



ODYSSEY HOUSE VICTORIA

Submission to the Parliament of Victoria Inquiry into the Use of Cannabis in Victoria

Relevant Terms of Reference:

The best means to

- a) prevent young people and children from accessing and using cannabis in Victoria;
- b) protect public health and public safety in relation to the use of cannabis in Victoria;
- c) implement health education campaigns and programs to ensure children and young people are aware of the dangers of drug use, in particular, cannabis use;
- d) prevent criminal activity relating to the illegal cannabis trade in Victoria;
- e) assess the health, mental health, and social impacts of cannabis use on people who use cannabis, their families and carers.

Contact:

Dr Stefan Gruenert
CEO, Odyssey House Victoria



Key Messages:

- Odyssey House Victoria acknowledges that there can be harms associated with the use of cannabis, and therefore believes that education, treatment and support should be provided to the community to minimise risks of cannabis related harms.
- Odyssey House Victoria believes that the current prohibition of cannabis for is ineffective in preventing its use, and that it inhibits a public-health based approach to reducing the harms associated with its use and typically increases the negative consequences of use.
- Odyssey House Victoria cautiously advocates for legalisation of cannabis for recreational use, and that international experiences be carefully examined in order to develop best practice approaches that are suited to an Australian context.

ODYSSEY HOUSE VICTORIA

Odyssey House Victoria (OHV) is a specialist drug and alcohol treatment, training and support organisation that assists more than 16,000 people each year on their journey to recovery. In addition to our community services, OHV manages over 180 residential alcohol and other drug (AOD) treatment beds across Victoria, and provides opportunities for change and growth by reducing drug use, improving mental health and reconnecting people to families and the community.

Since inception in 1979, OHV has been a leading provider of integrated services to clients who typically present with a range of complex issues and co-morbidities. OHV has long recognised that issues of addiction have wider causal factors that may relate to childhood trauma, significant life events, and mental health, and we work collaboratively in a coordinated fashion with other services and sectors to provide holistic, recovery focused interventions. OHV clients receive tailored services for their individual differences and diverse needs.

AOD issues also impact on children, families and communities. Consequently, OHV also provides a range of education, prevention and support programs to families and community groups. OHV has won a number of National Awards for its treatment programs (including the 2012 National Award for Excellence in Services to Young People, an Australasian Therapeutic Communities Association award for its Circuit Breaker residential program near Benalla, and the 2017 Victorian Public Healthcare Award for Improving Indigenous Health – Closing the Gap).

OHV has continued to publish data on its treatment successes in high impact, peer reviewed journals. OHV is actively involved in developing innovative and holistic approaches to treatment and was one of the first to incorporate child and family approaches, mental health, family violence, vocational training and employment programs into its AOD treatment services.

OHV's current services include:

- Long term Residential Rehabilitation
- Short term Residential Rehabilitation
- Community based, outpatient counselling for adults, young people and families
- Gambling and Financial counselling
- Youth and Family services and outreach programs
- Kids in Focus (specialist home based AOD, child and family support)
- School based counselling and education programs
- Accredited training in Alcohol and Other Drug work and Mental Health
- Melbourne Drug Court Counselling Services
- Targeted programs for CALD, LGBTQI, Muslim, and Aboriginal and Torres Strait Islander communities

Cannabis use

Cannabis is Australia's most commonly used illicit drug. The 2019 National Drug Strategy Household Survey found that 36.5% of the national population have tried it at least once in their lifetime and 11.6% have used it in the past year, levels that have remained fairly consistent over the last 20 years. Cannabis use accounts for 0.2% of the total disease burden nationally, compared to 4.5% for alcohol use, and 9.3% for tobacco use.ⁱ Of the more than two million Australians who use cannabis, 7.4% experience cannabis dependencyⁱⁱ. Only one in six cannabis users use daily, although daily users account for more than 80% of the estimated total amount of cannabis used nationallyⁱⁱⁱ. This suggests that despite its relatively widespread use in the community, the harms associated with cannabis use are concentrated in a small subset of frequent and heavy users.

This is consistent with Odyssey House Victoria's (OHV) experience, with cannabis being the primary presenting problem for between 11% and 17% of OHV's clients over the past 15 years. Odyssey House Victoria acknowledges the potential harms associated with cannabis use and has seen first-hand the detrimental effect it has had on clients with frequent and heavy or problematic use. Nevertheless, in our view, this suggests that the majority of individuals who used cannabis do not experience significant harm associated with their use. For this reason, OHV cautiously advocates for legalisation of recreational use of cannabis for adults. Further, OHV supports the diversion of funds gained through taxation of cannabis sales and the reduction in costs associated with policing cannabis into education and treatment. The national cost of cannabis law enforcement, court services and prison system expenses has been estimated at over \$2 billion annually.^{iv}

Harms Associated with Cannabis Use

As previously stated, OHV acknowledges that there can be significant harms associated with cannabis use, particularly for individuals with a diagnosis of or predisposition to bipolar disorder, schizophrenia and other psychotic disorders.^v Some of OHV's clients have experienced cannabis use as a gateway to 'harder' drug use, and others have experienced severe harm as a result of cannabis use (see Appendix I: Client Quotes). However; OHV does not believe that cannabis's status as an illegal drug whose possession incurs criminal penalties acts as a significant barrier to its use in the community (especially not frequent or problematic use), which is borne out by evidence from countries such as the Netherlands, where cannabis has been decriminalised and is freely available, that have not seen an increase in use of cannabis as a result of decriminalisation.^{vi} Further to this, cannabis's current illegality may act as a barrier to seeking treatment for some individuals with problematic use, and can increase negative consequences and harms of use (see Appendix I).

OHV also believes that the legalisation of recreational use of cannabis provides an opportunity to regulate the market, keeping cannabis profits out of the hands of criminal organisations, and generating tax revenue that can be used to contribute to treatment for those who do experience problematic use. Such regulation also enables control of the potency of cannabis available on the market, thereby reducing harms associated with high potency strains or with synthetic cannabis. OHV believes that prohibition of cannabis has not been effective in preventing use, and that the most effective way of minimising harm is to have a stringently regulated market, together with significant investment in public health campaigns regarding the risks associated with the use of cannabis, and restrictions around advertising and packaging cannabis products that are similar to those for tobacco products. Such measures will help to avoid in promoting its use.

Young people

Evidence has shown that persistent cannabis use (heavy and frequent) is linked to a decline in neuropsychological functioning, an effect that is particularly pronounced where persistent use starts during adolescence.^{vii} It is therefore imperative that policy efforts should be directed towards educating young people about the risks associated with cannabis use, with the aim of delaying any use.

In Odyssey House Victoria's experience, criminal penalties for cannabis possession rarely act as an effective deterrent against its use by young people. Cannabis's current status as an illegal drug places young people who use it at risk of criminal records which may affect their future employment and other opportunities and means that they are accessing an unregulated supply of the drug that varies in potency and other associated risks. OHV therefore supports a regulatory rather than prohibitive approach to cannabis use, with a minimum age limit of at least 18 years of age. OHV recommends that greater investment instead be made in education programs for young people that focus on harm minimisation and evidence-based information about the impact of cannabis use. OHV believes that this approach will be more effective at minimising harms among young people than education campaigns that focus on abstinence and promote a 'Just Say No' message such as those adopted in the United States, which have been shown to be ineffective in preventing drug use in young people.^{viii}

Public Health and Safety

To ensure that any relaxing in the laws regarding use of cannabis do not have unintended effects on public health and safety, in addition to public health campaigns to educate the community about the risks of drug use and a greater investment in the treatment system, OHV recommends the following policy measures:

- International experiences be examined to develop best practice approaches to legalising recreational cannabis use.
- That roadside testing be focused on impairment rather than simply use, as traces of cannabis can remain in the system for a number of days after use.
- That advertising of cannabis sales be banned to minimise the social incentivisation of cannabis use, particularly among people under the age of 18.
- That plain packaging rules be put in place for cannabis products.
- That guidelines for use of cannabis in older adults be developed to mitigate risk of harms, as developed in Canada.^{ix}
- That a dedicated body similar to the now de-funded National Cannabis Prevention and Information Centre be established to educate the public regarding cannabis use and closely monitor any changes to cannabis use and associated harms.

ⁱ <https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2019/>

ⁱⁱ <https://ndri.curtin.edu.au/news-events/ndri-news/media-release-cannabis-use-costs-australia-4-5-bil>

ⁱⁱⁱ Chan, G. C. K., and Hall, W. (2020) Estimation of the proportion of population cannabis consumption in Australia that is accounted for by daily users using Monte Carlo Simulation. *Addiction*, 115: 1182– 1186. <https://doi.org/10.1111/add.14909>.

^{iv} <https://ndri.curtin.edu.au/news-events/ndri-news/media-release-cannabis-use-costs-australia-4-5-bil>

^v Wilkinson ST, Radhakrishnan R, D'Souza DC. Impact of Cannabis Use on the Development of Psychotic Disorders. *Current Addiction Reports*. 2014;1(2):115-28.

^{vi} Netherlands Ministry of Health, Welfare and Sport. 1995. Drugs: Policy in the Netherlands: Continuity and Change. The Hague.

^{vii} Meier, Madeline & Caspi, Avshalom & Ambler, Antony & Harrington, Honalee & Houts, Renate & Keefe, Richard & McDonald, Kay & Ward, Aimee & Poulton, Richie & Moffitt, Terrie. (2012). Persistent cannabis users show neuropsychological decline from childhood to midlife. Proceedings of the National Academy of Sciences of the United States of America. 109. E2657-64.

^{viii} Hornik, Robert & Jacobsohn, Lela & Orwin, Robert & Piesse, Andrea & Kalton, Graham. (2008). Effects of the National Youth Anti-Drug Media Campaign on Youths. American journal of public health. 98. 2229-36.

^{ix} Canadian Coalition for Seniors' Mental Health, Canadian guidelines on cannabis use disorder among older adults. <https://ccsmh.ca/substance-use-addiction/cannabis-guidelines/>

Appendix 1: Quotes from Odyssey House Victoria Clients in Response to the Inquiry into Cannabis Use in Victoria

- “It is definitely a stepping-stone to other drugs. Most users of hard drugs probably started with marijuana. My mental health just deteriorates when I use it – it ends me psychotic and my lifestyle changes. It just becomes my life.” - Male, 28
- “It’s just as addictive as any other drug, and then you can’t function without it. There needs to be more education in schools.” - Female, 40
- “The more you smoke, the more you need.” - Male, 46
- “It’s stronger than it used to be, much more potent. Synthetic cannabis is even worse, and the strength is unpredictable. The side-effects ...instantly numbing my face, paranoia and hallucinations – it’s quite frightening. There’s a big difference and you keep wanting more.” - Male, 36
- “It’s becoming socially acceptable, but it’s not as safe as people think with mental health.” - Male, 42
- “Police don’t realise that it’s not harmless, they see it as less concerning than the hard stuff.” - Female, 33
- ‘Should be decriminalised, used medically.” - Male, 46
- “I don’t think it is a soft drug, brings on mental health issues.” - Male, 46
- “Very anti-social drug and it can turn on you.” - Male, 50
- mentally it fucked me, it was uncontrollable and lead to heavier drugs.” - Female, 28
- “Marijuana introduced me to that environment which made it curious which added to my antisocial behaviour.” - Male, 50
- “Started at 11 and was addicted by 12, started doing petty crime, it is not just the hard drugs that get you into trouble.” - Male, 35
- “legal status creates taboos and marginalises people.” - Male, 50
- “puts added strain on the courts and prison system.” - Male, 50
- “Gotta go underground to get it.” - Male, 50
- “Mum has Parkinson’s, but she won’t take drugs, so she doesn’t use marijuana even though it is given to her.” - Female, 29