In 2018, the Supreme Court of Mexico held that it was unconstitutional to prohibit cannabis for personal use and ordered Congress to draft legislation within 90 days to establish a legal cannabis market. In 2021, the Court further held that it was unconstitutional for the Federal Commission for Protection from Health Risks (COFEPRIS) to deny people permission to use cannabis for recreational purposes.²⁷

In March 2021, a Bill to regulate cannabis in line with the 2018 ruling passed the Chamber of Deputies of Congress (the lower house). However, the Bill has stalled in the Senate (the upper house). To date, the Bill is yet to be approved by the Senate. People may possess cannabis in line with the court judgments, but the process for obtaining permits to legally possess and cultivate cannabis has not been established, therefore, leaving people in legal limbo.²⁸

1.4.3 Conflict between international law and the legalisation of cannabis for personal use

The prohibition of the production and supply of cannabis and other drugs is governed at international level by three United Nations conventions ('the Drug Control Conventions').²⁹ The Conventions allow for harm reduction and public health approaches (such as drug treatment services) to be imposed in addition to, or as a substitute to, criminal punishment. However, the International Narcotics Control Board (INCB)—a quasi-judicial United Nations body that monitors the implementation of the Drug Control Conventions by member states— has said that the legalisation and regulation of cannabis for personal use is inconsistent with the Drug Control Conventions. It has criticised states like Uruguay and Canada that are party to the Conventions for legalising and regulating cannabis for this purpose.³⁰ However, to date,

27 Human Rights Office of Mexico's Supreme Court of Justice, Extract from the Declaratoria General de Inconstitucionalidad 1/2018, June 2021, <<https://www.scjn.gob.mx/derechos-humanos/sites/default/files/sentencias-emblematicas/summary/2022-07/Summary%20DGI-2018%20HRO.pdf>>.

28 Luis Gómez Romero, 'Mexico moves to legalize cannabis use, a modest step toward de-escalating drug war', *The Conversation*, 30 March 2021, <<https://theconversation.com/mexico-moves-to-legalize-cannabis-use-a-modest-step-toward-de-escalating-drug-war-157223>> accessed 21 February 2025; Camila Sánchez Bolaño, 'Puff, Puff, Pass? The cloudy legality of cannabis in Mexico', *Mexico News Daily*, 15 April 2024, <<https://mexiconewsdaily.com/mexico-living/puff-puff-pass-the-cloudy-legality-of-cannabis-in-mexico>> accessed 21 February 2025.

29 The Drug Control Conventions are as follows. The UN Single Convention on Narcotic Drugs 1961 was signed by Australia on 30 March 1961 and ratified on 1 December 1967. It prohibits substances including cannabis, coca and opium-like drugs. The UN Convention of Psychotropic Substances 1971 was signed by Australia on 23 December 1971 and ratified on 19 May 1982. It prohibits substances that have a psychoactive effect including psychedelics like LSD. The UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988. It was signed by Australia on 14 February 1989 and ratified on 16 November 1992. It provides additional legal mechanisms for enforcing the 1961 Convention.

30 United Nations International Narcotics Board, *Letter from the President of the INCB to Chair-Rapporteur of the Working Group on Arbitrary Detention*, 23 April 2020, <<https://www.ohchr.org/sites/default/files/Documents/Issues/Detention/Call/INCB/InternationalNarcoticsControlBoard.pdf>> accessed 21 February 2025.

the United Nations has not imposed formal sanctions on either nation for contravening their obligations under the Drug Control Conventions.³¹

Drugs may be legally supplied and possessed under the Conventions for limited reasons including medical and research purposes.

31 United Nations International Narcotics Board, *Uruguay is breaking the International Conventions on Drug Control with the Cannabis Legislation approved by its Congress*, media release, 11 December 2013, <https://www.incb.org/documents/Publications/PressRelease/PR2013/press_release_111213.pdf> accessed 21 February 2025; United Nations International Narcotics Board, *INCB President urges Uruguay to remain within the international drug control treaties, noting draft cannabis legislation*, media release, 1 August 2013, <https://www.incb.org/documents/Publications/PressRelease/PR2013/press_release010813.pdf> accessed 21 February 2025; United Nations International Narcotics Board, *INCB expresses deep concern about the legalization of cannabis for non-medical use in Canada*, media release, 21 June 2018, <<https://www.incb.org/incb/en/news/press-releases/2018/incb-expresses-deep-concern-about-the-legalization-of-cannabis-for-non-medical-use-in-canada.html>> accessed 21 February 2025.

Chapter 2

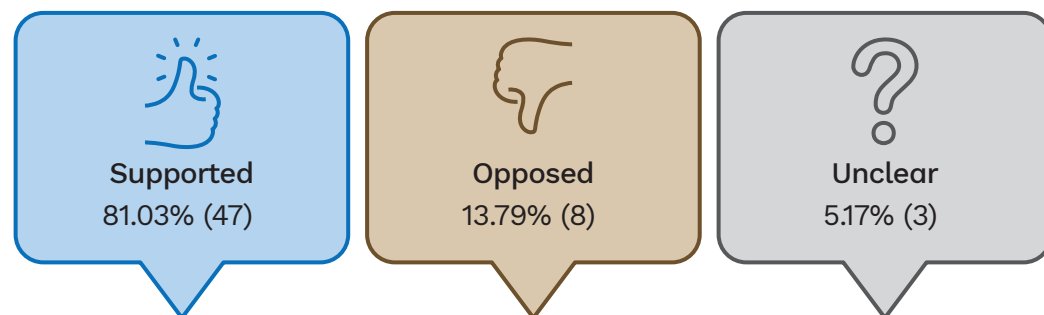
Suggested amendments to the Bill raised in evidence

Throughout the Inquiry, stakeholders proposed a range of amendments aimed at refining the Bill to enhance its clarity, effectiveness, and alignment with broader policy objectives. This Chapter canvasses suggested amendments proposed by stakeholders, including the rationale for these amendments. It also outlines general support and opposition to the Bill.

2.1 Stakeholders' support or opposition for the Bill

Examining submissions received to the Inquiry demonstrated that a majority of stakeholders supported the passage of the Bill. The submissions received do not constitute a representative sample of Victoria; however, they outline the varying perspectives on the Bill among those who engaged with the Inquiry.

Figure 2.1 Indicative support or opposition to Bill in submissions



Source: Legislative Council Legal and Social Issues Committee.

2.2 Amendments to the Bill proposed by stakeholders

Stakeholders provided a range of suggested amendments to the Bill, aiming to improve its clarity, effectiveness, and alignment with broader policy objectives. These recommendations address issues such as legal consistency, public health considerations, and the protection of vulnerable groups.

Table 2.1 outlines the key proposed amendments, their rationale, and the stakeholders who have endorsed them. The Table only includes recommendations for direct amendments to the Bill and does not cover stakeholder suggestions on broader policy matters, such as education, drug driving, or public health initiatives.

Table 2.1 Stakeholders' proposed amendments to the Bill

Recommended amendment to the Bill	Rationale for the amendment	Endorsed by
Insert a provision requiring safe storage of cannabis to prevent access by people under the age of 18.	Including provisions for the safe storage of cannabis ensures that plants are not accessible to minors or the public, aligning with public health objectives. Clear and enforceable storage requirements will help prevent unintended access and misuse, supporting responsible home cultivation practices.	<ul style="list-style-type: none"> • Alcohol and Drug Foundation (Submission 49) – <i>Also see Transcript of Evidence</i> • Victorian Alcohol and Drug Association (See <i>Transcript of Evidence</i>)
Remove criminal penalties for people under 18 for cannabis use and possession. ¹ Either through specific amendments to the Bill or via legislative notes requiring diversion.	Whilst the Bill removes all penalties for adults, young people are still at risk of incurring a penalty for the same actions.	<ul style="list-style-type: none"> • Professor Kate Seear and Sean Mulcahy (Submission 32) • Federation of Community Legal Centres (Submission 39) – <i>Also see Transcript of Evidence</i> • Alcohol and Drug Foundation (Submission 49) – <i>Also see Transcript of Evidence</i> • Victorian Aboriginal Legal Service (Submission 55) • Victorian Alcohol and Drug Association (See <i>Transcript of Evidence</i>) • Australian Lawyers Alliance (See <i>Transcript of Evidence</i>)
Insert provisions for expungement of previous personal use and possession of cannabis convictions (restricted to actions which would be regulated under the Bill).	Criminal records create significant barriers to housing, employment and broader social reintegration. These barriers often exceed the term of any criminal penalty, disproportionately affecting people's lives.	<ul style="list-style-type: none"> • Burnet Institute (Submission 25) – <i>Also see Transcript of Evidence</i> • Living Positive Victoria (Submission 36) • Victorian Alcohol and Drug Association (Submission 41) – <i>Also see Transcript of Evidence</i> • Victorian Aboriginal Legal Service (Submission 55) – <i>Also see Transcript of Evidence</i> • Fitzroy Legal Service (Submission 56) – <i>Also see Transcript of Evidence</i> • Uniting Victoria and Tasmania (Submission 58) • Federation of Community Legal Centres (See <i>Transcript of Evidence</i>)

¹ All stakeholders opposed regulating personal use and possession of cannabis by people under 18. However, some supported removing criminal penalties while still addressing youth cannabis use through alternative measures such as diversion programs.

Recommended amendment to the Bill	Rationale for the amendment	Endorsed by
Amend the Bill to protect people experiencing homelessness against criminal penalties for actions otherwise permitted by the Bill.	Under the current provisions of the Bill, cultivation and possession of cannabis can only occur at a 'principal place of residence'. This risks leaving people experiencing homelessness being outside the scope of the Bill and still subject to criminal penalties.	<ul style="list-style-type: none"> • Professor Kate Seear and Sean Mulcahy (Submission 32) • Victorian Aboriginal Legal Service (Submission 55) • Uniting Victoria and Tasmania (Submission 58) • Burnet Institute (<i>See Transcript of Evidence</i>) • Federation of Community Legal Centres (<i>See Transcript of Evidence</i>) • Living Positive Victoria (<i>See Transcript of Evidence</i>)
Amend cl 4 of the Bill to provide clarity in proposed s 69ZE on whether express permission from property owners is required to cultivate cannabis.	Under the current Bill, it is unclear if tenants require express permission from property owners to cultivate cannabis. Without clarity, tenants may be at risk of evictions on the grounds of cultivating cannabis.	<ul style="list-style-type: none"> • Victorian Alcohol and Drug Association (Submission 41) • Victorian Aboriginal Legal Service (Submission 55)
Amend cl 4 of the Bill to remove inconsistencies in regulated quantities under the Bill.	The Act defines a 'small quantity' of cannabis as 50 grams, while the Bill permits the cultivation of up to six plants per individual. This discrepancy creates a legal contradiction: given that six plants are likely to produce more than 50 grams when harvested, individuals complying with the cultivation allowance may unintentionally exceed the possession limit, exposing them to potential criminal liability.	<ul style="list-style-type: none"> • Living Positive Victoria (Submission 36) • National Drug Research Institute (Submission 37) • Penington Institute (Submission 45) • Victorian Aboriginal Legal Service (Submission 55) • Burnet Institute (<i>See Transcript of evidence</i>)
Insert provisions to amend the <i>Youth Justice Act 2024 (Vic)</i> to make cautions for cannabis use and possession mandatory for people under the age of 18.	Making cautions mandatory for cannabis use by people under 18 ensures a health-focused approach to youth cannabis use, diverting young people from the justice system and reducing long-term social harm.	<ul style="list-style-type: none"> • Health and Community Services Union (Submission 40)
Amend cl 4 of the Bill to ensure there is no inconsistent application of the gifting provisions.	Under the current Bill, it is unclear if gifting applies to products such as cannabis seeds or items such as 'edibles' or 'joints'. This may cause inconsistent application of gifting provisions which criminalises specific gifting activities.	<ul style="list-style-type: none"> • Federation of Community Legal Centres (<i>See Transcript of Evidence</i>)
Amend cl 4 of the Bill to provide greater clarity to manufacturing actions permitted under proposed s 69Y.	Current provisions under proposed s 69Y (permitting the limited manufacture of cannabis or THC for personal use) lacks guidelines on permissible activities to ensure its proper interpretation. Ambiguity in the provision may lead to public confusion and inconsistent enforcement. Amending this section to explicitly define permitted and prohibited actions would enhance clarity and fairness.	<ul style="list-style-type: none"> • Victorian Aboriginal Legal Service (Submission 55)

Recommended amendment to the Bill	Rationale for the amendment	Endorsed by
Insert provisions requiring the Victorian Government to conduct a review of the operation of the Bill (if passed).	A mandated review of the Bill's operation would ensure its effectiveness in reducing cannabis-related harm while addressing any unintended consequences. Regular evaluation aligns with evidence-based policymaking, allowing for adjustments based on public health outcomes, justice system impacts, and community feedback.	<ul style="list-style-type: none"> • Burnet Institute (Submission 25) • Victorian Alcohol and Drug Association (Submission 41) <ul style="list-style-type: none"> - <i>Also see Transcript of Evidence</i> • Patrick Keyzer (Submission 35) <ul style="list-style-type: none"> - <i>Also see Transcript of Evidence</i>
Insert provisions to expand investment in alcohol and drug programs and services, in particular for young people.	Expanding alcohol and other drug (AOD) services is critical to providing people with the support they need to address substance use in a safe and therapeutic environment. Increased investment will ensure developmentally appropriate interventions that prioritise harm minimisation, mental health support, and education, while also reducing the risk of people becoming involved in the criminal justice system.	<ul style="list-style-type: none"> • Uniting Victoria and Tasmania (Submission 58)

Source: Legislative Council Legal and Social Issues Committee.

Chapter 3

Transcripts of Evidence

TRANSCRIPT

LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into the Drugs, Poisons and Controlled Substances Amendment (Regulation of Personal Adult Use of Cannabis) Bill 2023

Melbourne – Friday 14 February 2025

MEMBERS

Trung Luu – Chair

Ryan Batchelor – Deputy Chair

Michael Galea

Renee Heath

Joe McCracken

Rachel Payne

Aiv Puglielli

Lee Tarlamis

PARTICIPATING MEMBERS

Melina Bath

John Berger

Georgie Crozier

David Ettershank

Anasina Gray-Barberio

Sarah Mansfield

Nick McGowan

Richard Welch

WITNESSES

Robert Taylor, Manager, Policy and Engagement, Alcohol and Drug Foundation; and

Professor Paul Dietze, Co-Program Director, Disease Elimination, and

Dr Michael Curtis, Postdoctoral Fellow, Burnet Institute.

The CHAIR: I declare open the Legislative Council Legal and Social Issues Committee's public hearing for the Inquiry into the Drugs, Poisons and Controlled Substances Amendment (Regulation of Personal Adult Use of Cannabis) Bill 2023. Please ensure that your mobile phones have been switched to silent and that background noise is minimised.

Before we continue I would like to begin this hearing by respectfully acknowledging the Aboriginal people, the traditional custodians of the various lands that we are gathered on today, and pay my respects to their ancestors, elders and families. I particularly welcome any elders or community members who are here today to impart their knowledge of this issue to the committee. Welcome to members of the public watching via the live broadcast.

Before I continue I would like to introduce the members on my committee. To my right is the Deputy Chair Mr Ryan Batchelor, and further to my right are Mr Michael Galea –

Michael GALEA: Good morning.

The CHAIR: Mr Lee Tarlamis and Mr Aiv Puglielli. To my left is Ms Rachel Payne –

Rachel PAYNE: Hello.

The CHAIR: and joining us also is Mr David Ettershank.

David ETTERSANK: Good morning.

The CHAIR: Morning, gentlemen. My name is Trung Luu. Also joining us today is Mr Joe McCracken on Zoom, and a bit later on Dr Renee Heath will be joining us as well.

Joining us today and participating we have two doctors from the Burnet Institute, Dr Michael Curtis and Professor Paul Dietze, and from the Alcohol and Drug Foundation Mr Robert Taylor. Welcome, gentlemen.

Before we continue I just want to read some information to you. All evidence taken is protected by parliamentary privilege as provided by the *Constitution Act 1975* and further subject to the provisions of the Legislative Council standing orders. Therefore the information you provide during this hearing is protected by law. You are protected against any action for what you say during this hearing, but if you go elsewhere and repeat the same thing, those comments may not be protected by this privilege. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament.

All evidence is being recorded. You will be provided with a proof version of the transcript following the hearing. The transcript will ultimately be made public and posted on the committee website.

For recording purposes, could you please state your full name and the organisation you are appearing on behalf of.

Michael CURTIS: Michael Curtis from the Burnet Institute.

Paul DIETZE: Paul Dietze from the Burnet Institute.

Robert TAYLOR: And I am Robert Taylor from the Alcohol and Drug Foundation.

The CHAIR: Thank you. Good morning. I know you have made your submission, but I would like to invite you each to make an opening statement before we proceed for the members to ask questions.

Paul DIETZE: We will see how we go with the PowerPoint. We actually brought a presentation that we might just quickly run through. Michael has put this together, but I will speak to it and we can just tag team.

Visual presentation.

Paul DIETZE: We always acknowledge the traditional owners on the lands on which we work. The main office of the Burnet Institute is housed on the lands of the Boon Wurrung people, and we respectfully acknowledge elders past, present and emerging. We just highlight that many of the issues related to drugs play very heavily in First Nations communities.

We in our submission really made reference to our previous submission in relation to the inquiry into the use of cannabis in Victoria that we put in in 2020, and basically we were arguing that there should be de jure changes to cannabis policy. We suggested that everything should be framed within a public health framework rather than a law enforcement framework, which is essentially where we are at the moment. We recommended that international models of cannabis regulation get reviewed, because there are so many variations and so many vagaries to all of the different models that exist now. But we did say that whatever path was chosen really does need a very strong regulatory framework, and we are basically trying to caution against some of the most liberal commercial markets that exist in some parts of the US in particular and highlight the need for strict monitoring and evaluation, which is something that is absent from a lot of the changes that have taken place in the US in particular.

One of the things that we really want to highlight is that if there is any change like this, we need to expunge previous convictions, because they do impact on people's lives. One of the things that we have spoken to these committees before in relation to is the fact that some people are walking around with charges that really do need to be removed from their records so that they are not at risk when they are in the community.

In terms of the current amendment Bill, basically we understand that it allows the lawful possession and use of cannabis and cannabis cultivation products, that it permits the lawful cultivation of up to six plants by people over the age of 18 at their principal private residence and that it allows gifting for adults over 18. I mean, they are the three key features, and it is a relatively simple amendment, obviously canvassing a huge change. Our basic position is that we support the ideas presented here as a kind of first step. We expect that there would be a major reduction in criminal justice involvement for people with 11,000 cannabis consumer related arrests in 2020–21. That is a huge burden on police and the community, and we are seeing this debate around policing resources at the moment. This is one of the things that takes up a lot of time from police as well as the people who are obviously charged. In many respects – and I know the committee were in the ACT I think yesterday – I know the model shares a lot with the existing ACT model that is there now, and the evidence that is just coming to the fore in the ACT is that there are really negligible changes in cannabis use and related harms. Obviously the decriminalisation has essentially meant that people are not being arrested anymore, which is a huge removal of a big burden.

We think that there is still further to go in that we think that the market could go further. We see this as some kind of first step towards a heavily regulated sort of quasi commercial market which would enable stricter potency controls, which is one of the major concerns that people have around cannabis law reform. It would also allow taxation revenue to be generated, and I think any inroads we can make to remove the illicit market are really important. I mean, there may be some unintended consequences as well, which I think we will come to in in a couple of slides.

Just in terms of this, many of you will have seen this U-shape of law policy options. Basically we need to find the right part of the U-shape. We do not want an unregulated legal market, such as in Colorado and so on, which leads to these high-potency products that are potentially very dangerous, whereas the unregulated criminal market that we have at the moment is something that is obviously leading to a lot of arrests and a lot of things that we would rather avoid. Ultimately we need to learn from the alcohol and tobacco markets, is what we are saying, and I think this is a sensible first step towards what we think is where we should eventually land.

The next slide: we are a public health organisation, so it is not surprising that we say that we should be prioritising public health. We need evaluation and monitoring – we are a research organisation; we are going to say that too, but it is really important to properly understand the impacts of these sorts of things. We do think that there is further to go, though. Alternative models of legalisation could achieve additional benefits with

state-owned monopolies and so on. The lesson from alcohol in relation to that is pretty clear too, so it is not surprising that we would be advocating the same for cannabis.

I think the next slide has a couple of things about the cannabis clubs, which are not-for-profit associations that are officially registered where people can essentially supply within the club. It gives the potential benefit of peer education and so on, that you have licit cannabis for people who cannot grow – and we will come back to that in a minute – and there is limited pressure from market expansion compared to those commercial models in Colorado and other places that we talked about. We cannot control prices and there is limited economic benefit here because you do not raise taxation from those clubs, depending on the way that they are run.

On the next slide, a state-owned monopoly, as I said, builds on the alcohol frameworks that have been implemented in various countries. The Nordic countries actually have alcohol monopolies, and the government monopoly over, in particular, retail sales means that you have got product regulation and you have got government revenue coming in and all sorts of controls that go with that. Ultimately, though, there is the potential offside with all of these things that we might see slight increases in cannabis use, which we have seen overseas.

Returning back to the Bill, which I think the next slide does, the issue that has been raised by a number of people is just the fact that the current Bill is referring to people who have a principal place of residence, which means that people who are homeless will have difficulty benefiting from the change, and they are the ones who are often at risk in relation to policing and things that go with that. Also, with the size of the plants that people can grow, it is pretty easy to get over the trafficable quantity, so we suggest that there really do need to be changes relating to what the threshold is for a trafficable quantity. There is some evidence that people get anxious about what they are growing and so on. But ultimately we see many benefits in the proposal and think that it is an important first step.

The CHAIR: Okay. I am just mindful of time; there will be time to ask you questions as well. I will just invite Robert to give a quick opening statement before we go over to the committee.

Robert TAYLOR: Actually, it would only be repeating what Paul just said. We are of a very similar mind. I will just say briefly we are very supportive of the provisions in this Bill. We think that by removing the criminal charges associated with possession and use of cannabis you are removing, quite simply, a harm that has been ineffective at actually (a) changing behaviour and (b) improving public health in any meaningful way, and it has served as a kind of detriment to public health. So this Bill, by removing that, quite simply we believe should improve social outcomes and increase people's personal liberty. Everything that Paul said around the steps beyond this, again, we agree with. That U-shaped curve that was demonstrated is really what we are searching for – that point that minimises harm, basically; trying to find a way to make something in the community that can be harmful available in a way that minimises harm is the goal. I am happy to take your questions.

The CHAIR: Thank you. I am just mindful of time. I will quickly open up with a question, and then I will pass over to the rest of the committee. With respect to the Alcohol and Drug Foundation submission, there were two recommendations that you put forward. The second one – you recommend that the Bill be amended to remove criminal penalties for personal cannabis use and possession by people who are under 18. Through our inquiry, really research and academics suggest – and also in the ACT – that they limit under-18s' possession and use of cannabis due to health reasons down the track. I am just wondering: can you expand on your recommendation why criminal penalties should not be for personal use and possession for people under 18, please?

Robert TAYLOR: Look, we certainly do not want people under 18 using cannabis. I think I will say that as a start. But the reality is young people do use cannabis, just the way young people drink. What has been really effective over the last couple of decades in lowering youth drinking rates has not been criminalising alcohol; it has been a combination of education, public health campaigns, changes to advertising regulation and so on. It is through this wide variety or suite of measures that we have actually managed to drive down youth alcohol use, and similarly we would say the best way to prevent young people from using something while their brain is developing is to do it via a public health approach, like we have with alcohol. Criminalisation we know just pushes people into the margins. Putting someone through the justice system at a young age disengages them from school, disengages them from their peer group and disengages them from protective factors like sports,

hobbies, family and so on, all of which can contribute to further risk of harm down the track from substances or other issues. So criminalisation we do not see as serving any purpose. We see it actually as being a genuine harm and creating further risk of harm, and it does very little to deter young people – we know that. We know that for deterrence to be effective in law there has to be a high likelihood of someone being detected, otherwise the application of the law is really unequal. Certain communities get policed more than others, so they would bear the brunt of that law while others continue to use cannabis with no deterrent effect and are not policed. Yes, that is what I would say to that.

The CHAIR: Thank you. Ryan.

Ryan BATCHELOR: Thanks, Chair. Thanks very much, everyone, for coming along. Mr Dietze, I might start. You talked about alternative preferable options. You said there is a bit of a missed opportunity and there are better ways to go about it. I am not going to dwell on my reflections on the capacity of not-for-profit clubs to be a malignant influence on public health. The use of electronic gaming machines in particular is probably a good case study of why that is not necessarily a panacea. But particularly on the government monopoly on retail sales, we know it has worked in other jurisdictions with alcohol. That model, though – is it consistent? Would it be able to be done consistently if this Bill took a first step towards legalisation of personal cultivation and supply?

Paul DIETZE: I think absolutely, because the gifting component of it would enable a quasi version of a regulated market as a first step. Beyond that, though, I think if there is, like in the ACT, good evidence that there are no major impacts, then it makes sense to go to that next stage where there is a monopoly. There is a recent article that has just come out that has done a comparison of the controlled monopoly versus the more liberal areas in – Canada, isn't it? I will throw it to you.

Michael CURTIS: Yes. There was a recent paper published in the last week or two in the *Lancet Public Health* that has reviewed outcomes on a variety of fronts relating to comparing before and after cannabis legalisation in America and in Canada. There are a lot of conflicting findings within there, which is not surprising given the variety of models that are used both within America and Canada, but one of the clear themes that does come through is the lower rates of cannabis-related harms in the state of Quebec, where they are probably the only jurisdiction running a quite tightly regulated state-owned monopoly. One of the clear examples just looking within Canada compares childhood poisonings from –

Ryan BATCHELOR: Gummies and stuff?

Michael CURTIS: From gummies, exactly, and there is clear evidence of much lower rates of childhood poisonings in Quebec, where they do not actually allow those products and have much tighter controls, compared to I think Ontario and Alberta, where they have much bigger retail markets and allow those products.

Ryan BATCHELOR: I am just conscious of giving my colleagues a chance. You say there need to be lessons learned from the current state of the tobacco and alcohol markets, particularly looking at the current state of the tobacco market, which is in the news constantly. What do you think the big lessons that we need to be drawing from that are when thinking about how to move forward with cannabis regulation in Victoria?

Paul DIETZE: My own personal view in relation to the tobacco issue at the moment is that the pricing is creating opportunities for the illicit market to have emerged. The pricing is a really useful tool for reducing consumption to a point, but I think we have probably reached that point and we have probably gone beyond it. So that would be one lesson: you would not want to create a pricing regime that would mean that the illicit market would continue to flourish because it could be undercut. What we have seen –

Ryan BATCHELOR: Particularly by people growing it at home. People do not grow tobacco at home, I suppose.

Paul DIETZE: Yes, true. We have seen in the US that the undercutting that people were concerned about with some of the monopolies, I think it was in Washington, they have not actually seen because people are so happy that it is not an illegal thing that they are happy to pay a little bit more than what they might have in the past. So I think pricing is a key issue that would need to be considered and that is one of the lessons, but also things like major controls on marketing and advertising and so on, which we are failing on in relation to a whole range of commodities and behaviours. But as Robert was saying, one of the lessons from alcohol and

tobacco is removing marketing of any type. I think plain packaging is an appropriate option. Those sorts of things are things that we would argue should be endorsed.

Ryan BATCHELOR: I could go on all day, but I will leave it there. Thanks, Chair.

The CHAIR: Thank you. Rachel.

Rachel PAYNE: Thank you, Trung. And thank you to you all for making a submission to this inquiry. It has been really helpful information, and it has helped form some of the questioning that is coming out today, but also just reflecting on the capabilities of the Bill. On that point, Robert, in the ADF submission there is mention that the Bill should be amended to include provisions regarding safety and storage of cannabis products just to ensure that they are not accessible to people under the age of 18, and that is a reflection on the ACT legislation. Would you mind expanding on that a little bit more and maybe even considering whether we should also be looking at how plants are being stored and kept in the home environment as part of this Bill?

Robert TAYLOR: Yes. This is a really delicate legal area because the enforceability of these laws for someone's backyard is really low, basically. We would not be expecting police to be doorknocking and looking in people's backyards. We would not want that to be the case. But that being said, we also do not want people to be behaving in a maybe negligent manner with regard to making cannabis accessible to people who it might not be appropriate for, like young people. Having something that is symbolic within the legislation that is there around just ensuring that it is stored safely might be worth considering. But that being said, we already do have very potent medications that people take home from pharmacists that do not have those kinds of legal requirements around them. I am not sure if I have got a strong answer for you there, but I just wanted to raise that it does raise some issues.

Rachel PAYNE: Yes, thank you. When we spent some time with the ACT police, it did not seem like it was an issue. But I think having that as part of the legislation just means that there is that level of expectation there. So that makes sense.

I want to talk more about the idea around historical convictions and expunging those convictions. Would you mind expanding a little bit further on the implications of having a conviction but also how you would see that that would be part of a broader reform when it comes to cannabis reform?

Paul DIETZE: One of the things that Simon Lenton did a lot of work around was just the social impacts of having a cannabis arrest and conviction and the fact that it limits your opportunities around a whole range of different things, including things like a historical cannabis conviction being able to stop you from getting a liquor licence if you want to trade in a hotel or something like that. It limits some employment opportunities and things. So it seems that if we move to a point where we have essentially de jure legalisation, we should really expunge those convictions so that people are no longer affected by them. Those are the fundamentals of it.

Rachel PAYNE: Have I got time for one more question, Trung?

The CHAIR: We can come back to you.

Rachel PAYNE: Yes, sure.

The CHAIR: Michael.

Michael GALEA: Thank you, Chair. Good morning. Thank you for joining us. I might start with you, Professor Dietze. In your submission you concentrate on the need for a public health approach to certain at-risk individuals, including specifying individuals with a history of psychosis or a first-degree relative with a history of psychosis. How does cannabis contribute to psychosis in some people?

Michael CURTIS: Sure. The evidence for a causal pathway between cannabis use and schizophrenia and other psychotic disorders is still somewhat contentious. It would be leaning towards there being a small, elevated risk during a finite period of time, generally adolescence into early adulthood, thinking about that 15- to 25-year-old period. We are talking a fairly small absolute risk, though. There is a likely contributing factor there for some additional risk of schizophrenia.

Michael GALEA: Is it likely that it exacerbates potentially a genetic factor?

Michael CURTIS: Exactly, yes. If cannabis had the same risk of causing schizophrenia for everybody in the general population, then we should see rates of schizophrenia in the community increasing at the same rate as cannabis use.

Michael GALEA: Is there a way of screening? For example, I might have a relative who has had complications as a result of cannabis use. Is there a way for me to hypothetically then test whether I would be affected in the same way?

Paul DIETZE: I am not aware of any simple test for that kind of thing. To be honest, that sort of precision medicine is something that may well be coming, but at the moment I am not aware of any kind of testing like that.

Michael GALEA: In your view, under a decriminalisation model, would having that public health approach enable earlier interventions for people who do experience those symptoms?

Paul DIETZE: Absolutely, and that is the focus. Instead of trying to police that, let us have early interventions.

Robert TAYLOR: I was just going to say one of the things you have not mentioned is one of the benefits of decriminalisation is destigmatisation. Stigma is just such a massive, massive factor when it comes to both alcohol and drugs and people seeking help. The median time that it takes someone to seek treatment for alcohol use issues in Australia is about 17 years. We note with cannabis, while it is not considered as bad in those terms as some other drugs, there is still a lot of stigma around seeking help, and that is really poor for public health.

Michael GALEA: Of course. Mr Taylor, your submission talks about the ACT model and how they also had the SCON, the simple cannabis offence notice, for around 25 to 30 years before decriminalisation. To what extent do you attribute the very positive results we saw in the ACT to the fact that they already had that system in place for such a long time?

Robert TAYLOR: It is an interesting question. I am not sure I can give you a strong evidence-based answer to that. I would say, though, that with regard to the offence notices one of our key issues with those is that someone still incurs a penalty, and that penalty is still regressive in the sense that for someone on a lower income, whether it is \$100 or \$150, that is going to take up a large portion of their income. In those cases when they did not take up that notice, there was still the risk of criminalisation beyond that. That is certainly what you might call an enhanced diversion scheme, and we are seeing more of that, which is beneficial. But truly we think for decriminalisation to work in its fullest, in a de jure sense, you really have to remove that offence fully from the legislation.

Michael GALEA: Thank you. I would love to ask more; maybe we will have time later. Thank you, Chair.

The CHAIR: Thank you, Michael. David?

David ETTERS HANK: Thank you, Chair. Firstly, thank you very much for your contributions. It is greatly appreciated. Looking at the relationship between what we are putting up in this Bill and Canberra, we have now had with the ACT obviously the statutory review and we have had the Lambert Initiative's review of the review, as well as of the Bill. I would be interested in your insights as to the degree to which the Bill that is being proposed picks up absences in the ACT legislation and perhaps also what is missing, recognising that it obviously does not have the regulated market.

Michael CURTIS: I might start with one point. I think the slightly higher number of plants within this Bill probably makes sense, if one of the aims is to try and make inroads against the illicit market. One of the papers published in the last couple of weeks that I referenced in my slides notes that of respondents to that survey quite a few noted that four plants was not enough for them to actually meet their daily cannabis requirements, which were relatively low at roughly a gram a day. They were still potentially running out before the next plants were ready to be harvested. But of course that then, as we noted, raises issues potentially about consistency with the current threshold quantities.

Robert TAYLOR: I would just add that there has been that issue in the ACT legislation around seeds and access to seeds, so I think picking that up here is really sensible.

David ETTERS HANK: There is a certain metaphysical quality to four plants without seeds or cuttings, absolutely. One of the things that has also come up in discussion is the definition of weight, and particularly I think wet weight. Comments?

Robert TAYLOR: This is a big issue across every drug, because for an individual in possession it is sometimes easier for someone to just weigh what they have rather than trying to calculate in their head, ‘Do I have X dry weight?’ Yes, it is a complicated issue. I do not know if we have a strong opinion either way.

David ETTERS HANK: When we met with the ACT police they indicated that they did not actually bother policing weight and they simply went with plant numbers. Does that sound sensible?

Michael CURTIS: I think it does, but I would be concerned about the potential for inequitable application of the law if that was not then aligned with the threshold quantities. We know that, as Robert said before, some communities get policed in different ways to others, and I think this is a particularly sensitive area where removing any ambiguity in the law would be beneficial. If they kept just plant numbers, as the Bill currently stands, unless I am mistaken, there is that inconsistency where if those six plants yielded more than 50 grams of cannabis in a single harvest, if they were harvested at once, then they are potentially at risk of a trafficking charge. It is correct that police discretion could be applied in that scenario but may not be.

David ETTERS HANK: Chair, maybe if I could just help the witness clarify – in the draft Bill that is before consideration there is no weight for wet cannabis defined, only for dry and on your person. Does that assist you in responding?

Paul DIETZE: Might have to think it through.

Michael CURTIS: Yes, I can take that on notice.

David ETTERS HANK: Take it on notice, by all means. That would be great. Thank you. Thank you, Chair.

The CHAIR: Mr McCracken, would you like to ask some questions? Thank you, Joe.

Joe McCracken: I have a couple of questions first for the Burnet Institute. I want to know more about the liberal markets that you would probably have more caution with. What are the characteristics of those markets, and what is it about them that you would caution? I think you said before they would need more monitoring and evaluation. Can you just expand on that, please?

Paul DIETZE: It is essentially the flip side of what I was saying earlier about the lessons from tobacco, so where there is a free market where potency is not controlled, the types of products are not controlled and marketing and advertising are basically uncontrolled as well, and there are examples of that in the US. So we are advocating that we would want much stricter market controls so that those things are quite heavily regulated. In terms of monitoring and evaluation, for some of the states in the US there is literally no evaluation framework set up prior to them establishing their models, so as a consequence it has been very piecemeal and patchy, the sort of evidence that has come together to try and evaluate what the impacts have been. That means that we end up in a position now, more than 10 years after a lot of these reforms, where we do not really know what the impacts of these unregulated markets are. We are getting a better sense with some of the more tightly regulated ones, and I know a lot of the European countries who are moving to a different regime have set up evaluation frameworks, which is exactly what we would want to do in this instance too.

Joe McCracken: That is fair enough. I have another question for both as well – the ADF. I am interested in and quite a bit has been raised about the gifting provisions. Are there ways around the gifting provisions at all that you can see?

Paul DIETZE: Around in what sense? You mean –

Joe McCracken: I mean if I say to you, 'Here's 50 grams of cannabis; it's a gift,' are there other ways around it to say, 'Well, later on you can give me \$50' or something – I do not know how much they cost, but you know, that sort of thing.

Paul Dietze: So how it would actually play out – I do not think we have a good sense of that yet, because I do not know that there is any other regime equivalent. I think that is exactly the sort of thing you would want to monitor and properly understand.

Joe McCracken: That goes to what I was getting at before: how would you monitor and scrutinise those sorts of provisions?

Robert Taylor: I would probably just say that that is already happening. That would be my only comment, that that is exactly what we already have going on. While yes, the policing and enforcement around gifting would be challenging, I would personally see that as no different to what is currently occurring – people selling cannabis for money with very little policing around it. If anything, it opens up a framework for people to engage in that behaviour that is not going to lead to greater harm, as Paul mentioned, with the associated charges and their harms.

Joe McCracken: I think my time is up, but thank you.

The Chair: Thank you, Joe. Lee.

Lee Tarlamis: I am happy to cede my time, Chair.

The Chair: Mr Puglielli.

Aiv Puglielli: Thank you, Chair. Good morning. I think both groups here today have talked about the policing of the current laws and the impacts that is having on the community. Are you able to expand a bit more on what we are seeing right now and why this Bill can seek to address those concerns?

Paul Dietze: There are a couple of things in response. We run prospective cohort studies of people who use drugs – basically we recruit them into the study and then we follow them up over time to see how things progress for them. Most of our studies are focused on people who inject drugs and people who smoke methamphetamine and so on, and what we find is that they often will find the way in which the cannabis laws are policed means that essentially the police will be targeting them for, say, injecting drug use but they will use cannabis charges to actually get them and arrest them, because they might not have any kind of injectable drug on them but they might have a small amount of cannabis. So that is one of the impacts of the laws at the moment, this kind of net widening, and the discretion that goes around policing in this space is something that is ideally not what we want. Then obviously the 11,000 arrests that happened in 2020–21 – I mean, that is a huge burden on the police force, but also stress and all of those sorts of things that go with it. Then if people get diverted into a program, that is taking away other resources that could be used for drugs that people are struggling with more and so on, so all of those sorts of things come into it.

Aiv Puglielli: Thank you.

Robert Taylor: Look, we know in general between 80 to 90 per cent of people that use a specific substance will not be dependent on that substance, so in fact the greatest harm that they may experience from their use may actually be the risk associated with the criminalisation rather than the risk of harm from the substance itself. Then for those 10 to 20 per cent who are dependent on the substance criminalisation does nothing but push them away from the support that they really need. I have worked in drug and alcohol programs in prisons, and yes, it is an opportunity to work with people, but it is not the best opportunity. Working with people in the community without them having this kind of thing over them that is going to impact their life more negatively – preventing criminalisation is going to be a much better way of approaching that.

Aiv Puglielli: Thank you. For our Burnet Institute representatives today: you were talking about the number of plants and the implications that can have for whether someone has access to their own homegrown cannabis year round. Does this Bill get it right in terms of the number of plants, and what are the risks if we do not have sufficient supply in that scenario?

Michael CURTIS: Insufficient supply would reduce the potential of this Bill to make inroads against the illicit market. I am not sure whether six is exactly the right number; we would need some really good data on daily cannabis use, production from plants et cetera, to actually nail a number down there. But based on the experience from the ACT and one of the papers in the slides there, it would suggest that it would go closer to that.

Aiv PUGLIELLI: Thank you.

The CHAIR: Okay. A few quick questions, Michael?

Michael GALEA: Thank you, Chair. Thanks, again. Dr Curtis, in one of your previous answers I believe you referenced the Lambert study.

Michael CURTIS: Yes.

Michael GALEA: You may have mentioned it again just now. One of the interesting things I found from that was it found that the average THC concentration amongst the sample plants was around 9 per cent, whereas the average of plants that were seized through criminal operations was 15 per cent. Would I be right to assume that the higher the THC, the higher the risk, and if so, what does that changing risk profile look like, from 9 to 15 and beyond?

Michael CURTIS: Yes. Firstly, the higher the THC content, the greater potential risk for cannabis-related harms. Sorry, what was the second part?

Michael GALEA: What is the difference between the risk of 9 per cent as compared to 15? I know you cannot be precise on those numbers, but broadly speaking, in those ranges, what are we talking about in terms of a difference?

Michael CURTIS: It is a really difficult question to answer, because we do not know how people may be titrating their cannabis consumption relative to the strength of the cannabis that they are consuming. For risks to increase we would be making the assumption that they are consuming the same weight of cannabis with a greater strength, but we do know that many people will reduce the amount that they use, so I am not sure that I can provide a clear answer to that question.

Michael GALEA: The study also shows that of those that have cultivated their own there was an increase in the amount that they used. Now, we know that the overall trend for use, the number of people taking it, has actually stabilised, if not decreased, but the study also showed that there was an increase, I think; I do not have it here, but maybe about 28 per cent of existing users. Does that counterbalance any other potential benefits of lower THC?

Paul DIETZE: Yes, potentially, because increased frequency of use does potentially increase the risk of harm.

Michael GALEA: It is a simple – yes, sure. Thank you.

The CHAIR: Thank you, Michael. Now let us have a quick one from you too.

Rachel PAYNE: Thank you, Chair. Your submission notes an independent review of international cannabis legalisation models needs to be undertaken before any moves to legalise cannabis in Victoria. Would you consider an expert advisory panel to be the appropriate mechanism to conduct an independent review, and who would you see that would be included in that? What stakeholders or sectors would be included?

Paul DIETZE: Sure. I think that makes a lot of sense, and certainly the standard health law enforcement stakeholders should be included. But I think given the social situation and context, you would really want to be thinking about housing and other representatives in there as well.

Robert TAYLOR: Yes, a consumer voice.

Paul DIETZE: Absolutely. That is something that has been missing in so much: consumer perspectives on changes.

Rachel PAYNE: Okay. Would you like to take that on notice if you wanted to add more thought to that?

Paul DIETZE: Sure, happily.

Michael CURTIS: Yes, absolutely.

Rachel PAYNE: That would be great. Thank you.

The CHAIR: Thank you, Rachel. Just because of the time, thank you so much, everyone, for coming in and giving us a chance to speak to you regarding your submissions.

Paul DIETZE: Thank you for the opportunity.

The CHAIR: On behalf of the committee, thank you very much for your time.

Witnesses withdrew.

WITNESSES

Dr James Petty, Senior Policy and Research Officer, and

Dave Taylor, Advocacy Manager, Victorian Alcohol and Drug Association.

The CHAIR: Welcome back to the Legislative Council Inquiry into the Drugs, Poisons and Controlled Substances Amendment (Regulation of Personal Adult Use of Cannabis) Bill 2023. Welcome to members of the public who are watching via the live broadcast. Joining us for this session we have got the Victorian Alcohol and Drug Association. Joining us we have Dr James Petty and Mr Dave Taylor.

Just before we continue I will read some information to you gentlemen. Regarding the information you provide today, all evidence taken is protected by parliamentary privilege as provided by the *Constitution Act 1975* and is further subject to the provisions of the Legislative Council standing orders. Therefore the information you provide during this hearing is protected by law. You are protected against any action for what you say during this hearing, but if you go elsewhere and repeat the same things those comments may not be protected by this privilege. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament.

All evidence is being recorded. You will be provided with a proof version of the transcript following the hearing. Transcripts will ultimately be made public and posted on the committee website.

Just for recording purposes, could you state your full name and the organisation you are representing, please, gentlemen.

James PETTY: Yes. My name is James Petty. I am from the Victorian Alcohol and Drug Association.

Dave TAYLOR: Dave Taylor, also from the Victorian Alcohol and Drug Association.

The CHAIR: Thank you. I understand you have already made a submission, but I will open the floor if you have got a quick opening statement before letting the committee ask you questions.

James PETTY: Sure. Thank you. Good morning and thank you for the opportunity to speak today. I would like to begin by acknowledging the traditional owners of the land on which we meet, the Wurundjeri people of the Kulin nation, and pay my respects to their elders past and present. I also recognise their ongoing connection to land, sky, waters and culture. Sovereignty of this land was never ceded. It always was and always will be Aboriginal land.

I would also like to acknowledge the expertise and lived experience of people who use alcohol and other drugs, those who have experienced AOD-related harms and those who have engaged with the treatment system. Their perspectives are invaluable, and VAADA appreciates their contributions. VAADA is a member-based peak body and health promotion charity representing organisations and individuals involved in prevention, treatment, rehabilitation, harm reduction and research related to alcohol and other drugs. VAADA welcomes this inquiry and supports legislative reform in the area of cannabis.

While we broadly support the measures outlined in the Bill, we have a couple of recommendations for minor amendments to strengthen its efficacy. Cannabis is the most commonly used illicit substance in Australia. Nearly half – 41 per cent – of Australians over the age of 14 have used cannabis in their lifetime. Surveys consistently show that cannabis is easy or very easy to obtain, and its price has also remained largely stable for more than three decades. It is clear that criminalisation has failed to suppress its use or availability.

Since the legalisation of medicinal cannabis in 2016 in Victoria, alongside shifts in the illicit market, cannabis has effectively become a de facto legal substance for many Australians and many Victorians. A person like me – white, middle-class, educated – can message a dealer and have cannabis home-delivered in a matter of hours. I can choose the strength, the strain and the form it comes in, or I can visit my GP for a prescription, or even easier, use a dedicated cannabis telehealth service, have a 5-minute chat with a nurse and walk away with a script. My options range from dry herb to smoke or vape, oils, capsules, sprays, creams, lozenges and others. However, this de facto legal status is not universal. If you are homeless, Aboriginal, from a culturally or linguistically diverse background, a young person, struggling with mental health or in contact with the criminal

justice system, the risk of arrest for cannabis possession is very real. This is a serious injustice. For some cannabis is functionally legal, while for others it remains a gateway to criminalisation and the significant hardships and disadvantages contact with the criminal justice system entails. While there are diversion programs, these are limited and underutilised. In the 2020–21 financial year Victoria recorded nearly 12,000 cannabis-related arrests, with 95 per cent of these for personal possession as opposed to trafficking.

There are harms associated with cannabis use, particularly for young people, but criminalisation is neither an effective nor a proportionate response to these harms. The social costs of cannabis in Australia have been estimated at \$4.5 billion annually, with more than half of that attributed to criminal justice costs, yet prohibition has not reduced demand, supply or harm. Criminalisation has strengthened the business model of organised crime groups and ensured that their business model remains profitable.

This Bill represents a modest but important step towards a more rational and evidence-based approach to cannabis regulation in Victoria. The risk that this Bill if passed would increase harm is minimal. The ACT, which introduced similar legislation in 2020, has not seen an increase in cannabis use or related harms. In fact cannabis-related arrests have reduced, as you would expect. Cannabis-related ambulance attendances and ED presentations have remained stable. Furthermore, a recent study – the Lambert study you mentioned before – of over 300 samples of cannabis cultivated at home under the ACT laws found it was on average milder than illicit cannabis, with an average THC concentration of 9 per cent, where 30 per cent would be considered very high strength cannabis.

In summary, VAADA strongly encourages the committee to support this Bill. It is based on best practice both locally and internationally and is a necessary step towards a more equitable and effective drug policy. We have suggested minor amendments clarifying the rights of tenants, ensuring people under the age of 18 do not continue to face criminal charges for possession, provision for evaluation of the laws and of the Bill if passed and a well-funded education campaign informing Victorians on the changes. Thank you. I welcome any changes from the committee.

The CHAIR: Thank you, Dr Petty. Mr Taylor, anything?

Dave TAYLOR: No, I am happy with that.

The CHAIR: Thank you for your opening statement. I will quickly have a question, and then I will open up to the rest of the committee. There are two questions I have from your submission. Question 1 is on your recommendation in your submission that included requiring the government to evaluate decriminalisation, including the potential of expanding legalisation to other cohorts of illicit substances. Could you just make some comment or expand on that in relation to what you meant by ‘other cohorts of illicit substances’?

James PETTY: Yes, absolutely. In the ACT they decriminalised cannabis in 2020, I believe, and then following that decriminalised possession of other illicit substances. Criminalisation is not just a bad policy in relation to cannabis, it is a bad policy in relation to most illicit substances, so I think VAADA really sees the Bill as a sensible first step in much-needed drug policy reform. For 50 years VAADA has supported evidence-based drug policy, and we would see decriminalisation and/or possession of small amounts of illicit substances as evidence-based.

The CHAIR: Okay. Thank you. Another thing in relation to your submission which I want to refer to is the paragraph in relation to the problem with criminalisation. You paint a picture in relation to First Nations people, migrant and refugee peoples, the cohort with disabilities and those experiencing poverty, mental health issues, substance dependence and homelessness. Unsurprisingly, they are very much subject to the hard end of the law. Through your submission you paint a very racist or discriminatory picture in relation to Australia. Is this something not foreseen by people trying to come to this country? In trying to paint this picture, I just wondered if you want to make some comments in relation to that.

James PETTY: Yes, sure. I mean, drug criminalisation has its origins in racism. Opioids – heroin – were first criminalised in Victoria in 1901 as part of the White Australia policy to clamp down on Chinese-run opium dens and to promote and protect the business model of Anglo-run pubs. So criminalisation started with racism. I am not saying that is the intention of politicians today or the intention of police today, but it has got its origins there, and we still see a flow-on effect of that.

Dave TAYLOR: We do see certain cohorts over-represented in policing statistics, and they are less insulated through disadvantage. Whether that is just inadvertent or otherwise, it is a stark reality.

The CHAIR: Okay. Thank you. Ryan.

Ryan BATCHELOR: Thanks, Chair. Thank you both for coming in. You mentioned in your opening that you can basically get cannabis on demand through the black market or you can get a prescription. To what extent do you think the provisions of this Bill, if passed, would affect that?

James PETTY: Are you asking if it would reduce demand?

Ryan BATCHELOR: I am asking how you think it would affect it.

James PETTY: It certainly will not reduce demand, nor will it reduce the accessibility. If this Bill is passed, someone like me could still message a dealer and access cannabis very easily through the illicit market. The model presented in the Bill – I do not think its purpose is to entirely supplant the black market, and I certainly do not think it will have that effect. The black market for drugs is longstanding, robust, very complex and very powerful. This Bill is a very modest step and will not be able to entirely supplant that. We certainly might see some people who currently access cannabis very easily through the black market cease to access it through the black market because they will start cultivating it themselves or have a relationship with someone who gifts it to them. So those would be the only effects I anticipate. The effects on the current mechanism of access or current demand for black market cannabis or medicinal cannabis – I do not see them having a huge effect.

Ryan BATCHELOR: Obviously, given your remit with respect to alcohol and other drugs, I am wondering if you have got any reflections on the current state of the alcohol market and/or the tobacco market and what you think we might need to do in thinking about the creation of a cannabis market – lessons we can learn from current issues associated with either or both of those.

James PETTY: It is an interesting question, and we could really talk about it all day, I think. There are definitely lessons and I think some warnings from the alcohol industry and the history of the tobacco industry. I think the tobacco industry is really interesting, because in the 60s, 70s and 80s they were promoting false evidence and suppressing good evidence about the harmful effects of smoking, and it took us a really long time to accept that and for it to become widespread public knowledge that –

Ryan BATCHELOR: Some argue they are still doing it.

James PETTY: Yes, absolutely. But Australia has taken a really, really strong stance against that influence, and as you know, Australia has some world-leading tobacco laws. We are arguably seeing a backlash against that or an undercutting of that with the rise in vaping and the crime associated with that, particularly in Victoria. So I think there are interesting warnings or interesting lessons to be learned there – I think lessons from under-regulating the industry and potentially lessons against over-regulating the industry if we established a for-profit cannabis industry in Victoria.

For alcohol I think the lessons primarily are about warding off against regulatory capture. Alcohol is in some ways well regulated. It is taxed – not very well and not very effectively. It is restricted to over-18s. The supply is well controlled. No-one drinks methanol in Australia; no-one gets poisoned by methanol in Australia. So on one hand alcohol is a relatively safe substance through regulation. On the other hand, we do see alcohol advertised widely. We do not see enough controls around outlet density. We see the alcohol industry shape or influence policy. For example, a few years ago there was an inquiry into the home delivery of alcohol. The Victorian government heard very detailed information about the association of rapid delivery of alcohol with suicide, with domestic and family violence and with a range of harms, and then the Victorian government proceeded to expand the hours and the licences for rapid home delivery of alcohol. I would view that as a form of regulatory capture, and I think that would be a warning against establishing a for-profit cannabis industry that then would see those for-profit interests seek to shape policy.

Ryan BATCHELOR: Thanks very much. Thanks, Chair.

The CHAIR: Thank you, Ryan. Ms Payne.

Rachel PAYNE: Thank you, Chair. Thank you to you both for your contribution and the submission and for presenting for us today. In your submission you talk about expungement and the recommendation there of expungement of prior criminal convictions for personal possession and use of cannabis. Can having a criminal record impact a person's access to AOD services and treatment? I would like you to expand on your thoughts around expungement as well.

James PETTY: It is an interesting question. Officially, no, having a criminal record should not impact a person's access to AOD treatment, but as we know, having a criminal record can be associated with other difficulties in housing, in employment and in a range of other areas and accessing other services. So while the relationship between having a criminal record and access to AOD services might not be direct in terms of people being turned away as soon as – 'Oh, come into our AOD treatment service. Oh, you've got a criminal record; get out.' I do not think we are seeing that. But in terms of the hardship people with criminal records face, that can make accessing AOD treatment more difficult.

There is something else to say about the forensic system, which is I suppose what we refer to. We refer to a portion of the AOD treatment system that is reserved for or specialised for people in contact with the criminal justice system, and it is a really important part of the system. However, there are challenges with it. It is underfunded, and we do see differential and inconsistent access to AOD treatment for people in contact with the criminal justice system. I am not sure if that sufficiently answers your question. Dave, do you have anything to say?

Dave TAYLOR: No, I think you have covered it pretty well.

Rachel PAYNE: And would you say that criminalisation precludes someone from accessing or having greater access to health provisions?

James PETTY: Yes. In terms of the challenges they face, we know people that face the kinds of challenges that people with criminal records face often are underserved in terms of health and welfare services, often get inconsistent access to those services and do not necessarily get the service they need. Someone with a criminal record but who is also experiencing other challenges might turn up to, say, a homelessness service – and active AOD use or active AOD dependence. They might turn up to a treatment system and be turned away because of their challenges, because of their complexity, or what might happen is they will turn up and say, 'I need to enter withdrawal and then a rehabilitation centre,' and what that service has to offer is case management and daily check-ins, which are really insufficient for the needs of that person that I have painted.

Dave TAYLOR: The other side of this is that if people are being criminalised for their drug use, then that generates a level of stigma and self-stigma. That will quite possibly contribute to people not wanting to engage in a service because they are not wanting to talk about something which they are feeling stigmatised about. So we find that the criminalisation of drug use can exacerbate stigma, which will reduce the likelihood of people engaging in help-seeking behaviour, which might mean in some cases, because they are not wanting to get help, some of the challenges they are facing progress and become worse, and then it may well end up that they need to engage in emergency services or they are compelled to go through the justice system at greater harm to themselves and greater burden to the state.

Rachel PAYNE: Thank you. Thank you, Chair.

The CHAIR: Thank you. Michael.

Michael GALEA: Thank you, Chair. Thank you. Good morning, both. I would also like to talk about the expungement of past and historical convictions for cannabis possession and use. You touched on in your answer to Mr Batchelor that there would still be a black market, and if I am quoting correctly from the *National Drug Strategy Household Survey 2022–23*, we know that in the ACT around 12.4 per cent of cannabis users grew their own plants under the model, which, though considerably higher than the national average, is still quite a small number. How would you determine what convictions would and would not be vacated? I guess the question is: how do you know that under an alternate reality they would have been growing their own cannabis and complying with the law or whether they would have still been utilising the black market, as many in the ACT are still doing now?

James PETTY: I would not equate the idea of expungement of previous convictions with the notion that these people would have been growing their own cannabis. What I would say is that the criminalisation of cannabis, of minor possession of cannabis, has produced injustices and that the expungement would be a means of redressing that. So I would not be seeking to expunge convictions for the 12.4 per cent of people who would have grown cannabis if they had had the option. I would be quite comfortable with extending that expungement to all people who had been charged with the minor possession of cannabis.

Michael GALEA: So for people who were to then – maybe to use the wrong word – reoffend, purchase off the black market, which would still remain an offence under this proposal, even though they would still be committing a criminal offence under these new laws, you would be expunging previous ones?

Dave TAYLOR: They would not have had the opportunity to grow plants lawfully in the old laws, so yes, we would be taking that approach. We would make the assumption that they either would have grown their own plants lawfully or they would have been gifted, given those circumstances did not exist previously.

Michael GALEA: Even though we can never really know, that would be the assumption that you would make.

James PETTY: But VAADA would support the expungement of those convictions regardless of whether those people continue to purchase illicit cannabis.

Michael GALEA: Thank you. The evidence we have heard, and I think you have touched on it as well, is that in the ACT, for example, there was not an increase in emergency healthcare demand, but there obviously is a very important role that services such as yours play, in particular at that early intervention point. Anecdotally we have heard that there has been some increased demand for services such as yours, and I would probably say that is a good thing for that early intervention approach. Under this model in Victoria, what resources would your sector need in order to successfully provide those supports to people under decriminalisation? And I guess in monetary terms as well, if you can define it.

James PETTY: I am probably not going to be able to come up with an exact dollar figure, but I would say that our services – sorry, just to clarify, VAADA does not actually provide any services. We are a peak body member organisation.

Michael GALEA: Your members, yes.

James PETTY: But we represent organisations that do provide services. The AOD sector in Victoria have been historically underfunded since inception, basically, so they would definitely need additional funding. In the ACT, which obviously is a very, very small territory, we did see AOD services receive dedicated and increased funding to respond to that increased demand, because, as Dave was saying, if stigma is removed from the possession or use of a substance, people can often feel much more confident and comfortable in presenting to a service. Dave, are you able to give a dollar figure?

Dave TAYLOR: I am not, but I think I would probably put it to the committee that the daily waitlist data for alcohol and drug treatment has increased from around 2400 at the start of the pandemic to over 4600 last year. I can provide the exact figures and the times when those surveys were taken on notice if that is desired.

Michael GALEA: That would be good. Thank you.

Dave TAYLOR: As James intimated, there is a significant lack of capacity to meet current demand. There is recent and strong research indicating nationally that there are a significant portion of Australians who would benefit from clinical treatment who are missing out. So there are already those demand pressures.

Michael GALEA: I realise I am over time. I am very sorry. If I can quickly ask: in rough terms of a percentage increase of demand, what would you expect to see under this model? Can you perhaps take that on notice as well? I realise I am putting you on the spot there.

Dave TAYLOR: We can take it on notice, but I think that it might be difficult to provide a clear figure. So we can take that on notice and provide you with a response of some sort, but I cannot guarantee that we will be able to just give you a number.

Michael GALEA: I appreciate that. Thank you.

Dave TAYLOR: I would love it if that level of evidence and research was out there.

Michael GALEA: It would be great if we had it, but even if you can give us a broad indication, that would be very helpful.

James PETTY: Just for context, lack of a robust and efficacious data system is something that has plagued the Victorian AOD sector for a long time. We simply do not have that data. People often also present to treatment, and maybe the reason they are presenting to treatment is the use of alcohol or maybe the use of methamphetamine but they are also using cannabis, and that might be not the first priority for treatment but one of the other priorities for treatment. Then also, just in relation to youth services, probably cannabis would be higher on their list of priorities than the average AOD treatment service. So yes, it is a complex picture.

Michael GALEA: Thank you.

Dave TAYLOR: And we only count those people who present to treatment. The figure I offered before is very much a conservative estimate of demand. It would be much higher if it were to capture people who are not engaging in treatment perhaps because of stigma or any other reason but may well benefit.

Michael GALEA: Thank you. Thank you, Chair.

The CHAIR: Thanks, Michael. David.

David ETTERSANK: Thank you, Chair. Thank you for your very thoughtful contribution. An issue that has been bandied around a bit is the question of how the Bill should best treat under-18s. I wonder if you would like to share with the committee your thoughts on that issue and also the adequacy or inadequacy of the Bill in that regard.

James PETTY: In terms of that, VAADA, as we say in the submission, support provisions that reduce the access of young people to cannabis. I am not sure if that makes sense, but we want to limit the access that young people have to cannabis. We do not want to see that access increased. We do not want to see that access deregulated or proliferated, because there are some health concerns, in particular mental health concerns, for young people if they are using cannabis early or if they are using cannabis very intensely. But what we do not want to see is the continued criminalisation or increased criminalisation of young people for possessing cannabis. For example, under the proposed Bill, if a 17-year-old was caught with instructions about how to cultivate cannabis, they could be arrested and charged for that, and by 'instructions' I mean a text message or a YouTube video on their phone telling them how to cultivate cannabis. I am not saying that is necessarily likely. If it is not likely, it is not needed within the law, and I do not see any benefit coming out from a 17-year-old ending up being arrested and charged for possessing a text message or a YouTube video.

In terms of the Bill's adequacy, I think some people and certainly some of the other submissions we have read have talked about security and storage provisions, so maybe requiring people who are going to grow cannabis under the Bill to store it in a way that minimises access of youth to that cannabis. VAADA would support that. It would be very difficult to police, very difficult to enforce, and I am not quite sure about how to get around that. But I do think there could be good requirements for ensuring that there is not access to cannabis in a public space. If someone's house backs onto a walkway, a creek, public land or whatever, having your cannabis plants grow right over that fence I think is a bad idea. I think there can be provisions around limiting access to the public to the grown cannabis, the cultivated cannabis, and young people as well.

Dave TAYLOR: There are a couple of things I put to you on top of that, and I certainly appreciate James's comments. We do not have any rules and regulations for if I am a smoker or happen to enjoy having alcohol. I do not need to keep those things under lock and key, even though I have got young children. So we probably need to consider that. We are very supportive of measures that ensure that young people do not engage unnecessarily with the criminal justice system. We have already got a very much overburdened system, so where we can look at health-led responses or diversion or, importantly, early intervention programs: in place of, that is really important. One of the things we talk about is developing an education campaign in this submission. We would want to make sure that such a campaign was not, for instance, developed by the police – and we have seen a couple of examples where that missed the mark, being generous – but something that is

peer-led, so led by people who use drugs, by people from community who can really strongly relate and build a strong rapport with young people who may be seen as at risk. We would be very supportive of those sorts of measures. But certainly the example James offered at the start would be an unfortunate outcome, if that 17-year-old was drawn into a criminal justice response for having watched something on YouTube.

James PETTY: I will just say you cannot control for everything. Young people will continue to have contact with or have access to cannabis regardless of whether this Bill passes or not. Really what the goal should be around – the government’s goal and certainly our goal and the AOD sector’s goal – is providing young people the support and resources that they need, regardless of whether they are exposed or have access to cannabis, to still lead a healthy and happy life.

It brings to mind an evaluation of a prevention program that I read about that was run in Footscray in the Maribyrnong area probably 10 years ago now. It was an AOD prevention and early intervention program for young migrant and CALD background youth. It did not mention AOD at all. All it was was an after-school soccer program where you did not participate if you were drunk or high. After the soccer program they had local parents cooking dinner, and that was it. It was very effective. It is hard to measure exactly what it was preventing, but it was very effective. It had very high engagement. Unfortunately it was just a trial, and then it was defunded. But providing those kinds of resources is going to be much more effective than a provision in a Bill that defines how or where or what should be done to prevent access to cannabis by young people. Supports are much more important.

Dave TAYLOR: I know we are bouncing off each other here, but it needs to be premised with this Bill that what we have got now is deeply unsatisfactory, and so we are really looking at trying to enact policy that makes it a little bit less bad. We are not going to be able to eliminate drug use – that is simply a reality – and so we need to take that off the table. There are always going to be risks and for young people already – as James indicated at the start, drugs are easy or very easy to obtain. So we need to keep it in mind when we start questioning any risks associated with this Bill that those risks are already clearly evident and that it is very easy for young people to already procure these substances.

David ETTERSANK: Thank you.

The CHAIR: Thanks, David. Mr Puglielli.

Aiv PUGLIELLI: Thank you, Chair. Dave, I am going to follow straight on with what you were just talking about. As you have described it, the current laws we have are unsatisfactory. We often talk, with conversations about legislation like this, about risk associated with changing the laws. Can you tell me a bit more about what the risks and the harms associated are with not changing the laws we have now?

Dave TAYLOR: We have already mentioned the \$2.4 billion criminal justice burden on the state associated with what are predominantly prosecutions and policing activity toward people for consuming cannabis. So there is a significant impact there, there is the significant impact of having a criminal record and there is significant impact of deterring people from engaging in services due to stigma, to simply name a few. James, do you have anything to add?

James PETTY: Yes. It would just continue the status quo, I think. The current laws we have are insufficient, as is the status of the AOD treatment system or the funding of the AOD treatment system and its adequacy and its ability to meet demand. If we do not, none of these problems are easily solvable. We need multipronged approaches. This Bill is not going to solve everything, but I think that it is a step in the right direction and that there are really considerable risks of not doing anything. We will just continue with the same insufficient set of systems that fail a lot of people ad nauseam.

Dave TAYLOR: And the state has, at this point in time – and we have always got – scarce resources. I think it was 11,000 arrests for cannabis possession –

James PETTY: Close to 12,000.

Dave TAYLOR: There is a huge policing resource there, and I think that we would all welcome police being able to reprioritise some of their work and redirect it towards more serious crime. I am not sure that that is the best allocation of police resources, especially if we read the papers on any given day. So I think the status

quo is clearly unacceptable at a system, cost, health and stigma level across the community, and it has been that way for decades.

Aiv PUGLIELLI: Thank you. Often in these debates we will hear views put that if we follow this pathway of decriminalisation the sky will fall in, that it is going to be devastating to communities et cetera. Are you able to point to potentially some case studies from other jurisdictions, even other parts of the world, where they have followed this reform pathway and what benefits that pathway has had for those communities?

James PETTY: Yes. I mean, in South Australia cannabis has had a level of decriminalisation since 1987. In the ACT it has been since 1989. So that is nigh on 40 years of some level of decriminalisation – Northern Territory since 1996, I believe – and to use your words, the sky has not fallen in in those places. Again, what the Bill proposes is fairly modest. It is not a radical restructuring of our entire legal system or polity or anything. It is just a tweak, really, that we would support. The obvious international example is Portugal. Portugal decriminalised minor possession of more than just cannabis – heroin and other ‘harder’ drugs in 2001 – and it was described as a miracle because of the kinds of social, health and economic benefits from that policy. So I would really just emphasise that what is proposed here is not going to flip the entire world upside down.

Aiv PUGLIELLI: And for Portugal as the example, what does the before and after look like for that kind of reform?

James PETTY: The before is extensive heroin slums. They were just shantytowns full of heroin users. They had a really serious drug problem and a really serious poverty problem. They still have really serious poverty problems, but the –

Dave TAYLOR: HIV.

James PETTY: HIV – the spread of HIV was very extensive. Look, I do not have data to support this, but the anecdotal evidence is that heroin users in Portugal were committing crimes on purpose to be put into prison because they would get a hot meal, somewhere to sleep and they could buy better quality heroin in prison than out on the streets.

Decriminalisation: it was not just decriminalisation, it was part of a suite of responses which saw that really turn around and saw people not arrested for possessing minor amounts of heroin, saw them connected with health and welfare services and gradually, not overnight, saw those heroin slums, for want of a better word, reduce and eventually disappear. They have got a really strong health-led response now.

Aiv PUGLIELLI: Thank you.

James PETTY: No worries.

The CHAIR: Thank you, Aiv. Mr McCracken.

Joe McCracken: Thank you very much. It has been a very interesting conversation. Thanks, James and Dave, for the contribution so far. I am interested to pick up from where Trung started asking questions about the decriminalisation process. I think that you said the Bill should have aspects where we should have a process to evaluate decriminalisation and also explore extending that to other substances. What other substances do you think should be worthy of that exploration?

James PETTY: I would say probably the common illicit substances that people are often or regularly arrested for possessing. I would like to underline that we said ‘explore’ as opposed to –

Joe McCracken: I do not know all the different names of the substances. I am one of those people that has never done cannabis before, so I am probably an outlier there. But what are the names of the substances that you think are worthy of exploration – emphasis on ‘exploration’?

James PETTY: Yes, absolutely. So an emphasis on exploration: minor possession of MDMA, minor possession of amphetamines, minor possession of heroin or other opioids – things like that we would certainly encourage the government to explore decriminalisation of. I think there are certainly some substances that you do not want to decriminalise or that you want to maintain fairly high controls on – not that I want to see people in possession of minor amounts of those substances arrested necessarily. But there are substances – say, for

example, fentanyl, carfentanil, nitazenes – that you do not want to be criminalising people for low-level possession of, as in someone has bought what they thought was heroin or MDMA and it contains some nitazenes in it. But, yes, there are some substances that you do not want loosen regulatory control over, I suppose.

Dave TAYLOR: I think it is really important to premise this under the notion of general deterrence, which is one of the aspects of the *Sentencing Act* – offences relating to possession and use of small amounts of drugs. I am not sure there is a particularly strong evidence base that there is any sort of general deterrence aspect where people feel concerned they are going to get arrested and therefore will not use. I mean, the arrest rates and consumption rates suggest that that is not necessarily that effective. So considering this evaluation and considering that what worked for one substance might work for additional substances and going to what James said before, again under the notion of exploring, it would be an unfortunate circumstance if someone felt they could not procure heroin and so instead got on the dark web and purchased some nitazenes and fatally overdosed. We can sometimes see perverse outcomes occur from well-intentioned laws which are not well thought out.

James PETTY: Just one thing I would like to add is that earlier in my opening statement I said that someone like me could message a dealer on an app and pretty quickly obtain some cannabis from the illicit market. That extends to those drugs I mentioned – amphetamines, ketamine, heroin, MDMA. Those are readily available. The IDRS, which Paul and Michael, who you just heard from, run in Victoria, shows that access and availability of those drugs as well as cannabis remains very, very high. The majority of people list those as easy or very easy to obtain.

Joe McCracken: I think my time is up, unfortunately. I could probably ask more questions, but thank you for your response.

James PETTY: Thank you very much.

The CHAIR: Thank you, Mr McCracken. I know Michael is dying for one last question. I know time is up, but Michael, please.

Michael GALEA: Okay, I will be very quick then. Thank you. The ACT model, as you pointed out, from the late 80s went to a partial decriminalisation with the simple cannabis offence notice. To what extent do you think that played a role in the results of the 2019 decriminalisation being so positive?

James PETTY: I heard you ask this question before, and I would echo Michael and Paul's statement that it is really hard to predict. But I would say that drug law reform is a process and that if you start, the more evidence-based drug law reform you have, the easier additional evidence-based drug law reform becomes. So I think that partial decriminalisation with the notice probably did mean that the ACT was well positioned for those next steps. And we have two diversion programs in Victoria; they are also underutilised, like the SCON was.

Michael GALEA: It was underutilised in ACT?

James PETTY: Yes. Only about 25 per cent of people arrested for possession of cannabis accessed the SCON.

Michael GALEA: Good to know. Thank you.

The CHAIR: There is another question. David?

David ETTERS HANK: Do you see any danger in going straight to the proposed legislation, as opposed to some sort of gradual process through the old cannabis infringement notice? Is it overly brave to leap to the current Canberra model rather than –

Dave TAYLOR: James has indicated that our take on this is that it is a modest reform. I do not really see any reason why we would delay this. There are terms like 'decriminalisation' used that carry a level of meaning and depth in the community, but the reality of it is that it is a very modest and small reform. Probably one of the main benefits will be a reduction in justice interventions on a range of people who otherwise would have nothing to do with the justice system; a useful reallocation of policing resources to target more serious criminal

offending; a reduction in stigma, where we are going to see more people probably thinking, 'I'm more happy to talk to people about my cannabis use and seek help,' which is a really good thing; and potentially an increase in early intervention programs and a focus on these things where people can feel they can get help and it is safe to get help sooner. So I see a number of really positive benefits, and looking across this nation, I do not really see any risks.

James PETTY: I would just very quickly add that Canberra had the simple cannabis notice. Victoria has two diversion programs, one with police, one that sits within the courts. I think the proposed Bill is the next step. I do not think it is a leap; I do not think it is brave.

David ETTERSANK: Thank you.

The CHAIR: Thank you, gentlemen. Our time is up. Thank you so much for coming in, for your submission and for your contribution today. We very much appreciate it.

Witnesses withdrew.

WITNESS

Jasmine Yuen, Director, Victoria, Australian Christian Lobby.

The CHAIR: Welcome back to the Inquiry into the Drugs, Poisons and Controlled Substances Amendment (Regulation of Personal Adult Use of Cannabis) Bill 2023. I welcome back any members of the public watching via the live broadcast. Joining us for this session is the Australian Christian Lobby's Mrs Jasmine Yuen. Good morning.

Jasmine YUEN: Good morning.

The CHAIR: Welcome. I want to quickly introduce you to our committee. My name is Trung Luu, the Chair, and there are my Deputy Chair Mr Ryan Batchelor, Mr Michael Galea, Mr Aiv Puglielli, Ms Rachel Payne and Mr David Ettershank, and also joining us is Mr Joe McCracken on Zoom.

Before we continue, Jasmine, I will just quickly read some information to you. All evidence taken is protected by parliamentary privilege as provided by the *Constitution Act 1975* and further subject to the provisions of the Legislative Council standing orders. Therefore the information you provide during this hearing is protected by law. You are protected against any action for what you say during this hearing, but if you go elsewhere and repeat the same thing those comments may not be protected by this privilege. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament.

All evidence is being recorded. You will be provided with a proof version of the transcript following the hearing. The transcript will ultimately be made public and posted on the committee website.

Just for recording purposes, could you please state your full name and the organisation you are representing.

Jasmine YUEN: Jasmine Yuen, representing the Australian Christian Lobby.

The CHAIR: Thank you. I know you made a submission, but I would like to invite you to make an opening statement before I open it up for the committee to ask you questions.

Jasmine YUEN: Sure. Thank you. On behalf of the Australian Christian Lobby I would like to thank the committee for this opportunity to share our views about the legalisation of cannabis. The ACL does not support legalising personal use of cannabis, nor possessing or planting it for personal use. This is because the legalisation of cannabis would come with a great social and economic cost, including health and safety, that would destroy the lives of many Victorians. Mental health issues among our young people and out-of-control youth crime are now the major issues in our society. It is not an exaggeration to say that many of these are drug-related.

It would be delusional to say legalising cannabis for adult use would not impact our younger generation in our society. In fact legalisation would send the wrong message to our young people that cannabis is safe when it is not, and it would also normalise drug use in the community among the young and old and open the door of hell to lifelong drug dependency and addiction for our future generations. A harm reduction approach would not reduce the harms that drugs have on the young and old in our society but would instead push them into lifelong addiction if we do not draw a line in the sand now by putting an end to drug use.

Legislation, on the other hand, is a slippery slope that leads to a point of no return, with a further increase in drug use and drug-related consequences. These include health and mental illnesses, crimes, road accidents and lack of productivity in the workforce. For example, scientific evidence links cannabis, including medicinal cannabis, to psychiatric disorders such as anxiety, depression, schizophrenia and psychosis. Evidence also links cannabis use to birth defects, including missing limbs and autism, genetic mutations and cognitive impairment that includes negatively impacting memory, learning and attention. It also causes 38 types of cancer and impacts brain and lung function and also the respiratory and cardiovascular systems. London and Dutch studies have also shown cannabis causes between 30 and 50 per cent of all new psychosis and schizophrenia diagnoses.

The Australian Medical Association, AMA, also found that cannabis can contribute to a variety of mental illnesses such as anxiety, panic attacks, reduced brain function, paranoia, memory loss and so on. According to Professor Brett Emmerson, one of the most common causes of people with schizophrenia relapsing is because

they get their hands on THC. The AMA has also found that the use of cannabinoids, including cannabis, is among the most common causes of drug-related hospitalisations in Australia. An analysis of the Australian Institute of Health and Welfare national mortality database shows that in 2022 cannabinoids were present in 3.4 per cent of all drug-induced deaths.

Even though cannabis is now legal for some medicinal purposes – people think that it is safe, but it is not – the TGA guidance indicates that there is limited evidence for medicinal cannabis helping different medical conditions. In a submission to the Senate inquiry on the Legalising Cannabis Bill 2023 the AMA opposed the Bill, citing that cannabis use contributes to mental issues and increased road traffic incidents and will overload our health system. If this medical peak body opposes the legalisation of cannabis, it is plainly an act of negligence and carelessness for the Victorian government to legalise this dangerous illicit drug.

Regarding road safety, there has been agreement across studies that cannabis use significantly increases the risk of car crashes and impairs specific driving skills. This is largely due to diminished driving performance in response to emergencies and sudden changes. Studies have shown that cannabis use increases the risk of hitting objects by 16 times. The Department of Transport and Main Roads in Queensland stated that:

There is an extensive body of research literature that describes the increased crash risk associated with THC ...

The Victorian police have also found that 19 per cent of driver and rider fatalities in 2018 had stimulants in their system and 10.3 per cent had cannabis in their system. In New South Wales in 2023 there were 79 road fatalities linked to drug driving, and 69 per cent of drivers or motorcycle riders involved in fatal crashes who tested positive for illicit drugs were found to have cannabis in their system. Combining cannabis with alcohol can also increase the risk of fatal crashes by up to 23 times. It is entirely contradictory then to promote road safety and crack down on drunk driving while legalising and increasing accessibility of cannabis use. To protect our roads and the safety of our drivers, it is crucial that cannabis remain illegal.

One more point to make is that numerous studies from the *American Journal of Psychiatry*, the American Academy of Psychiatry and the Law and *Frontiers in Psychiatry* have also observed an association between cannabis use and physical violence in youths and emerging adults. Studies have shown that individuals with cannabis dependence have a higher prevalence of committing violent offences such as robberies, gang fights and assaults. Moreover, other evidence also shows that cannabis use may lead to future violent outbursts, and therefore the short-term and long-term consequences of cannabis use should be considered.

Given these dangers, keeping cannabis illegal is crucial in protecting public health and safety and maintaining a drug-free healthy society. So agreeing with the AMA's opposition to the federal Legalising Cannabis Bill, we urge the committee to recommend the government implement a prevention rather than harm reduction approach to drug taking and focus resources on prevention, rehabilitation and education programs instead of legalising cannabis for recreational use.

I would also like to use this opportunity to introduce some organisations: for example, Teen Challenge, which runs a rehab program. Unfortunately they cannot be here today. Their base is in Kyabram. Another organisation is Focus on the Family, which runs a program for parents called How to Drug Proof Your Kids. At the end, prevention is far better than legalisation. I have some brochures here.

The CHAIR: We will take a look at them. Thank you, Jasmine. I will quickly start with a question, and then I will pass on to the rest of my committee. In relation to your submission, our committee has pretty much compared the Bill to the ACT legislation in relation to what is happening. We understand that the ACT have only legalised in the last few years and their numbers have only been reported for the last few years, but there have been indications from the ACT that there has been no increase in use of cannabis since it was legalised. Referring to your submission and only those references you have actually done research on, in your submission you indicated cannabis legalisation has increased use. You refer to North America, which has to a large extent legalised for a longer period of time. Can you just expand on that regarding your research and your submission, please?

Jasmine YUEN: We have been trying to get some data or information from the ACT, but unfortunately we could not get much, and we were told that even though there is, I do not think the government there is going to reveal much. So I would say we cannot get much from the ACT perspective. But looking not only from the ACT perspective but at other jurisdictions as well, even overseas, once any drug has been legalised, it will

increase use. It might not be recorded because from a policing, for example, or a legal perspective it might get a bit more relaxed and therefore a record has not been kept as much as we want it to.

The CHAIR: Okay. Thank you. I will pass on to Ryan.

Ryan BATCHELOR: Thanks very much, Chair. Thanks, Ms Yuen, for coming in. We have had a few submissions. People give us evidence to say that we need to, in thinking about cannabis and its future potential regulation under this Bill or through other means, learn lessons from the way that alcohol and tobacco markets operate currently. I wonder if you have any reflections on the way that the alcohol and tobacco markets are operating and lessons we might be able to draw from those when thinking about whether cannabis is something that should be moved from a prohibition setting into a decriminalised or regulated setting.

Jasmine YUEN: I think alcohol and tobacco are two very different things. Cannabis is drugs – recreational or illicit drugs. Alcohol, if it is not consumed in a huge amount, has no risk. But of course alcoholism is a problem and even tobacco is actually harmful for health, and therefore many years ago we have come down to this plain packaging and discouraging people, and young people especially, from smoking. I know that TV ads have been banned as well from promoting cigarettes. So having to compare these illicit drugs with alcohol and tobacco – they are two totally different things. But look at vaping as well. I know that government has been doing really hard work in preventing our young people from vaping, because we know vaping is dangerous for health. If we want to tackle vaping and prevent our younger generation from becoming addicted to it, I think we should compare cannabis to illicit drugs and recreational drugs because we have so much medical evidence and scientific evidence that says that it is really harmful compared to alcohol, tobacco and vaping. So really it is not about regulation, it is really about banning any form of recreational drug entirely.

Ryan BATCHELOR: Thanks, Chair.

The CHAIR: Thank you. Ms Payne.

Rachel PAYNE: Thank you, and thank you for presenting before us today. I just want to clarify your position with the AMA, which you made reference to in your opening statement, because we have had AMA Victoria submit to this inquiry. They are in support of decriminalisation of cannabis for personal use as the more balanced and health-focused approach, particularly focusing on health impacts and minimising harm. I just want to establish what the AMA has said as part of this inquiry. I think you may be talking more broadly about their position on legalising and a commercial model of cannabis reform. What this Bill is focusing on specifically is allowing personal use and decriminalising cannabis. You also make reference to the prevention approach. On the current prohibition model such as we have now – the status quo – do you see that that is currently working to prevent access, particularly for young people? Would you consider reflecting on the ACT experience in looking at how that may reduce harms, particularly for young people?

Jasmine YUEN: Yes. I will come to the AMA first. The AMA submission that I referred to was on the federal Bill, and that was two years ago, I think. They did mention something here. They did mention that they actually support certain forms of court orders and support the prohibition of usage of cannabis, because the court orders will actually refer people to some form of education and counselling. So in a way – I have not looked at the Victorian AMA one so I cannot speak to that, but actually in the federal submission that position is that they do not support legalising it. Even a court order, when people have been arrested and they go to court, is an opportunity for people to be referred to counselling and education and so they are more in favour of the rehab program. In terms of the second question, which I cannot remember –

Rachel PAYNE: You just talked about that rather than legalising or decriminalising cannabis, we should look at a prevention model. I am just trying to gauge how that is different to the current prohibition model. Are you proposing that we maintain the status quo?

Jasmine YUEN: I would say young people, or even young adults today, will still be able to access drugs of all kinds easily. I do not know how, but there are other ways. I do believe that the crime rate and all these youth issues nowadays – and even mental illnesses – have a lot to do with drug use. In terms of prevention, what we have in mind is that, as I mentioned, the program just now that is run by Focus on the Family, for example, is a program that helps parents to educate their children at home. There needs to be some form of education at school, for example, in which you educate the children about the harm of drugs in a different way. But at the same time, we cannot only rely on education at school. Education at home is also important. Parents modelling

is very important as well. Looking back, in my teenage years I did not use any drugs. The reason why is because my parents told me outright that drugs are harmful and they have a lot of health impacts in different ways. Also, they modelled that not taking drugs is the best way for life in terms of success in academic performance as well as in future careers. So my suggestion for prevention is not only at school but helping family and parents to do that at home, so it is more education from a young age. Even parents and teachers at school need to tell children that drugs are not a good idea and draw a line in the sand. That is the best approach.

Rachel PAYNE: I think we can all agree that a health-led approach is the best mechanism, particularly when it comes to educating young people. You also mentioned in the submission that cannabis could be considered a gateway drug. With the illicit market, where people are accessing cannabis, would you see the fact that if someone is accessing it through the illicit market and seeing a drug dealer, it may be that actually the interaction with the illicit market may be the gateway – that a drug dealer would be more inclined to say, ‘I’ve got other drugs here,’ and offer particularly a young person those options? Would a regulated market or allowing someone to grow a small amount of cannabis at home prevent that interaction with the criminal justice system, would you feel?

Jasmine YUEN: It would be dangerous to even allow people to grow their own plants at home. The AMA submission for the federal Bill actually had concerns about that because it is unregulated. Although you are restricting certain amounts for them to plant for personal use, you never know how many plants are at home and how much they keep or store. I would say I just think that you need to draw a line in the sand. That will be the easiest approach.

Rachel PAYNE: Thank you.

The CHAIR: Mr McCracken, would you like to ask some questions?

Joe McCracken: Yes. Thank you very much for your attendance and your submission, Jasmine – much appreciated. I think I read somewhere in your submission that there was a concern from you about the developmental impacts on younger people. I know from being a teacher that the brain does not fully mature and develop until the age of 25. Did you want to expand on that as one of your concerns?

Jasmine YUEN: Yes. I am not a medical professional, but based on what the medical groups and even psychologists and psychiatrists say on those aspects, they have very sufficient evidence that points to how cannabis use or any form of illicit drug use will impact the development of young people. I would say it is not only young people but adults as well, so regardless of whether their brain has been fully developed or not. It is because drugs are a certain kind of chemical that can impact the way a brain functions. Our body, if you look at it from a biological perspective, is all chemicals as well. The brain chemical reacting with drugs will have some form of chemical that is definitely going to impair our brain function and even other organs, as the AMA or other scientific evidence has pointed to, causing cancer. So I would say drugs of any form – but cannabis is the easiest illicit drug that young people can get in to – will definitely impact them in a significant way, starting from the brain function to even how they interact with their social and family life.

Joe McCracken: Thank you. I noticed that in your submission you said that you do not want to support the, I think the word was, normalisation of cannabis usage and that you do support a preventative approach rather than a different sort of approach. What sorts of things do you think we should be doing in Victoria to make a change more in terms of your line of thinking? What changes would you envisage? I know you put some in your recommendation. For example, how do you denormalise cannabis usage? It is fairly widely available through obviously dealers and those sorts of things. How do you make it unappealing? Is it through education? Is it through punitive approaches? What do you think is the best way of dealing with it?

Jasmine YUEN: I do not think there is a short-term approach that we can tackle this issue with, because it has been not only decades but centuries; drugs have been a centuries-old problem. But I think education would help. Drawing a line in the sand needs to start from now, and education is the best approach. Physical health education, for example, at school could have a component where teachers can teach the harms of drugs. I even remember going to my kids’ school, where police came in to tell them about the consequences of taking drugs, which could also include road accidents. Apart from that, as I mentioned just now, we cannot only rely on education at school – just one session per term or per year. I think the education department or schools need to work together with parents, provide parents with some form of information, like this Focus on the Family

program, and see how the school and parents could get together and have one session for parents or even have an online education package for parents that they can access to equip them to help prevent their children using drugs.

Another thing that I remember is some of the campaigns that the government ran, which were pretty good, with advertisements saying that the consequences of using drugs are this and that. If the government some time ago could have a campaign to have this plain packaging for tobacco and then ban tobacco advertisements, in a way it was sending a very clear message to the young people in society that drugs are harmful, no matter whether it is cannabis or others. I think this could be done the same way for cannabis.

Joe McCracken: I think my time is up, so thanks very much for your evidence.

The CHAIR: Thank you, Mr McCracken. Mr Puglielli.

Aiv Puglielli: I do not have any questions. Thank you, though.

The CHAIR: No questions. David.

David Ettershank: Thank you. Have I got your time, Mr Puglielli?

Aiv Puglielli: Take it, please do.

David Ettershank: Thank you so much. I appreciate that. Thank you for your submission. It has been wonderful reading. I always love a submission where half the footnotes refer to your own publications. Can we start out with just some clarifying of a couple of terms perhaps. You are referring to the AMA as opposing, and Ms Payne pointed out that the submission to this inquiry is supporting. Your footnote does refer to their submission to the federal review in 2023, which was of course into the establishment of a national commercial market, whereas this inquiry is talking about purely decriminalisation at a local level. Are you cognisant of that – that perhaps you are actually conflating two different positions?

Jasmine Yuen: I would say even decriminalisation for personal use is a great danger.

David Ettershank: Notwithstanding the merit there, I am seeking to understand why you are attributing quotes from the federal commission, which was actually about an entirely different matter, to what is before the committee today. Could you perhaps focus your answer on that?

Jasmine Yuen: Yes. I have the submission here with me. I would say whether this submission is referring to the national commercial type of legalising or in Victoria to more local personal use, I would say it is still drugs. It is still legalising some form of drugs for people to use. I think that is still the same issue that would still have the same problems and consequences.

David Ettershank: Even though we are talking about two entirely different approaches to drugs – okay, well that is good if you can conflate that down. You said that there was no information on what has happened in the ACT, and perhaps that is indicative of the research. I do not know if you are aware, but there is actually a statutory review that was undertaken of that legislation, which took place for six months and evaluated the last four years of decriminalisation, which is very close to what the committee is looking at. I am wondering why you have not referenced that, or were you just unaware of the fact that that had gone on?

Jasmine Yuen: I am unaware of that, so it is good to know that there is something that we can refer to.

David Ettershank: This is in two volumes, with an enormous amount of data. Of course it shows that there was, as a result of decriminalisation, no increase in use. There were no indications in any health or social areas, like hospitals, mental health, road accidents, drug driving. None of those were adversely affected by decriminalisation, which is being proposed here. I am wondering what your response is to that, given the claims in your submission to the contrary.

Jasmine Yuen: It depends on how trustworthy the report is. For example, in the past, reports regarding the injecting room – we know that some reports say it has been very successful in helping others, but actually other aspects are indicating the opposite. I would have to look into it. But at the same time, obviously, even though

that report is telling us that there is no increase in use or there is no increase in road accidents because of that, that is what that report is telling us, but other reports are also telling us it is otherwise. I actually have two –

David ETTERSHANK: Can I just clarify your use of terminology there? You said, ‘Is it trustworthy?’ Are you suggesting that a government public inquiry involving a range of agencies from government through the not-for-profit sector, through the health industry and through the federal police themselves is untrustworthy?

Jasmine YUEN: It depends on who is making submissions and how those submissions are then compiled and published afterwards. I actually have two news articles here –

David ETTERSHANK: Before we go on to the news articles can I perhaps just juxtapose one thought for you here. As I am understanding your position, it is basically that we need to retain criminalisation and then we need to complement that with education and public health promotion. Have I got that more or less right?

Jasmine YUEN: Yes.

David ETTERSHANK: We have had criminalisation in Victoria for 96 years. We have heard that around 10,000 people fall foul of the law every year. We have heard that this approach costs \$300 million, \$400 million, \$500 million a year. We know that about 2000 tonnes of illicit cannabis worth about \$1.2 billion is brought into Victoria or produced in Victoria every year. And despite a lot of money that is spent on health promotion and an enormous amount spent on police, nothing has in any way reduced the consumption of cannabis. I guess Einstein had that thing about the definition of insanity being to keep doing the same thing and expecting a different result. Could you perhaps just tell us how your approach is not insane?

Jasmine YUEN: Look at the Netherlands. I had my uncle living there for many years. He got into drugs, and everybody knows how the Netherlands has a very soft approach on drugs. Just recently I glanced through some of their reports. Even though they are soft on drugs, drug trafficking has never decreased. In fact they say that recently it has become really bad and is getting worse. Yes, I understand your point in saying that in the past 96 years we have spent a lot of money on policing, court cases and so forth. It is not helping therefore some people’s arguments are that legalising it is the way to go.

David ETTERSHANK: We are talking about decriminalising it.

Jasmine YUEN: Yes, okay. I would say from that perspective it could be, but from another perspective, looking at the mental health issues and also other social issues that are caused by the use of drugs – not only cannabis but other hard drugs as well – those consequences are even more costly. In my submission I say that that is going to overload our health system. In the past few years there has been a huge increase in mental illness among our young children, and that cost – the medical cost or whatever support cost; counselling, for example – that needs to be put into that will be even more costly, and it will be generational.

David ETTERSHANK: Could I put a question on notice perhaps, Chair, just to help Ms Yuen?

The CHAIR: I will come back to you, David.

David ETTERSHANK: Sure. Thank you.

The CHAIR: Just regarding the witness’s opinion, just give a comment in relation to what the witness is saying.

David ETTERSHANK: I am laser-like focused, Chair. Thank you for that, though.

The CHAIR: Michael.

Michael GALEA: Thank you, Chair. Good morning, Ms Yuen. Thank you for joining us today. In your submission and in your opening remarks you have strongly opposed legalisation. I am curious to know whether you consider there to be a substantive difference between legalisation and the decriminalisation model that is before us today.

Jasmine YUEN: Yes, I noticed that there is a slight difference. But regardless, for our position any model that relaxes drug use will still be harmful to young people and society, because it will make young people, for

example, reach out to drugs more easily. When they think that using drugs has no legal consequence, it will send the wrong message to them.

Michael GALEA: The ACT statutory review showed that there was actually a stabilisation or a very mild decrease in the number of people consuming cannabis. What specific concerns do you have with the statutory review? I know you highlighted that you had some issues with this review. What are those specific concerns, and why do you submit that we should be disregarding it?

Jasmine YUEN: As I mentioned, I have not looked into it –

Michael GALEA: Have you read the review?

Jasmine YUEN: No. I cannot speak to that.

Michael GALEA: Okay. The review also showed that there was actually no increase in presentations to emergency departments or ambulances with critical conditions as a result of cannabis. That would disprove what you are saying, wouldn't it? You said that it would overload the health system in one of your earlier remarks, but if we are not seeing that in the jurisdiction that we are looking to adopt the model from in this Bill, would that not suggest that the model is actually striking the right balance then in not seeing those health outcomes?

Jasmine YUEN: As I mentioned just now, it would depend on how trustworthy the data is. As I mentioned before as well, some of the reports regarding the injecting room –

Michael GALEA: The injection rooms in the ACT?

Jasmine YUEN: No, here.

Michael GALEA: Sorry, we are talking about a report by the ACT Department of Health, not a Victorian government agency.

Jasmine YUEN: Yes, I am using it as an example –

Michael GALEA: Sure.

Jasmine YUEN: the report in Victoria regarding the injecting room. One group of experts said that it is definitely helping, but another group of experts said that is not the case and in fact the data or the information has perhaps been manipulated in a way.

Michael GALEA: Okay. Are you familiar with the national drug strategy household survey?

Jasmine YUEN: No.

Michael GALEA: Okay. The most recent one, in 2022–23, showed that 41 per cent of Australians have at some point in their life consumed cannabis, and 11 per cent in the past 12 months. I know you do not have those statistics with you, but would you broadly agree with that statement?

Jasmine YUEN: I am not surprised. As mentioned, cannabis is quite a common illicit drug and perhaps the first one used by others. That is exactly what we want to prevent. A drug-free society I think is the best way to go.

Michael GALEA: Without holding you to the exact figures, if you broadly accept those numbers, would you say that it is fair that 11 per cent or even 41 per cent of Australians are criminalised?

Jasmine YUEN: I would say they are not criminals to use it, but definitely having certain legal barriers is a huge prevention for them to know that this is not something that they want to get into.

Michael GALEA: Just to clarify, you do not think that they should be regarded or treated as criminals?

Jasmine YUEN: Well, it depends.

Michael GALEA: Okay. Hypothetically, if they were not selling or trading in drugs but they had a small amount that they were growing themselves, do you think that they should be treated as criminals?

Jasmine YUEN: I would say it would be a case-by-case scenario. I cannot say without having a case before me.

Michael GALEA: Sure. With the time I have left, Ms Yuen, can I ask: representing the Australian Christian Lobby, a lot of churches do very important pastoral work. Can you talk to me about what experiences your members have reported based on their support for people with cannabis use, if any?

Jasmine YUEN: Not that I am aware of. But when it comes to pastoral needs, when young people or even adults are using drugs, I am sure pastors are ready to counsel them and help them into a rehab program. I remember when I was younger, back in high school, I had a group of people in a rehab ministry coming to visit the church, and they were doing really well in the program. They were slowly moving out of drug use and in a successful rehab program. That is how the church is going to help them holistically.

Michael GALEA: Just tied in with that, you said before that you do support a health-led response. Would you see that as a better approach than criminalisation of these people who are experiencing harm?

Jasmine YUEN: I think there are two issues there. If drug use is legalised, it just opens up a door – a can of worms –

Michael GALEA: To clarify, though, we are not talking about legalisation in this Bill; we are talking about decriminalisation.

Jasmine YUEN: Yes. Even decriminalisation will still send the wrong message to people that we can just use it without any consequences. As I mentioned, a legal barrier is a good deterrent. That does not replace the rehab program or any of the counselling. I think they need to go hand in hand.

Michael GALEA: Thank you. Thank you, Chair.

The CHAIR: Thanks, Michael. I think you have one more question, David.

David ETTERS HANK: Yes. Chair, I will pick you up on the point you asked about clarification as well. First of all, the Chair did bring to my attention that perhaps my last question might have been suggesting that you were insane. In quoting Einstein, I just wanted to make it clear that I think it is the conclusions you are drawing that are insane, not you personally. So, please, accept my apology if that is how it was taken.

Jasmine YUEN: No worries, yes.

David ETTERS HANK: There is a provision for what we call a question on notice, which means you can go away and think about it and come back. Could I offer you the opportunity for a question on notice, given that you were not aware of this. Would you like to provide us with a question on notice or a response on notice to the results of the ACT review so that the committee could then take on board your thoughts?

Jasmine YUEN: Yes, okay, I am happy to.

David ETTERS HANK: Fantastic. Thank you so much. Appreciate it.

The CHAIR: Thank you for that. We have got a few minutes left. Does anyone have more questions?

Michael GALEA: Yes, if I have time. Thank you again, Ms Yuen. Just to jump back to what we were discussing – and I realise we are talking hypotheticals – you did say that there would be some situations in which you would not want to see a person criminalised. Rather than me putting something to you, can you describe a situation where someone might be growing a small amount just for themselves, not for any children but just as an adult, that you would deem more appropriate for a health response rather than a criminal response?

Jasmine YUEN: I would definitely not support anyone growing their plants at home and storing it, even for personal use. In that case I think that should be criminalised.

Michael GALEA: In what case should it be a health response then and not criminal?

Jasmine YUEN: Some of them use cannabis for medical purposes. They should go to the doctor –

Michael GALEA: Which is already legal.

Jasmine YUEN: Yes. Therefore they do not need to keep plants for themselves. In my submission one of the concerns that the AMA's submission has is that it would be unregulated.

Michael GALEA: In the federal one?

Jasmine YUEN: Yes.

Michael GALEA: We are talking about the state approach, but thank you.

The CHAIR: Thanks, Michael. Time is coming to an end. Thank you so much for coming today and for your contribution and your submission. They will give us a different perspective in relation to our inquiry into the Bill.

Witness withdrew.

WITNESSES

Lee Carnie, Director, Policy and Advocacy, Federation of Community Legal Centres;

Sam Coleman, Senior Criminal Lawyer, Youthlaw, and Federation of Community Legal Centres; and

Greg Barns (*via videoconference*), Australian Lawyers Alliance.

The CHAIR: Welcome back to the Inquiry into the Drugs, Poisons and Controlled Substances Amendment (Regulation of Personal Adult Use of Cannabis) Bill 2023. Welcome back to members of the public watching via the broadcast. Joining us for this session are members from the Federation of Community Legal Centres and also the Australian Lawyers Alliance, on Zoom. From the Federation of Community Legal Centres we have got Lee Carnie and Mr Sam Coleman. Also joining us from the Australian Lawyers Alliance is Mr Greg Barns on Zoom. Welcome.

Just before I proceed I will quickly read some information to you. Regarding evidence being given today, all evidence taken is protected by parliamentary privilege as provided by the *Constitution Act 1975* and further subject to the provisions of the Legislative Council standing orders. Therefore the information you provide during this hearing is protected by law. You are protected against any action for what you say during this hearing, but if you go elsewhere and repeat the same thing, those comments may not be protected by this privilege. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament.

All evidence is being recorded. You will be provided with a proof version of the transcript following the hearing. The transcript will ultimately be made public and posted on the committee website.

For recording purposes, could you please state your full name and the organisation you are representing. Could I start with Lee.

Lee CARNIE: Lee Carnie. I use they/them pronouns, and I am the Director of Policy and Advocacy at the Federation of Community Legal Centres.

Sam COLEMAN: My name is Sam Coleman. I use he/him pronouns. I am a lawyer from an individual community legal centre called Youthlaw.

The CHAIR: Thank you, Sam. Greg?

Greg BARNS: Sure. It is Greg Barns SC. I am from the Australian Lawyers Alliance.

The CHAIR: Thank you. Welcome. I understand you have made submissions. I invite you to make an opening statement before I open to the committee for questions. If you would like to start, Lee.

Lee CARNIE: Thank you. I know that we have already acknowledged that we are meeting today on Aboriginal land, but I would like to pay my respects to elders past and present and recognise the significant and disproportionate impact of laws which have criminalised cannabis use on generations of Aboriginal people in this state.

The Federation of Community Legal Centres is the peak body for Victoria's 50 community legal centres, who have been at the forefront of helping community members experiencing financial hardship, injustice and mistreatment with free, high-quality legal help for over 50 years. Community legal centres see firsthand the longstanding and significant human impacts of current laws which criminalise people for minor possession and use of cannabis. I will briefly outline five reasons why we support the Bill and three amendments to strengthen the Bill.

Firstly, minor cannabis offences are disproportionately enforced against people experiencing poverty, structural oppression and overpolicing. As the Victorian Aboriginal Legal Service will highlight later today, Aboriginal people in Victoria are significantly over-represented in police and sentencing statistics for minor cannabis offences. Aboriginal people are more likely to be arrested, less likely to receive a caution from police and more likely to be required to attend court and to receive a punitive sentence. Children and young people, particularly

children in out-of-home care, are also disproportionately arrested and criminalised for minor cannabis offences. The Fitzroy Legal Service will give evidence later today about the disproportionate impacts on people evicted into homelessness and people experiencing family violence.

Secondly, criminalisation for minor cannabis use causes real and profound harm to thousands of Victorians every year and is not an effective deterrent. Being arrested, interrogated and charged by police, dragged through the courts and dealing with the long-term consequences of a criminal record for drug-related offences has serious negative consequences on individuals, their families and communities. Negative experiences with police and courts often result in people being reluctant to later seek help if they are a victim of crime or experience family violence and is a major obstacle to people accessing health care or treatment if they are experiencing drug abuse or addiction issues.

Thirdly, criminal records for drug-related offences create longstanding stigma, discrimination and consequences out of proportion to people's behaviour. Having a criminal record that says 'possession or use of a drug of dependence' reduces people's employment opportunities and access to housing and social services; makes it almost impossible to volunteer in your local community, particularly with children; and denies Victorians opportunities to travel to many countries overseas, such as the US. While the Victorian *Equal Opportunity Act* has been amended recently to provide protection against discrimination for people with spent convictions, it does not protect people with irrelevant criminal records from discrimination.

Fourth, the Bill is a clear step towards a harm reduction approach that will create better public health outcomes. I think you have already heard that in detail today, but we agree with the public health experts that it will reduce health risks associated with unregulated cannabis use and reduce negative health impacts of contamination or harmful substances being included in cannabis obtained on the black market.

Finally, the framework proposed in the Bill is safe and low risk. We have seen this from the implementation of the ACT model and how reforms in many parts of North America, Europe and parts of South America which replaced prohibitionist policies with decriminalisation and increasingly legalisation supported by health-based responses are effective at improving health outcomes and community safety while reducing the very real harms caused by criminalisation, the long-term impact of criminal record stigma and discrimination and organised criminal activity related to black market sales.

In terms of amendment, the Bill could be strengthened by, firstly, decriminalising personal possession, use and cultivation for adults and children – and I will hand over to Sam shortly to speak to that; secondly, automatically expunging minor cannabis charges from people's criminal records – I think that other people have already given evidence to this, but we would support adding a provision that directs relevant Victorian government agencies to permanently remove minor cannabis charges from people's criminal records post decriminalisation to ensure discrimination does not persist after the reforms come into effect; and finally, clarifying and authorising conduct consistent with the purposes of the Bill – again, this has been covered this morning, but we would also support amendments making clear that authorisation should apply for marijuana seeds in the same way as plants, that sharing a joint or edible with another adult should not carry criminal consequences, that principal place of residence requirements should not disadvantage people experiencing homelessness and commonsense guidelines for growing marijuana plants in backyards in very rainy Victoria, such as in greenhouses.

I have listened to the committee's questions this morning and could provide additional information on the negative impacts of transferring current criminal offences to the infringement system and learnings from the practical administration of other application-based expungement schemes in Victoria. I will now hand over to Sam.

Sam COLEMAN: Thanks, Lee. I would just also like to acknowledge the traditional owners of the land and pay my respects to elders past and present and affirm that sovereignty was never ceded. I am a lawyer at a specialist community legal centre called Youthlaw. We assist vulnerable young people under 25 in Victoria, so young adults and children. I welcome the opportunity to address the committee and strongly support the federation's recommendation that this Bill be amended to extend decriminalisation to children as well as adults.

The Bill rightly recognises that personal cannabis use and possession is a health issue and that its criminalisation does more harm than good. It acknowledges that cannabis-related offences are

disproportionately enforced against Aboriginal and Torres Strait Islander people, young people and those generally experiencing disadvantage. However, by maintaining criminalisation for those under 18, the Bill does not address the entrenchment of disadvantage experienced in childhood. Kids use cannabis for the same reasons that young adults do, often in response to trauma, family violence, homelessness or mental health challenges. Criminalisation does not deter young people – young adults and children – from cannabis any more than it resolves their trauma or disadvantage. Instead it pushes them further into the justice system, creating lasting consequences that extend well beyond adolescence. Research consistently shows that early interaction with the criminal justice system increases the likelihood of reoffending. It disrupts access to education, employment and housing, and compounds disadvantage rather than addressing the underlying issues that lead young people to use cannabis in the first place.

A childhood drug possession charge, use charge or cultivation charge can have severe and long-term effects that are entirely disproportionate to the offence. Even a spent conviction can still be disclosed in several contexts, such as a police check for certain kinds of jobs; working with children checks, which are very common; or travel applications. Having a prior offence as a child, even a police caution, can disqualify an adult from diversion programs. For kids, being labelled a criminal both by the system and by themselves entrenches disadvantage and stigma, making it harder for young people to access support and turn their lives around.

As the second-reading speech highlighted and has been already addressed this morning, over 1100 Victorians were jailed for cannabis possession in the last three years. Whilst this Bill addresses this issue for adults, it leaves children behind. The disproportionate policing of Aboriginal and Torres Strait Islander children and children in out-of-home care means that they will continue to bear the brunt of a system that this Bill is designed to fix. Victoria has an opportunity to do even better than the ACT here by extending decriminalisation to children, and I urge the committee to do so by strengthening the Bill. Thanks.

The CHAIR: Greg, would you like to make an opening statement?

Greg BARNES: Yes, thanks, Chair. We, firstly, acknowledge that we meet on Aboriginal land and pay our respects to elders past, present and emerging.

Can I just indicate the alliance endorses the views that have just been put, so I might try and take it in a different direction for you. The purpose of the criminal law, as we all know, is to deter people from committing or undertaking antisocial conduct or conduct which society deems to be criminal. The purpose is both general deterrence and specific deterrence, and if the law does not deter people, then it has no utility.

In relation to drugs generally – and I will come to cannabis – as we all know, there is zero evidence that drug laws have any deterrent effect. As the *Economist* newspaper has said on a number of occasions, there are no wins in the war on drugs, only Pyrrhic victories. In relation to cannabis, the reason we support this Bill, alongside the reasons outlined by my friends, is that this is evidence-based policy. We know, and no-one could argue to the contrary sensibly, that there is no deterrent effect. We know that – and I can indicate this – lawyers use cannabis. People from all walks of life – doctors, police officers – all use cannabis or have used cannabis at some point in their lives, knowing of course that it is formally illegal. So you have got to ask yourself this question: why would you continue a policy which is such an abject failure in terms of deterrence? Now, it is said, ‘Oh, well, you are giving a green light to drug use.’ I mean, there is, again, no evidence that people suddenly start using cannabis because ‘Oh, good, it’s no longer illegal, I can do it.’ They do it anyway, those who want to do it.

It is important to note also, as has already been said, the disproportionate impact of cannabis. Magistrates have to sit there every day and deal with cannabis cases, and I think if you surveyed magistrates, they would say it is a waste of time. I talk to police officers about it, and they say it is a waste of time. Lawyers talk about it and say it is a waste of time. I remember talking to someone from a Drug Court here in Tasmania, where I am – this was a judicial officer – who once said to me, ‘Workers come along to the Drug Court, and they say, “Oh well, he hasn’t given up drugs. But he’s no longer using ice, he’s using cannabis,” and you have to sit there and give these people a lecture.’ He said, ‘It’s often occurred to me that I would rather them be using cannabis than speed. People do not commit offences, generally speaking, while they are using cannabis.’

To wrap it up, this is not a left–right issue, and I think it is important to note that. For example, the law and economics movement at the University of Chicago, which is very much oriented towards free markets, would

argue that good public policy focuses on harm reduction because that is more cost effective for governments. Secondly, those who are on the left in relation to law reform debates would say that there is a disproportionately adverse impact on certain elements in the community and a disproportionately adverse impact in having a cannabis conviction, particularly for young people. So it is not a left–right issue; it is smart policy and smart justice that we are talking about here. You should not let the *Herald Sun* or any other news outlets deter you from good policy, because the winners are those you represent. Thank you.

The CHAIR: Thanks, Greg. Thanks, Lee and Sam. Thank you all for your opening statements. I will quickly ask a few questions and then I will open up to the committee. In relation to your comment that the law has no deterrent effect, I think there are different points of view from various parties. But I will focus on your recommendation 2. Our inquiry has had submissions with evidence that children under 18 should not access cannabis, that it has a harmful effect down the track for their growth, up to the age of 25. Now, I understand your work, having a legal point of view, that when it is criminalised there are offences and a number of people are subject to being charged or incarcerated. I am just wanting your point of view on a health aspect – so not a legal aspect – in relation to those who are under 18. Why is your recommendation to open up and amend the decriminalisation of personal possession, use and cultivation of a small quantity for children as well as adults? I understand the adult part, but for children under 18, how does that benefit those who are under age healthwise? It is not the legal part – why they are getting charged; I understand that situation. But in relation to their health, can you expand on that in terms of how you balance a person being charged with the health aspect growing up? And in relation to having this opened up, would there be more accessibility for those who are under age to access cannabis?

Lee CARNIE: I am happy to go first. The first point I would make is that we do not dispute the public health evidence about the health impacts on children. We trust the evidence and doctors around some of the challenges around people who are under-age using cannabis, particularly in relation to particular mental health issues and their brain development. However, what we recommend is a decriminalisation approach for children. We are not recommending an authorisation approach, as is the case with adults, but rather that children should not be criminalised when they do possess, use or cultivate cannabis. The reason for that is because we think that the most effective way to support children, particularly children from disadvantaged and marginalised backgrounds who are experiencing problematic drug use – the best way for them to get the help that they need to address the underlying issues that are often leading to them deciding to use cannabis, such as childhood trauma, mental health issues – is to facilitate them to get the best help and support that they can.

Possessing, using or cultivating cannabis is a criminal offence. What that means is that children are not going to go to a family friend or a parent or a teacher or a sports coach and say, ‘Actually I’ve been having a bit of a problem with this. I’ve been using this. I’ve been feeling a bit sick.’ What it means in practice is that they will be less likely to seek help, to seek treatment, to talk to others so that they can safely use cannabis, they can moderate their cannabis use, so that they can learn and educate themselves around what the impact of using cannabis is on their lives and their development. As I said before, we also see how children from marginalised communities are disproportionately affected and they will continue to be further marginalised and deterred from seeking support.

I think Sam might elaborate on this more, but we know that harmful use of alcohol and drugs by children and young people is often a form of self-medication. But what we do support is, similar to age-based prohibitions around vaping or cigarettes or tattoos or body piercing, government regulation should focus on adults’ behaviour towards children rather than imposing criminal offences on children for behaviour that is lawful for adults. I can expand on this more, but as an example, buying cigarettes: it is not unlawful or a criminal offence for a child under 18 to buy cigarettes, but it is unlawful for an adult to sell cigarettes to a child, and there are current provisions in the Act that is being amended by the Bill that will continue to make it a criminal offence for an adult to sell cannabis to a child under 18.

I would also say that there was a 2021 youth forum where young people had the opportunity to share their views on this issue and where they shared how criminalising cannabis creates perceptions that young people are unfairly targeted by police because of their age. It is more likely to foster distrust of police and the justice system. It does not actually affect rates of cannabis use among young people, and it forces young people to access the unregulated illicit market, where products are much more likely to be unsafe.

The CHAIR: Any comment, Greg?

Greg BARNES: Well, no. I would agree with that. Again, it is not about a free-for-all; it is not about sending a signal. But the current structures do not work, and they do mean that cannabis use is much more hidden by young people than it would otherwise be because of fear of police or being reported to police, particularly by teachers and others. Again, I cannot understand any argument about this. Why wouldn't you focus on harm reduction and keep young people out of the justice system as much as you can?

The CHAIR: Thank you. Ryan.

Ryan BATCHELOR: Thanks, Chair. Lee, I might just continue on this theme, just to clarify. So you are in favour of provisions that would retain penalties for the supply of cannabis to those under the age of 18, including gifting?

Lee CARNIE: Yes.

Ryan BATCHELOR: Okay. I just wanted to be clear on that.

Lee CARNIE: I just wanted to make sure.

Ryan BATCHELOR: Yes. That is fine.

Lee CARNIE: Yes. That is right.

Ryan BATCHELOR: We were in the ACT on Tuesday and had a really long session with ACT Policing, and one of the things they talked about was the way that the simple cannabis offence notices evolved into the drug offence notice with respect to everyone, but also with respect to children. Simple cannabis offence notices effectively still operate for children; there is a kind of nominal fine, but also there is essentially a confiscation of product. Would you support the ability for products to be removed – confiscated – from those under the age of 18 who have it in possession but not have a criminal penalty attached to that?

Lee CARNIE: Yes. We would continue to support the confiscation of cannabis from children.

Ryan BATCHELOR: More broadly, we had evidence particularly from Burnet and the Alcohol and Drug Foundation earlier about this being a step but probably not the step that they would want to fully take. I am wondering if you have a view on whether the step that we should take in Victoria with respect to cannabis regulation should be just this one, which is essentially the decriminalisation of personal possession and cultivation, or whether you would support moving a step further and going to some sort of regulated market approach. I am happy for either of you or both to answer.

Lee CARNIE: In relation to this Bill we agree that it is one step forward. We support authorisation as a step in the right direction. However, our position is that decriminalisation would be a much better approach.

Ryan BATCHELOR: What do you mean by 'decriminalisation'?

Lee CARNIE: In the current Bill the way that it operates is that it is illegal to possess or use cannabis unless you have authorisation, and so the Bill authorises adults to possess or use cannabis. A decriminalisation approach would be to effectively create an exception or a carve-out from the possession-and-use criminal offences, for example, for a small amount of cannabis for personal use.

Ryan BATCHELOR: Greg, you might want to answer this as well. Do you think we should go further and have a regulated market?

Greg BARNES: Yes, I do. The reason I say that is because if you regulate a market you do two things. Firstly, you take it out of the black market. People are less likely to access products in the black market, because there is no product control. That is the first one. We know that from prohibition. Prohibition does not work, because all it does, as you are seeing in Victoria with tobacco, is increase the opportunity for what we call super profits, and people will, in terms of a rational actor, take the risk of selling cannabis on the black market because the chances of being caught are, in their mind, less than the chances of making a super profit. So I think what we would say is that at the end of the day there ought to be a market-based approach taken, as there is increasingly around the world. But the first step of decriminalisation will at least I think get the community more relaxed about the issue of cannabis. The thing about cannabis is it is less harmful than alcohol

and tobacco, and that is what the science tells us. So why are they legal and cannabis is not legal? You have got to ask yourself that question. This is an area where there is a completely irrational policy – there is prejudice but no rational policy – and the only winners are drug sellers.

Ryan BATCHELOR: That is all for now.

The CHAIR: Thank you, Ryan. Ms Payne.

Rachel PAYNE: Thank you for your submissions to this inquiry. I really appreciate you presenting before us today as well. You talk in your respective submissions around a health-led approach, noting that decriminalising cannabis will allow public resources to focus on health, rehabilitation and underlying causes for substance use. Can you speak more about the effectiveness of these alternate approaches and the burden that they could lift off the legal system more broadly?

Greg BARNES: Perhaps I will quickly go first. I do not know if you have been down to a Magistrates' Court or a local court, as it is called in some jurisdictions. The number of possession of cannabis cases that are in the system every day is extraordinary, and it is a waste of court's time – a complete waste of court's time – because, as I said, there is no evidence of any deterrent effect. So why would you waste the court's time?

Lee CARNIE: Maybe as an example I can talk to the Planet Youth school-based drug prevention approach, which in Iceland shifted substance use among children from one of the highest rates to the lowest in Europe. This has been piloted in South Australia and New South Wales. The Planet Youth approach builds on evidence that children are less likely to use substances when they have strong relationships with their parents, a positive school environment and a supportive community environment and when you roll out protective factors such as parent education, peer groups and health community prevention approaches – so embedding the health-based response in places where children meet and congregate, like schools, local social groups and sports clubs. I would also note that the previous Victorian parliamentary inquiry into cannabis use did recommend that the Department of Education and Training facilitate a trial of the Planet Youth program in Victoria. We strongly support resourcing the health sector to be able to support the implementation of this Bill by implementing similar programs across the state.

Sam COLEMAN: I might give a little case study, if that is okay.

Rachel PAYNE: That would be great. Yes, please. Thanks, Sam.

Sam COLEMAN: This is about a young woman who I will call Kayla. Kayla is a young woman with very complex mental health needs and mental health issues. She was homeless, a long-term victim of family violence and sexual violence. She was engaged with housing services and engaging well at this time but unfortunately was one of those young people where there was just no solution at the time so she was sleeping rough and she was caught smoking marijuana, or cannabis. We know that cannabis is disproportionately smoked by people sleeping rough. She was searched under the *Drugs, Poisons and Controlled Substances Act*, which is a specific trigger for her, and it caused a mental health event. She was charged with four counts of indictable assault of police in the course of a breakdown and was sent to Dame Phyllis Frost for a number of months in the Marmak Unit, the mental health unit.

She was sleeping rough, but she had escaped a family violence situation and was doing relatively well in terms of her engagement with supports. She had a really, really fantastic AOD worker and because of, I think, general underfunding that AOD worker was functioning well outside of her PD essentially as an outreach worker when she was not supposed to be. Having been sent back to custody was a tremendous setback. She ceased her involvement with her local area mental health services. She stopped taking her depo injections, and when she was finally released we essentially lost her again and she fell back into negative peer networks and incredibly unsafe situations. I just wanted to address both the health aspect and the burden on the state as well. Many, many court hearings were precipitated by this event, with a long stint in custody, the work of lawyers and other services.

Rachel PAYNE: Thank you. I might just quickly throw to what happens with young people or children if they are picked up for cannabis. On diversion programs, and just more broadly, are they effective and what improvements would you make in reflecting on this Bill that is before you today?

Sam COLEMAN: Can you say that again, sorry, Rachel?

Rachel PAYNE: Just reflecting on diversion programs or what is currently happening for children that are picked up with cannabis possession currently, or what may be a consequence of this Bill that is before you today, how would you reflect on the efficacy of diversion programs or what is currently happening with young people today?

Sam COLEMAN: Diversion is obviously a far preferable outcome than a formal finding of guilt from the court, but in my view any contact with the system whatsoever is criminalising. Stigma is not just associated with a sentence by a court, but it is any contact with the court – it is coming to the court, it is speaking to the police. And especially for children there is a point which every practitioner I think that works with kids knows: that at some point, if they are being told they are a criminal over and over again, they will start to accept it. This is I think called ‘labelling’ in the literature. But the legislature has known this for a long time. It is provided for in the *Children, Youth and Families Act*. There is a general injunction to avoid stigma, and it is also a part of sentencing. I think on the proposed amendment to the Bill, even though we are certainly in favour of diversion programs and they work well, we are insisting that personal cannabis use is a health issue and that any contact with the system is a risk for criminalisation for young people.

Lee CARNIE: As you are aware, there are *Youth Justice Act* amendments that have recently come in around the sentencing hierarchy and diversion and cautions. It is probably a bit early to tell exactly how they will operate in practice, but under the current system anyway and even in the *Youth Justice Act* there are barriers to children being able to access diversion. For example, the police informant has to consent. I have previously practised as a youth crime lawyer, and what we see is that kids who get picked up for minor possession charges who also might have had negative interactions with adults and authority figures, often because of experiences of childhood trauma and family violence, are more likely to be the ones who might swear and call the police officer names, and in that situation it is really, really difficult for them to get diversions, even for minor offences. So you can see this kind of disproportionate impact of how children from low-income backgrounds with mental health issues are more likely to be criminalised.

Rachel PAYNE: Thank you. Thanks for your response.

The CHAIR: Michael.

Michael GALEA: Thank you, Chair. Thank you all for joining us. Lee, I am going to jump on something that you said in your opening remarks. You flagged that you had some comments you could give about the infringement system which is applied in the ACT and some other jurisdictions. I would be very keen to hear what you have to say about them.

Lee CARNIE: Community legal centres provide legal help and advice and representation in relation to thousands of infringements each year. We would not support moving these criminal offences to the infringement system because of how the infringement system currently operates. Maybe I will just make three points. The first point is that under the current Victorian legislative scheme you can still go to a prison because you are too poor to pay your fines. So if you have fines and you cannot pay them, the sheriff cannot take enforcement action against you because you do not have a property and you do not have an income. What happens at the end is that you go to the Magistrates’ Court and you are placed under what is called an imprisonment in lieu order if you continue to not pay it. By this stage, at every stage at which you do not pay a fine it increases. It can be thousands more than the initial fine, which you are often unable to pay, and then an imprisonment in lieu order effectively becomes a warrant to imprison. Under our current infringement system there is still a risk of imprisonment, but it is unjust in how it applies, because if you were fined for minor possession of cannabis and you had a stable income and a lovely house in Toorak, then it is unlikely that you would end up being imprisoned, but if you were unable to pay your fines and they kept getting bigger, then you would have a higher risk of being imprisoned.

Secondly, we see how engagement with the infringement system, as I have explained, can also lead to people ending up in the court system, and there are the same barriers to seeking treatment. Even if you apply through the court for special consideration for your fines to be withdrawn at later stages, when they have gone to the enforcement stage, they do still appear on your criminal record, even though they are infringements.

Michael GALEA: And that is regardless or if you have gone through the court system?

Lee CARNIE: If you have what are called special circumstances – so if at the time that you were fined you were experiencing homelessness or mental health issues or you had an intellectual disability or exceptional circumstances such as family violence or financial hardship – you can apply to the court for your infringements, for your fines, to be dealt with through the court. But if an order is made by a court, it ends up on your criminal record, on your court record. Does that make sense?

Michael GALEA: It does, yes. Again it is affecting the people who would be most vulnerable and more likely to have a criminal record as a result.

Lee CARNIE: That is right.

Michael GALEA: Thank you. That is very, very helpful information. You also touched on Planet Youth, the Icelandic model. I am curious if there is anything that you could maybe provide to us on notice with some pointers and some resources or, if you have them yourself, if you can provide them to us. It would be terrific for us to have a look at them, because I think we can all agree: whatever the model, the less young people using cannabis, the better.

I would also like, if we briefly have time, to put to all of you, whoever feels best qualified to answer: in the FCLC submission you say that more than 12,000 Victorians were charged with cannabis abuse in the three years to June 2023. How many of these, if you know, were in full isolation and not connected with other offences?

Lee CARNIE: I would have to take that question on notice. I do not know off the top of my head. Anecdotally, and I will pass to Sam as well, our experience is that often these offences do come with other offences, but I have definitely seen quite a few where this is the only offence as well, where it is just a possession for minor personal cannabis use. But I do not know off the top of my head. Sam?

Sam COLEMAN: I also do not know, sorry, but I have certainly seen lots of both: in isolation and with a host of other charges.

Michael GALEA: Thank you. Mr Barns, would you have anything to add to that?

Greg BARNES: No, I do not, but my experience over many years is that it is often coupled with other offences. But of course that does not detract from the argument for decriminalisation [Zoom dropout].

Michael GALEA: Thank you. Thanks, Chair.

The CHAIR: Thanks, Michael. David.

David ETTERS HANK: Thank you, Chair. Thank you very much for your very insightful contributions today. It is really appreciated. Could I ask you: in terms of looking at the utility of the Bill that is being considered, have you applied your minds at all to the question of how it might interact with other legislation? For example, when we went to Canberra there was discussion there about the fact that you can decriminalise cannabis but, for example, people on parole are regularly subject to urine checks, and if they test positive, they are pinged. I am wondering: is that a question you have considered in terms of the possible adequacy of the Bill?

Greg BARNES: I might just go first. I think the first thing of course is that you amend the *Drugs, Poisons and Controlled Substances Act*. In relation to parole and parolees, I chair the Prisoners Legal Service Tasmania, and it is exactly the same as Victoria. We have had this battle, because the urine testing is there to pick up illicit substances, and we have had a discussion around the fact that many ex-prisoners use cannabis. They use cannabis as stress release because most of them get very little through-care from the prison system when they come out, and also they would often be on trauma. So they use cannabis, and it is a very unfair use by the parole board of its powers.

I am not sure it would change if you decriminalised cannabis use as opposed to legalising it. I think it would still provide an opportunity for the parole board to adopt some form of policy that says that it regards cannabis as being problematic, and that I think is a problem unless you legalise it.

Lee CARNIE: We have not given it detailed thought, but we can take it as a question on notice. We would support consequential amendments to other pieces of legislation consistent with the purposes of this Bill. Sam has a specific point as well.

Sam COLEMAN: One thing I would like to take on notice is the way it would interact with search powers, specifically the drugs Act search power that I mentioned before in that case study. But, yes, we would have to get back to you.

Lee CARNIE: There have been a number of bills that would interact with it as well. There have been amendments put forward around expungement as well and so there are other pieces of legislation but also various pieces of regulation and government guidelines that would need to be released, for example, like Victoria Police and Australian Federal Police information, policy around what types of offences would be disclosed on a criminal record check or working with children checks. There is quite a wideranging number of pieces of legislation that would need consequential amendment to give effect to the authorisation approach in the Bill.

David ETTERS HANK: I am happy for you to take that on notice; that would be appreciated. In working with some of the community legal services out in the west there has been a lot of discussion about bail going bad, ending in remand. I am just wondering if you could perhaps inform the committee a little bit about the reality on the ground of those problems, particularly for young offenders, and the degree to which the criminalisation of cannabis is a factor in that cesspit.

Lee CARNIE: You are right. While minor possession and use charges remain crimes on the statute books, what it does mean is that a child who is on bail who is picked up by the police for possession of a small amount of cannabis will be returned before a judicial registrar or a judge in the Children's Court and is at risk of having their bail revoked and being sent to a youth prison. There would still obviously have to be a consideration of the factors under the *Bail Act* around unacceptable risk et cetera, but committing a criminal offence on bail is something that has been a matter of debate and has been a criminal offence for adults for some time. There is kind of a discussion about review of bail laws, and I suppose thinking about what the situation might be in the future depending on the bail laws now versus what bail might look like in the future if they are reformed as well. We have serious concerns around any risks around children and young people but also adults having their bail revoked because of breaching an offence of bail, that being reintroduced in the adult system as a charge in and of itself.

David ETTERS HANK: Mr Barns may want to make a comment, Chair.

Greg BARNS: I would agree with that. To trigger detention, loss of liberty, simply because you possess cannabis just seems extraordinary in the 21st century – just extraordinary.

The CHAIR: We might have time for one more.

Aiv PUGLIELLI: Thank you, Chair. Good afternoon. Thank you all for your contributions through this inquiry process. I might start with you, Sam. Are there any other specific examples or case studies that you can give us that highlight how current laws that criminalise minor possession and use is impacting people's lives, particularly children and young people?

Sam COLEMAN: Yes, thanks. I will give another case study, if that is okay.

Aiv PUGLIELLI: Yes, go for it.

Sam COLEMAN: This is, to my mind, an interesting one because it has very few variables. This is a guy; I will say Jake. Like a lot of young people or young adults that we work with, Jake was doing VCE when school went remote. In year 11 – we see this a lot – the remote learning was too much and he dropped out of school. That had really significant effects on his mental health, and he started self-medicating with cannabis. He was picked up by the police and given a caution as a 17-year-old. That spurred him to self-refer to YSAS, a youth AOD service, and he was engaging really, really well. He did several stints at detox and rehab, which is where I met him. Then once he was 18 he was picked up again just for possession of cannabis, so I guess this is an example of where it is just cannabis in isolation. Because of the very broad discretionary powers that police at station level and prosecutors at court have with respect to diversion, whether or not they give consent to

diversion, they ultimately did not consent to diversion for an 18-year-old without any priors who had been charged with possession of cannabis. The reason was because he had been given a caution when he was 17 and that the support letter, the AOD support letter that we had provided, said that whilst he was working really, really well on his cannabis use he had not yet ceased use. We do not have a way of reviewing that decision by police that I am aware of, and he had to plead guilty to that charge. What started off as a self-referral to a health service became something ordered by the court as a special condition, and this had really terrible criminalising effects on this young guy.

Aiv PUGLIELLI: Thank you. I might stay on the topic of policing and bring you in, Lee. Where do cannabis-related offences sit in terms of how particular communities are overpoliced or what are we seeing in the data?

Lee CARNIE: As I mentioned earlier, we do see how there are particular communities who are more likely to be criminalised for minor cannabis offences. Aboriginal people, people experiencing poverty, children and young people, particularly children in out-of-home care, children with disability and children from racial minorities are much more likely to be targeted. We also know that there are particular consequences around people experiencing homelessness, who are more likely to be overpoliced and more likely to be charged for possession and use of cannabis where it is really a small personal amount. Fitzroy Legal Service will speak to this more this afternoon; they have a number of case studies they can share. But there is a concerning trend that a number of community legal centres have reported around people who are experiencing family violence in the middle of a family violence incident calling police for assistance and the police attending and then seeing that there is a small amount of marijuana at home and then saying that they have no choice but to charge the person experiencing family violence, who called the police for help, with possession of cannabis charges. So we can see how people who are more likely to be experiencing hardship, injustice, poverty, homelessness and family violence are unfortunately more likely to be affected. In the youth space as well – it is stark, the data around the children in out-of-home care who have been removed from their families and homes because of child abuse and neglect. They are much more likely to have these minor cannabis charges, whereas in comparison, talking to teachers at private schools, they often talk about how in those contexts if a kid is found, it is dealt with within a school and there is discipline provided by the parents at the home. But rarely do we see, anyway, children from affluent backgrounds being charged for these types of criminal offences.

Aiv PUGLIELLI: Thank you.

The CHAIR: Thank you. Thank you, Aiv. I am just mindful of time. I will quickly ask one question on notice before we finish off. In your experience, who is introducing young people to cannabis? And also, should there be a penalty for supplying cannabis to minors rather than charging the young people in possession? I note we are running out of time, but if we can do that on notice, that would be much appreciated – from a legal perspective, those two questions.

Aiv PUGLIELLI: Chair, could I just ask for another one on notice as well? Is that okay?

The CHAIR: Yes.

Aiv PUGLIELLI: Greg, just to bring you in, you spoke about the burden that cannabis-related cases are placing on our courts and our justice system. If at all possible, on notice could you provide some sense of the proportion of what that case load represents? Even a ballpark percentage would be useful.

Greg BARNS: We will try. One of the problems is trying to break it up to individual offences versus, for example, drug driving plus possession. I think the data is difficult to get hold of, so a lot of it is anecdotal, but I think if you talk to magistrates, you will find –

The CHAIR: Greg, if you could come back to us with those answers, it would be much appreciated.

Greg BARNS: I am just contemplating if I can take it on notice and come back with something useful. That is all.

The CHAIR: Okay. Thank you.

Aiv PUGLIELLI: Thank you.

The CHAIR: On behalf of the committee, first of all, thank you very much for your submission, and thank you very much for your time and contributions today. It was a very valuable lesson for us from a legal perspective as well.

Witnesses withdrew.

WITNESSES

Ali Besiroglu, Director, Legal Services, Victorian Aboriginal Legal Service; and

Amity Mara, Manager, Policy, Advocacy and Projects, and

Adam Willson, Managing Lawyer, Criminal Law and Drug Outreach, Fitzroy Legal Service.

The CHAIR: Good afternoon, and welcome back to the Inquiry into the Drugs, Poisons and Controlled Substances Amendment (Regulation of Personal Adult Use of Cannabis) Bill 2023. I would like to welcome all the members of the public watching via the live broadcast.

Joining us for this session are members of the Fitzroy Legal Service and the Victorian Aboriginal Legal Service. From Fitzroy Legal Service we have Mr Adam Willson and Ms Amity Mara, and from the Victorian Aboriginal Legal Service we have Mr Ali Besiroglu. Welcome. Thank you very much for joining us.

Before I continue I just want to introduce you to our committee members: my name is Trung Luu, the Chair; Mr Michael Galea; Mr Aiv Puglielli; Ms Rachel Payne; and David Ettershank. Also, Dr Renee Heath is with us on Zoom.

Before I continue I will just provide some information to you. All evidence taken is protected by parliamentary privilege as provided by the *Constitution Act 1975* and further subject to the provisions of the Legislative Council standing orders. Therefore the information you provide during this hearing is protected by law. You are protected against any actions for what you say during this hearing, but if you go elsewhere and repeat the same things those comments may not be protected by this privilege. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament.

All evidence is being recorded. You will be provided with a proof version of the transcript following the hearing. The transcript will ultimately be made public and posted on the committee's website.

Just for Hansard, could you please state your full name and the organisation you are representing today.

Adam WILLSON: Adam Willson. I will be representing Fitzroy Legal Service.

Amity MARA: Amity Mara, representing Fitzroy Legal Service.

Ali BESIROGLU: Ali Besiroglu, representing the Victorian Aboriginal Legal Service.

The CHAIR: Thank you. Again, welcome, all. I understand that you have already made your submissions, but I would like to invite you to make an opening statement before I open up for the committee to ask you questions.

Amity MARA: We might let the Victorian Aboriginal Legal Service go first, if that is okay.

Ali BESIROGLU: Sure. That is fine. I thank the committee for the opportunity to speak about this important issue on behalf of the Victorian Aboriginal Legal Service. I appreciate the opportunity to set the scene before we open for discussion.

I want to start by acknowledging the traditional custodians of the land on which we meet, the land of the Wurundjeri people, and I pay my respects to their elders past and present. I want to acknowledge that we are on sovereign land and unceded land. I also pay my respects to Aboriginal people who may be present at the hearing and/or those that are watching online.

My name is Ali Besiroglu, and I am the Director of Legal Services at the Victorian Aboriginal Legal Service. I was a senior lawyer for seven years, practising in criminal defence law. I then moved to working in civil litigation at a private firm, where essentially I took civil suits against the state of Victoria and/or Victoria Police and prisons in the areas of serious assaults and police misconduct. I also acted for Aboriginal families in multiple coronial inquests for the loved ones of those who had passed away in police or prison custody.

Aboriginal communities have been subjected to discriminatory and violent policing since colonisation, and this remains a persistent issue today. Aboriginal people are disproportionately stopped, searched, arrested, charged and imprisoned. Data released last year from the Centre Against Racial Profiling shows that Aboriginal and Torres Strait Islander people are 11 times more likely to be searched by Victoria Police than non-Indigenous people. One of the most common offences leading to this overpolicing is the personal possession of cannabis. Aboriginal people are far more likely to be charged with drug offences arising from personal use and possession than non-Indigenous people. This is despite the rate of use being similar across the board. Crime Statistics Agency data reveals that in 2021–22 Aboriginal people were eight times more likely to be arrested for possession of cannabis than non-Indigenous people. In contrast, non-Indigenous people arrested for possession of cannabis were 50 per cent more likely to receive a caution in Victoria. They are harrowing statistics. These data points show what Aboriginal communities continue to know: one, that racialised profiling and systemic biases continue today, and that this manifests through the criminalisation of personal cannabis use. The Chief Commissioner of Victoria Police apologised to the Yoorrook Justice Commission earlier last year, but we are still waiting on the outcome of that apology and how it is going to translate with respect to Victoria Police policy.

In Victoria the disparity in drug-related charges has worsened over the past decade rather than improved. Victoria's current and what we refer to as carceral approach to personal cannabis use increases Aboriginal people's contact with the criminal legal system. This entrenches the cycle of disadvantage and reinforces all harms of discriminatory policing. It puts Aboriginal people who need support in handcuffs, in police cells and in prison. It retraumatises them, denies them proper health care and substantially increases the risk of more deaths in custody.

I am going to go off script and state this in terms of my observations as a criminal lawyer. The maximum sentence that we have for possession of cannabis at the moment is 5 penalty units. Now, when we think about that as being a maximum sentence, we think a fine is imposed by Parliament and that is what translates out in the community. That is not the case, though, because what happens is when you are prosecuting a person without means and you give them a fine, there is one way that they eventually will end up having to pay for that fine, and what we then see is an increasing risk of an Aboriginal person being incarcerated for that offence, despite Parliament's wishes in its putting forward a cap on the maximum penalty. Further, from my experience we think: what else can the courts do in relation to cannabis use? And we say, 'Well, we've got a Drug Court that's available.' But the Drug Court is not available, because you need a term of imprisonment in order for you to be eligible for the benefits of Drug Court, so that is not on the table. Then we think about what is on the table, and we talk about diversion and caution – caution for children, diversion for adults.

A practice direction that was released in 2016, practice direction 10 – I should get this; apologies, I will just check this. Practice direction 10 of 2016 provided this:

Although persons who identify as Koori make up 3 per cent of the Victorian population and 8 per cent of the prison population –

back then –

only 0.76 per cent of matters referred to the Criminal Justice Diversion Program ... comprise accused who identify as Koori.

So what we see is this disproportionate overpolicing of Aboriginal people put through the courts and over-representation of Aboriginal people put through the courts and then any benefit or leniency that is provided by the courts and/or our police being under-represented in those circumstances.

We then move on to what happens when we do not address these policies. We saw firsthand the terrible impact of the government criminalising health issues with what happened with Aunty Tanya Day – and I should say that I spoke to the Day family before providing this evidence, who have provided their blessings – who passed away in 2017 in a police cell for public intoxication. I will not go through it; I am sure this committee knows all of the circumstances of that. The decriminalisation of public intoxication was first recommended by the Royal Commission into Aboriginal Deaths in Custody over 30 years ago, but the Victorian government did not act, and ultimately Aunty Tanya Day paid with her life. The government subsequently, in facing a coronial inquest, did act halfway through the inquest, and we now have a new model in dealing with public intoxication.

A public health issue ultimately should be dealt with by a public health response. That is our position. That is the Victorian Aboriginal Legal Service's position. At its core public health issues are not criminal legal issues,

yet the Victorian government's current drug policy subjects people dealing with addiction to intrusive policing and excessive punishment instead of giving them the support that they need. We ask: what do the courts provide? Nothing, other than fines. We do not address the underlying causes for cannabis use.

Decriminalisation offers a pathway to prioritise community health, reduce criminal legal system interactions for our First Nations people and improve social health and outcomes for Aboriginal people and their families. In relation to the expungement submission that we provided, we say it is essential that past convictions for cannabis offences, if cannabis possession is decriminalised – and we support the calls of all the other organisations – be expunged from a criminal records. Why is that so? The counterargument is that there is spent convictions legislation that is in force at the moment which some people might claim might be sufficient for past offences not to be revealed. However, spent convictions legislation, we would submit, does not go far enough. In our spent convictions legislation there are all sorts of exemptions that apply. More importantly, when you are in a courtroom that past offence remains in your criminal history, which is taken into consideration with further sentencing. We want to see it removed from people's records, much like we have seen 'ward of the state' being removed from a person's criminal record, or the great work of Uncle Noel Tovey, whom I had the pleasure of meeting, who went before Parliament and had the abominable crime of buggery removed from his record as well.

The CHAIR: Excuse me, Ali. I am just mindful of time. I know we have got your submission, and there are just a few questions we need to ask as well.

Ali BESIROGLU: Yes, understood. My apologies.

The CHAIR: Would you mind cutting down short whatever you have got left?

Ali BESIROGLU: I will try a truncated version. I do not think I will take it any further than what we have already provided by way of submission. I just want to reiterate this point if I may. As a person who has worked in Aboriginal deaths in custody cases, what we see time and time again is the government correcting policy and/or responding with legislative reform post recommendations from the Coroners Court. Aunty Tanya Day and Veronica Nelson were two examples of this. But what I want to suggest is this: that essentially, if a coroner makes a recommendation for reform which is then subsequently accepted by Parliament, it means that we as a society and you as a government have failed, because what that means is that a person has had to sacrifice their lives before this society and/or government has realised that change needs to come.

What we would be advocating for is that you have got this Bill, which we are in support of, before you. Let us make a decision in relation to this Bill before another black death in custody happens and before a recommendation comes targeting cannabis use and a person ended up in the criminal justice system as a result. Thank you.

The CHAIR: Thank you. Adam or Amity, would you like to make a statement too?

Amity MARA: Thank you. I would also like to acknowledge the traditional owners of the land we are on today, the Wurundjeri Woi Wurrung people of the Kulin nation, and pay my respects to their elders past and present. Sovereignty was never ceded. This always was and always will be Aboriginal land.

My name is Amity Mara. My pronouns are she/her, and I am the Manager of Policy, Advocacy and Projects at Fitzroy Legal Service. I am joined by my colleague Adam Willson, whose pronouns are he/him, and he is the Managing Lawyer of the Criminal Law and Drug Outreach program.

Our flagship drug outreach program has operated for over 20 years, providing specialist legal services to people whose engagement with the justice system is underpinned by drug use and the overpolicing of their communities. We work in partnership with health services to provide wraparound supports to people in accessing rehabilitation processes and reducing the negative impacts of their engagement with the criminal legal system.

We are supportive of this Bill and regard it as a step forward in supporting rehabilitative and health-based approaches to drug use and would commend its passage through Parliament. Drug use is a health issue, not a criminal one. We acknowledge the work of many of our colleagues in the AOD and CLC sectors today who have spoken at length of the harms and ineffective nature of criminalisation. We do not wish to repeat all the

same points, but we certainly agree with them and so wish to spend our time briefly outlining four key harms that criminalisation produces that we think encapsulate why the passage of this Bill is so important.

Number one: criminalisation is a barrier to help-seeking and recovery. Continued criminalisation of cannabis feeds into longstanding stigma and discrimination, which prevents many people from seeking support or information about cannabis use. Similarly, being met with carceral responses can greatly disrupt the rehabilitative and recovery journeys of people who have sought support by dragging them back into the stress, trauma and harms of the criminal legal system.

Secondly, criminalisation further marginalises those already experiencing other forms of disadvantage. Cannabis use is often a form of self-medication that occurs against a backdrop of overlapping marginalisations, including mental ill health, intergenerational trauma, family violence, economic hardship and homelessness. Criminalised responses prevent people receiving the support they need to address these underlying issues and instead inflict further harm upon the person, which makes it harder for them to break these cycles of disadvantage. In our submission we have included multiple case studies of people with severe mental ill health, intellectual disabilities or histories of childhood abuse and trauma being met with carceral responses to their cannabis use instead of the care and support they needed for the underlying issues that are at the very heart of why they chose to use cannabis in the first place. The sad reality is our file management system is filled with hundreds of these cases.

Number three: criminalisation increases the risk of homelessness. People can be evicted from public housing for being charged with certain minor cannabis offences. Notably they do not even need to be convicted, and sometimes being charged is enough to trigger eviction procedures. In the private housing market people with criminal records for cannabis offences face high levels of discrimination in trying to obtain a rental. As a surrounding housing and homelessness crisis in our communities only gets worse, this problem becomes more and more acute.

Fourthly, criminalisation puts victim-survivors of family violence at further risk. We often see clients being charged with cannabis possession after police have attended on a family violence call that is meant to help keep our clients safe. Instead police use the opportunity to charge people for possession of any cannabis they find lying around. At a time when they should be met with help and support, they are met with a criminalised response that ultimately makes it more difficult for them to leave violent situations or get the help they need. The de-identified story of Grace, a pseudonym for one of our clients, included in our submission highlights this point perfectly. When attending a family violence call, and at a time when the only concern should have been her safety, she was met with an illegal search by police, left sitting handcuffed on her front porch for 2 hours in full view of her neighbours and then had to endure 18 months of interaction with the criminal legal system until her charges were eventually dropped.

Finally, and while commending this Bill's passage through Parliament, we would call for it to be amended to provide for the automatic expungement of all past criminal records of conviction of minor cannabis offences. Criminal records can last for up to 10 years before being spent, all while preventing people from accessing many employment and housing opportunities – two essential pillars of support required for people to be able to rebuild their lives. The impact of this can be devastating. Without automatic expungement, too many people in this state will remain trapped in cycles of disadvantage and marginalisation, unable to access the supports or opportunities they need to get their lives back on track.

The CHAIR: I am just mindful of time. I will quickly ask a question now and then pass on to the committee, because we have spent half our time on witness statements. I will quickly ask the Fitzroy Legal Service. In your submission, essentially you mentioned there is a negative impact of legalisation elsewhere, and you have mentioned the commercial cannabis market in North America.

Amity MARA: I think that is actually VALS's submission.

The CHAIR: Sorry, is that the Aboriginal Legal Service's? Can you comment on the negative impacts in relation to the commercial cannabis market?

Ali BESIROGLU: Chair, I am unfortunately not in a position to be able to do so, but I am happy to take it on notice in terms of reaching out to my policy team and coming back.

The CHAIR: Just quickly, your submission, under ‘Considering negative impacts of legalisation elsewhere’, states:

Repeating the mistakes from other jurisdictions would only set back reform. Commercial cannabis markets in North America highlight significant potential pitfalls of legalisation ...

I am happy for you to take that on notice if you can expand on what the pitfalls were and what we can learn from that area in relation to the commercial cannabis market. You might have to take that on notice.

Ali BESIROGLU: Yes. Thank you. As I said, I will need to get some direction in relation to what those pitfalls were and what lessons can be learned.

The CHAIR: I will quickly ask another question before passing to my colleagues. You mentioned a couple of coroner’s inquest recommendations. Specifically, there were two that you mentioned in your statement. Were either of those two that you mentioned charged with cannabis or other offences? Can you specifically state they were related to cannabis use or possession? You said we should all listen to the coroner’s recommendations specifically related to those two. Because we are talking about legalising cannabis in this inquiry, were those specifically related to or were they charged with possession or use of cannabis?

Ali BESIROGLU: Not that I am aware of in terms of whether or not it was in relation to possession of cannabis, but that is not to say, though, that there is not an analogous response that can be provided through what we have stated. Intoxication, for example, the use of alcohol, was a public health issue which was then subsequently regulated or decriminalised, which we say is the same thing as what this committee is facing with respect to cannabis use and it being a public health concern.

The CHAIR: Thank you. Michael.

Michael GALEA: Thank you, Chair. Thank you very much, all, for joining us. Ms Mara, I would like to start with you and, from your submission, the story about Grace. She was not even the one who called the police; a neighbour called to check in on her. It was not even her plant, and yet she was faced with that hideous process that you have described for us. How common is it for victims of family violence to be caught up in the legal system as a result of, whether it is theirs or someone else’s, having cannabis found by police? Is this a one-off, or this a much more common phenomenon? Mr Willson, if you would like to answer.

Adam WILLSON: It happens a fair bit, wherein it is a criminal offence to possess cannabis. The police are there to enforce the law. As has been said many times today, many people do use cannabis. So coming into those doors, if there is cannabis there, the police have a job, and that job is often, yes, to charge the person who they believe has possession of it. As far as possession goes – Greg Barns was here earlier; I am not sure if he was talking about possession – it being in the house that you are a resident of, you can be charged. I will not go into the semantics of it, but that is the reality, and that often happens.

Michael GALEA: Interesting. Just to that point as well, the frequency of that – obviously to see this happen once is quite concerning, but to see that that is the case: I guess what you are saying, if I am hearing correctly, is that the discovery of cannabis then supersedes any other family violence reason that the police may have visited for and that becomes the priority. Is that correct?

Amity MARA: Yes, that is correct. The only other thing I would add as well is in this case it was not necessarily Grace’s cannabis. But what we do know as well from our work with victim-survivors is that some victim-survivors do use cannabis to help deal with the trauma, stress and pain of living in a violent situation. It is our firm belief, which I am sure is shared by the committee, that that should be taken into account and that that should be met with care and support rather than handcuffs.

Michael GALEA: Thank you. I do not have much time, but happy for you to jump in, Mr Besiroglu.

Ali BESIROGLU: Yes, sure. I was just going to say that a police officer would not require a warrant. For example, they might enter the house on a family violence basis –

Michael GALEA: If they were invited inside or if they –

Ali BESIROGLU: Correct. Well, they do not necessarily need to be invited inside if they believe that there is family violence in the house. But upon discovering the cannabis everyone is open in terms of being charged

as a result of the deeming provision of being in possession. It also works as a disincentive for people to be calling police, which we know is –

Michael GALEA: If they are experiencing family violence.

Ali BESIROGLU: Yes, correct.

Michael GALEA: Which is not what we want to be encouraging.

Ali BESIROGLU: Yes.

Michael GALEA: I do not have a lot of time, I am sorry. But if I could quickly ask – I might ask you, Mr Besiroglu. On the juncture points at which we often see Indigenous people being treated differently through a process of being charged with cannabis use or possession, what are the key points at which it is an issue, where you are seeing those different outcomes that lead to, for example, 0.76 per cent of Indigenous people having diversions despite their larger population?

Ali BESIROGLU: The key point is that it is overpoliced. Cannabis is out there in the community and being used. I think initially we said that the number of people using has not changed – that has been consistent – but it is the amount of Aboriginal people that are being charged in relation to this and being put before the courts. For example, police have drug diversions up their sleeves in order to be able to provide that and/or cautioning. What we have found is that when you put the discretion to prosecute and leave that in the hands of police, it leads to, again, an over-representation of people being processed through the courts. Even with diversion, for example, one of the factors to take into consideration about whether or not a person should be granted diversion is whether or not they have a prior criminal history. So you may have –

Michael GALEA: Including cannabis use, if that is what the previous history is.

Ali BESIROGLU: Sure. But you may have a shop-steal offence and then all of a sudden come to court with cannabis, and then all of a sudden you are not going to have the same benefit that would be applied to the rest of the community in terms of being diverted away from the courts. I think what I was trying to highlight is that there is a carceral response. It is punitive, and it is about fines. Those fines do not just remain as fines. People can end up in prison as a result of that.

Michael GALEA: Thank you. Thank you, all.

The CHAIR: Thank you, Michael. Rachel.

Rachel PAYNE: Thank you, Chair. And thank you, both, for your submissions to the inquiry and for presenting before us today. I just want to pick up on the fact that Aboriginal people are no more likely to use illicit drugs than non-Aboriginal people, but we see in the data that there are more likely to be arrests or less likely to be diversions. How would decriminalisation of cannabis in Victoria promote a more equitable outcome for Aboriginal communities or even more marginalised communities more broadly?

Ali BESIROGLU: Sure. How would decriminalisation – they will not be charged in relation to it. It is as simple as that if we remove the discretion from police, who often use cannabis as a mechanism to search and who often use cannabis as a mechanism to invoke their powers of arrest. Removing that power in a way will level the playing field in terms of cannabis use. Again, it would not be police being the responders to using cannabis, it would be a health issue and a health problem and a health response.

Rachel PAYNE: Yes.

Amity MARA: Yes. I do not think we have anything further to add to that.

Rachel PAYNE: And just picking up on that health-led approach, in the ACT they have just done a five-year review of their Act, which this Bill is reflecting on. They have heard from stakeholders like the Canberra Alliance for Harm Minimisation and Advocacy about the positive effect of people's willingness to seek help, based on the fact that there is not that stigma around it. Do you expect that we would see a similar shift in Victoria if we were to move towards regulation of personal use or decriminalisation?

Ali BESIROGLU: Absolutely, 100 per cent. If you study the findings of Veronica Nelson, you will see what stigma did to her in terms of her being a drug user and what occurred. The coroner conclusively found that in making the decision to render medical aid to her, that stigma played a part. So we know the devastating impact that stigmatisation is having, and removing that at least for this part, being a small quantity of cannabis, will likely at least aid therapeutic responses and people seeking help.

Rachel PAYNE: Okay. Great. Thank you.

The CHAIR: Thank you, Rachel. David.

David ETTERS HANK: Thank you. Could I ask a question about infringement notices. They have obviously been used in other states. I guess I would be interested in your response to the effectiveness or the impact of infringement notices and fines. Does that fix it? Is that a good way to solve the problem?

Amity MARA: No. It is just the criminalisation of poor people. The reality of the infringement system and process is that you get a fine. If you cannot afford to pay it, the fine escalates. What might start up as a \$200 fine by the time you are in court with the sheriffs and the enforcement could be \$1000, and if you do not have assets to pay it with, if you do not have savings in your bank account, you are going to prison, whereas the rich kid with the intergenerational wealth is getting that fine and paying it off. I think shifting this to infringements would only entrench that systemic disadvantage and targeting of communities that are already overpoliced.

Adam WILLSON: So often clients have \$50,000 or \$100,000 worth of fines that they have no actual chance of ever paying back. Then it is acknowledged that special circumstances will apply, and some of that will be in regard to their drug use. In saying that, the infringement system is better than going to court and then having that sitting over their heads, but it is not the long-term solution.

Ali BESIROGLU: Infringements ultimately put the discretion to issue at the hands of police. What they also do is remove the burden for a police officer to have to produce a brief in order for a person to have to go to court. So what we would likely see is that there would be more infringements handed out than what there are when a police officer decides to turn a blind eye, let us say, to a small quantity of drugs – or cannabis, sorry. When we then provide the ability or a platform for police to provide infringements, we run the very risk of racialised policing and increasing the number of Aboriginal people who are then receiving infringements, who again will then end up back in prison.

David ETTERS HANK: Okay. I just want to get one more question in before I run out of time.

Ali BESIROGLU: Sure.

David ETTERS HANK: I just want to see if we can get a meeting of the minds between the sorts of riveting stories that you have told us in your submissions and here today and the views of Chief Commissioner Patton, because I have heard him now twice on ABC radio basically say to the government and to other stakeholders, ‘Don’t ask the police to interpret the law differently. That’s not our job. If you want the law changed, that’s up to Parliament.’ Is there a meeting of the minds on that, do you think? Is that a reasonable proposition – that if you want to actually get better legal outcomes, then you need to change the law, and that is the responsibility of the people on this side of the table?

Amity MARA: Yes. I think we would agree to that. I think what we have seen for decades are systemic biases and discrimination built into the policing system. That means it is incumbent on lawmakers and policymakers to be as clear and precise about how they want the law to be applied and that the police are an inappropriate body to hold that discretion.

Ali BESIROGLU: I agree. There is a huge disparity when it comes to police discretion. In a way, the chief commissioner’s comments somewhat do not give enough attention to the fact that police discretion is exercised differently when it comes to different sectors of the community. But ultimately, yes, the law will change, and if the lawmakers say, ‘This is what our position is,’ it will then be the case that police have to deal with it.

David ETTERS HANK: Thank you.

The CHAIR: Thank you, David. Mr Puglielli.

Aiv PUGLIELLI: Good afternoon. Ali, I will start with you. You spoke earlier about the recent decriminalisation of public intoxication in Victoria and the circumstances under which that change took place. Are there lessons that you can share with us today that the government should be learning from the example of that reform when we are considering decriminalisation of cannabis use?

Ali BESIROGLU: Yes. Thank you for the question. What we need to understand is that parallel between cannabis use and alcohol intoxication. Both disproportionately affect Aboriginal people, and it is not necessarily just the use itself but the responses to that use which present serious issues for Aboriginal communities policing responses to a public health issue. With the public intoxication reform that has come out, we now have mainstream health, Aboriginal service providers and outreach nurses who can assist in medically assessing people, so it is a complete health response. It is a bit too early in terms of being able to say whether or not it is a complete success or what lessons have been learned through that system, but all indications are showing that it is positive rather than the alternative, which was to lock people up and put them into a prison cell for 4 hours, give them a ticket to go to court the next day or in a month's time – so either (a) an infringement or (b) go to court where the magistrate will just prove and dismiss the charge. We have been able to see the carceral response as opposed to the health response and undeniably it is our position to say that the health response works and will work. That is what we believe through cannabis use so long as there is also a commitment to rehabilitative programs, specifically culturally appropriate rehabilitative programs – so an investment by the government.

Aiv PUGLIELLI: Thank you. I might bring in Fitzroy Legal Service as well for this next question. In both submissions I understand you have raised the automatic expungement as an amendment to this Bill as we are considering decriminalisation of cannabis here. Why is it so crucial that we have that as part of this conversation?

Adam WILLSON: I will start. It is the social and economic impacts of a conviction. It is very difficult to get a job, especially for marginalised clients, and it is even more difficult if you have a criminal conviction for possession of cannabis. That could be the difference between you actually getting the job and somebody who does not. That is one to start off with. I will pass to Amity.

Amity MARA: The only thing I would add is that the current spent convictions scheme is not working. Not only is it quite an onerous process but an inaccessible process for people to go through that system. It is obviously 10 years before you can even get your conviction spent, which is a huge barrier to people being able to rebuild their lives, particularly if they are coming out of situations like family violence or if they have had periods of mental ill health. And there are also massive amounts of exceptions to the spent convictions scheme, so even if your conviction is spent, it will turn up in working with children checks. It can prevent you from getting one. They are now basically standard; almost any job requires you to have a working with children check. It will turn up at certain professional accreditation bodies and could prevent you from getting accredited. There is a case study in our submission of a woman who wanted to be an AOD worker and then a child protection worker and she faced barriers at every turn for those reasons.

Ali BESIROGLU: I completely agree. I would just add the fact of stigmatisation, labelling oneself. If you go through the news articles in relation to Uncle Noel Tovey, when he had his criminal record expunged he was able to say, 'I don't have a criminal record.' That is very important. It is a recognition that society has moved on. It is anachronistic, it is discriminatory, it is harsh and it needs to be removed altogether. I think that is what I think.

Aiv PUGLIELLI: Thank you.

The CHAIR: Thanks, Ali. Dr Heath.

Renee HEATH: Thank you so much. I have just got a question for Ali, who said – I think it was you – earlier on that as an alternative to going down the criminal path that we have been using so far we should be addressing the underlying causes of cannabis use. What are those underlying causes, and how would we address those?

Ali BESIROGLU: Well, that is a health response in effect, not a criminal law response, is what I would say. What are the causes for cannabis use? There are –

Renee HEATH: Yes, sorry – not just a health response; what does that actually mean?

Ali BESIROGLU: What does that mean? Well, with respect I think that is a great question for a health expert, but not being a health expert, what I can say is that we see all sorts of reasons for why people turn to cannabis use. Routinely we explain that to the court. It could be a coping mechanism for a person whose life is going through difficulties, it might be mental health issues, it might be homelessness issues. There are all sorts of reasons for why someone would turn to cannabis use, as they would turn to alcohol, for example. The point that I was trying to make, or VALS as an organisation is trying to make, is: how do we respond to that use? Do we use the sledgehammer of the criminal justice system to change people? What we want to show is that it does not work. The sledgehammer does not work. The sledgehammer puts people in line to continue offending. It is criminogenic as opposed to addressing the underlying causes.

Renee HEATH: Sorry to interrupt – just because of time. I understand that; I really do understand that. What I am asking is for the alternative that you had in mind when you brought up that point, because I found that quite interesting. It could be helpful.

Ali BESIROGLU: Sure. Yes. What I would think is, just in terms of Aboriginal communities, an investment by the government into AOD workers – culturally sensitive AOD workers. It is an area that is chronically underfunded. Fitzroy will talk about that, and I think this committee has already heard evidence to that effect as well. We need an investment in rehabilitation as opposed to an investment in incarceration.

Renee HEATH: Thank you so much. That is very helpful.

The CHAIR: Thank you, Dr Heath. I am just mindful of time, so I want to say thank you so much to all three of you for coming in, Adam, Amity and Ali, and for your contributions and also submissions. That will definitely give us more insight in relation to the legal side of the incarceration aspect as well.

Witnesses withdrew.

WITNESSES

Dr Patrick Keyzer, Reparation Legal; and

Richard Keane, Chief Executive Officer, Living Positive Victoria.

The CHAIR: Welcome back to the Inquiry into the Drugs, Poisons and Controlled Substances Amendment (Regulation of Personal Adult Use of Cannabis) Bill 2023. Joining us for this session are Dr Patrick Keyzer and Mr Richard Keane.

Gentlemen, just before we continue I just want to quickly read some information in relation to the evidence you are going to provide. All evidence taken is protected by parliamentary privilege as provided by the *Constitution Act 1975* and further subject to the provisions of the Legislative Council standing orders. Therefore the information you provide during this hearing is protected by law. You are protected against any action for what you say during this hearing, but if you go elsewhere and repeat the same things, those comments may not be protected by this privilege. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament.

All evidence is being recorded. You will be provided with a proof version of the transcript following the hearing. The transcript will ultimately be made public and posted on the committee website.

Just before we call you in person, will you please state your full name and the organisation you are with.

Richard KEANE: Richard Keane, Living Positive Victoria.

Patrick KEYZER: Dr Patrick Keyzer, Reparation Legal.

The CHAIR: Thank you for coming in, and welcome, gentlemen. I know you have made your submission. I would like to ask you to make an opening statement. Will you please keep it short and to the point, because we already have your submission on our table.

Richard KEANE: Terrific. First of all, thank you for the invitation to come along, your interest in our submission and inviting me to come along and speak on behalf of people living with HIV in Victoria. Living Positive Victoria is a not-for-profit community-based organisation, representing all people living with HIV in Victoria since 1988.

As somebody who was diagnosed at the age of 19 in 1989, prior to effective treatments, cannabis was really key to a lot of people prior to having access to effective treatments to alleviate some of the side effects and significant health implications due to HIV. Although treatments have got a whole lot better over the years, we still have a group of people, particularly heterosexual men and women, often diagnosed very, very late and left with lifelong issues. I myself have peripheral neuropathy from the seven years that I had without access to effective treatments. My GP at the time wrote me a script for cannabis and said, 'Obviously you can't go out and fill it, but if you do have a situation where you're caught with cannabis on you – you are using it for a medical reason – it may alleviate some of the criminality that you might face if this situation happens.' So right from the very beginning there has been a very strong history, and that is now kind of backed up by a whole range of data and evidence.

What we also see is, despite people living really, really well, ongoing issues like background inflammation impacting people living with HIV. We have much higher incidence of cancers than the general population and the community. Many people still see cannabis as a really important support to prescription medications, alleviating some of the things around polypharmacy, drug interactions, adding more and more pills to treat different conditions or to treat side effects of other conditions as well. We just feel that this is the time to have this conversation, and we are really, really pleased that this has gone forward.

Just a couple of things – and I will make it brief because I am very aware of the time, and I am sure you will ask me specific questions if you have them: we feel that this Bill potentially has aspects that mean some people may remain criminalised, particularly around where people can smoke. For example, if you are smoking in your own home and other things like that, if you do not have the privilege of secure property and home ownership, if you are in a rental situation, if you are in public housing, are you able to safely consume cannabis

under this Bill, or will you be potentially excluded and criminalised as a result of that? So those are just a couple of key things.

We also think that this is an opportunity, even though we are talking about a specific Bill, to look a bit further and think about legalisation of cannabis across the state. We look at the economic drivers of those things. We look at the state of the Victorian economy and a whole range of other things, and particularly cuts in health. Living Positive Victoria and other organisations like us have received significant funding cuts over recent times in a whole range of things, and we believe the potential of revenue raising via the legalisation of cannabis and putting that back into really strong health systems would be a potential thing to think of into the future. Thank you.

The CHAIR: Thank you, Richard. Doctor?

Patrick KEYZER: Thanks very much. Just a couple of quick things, and then when we talk I might refer to my submission and add some footnote references to that.

The first point I would like to make is that wastewater analysis unequivocally demonstrates that there is widespread use of cannabis in Australia, so deterrence obviously has not worked. The wastewater evidence speaks for itself – cannabis use is widespread, but we are taking an approach that does not address its use at all in any legitimate way. We are not addressing the health issues; we are only criminalising. So that is the first point.

The second point: I was here for the earlier evidence of the people from Fitzroy Legal Service and found myself nodding and nodding. Based on my own experience as a lawyer over 30 years I have found that low-level cannabis possession and use offences are very common for criminalised populations, and it is not just the convictions for possession of use, it is the compounding effect and the ripple effect that it has on steps into the criminal justice system. Often before a person is given a custodial sentence here in Victoria or in other states or territories of Australia they may have a number of different smaller or small-to-moderate criminal offence convictions, and cannabis possession and use could be one or a number of those. But it is the compounding effect on the sentencing discretion of the magistrate or the intermediate court judge: if someone has got convictions they have to take them into account, and the more convictions, the more likely they are going to get a custodial sentence. Previous speakers have spoken eloquently about the turnstile effect of recidivism in our criminal justice system, and it is something that we should really try and avoid. Alcohol and drug services could be funded with the money that we are currently spending on criminal arrests. So that is the second point I would make.

I guess the third point I would make – and here I might differ a little bit with my friend, but I think we are all travelling in the same direction – is: my reading of this Bill is that it is not creating a commercial market, right? There is no sale, so there is no opportunity for the creation of a commercial market with this legislation. It is about use at home by people growing their own marijuana, and for similar reasons there are no real ripple effects into the legal issue or the policy issue of driving. When I am sitting at home I do not need to drive in my car to get home; I am at home, so there is no driving involved. I think one of the strong features of this step into decriminalisation is its emphasis on home use. It is not about smoking in public, as it were, although I do recognise what Mr Keane said a moment ago about the need for us to think about people who live in housing precarity, and quite frankly that was a point that I had not considered that I really should have in making my submission. I hope you let me adopt that point you made.

I guess the fourth and final point I would make before stopping talking – well, there are two more points. The fourth point, from my two remaining points, is the ACT has now published research on what has happened there. I have this paper, which I am happy to hand to the committee. It was published in *Scientific Reports*, which is one of the *Nature* journals – so it is published by *Nature*, a significant scientific journal – and it was published in 2025, so it is hot off the press, and it talks about the ACT experience. I was struck by the material accompanying footnotes 12, 13 and 14, which are:

Rates of cannabis use and cannabis-related hospitalisations appear unchanged.

I mean, I think that is a very significant public health finding by some significant public health researchers in a significant public health journal, and I think it is something that the committee should certainly take into account.

I guess my final point is – I am not sure if I gave you the final version of my submission. It looks like the last sentence in paragraph 7 sort of trails off, but the sentence did not go for very much further, so you have not missed out on much. That is all I have to say at this stage.

The CHAIR: Thank you. I will quickly start off with a question, then I will open it up to my colleagues. From your comment in relation to the amount of public use of cannabis, deterrence does not seem to work, and I think earlier submissions provided that similar aspect; they said deterrence is not working. From your background as a lawyer and with your current research at the moment on legalising cannabis, because society is evolving and at the moment it is not only cannabis, it is growing use of cannabinoids – and party drugs and other stuff are actually populating in volume as well, and pill testing is in action at the moment – should the government also explore other substances and other drugs as well in decriminalisation, from your own personal experience as a lawyer and research?

Patrick KEYZER: Thanks for the question. I should indicate that I am a professor of law and public policy and have been for almost 30 years, but I am also a lawyer. I am here in my private capacity, but I happen to have that expertise as well if that is useful. Look, I have at different times in my career engaged in comparative law study and comparative policy study. I think there is a real risk in this policy and legal environment for all of us, even experienced researchers, to say ‘Well, this happens in Canada so it will happen here’ or ‘This happens in Thailand so it will happen here’ and that sort of thing. Comparative lawyers and comparative policy scholars will tell you that you have actually got to be really, really careful when you do that to make sure that the comparator that you are selecting is as close as humanly possible. We just happen to be in a situation where this Bill is almost identical to the ACT Bill, and the ACT has got science. So as a matter of comparative law and public policy, we could not be in a better position to make a comparison than being in the Victorian Legislative Council right now, looking at the experience of another jurisdiction which has been published as recently as this week. So we really are in a wonderful position to reach really quite firm conclusions about what will happen. There is one other aspect of the legislation that I will mention, and then I will come to your question.

The CHAIR: Sorry, I do not want to interrupt you, but the question is basically regarding cannabis but being mindful of recommendations from other evidence today about other substances and illicit drugs. So that is my question to you, in your opinion and from your research into policy.

Patrick KEYZER: Well, I guess my response to that is given that we have got this comparator, I do not think we are in a position to look at this Bill and say – we do not have a Bill in front of us. We are working with a particular Bill on a particular issue. My own view, for what it is worth, is one drug at a time, because they are very different. Cannabis tends to be consumed at home. It is not like a party drug, where people go to music festivals and they want to do pill testing; it is a different vibe, and then again other drugs are quite different. One of the things that is clear from the wastewater analysis of drug use is that there is a lot of meth use, and meth is quite a different drug to cannabis with completely opposite effects, and I think different regulation is required. I think it is really important for us to not necessarily lump all drugs in together, and so my recommendation, coming to your question, is: one drug at a time.

The CHAIR: Thank you. I will quickly pass on to Michael.

Michael GALEA: Thank you, Chair. Thank you both very much for joining us. I actually want to jump straight into what you were just discussing there, Dr Keyser, comparative law. We are looking at the ACT model. I was actually reading that study on the train in this morning – I agree, very encouraging. We are very similar jurisdictions, but there are some significant differences between a state like Victoria and a territory like the ACT – different demographics, different history of drug legislation as well. In implementing this model, if we were to do so, how would we ensure that we are not falling into any pitfalls? What do we need to be mindful of and what do we need to be doing so that we do get the same results?

Patrick KEYZER: I think that the feature of this legislation that gives me the most confidence that you would avoid any pitfalls, if there are any in the ACT model, is the fact that it has got a sunset clause, right? Part of the beauty of this legislation is it is a trial for a year. What you could do is you could make it a trial for a year or two – that is a matter for all of you – and then make an assessment. I think this is really an exceptionally modest decriminalisation step – in the grand scheme of decriminalisation efforts this is really a modest step – but it is actually really well designed from a public policy perspective. I think the sunset clause really gives me confidence that you and all of your colleagues would be able to make an assessment. And of course you have

got the benefit of – as you said, you read this study on the way in – knowing which scientists to go to to replicate the work that they have done in the ACT in Victoria. Then, picking up on your comment, Mr Galea, if there are some differences – and you would be familiar with them more than me because you are a Victorian parliamentarian – then you can talk to the scientists about those differences and you can integrate those additional factors into the analysis so you do not fall into the comparative policy trap that we were talking about before.

Michael GALEA: Thank you very much. Mr Keane, I will ask questions of you just with the time I have. You were talking about public place exemption. Just to clarify, is your view that it should be permitted to smoke cannabis in all public spaces or just in certain areas?

Richard KEANE: No, just ensuring that is equitable.

Michael GALEA: And equitable for those people in public housing?

Richard KEANE: Absolutely.

Michael GALEA: Sure, thank you. There is a slight disparity in terms of your advocacy for the regulated commercial model –

Richard KEANE: Absolutely – totally get it.

Michael GALEA: and you spoke about the revenue benefits in particular. I will be up-front and say we have been mostly focusing on the ACT model, so I have not gone as much into this. My understanding, though, is that those revenue and taxation benefits would mostly flow to the Commonwealth. Would that be your understanding as well?

Richard KEANE: Yes, but that can also be distributed down through health and other conversations that go on at the federal level with COAG and a whole range of other services, which means that there would be more money on the table to respond to health in particular.

Michael GALEA: So it would feed into those conversations about that distribution and making sure that if Victoria or another state were to go down that model, obviously those conversations would have to take place to make sure of the equitable turn of support?

Richard KEANE: Absolutely.

Michael GALEA: Thank you. Just lastly as well, I was very interested in your personal experiences with treating HIV with cannabis. Now that we do have medicinal cannabis, what is the interaction that you see? Are there a large number of people who would be able to use this who are not otherwise captured by the current regulations?

Richard KEANE: I think so, because even though medical cannabis is available, again it is about equitable access to it. First of all, you have to find a GP that is going to support you to have medical cannabis for a range of side effects. I was talking about peripheral neuropathy before, and it is something that I have had to deal with as a long-lasting side effect. I have been offered opiate-based pain relief, and when you weigh that up against the potential of cannabis – I am someone who is literate; I can access things via my computer, I can do all those kinds of things. But there are a whole range of people that may not have that skill set. So even if you are not getting that access to medical cannabis via a GP, everybody knows that online there are these huge industries that are already there, and we are talking about legalisation. They kind of already exist. Around 300,000 Australians access medical cannabis over a range of different organisations, and if you go there and you are literate and if you have got enough money and you can do all that kind of stuff, you can access it anyway. I just think that this is a far more equitable way of ensuring that people have access to those things instead of just traditional medicines, which can sometimes be, if we talking about addiction and we are talking about outcomes and physical outcomes, a little bit more scary than dealing with cannabis.

Michael GALEA: Thank you very much. Thank you both.

The CHAIR: Thank you, Michael. Ms Payne.

Rachel PAYNE: Thank you, Chair, and thank you to you both for your submission and for presenting before us today. One of the key differences between the Bill that is before us here in Victoria and the ACT model is the ability to gift cannabis. I note in your submission, Dr Keyzer, that you acknowledge that, but I would also love to hear from Richard about experiences with that, because what we have heard from some of the contributors to this inquiry is there is concern around gifting, and I feel as though it is something where it is quite a common practice within the cannabis community.

Richard KEANE: It is. The other thing that I would like to emphasise too, and give a historical note to, is in those days prior to effective treatments our community used to come together and we would go and block purchase, illegally, large amounts of cannabis and distribute that amongst our community, so there was already sharing in resourcing and other things like that. I think that aspect of the Bill is a really important one to consider. It allows people to step out if they have ongoing use for cannabis, whether that is personal use or medical use – to get out of engaging with illegal elements that they sometimes have to engage with for that kind of stuff. Limiting the amount I think is good too. I also think that that opportunity for people to get together and to share cannabis – they might grow their plants at a different time of year; it might be a whole range of things that they can come to an agreement about – that kind of shared community is, I think, a real benefit of this Bill.

Patrick KEYZER: The only thing I would add to that is I think that the cannabis community has built-in quality control. One of the interesting things about the ACT analysis, and it is there in the tables, is most of the cannabis is low-THC or moderate-THC content. It can happen that people have high-THC products, and it may be something that some people do not want to repeat. So the advantage of gifting is people are able to share: ‘Hey, this is good; it works for my insomnia. Perhaps you might like to try it.’ That gifting creates that community which looks out for each other. It is the same really, quite frankly, with alcohol once people turn 18. People will try different drinks and then they will find what drink works for them. It is really no different. You have your community, usually people that you went to school with or people that you have other reasons for being friendly with, and you will look out for each other and help each other make decisions.

Rachel PAYNE: Thank you. Also in your submission, Dr Keyzer, you talk about the Bill having the potential to really reduce that illicit market. Would you like to expand more on that commentary? And, Richard, I would love for you to contribute to that as well.

Patrick KEYZER: Yes. Look, the best research that is available on the size of the shadow market for cannabis is the work that was done in New South Wales a couple of years ago by the crime commission, I think. It estimated the size of the shadow market to be worth billions of dollars. So if you extrapolate for demographics and use long division, you would really be looking at a shadow market in Victoria of about \$500 million a year. Now, at the moment cannabis is a place where organised criminal networks can be involved. It is big business, but it is big illicit business. One of the really positive features of this Bill is that it lets the air out of that tyre. Basically it means that the size of that market will shrink because people are supplying their own cannabis from growing it themselves or gifting and sharing until they get the strains that are right for them. It will mean that the criminal networks have less of a market to exploit. At the moment people are being exploited in that market, they are being criminalised in that market, and it is creating an industry that we would really prefer not to have in Victoria.

The CHAIR: Thank you. Before we go on, I just want to make a comment in relation to your suggestion that trying different drinks is similar to trying out cannabis with different THC. I think it is a little bit different between different types of alcohol and different types of cannabis with a high level or low level of THC. I think the comparison there is not quite a comparison of that.

Rachel PAYNE: Chair, I think that may be outside of the scope of your role as Chair, your commentary on a private members Bill.

The CHAIR: I did not want to interrupt before. I just wanted to make a comment on this.

Patrick KEYZER: I understand that perspective. But when a person walks into a pub when they turn 18, which is a bit of a rite of passage in Australia, it is going to be Carlton Draught or it is going to be scotch or it is going to be wine or it is going to be something – and let us not kid ourselves, children drink alcohol illicitly. But for a lot of them, they are going to be experimenting and they are going to be relying on their community of friends to give them advice about: ‘Oh, no, don’t drink that; it’s terrible’ and ‘I had a really bad experience

drinking that.’ So I actually think the analogy is fair. But I also have learned, because I am old, that not everybody shares my opinions about things.

The CHAIR: David.

David ETTERS HANK: Thank you.

Richard KEANE: That is a good learning. I have learned that too.

David ETTERS HANK: I can introduce you to some sauvignon blanc weed or some tequila weed. Dr Keyzer’s comments will demonstrate the veracity.

Dr Keyzer, the gifting: when we were in Canberra, the police there were totally supportive of the legislation, so their fears were completely unfounded. The one thing where they did express some concern about what we are proposing was in the context of gifting and the potential for that to blur the lines with dealing. Could I ask if you have got any thoughts on whether that is actually an issue with the legislation?

Patrick KEYZER: Well, I think the legislation, in a sense, does not touch on dealing. It does not purport to change the criminal law which makes dealing a criminal offence, right? So in a sense it is like two ships passing in the night. This legislation does not touch that issue. It is still a criminal offence, and it can still be prosecuted.

I guess the other point I would make is that one of the earlier speakers – I think it was one of the people from Fitzroy Legal Service – was talking about the level of discretion in policing. Now, I think policing is a very difficult job, and it is not something that I could do, personally. I know that police go into lots of difficult situations and it is a high-stress job, and I admire their courage. But because I have been practising for 30 years, I have seen situations where the amount of discretion that a police officer can have can be problematic for them but also for the people who may be the subject of the arrest. I think the example that the person from Fitzroy Legal Service gave, of a police officer coming to a place to investigate family violence and then seeing cannabis paraphernalia and then making an arrest for that – that makes it very difficult for that person who is trying to prevent family violence to get the justice that they need.

I guess my response is – it is kind of a long-winded response to the gifting point – I see gifting, like possession, as an activity which simply should not be criminalised, and in many jurisdictions around the world it is not. I think, given that this legislation does not touch the issue of commercial dealing and it is still a legal offence to sell marijuana, that the gifting clauses in this Bill are really a sensible expression of reality, because one of the problems with the ACT legislation is no gifting and another problem is no seeds. There is an air of unreality. You know: how do you grow a plant without a seed?

David ETTERS HANK: Fortunately, we do not have to resolve metaphysics here.

Patrick KEYZER: Yes. So I see it as another low-level activity which really should not be criminalised.

Richard KEANE: It is also happening already across a range of chronic illness communities: cancer folks, people living with Parkinson’s and a whole range of other things. Someone will grow some. Someone will say, ‘This has worked for me. Here you go; try a cookie’ – or whatever it is. Those things are already existing out in the community in really tangible ways.

Patrick KEYZER: And also veterans communities.

David ETTERS HANK: Could I just squeeze in one question there. Richard, I think it is wonderful you are here today, because it brings together two aspects of a key issue for us, which is around stigmatisation. Clearly there is a huge amount of stigmatisation within the HIV community.

Richard KEANE: There is, yes.

David ETTERS HANK: And there is a huge amount of stigmatisation associated with cannabis. I was wondering if you could just share with the committee your thoughts on what that means in terms of a health-led response, where you have got effectively double stigmatisation.

Richard KEANE: I think intersectional stigma plays a really big part in the outcomes that people have, some of the risks that they might take and a whole range of other things like that. I think the importance of understanding the impacts of multiple stigmas is really important when we consider this issue. The stigma of somebody living with HIV may mean that, again, like you were saying, in a certain setting if there is a legal problem or other things like that, they come up against it. There may be stigma around that HIV without that person even knowing it, even though it has no bearing on any legal situation. I think it is a really important thing to consider.

David ETTERS HANK: Thank you.

The CHAIR: Dr Heath.

Renee HEATH: Thank you so much. Thank you both for your submissions and also for presenting and telling your personal story. I really appreciate that. I have just got a question around safety. When we are talking about different levels of THC and things like that and people gifting cannabis, when we think about alcohol there are sorts of guidelines of what a standard drink is. Is there anything like that with cannabis? What is a standard dose? To me, that could pose some risk. Do you understand what I am saying there? I just want a bit of clarity around what a standard dose would be and how you can ensure that.

Patrick KEYZER: Did you want to answer that? I am a legal expert, not a health expert, but the ACT study, which has just been published, does talk about this issue. The findings of the ACT study are that people are using low or moderate THC cannabis in the ACT. That is pretty solid data that low-THC products and moderate-THC products are being smoked. People are not going for high-THC products. I think we have got a dataset there around people self-medicating, as it were – or self-dosing perhaps is a more accurate description.

As with alcohol, as a young person you will typically experiment with things and work out what works for you and what does not. By the time you have children you are not hard drinking every night because you need to get up and not be the Prince of Darkness in the morning. A glass or two of wine is something that you might feel is the right amount of dose. I think it is important to recognise that people are using cannabis in Australia and they are using cannabis in Victoria. It is in the wastewater analysis. The question is: should we decriminalise that and allow those people who are already using it, who have worked out their own dosages, to do that or not? I think the answer is yes. As far as the sort of scientific and medicinal dimensions off the dosage question that you ask, I am not really qualified to say.

Renee HEATH: Thank you so much. Richard, did you want to add anything?

Richard KEANE: I just want to reiterate what was said earlier about the kinds of differences between homegrown marijuana and something that you might get off an established dealer who has got a pipeline with really high THC, a whole range of things. For example, those people that might grow a few small plants at home might let one go to seed at the end of the year to get seeds for their next season or whatever. So you have got this kind of contained lower level THC. When you talk to people about cannabis use, they talk about the difference between homegrown and the other things like that and the impacts of it: ‘This will be a bit easier on you; this is homegrown. This is good; it’s not as harsh’ – or whatever term they are using to connect to it. I think that is something really important to consider. On that kind of alignment to alcohol, I can think of a few home-brews that I have had that have blown my brains out, to be perfectly honest. So if we are talking about safety and we are talking about alcohol as an example of it, I am just not sure that – although what you buy over the counter might certainly have that stuff, we can all access home-brew kits. We can all kind of do that stuff and vary that as well. You could end up with a really strong brew or you could be someone that just likes a little bit of Nan’s strawberry wine. Do you know what I mean? So it is just kind of –

Patrick KEYZER: That is a really good point.

Richard KEANE: I think that those things are important to talk to.

Renee HEATH: Just on that, there is not a standard dosage, as there would be – I am not talking about home-brew, I am talking about if you go somewhere and they say, ‘This is one standard drink’ or whatever. There is not anything equivalent?

Patrick KEYZER: Well, I suppose I should not ask this question, but I will assume you have never consumed cannabis. Typically someone, when they first consume cannabis homegrown, would smoke a joint or they would have a bong load. Usually a person will have a hit of a joint or a smoke of a bong. Then they will sit back and they will make an assessment. Some people may decide that they want more than that and some people might decide they want less. So there is an element of art to it, and not just science, but I would say it is the same with home-brew. Really, it is no different. You are making something at home and you are not sure how potent it is going to be. You have a sip, and you go, 'Whoa. Okay, that's got a kick to it.'

Richard KEANE: Maybe if you consider in the future legalising it, you might actually be able to control the amount that might be in that dose – when you are going out to the pub or the other kinds of scenarios you are talking about.

Patrick KEYZER: I have to admit that is a substantial advantage of taking the next step and legalising it.

Renee HEATH: Yes. That is sort of what I was asking, about the ability –

Patrick KEYZER: Yes.

Richard KEANE: Yes.

Renee HEATH: Thank you so much, I really appreciate it.

The CHAIR: Thanks, Renee. Mr Puglielli.

Aiv PUGLIELLI: Thank you, Chair. I might somewhat carry on from where the conversation was at then, and start with you, Richard. I understand that in your submission you called for more testing and more methods of testing. I would like to expand on that a bit further. What would you want that to look like in the community, particularly talking about equity, as you raised earlier?

Richard KEANE: Around?

Aiv PUGLIELLI: Equity. As in, where would people be accessing the testing? What would it look like?

Richard KEANE: For HIV?

Aiv PUGLIELLI: No, sorry. For THC, it is, I believe, in your submission.

Richard KEANE: Absolutely, yes. Like pill testing and a whole range of other things, I think this kind of links back into what Renee was saying too about strength and capacity of THC and other things like that – the ability for people to have that tested to see if it is okay, to see if all that stuff is available. I think that particularly issues around – we would like to see more research into HIV and cannabis use and the impacts of that. I was talking earlier about the fact that I am here because of effective treatments. Do you know what I mean? I am looking back and I am seeing all of those things, but the side effects that still impact people living with HIV, late diagnosis, a whole range of other things – we would like to see more research, particularly into HIV and cannabis and the impacts of cannabis on HIV and other chronic illnesses as well. I think there has been a slow growth into recognising medical cannabis and a whole range of other things, but we would certainly like to see more effective stuff that kind of aligns with the conversations that we are having here about access to it.

Aiv PUGLIELLI: Thank you. As I think both of you have mentioned today – we were talking about the sharing that goes on in the community, the gifting of quantities of cannabis and what is already occurring out there and the reality right now Victoria. I will bring you in, Patrick. In terms of the quantities that we are seeing shared or gifted around in the community, what sort of scale are we talking about typically from your awareness? In terms of what is in this Bill in relation to, say, 'small quantity', has this Bill got it right in terms of the amount of grams? Do you have a view to this?

Patrick KEYZER: Yes. Less than 50 grams. This Bill is absolutely spot on. People gift small amounts. It is a community; it is not about sale or commercial, that sort of stuff. I think Richard's description of the way the cannabis community operates was really good. You referred to the dealer with the high THC gear who has got the pipeline – you know, that is the real sort of open-the-trench coat criminal element, right, at the moment – and I think this Bill really punctures that balloon; it turns it back to being the community that it should be.

Richard KEANE: I also think the amount is right.

Aiv PUGLIELLI: Okay.

Richard KEANE: Within the legislation, I think the amount is really generous. In those sharing communities, you are not handing over a hay bale of the stuff – do you know what I mean? You are handing over a couple of grams, you are handing over a cookie or you are sitting down and you are having a conversation about your ailments and having a joint. Do you know what I mean? So I think that it does hit the right balance there.

Aiv PUGLIELLI: With the current legislative setting that is in place and the way that people are criminalised for use and possession, given these small quantities, what impact is that having on communities, particularly communities where there is intersectional stigma, which was brought up earlier?

Richard KEANE: I think it does impact people's sense of wellbeing. They are going to do that anyway. If it is alleviating an ailment that you have got, you are going to continue to do that, whether it is a physical ailment, whether it is wellbeing or whether it is insomnia – we were talking about that today – which is one of the most common side effects of even the most recent and effective treatments and other things like that. Some of the intersectional impacts can be related more to the previous evidence from Fitzroy Legal Service – I was also here – talking about those intersectional things and the way that discretion is used within those, and we can extend that into broader LGBTI communities like the trans community and the non-binary community. All of a sudden, because there is something that is unusual, that is different or that is challenging to deal with, that can change the way that discretion is impacted, and if something like cannabis is there, it can increase poorer outcomes for those individuals as well.

Aiv PUGLIELLI: Thank you.

The CHAIR: Thank you.

Thank you, Dr Keyzer and Richard Keane, for your contribution and also your submissions. We have unfortunately run out of time, but we will definitely take it into consideration in relation to our deliberations down the track. Thank you so much for your time.

Witnesses withdrew.

WITNESSES

Jan Kronberg, National President,

Dr Karen Broadley, Executive Member,

Charlie Ryan, Youth Ambassador,

Kel Glare, and

Peter Richardson, Director and Board Member, Drug Advisory Council of Australia.

The CHAIR: Welcome back to the Inquiry into the Drugs, Poisons and Controlled Substances Amendment (Regulation of Personal Adult Use of Cannabis) Bill 2023. Joining us for this session are members from the Drug Advisory Council of Australia. We have Mr Kel Glare, former Chief Commissioner of Victoria Police, Mr Peter Richardson, Ms Jan Kronberg, Mr Charlie Ryan and Dr Karen Broadley. Welcome, all.

Before we continue I will read some information to you regarding the evidence you are going to provide to us today. All evidence taken is protected by parliamentary privilege as provided by the *Constitution Act 1975* and further subject to the provisions of the Legislative Council standing orders. Therefore the information you provide during this hearing is protected by law. You are protected against any action for what you say during this hearing, but if you go elsewhere and repeat the same things, those comments may not be protected by this privilege. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament.

All evidence is being recorded. You will be provided with a proof version of the transcript following the hearing. The transcript will ultimately be made public and posted on the committee website.

Before you introduce yourselves I will just quickly introduce our committee to you. I am Trung Luu, the Chair. To my right is Mr Michael Galea –

Michael GALEA: Good afternoon.

The CHAIR: and Mr Puglielli.

Aiv PUGLIELLI: Hi.

The CHAIR: Ms Rachel Payne –

Rachel PAYNE: Hello.

The CHAIR: and Mr David Ettershank. And also on Zoom we have Dr Renee Heath.

Just for recording purposes, could you please state your full name, your position and the organisation you are with. Kel, would you like to start?

Kel GLARE: My name is Kelvin Glare. I am sorry; I am quite deaf. What else did you want from me?

The CHAIR: Just for recording purposes, state your full name and the organisation.

Peter RICHARDSON: Full name and organisation.

The CHAIR: Just for the recording.

Kel GLARE: I am the chair of the Community Advocacy Alliance, and I have been associated with the Drug Advisory Council of Australia.

Michael GALEA: Chair, I believe you have already mentioned their names. I believe that might be sufficient.

The CHAIR: Jan, do you want to introduce each person's name?

Jan KRONBERG: Kel Glare AO, APM, former Chief Commissioner of Victoria Police, a supporter of DACA and the chair of the Community Advocacy Alliance; Peter Richardson, a Director of DACA and a former member of Victoria Police; me, Jan Kronberg, and I am the National President of the Drug Advisory Council – we call ourselves DACA; Charlie Ryan is one of our Youth Ambassadors at DACA; and Dr Karen Broadley is a member of our executive team at DACA.

The CHAIR: Thank you. Welcome. I know we have got your submission. I do invite you to make an opening statement. Just due to the time – we would like to ask you some questions – can you keep your statement short, brief and to the point?

Jan KRONBERG: Trung, thank you very much. We understand we have about 10 minutes, and each person has prepared an address in accordance with that timeframe. We might have the odd cough, but we will do our best. My name is Janice Susan Kronberg, National President of the Drug Advisory Council of Australia Ltd – DACA. As a former Member for Eastern Metropolitan Region, I served in this Parliament from 2006 to 2014. With me are DACA's Dr Karen Broadley, Director Peter Richardson, Youth Ambassador Charlie Ryan and DACA supporter Kel Glare AO, APM, former Chief Commissioner of Victoria Police.

We are strongly opposed to the proposed legislation, as are our coalition partners in The Taskforce for Drug Prevention and our affiliates worldwide. We say that this proposition is extremely dangerous but not surprising, as it follows the standard pattern of those pushing to legalise illicit drugs: firstly, to trivialise the harms, then to move to normalise their use through a type of lingua franca 'Everyone's using; what's wrong with you?' and then to push for full-blown legislation. What is incomprehensible is that such proponents blithely and totally ignore the harms of cannabis. Should this government ever succumb to the siren song of their push, particularly in the light of the vast array of mental and physical health risks, it would be failing to advance, protect and promote the human rights of its people – a government failing in its obligations to create all conditions necessary to enable the 'highest attainable standard of physical and mental health of its population'. This is quoting article 12 of the International Covenant on Economic, Social and Cultural Rights. Therefore this inquiry represents an inflexion point for all concerned.

The harms of *Cannabis sativa* include psychosis; schizophrenia; suicides; severe lung damage, like marijuana lung and vanishing lung; cancers, especially testicular; brain damage; neonatal exposure leading to developmental and neurological disorders; premature births; opioid abuse; motor vehicle and workplace accidents; cannabis hyperemesis syndrome, a potentially fatal form of retching and vomiting; and cannabis use disorder. Cannabis causes harmful drug and medicine interactions and the risk of poisoning through the ingestion of edibles.

Recently a retired police officer highlighted that in South Australia individuals growing a cannabis plant for personal use were overseen by a notorious criminal organisation in their micro grow houses. The crops there were harvested and sold by the criminal organisation in South Australia. Now, those proposed six fat 5-metre-tall plants would yield a very large crop for personal use. This would inevitably attract a similar criminal regimen.

In the US, the conversion of the plant to oils, extracts, dabs, shatter or budder involves the use of highly inflammable butane lighter fluid. This has led to explosions, house fires and serious injuries.

According to a 6 February 2025 report from the University of Colorado School of Medicine, coupled with decades-long longitudinal research from New Zealand, the regular use threshold of four-plus days per week and a lifetime exposure of over 1000 uses indicates significant cannabis-related irreversible cognitive impairment, revealing a 5.5 per cent IQ decline. The Bill's proponents now need to face an uncomfortable truth: the increasing availability also creates a cognitive time bomb.

I am going to invite Dr Karen Broadley.

Karen BROADLEY: Thank you. My name is Karen Broadley, and my professional background includes a decade working with young people involved in the Victorian youth justice system and another decade working in child protection. These experiences led me to undertake a PhD and to an interest in evidence-informed legislation, policy and practice.

I remember when I first met our DACA President Mrs Jan Kronberg I did not have strong views about whether or not cannabis should be legalised, but I was very interested in what the evidence had to say. After doing a literature search I can honestly say I was astounded by the enormous amount of research in the form of very recent systematic reviews finding that cannabis use significantly harms human health. Cannabis use, for example, heightens the risk of psychiatric disorders, cardiovascular conditions, gastrointestinal disorders and lung and other cancers. It has been shown to be associated with IQ decline. These findings are not controversial. Recent systematic reviews have also found that following recreational cannabis legalisation there has been an increase in cannabis use and cannabis use disorder. I wish to emphasise how important it is to prioritise evidence in the form of systematic reviews. Please be sceptical of so-called experts who cherry-pick single studies, particularly outdated single studies, to support their point of view.

Finally, I draw attention to the Legal and Constitutional Affairs Legislation Committee, which just last year recommended the Senate not pass the Legalising Cannabis Bill 2023, which had been introduced by Senator David Shoebidge from the Greens. The Bill failed mainly because the committee was concerned about the multiple ways legislation would harm public health. The committee was concerned, as are we, that legalisation would cause more harms and problems than the Bill was aiming to resolve. Thank you.

Jan KRONBERG: The next person is Peter Richardson.

Peter RICHARDSON: My name is Peter Richardson. I am a Board Member of DACA, an ex-VicPol member and the stepfather of two women who have been forever damaged by their personal use of drugs, including cannabis. One is still in the depths of addiction and, to be blunt, is unlikely to survive it.

DACA is trying to stop individuals and families having to endure what mine has. Surely broader society and our lawmakers should be helping in our efforts instead of encouraging and enabling our youth to go down this grim path. I know we cannot eliminate the use of cannabis, but with education and enforcement of the laws that are currently in place but not enforced we can reduce the number of users and accordingly reduce harm. The pro-drug lobby will tell you that cannabis is not a gateway drug, but there is plenty of evidence it is, including a study from America's National Institutes of Health, which states that nearly half of regular cannabis users go on to use other illicit drugs.

For those of you on the committee that sit on the fence on this debate, what is your gut saying? Mine is saying this Bill is a gateway Bill to the decriminalisation and ultimate legalisation of cocaine, heroin, methamphetamine and more. Thank you.

Jan KRONBERG: Charlie Ryan.

Charlie RYAN: Good afternoon. My name is Charlie Darcy Ryan. I am 17, and I am appearing before you with the interest of safeguarding my generation's future. Legalising cannabis will not be a step toward freedom but a march towards an age of an anxious dependency. Do not deceive yourselves. If alcohol laws cannot shield minors from drinking, cannabis laws will barely spare them from addiction. I have seen it with my own eyes: classmates barely 14 dealing cannabis, at 15-year-olds' birthday parties young people falling to this supposed cultural rite of passage. If you make it legal, you certainly do not make it safe; you make it omnipresent, and you make it dangerously more available to under-age Australians. In the vestibule of this Parliament it says 'Where no counsel is the people fall, but in the multitude of counsellors there is safety'. As counsellors of the people, stand strong in that sacred duty and please safeguard the health of my generation's present and future lives. Thank you.

Jan KRONBERG: Kel Glare.

Kel GLARE: Thank you. My name is Kelvin Glare, commonly known as Kel. I am a former chief commissioner of the Victoria Police. The amendments proposed to the Act by this Bill are a recipe for disaster disguised as promoting human rights. Australia is a signatory of the United Nations article 61 convention on narcotic drugs and has an obligation to comply with that treaty. Human rights are not an excuse for allowing any conduct that unreasonably harms anyone. That is why acts of violence and many other behaviours are prohibited by law. No society can exist in a state of anarchy.

The scientific evidence that cannabis use is harmful for people is irrefutable. That cannabis use impacts on the capacity of our health system in a variety of ways is obvious. Authorising any households to grow up to six

cannabis plants for personal use by people over 18 years of age and expecting no adverse outcomes for younger people is naivety bordering on lunacy. Where households have children under 18, it is certain that too many will be tempted to try what they see adults using frequently and freely. Escalation of young people using cannabis is a certainty, and to deny that is stupidity.

The argument that people have been jailed for possession of small amounts of cannabis is disingenuous. As the person who created the police prosecutions division and prosecuted and ran that division for over three years and who prosecuted thousands of cases in the Magistrates' Courts over an 18-year period, I can say that I know of no-one who has been jailed for possession of a small amount of cannabis. In fact section 73 of the Act stipulates a maximum penalty of a fine of five penalty units, which is currently about \$960.

Time, effort and money would be better spent on education programs, particularly for young people, to inform them of the dangers of using cannabis and other illicit drugs. Educating juveniles from an early age is a prerequisite to a lasting diminution in the use of illicit drugs that have become such a scourge on society. Public campaigns against drink driving and smoking tobacco have had real success. Alcohol abuse and tobacco have created more than enough health problems. Why would we wish to sanction another product capable of doing so much more harm to individuals and society? This Bill must fail. Thank you.

The CHAIR: Thank you very much for keeping the statements brief; it gives us time for the committee to ask you questions. I will start off, then I will open it up to the committee. Just in relation to this Bill, we have made very close comparisons to what has been legalised in the ACT. I know it has been a short period of time that it has been legalised in the ACT, and we have drawn many comparisons in relation to what has happened once it was legalised. There has been evidence that there has been little increase in usage in the ACT and little increase in relation to hospital admissions. I just want to refer to your submission where you have made some reference to other jurisdictions which have legalised cannabis. I notice that you refer in your submission to Canada, which legalised cannabis in 2018, and in America – in Colorado it was legalised in 2012. Just from those two jurisdictions, could you make some comparisons for us in relation to what has happened in those two countries after it was legalised – any effects, any increase in usage of cannabis or any harm from the effects of cannabis on youth populations? You have drawn from both in your submission in relation to the increase, provisionally, in cannabis use in young adults across all attendance, so could you comment on those two jurisdictions that you have referred to in your submission?

Jan KRONBERG: Chair, I am happy to answer that at length, but I will just refer to Dr Broadley, whose erudite research has brought that to bear in our report.

The CHAIR: Yes, anyone on the panel.

Karen BROADLEY: Okay. I will just briefly say we did look at Canada, you are right, where it was legalised in 2018. There are a few systematic reviews there, and it takes a little while for the evidence to come out. But certainly in the five years since legalisation there has been an increase in prevalence in cannabis use among young adults, in adult hospital attendance for psychiatric distress and vomiting and one that is really concerning – I mean, they are all concerning – is unintentional ingestion of edible cannabis products by children. That is something that has come out quite often in Canada and in Colorado and in the research, with children eating cookies and eating other edibles and being taken to hospital.

The CHAIR: Is there any data drawn from those two jurisdictions in relation to an increase in usage of cannabis after being legalised or the number of cannabis users or also in regard to other incidents in relation to cannabis consumption?

Karen BROADLEY: Certainly there is an increase in cannabis consumption. Concerningly, two of the areas where there really has been an increase are in relation to young adults – young people – and also, interestingly, women who are pregnant. There has been an increase there. Some research would suggest that some of that is because they get morning sickness or they have pain or health issues through their pregnancy, and they think that the cannabis use in the form of medical cannabis will actually help alleviate those problems. But the problem is there are, again, systematic reviews that have shown how cannabis use during pregnancy impacts the health of the newborn in terms of preterm birth and underweight and risks in terms of not surviving beyond the first few months of life.

The CHAIR: I understand. You might have data with you now. When you draw from this research and this information, would you have data supporting these submissions as well?

Karen BROADLEY: The data? In the submission that we made we refer to systematic reviews, and they are all in the references. For the most part the links are there as well, and they are freely available. If you have got any problems accessing the links, we are happy to provide the links. But yes, there are a lot of systematic reviews there and even, interestingly, I found one systematic review of systematic reviews. There is so much research out there. The best way to find the evidence is really to go to a systematic review where authors, usually a number of authors, work to collect and review and collate and synthesise that research. They do it in a very systematic way that you can reproduce, because they name their search terms and the dates that they search between and so on.

The CHAIR: Thank you. I will just make time to pass on to Mr Galea.

Michael GALEA: Thank you, Chair. Thank you very much, all, for joining us. I will start with you, Ms Kronberg. Feel free to pass it to anyone else as you wish. In your submission you have acknowledged that the review into the decriminalisation approach in the ACT found little to no concerns, but you have gone into great detail, as we were just talking about, with some overseas examples; you cited Canada and Colorado in particular. The Bill before us today, though, is for the decriminalisation model that is based on the ACT, so do you accept that decriminalisation is a better approach than full legalisation?

Jan KRONBERG: No. I do not want to see anything that is driving a wedge into the science that says that it is dangerous, no matter which way you actually pose an angle for leverage and influence and diminution of all of the public knowledge of the harms. I just want to say something about the situation in the ACT. I have quite strong views about what is happening to the people of the ACT. I think in time to come, because it is an experimental site and I think people are being treated as if they are living in a Petri dish, the people, I believe, once the manifestation of what is actually happening to them in this experimental setting, in that small population, that is then put forward to be unleashed in larger population settings –

Michael GALEA: I will just stop you there. It has been in force now for more than five years, and your own submission acknowledges that, in your words, there are little to no concerns –

Jan KRONBERG: Well, there is worse to come.

Michael GALEA: Worse to come. I see. Have you read the, what is it called, Lambert initiative report that was released a couple of weeks ago?

Jan KRONBERG: No, not yet.

Michael GALEA: It is a very recent publication. In section 5 of your submission you have drawn a comparison between a majority of Victorians supporting cannabis or the relaxation of cannabis laws with white people supporting slavery centuries ago. Now, forgive me, but that is a triumph for absurdity, isn't it, to draw that comparison between slavery and –

Jan KRONBERG: Actually, Dr Broadley feels very strongly about that issue. I will let her –

Michael GALEA: I would be very happy to hear your thoughts on that. I am just curious, because we actually have not had many other submissions talk about public consensus, so you were one of the few that have brought this up, and the only argument that you have made is by drawing a comparison to slavery, so I am not quite sure –

Jan KRONBERG: It is the reference to the ordinary person, 'Ordinary people believe' – that term.

Michael GALEA: Yes. Dr Broadley, would you like to –

Karen BROADLEY: Exactly. It is drawing, look, you might argue, a fairly extreme –

Michael GALEA: On the face of it, I would say so. That is why I am keen to hear.

Karen BROADLEY: It is making a fairly extreme example, but the point is we cannot really use what the ordinary person thinks is a good idea as ‘Well, that means it’s a good idea’. Because the vast majority of people think it is a good idea does not make it a good idea. We actually need to look at the evidence, and we need to scrutinise the evidence and question what is acceptable in our time, because as time moves on we can look back at history and say, ‘Well, why did we all think that? Why did we all think it was a good idea to remove children because they were Indigenous?’ Why did we think this? Why did we think that? People did it unthinkingly at the time, but I think we need to go way beyond just saying, ‘Well, because most people think this is a good idea, that makes it a good idea.’

Michael GALEA: Thank you. Sorry, I am limited for time, so I am going to keep going as fast as I can, but Mr Glare, I did want to actually ask you, as you have painted quite a strong negative picture of what decriminalisation would look like if it were implemented in Victoria, do you accept the results that show that in the ACT it has not led to more people taking up cannabis and it has not led to a higher incidence of, for example, emergency room presentations?

Kel GLARE: I think it is too early to make that judgement. I do not think that it is possible at this stage to make that judgement, but common sense I think tells me that if someone has got six maybe 5-metre tall cannabis plants growing in their yard and there are children under 18 and the adults in the house are using, the kids will try and see what it is like. It just seems to me absolutely ludicrous to think that they will not access that plant.

Michael GALEA: Thank you. Just while I have got you, Mr Glare, you also talk about the road toll. Now, I would have thought common sense would also say that decriminalising cannabis would lead to more people driving under the influence. We actually know from the ACT that despite an increase in their roadside testing, they actually found 7 per cent less incidence of people driving with cannabis. Would that change your opinions on the road toll, the arguments that you make?

Kel GLARE: There can be absolutely no doubt, and I think anyone who uses cannabis would agree, that it alters their perceptions; it alters their reaction times.

Michael GALEA: I would agree with you, but in the ACT they have found less people using.

Kel GLARE: Now, you might be happy to drive 100 kilometres an hour in one direction with someone on cannabis driving 100 kilometres an hour in the other; I am not. I think that is an unnecessary risk. The road toll, if I can – I have been to Holland seven times, and I have a very good friend responsible for all the senior education of police in the whole of Holland. I asked him about the road toll, because as everyone knows, they have had a very lax approach to drugs. I asked him about the road toll, and he said, ‘It’s horrendous.’ I said, ‘How many people involved in those fatalities are affected by cannabis and other illicit drugs?’ He said, ‘No idea. We don’t test.’ So if you do not look, you do not find. A failure to find is often a failure to look.

Michael GALEA: I take on board your point. In particular, I certainly agree with you that I do not want people under the influence of anything driving cars at 100 kilometres per hour, but the evidence from the ACT shows that following decriminalisation there was actually a 7 per cent decrease in the amount of people caught driving, despite roadside testing going up.

Kel GLARE: Sorry. I do not have the data on how often they test. It may be there is a reduced amount of testing.

Michael GALEA: Well, the ACT police themselves have told us there was a 17 per cent increase and at the same time a concurrent 7 per cent decrease in cannabis-affected drivers that they found. So would that affect your opinion, the evidence from the ACT?

Kel GLARE: No, because I am horrified by the idea of people driving while affected by cannabis.

Michael GALEA: I think we agree on that, but I just want to get to the point of what the data actually shows as to what the best way to reduce that is. What we are seeing from the ACT probably is not the commonsense answer that I would have expected, so I just wanted to test that with you. Thank you.

Kel GLARE: I have attended some horrendous collisions and whatever, and I have seen hundreds and hundreds of bodies in the mortuary over a period. Everyone thinks they are better at driving than they are when they are not affected by anything, let alone when they are affected by some substance.

Michael GALEA: I certainly agree with you there.

Kel GLARE: And that goes for prescription drugs as well.

Michael GALEA: Yes, absolutely.

Kel GLARE: I see enormous dangers in this. I am concerned about that, but I am very concerned about the kids in these houses who have an example set for them by adults in the house of constant use of cannabis. It must have an impact on them. Kids learn by example. They see what other people are doing. They see what the adults in the house are doing, and they are more likely to follow that. I think the evidence is absolutely clear that continued use of cannabis is harmful, particularly for young people, so I am very concerned about that aspect.

Michael GALEA: Thank you.

The CHAIR: Peter, did you want to –

Peter RICHARDSON: Yes, I would like to address exactly your question. Having been a tester of drugs et cetera, those figures make absolutely no sense at all. There is no logic to there being less positive tests when supposedly more people certainly have access to using marijuana.

Michael GALEA: I agree, so how do you explain it?

Peter RICHARDSON: It makes no sense. So it is about who is testing. The fact is I could test who I wanted to test while I was out there. Now, if people want to –

Michael GALEA: Sorry, are you saying that the ACT policing division have been selectively doing roadside testing, because that is a serious allegation.

Peter RICHARDSON: Well, we all do selective – it is selective. When you pull up a car on the street, you test for alcohol. You have a choice whether you test for drugs or not. Can I address something else very quickly that was touched on before about the acceptance of drugs by the Victorian public. Now, I believe one of the reasons that marijuana in particular is accepted by maybe the majority of Victorians is because my generation has a memory of a product that is an entirely different product to what there is today. I am not saying there was no harm in marijuana back then, but there is more harm in marijuana today. But most of the people of my age do not know that.

Michael GALEA: I would love to dive into that more, but the Chair has already been very generous with my time, so thank you very much.

The CHAIR: We might move on. Rachel.

Rachel PAYNE: Thank you, Chair. Thank you for your submission and presenting before us today. I do want to raise just a little concern I do have, and I do take notion with this. Throughout this submission you have claimed that I have made false statements that are an offence to reason and truth and that I was misleading in my second-reading speech. Now, as a former member of Parliament you know that we have a duty of care to present the absolute truth when we are in Parliament. We do not mislead the Parliament, and as an elected member of Parliament I take that incredibly seriously. I want to take notice of this because the data that I referenced in my second-reading speech is from the Crime Statistics Agency; it was from the national drug strategy household survey. This is a valid evidence-based approach that I am referring to here.

I also take notion that you make reference to jurisdictions that are predominantly international throughout your submission. Now, what this Bill aims to do is to look at the ACT. The Bill is mirrored itself off the ACT legislation with some minor improvements, that is for sure, but I think we just have to draw it back to: we are not talking about a commercialised cannabis market here; what we are talking about is removing that criminalisation so that people do have less stigma and greater accessibility to health service provisions.

On that note I would like to ask about your concerns that you talk about with cannabis and the risk to First Nations people. Are you aware that First Nations people are eight times more likely to be charged with a cannabis offence than non-Aboriginal people and half as likely to get a caution? So ultimately isn't it going to be a benefit to First Nations people's health to remove that criminalisation and encourage greater access to healthcare provisions?

Jan KRONBERG: What I would like to say to that is that the suffering of our First Nations people shakes me to the core. I could break down in this session how much sorrow I have for their suffering. There is nothing, not one fibre in my being, that wants to do anything in any way to damage them in any way possible. We are so moved by the impact of drugs on the Indigenous people, on how it ravages families and how it leads to such abuse and transgression – the preponderance of sexual assaults on babies as their nappies are ripped off them, the preponderance of women dying of incredibly brutal domestic violence, the sense of hopelessness in remote communities. About 40 per cent of children are attending school. There are all sorts of diseases rife. And this is aided and abetted not just by cannabis, but it is from glue sniffing and other forms of inhalants. We understand that it is not a total standalone cannabis problem, and of course everybody knows and understands the alcohol intake as well.

What we do know is that cannabis directly impacts on the public health of our Indigenous people, and they must be protected from the advance of the criminal mindset that would be dealing and flogging it to them and making it available to them. So let us go back to first principles. It gives them heart and lung complaints. We already know that their lifespan is shorter – sometimes, people estimate, something approaching 10 years of the lifespan of non-Indigenous people in this country. We see all sorts of impacts from drugs, and why on earth would we focus on the byproduct of them accessing a product that is the whole context of them being incarcerated and perhaps unjustly dealt with in the criminal justice system when, if we go back to first principles, if we help them, we educate them, we say, 'Don't take this', we give them means to support them away from that.

We also know that quite often – and the evidence is out there, and I know Kel Glare can point to this and emphasise this – the simple thing is that Indigenous people may not have been arrested simply for possession or usage of cannabis. Nobody is after them for that; there is no history of that. They might have been involved with an aggravated burglary, shoplifting, a driving offence, criminal levels of violence, any level of violence, the rape of a child under three, a whole range of things, and we put that in the soup.

Rachel PAYNE: The data I am referring to is the Crime Statistics Agency data and it is relative to eight times more likely to be charged with just a cannabis offence, so I do want you to have that front of mind when you are thinking about how we best approach our First Peoples and policymaking in that space.

Jan KRONBERG: Yes, well let us all work together to save them and not add to their problem.

Peter RICHARDSON: Can I address this here, Chair? Incarceration is not a consequence of possessing a small amount of cannabis. I will quote from the Fitzroy Legal Service:

The offence of using a drug of dependence is a summary offence ...

I will not give the section.

The use of cannabis or tetrahydrocannabinol (THC) carries a maximum penalty of up to 5 – penalty units –

... there is no jail penalty, even for subsequent offences ...

That is from the Fitzroy Legal Service.

Kel GLARE: That is the Act. That is what the Act says. The maximum penalty is a fine, and it cannot be more than about \$960, give or take a few cents. So people are not going to jail for mere possession, and it is not an offence that is really enforced with any vigour. Usually people picked up and charged with a cannabis offence do face other serious charges, and yes, they may be jailed. Trafficking of course is different.

I do not understand why with a substance that is obviously very important to the health of Aborigines we would simply make more of it available? That does not seem to me to be logical. I would have thought that we would have had programs to discourage the use of any substance that affects adversely on their health, and I am all for

that. We do not have enough programs that really look at the underlying issues faced by our Indigenous people and try to do something about those. That would be far more useful, in my mind, than simply making another product more freely available.

Jan KRONBERG: If I may augment –

The CHAIR: Thank you. We might move to the next set of questions. Dr Heath.

Renee HEATH: Thank you very much. I have just got a couple of questions for Dr Broadley, if that is okay. I find very interesting the reviews that you have done. Is there any data that shows that the decriminalisation of cannabis results in harm reduction?

Karen BROADLEY: Sorry, your question is: ‘Is there any evidence to show that the decriminalisation of cannabis results in harm reduction?’ No, I have not looked a lot at decriminalisation. My focus has been on legalisation. There is a lot of research around legalisation of cannabis and the results, so that has been where my focus has been.

Renee HEATH: Is there anything that results in harm reduction then with legalisation?

Karen BROADLEY: Harm reduction? No. The outcomes of legalisation – again, I have focused on overseas because that is where the systematic reviews are. I would look at Canberra and I would look at the ACT if there was a systematic review there. There is some research coming out, but there is not a lot – not enough to do a systematic review. But in terms of overseas jurisdictions, there is plenty of research and there are plenty of systematic reviews, and all of those reviews show that there is an increase in public health harms – mental health harms and physical health harms. Also there are questions around public safety. Certainly there is not a lot of evidence that would say that, for example, road accidents have increased, but certainly the researchers are saying, ‘Oh, there is a modest increase.’ ‘A modest increase’, one systematic review said. So we are getting evidence from lots of places – from all over the place and different authors and different types of research. That is the research you need to focus on. I think in terms of the question that we were talking about before, there is a balance to be had. On the one hand we are concerned about health and public health and the public health harms, which are definitely there, but then we think about the criminal harms. Are we criminalising people? Are we locking people up? Are we putting people on community-based orders just for using cannabis? And the evidence there – I have to say I am very unconvinced that we are putting otherwise law-abiding nonviolent people in prison or even into the criminal justice system simply because they are using or possessing cannabis. I notice online, Mr Ettershank, on your website you say you are a long-term cannabis consumer. Now, that website is there for everyone to see – for me to read, the police to read, everyone to read – and yet you sit here today as a free man. I wonder about that.

David ETTERS HANK: That is amazing logic.

Karen BROADLEY: It is. You have been using cannabis for a long time –

David ETTERS HANK: Forty years.

Karen BROADLEY: and people know that. Yet the police – are they knocking on your door, are they doing raids, are they searching you, are they searching your car?

David ETTERS HANK: I have had that, yes.

Karen BROADLEY: You have to say yes, but you are still free; you are still sitting here.

David ETTERS HANK: Right. I should just wear it, you reckon?

Karen BROADLEY: What I am saying is –

Jan KRONBERG: You are serving in the Parliament.

Karen BROADLEY: No, no.

David ETTERS HANK: As you did.

Karen BROADLEY: What I am saying is that I do believe it is an overstatement. I do believe it is an exaggeration to say there are all these people being criminalised merely because they are using cannabis. That is what I am saying. I think it is an overstatement. It is an exaggeration.

Jan KRONBERG: Chair, I have got an important point to make, and I would really like to help Rachel Payne.

David ETTERS HANK: Chair, we are not going to run out of time, are we? Because there are a few who would love to –

The CHAIR: Dr Heath is going to ask a question in a moment, thank you.

Renee HEATH: My question is: in the data, was there any evidence that showed that when adults in their home consume cannabis children in that home were more likely to use?

Karen BROADLEY: There is evidence. Look, there is a concern by the American paediatric association around that, and that is why they do not support cannabis legalisation. They are concerned because the evidence shows very, very clearly that there is an uptick in the use of cannabis once it is legalised. The logic then would say: well, then maybe parents will use more. Children will be exposed to it, and then children, because of social modelling and modelling themselves off their parents, will use more. There is certainly a concern there.

Renee HEATH: Thank you so much. Cheers.

The CHAIR: Thank you, Dr Heath. David.

David ETTERS HANK: Thank you, Chair. It is lovely to see you again. I have not seen you since the workplace inquiry. That was such fun.

Jan KRONBERG: I saw you at lunch before Christmas.

David ETTERS HANK: That is true. I am not sure where to start. I do not want to get into just the vast amount of factual errors in your submission, because that would take up too much time.

A witness: There aren't any.

David ETTERS HANK: But let us just pick up a couple of points, I think. I am not sure if you have looked at the terms of reference for this inquiry, but we are specifically looking at decriminalisation. If I could take your comment, Dr Broadley, 'I haven't looked a lot at decriminalisation; I've looked at legalisation.'

Karen BROADLEY: Correct.

David ETTERS HANK: By 'legalisation' I think you are actually referring specifically to commercialisation à la the US and Canada. I would be correct in saying that?

Karen BROADLEY: Okay.

David ETTERS HANK: Okay, so let us maybe park that, because that is really not what the committee is looking at, if that is all right. What we are looking at is basically a version of the ACT legislation. I am not sure whether you are familiar with the review document that has been produced?

Karen BROADLEY: I have looked at that, and like I said, I also like to look at the peer-reviewed research.

David ETTERS HANK: You have looked at it. Maybe we will just leave it at that, and I will put the question and you can answer to that. How is that?

Karen BROADLEY: Sure.

David ETTERS HANK: This review, which was analysing the first four years of the Act – and we now have five years of data – was a review undertaken by the ACT government involving a range of tertiary institutions, stakeholders, criminologists and the federal police, and it actually found no change whatsoever in terms of any of the things you have talked about in terms of hospitalisations, any health indicators. This

committee sat with the health minister for about an hour and went through this, and she said they go through their data monthly and they could find nothing – no ambulance changes, increases in that. Literally nothing changed except for the fact that convictions or infringements dropped by 96 per cent. Does that resonate with you?

Karen BROADLEY: It surprises me. I would be a lot happier if there was peer-reviewed research about –

David ETTERS HANK: Well, it does actually draw on peer-reviewed evidence. Of course we have also now last week had released by the Lambert institute a peer-reviewed document that analyses both this document as well as the legislation, and it also came up with the same outcome.

Karen BROADLEY: Okay. I am talking about peer-reviewed research in relation to the ACT specifically –

David ETTERS HANK: That is what I am referring to.

Karen BROADLEY: and also systematic reviews of that. What I am saying is that time will tell. We need to have more than a couple of studies. We need to have a lot of studies and time will tell. Because of what I have read about the situation overseas and because of the amount of studies that have been conducted in relation to the overseas situation, I understand that legalisation and decriminalisation are very different, but still they both give out a similar message about cannabis use being safe, cannabis use not being a problem and cannabis use being okay.

David ETTERS HANK: Okay, let us stop there for a sec, because I think that is a really important assumption. Central to what we are talking about is what is called a health approach.

Karen BROADLEY: Sorry, central to what we are talking about is –

David ETTERS HANK: Well, in terms of damage, right? You keep on referring to ‘damage’ – and we will not go into the thousands of *Reader’s Digest* level analyses you have quoted.

Jan KRONBERG: I have to challenge that comment, Chair.

David ETTERS HANK: Okay.

Jan KRONBERG: That is terribly disparaging. We are talking about world-class authoritative research. That is a terrible, disparaging comment to make.

David ETTERS HANK: I withdraw my comment.

Jan KRONBERG: I am asking it to be withdrawn.

The CHAIR: He has withdrawn his comment.

David ETTERS HANK: It is already withdrawn, Ms Kronberg.

The CHAIR: Just quickly ask your question.

David ETTERS HANK: Well, I was actually kind of looking to do that. But yes, if we look then at a health-promotion approach, which is central to what everyone is arguing is the way to go, rather than a criminal approach – because contrary to what Mr Glare says, last year we actually jailed 400 people for personal possession in Victoria, okay?

Kel GLARE: I am not advocating jailing cannabis users.

Peter RICHARDSON: That cannot happen.

David ETTERS HANK: It actually does.

Peter RICHARDSON: Not for possession.

David ETTERS HANK: We have actually had multiple witnesses today talk about –

Jan KRONBERG: I think that is a fantasy. That is a fantasy.

Peter RICHARDSON: It is a fantasy. Fitzroy Legal Service – read it.

David ETTERS HANK: Sorry, the legal service was here prior to your arrival, and they just talked about exactly that.

Peter RICHARDSON: That is their document.

David ETTERS HANK: I come back to this point of a health-based approach and trying to address it. We know in Victoria that there are around three-quarters of a million people that have used cannabis in the last 12 months, we know that we have a huge criminal enterprise worth well over a billion dollars a year, we know that there are about 2000 tonnes of cannabis that are brought in and – we can keep on looking at it – it costs us \$300 million or \$400 million a year just in justice and policing costs. I am reading through your stuff here, and it is sort of like you are saying, ‘Just say no.’ It is like the Nancy Reagan approach to drug reform. Now, I guess I would just like to know, in the context of moving this debate forward, when you say, for example, Dr Broadley, that because the vast majority of people think it is a good idea, it does not mean it is, and when we have got a situation where the Australian Institute of Health and Welfare over the last 15 years have been surveying the Australian community and we have seen that support for decriminalisation has gone from 72 per cent to 80 per cent –

Karen BROADLEY: What is your evidence for that?

David ETTERS HANK: It is actually the Australian Institute of Health and Welfare national drug survey –

Karen BROADLEY: And who is paying for them and their research?

David ETTERS HANK: The Commonwealth government.

The CHAIR: Mr Ettershank, can you direct the question.

David ETTERS HANK: I was actually trying to before there was an interjection, Chair. I am just sort of wondering: when we get to 80 per cent, is that not enough to maybe conclude that there might be broad public support for this change and that maybe it is called democracy?

Karen BROADLEY: Let me just bring in something that we have not talked about: medical cannabis. About a million people, I think, have accessed medical cannabis over the last few years.

David ETTERS HANK: I think it is a million scripts. It is about 300,000 –

The CHAIR: Let Ms Broadley answer the question.

Karen BROADLEY: Sorry, 1 million scripts. Certainly the interest in medical cannabis is growing – it has grown and it is growing. And certainly there are researchers who would say they are concerned about that, because there are only two that are approved by the TGA – two products, medical cannabis products. The rest, the other 500 or so, are generally what a lot of these people are getting scripts for. There is an idea that, you know, if it is decriminalised, if it is legalised, people can grow their own cannabis, they can grow their own plants. I think there is a real concern about that. I do think there is a concern that if it is decriminalised, more people will grow it, more people will use it, more people will use it for things like anxiety and stress and sleep disorders and a whole lot of things that it is not actually approved for. That would be a concern, and there are a whole lot of health organisations in Australia that have expressed concern about that – concern about the number of people accessing medical cannabis and products that have not been approved by the TGA.

The CHAIR: Thank you.

Kel GLARE: Chair, may I make two quick points?

The CHAIR: If you respond to his questions.

Kel GLARE: I understand the Canberra study did not ask about how many children were using cannabis.

David ETTERS HANK: Well, actually, they did. I will just pick up that question. The study did exactly do that, and what it found was that over the five years there was actually a measurable but not significant decline in the number of young people who were accessing cannabis. But I thank you for your question, sir.

Kel GLARE: It was what percentage?

David ETTERS HANK: Can I suggest, Chair, that we provide a copy of the review to Mr Glare and he can read it in his own time.

The CHAIR: Thank you. We do not have time, but thank you, David. Aiv, a question?

Aiv PUGLIELLI: Thanks, Chair. Thank you, everyone. Look, we are really tight for time for a variety of reasons. I might just start by stating, Chair, I think we need to seek a right of reply from numerous organisations that have been reflected upon today. The police representatives we met in Canberra – I think they deserve a right of reply about their testing and the way in which they conducted that per the data that was referenced earlier. Also, Fitzroy Legal Service, who we heard from earlier today – there seemed to be representations made of them. I think they deserve to respond to those, perhaps in writing to the committee. Otherwise, though, I will send questions through in writing just in the interest of time so that you can give a fulsome response, and I would like to cede the rest of my time to Mr Ettershank, who I do not think was finished with his questioning.

The CHAIR: Thank you. Just to time, we have got another session coming, but thank you very much for coming in.

Jan KRONBERG: Chair, I am just wondering if I can table something for the edification of the committee, please? First and foremost, I would draw your attention to the *Legislative Review of the Cannabis Act: Final Report of the Expert Panel*, dated Friday 26 March 2024. It is the Canadian legislative review. We see the Canadian government about to fall on the basis of legalising drugs.

The CHAIR: If you just read out the title.

Jan KRONBERG: The other thing is the CannTeen study from the *Journal of Psychopharmacology*, cannabis use disorder.

The CHAIR: Are they part of your submission?

Jan KRONBERG: Yes, they –

The CHAIR: They will all be under reference from your submission?

Jan KRONBERG: They support our submission. The other thing is that – Charlie, have you got something here?

The CHAIR: If they are all part of the submission, we have already got them.

Jan KRONBERG: Chair, we are going to table these books. There is a copy for everybody.

Peter RICHARDSON: Would there be any chance I could ask one question of Mr Ettershank?

David ETTERS HANK: I am conscious that Professor McGregor is 5 minutes late already.

Peter RICHARDSON: Just a quick question, Mr Ettershank. On the basis that this is all about health and it is about –

The CHAIR: Mr Richardson, we can take it on notice, if you submit that question to Mr Ettershank, just due to time.

Peter RICHARDSON: Why wouldn't it be all drugs, on the basis of the argument you are putting forward?

David ETTERS HANK: I did not even get the question.

The CHAIR: Thank you. Just take the answer on notice.

Jan KRONBERG: Chair, might I just make the point that we have gifted the committee a copy of this book. They actually retail for \$35.95 each. We sell them on our website, and I want to say that this book is written by our co-founder, Elaine Walters OAM – she got the OAM for this work. This is probably one of the world’s longest longitudinal studies. It represents 40 years of her work pushing back against the dangers of marijuana.

The CHAIR: Okay. Thank you. Thank you for coming in and for your submission.

Jan KRONBERG: I hope you get a lot from that book, everybody. Seriously, no matter which part of the debate we are on, this is an important reference.

The CHAIR: Thank you very much.

Witnesses withdrew.

WITNESS (*via videoconference*)

Professor Iain McGregor, Academic Director, Lambert Initiative for Cannabinoid Therapeutics, University of Sydney.

The CHAIR: Welcome back to the Inquiry into the Drugs, Poisons and Controlled Substances Amendment (Regulation of Personal Adult Use of Cannabis) Bill 2023. Joining us for our last session is Professor Iain McGregor from the Lambert Initiative. Welcome, Professor.

Iain McGREGOR: Thank you very much.

The CHAIR: Just quickly before we continue, I just want to read you this information regarding the evidence you are about to give us. All evidence taken is protected by parliamentary privilege as provided by the *Constitution Act 1975* and further subject to the provisions of the Legislative Council standing orders. Therefore the information you provide during this hearing is protected by law. You are protected against any action for what you say during this hearing, but if you go elsewhere and repeat the same thing, those comments may not be protected by this privilege. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament.

All evidence is being recorded. You will be provided with a proof version of the transcript following the hearing. The transcript will ultimately be made public and posted on the committee website.

For recording purposes, could you please state your full name and the organisation you are with.

Iain McGREGOR: My name is Professor Iain McGregor. I am the Academic Director of the Lambert Initiative for Cannabinoid Therapeutics at the University of Sydney.

The CHAIR: Thank you, Professor. I know you made a submission. I would just like to invite you to make a brief opening statement, if you like, before I open the floor to my colleagues to ask you questions.

Iain McGREGOR: Yes, absolutely. Thank you for the opportunity to give evidence this afternoon. The Lambert Initiative is a philanthropically funded research organisation devoted to the study of medicinal cannabis. We undertake a wide range of studies, everything from a drug discovery pipeline, cellular and animal pharmacology, through to clinical trials and studies that inform drug policy around cannabis. We do a lot of survey work in the community amongst health professionals and users of medicinal cannabis, but also I have a focus on impairment related to driving and workplace activities. Although our primary mission is around medicinal cannabis, inevitably we run into recreational cannabis in that many medical users are what we call dual users, so they are using for both medical and non-medical purposes, so we have an interest in policy development in this area.

There are two things that I would like to highlight in my evidence today. The first is a study that I furnished the committee with just before Christmas, and that was an investigation of cultivators in the Australian Capital Territory subsequent to the decriminalisation of cultivation of small amounts of cannabis in the territory in 2020. We undertook quite a detailed survey of these cultivators and examined their lived experience around cannabis cultivation, their attitudes towards policy change and what you might call some wrinkles in the policy that could be improved upon, and we also conducted an analysis of their cannabis.

The second quality issue that I think we come across quite a lot is the extent to which the current legal access to medicinal cannabis is being used by people for non-medical reasons. We have quite a lot of interest in whether the existing model of medicinal cannabis access could be actually co-opted as a vehicle for providing medically and pharmacist guided access to cannabis that could be used for non-medical purposes. That is something that we give quite a lot of thought to as well. They are probably the two main things that are in scope in terms of what I would be able to discuss with you today, but I am happy to take questions around that.

The CHAIR: Thank you for that. I will keep my questions brief and short as well. Regarding your study on cannabis use, this Bill is basically going to focus on recreational cannabis. If we legalise cannabis in Victoria, do you see the increased use of cannabis in young adults, which means under 18s?

Iain McGREGOR: This is a question that has been examined in many research papers subsequent to legislation in a broad range of jurisdictions throughout the world. I think the bottom line is really that what the evidence is telling us is that there is not really any great concern around increased uptake amongst young people. For example, with the ACT study that we have looked at, there is nothing coming from the medical authorities and there is nothing in the wastewater analysis to suggest that the decriminalisation initiative there had any major effect on cannabis consumption. In fact the ACT I think has the lowest cannabis consumption of any jurisdiction within Australia despite having the most relaxed laws. If you go to the Netherlands, for example, it is another place historically where there has been a lot of relaxation of cannabis laws, and their young people have relatively low rates of cannabis consumption compared to other jurisdictions within Europe. It is the same story in Canada. I am not aware of any signal that there has been a massive expansion of cannabis use in young people subsequent to legalisation in 2018. I think we can probably conclude from all of this evidence that it is unlikely that relaxation of laws within other Australian jurisdictions will have any major impact on consumption.

The CHAIR: Thank you, Michael.

Michael GALEA: Thank you, Chair. Thank you very much for joining us, Professor McGregor. Your research has been very timely for this committee, to say the least.

Iain McGREGOR: Thank you.

Michael GALEA: I noticed it was quite interesting that you found some distinctions between users' perceptions of what sort of levels of THC and CBD were in the cannabis and what you actually found. It is also particularly interesting that you found that there was a mean average of 9 per cent THC content, or very, very close to, and that was lower than what gets picked up by organised crime. Given the fact that, as far as I am aware, this is the first time that anyone under the ACT model has been able to have their cannabis tested and that there are no up and running services where people can go and get their cannabis checked for things like THC levels in the ACT, if we were to adopt that model in Victoria, how important do you think it is that, whether it is private sector or public sector, there is some sort of testing capability for people to actually use and be confident that they are taking what they think they are?

Iain McGREGOR: It is not the first study that we have done where we have looked at the association between what people think is in their cannabis that they are using and what actually is in there. We find that endlessly fascinating and speculate on this. One of the major things is that people assume that their cannabis has a lot of CBD in it for some reason – not universally, but there is that kind of broad perception. For example, we did a study with the parents of children who have epilepsy. These people were dealing with very sick children but were so desperate to get hold of medicinal cannabis products that they would make them themselves or get them illegally. They all assumed that there was a huge amount of CBD in the oils that they were giving their children, and what we found in fact was that there was very little CBD in any of the oils that were being used. I think that helped actually with the increased provision of legally available CBD oils in Australia. That study was done back in 2016–17. It was similar with the ACT study that we have just published, which suggested a real disassociation between what people wished was in their cannabis and what was not.

I think we make the point in the paper that the provision of testing services would probably be quite a good thing in terms of allowing people to focus on cannabis that may be less harmful for health. When you add CBD to your cannabis in addition to THC, arguably you end up with a product that is better for your mental health. CBD has anxiety-reducing properties, and it has a range of other potential benefits. So if you could guide people or confirm for people that their cannabis did not have CBD in it, that would be a valuable thing – and also to know the THC content – although you have to be wary of getting in an arms race. You know, as soon as you start measuring THC, certain sections of the cultivation community will be keen to win the 'cannabis cup' as it were. I think the biggest reading we have had is 35 per cent THC from confiscated cannabis. But a lot of the prescription cannabis that is available in Australia now is between 20 and 30 per cent THC, which we do have some concerns about. The one thing that gives us less concern is that we know that people tend to titrate, so if they are using very high potency cannabis, people tend to use less than if it is weaker cannabis. That titration has been well described in the scientific literature. But you worry perhaps about more vulnerable members of the community using high-potency cannabis in the same way as they would use low-potency – i.e. consuming greater amounts.

Michael GALEA: Thank you very much, Professor. I am out of time, but if I may just ask a very quick question with a quick answer if possible: the results show some high levels of arsenic, lead and cadmium but only in a very small number of samples. I actually only recently discovered that cannabis is quite good at absorbing those minerals from the ground. In those small number of cases where that is present, is it as risky and as concerning as I might assume it to be to see those high levels?

Iain McGREGOR: It is obviously not very good to vaporise cannabis with high levels. There was only really one sample where we had serious concerns. You will find heavy metals throughout Australian gardens, and I make the point that if the person was growing lettuce or tomatoes, they may also have had arsenic in them. But cannabis is an excellent bioaccumulator, and there is a lot of interest in using hemp to remediate old industrial sites where there are heavy metals. But obviously if there was a publicly available testing program, similar to what we have done in the CAN-ACT study, then people could identify these potential problems in their growing site.

Michael GALEA: Thank you very much. Thank you, Chair.

The CHAIR: Rachel.

Rachel PAYNE: Thank you, Chair. Thank you, Professor McGregor, for speaking with us today and your submission. It is very timely that your research has come out so that we can review that with you. What has come up quite a bit throughout this inquiry has been the question around gifting and sharing. I note that in your study it showed that the majority of people who were growing cannabis in the ACT did report that they were sharing with family, with friends and with other cultivators. In your view, how important is it that any reform of cannabis laws in Victoria does not criminalise that element of sharing, much like they do in the ACT? It would be great to hear your experience of doing research in that space.

Iain McGREGOR: I think it is extremely important that this issue is managed. I mean, 10 per cent of the cultivators in our study were what we call altruistic cultivators, so they were not even using the cannabis for themselves. In fact the study was inspired by a gentleman who contacted us who was growing cannabis for his desperately ill wife, who had brain cancer. She was getting extraordinary relief from home-cultivated cannabis, and he was desperate to know what was in it because of its miraculous effects, but he was not a user himself.

So I think if you were to think of ACT-plus, or something that was an enhancement on the current model that we see in the ACT, that would be one of the things that would have to be included. When you have a system where the majority of cultivators are sharing their cannabis and breaking the law in doing something then it tells you that the laws are imperfect and perhaps the German model of cannabis-growing clubs is something that we might want to look at.

I am acutely aware with the ACT study that we did that a lot of the cultivators were privileged, middle-class people who were fully employed and owned their own homes, and obviously for more vulnerable members of the community – people with disabilities, younger people who cannot afford to get on the property ladder – there are less opportunities to be able to cultivate without a home. And in fact we found amongst the past cultivators – people that had given up cultivation – they were often younger people who had greater instability in terms of their housing.

Or some kind of model where you can altruistically grow or you can form a consortium or a club to swap notes on cultivation – that is another thing that came out, that it is actually quite tricky, cultivating cannabis. There is quite a long list of problems that are mentioned in the paper – everything from spider mites to inability to thrive during the harsh Canberra winter. I think it was 80 per cent of cultivators that reported some sort of difficulty that they experienced. That would be another benefit to having social communities around that. You would have to think carefully about where the line falls between that sort of shared social cultivation and more sinister industrial-level supply of cannabis for profit. I mean, a very small number – I think it was only 3 per cent – of cultivators were growing cannabis to sell in our particular cohort, which is quite encouraging.

Rachel PAYNE: Thank you.

The CHAIR: Thank you. Dr Heath.

Renee HEATH: My questions have already been asked. Thank you so much.

The CHAIR: Thank you. David.

David ETTERS HANK: Thank you, Professor McGregor; I always love your work. Can I ask you about wet weight of cannabis? The ACT legislation has got this ‘50 grams dry, 150 wet’. When we spoke to the ACT police about wet weight they said, ‘We don’t even use that anymore. It’s just too difficult. We just count the number of plants.’ Could you perhaps share with the committee your sense of how practical it is to define wet weight, and does that sort of 50–150 ratio work?

Iain McGREGOR: I think with all the greatest due respect to the people that drafted the legislation in the ACT, the wet weight and dry weight numbers in relation to numbers of cannabis plants were wildly inaccurate, and even back then in 2020 they probably could have consulted the literature and found more accurate data. The primary problem is more to do with the dry weight – that a healthy cannabis plant will produce 120 grams of dry and if you have two of these plants legally available, you end up with 240 grams, which is fivefold the 50-gram limit that they impose. So I very much hope that you will bring in your own legislation in Victoria. I would suggest that relaxing the dry weight would probably be the most practical solution. If it were two cannabis plants, then you might want to contemplate a 250-gram dry limit.

Interestingly, the cultivators we spoke to were for the most part quite happy with the four-plant limit. I think the majority of them were quite happy with that. There was no great desire to have 100 plants or 500 plants or industrial installations, but there was a great deal of anxiety around these limits and the possibility that the two plants they were growing were going to land them in difficulty with the law because of the dry weight produced. I think the wet weight 150 to dry weight 50 is not a good equation. I think when we looked at the estimates from the cultivators, 150 wet was turning into 120 of dry, so that was not very useful at all. These things have to be looked at under the microscope, and there are data available now to allow you to do it.

David ETTERS HANK: In the draft Bill that the committee is looking at, there are plant numbers and there is 50 grams for what you can be taking out in public, and there is not an attempt to define it.

Iain McGREGOR: Yes.

David ETTERS HANK: Is it actually a fool’s errand to try and define a sort of wet-weight, dry-weight ratio if you do not need to?

Iain McGREGOR: I think you are spot on there. We should be focusing on dry weight because that is what people use, and we should be focusing on number of plants as well. I think the idea maybe of limiting the amount that you can take out in public is not a bad one either as long as there is a proviso that you can have a greater store at home.

I am also mindful that the climate is not terrific down your part of the world – perhaps not as bad as Canberra – but you might want to take that into account as well. One issue obviously was that 11 per cent were growing hydroponically, and that was breaking the law as well. That is something else you may wish to consider. Not all cultivators were aware that hydroponic growth was against the legislation in the ACT. Hydroponics is obviously more favourable if you are in a harsher climate, so it is maybe something else that the committee may wish to consider.

David ETTERS HANK: Can I get a clarification on that?

The CHAIR: I will go to Aiv first.

Aiv PUGLIELLI: I honestly do not mind if we get that clarified before it comes to me. Is that okay?

The CHAIR: Yes. David?

David ETTERS HANK: Just to clarify that point, I think from a growing point of view it is very similar in Melbourne to Canberra. If we are aiming to reduce dependence on illicit by allowing homegrown, as I understand it, the climatic reality is that if you cannot grow in a greenhouse or indoors hydroponically, it is virtually impossible to have that dependency. You are only going to get one crop in the backyard, and then it is highly unlikely that you will have enough to get you through the year, if I can put it that way. Does that seem a reasonable proposition?

Iain McGREGOR: Yes, that is right. The majority of the cultivators in our study – I know there is a lot of information in the paper, but you will find somewhere the notion that the cultivators were for the most part accessing other cannabis in addition to their cultivated cannabis that was either medicinal cannabis on prescription or illicit sources. They were consuming on average 1 gram a day. If you think of 365 grams per year and two plants outdoors yielding 240 grams of cannabis, 120 grams for each plant, then you end up with a deficit of 125 grams on average amongst these cultivators, and that starts to explain why they were moving to other sources to make up that shortfall to enable their 1 gram per day.

David ETTERS HANK: Thank you. Thank you, Chair.

The CHAIR: Thank you. Aiv.

Aiv PUGLIELLI: Thank you, Chair. Good afternoon, Professor. Just looking through what I understand from the work you have been doing, 311 ACT residents were surveyed post-decriminalisation in the ACT who currently or previously cultivated. I understand you found that 48 per cent said that avoidance of illegal suppliers was a primary motivation for cultivation. Therefore, looking here in Victoria with this Bill and us considering decriminalising, could we expect then here a proportion of the community, if this Bill passes, will grow their own in avoidance of engaging with that illicit market?

Iain McGREGOR: Absolutely.

Aiv PUGLIELLI: ‘Piercing the balloon’, potentially, I think is what it was referred to as today.

Iain McGREGOR: I think, yes, that was a strong motivation for people to cultivate their own cannabis, that they did not want to engage with criminal networks. Obviously supply of the self and others for medicinal and non-medicinal purposes was another motivation. The one that surprised us the most was just the sheer enjoyment that people gained from growing cannabis. I did not see that one coming, but that was listed as a motivation by a large number of cultivators. Also, when we spoke to some of them it kept coming up that it is actually a really enjoyable process and very satisfying to grow something like that that becomes a medicine. So that is another thing to consider in your deliberations.

Aiv PUGLIELLI: Thanks, Professor. Just on cultivation further, from a public health and harm reduction perspective, this study as I understand it suggests that education on cultivation best practices and quality control measures could mitigate health risks associated with, say, contamination from cultivation. Could you just explain a bit further what is meant by that and what that would look like in the Victorian context?

Iain McGREGOR: Well, I guess if you had testing available similar to what we have done ourselves – and just to clarify, we contracted out the pesticide and heavy-metal testing to ChemCentre Perth, who are a world-class facility for that kind of analysis; we analysed the THC and CBD content ourselves. But obviously, if people were allowed, say, a yearly test, partly subsidised by the government, then they would be able to find out if there are any potential nasties within their homegrown cannabis. I would point out that that is vastly superior to what happens when you are accessing illicit networks. We know that some of the criminal gangs involved in cultivation use high levels of pesticides and have no concern whatsoever around circulating product widely that has been grown in less than optimum growing conditions. So it is a great advantage in a way to have that information available to cultivators and to get them out of these illegal networks.

Aiv PUGLIELLI: Fantastic. Thanks, Professor.

The CHAIR: Thank you. Thank you, Professor. That concludes our time. Thank you so much for your time and for giving your contribution today.

Iain McGREGOR: It is a great pleasure. Thank you for the opportunity.

The CHAIR: We have come to the end of our session. Before that I just want to say thank you to the staff, the broadcasting team, the staff who assisted today and the committee members for a very delightful day.

Committee adjourned.

Chapter 4

Findings and Recommendations

This Chapter presents the Committee's Findings and Recommendations regarding the Drugs, Poisons and Controlled Substances Amendment (Regulation of Personal Adult Use of Cannabis) Bill 2023. Drawing on evidence from expert witnesses, public submissions, and comparative policy analysis, the Committee has examined the potential social, legal, and health implications of the proposed legislative changes.

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FINDING 1: Cannabis use should be treated as a public health issue, with law reform guided by the principles of harm minimisation. Victorian laws that prohibit the cultivation and possession of cannabis for personal use have not reduced demand or associated criminal activity. Cannabis arrests in Victoria are overwhelmingly for small possession offences and lead to increased and potentially avoidable contact with the criminal justice system and occupy police and taxpayer resources that could be better targeted at more serious criminal activity. A different approach—such as proposed by the Bill—could reduce stigma and the consequences of small possession offenders being caught up in the criminal justice system.

FINDING 2: Stakeholders who supported the Bill believed that decriminalising personal cannabis use prioritises public health over punishment, focusing on harm reduction rather than criminal penalties. They highlighted that criminalisation disproportionately impacts marginalised communities, including First Nations people, those from lower socioeconomic backgrounds, and young people.

FINDING 3: Stakeholders who opposed the Bill believed that decriminalisation could lead to increased cannabis use in Victoria, resulting in greater health risks and social harms. They highlighted concerns about links between cannabis use and mental health issues, as well as the potential strain on the healthcare system.

FINDING 4: All stakeholders agreed on the need to prevent children from accessing cannabis due to the risks of negative health and social outcomes. They raised concerns about potential impacts on cognitive development, mental health, and academic performance. Some stakeholders also emphasised the importance of strict storage regulations to prevent accidental consumption by minors.

FINDING 5: Data from ACT Health's review of the first three years of the operation of the *Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019* suggests that decriminalisation has not led to a significant increase in cannabis-related harms in the Australian Capital Territory. Specifically:

- Cannabis use rates have remained stable.
- Criminal charges have significantly declined, reducing justice system interactions for cannabis users.
- There has been no notable rise in trafficking or illicit cultivation.
- The healthcare system has not experienced increased pressure, with no rise in hospital admissions for cannabis-related issues.

FINDING 6: The proposed Drugs, Poisons and Controlled Substances Amendment (Regulation of Personal Adult Use of Cannabis) Bill 2023 is largely consistent with the ACT legislation and there have been many positive outcomes from the ACT approach. The Bill addresses a number of identified minor shortfalls in the ACT legislation such as:

- enabling the possession of seeds
- removing the concept of a wet weight of cannabis, which has been impractical
- prohibition on growing in an enclosed space (such as a greenhouse or indoors).

RECOMMENDATION 1: That the Victorian Government:

- draw on the experience of the ACT, in successfully decriminalising the cultivation and possession of small quantities of cannabis for personal use with its associated health, social and legal benefits, and
- consider adopting an approach in line with that proposed by the Bill, along with any amendments recommended in this Report.

Any cannabis law reform legislation should be progressed as a Government Bill, rather than a Private Member's Bill, to ensure all issues are fully considered by the normal government processes.

RECOMMENDATION 2: That the Bill be amended to include a five-year statutory review clause, recognising the need for reforms to be accompanied by an appropriate monitoring and evaluation process.

FINDING 7: A criminal record for a minor cannabis use or possession offence can create barriers to housing, education, and employment for individuals. These barriers are counterproductive to rehabilitation and reintegration, increasing the likelihood of reoffending. The Committee heard evidence that the expungement of convictions for possession or cultivation of small amounts of cannabis commensurate with this Bill should be considered as part of any law reform.

RECOMMENDATION 3: That alongside any changes to legislation regarding personal possession and cultivation of cannabis, the Victorian Government consider a scheme to expunge commensurate prior convictions.

RECOMMENDATION 4: That the Bill be amended to include an offence to prohibit the storage of harvested cannabis within reach of children, based on the ACT's legislation.

RECOMMENDATION 5: That the Bill be amended to prevent any cultivation of cannabis using hydroponic techniques or equipment. Permissible cultivation should be in soil, whether in the ground, in pots, or other enclosed spaces such as greenhouses.

FINDING 8: Drug testing services help reduce harms associated with drug use. Personal cultivators of cannabis should have access to a drug checking service that enables them to understand potency, composition and possible contaminants in their plant matter. Cannabis sourced from illicit markets is often of high potency, can be contaminated with dangerous chemicals, pesticides and other substances, and is vulnerable to adulteration with other dangerous substances. However, the availability of plant matter testing in Victoria remains low. The ability to test cannabis could help keep Victorians who use cannabis safer.

RECOMMENDATION 6: That the Victorian Government investigate opportunities to improve access to plant matter testing, including through integration into its fixed site drug testing service.

FINDING 9: If the Bill is passed, for persons under the age of 18, drug diversion programs would still be a relevant pathway. The Committee heard evidence that eligibility for existing drug diversion programs can be too narrow, especially for marginalised and vulnerable youth.

RECOMMENDATION 7: If the Bill is passed, that the Victorian Government review the eligibility requirements of existing drug diversion programs for persons under the age of 18 to ensure that they are fit for purpose, especially for marginalised and vulnerable youth in need of treatment, including the need for requirements such as:

- police consent
- a limitation on the number of diversions a person can receive.

FINDING 10: The experience in the ACT showed that, if passed, the Bill would interact with other legislation and regulation including, but not limited to, sentencing, spent convictions and workplace drug testing laws, and that these would need to be considered by the Victorian Government.

**Adopted by the Legislative Council Legal and Social Issues Committee
Parliament of Victoria, East Melbourne
11 March 2025**

Appendix A

About the Inquiry

A.1 Submissions

1	Mr Kenneth McLeod	31	Mr Joshua Hollard
2	Ms Lisa Peterson	32	Professor Kate Seear
3	Dalgarno Institute	33	Mr Darcie Hayden
4	Mr Paul Murray	34	Mr John Morrissey
5	Vacro	35	Mr Patrick Keyzer
6	Libertarian Party Victoria	36	Richard Keane
7	Name withheld	37	National Drug Research Institute (NDRI)
8	Name withheld	38	360Edge
9	Mr Matthew Quin	39	Federation of Community Legal Centres Vic
10	Name withheld	40	Health and Community Services Union (HACSU)
11	Mr Angus Morris	41	Victorian Alcohol and Drug Association (VAADA)
12	Mr Andrew Watson	42	The Australian Christian Lobby (ACL)
13	Name withheld	43	WINDANA
14	Mr Pierce Fletcher	44	First Step
15	Name withheld	45	Penington Institute
16	Name withheld	46	Australian Lawyers Alliance (ALA)
17	Dr Hannah Smith	47	Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)
18	Mr Alex Andreadis	48	Drug Free Australia
19	Mr Leigh Falsson	49	Alcohol and Drug Foundation
20	Mr Nathan Johnston	50	South-East Monash Legal Service
21	Mr David Surma	51	Youthlaw
22	Mr Sean Johnston	52	Australian Medical Association
23	Mr Richard Blackburn	53	Drug Advisory Council of Australia
24	Name withheld	54	Liberty Victoria
25	Burnet Institute	55	Victorian Aboriginal Legal Service
26	Name withheld	56	Fitzroy Legal Service
27	Yarra Drug and Health Forum	57	Australian Nursing and Midwifery Federation (Victorian Branch) (ANMFVic)
28	Name withheld	58	Uniting Victoria and Tasmania
29	Mr Floyd Taylor		
30	Mr Jayden Foord		

A.2 Study trip

11 February 2025

Australian Capital Territory

Principal Consultant	Position and Organisation
Hon. Michael Pettersson MLA	Member for Yerrabi, ACT Legislative Assembly
Hon. Rachel Stephen-Smith MLA	Minister for Health and Member for Kurrajong, ACT Legislative Assembly
Deputy Commissioner Scott Lee	Chief Police Officer, ACT Policing
Dr David Caldicott	

A.4 Public hearings

14 February 2025

Davui Room, East Melbourne, VIC

Witness	Position and Organisation
Robert Taylor	Manager, Policy and Engagement, Alcohol and Drug Foundation
Professor Paul Dietze	Co-Program Director, Disease Elimination; Head of Alcohol and other Drug Research; Professor, National Drug Research Institute, Burnet Institute
Dr Michael Curtis	Postdoctoral Fellow, Burnet Institute and National Drug Research Institute.
Dr James Petty	Senior Policy and Research Officer, Victorian Alcohol and Drug Association (VAADA)
Dave Taylor	Advocacy Manager, Victorian Alcohol and Drug Association (VAADA)
Jasmine Yuen	Director, Victoria, The Australian Christian Lobby (ACL)
Lee Carnie	Director, Policy and Advocacy, Federation of Community Legal Centres Vic
Sam Coleman	Senior Crime Lawyer, Youthlaw, Federation of Community Legal Centres Vic
Greg Barns SC	Australian Lawyers Alliance (ALA)
Ali Besiroglu	Director of Legal Services, Victorian Aboriginal Legal Service
Amity Mara	Manager Policy, Advocacy and Projects, Fitzroy Legal Service
Adam Willson	Managing Lawyer, Criminal Law and Drug Outreach, Fitzroy Legal Service
Dr Patrick Keyzer	Reparation Legal
Richard Keane	Chief Executive Officer, Living Positive Victoria
Jan Kronberg	National President, Drug Advisory Council of Australia
Dr Karen Broadley	Member DACA Executive, Drug Advisory Council of Australia
Charlie Ryan	Youth Ambassador, Drug Advisory Council of Australia

Witness	Position and Organisation
Kel Glare AO APM	Former Chief Commissioner of Victoria Police, Drug Advisory Council of Australia
Peter Richardson	Director and DACA Board Member, Drug Advisory Council of Australia
Professor Iain McGregor	Lambert Initiative

Extracts of proceedings

Legislative Council Standing Order 23.20(5) requires the Committee to include in its report all divisions on questions relating to the adoption of the draft report. All Members have a deliberative vote. In the event of an equality of votes, the Chair also has a casting vote.

The Committee divided on the following questions during consideration of this report. Questions agreed to without division are not recorded in these extracts.

Committee meeting – 11 March 2025

Chapter 4: Findings and Recommendations

Rachel Payne moved that in Chapter 4, insert the following new Recommendation:

That the criminalisation of low-level cannabis offences in Victoria should end and the Drugs, Poisons and Controlled Substances Amendment (Regulation of Personal Adult Use of Cannabis) Bill 2023 be passed with the amendments recommended in this Report.

The question was put.

The Committee divided.

Ayes 2	Noes 6
Rachel Payne	Trung Luu
Aiv Puglielli	Ryan Batchelor
	Michael Galea
	Joe McCracken
	Lee Tarlamis
	Richard Welch (Substitute for Renee Heath)

Question negatived.

Rachel Payne moved that in Chapter 4, insert the following new Recommendation:

That the Victorian Government:

- draw on the experience of the ACT, in successfully decriminalising the cultivation and possession of small quantities of cannabis for personal use with its associated health, social and legal benefits and
- consider adopting an approach in line with that proposed by the Bill, along with any amendments recommended in this Report.

Any cannabis law reform legislation should be progressed as a Government Bill, rather than a Private Member's Bill, to ensure all issues are fully considered by the normal government processes.

The question was put.

The Committee divided.

Ayes 5	Noes 3
Ryan Batchelor	Trung Luu
Michael Galea	Joe McCracken
Rachel Payne	Richard Welch (Substitute for Renee Heath)
Aiv Puglielli	
Lee Tarlamis	

Question agreed to.

Rachel Payne moved that in Chapter 4, insert the following new Recommendation:

That the Victorian Government establish an independent Expert Advisory Panel to investigate further regulation of cannabis, including a commercial market for cannabis in Victoria. This panel should include representatives from a range of sectors including health, legal, commercial, education, and First Nations people.

The question was put.

The Committee divided.

Ayes 2	Noes 6
Rachel Payne	Trung Luu
Aiv Puglielli	Ryan Batchelor
	Michael Galea
	Joe McCracken
	Lee Tarlamis
	Richard Welch (Substitute for Renee Heath)

Question negated.

Minority reports

Minority report

Inquiry into the Drugs, Poisons and Controlled Substances
Amendment (Regulation of Personal Adult Use of Cannabis) Bill 2023
Minority Report

March 2025

Executive Summary and Introduction

The Inquiry into the Drugs, Poisons and Controlled Substances Amendment Bill 2023, received considerations of the impacts of decriminalisation of personal use of cannabis in the Australian Capital Territory (ACT), as the jurisdiction most closely aligned with the framework proposed in Victoria, and the committee received submissions from a wide range of stakeholders with varying views on the reforms passed in the ACT. Some are more critical of these proposed reforms than others.

Whilst some aspects of the reforms in the Territory were positive, the decision to compare the proposed Victorian model with the reforms in the ACT was generally flawed, given the shortness of time to analyse the data from the territory, and the impacts decriminalising cannabis has had on jurisdictions beyond Australia with more comprehensive data and a more diverse bearing in various areas.

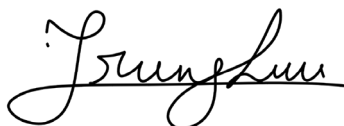
It is our view that more time should be taken to analyse data, and the health and economic consequences decriminalising cannabis has had, particularly on adolescents and young adults – whereby cannabis has been legalised for a considerable period. This would paint a more holistic picture of the ramifications of this model and what these amendments would do if implemented here in Victoria.

Additional data will help inform the Committee of the long-term consequences of such changes.

We would recommend taking the time to further examine the data from countries in the United States and Canada, including in states like Colorado.

This minority report is supported by the Liberal Members of Parliament, represented on the Committee, including Mr. Trung Luu (Chair – Western Metropolitan Region), Dr. Renee Heath (Eastern Victoria Region) and Mr. Joe McCracken (Western Victoria Region). These members have carefully considered the evidence provided throughout the inquiry and have determined that considering this evidence, the status quo should be upheld and that no legislative reforms should be introduced to legalise cannabis in Victoria.

We thank all those who provided the Committee with their considered submissions and for taking part in this important inquiry.



Mr. Trung Luu
Chair – Western Metro Region



Mr. Joe McCracken
Western Victoria Region

Comparison of Victoria's Proposed Legislation with the ACT model

The authors of this minority report believe that comparing the ACT model to the proposal under consideration in Victoria is flawed. This is primarily due to the limited time that has passed since cannabis was decriminalised in the ACT, as well as the differences in population between the Territory and Victoria. These factors may hinder the government and the community's ability to fully understand and interpret the data.

Under s 205A of the *Drugs of Dependence Act 1989 (ACT)*, the Minister for Health, the Hon. Rachel Stephen-Smith MLA, was required to conduct a review of the legislative changes made by the *Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019 (ACT)*, following its third year of operation.

The review report was published in August 2024 – following its three years of implementation (2020), of which possession and cultivation of small quantities of cannabis for personal use in the ACT was decriminalised.

This is too short a timeframe to receive and interpret meaningful data and the impacts on the community and services.

As the only jurisdiction in this country where cannabis is decriminalised in Australia, it is our view a more appropriate length of time for such data to be more informative would exceed five years.

The ACT model and its efficacy should be considered in isolation given the vastly different circumstances impacting the jurisdiction's respective health and justice systems.

Victoria's health and justice systems are currently experiencing significant pressures, and the impacts of decriminalisation of cannabis on these systems could further exacerbate them to the detriment of community standards and expectations.

Increase in overall substance use

It is important to stress that whilst personal cannabis use rates have remained relatively stable in the ACT, in the data presented in the report, similar findings from other countries, with more advanced and accessible data show an increase that would warrant further consideration – before legislation changing here in Victoria.

Furthermore, there is consensus from those signatories to this report, that altering the status of cannabis from being an act of consuming an illegal substance to that of ‘decriminalisation’, will no doubt amend the way the public equates the substances’ safety and the health impacts that stem from regular use. Any changes to the legality of consuming cannabis would increase the usage over time, in the community – possibly to rates whereby other, unintended consequences eventuate.

It is important to carefully consider this point more thoroughly.

More time to understand the health impacts – particularly on young and vulnerable Victorians

It is clear from the inconsistent information presented to the Committee on the health impacts associated with regular cannabis use, that retaining the status quo in Victoria, in this instance is justified.

For instance, the submission by the Drug Advisory Council of Australia (DACA) highlights recent reviews into decriminalising personal use of cannabis, which shows negative health impacts that can range from acute cardiovascular conditions, gastrointestinal disorders and the development of lung and other lifelong cancers. These acute health concerns are already on the rise and prevalent within the Victorian community – reforms could further exacerbate these conditions.

There is also significant research undertaken in many jurisdictions and over many decades that links the use of personal cannabis to a range of psychiatric disorders.

We should also look further into the impacts of personal cannabis use on pregnant women and their unborn infants. We believe there is significant research still to be undertaken in this space and the long-term consequences.

There is also research suggesting some of the community’s most vulnerable people will be overrepresented in the data if the reforms are implemented – including our indigenous Australians.

Indigenous Australians already suffer disproportionately from a range of health issues including, but not limited to, mental and substance abuse, cardiovascular disease and musculoskeletal conditions. There is already a well-documented discrepancy between the life expectancy of indigenous and non-indigenous Australians.

Moves to decriminalise personal cannabis use could place even further strain on the myriads of health issues our Indigenous Australians face and for that reason, this Minority report questions further reform.

THC concentration and related impacts

It is noted from submissions to the Committee that the rise in high concentration and high potency tetrahydrocannabinol (THC) products is causing significant interest in the public discourse related to this policy area.

Research shows risks associated with the rise in THC concentration increase as the dosage increases.

This minority report agrees with the submission by DACA that further research in this space is required, particularly concerning the relationship between high dosages of THC products and the outcomes associated with this increased usage for example. An increase in preventable disorders.

Comparison of other jurisdictions which have legalised/decriminalised cannabis

This minority report believes it to be essential that other jurisdictions, other than just the ACT be reviewed in a holistic sense, to understand the consequences, or lack thereof of decriminalising personal use of cannabis.

One such jurisdiction that has been looked at by the Committee and signatories of this Minority report is Colorado, in the United States.

Data from Colorado is far more advanced and readily accessible and for the purposes of this review, should be strongly considered.

Colorado, which legalised personal use of cannabis some 13 years ago, has found that the number of people using the substance continues to grow.

The submission by DACA highlighted just three of the unintended consequences that have stemmed from the legalisation of personal cannabis use – these being unintentional overdoses, electronic vaping-associated lung injuries, and an increase in motor vehicle accidents, under the influence of cannabis.

Furthermore, hospitalisations for pregnant women have also become a more regular occurrence.

Summary

In summary, the signatories to this minority report strongly refute the suggested finding 5, in 'Chapter 4 – Findings and Recommendations', and do so on several grounds.

Firstly, we stress that the data presented from the ACT Health's review is flawed, specifically with there being no increased pressure on hospital admissions for cannabis-related issues.

We respectfully request that this data be revisited and if possible, the methodology of the collection of the data also be reviewed, given patients may be admitted were at the time of their admission, also suffering from other acute conditions linked to their personal cannabis use, but not directly because they were under the influence of cannabis.

We also respectfully question how there would be no significant increase in the personal use of cannabis across the ACT in the ensuing period since it was decriminalised, given the stigma associated with using cannabis would be removed once criminalisation was lifted.

Likely, this data is not an accurate reflection of personal usage, many Territorians would have failed to declare their usage, prior to its decriminalisation.

Following the receipt of fifty-eight (58) submissions from varying groups and organisations and considering the evidence provided to the committee inquiry, it is prudent to retain the status quo – making no alterations to the existing legislation criminalising the personal use of cannabis until more data is readily available.

This will occur with the fullness of time and with evidence from more jurisdictions to compare.



**RACHEL
PAYNE**

Member for South-Eastern Metropolitan Region

LEGALISE CANNABIS VICTORIA

**DAVID
ETTERS HANK**

Member for Western Metropolitan Region

LCV Minority Report

Legalise Cannabis Victoria (LCV) welcomes the opportunity to add a minority report to the Legal and Social Issues Committee's Inquiry into the Drugs Poisons and Controlled Substances Amendment (Regulation of Personal Adult Use of Cannabis) Bill 2023 (the Bill) and the considerations of the Australian Capital Territory's (ACT) model of decriminalisation of cannabis and the impacts of this reform.

The inquiry received 58 submissions, highlighting a range of key themes including justice, health, education, social and economic. Of the 58 submissions, an overwhelming majority 82% supported the Bill in its entirety, 19% supported the Bill with suggested amendments and 23% supported the Bill and legalisation of cannabis more broadly.

It is noted that only 14% of the submissions received opposed the Bill.

LCV is largely supportive of the findings and recommendations that came out of this process, however there are a few points that are contentious and worth highlighting.

Recommendation 1:

LCV put forward the following recommendation 1:

"That the criminalisation of low-level cannabis offences in Victoria should end and the Drugs, Poisons and Controlled Substances Amendment (Regulation of Personal Adult Use of Cannabis) Bill 2023 be passed with the amendments recommended in this Report".

This resolution was not passed as only Aiv Puglielli (Victorian Greens) and Rachel Payne (LCV) voted in support of this recommendation.

The overwhelming majority of experts and key stakeholders highlighted that the Bill was ‘modest reform’, recognising the ongoing harms created by the continued criminalisation of cannabis consumers.

It is a longstanding policy of the Victorian Labor Government not to support private members’ bills (PMBs), therefore any reform must be led by the government of the day. No other Australian jurisdiction has this policy in relation to PMBs. In the past, the Victorian Government has supported some PMBs ‘in principle’, whereby they re-introduce legislation in their own name.

In this instance, recommendation 1 was amended to include this process and consideration of the ACT experience. That is:

That the Victorian Government:

- *Draw on the experience of the ACT, in successfully decriminalising the cultivation and possession of small quantities of cannabis for personal use with its association health, social and legal benefits, and*
- *Consider adopting an approach in line with that proposed by the Bill, along with any amendments recommended in this report.*

Any cannabis law reform legislation should be progressed as a Government Bill, rather than a Private Member’s Bill, to ensure all issues are fully considered by the normal government processes.

This resolution was supported by the majority of committee members, including LCV. There was broad support for recommendations 2-7.

LCV is committed to working with the Victorian Government on progressing the Bill in line with this recommendation.

Expert Advisory Panel (EAP):

LCV put forward a recommendation to the committee for the establishment of an EAP, that is:

“An independent Expert Advisory Panel be established to investigate further regulation of cannabis, including a commercial market for cannabis in Victoria. This panel should include representatives from a range of sectors including health, legal, commercial, education, and First Nations people”.

This resolution was not passed as only Aiv Puglielli (Victorian Greens) and Rachel Payne (LCV) voted in support of this recommendation.

The committee heard from several witnesses during the public hearing who highlighted the need for investigation into a legalised model for cannabis legislation. It was proposed that this would include input from experts from a range of sectors and people with lived experience.

It was noted during the public hearing that the Bill being reviewed was a ‘modest’ first step towards reforming cannabis laws, but there needed to be further investigation into the impacts and benefits of a full legalisation model. There was also some confusion from some of the witnesses around the Bill, including a misconception that this Bill was to legalise cannabis. The aim of the Bill is to allow personal use of cannabis (cultivation and possession of small amounts) rather than a full commercial model.

Some committee members felt this proposed recommendation was out of scope of the terms of reference of the inquiry, however as a request for further consultation on a legalised cannabis market was proposed by several stakeholders, LCV considered this an important resolution to bring to the committee.

Stakeholder Engagement

The committee was required to consider the impacts of the ACT's decriminalisation of the personal use of cannabis, which included meeting with Hon. Michael Pettersson MLA, Hon. Rachel Stephen-Smith, Minister for Health, Australian Federal Police and Dr David Caldicott.

Legalise Cannabis Victoria is incredibly grateful for the opportunity to hear from these stakeholders and thanks them for their engagement, frank conversations and valuable insight.

LCV would also like to thank all the stakeholders who made a submission and presented at the public hearing. Your expertise and experiences have been invaluable to the inquiry process.



Rachel Payne MP



David Ettershank MP