

## Inquiry into the use of Cannabis in Victoria

Ms Rosemary McClean

**Organisation Name:**Self Help Addiction Resource Centre (SHARC)

**Your position or role:** Sustainability & Communications Lead

### 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::**

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

Working in the alcohol and drug services sector

SHARC provides peer based drug treatment, recovery and support programs across Victoria

**Are there any additional themes we should consider?**

Was unable to drag the topics

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

Use of cannabis should remain legal for medical treatment only. 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)

### YOUR SUBMISSION

#### **Submission:**

Submission by the Self Help Addiction Resource Centre (SHARC) to Inquiry into the Use of Cannabis in Victoria

The Self Help Addiction Resource Centre (SHARC) appreciates this opportunity to make a submission to The Legal and Social Issues Committee's Inquiry into the Use of Cannabis in Victoria.

SHARC's submission focuses on the following term of reference "assess the health, mental health, and social impacts of cannabis use on people who use cannabis, their families and carers".

#### About SHARC

Established in 1995 to promote self-help, peer-led approaches to recovery from addictions, SHARC works with over 9000 individuals and families annually. Our staff are professionally trained individuals who also bring personal experience of the impact of drugs and alcohol. All programs are significantly supported by volunteers.

#### Mission

To provide opportunities for individuals, families and communities affected by addiction and related problems to recover and achieve meaningful, satisfying and contributing lives.

To provide models of practice for family support, consumer participation and peer based recovery support; and influence practice in the field of addiction and other related health domains.

SHARC programs include:

Residential Peer Programs: supporting those on their recovery journey with accommodation, counselling and life skills. Encompassing three programs: the Understanding & Support Women's Recovery Program;

Oxford Houses (men and women); and Residential Support Services (young people up to age 25).

Family Drug & Gambling Help: assisting families impacted by alcohol and drug use and/or gambling of a family member or significant other. Programs include: a 24/7 helpline; family psycho-education programs; family counselling; and community volunteer-led, family peer-support groups.

Peer Projects: facilitating and demonstrating the benefits of including people with lived experience in programs and services, and building the capacity of services to engage and support peer workers.

Association of Participating Users (APSU): ensuring the voice of people who use alcohol and drug services is central to policy and service development. Programs include training and supporting consumers to contribute to community debate and policy development; championing the role of consumer participation and meaningful consultation; and advocating for systemic change in the AOD sector on behalf of consumers.

### SHARC's approach

This submission is based on SHARC's 25 year experience of providing peer-based programs and services to the Victorian community, with the value of lived experience underpinning our work.

We have programs in place to support: people working on their recovery; family members and friends affected by someone's drug use; drug treatment service users; and the drug treatment and recovery workforce.

This submission will primarily address the Term of Reference concerned with assessing the health, mental health, and social impacts of cannabis use on people who use cannabis, their families and carers. We have also included quotes from our service users where relevant.

### The Impact of cannabis on SHARC program participants

Residential Peer Programs: across our community of people accessing SHARC's recovery support programs, cannabis was rarely identified as the primary drug of concern – rather it was usually part of a polydrug use mix.

Analysis of data for the young people ( 25 years old) engaging in our Recovery Support Services program shows:

- While not the primary substance that led to seeking treatment, it is a secondary drug of concern.
- 80% of our residents report using cannabis in the 4 weeks prior to becoming abstinent and entering treatment.
- Cannabis had been frequently used as a replacement drug if people could not access their drug of choice and was often used in conjunction with other substances.

Family Drug Help: SHARC delivers the state wide support program for families impacted by substance use. The FDH helpline handles over 6000 calls annually and our education programs and community peer support groups are accessible across metro, regional and rural areas, as well as online.

This dedicated focus is essential to address the mental health needs of the family members and carers. Stress, anxiety, depression, grief, anger and social isolation are common emotions, and can escalate if not addressed. As well as improving their mental health needs; they are in a better position to support and help their loved one to seek and maintain treatment.

With regards to cannabis, analysis of calls to the family Helpline show that:

- cannabis was the drug of primary concern for 28% of callers
- 32% of family members using substances were polydrug users
- An average of 5 people (including the caller) are affected by each family member's AOD use
- Over 57% of callers are parents of people using substances, 19% are partners and 9% are siblings

- 36% of callers were aged 40-59 yrs and 16% of callers were aged 60+yrs
- Topics of concern for callers included:
  - Boundaries (43%)
  - AOD treatment options (39%)
  - Mental health of caller (29%)
  - Mental health of user (29%)
  - Family violence (17%)
  - Housing /homelessness (10%)
  - Child safety (8%)
  - Legal issues (8%)

### Observations

Our experience of working with the concerns and needs of these families largely reflects and confirms the findings evident in the research literature.

There is a myth that cannabis use isn't a big deal.

“It's just cannabis, people with cancer are allowed to use it. It's legal in America.”

While cannabis is not the predominant drug of use causing individuals and families to contact our services, it is commonly identified as a key underlying contributor.

Cannabis is a 'gateway drug'. Parents commonly cite cannabis as a gateway drug which started their teenager's issues with drugs

Heavy, regular use of cannabis is associated with early onset psychosis and other mental health issues in venerable individuals.

Heavy, regular use of cannabis is associated with social development delay or regression, resulting in older parents with adult children living at home into middle age, with poor employment, relationship and social outcomes.

### The impact of COVID19

The current COVID19 restrictions has had significant impact on those who use cannabis and their families. In some households, where using family members have moved back home, families have seen the impact on their loved one's mental state.

Cannabis is being used as a coping mechanism, with some people using it to 'hibernate' during a stressful time rather than risk more serious lapses with heroin or ice etc. It is being used as a form of harm minimisation.

“During COVID, it (cannabis) helps with my anxiety.”

“I need a joint a day to help with Stage 4. For now it is my stability. I was using a lot heavier substances and I've not used any of those for 6 months but need this for now.”

Suggestion for actions needed to minimise the harm from cannabis use.

Cannabis is a drug of addiction, as is alcohol, heroin, methamphetamines etc. As such, the actions, investments and shifts in policy required are common to all drugs of addiction.

SHARC, in its submission to the recent Royal Commission into Mental Health Services in Victoria identified and tabled the following suggestions for improved service response.

- Conduct an ongoing community based communications campaign promoting knowledge and understanding of the impact of drug use (in this case cannabis).
- Place greater emphasis on the value and expertise that those with lived experience can bring to AOD programs and services. SHARC is working with DHHs to support the development of a strong AOD lived experience workforce.
- Provide an increased number of adequately resourced step-up step-down beds / programs. SHARC's peer model has been assisting people to successfully recover from substance dependency for 30 years and we have a detailed institutional memory, remaining in contact with people admitted to SHARC from the late 1980s until now.

With regard to better supporting families

- Increase family counselling options. The FDH family counselling service cannot meet demand with waiting lists of 12 weeks and more. Along with expanding the capacity of this service, capacity building within more general family counselling services to support the needs of family members and carers would be beneficial.
- Reduce treatment waiting lists: families are frustrated with the difficulty and anxiety of trying to keep their family member committed to seeking treatment while waiting on a treatment spot.  
“Where there is actually a service available, wait times are excessive, not allowing people to get the support needed when it's needed the most.”
- Dual diagnosis – the problems faced of seeking help for a family member for both mental health and drug issues. Difficulties include: being shunted between services; mental health services not wanting to engage until the drug issue is resolved; differing approaches and information being offered. There is an urgent need to develop and deliver a more concurrent treatment system – with both service systems working better together.  
“There was nowhere to treat both at same time. Kept being bounced between the two services”
- Communication: many families and carers feel left out of the loop. On one hand they are expected to take responsibility and provide support for the person involved, but then are also often shut out of treatment and post treatment discussions.  
“Wasn't given any information re loved one even though I was promised progressive reports. No one asked about my wellbeing.”
- Family peer workers: having trained and supported family peer workers deployed across hot spots of crisis to support family members e.g. at Hospital Emergency Departments and courts would greatly improve support for families and improve treatment outcomes.

## CONTACT DETAILS

Rosemary McClean  
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Self Help Addiction Resource Centre Inc. (SHARC)  
140 Grange Rd, Carnegie, VIC 3163

[REDACTED]  
[REDACTED]

**Do you have any additional comments or suggestions?:**

SHARC is happy to facilitate the involvement of people with lived experience of cannabis use to appear before the Committee. This could include current and ex cannabis users; treatment service users; family and friends of cannabis users; and peer workers. Note: due to confidentiality concerns, these appearances may need to be 'in camera'.

**FILE ATTACHMENTS**

**File1:** [5f4c8b8927bad-SHARC Inquiry into Use of Cannabis in Victoria 2020.docx](#)

**File2:**

**File3:**

**Signature:**

Rosemary McClean

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