

## Inquiry into the use of Cannabis in Victoria

Ms Anne-Maree Kaser

**Organisation Name:** Windana Drug and Alcohol Recovery

**Your position or role:** CEO

### 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::**

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

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

Working in the alcohol and drug services sector

**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?:**

### FILE ATTACHMENTS

**File1:** [5f4caa974f305-Windana Submission to Cannabis Enquiry.docx](#)

**File2:**

**File3:**

**Signature:**

Anne-Maree Kaser



31 AUGUST 2020

## Submission to the *Inquiry into Cannabis Use in Victoria* Legal and Social Issues Committee Victorian Parliament

### ABOUT WINDANA

Windana Drug and Alcohol Recovery (Windana) is a leading Melbourne-based alcohol and other drug (AOD) treatment organisation, specialising in holistic, client-focused programs. Clients choose from residential and a range of community-based, harm reduction, recovery, and rehabilitation programs. We help people rebuild their lives in a safe, caring environment and we support our clients wherever they are in the treatment process.

Windana assists Victorians by providing AOD treatment services including residential withdrawal services, residential rehabilitation, and a suite of non-residential services.

### INTRODUCTION

Until 2015/16, cannabis was nationally the second most prevalent principle drug of concern (behind alcohol) for those presenting to AOD treatment agencies (AIHW 2017). It remains the most commonly used illicit substance in Australia. The National Drug Household Survey (AIHW 2020a) notes 11.6% of Australian adults (2.4 million) have used cannabis in the past 12 months and 36% having consumed it at some stage over their lifetime.

Illegal cannabis use creates a significant cost to the community, with research from the National Drug Research Institute (Whetton et al 2020) noting that in 2015/16, the financial burden to the nation amounted to \$4.5 billion. Of this, more than half (\$2.4 billion) was related to law and order expenses including imprisonment, policing, legal aid and crime. Despite the significant resources expended on responding to cannabis through a law and order lens, the illicit cannabis market is estimated to generate \$3.89 billion per annum (Boulougouris and Crichton 2019). This expense, coupled with the high prevalence of use, has contributed to growing momentum to influence law reform.

Internationally, the past decade has been marked by significant changes in laws relating to cannabis. An increasing number of countries (including Australia) are making a provision for the prescription of medicinal cannabis as well as an increasing trend towards various forms or decriminalization. This includes changes in the Australian Capital Territory where adults can possess and consume a specific amount of cannabis on their personal property (ACT Government 2020).

While any substance use carries the risk of harm, the transactional cost of law enforcement illustrates the need for further exploration on how we respond to cannabis use in Australia. Many of Windana clients who use cannabis (and other substances) often have a record of possession and consumption related criminal offence. Addressing health and wellbeing concerns are not primary aims of the justice system, resulting in unnecessary hindrances to recovery outcomes among our service users.

This submission will:

- respond to several of the Terms of Reference
- reflect on available evidence
- explore cannabis related treatment engagement among Windana service users and associated trends
- highlight the need for Victoria to embark upon reforms to regulate the supply of cannabis for adults.

## CANNABIS RELATED TREATMENT PRESENTATIONS

### Windana

1. More than a third of Windana's clients present with cannabis as a drug of concern.

Of the 1335 people Windana supported between July 2018 - June 2020, 448 (aged between 15 – 76) presented with cannabis as either the **primary or a secondary drug of concern**.

- 241 (18%) of service users presented with cannabis as the primary drug of concern.
- 207 (15.5%) of service users presented with cannabis as a secondary drug of concern.
- 31 service users presented on more than one occasion with cannabis interchangeably the primary or secondary drug of concern.
- 448 (35.5%) presented with cannabis as either the primary or a secondary drug of concern. Cannabis contributed to 33.5% of all treatment presentations during the reporting period.

### Victoria

The Australian Institute of Health and Welfare (AIHW 2020) reflecting AOD national trends (2018/19) notes that cannabis was the principle drug of concern in 18.2% (10,551 of 64,546 episodes in total). The number of presentations for cannabis as a principle drug of concern has largely remained unchanged. However, there has been a marked reduction in cannabis as an additional drug of concern, from 14,128 episodes in 2013/14 to 8,645 episodes in 2018/19 (AIHW 2020).

In Victoria (2018/19), cannabis:

- was the second most common principle drug of concern up to 2014/15, overtaken by amphetamines from 2015/16; and
- was recorded as the principle drug of concern in 18.2% of presentations and a secondary drug of concern in 14.9% of presentations, largely aligning with Windana's trends.

### COVID-19

The COVID-19 global pandemic has impacted substance use patterns through disruption of international and state border trafficking and subsequent availability of various substances.

Data is beginning to emerge indicating that domestically grown cannabis is being used more regularly among substance using cohorts (Peacock et al 2020; Sutherland et al 2020; UNODC 2020).

The impact of COVID-19 related restrictions has been profound on our services, particularly our residential programs. Following advice from the Chief Health Officer, our residential rehabilitation and withdrawal services reduced admissions and modified programs to reduce the risk of infection. The impact on service users is significant, with greater wait times coupled with a predicted increase in future service demand due to COVID-19 related increases in substance use and dependence.

Drug market changes triggered by COVID-19 may also generate an increased focus on synthetic substances, as novel means of procurement including the dark web become more popular during this period of social distancing and more recently, curfews and limitations on travel.

## TERMS OF REFERENCE

### *b. protect public health and public safety in relation to the use of cannabis in Victoria;*

NDRI (2020) in highlighting the social and economic cost of cannabis, identify that over half that cost is attributed to justice related expenses, with police and incarceration expenses (\$1.575 Billion) amounting to over one third of the costs. The justice focus largely targets those using cannabis (92%) rather than trafficking or cultivating (eight percent) cannabis (NADK 2020).

Australia's response to AOD issues is led by harm minimisation, which is underpinned by three pillars - supply reduction; demand reduction; and harm reduction. A law and order response largely aligns with supply reduction, relating, with regard to illicit substances, to reducing the supply of targeted substances. While this is traditionally done through interdiction of illicit substances to reduce the size of the market, the contemporary focus appears to be largely directed to those consuming cannabis rather than selling it.

The disproportionate focus on those consuming cannabis highlights a dissonance in the priorities from authorities, dragging many people with low level possession related offences into the justice system, impairing future employment opportunities and unnecessarily generating disadvantage with an increased risk of deeper engagement with the justice system (Sentencing Advisory Council 2013).

The overall aim of the justice system should be to reduce future offending. Justice related responses should only be applied when less punitive and otherwise therapeutic options are not available or unsuitable. Responses that increase the likelihood of future offending reduce public safety.

**Recommendation 1: policing activities should focus on trafficking and high-level cultivation related offending rather than low level possession and use of cannabis.**

Public safety will also be enhanced through an increased application of diversionary related programs in cases involving low level cannabis possession and use. This would reduce engagement with the justice system and provide greater access to treatment and other therapeutic options.

**Recommendation 2: Prioritise diversionary schemes which emphasise a therapeutic response for possession and use of cannabis.**

For over four decades, roadside breath testing for alcohol has been lauded as contributing a marked reduction in the road toll through both detecting and deterring drink driving. More recently, governments have embarked upon a program of roadside drug testing. The Victorian Government has increased the quantity of roadside drug testing from 40,000 test in 2014 to 150,000 tests in 2019 (TAC 2020).

Roadside AOD testing aims to both deter substance affected driving and, through the application of various penalties including licence disqualification, keep those who drive substance-affected off the roads.

The deterrent aspect of roadside breath testing (alcohol) clearly has value and has been attributed to a significant decline in road fatalities over the past few decades. The strength of this approach is related to the surety of a 0.05 blood alcohol volume limit and specificity on the amount of alcohol which can be consumed prior to exceeding the limit. Further, there is fairly accurate information relating to the duration which alcohol remains in the blood stream. From this, impairment is easier to determine allowing for the public to have confidence in the approach adopted in detecting drink driving.

This confidence is less evident regarding drug driving. Substances can remain in the system for longer, well after impairment has waned. Roadside saliva-based drug testing can detect THC (active ingredient in cannabis) for up to 30 hours in active users and a month in urine samples. For most of that period while there is a risk of a positive drug test, impairment will not be evident. This creates uncertainty where people may determine, where 24 hours have passed since they last consumed cannabis, that they are not impaired and would be safe to drive. However, despite not being impaired they may provide a positive test and subsequently lose their licence and possibly their livelihood. Increased cannabis use during COVID-19 heightens these risks.

The deterrent effect of roadside drug testing is greatly diminished in cases where people do not believe they are impaired and do not believe they are putting people at risk.

**Recommendation 3: Review the accuracy of roadside drug tests in detecting impairment and impact on both specific and general deterrence.**

*d. prevent criminal activity relating to the illegal cannabis trade in Victoria;*

An effective way to reduce the illegal trade of cannabis would be to progress reforms to decriminalise the possession and use of small amounts of cannabis. The most effective way to prevent criminal activity relating to the illegal cannabis trade would be to regulate the sale of cannabis for recreational use. As noted earlier, the illicit cannabis market in Australia is estimated to generate \$3.89 billion per annum which, within a regulated model would be taxed, deriving revenue that could be directed to addressing the harms related to problematic use of cannabis and other substances. This would sabotage the business model of criminal organisations, and through regulation oversee the availability of a safer product where the THC levels could be controlled.

Many jurisdictions including several US states, various European countries and the Australian Capital Territory have embarked upon a process of law reform to reduce the criminal justice engagement among those who use cannabis for recreational purposes. New Zealand is holding a referendum to gauge public support for the regulation of cannabis later this year. The proposed legislation would allow for personal use and establish criteria to regulate the production and sale of cannabis.

There are concerns that a legislative change that diminishes legal risk for using cannabis would result in greater consumption. International experience suggests that while there may be a small increase in adults experimenting with cannabis, consumption patterns among adolescents does not increase (Leyton 2019).

Regulation of supply would impair the illicit drug trade, allow careful oversight of the quality and type of cannabis available and through taxation, provide a revenue stream to fund harm reduction and treatment options. In the USA, total cannabis revenue from all states with permissive legal frameworks surpassed \$1 billion in 2018 (Institute on Taxation and Economic Policy 2019).

Developing a regulated market would also mitigate the harms associated with stigma, which is pervasive within the community and reduces help seeking behaviour. Stigma deters people who may be experiencing issues with cannabis use, including dependency, from speaking with health professionals. Stigma also impacts families seeking help for their loved ones. Regulated supply of cannabis would reduce stigma and enhance help seeking behaviour.

Since implementing reforms to regulate cannabis in 2018 Canada has seen modest improvements in available measures:

- use has increased by 2% (which aligns with evidence of a slight temporary increase in experimental use but not in chronic or regular use)
- a reduction in cannabis related drug driving
- a reduction in procuring cannabis from the illicit market
- consumption among 18 – 24 year old's remained unchanged; and
- consumption among the high-risk age group of 15 – 17 year old's reduced following legalisation (Statistics Canada 2020).

Any process of regulation will need to consider the mechanisms through which Cannabis is available to the public including its' marketing and sale. Lessons need to be heeded from the failure to properly regulate alcohol, and the hard-fought wins and continuing challenges in regulating tobacco, both of which cause greater harms within the community.

### **Synthetic cannabis**

Coroner Jamieson (2020) has noted that synthetic cannabis has contributed to up to 12 fatal overdoses between 2017 – 2019. Annexure 1 of Coroner Jamieson's findings note that those supplying synthetic cannabis are keen to replicate the pharmacological effect of cannabis. They further observe that synthetic cannabis carries greater risk than natural cannabis and therefore consumption of natural cannabis should be promoted as a safer alternative for those consuming synthetic cannabis.

There are many unknowns regarding synthetic substances including composition, harm profile and ideal response in cases of overdose. These issues remain and continue to emerge due to the evolving composition of synthetic substances. It is probable that synthetic substances are generally a more harmful symptom of the criminalisation of various traditional illicit substances and an example of adaptation within illicit drug markets.

An immediate risk has emerged under the restrictions related to COVID-19 where some people may access the dark web to procure various substances to adhere to physical distancing, thereby running the risk of increasing synthetic cannabis use.

While the specifics remain to be seen, the illicit drug market will continue to adapt in response to prevailing circumstances. It is likely that consumption rates of synthetic cannabis would experience a significant decrease if Victoria embarked upon a process of decriminalisation. The Committee should assess models from international jurisdictions that have been successful in achieving positive outcomes and consider how they may be adapted for Victoria.

**Recommendation 4: Introduce legislation to decriminalise personal use and regulate the production and sale of cannabis.**

*e. assess the health, mental health, and social impacts of cannabis use on people who use cannabis, their families and carers;*

High frequency cannabis use can result in acute harms to the user as well as challenges to their families and the wider community. Like any drug (legal or illicit), there is a risk of dependence as well as a raft of social challenges including broader health and justice related issues. Heavy substance use can make it difficult to obtain employment, especially if the individual has a criminal record.

As noted above, more than one in three Windana clients present with cannabis as either a primary or secondary drug of concern but despite this, the view among many clients is that it presents less difficulties than other substances. Clients often do not mention cannabis in the assessment process unless prompted. In many of these cases, our clients have been regularly using cannabis but have not identified it as a significant concern. It appears to be commonly used but for many not perceived to be as problematic as other substances such as alcohol and methamphetamine.

NDRI (2020) note that 0.19% of those aged 15 and older are dependent on cannabis. This rate is low when considered considering the high consumption rate of cannabis (10.4%) and compared with consumption rates other illicit substances. For instance, with opioids, (with a consumption rate for pharmaceutical opioids being 3.6 percent and heroin 0.2% [Australian Institute of Health and Welfare 2020]) the rate of dependence is 0.22%. There are also no recorded fatal overdoses where cannabis is seen as a contributing drug and the means of administering cannabis carry less risk than intravenous drugs where there is a heightened risk of issues such as blood borne virus transmission.

The peak period of risk with cannabis occurs in adolescence, where heavy cannabis use appears to be related to an increased risk of mental health concerns more so than is evident if adults use cannabis regularly (Copeland 2016; Leyton 2019)<sup>1</sup>; those who consume cannabis during adolescence are 18 times more likely to experience dependence by the time they turn 30. A focus on cannabis use and young people should be prioritised.

There is a pressing need to ensure that there is adequate capacity in the youth AOD sector to accommodate this cohort, who in the absence of support are likely to substance dependence issues and the associated harms throughout adulthood.

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<sup>1</sup> The relationship between cannabis and mental health is complex, with a range of views.

**Recommendation 5: Prioritise an uplift across all youth AOD services to ensure that young people in need of treatment can access support when they need it.**

### **Medicinal cannabis**

Over the past decade, there have been several domestic and international legal changes ushering in greater access to medicinal cannabis. While cannabis has been used for a range of therapeutic means for many years, the evidence base supporting medical benefits is still evolving. There is an expanding body of evidence on the benefits of cannabis in easing various health conditions (ADF 2020) including a chronic pain (Haroutounian 2016) which should be further developed.

There is a need to continue to build the evidence base on the value of medicinal cannabis in health settings.

### **CONCLUSION**

Windana recognises the harms cannabis use and dependence contribute to individuals, families, and the broader community. We also note that in many cases these harms are eclipsed by the harms associated with involvement in the justice system which also generates significant expense for the state, with little positive return.

Several international jurisdictions have implemented legislative change to provide a more therapeutic response to the use and possession of cannabis. Such endeavours should be explored accepting the premise that the status quo generates an unacceptable level of harm to many Victorians who use cannabis.

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