

Inquiry into the use of Cannabis in Victoria

Ms Stephanie Thuesen

Organisation Name:Health and Community Services Union

Your position or role: Area Organiser

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::

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

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

other – please explain

Trade Union - HACSU

Submission on behalf of Victorian Secretary Paul Healey

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. ,Cultivation of cannabis for personal use should be legal.

YOUR SUBMISSION

Submission:

Do you have any additional comments or suggestions?:

C/O

Victorian Secretary Health and Community Services Union (HACSU) - Paul Healey

Email: [REDACTED]

Phone: [REDACTED]

FILE ATTACHMENTS

File1: [5f4b65f31af26-Submission to parliamentary inquiry into legalisation of Cannabis.pdf](#)

File2:

File3:

Signature:

Stephanie Thuesen

Health and Community Services Union Vic No. 2 Branch
submission to:
Parliamentary enquiry into the use of Cannabis in Victoria

August 2020

“Fund Health, not the Criminals”

It is clear that the war on drugs never worked and that Drug and Alcohol issues have been rampant in Victoria. It was reported in The Age that *“Annual production is estimated to exceed 500,000 plants, with a wholesale value of \$1.5 billion and a retail value of \$8 billion, making it the state's most lucrative illicit industry” [17 June 2017].*

The Criminals are using a large part of that lucrative illegal profit to buy and import other drugs such as cocaine, heroin ICE, etc creating extensive damage to individuals, their families, and the society as a whole.

We believe that Cannabis, if legalised, taxed, and licensed then the profits made by criminals will be wiped.

It is estimated that over \$2 billion will therefore be available to spend on Mental Health, Drug and Alcohol, Homelessness, Indigenous Health and Wellbeing programs

The Royal Commission into Mental Health with Andrews Government, prior to COVID-19 and the current economic turmoil, have promised to implement all the recommendations as presented by the Royal Commission.

We believe in a greater emphasis on proactive investment, of funding the Health Services and Supports for tax paying citizens in our communities, rather than policing the conduct of Criminals and perpetuating their potential streams of income.

Overseas countries [Portugal, Ontario, numerous states in America, etc], where Cannabis is legalised, have seen profound changes in their societies with keeping consumers out of the criminal system, reducing the burden on prisons and courts. They are increasing their overall wellbeing programs, with established frameworks to monitor the health and social impact of the legalisation of the Cannabis.

Access to legal, reliably available and affordable cannabis, would decrease the incidence and compounding effects of poly-substance use, which impacts greatly, efficacy and treatment compliance of mental health disorders and increases the likelihood of people becoming more reliant on inpatient services or becoming involved with the criminal justice and forensic mental health systems.

Currently, Mental Health is funded at 65% of what it is costing, and demand is not met for mentally ill people.

HACSU believes that, \$900 million invested in the Victorian Mental Health system will be able to fund the following:

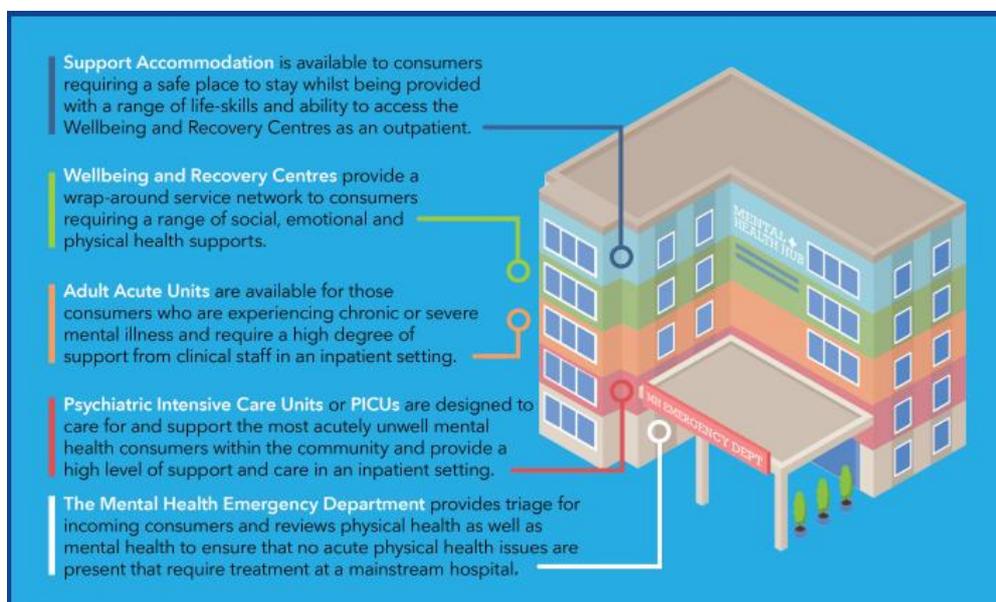
Sustainable Infrastructure

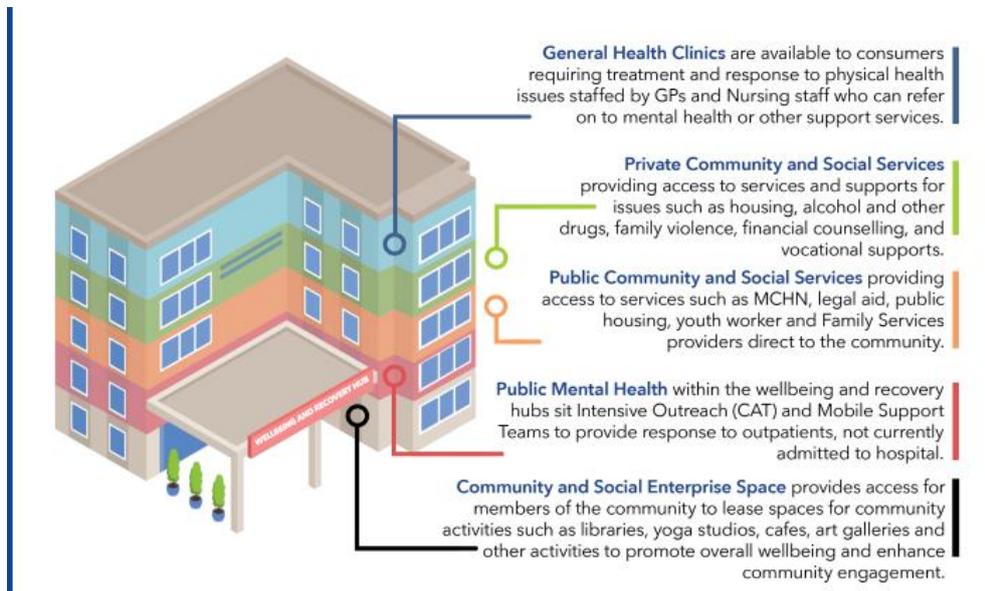
Redesigning Therapeutic Environments

Many of the serious service breakdowns and violent incidents are occurring within adult acute units. There are multiple precipitating factors, including staffing shortages, inadequately trained staff with an inappropriate mixture of skills, with prevalence of substance affected clients, aged clients, a lack of forensic facilities, etc. A key problem is consumers with physically and/or sexually violent behaviours inappropriately placed in acute units which increases the risk within the therapeutic environment and impacts the recovery of other consumers with chronic mental illness. It's a case of the bad behaviours of a small minority impacting the treatment of the majority.

Creating more Psychiatric Intensive Care Units (PICUs) with specific staffing profiles including highly trained staff will provide services to consumers with violent behaviours to ensure adult acute units can be the safe and supportive treatment environments they are designed to be. Using a model of co-design of services alongside those with lived experience of mental illness will ensure services meet their intended needs.

The plan for Mental Health Hubs involves building service environments to suit consumer needs, rather than current medicalised hospital model in most services. Services will involve a 'step-down' model, whereby consumers can enter the system at any level, depending on the acuity of their illness.





Wellbeing and Recovery Hubs & Supported Accommodation

HACSU is recommending the co-design of holistic wellbeing services.

The Wellbeing and Recovery Hub is available to all consumers requiring support across a range of social, emotional and physical health issues. The purpose of the hub is to promote overall health and wellbeing through a wrap-around model and service provision.

Consumers can access the centre as either an inpatient or an outpatient when needing support with physical health issues, co-morbidity, housing, financial counselling, criminal justice and family violence.

This area of the hub is designed to provide support with many of the issues that exacerbate people's experience of mental illness and would be operated by peer workers who themselves come to the field with a lived experience of mental ill-health and illness. From the hub, referrals are made to the community for ongoing case management through either Community Mental Health or MHCC services. These hubs will operate 24 hours a day, 7 days a week with a range of allied services available to consumers throughout each day.

Supported Accommodation is the final section of the centre whereby people can stay independently in accommodation, whilst transitioning out of the acute system and into the community or people who may have substantial housing issues and require a safe place to stay whilst transitioning back into the community.

This group of consumers can continue to access the Wellbeing and Recovery Hub when staying in the Supported Accommodation. They are also provided with a range of coordinated life-skills classes to ensure consumers can enjoy a healthy life in the community.

By providing a model such as this in the community, consumers experiencing enduring mental illness are less likely to regress into severe illness requiring acute mental health services.

Increasing and expanding forensic services

Forensic facilities provide mental health treatment and support to consumers who have involvement with the criminal justice system. These consumers are some of the most vulnerable and can pose a great risk to other members of the community.

Our current forensic facilities do not have the capacity required to service the needs of these consumers. With each new prison, more specialised forensic beds need to be built with improved security support along with appropriate discharge pathways including appropriated housing available to support safe transition back into the mainstream community when the time comes.

Expanded, strategic and sustainable workforce development

There are chronic staffing shortages across the mental health sector, with reports of over 450 vacancies across the state. A major cause of the supply shortage is the mental health graduate intake system. Each year, over 800 prospective workers apply for 165 graduate intake positions in the clinical mental health system. These positions are all acute bed-based positions, with applicants required to complete two years of workplace training before becoming eligible to apply for a vacant position. Through surveying our members, we estimate an investment of at least 1440 new staff is required over the next 5 years to adequately fill current and future vacancies.

Mental Health educators are crucial

Our workforce surveys of the sector indicate the significant time and workload pressures clinicians face. There is little or no time for professional and career development, supervision and structured support. As a result, staff often enter the sector only to leave after a few years. There is significant value in clinical supervision for staff across their career and will greatly impact retention rates and workforce development. Recently 40 nursing educator roles were announced to fill the current gap; however, services need more.

The impact on preventing harm to individual will have an immense saving impact on our society.

Funding in Drug and Alcohol will build a strong sector offering good career paths, adequate service delivery to consumers with sufficient beds, to ensure people can recover.

Homelessness and Indigenous Health is to be addressed with \$500 million investment in public housing offering steady accommodation, etc to the most vulnerable and disadvantaged members of our community.

If the incarceration rate drops by 5% [currently 17% of incarceration are women and 12% are men on drug related issues], it is anticipated that the savings would be in the vicinity of \$92 million.

Here is our vision on forensic situation and how to work on improving it.

1. Need for a second Forensic inpatient facility to:

- Increase available beds for specific mental health assessment and treatment.

- Separate the Security patient and Forensic patient cohorts.
- Decrease bed pressure, particularly for Forensic Patients to ensure adequate intervention and rehabilitation has occurred and ensure they are able to safely re-enter communities with have sufficient support.
- Improve access, flow and treatment outcomes for both Security and Forensic Patients.
- Decrease pressure to push Forensic Patients through the hospital system quicker, putting increasing pressure on the community transition programs to manage patients with higher levels of residual symptomatology and risk.
- Decrease likelihood of inappropriate, 'higher risk' admissions to Thomas Embling Hospital, contributing to increase in occupational violence and assaults on staff.

2. For those within prison services that have been diagnosed with a mental illness and voluntarily comply with treatment, be further incentivised to maintain consistency of treatment by a reduction in their sentence.

3. Establishment of a short stay post sentence support services, similar to the Prevention and Recovery Care (PARC) services available in Area Mental Health services to:

- Provide immediate short-term accommodation and support for those leaving prison or when experiencing difficulty transitioning to life outside of prison.
- Maintain consistent treatment compliance.
- Reduce recidivism post release from prison.
- Reduce suicide rates post release from prison.

4. The introduction of 12 month secondments for 8 Department of Corrections prison officers annually, to be deployed as an expansion of the Early Intervention and Support Team at Thomas Embling Hospital and would be supported by Corrections and/or Justice Health to complete a Certificate IV Mental Health. While the majority of their work within the team would align with preventive, relational security aspects of the team, they would also be utilised in an incident response/restrictive interventions function.

5. Greater communication and collaboration between Corrections and Forensic MH services rather than existing as separate silos of expertise. From a Mental Health service perspective, reference is predominantly made to 'Challenging Behaviour' while from a Correction's perspective 'Offending Behaviour' would be a more common term. Not all Challenging Behaviour is Offending Behaviour, however all Offending Behaviour is challenging and, in most cases, traumatic. Acknowledgement and action on this may ensure:

- Clearer and more consistent expectations of appropriate prisoner/patient conduct and responsibility.
- Continuity of sentence management.
- Greater respect for and lower levels of occupational violence experienced by prison and hospital-based staff.

6. A commitment must be made to address the chronic lack of treatment beds for female security patients and adequate rehabilitation structures for female forensic patients to:

- Create safe, gender specific services and programs.
- Equitable access to treatment and recovery.

7. Establish a dedicated 16 bed Forensic Patient community-based transition/post extended leave accommodation program consisting of:

- 8 beds for pre-Extended Leave transition that Forensic Patients would access up to 3 nights per week, primarily from the dedicated Extended Leave transition program Jardine at Thomas Embling Hospital, or could be utilised for those Forensic Patients transitioning from other TEH program areas to more supported accommodation options.
- 8 long term accommodation beds for Forensic Patients on Extended Leave to live full time in the community, which could continue up to time of being discharged from a Non-Custodial Supervision Order (NCSO).

8. The ability to manage/accommodate Forensic patients who are unable to or unwilling to comply with rehabilitative processes requires review and attention, focussing on:

- Ability to review Forensic Patient status due to non-compliance with treatment and rehabilitative processes, including containment of Challenging/Offending behaviours.
- Ability to provide extended/ongoing inpatient care to patients who have limited ability to function in the community and require high levels of supervision and support.

9. Short/medium term gazetting of prison beds for MH treatment to ensure:

- Continuity of treatment that would result in lower treatment resistance due increased consistent treatment compliance, leading to better long-term outcomes for those experiencing MH disorders within Corrections and Forensic Mental Health services.
- Lower rates of recidivism and improve community safety post sentence or exiting from custodial care.
- Timely assessment and treatment are afforded to those experiencing MH disorders within the corrections system.

Role of the Police

The role of the Police would change in a society where Cannabis is legalised. Law enforcement will concentrate on what community considers damaging drugs such as ice, heroin, etc.

Synthetic cannabis

Synthetic cannabis must be eradicated to allow for only organic cannabis to be used. The THC [tetrahydrocannabinol, the active ingredient in cannabis] is not mimicking the effect of the Cannabis, but rather produce additional negative effects. It would be the government prerogative to manage the market to limit the harm to the users.

Job creation

The production of good organic quality cannabis / hemp. The hemp being fibrous may be used in clothing, paper, plastic and therefore would be environmentally friendly to produce creating jobs as the cultivation is labour intensive.

Increased funding in Mental Health and Drug and Alcohol services, particularly expansion of these workforces in the area of primary health and support, would decrease pressure on more expensive inpatient services and decrease the urgency for items listed in our vision for Forensic Mental Health services.