

TRANSCRIPT

LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into the use of cannabis in Victoria

Melbourne—Wednesday, 21 April 2021

(via videoconference)

MEMBERS

Ms Fiona Patten—Chair

Dr Tien Kieu—Deputy Chair

Ms Jane Garrett

Ms Wendy Lovell

Ms Tania Maxwell

Mr Craig Ondarchie

Ms Kaushaliya Vaghela

PARTICIPATING MEMBERS

Dr Matthew Bach

Ms Melina Bath

Mr Rodney Barton

Ms Georgie Crozier

Dr Catherine Cumming

Mr Enver Erdogan

Mr Stuart Grimley

Mr David Limbrick

Mr Edward O'Donohue

Mr Tim Quilty

Dr Samantha Ratnam

Ms Harriet Shing

Mr Lee Tarlamis

Ms Sheena Watt

WITNESSES

Professor Dan Lubman, AO, Executive Clinical Director, Turning Point; and

Dr Christine Grove, Senior Lecturer, Educational Psychology and Inclusive Education, Monash University.

The CHAIR: Good morning, everyone. I declare open the Standing Committee on Legal and Social Issues public hearing for the Inquiry into the Use of Cannabis in Victoria. I am sure it goes without saying that could everybody please make sure that their phones are on silent.

I would like to begin by respectfully acknowledging the Aboriginal peoples, the traditional custodians of the many lands that we are meeting on today and pay my respects to their ancestors, elders and family. I particularly welcome any elders or community members who are here today and will be imparting their knowledge or who are watching the broadcast of the proceedings today. I would like to welcome any members of the public who are watching us today. I think we are in for a really insightful day of witnesses for this hearing.

I would like to acknowledge and introduce my colleagues. My name is Fiona Patten; I am the Chair. We have Dr Tien Kieu, the Deputy Chair; Ms Kaushaliya Vaghela; Mr David Limbrick; Ms Georgie Crozier; and Mr Tim Quilty. They are all members of this committee.

To you, Dan and Christine, all evidence taken at this hearing is protected by parliamentary privilege and that is provided under the *Constitution Act* and also the provisions of the Legislative Council standing orders. Therefore the information you provide during the hearing is protected by law. However, any comments that you may repeat outside the hearing may not have the same protection. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament.

As you can see, all evidence is being recorded today. You will be provided with a proof version of the transcript, and I would encourage you to have a look at that and make sure that we have not misrepresented you or misunderstood something that you have said. Ultimately this transcript will make its way onto our website and form part of our final report.

I really appreciate Dr Christine Grove and Professor Dan Lubman from Turning Point joining us this morning. Thank you very much for your submission as well; the committee has copies of that. I welcome you to make some opening remarks and then we will move into a committee discussion and questions. Thank you.

Prof. LUBMAN: Thank you so much. I would just like to start by thanking the committee for allowing us to present today. It is a real privilege. I would also like to start by paying our respects to the traditional custodians of the land on which we stand and pay our respects to and acknowledge leaders both past, present and emerging. I would also like to introduce my esteemed colleague at Monash University, Dr Christine Grove, who is an expert in the mental health and wellbeing of children and adolescents.

In terms of an opening statement, I would like to start by saying that the past decade has seen an unprecedented shift in cannabis policy worldwide. Canada and Uruguay became the first two countries to legalise the sale and use of cannabis for recreational purposes at a national level. In the US cannabis is legal for medicinal use in 33 states, while 11 have expanded their policies to legalise use for recreational purposes. It is early days, but so far such changes in public policy do not seem to have led to an increase in cannabis use or increase in harms; however, further monitoring is obviously needed. It is also important to note that the move towards more liberal policies globally is mirrored by a shift in Australian public thinking towards viewing drug use as a health and human rights issue, with 78 per cent of Australians in the last national drug household survey believing cannabis possession should not be a criminal offence and an increase in public support for cannabis legalisation, with 41 per cent of Australians supporting that. Importantly, studies have consistently shown that decriminalisation does not increase drug use among existing or new drug users and it reduces demand on and the cost of the criminal justice system. So given these changes globally, it is critical that we continue to reflect on our current policy approaches to cannabis, and we welcome the opportunity to address the inquiry.

As documented in our submission, we highlight the critical importance of how we educate our children about drugs, especially given the changes in public opinion on cannabis and the global change in cannabis policy, with clear evidence that we must adopt a strength-based and socially inclusive approach to ensure young people

develop critical health literacy and build their help-seeking skills. We also note the importance of ensuring any public health campaign avoids fear-based strategies and does not reinforce stigma and discrimination as this can further delay help-seeking support. We also recommend that the assessment and treatment of cannabis and other drug use disorders need to be embedded as core competencies in undergraduate and postgraduate training at all levels of health practitioner training, with opportunities for hands-on training placements within addiction settings. As highlighted in our submission and in keeping with the recommendations of the royal commission into mental health, this will require significant investment in clinical, academic and specialist addiction roles, which have been neglected since deinstitutionalisation.

Finally, it is important to recognise the most significant harms from cannabis come from the risk of contact with the criminal justice system. More than 70 000 people are arrested for cannabis offences each year. More than 90 per cent of these are for possession. Current cannabis policy undeniably causes harm, but particularly for adolescent and young adults, who can experience long-lasting and disproportionate harms from the criminal justice system, particularly if they acquire a criminal record due to a minor cannabis offence. Given the significant harms associated with the current drug policy, there is increasing recognition globally that a new approach is needed. We are happy to talk to our submission and welcome any questions that the committee has.

The CHAIR: Thank you very much, Dan. Christine, would you like to make any opening remarks?

Dr GROVE: No, that is fine. Thanks very much. Open to the committee now.

The CHAIR: Thank you. We will open it up for questions—we have got until 10.40. Tien, would you like to open up the questions?

Dr KIEU: Thank you, Chair. Thank you, Professor Lubman and Dr Grove, for your appearance today here and your submission. I have a quick question. You mentioned about legalisation. In my mind there may be two different things: one is decriminalisation and the other one legalisation. There may be a small distinction where the supplier of drugs like cannabis or some other harmful substance are still being not legal and the other one is the possession of small quantities. So could you confirm which position you think would be best suited for this inquiry recommendation? And the second thing is, you talk about some of the harmful effects. I just want to drill directly into the driving behaviour of people under the effect of cannabis use. At the moment we have, as you mentioned, 70 000 people being arrested every year and 90 per cent of them are in the category of possessing a very small personal use amount, but what are the effects particularly on the public roads? Thank you.

Prof. LUBMAN: Look, thanks so much for your question. It is a really great question. I think the decision around decriminalisation or legalisation is really ultimately a decision for government and supported by public opinion, and I think what we are trying to present here is the evidence around what is happening globally and what we know currently about the impact of those positions in terms of impacts on the population and what is best for public policy. As you correctly say, most of the changes we see here in Australia, to date, have really been around decriminalisation, so decriminalising in one form or another. And I think there is overwhelming public support, as I said in my opening remarks, but also support from governments around the harmful impact of seeing particularly personal use of cannabis as a criminal issue and the long-term impact that has. So I think the evidence is overwhelming that decriminalisation has a lot of evidence supporting that.

I think the devil in the detail around decriminalisation is how that happens. A number of states in Australia have fully decriminalised and just have civil penalties. For many of the other jurisdictions, including obviously Victoria, although the police and other lawmakers are encouraged to adopt diversion programs, so a sort of de facto decriminalisation approach, we know that that approach can be interpreted by different law enforcement officers in different ways and there are certain rules around that in terms of how that diversion is actually applied in real practice. And we know part of the challenges with that approach is one of net widening. So there is some really good evidence around how, when we instruct people to take a diversion approach, it actually encourages looking for other types of crimes in individuals than possession charges and can actually lead to greater harms. We also note that it is applied differentially around different backgrounds so that some particular populations are more heavily targeted around that diversion option.

It is clear from the evidence that a decriminalisation approach for so many reasons is the most evidence-based way to approach this issue. In terms of legalisation, I think we just cannot ignore what is happening around the world and what that means in terms of our public policy within Australia, and we need to be mindful of what is

happening and what that means, particularly—and my colleague Dr Grove will talk about this—it is very confusing for young people to be told in different parts of the world that cannabis is legal and that it is widely promoted as a legal substance and yet to then be instructed in a certain way around its harms within an Australian context. It is a very confusing message for young people.

I think one of the things we have seen recently, and to the credit of young people, if we look at legal drugs like alcohol and tobacco, where we have really clear information to young people about the health harms and we really focus on giving them really critical understanding of what those drugs are, what the impacts are and how to have good choices, we are actually seeing a massive reduction in the age of first onset and the amount of use and prevalence of use amongst young people around tobacco and alcohol. So it seems that we should be taking on lessons for how we approach this issue for those substances with young people, and I think there are lessons there for how we might think about cannabis.

The CHAIR: Thank you. Christine, we have got limited time, but if you did have a couple of comments—I know Dan mentioned that you might have.

Dr GROVE: Yes, thank you, Fiona. I will try and keep it brief, but Dan has given a fantastic overview there about the difference between the two areas. Particularly for young people it is very confusing just even around Australia. We are looking now at trials where we are actually using medical marijuana to support severe mental illnesses within Australia that are rolling out currently therapeutically. For young people when you are in a class that is talking about this use and being criminalised, it is really confusing about the decisions to make and where to go for accurate information around drug and alcohol use and also cannabis use specifically.

The CHAIR: Great. Thank you. We will tease that out a bit further in a minute. Kaushaliya.

Ms VAGHELA: Thanks, Chair, and thanks, Professor Lubman and Dr Grove, for your presentation today. My question is related to the impact of use of cannabis on drivers' ability to drive safely. So the question is: does it impair a driver's ability to drive safely and does it pose a risk for road safety?

Prof. LUBMAN: Again a fantastic question. Thanks for your question. I think the issue here is about the question of impairment. Just to be clear, this is not my area of expertise, in terms of drug-related driving. I think you might be speaking to some other individuals who are much more expert in this space. But really we are talking about impairment, and certainly when we are looking at current road rules and we are particularly looking at alcohol, really what we are looking for is the impact of alcohol intoxication and impairment on driving.

I think the challenge here is that we know that cannabis has a very long half-life. It gets absorbed into fat. It stays in the system a long time. One of the challenges, I think, for law enforcement is that a reading of cannabis in the system suggests that there is cannabis available in the body, but it does not necessarily really relate to impairment because it can still be there several days after the acute effects of the compound are no longer in the system. So there are some challenges there I think in terms of how law enforcement looks at the issue of detection of cannabis impairment. That is really a challenge for our law enforcement system and our scientists: to identify the best way to identify that.

But we certainly have that issue currently with a whole range of other prescribed medications. We know that acute opiate use impacts on driving, but we know there are many people in our community who are on long-term opioids for a whole range of medical conditions and who become tolerant of those effects and are able to successfully drive with those medications in their system. So we need to be very careful around the difference between detecting a substance in our system and recognising the level of impairment, and I think that is something that we need to think about carefully in terms of how we approach that issue.

Ms VAGHELA: And just a quick one, saying that, have you got any agencies in mind? Where can we get the data from for us to be absolutely sure, if it is in the system what sort of impact it does have when the driver is on the road. Do you suggest any names of agencies from where we can get the data?

Prof. LUBMAN: I am not sure if you have consulted yet, but Professor Ed Ogden does a lot of work in the vehicle traffic space, and I think he is on the board of one of the international bodies. They have got overwhelming evidence around the questions you ask in this space, and I really encourage you to speak to him and I am sure his networks.

Ms VAGHELA: Thank you.

The CHAIR: Thank you. Kaushaliya, just as an update, we have had a task force into this issue for medicinal cannabis patients, and that report is sitting on the minister's desk as we speak. David.

Mr LIMBRICK: Thank you, Chair, and thank you, Dr Grove and Professor Lubman, for appearing today and for your submission. We have heard from some other witnesses. You spoke about different places both in the United States and other countries that have undergone legalisation, and what we have heard is that there is sort of this spectrum of legalisation. We have heard that in some states in the US they have had a relatively sort of free market approach and there were some concerns about the commercialisation in those markets, but we have also heard that in some other markets like Canada and some of the US states they have had heavy regulations and taxes and they have had some concerns about people being able to participate in those markets and also some of the organised crime still exists because it is cheaper for them to produce. I would be interested in your thoughts on that spectrum and the pros and cons of those different sorts of models and where you think the place is that might have done it best.

Prof. LUBMAN: Okay. Thank you for the question—a very important question in this space. I think there are a couple of things to say in the space. I think legalisation is not a binary choice. It is not about having it available or not available. As you just so beautifully spoke about, there are a whole range of different issues that need to be thought through. I am not sure if you have read the work of Beau Kilmer from the RAND corporation. I can certainly give you the information on that. But he talks very eloquently about the different policy models and the impact that has on health, safety and social equity. I think one of the great things that is happening worldwide is that there is a natural experiment going on in other people's countries that we should be really paying attention to and learning from, because I think there are all these different natural experiments going on around legalisation that can tell us a lot around what is and what is not working.

I am not sure if you are aware of Beau Kilmer's work, but he talks about the 14 Ps of legalisation or the things to think about, and that is things like issues to do with production, issues to do with profit motives, issues to do with the power to regulate, promotion, prevention, policing and enforcement, penalties, prior criminal records, product types, potency, purity, price, permanency and preferences for licences. So a really comprehensive list that I think needs to be really thought through, and you really need, as you say, to talk to colleagues in other jurisdictions that have gone through this to really think through if this were to be considered in a Victorian context, what are the pros and cons and what are the models that actually work best?

Mr LIMBRICK: Thank you.

The CHAIR: Thank you. Georgie Crozier.

Ms CROZIER: Thank you very much, Professor Lubman and Dr Grove, for your presentation. Could I just get, before I ask my question, some clarity around those arrest figures. I think you said 70 000. Was that Australia-wide or was that Victoria?

Prof. LUBMAN: That is Australia-wide.

Ms CROZIER: So what are the Victorian figures? Have you got those?

Prof. LUBMAN: I have not got them to hand, but I can certainly chase them for you.

Ms CROZIER: I think that would be helpful in the context of this inquiry, if you would not mind.

The CHAIR: I think we have got some in some of the other presentations. Pennington Institute's submission has those figures, Georgie.

Ms CROZIER: Right. Okay. I think it is important, though, because 70 000 sounds a lot for Victoria, so thank you for that clarity.

I am really interested in what you just said. There is a natural experiment going on in the world, and I am very concerned about some of the points that you raise in your submission, going to the points about the longstanding association between cannabis use and psychoses, especially with young people, because we know that cannabis is a different form. It is a different make-up. It is a lot stronger in 2021 than perhaps the cannabis of 30 to 40 years ago. So I am interested in your comments around that, especially for young people, and I am

very concerned. This committee has heard from international witnesses who have spoken about the thousands and thousands of medical reports written on the harms of cannabis use. And so, in the context of what you said, the natural experiment going on in the world, shouldn't we just sit back and pause and wait and see those findings in relation to those very harmful effects of cannabis use that you described with the psychoses in young people and, frankly, anyone?

Prof. LUBMAN: Again, thank you for those really important questions to sort of really untangle that. Let me just start with a couple of them. As you say, I think there is really clear evidence of a link between cannabis and psychosis. I think the evidence there is really clear around early onset use in young people. And the evidence really is, rather than the development of psychosis in people, in terms of what we know about those people who develop it, certainly much more about unmasking an underlying vulnerability to psychosis. We really need to pay attention to that, and we need to make sure, like we do with all our illicit drugs, that we have protections in place to make sure that young people who are vulnerable do not have access at that young age, as a teenager. It is critically important that we have really good regulation around that. But as you know, when we look at all the national surveys, cannabis is incredibly easy to get. At the moment we are in this position where, yes, we are very concerned about vulnerable young people, but at the same time they can easily purchase it down the street without much impediment, and that is certainly something that we need to think about in terms of how we protect those young people.

The second thing to say in that space is that one of the challenges we have at the moment is doing these natural experiments around young people who start taking cannabis. And there is more work now, and work that we have done as well, that has shown that many of the young people who develop problems with cannabis already are vulnerable in many other ways. They are choosing to start and have problems with cannabis because of other underlying issues that they have in terms of mental health, in terms of issues of underlying trauma and issues of social inequity. We had a paper many years ago now where we were following a longitudinal study following young people and looking at their brain development. It showed that the young people who are most likely to actually experiment with and then use cannabis regularly were those people who had already had impairments in parts of their brain in the frontal cortex related to other issues in their lives. So we need to be aware that some of the—

Ms CROZIER: Sorry to interrupt. What sorts of other issues are impacting them? I think most young people as they are developing have vulnerabilities of some sort—I am generalising here. But I am interested to understand what you are speaking about in terms of those vulnerabilities.

Prof. LUBMAN: I mean, I think it is really clear from the research evidence that young people who start using and develop a problem with drugs of any description, including cannabis, during adolescence almost certainly have underlying issues, particularly to do with childhood trauma, to do with unresolved mental health issues and to do with issues around significant social disadvantage. There is really clear evidence from the research literature around how those issues lead young people to rely on drugs to cope with those issues in their lives. I suppose it just speaks to—and Christine can talk about this—how through a whole range of other government initiatives we need to make sure that we recognise and support young people and identify those most vulnerable and provide early intervention programs to support those young individuals.

Ms CROZIER: Have I got any more time, Fiona?

The CHAIR: No. Sorry, Georgie. But Christine, did you have something to add on to that?

Dr GROVE: Just to add to that, in response to Georgie, when we look at the brain of a young person who has got particular vulnerabilities or experienced trauma in their life, their brain is very different to someone who has not experienced trauma in their life, so their brain actually develops completely differently. If we look at scans of those brains, they actually are developing differently to a typical young person or teenager, so that already is a risk factor to using cannabis and they are more likely to engage with that in the community. If we do not address these issues at all and we leave it at the status quo, it might be a natural experiment really, but actually we have got a lot of evidence to support regulating as well as decriminalising cannabis use as well. I do not think the best solution is to just leave it and let everything keep going as it is. We do need to address some of these really complex issues head on and put some recommendations forward to school systems, teachers, educators and healthcare professionals about what to do at the moment to go forward from here.

The CHAIR: Thank you. We are getting short of time, so I will move to Tim Quilty. Also, Sheena, I hope to get to you, but we are just playing with time. Tim.

Mr QUILTY: Is there any evidence that decriminalisation or legalisation has led to any increase in rates of schizophrenia in susceptible individuals?

Prof. LUBMAN: Again, that is a really great question. At the moment I think one of the positives that we are seeing in what we have seen globally is there has not been an increase in the rate of psychosis and schizophrenia in the population, and that reinforces the idea that those people who smoke cannabis and develop schizophrenia are already people who are vulnerable in some way. So it is not creating schizophrenia in people who would not have that genetic predisposition. I think that speaks to the issue that schizophrenia is a very rare condition. It is a very damaging condition but it is a very rare condition. We know in Australia and around the world cannabis is heavily used by the population, and we have not seen, particularly with legalisation and decriminalisation, an increasing rate of psychosis globally.

The CHAIR: Thank you, Tim. Sheena.

Ms WATT: Thank you so much, Chair. And thank you to you both for your submission today. Having read your submission, you discuss the comorbidity of cannabis use disorder with other mental health problems and the barriers to access, with the separation of AOD services from mental health services. Recently the Royal Commission into Victoria's Mental Health System made several recommendations about enhancing the integration of AOD services and mental health services. Of course I note that you made this submission before the final report came out. Have you had an opportunity to consider that recommendation, and if so, do you think that that will improve the treatment received by young people who need it?

Prof. LUBMAN: Again, thank you for the question. Look, we were absolutely delighted with the recommendations of the royal commission. I think it shines a light on areas that are critically important. We really welcome the recommendations around integration. I think one of the things to say, though, is that the purview of the royal commission was wholly on the mental health system, and while it has made some recommendations around integration, its remit was not to look at the alcohol and drug system. I suppose our concerns remain. This is the opportunity I think for the royal commission, but while we all look at the redesign of the mental health system I suppose one of our concerns is that that will not see an increase in the necessary support and functioning around the alcohol and drug system and the necessary investment in terms of providing specialist support in that system.

So yes, we are very hopeful the system will change, but for a successful integrated mental health system there needs to be investment in the alcohol and drug system and in evidence-based programs that can inreach into schools. As you see in our submission, evidence-based programs within schools around helping young people to critically think about drug use and programs and promoting help seeking—that is an area that I think the committee would be helpful to review, because certainly if we are looking at any changes in this space, we need to think about how to make sure that we improve the tremendous delay in help seeking that we see around drug use disorders, including cannabis, because of the shame, stigma and discrimination we see around this topic.

Ms WATT: Thank you so much.

The CHAIR: Thank you. I think following on from that a little bit, in looking at that education—and, Christine, you touched on the difficulty because of the different messages around cannabis where we have got a medicinal cannabis regime, where probably Hollywood is showing a legal cannabis culture in the US and then we have got various forms of criminalisation in Australia—I am just wondering if you can maybe tease out a bit more those conflicting, I guess, stories that young people are seeing and how we can better inform them.

Dr GROVE: Absolutely. Thanks, Fiona. A great question, and I think the questions from the committee today show the tensions in the field right now. And we are adults having an adult conversation about best use and what we can do going forward. Imagine a classroom of young people trying to grapple with this information. It is illegal to go and use it and to investigate maybe talking to your school about it, and schools have to report about usage as well, so a young person in that situation is most likely to go to social media, Tumblr, a blog, to get information about cannabis use. It is likely to be inaccurate and provide them with unhelpful information about use.

And often we do see the current approach, which is quite a blanket prohibition, like, 'Don't use it. It'll cause mental illness', is not helpful, and we know young people are not responding well to those kinds of messages. So using a bit more of a strengths-based approach that actually asks young people to be critical, inquire into their own submissions around using any kind of cannabis or, if it is in their life, what to do. It puts them in a position where they actually can get information that is accurate. And if we do not address some of these issues, they are more likely to get unhelpful information that is incorrect and will cause more harm down the track.

So a holistic approach would be actually accurately teaching some of these issues and tensions around drug use and cannabis use and knowing that the fear-based approach is not effective and we do need to actually provide accurate, correct information around what is happening in the world, what is happening in Australia and then in Victoria. We do know in certain areas that there is more likely to be more use, as well, and so maybe targeting some at-risk communities can be really helpful too.

The CHAIR: Thank you. And just following on from that, because in the household drug survey in some of the additional information or commentary within that survey report I think they said somewhere between 84 and 88 per cent of cannabis users would be classified as low risk. Would that be something that you would concur with? And certainly going on from your submission, where you are calling for a lot more education and training in the AOD sector around cannabis, but also trying to have that honest conversation that for most people who use cannabis in Victoria and in Australia it would be in that low-risk classification.

Dr GROVE: Absolutely. Absolutely, Fiona. And what we see is perpetuated stigma around use, and we only hear the sort of traditional risk approach, and that is what we are hearing a lot more now. We need to change that conversation to develop health literacy around these conversations, and having accurate, correct information about this use is much more beneficial. Saying things like 'Don't smoke cannabis, you'll be a criminal and get a mental illness' is not helpful and is not in line with best evidence-based practices and education for young people. Even unpacking young people's risks and how that is different is on a continuum. It is not black or white, yes or no. The impact that it has definitely depends on the young person, their community and their experience as well.

Dan, did you want to add to that? I think you will have some things as well.

Prof. LUBMAN: Yes. Look, thanks for the question, and I completely agree. I mean, the issue is similar to the issue we have with licit drugs. If we just looked at alcohol and we just looked at gambling, at addictive behaviours, there is no way in the world that if we just focused on those harms that we would in any way legalise those substances. Yet they are part of Australian culture, and we know that many people across government are very supportive of gambling and alcohol as important industries because many Australians enjoy them, and I think the same is true of cannabis. We know that cannabis, although it is not legal, is widely used across the community. Many people are using it in the way that they use alcohol or gamble. They use it in very low levels, and it is important to understand that we need to have—at the moment for those people who do develop problems, we do not have really great mechanisms in place to support them. We do not have mechanisms in place to provide the best quality treatment, and we do not have early intervention strategies that help them get the support that they can. So I completely agree with the point you have made, but also, to speak to Georgie's point as well, we need to make sure we have the best quality treatment and prevention systems in place to provide support for the people who are most vulnerable.

The CHAIR: Thank you both. We have finished at a beautiful spot. I think that was a great way to finish it, and we are right on time. So thank you both, Christine and Dan, and Turning Point in general, for the work that you are doing and the submission you have provided. As I mentioned, you will receive a transcript of this session, and I would encourage you to have a look at it just to ensure we have not made any errors.

Witnesses withdrew.