

Inquiry into the use of Cannabis in Victoria

Dr Meredith Doig

Organisation Name:Rationalist Society of Australia

Your position or role: President

SURVEY QUESTIONS

Drag the statements below to reorder them. In order of priority, please rank the themes you believe are most important for this Inquiry into the use of Cannabis in Victoria to consider::

Public health,Accessing and using cannabis,Young people and children,Public safety,Education,Criminal activity,Mental health,Social impacts

What best describes your interest in our Inquiry? (select all that apply) :

Advocacy body

Are there any additional themes we should consider?

Select all that apply. Do you think there should be restrictions on the use of cannabis? :

Personal use of cannabis should be decriminalised.

(Decriminalised: there are no criminal or civil penalties instead a person is referred to a drug diversion program or other health/ treatment service),Personal use of cannabis should be legal. ,Sale of cannabis should be legal and regulated.

YOUR SUBMISSION

Submission:

Do you have any additional comments or suggestions?:

No

FILE ATTACHMENTS

File1: [5f4b5a94e9fda-Submission_ Cannabis in Victoria.pdf](#)

File2:

File3:

Signature:

Meredith Doig

PATRONS

Hon. Michael Kirby AC CMG
Prof. the Hon. Gareth Evans AC QC
Dr Rodney Syme AM
Prof. Fiona Stanley AC



**RATIONALIST
SOCIETY OF
AUSTRALIA**

Inquiry into the use of Cannabis in Victoria

**Submission to the Legal and Social Affairs Committee
of the Legislative Council of Victoria**

30 August 2020

About the Rationalist Society of Australia

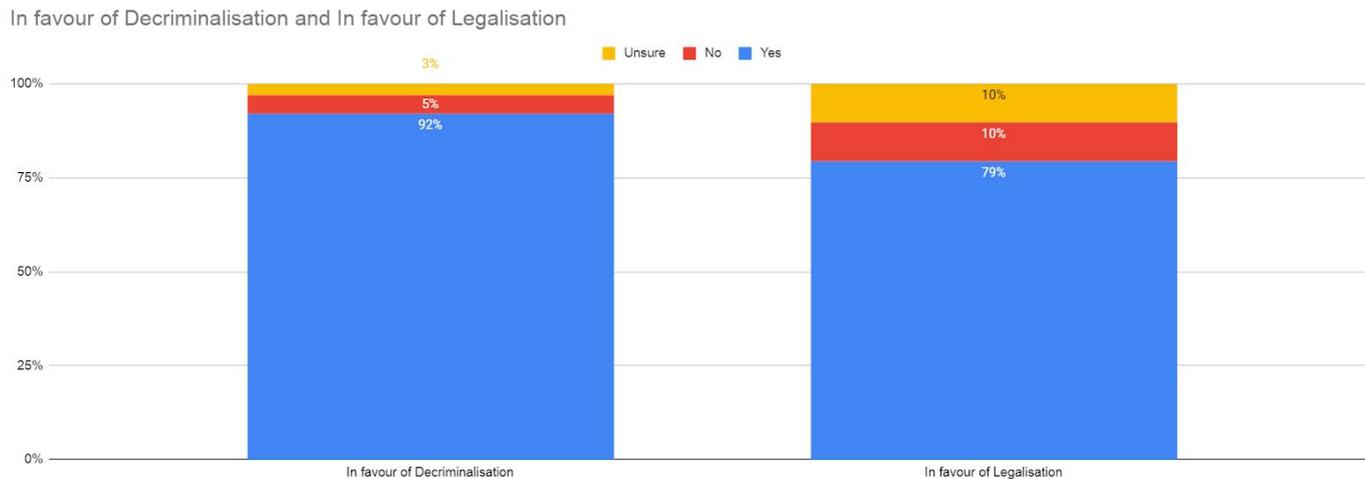
The RSA is the oldest freethought group in Australia, promoting reason since 1906. Members and supporters hold that all significant beliefs and actions should be based on reason and evidence, that the natural world is the only world there is, and that answers to the key questions of human existence are to be found only in that natural world.

We seek to stimulate freedom of thought, support a secular and ethical system of education, promote the fullest possible use of science for human welfare, and encourage interest in science, criticism and philosophy as connected factors in a progressive human culture.

For the purposes of this submission, we surveyed our membership to understand their views on decriminalising and legalising cannabis for recreational use. Their responses, together with broader research, have been used to inform our submission to the committee.

RSA Survey

Overwhelmingly, the respondents to our survey supported the use of recreational marijuana.



Of all respondents, 92% supported decriminalisation and 79% supported legalisation. About half of the remainder in either case were unsure, and the rest against. Many provided commentary supporting their feedback, with the following themes:

Majority themes:

- Marijuana use is a health issue, not a criminal issue, and should be handled accordingly
- The ‘slippery slope’ argument has not been proved correct and marijuana is not a gateway to harder drug use
- Criminalisation has failed and is an ongoing cost to the community:
 - There is no societal gain from the current position.

Minority themes:

- Consideration should be given to potential mental health impacts and reducing associated risks
- Liberalisation with the right laws to protect public health and safety (i.e. road traffic, public use etc) should be supported.

Generally, qualitative comments indicated that the risks of both decriminalisation and legalisation were not unmanageable. The tone towards the current approach to marijuana management was that it is a rule followed in the most part just because it is there and not because it adds value. The more cautious voices did raise the issue of protecting public health:

- *“Best way to reduce harm is to legalise, regulate, tax and educate.”*
- *“Alcohol and nicotine are legal. Legalising cannabis can mean taxation and controls over the sale of distribution weakening the control of criminals. However laws applicable to safe*

driving and workplaces and testing regimes must remain in place. Also allows for better quality control.”

- *“In every jurisdiction that drug laws concerning cannabis have been rescinded the 'sky has not fallen'. Every country in the world has within it a culture of taking intoxicants (mainly alcohol) and they are proud of that fact; Oktoberfest, champagne, kava... Cannabis culture is rife around the world and should be celebrated, if only because keeping it in the dark allows for what societies fear; an underworld. Prescription drugs kill hundreds of thousands every year while cannabis kills no-one. Lives are ruined by convictions, incarceration and the stigma of having a criminal record. For what? A victimless crime?”*
- *“Cannabis use is no different to alcohol use & is already restricted in the workplace & whilst driving, so up to a point its use is already legislated for. But like alcohol, the commercial distribution should be tightly controlled & only registered outlets should be able to sell cannabis.”*

History

A further contextual element that shapes this submission is the history of cannabis legality. Undoubtedly, the Committee will be well aware of this history. However, we see it important to point out:

- Cannabis use was common in Australia and across the world in the 19th century
- There was no cannabinoid crisis or war – only opioid
- Cannabis was grouped with heroin and cocaine in an international convention in the early 20th century at the insistence of the US
- The 1960s war on drugs in the US has been criticised as being about politics rather than public health¹. Australia followed the US lead to align politically
- There is no evidence prohibition solves drug-related issues in society, nor reduces supply²
- The war on drugs has experienced its greatest failure in the place where it was so aggressively actioned – the US. This is evidenced by the prevalence of drug use and deaths in the US over time compared to other countries globally³
- 65% of drug arrests in Australia are cannabis-related⁴. These are often otherwise law-abiding citizens.

¹ Lee, N. & Bartle, J., 2019. History, not harm, dictates why some drugs are legal and others aren't. [Online] Available at:

<https://theconversation.com/history-not-harm-dictates-why-some-drugs-are-legal-and-others-arent-110564> [Accessed 20 Aug 2020].

² Wan, W. et al., 2014. Supply-side reduction policy and drug-related harm. [Online] Available at: <https://www.aic.gov.au/publications/tandi/tandi486> [Accessed 20 Aug 2020].

³ Ritchie, H. & Roser, M., 2019. Opioids, cocaine, cannabis and illicit drugs. [Online] Available at: <https://ourworldindata.org/illicit-drug-use> [Accessed 20 Aug 2020].

⁴ Nicholas, R. & Roche, A., 2016. *FactCheck: does Australia spend \$1.5 billion a year on drug law enforcement, with 70% due to cannabis?*. [Online] available at: <https://theconversation.com/factcheck-does-australia-spend-1-5-billion-a-year-on-drug-law-enforcement-with-70-due-to-cannabis-55307> [Accessed 20 Aug 2020].

What started as a widely used and crisis-free substance was transformed into a criminal target primarily by the efforts of US politicians. From this history, it is difficult to point to a reason cannabis took the legal course it did other than politics. Many arguments for cannabis to remain illegal appear to be little more than buttresses to the politics rather than a true interest in public health. The politics should be removed from the discussion.

The remainder of the submission will address the Terms of Reference where we see we can contribute meaningfully.

Health education programs

The Netherlands is often held up as a model of liberal drug reform. Since the 70s, they have taken a more relaxed view to what they describe as 'soft' drugs, under which definition includes cannabis⁵. This definition is distinct from 'hard' drugs which include opiates, cocaine and amphetamines. It has driven their approach to education.

Essentially, they put pot in a different bucket. The outcome has been that the use rates in Netherlands are about half of Australia despite having similar cultural traits⁶ and similar alcohol habits⁷. Anecdotally, much of the Dutch population view marijuana use the same as do many Australians do – they do not partake as it is of no interest to them but accept that others do. The two-category approach is not unprecedented in Australian culture as it is used to some extent in general classifications of alcohol – a helpful approach for educating young people about risks.

The same approach is easily adoptable in Australia. That is, classify opiates, amphetamines, cocaine and other similar substances as hard drugs and classify alcohol, tobacco and cannabis as soft drugs. The benefits of grouping cannabis with alcohol, in particular, is that a discussion can be had with children and young people about how to enjoy them responsibly. Hard drugs are only currently dealt with in one way – outlawing and discouraging use entirely. This leaves no room for conversation about how they might be safely used as such discussion would undermine the strong message – which, in the case of addictive opiates and the other drugs in the 'hard' category, is the way it should be.

Keeping cannabis in the 'hard' drug category means that children and young people are not provided useful information to assist them in making good decisions. The result is that they explore cannabis for themselves with advice from peers. This is undoubtedly an inferior approach to drug management when contrasted with having an open discussion about risks and controls.

⁵ Soda, C., 2013. *America, Take Note: Three Lessons the Netherlands Learned After Decades of Evolving Its Drug Policy*. [Online] Available at: <https://www.drugpolicy.org/blog/america-take-note-three-lessons-holland-learned-after-decades-evolving-its-drug-policy> [Accessed 19 Aug 2020].

⁶ <https://www.hofstede-insights.com/product/compare-countries/> - Comparing Australian and Netherlands

⁷ Ritchie, H. & Roser, M., 2019. *Alcohol Consumption*. [Online] Available at: <https://ourworldindata.org/alcohol-consumption> [Accessed 20 Aug 2020].

Sex education can be considered analogous. The provision of proper sex education has been found to have benefits such as reducing unplanned pregnancies and reduction of risky behaviour⁸. Contrast this with abstinence-only sex education, which has been found generally ineffectual in achieving its goals. This is arguably a consequence of not equipping people with the skills to make reasoned decisions which results in their own, sometimes failed, experimentation.

We recommend categorising cannabis as a soft drug. This changes the conversation and will allow it to be addressed in schools and within families. Safe use can then be encouraged through open conversations and structured education campaigns can be carried out in a similar manner to existing alcohol and sex education programs. The young person will be empowered to make considered decisions, distinct from ill-informed experimentation.

Prevent young people from using cannabis

As with education, treating marijuana as a soft drug means doing so also in terms of access.

Various approaches have been adopted around the world, with Uruguay's being possibly the most flexible. They provide their citizens with three options: growing it, joining a cannabis social club or purchasing from pharmacies⁹. Similarly in the Netherlands, marijuana can be purchased over the counter in 'coffee shops' that are akin to a bar / bottle shop for alcohol. These options act in a similar way to restraining alcohol access in Australian society - by restraining the ability of children and young people from being able to purchase.

Distributing marijuana in a manner consistent with alcohol projects a message to communities that both drugs should be treated with similar levels of caution. Familiarity will assist in acceptance and understanding. Developing a set of roadblocks much beyond or different to what is in place for alcohol sends a message that it is different and will lead to confusion. Consumer behaviour in jurisdictions where cannabis is legal indicates that they view it as comparable in their purchasing habits¹⁰.

This restrictive approach to purchasing will certainly not prevent all children from accessing marijuana just as it does not for alcohol. As with alcohol, provision of marijuana to minors should be addressed under the same laws with fines or, where appropriate, further punishment.

We recommend that marijuana be treated like alcohol. This will shape community perceptions and minimise cost in transitioning to a marijuana-friendly legislative environment. Distinct from the pharmacy model in Uruguay, it should be handled through bottle shops. The use of a pharmacist's skill and cost of their time dealing with an over-the-counter product would be wasted.

⁸ United Nations Population Fund, 2020. *Comprehensive sexuality education*. [Online] Available at: <https://www.unfpa.org/comprehensive-sexuality-education> [Accessed 20 Aug 2020].

⁹ Cerda, M. & Kilmer, B., 2017. Uruguay's middle-ground approach to cannabis. *Int J Drug Policy*, Issue 42, pp. 118-120.

¹⁰ Wang, P., Xiong, G. & Yang, J., 2019. Frontiers: Asymmetric Effects of Recreational Cannabis Legalization. *Marketing Science*, 38(6), pp. 913-1084.

Protect public health and safety

The legalisation or decriminalisation of cannabis use is itself an act to improve public health outcomes related to cannabis use. As mentioned above, there is significant evidence that criminalisation has not achieved what it set out to do.

There is no evidence that legalisation ‘opens the floodgates’ to use. Evidence from research examining the impact of drug use pre- and post-legalisation in the regions where it has occurred indicates that, depending on age groups, there were minor increases in reported use and minor increases in cannabis use disorders¹¹. Use increase was found in one study to be limited to those that had previously used cannabis, with no significant finding of increased use for those that had not previously used¹².

While an increase in cannabis use disorders is not desirable, it is unclear what social controls had been put in place to prevent this to understand the efficacy of such controls. Given the relative recency of most legalisations, there is limited longitudinal data to address questions around the impact over the long term. The best example that the risk to public health is low remains the Netherlands.

As with managing the risks for children and young people, a liberalised approach to the topic allows for more open discussion around the risks and controls. The perceptions that the likelihood of psychotic episodes or erratic behaviour through consuming cannabis are overblown.

As with any substance (pain killers, antibiotics, gluten), some may have a more extreme reaction, but these are manageable by the individuals. Typical drivers for increased risk of psychotic episodes are potency of the product and frequency of use¹³. The first is not manageable in the current legislative regime but would be through a legalised framework where potency can be controlled. The second, as with alcohol consumption, is manageable through education which is currently not available through the currently restrictive regime.

We recommend that the most effective way to minimise risk to public health and safety is through a) controlling potency through legal markets and b) education addressing use and impacts. This can only be achieved through legalising cannabis use.

Preventing criminal activity

The solution to criminal activity related to cannabis is decriminalising or legalising.

¹¹ Cerda, M. et al., 2020. Association Between Recreational Marijuana Legalization in the United States and Changes in Marijuana Use and Cannabis Use Disorder From 2008 to 2016. *JAMA Psychiatry*, 77(2), pp. 165-171.

¹² Baker, A. & Moreno, M., 2020. Effects of Recreational Marijuana Legalization on College Students: A Longitudinal Study of Attitudes, Intentions, and Use Behaviors. *Journal of Adolescent Health*, pp. 1-6.

¹³ Chatterjee, R., 2019. *Daily Marijuana Use And Highly Potent Weed Linked To Psychosis*. [Online] Available at:

<https://www.npr.org/sections/health-shots/2019/03/19/704948217/daily-marijuana-use-and-highly-potent-weed-linked-to-psychosis>. [Accessed 20 Aug 2020].

Around \$1.1bn is spent each year on drug enforcement nationally with 65% of drug arrests relating to often low-level cannabis offences¹⁴. Even allowing that cannabis enforcement would be low cost, there is still likely a large pool of funds that could be redirected to education. Of the limited research in this area, there is no evidence that criminal activity increases under a liberalised regime.¹⁵

We recommend legalising cannabis use in Victoria. This is the most effective method for preventing criminal activity.

Health, mental health, and social impacts on families and carers

This topic is one which is better answered by those working in mental health as there are likely known measures for these purposes. An early proposal for assessing success in Canada received criticism as being too simple. This is a nuanced issue requiring a utilitarian view over the long term. Assessing any issue from a simplified or limited lens will lead to an incomplete view.

Conclusion

It is remarkable that given the history of cannabis use in society, the political drivers of change in the mid-20th century, significant levels of use in Australian society, and generally positive public perception to legalising that this topic is only now being addressed.

Regular law-abiding Australians who use cannabis in a way that is very similar to alcohol receive fines and criminal records for something relatively minor and, prior to the 20th century, socially acceptable. It is time to remove this distraction from the criminal justice system and the restraint on normal human behaviour. It is time to legalise cannabis.

Just as we look back on alcohol prohibition, we will look back on cannabis prohibition as an unnecessary and ill-informed restraint on social freedoms that added very little to social wellbeing.

This submission was compiled by Brendan Liveris, a member of the RSA board.

¹⁴ Nicholas, R. & Roche, A., 2016. *FactCheck: does Australia spend \$1.5 billion a year on drug law enforcement, with 70% due to cannabis?*. [Online] available at: <https://theconversation.com/factcheck-does-australia-spend-1-5-billion-a-year-on-drug-law-enforcement-with-70-due-to-cannabis-55307> [Accessed 20 Aug 2020].

¹⁵ Ritter, A., n.d. *Decriminalisation or legalisation: injecting evidence in the drug law reform debate*. [Online] Available at: <https://ndarc.med.unsw.edu.au/blog/decriminalisation-or-legalisation-injecting-evidence-drug-law-reform-debate> [Accessed 20 Aug 2020].