

Victoria Police submission to the inquiry into the use of cannabis in Victoria.

1 Introduction

1.1 Inquiry and terms of reference

On 29 May 2019 the Legislative Council agreed to the following motion:

That this House, requires the Legal and Social Issues Committee to inquire into, consider and report, by no later than March 2020, into 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; and

further requires the Committee to assess models from international jurisdictions that have been successful in achieving these outcomes and consider how they may be adapted for Victoria.

The reporting date for this inquiry was changed to 1 June 2021.

1.2 Focus of the submission

Victoria Police welcomes the opportunity to make this submission to the Legislative Council's Legal and Social Issues Committee into the use of cannabis in Victoria.

The purpose of Victoria Police's submission is threefold. First, to convey Victoria Police's experience in responding to cannabis, including the range of harms that police witness arising from the use, cultivation and trafficking of cannabis. Second, to convey the ways that Victoria Police responds to, and reduces, these harms. Finally, to raise issues that require consideration when examining international models of managing cannabis that include the legalisation of cannabis.

2 Cannabis related harm in Victoria

The role of Victoria Police is to serve the Victorian community and uphold the law so as to promote a safe, secure and orderly society¹, by fulfilling the following functions:

- preserving the peace;
- protecting life and property;
- preventing the commission of offences;
- detecting and apprehending offenders; and
- helping those in need of assistance.²

Police therefore regularly responds to incidents of crime, public safety and victimisation, as well as routinely engage with people who require some form of assistance or reassurance. These broad

¹ Section 8, Victoria Police Act 2013

² Section 9, Victoria Police Act 2013

functional responsibilities result in police coming into contact with people due to cannabis and cannabis-related harms.

2.1 Overview

In this Chapter, Victoria Police outlines its observations of cannabis-related harm.

2.2 Harms related with cannabis use

2.2.1 Young People and children

Victoria Police adopts the definition of child as per the *Child, Youth and Families Act 2005*, which broadly refers to children as under the age of 18 and if they are alleged to have committed an offence, aged between 10 and under 18 years. Victoria Police defines young people as aged between 10 and 25 years.

Young people are particularly susceptible to harm from the use of cannabis.³ Regular cannabis use by young people is associated with a range of poor outcomes including mental health problems, unemployment and education problems.^{4 5 6} The perception that cannabis is less harmful when compared with other illicit drugs and alcohol, is common worldwide and within the Australian community.⁷ Such perceptions are critical in shaping the attitudes and beliefs of young people as they influence drug taking patterns and behaviours.

Cannabis use is of concern particularly among young people from vulnerable and high-risk cohorts, such as children in care services. Cannabis use appears to be higher in these vulnerable groups than among young people more generally.⁸ Research with children who had contact with both statutory Child Protective Services and the criminal division of the Children's Court, found that cannabis, of all drug types, was the most commonly used. This study found that young people were using cannabis at an early age and often influenced by parents' cannabis use. The study determined that four themes were clear between substance misuse and offending in this cohort:

“offending in the context of drug and alcohol-related disinhibition; being charged with drug-related offences; offending to repay drug debts, often to older youth and adults; and, involvement in sexually exploitative relationships to access substances, leading to exposure and involvement in crime via these relationships”.⁹

This finding reflects Victoria Police's experiences in responding to high risk youth. For example, the Victoria Police Cider House investigation targeted perpetrators sexually exploiting young people residing in care services, whereby exploitation occurred in exchange for drugs and other goods. Given the appeal and prevalence of cannabis for young people, those exchanges frequently involved

³ Edmund et al. (2014) *Young adult sequelae of adolescent cannabis use: an integrative analysis* Lancet Psychiatry p.1

⁴ Reichelt et al. (2019) *Assessing the impacts of daily Cannabis versus alcohol and methamphetamines on young Australians in youth AOD treatment* BMC Psychiatry

⁵ Ibid.

⁶ Edmund et al. (2014) *Young adult sequelae of adolescent cannabis use: an integrative analysis* Lancet Psychiatry p.1

⁷ Hall W (2017) *Alcohol and cannabis: Comparing their adverse health effects and regulatory regimes* International Journal of Drug Policy (57-62)

⁸ Sentencing Advisory Council (2020) *'Crossover Kids': Vulnerable Children in the Youth Justice System Report 2: Children at the Intersection of Child Protection and Youth Justice across Victoria* ISBN 978-1-925071-52-8

⁹ Baidawi S & Sheehan R (2019) *Cross-over kids: Effective responses to children and young people in the youth justice and statutory Child Protection systems*. Report to the Criminology Research Advisory Council. Canberra: Australian Institute of Criminology.

cannabis.¹⁰ In the context of sexual exploitation, the harms caused by or linked to cannabis are clear as this drug is especially appealing to young people.

Many young people seeking treatment for substance abuse are concerned about their cannabis use, more so than other substances. A recent Victorian study comparing cannabis, alcohol and methamphetamine use by young people accessing drug and alcohol treatment found that not only was cannabis the most common substance of daily use in Australia, both on its own and in poly-substance use, daily use increased by 6.7 per cent from 2013 to 2016. When compared to methamphetamine and alcohol use, cannabis use was double in the sample group.¹¹ These findings demonstrate that for vulnerable young people, such as those seeking drug or alcohol treatment, cannabis use is more common than both alcohol and methamphetamine use.

Victoria Police also notes that cannabis use may result in association with antisocial peers and engagement in other forms of criminal offending. Development of a substance use disorder may result in young people committing criminal offences to fund their cannabis use, thus impacting upon community safety.

In summary, Victoria Police notes that cannabis use is particularly harmful for young people. Further, the most vulnerable young people in our community appear to be the most impacted by cannabis – these young people are more likely to use cannabis and to suffer the consequential harms. Victoria Police plays an important role in protecting young people, particularly vulnerable young people, from the harms of cannabis use through reducing availability of the drug and working with partners to provide support. An example of one such initiative is the Embedded Youth Outreach Program (EYOP), a partnership between Victoria Police and the Youth Support and Advocacy Service (YSAS), pairs a police officer with a youth worker to provide an after-hours secondary response to young people coming into contact with police. The aim of this new approach is to enhance Victoria Police's ability to support the complex needs of young people by engaging with the young person and their family and referring them to youth-specific supports including drug and alcohol services where applicable.¹²

2.2.2 Family Violence and Sexual Offending

Victoria Police policy and practice is informed by the understanding that alcohol and other drugs (including cannabis) do not cause family violence or other forms of violence against women and children but may be reinforcing factors that contribute to the frequency or severity of violence.¹³

Victoria Police members undertake a Family Violence Report (FVR) risk assessment at family violence incidents which includes multiple questions about drug and/or alcohol use of both the affected family member (AFM) and respondent, however it does not screen for specific drug types. Members are able to make notes about the specific drug in the free text narrative of the FVR if known.

¹⁰ Victoria Police statement (2013) *Royal Commission into Institutional Responses to Child Sexual Abuse* <https://www.childabuseroyalcommission.gov.au/sites/default/files/STAT.0623.001.0001.pdf>

¹¹ Reichelt et al. (2019) *Assessing the impacts of daily Cannabis versus alcohol and methamphetamines on young Australians in youth AOD treatment* BMC Psychiatry

¹² Luebbers. S., Fullam. R., Pichler. A.S., & Ogloff. J.R.P. (2020). *Embedded Youth Outreach Program Evaluation, Summary of Rolling Evaluation Report*

¹³ Sophie Yates (2019) *"An exercise in careful diplomacy": talking about alcohol, drugs and family violence*, Policy Design and Practice, 2:3, 258-274, DOI:10.1080/25741292.2019.1638697

It is difficult to differentiate the use and role of cannabis specifically from alcohol and other drugs in family violence offending and research is limited on the impacts of specific drugs in this context.¹⁴ However, in 2018–2019, possible or definite drug use by the respondent was recorded at 28.7 per cent of family violence incidents.¹⁵ It is also recognised that there is a correlation between cannabis use and mental health risk indicators in family violence incidents. Cannabis may be a factor in family violence more broadly, and in particular, by a child or young person towards their parents, including situations where parents have called the police with concerns about their child’s drug use causing or exacerbating mental health issues or erratic behaviour.

Regarding sexual offending, the exact proportion of sexual offenders who were solely using cannabis while offending is unknown. However, cannabis is understood to be used in conjunction with alcohol and other drugs in the commission of sexual offences. When examining sexual offender population, research has suggested that 25 per cent to 50 per cent of sexual offenders were intoxicated by alcohol or drugs at the time of committing the offence.¹⁶ The role of cannabis in aiding sexual offenders to overcome their external inhibitions to allow them to psychologically complete the sexual offence is well established.¹⁷

The effects and harms of cannabis can vary depending on the person, and it is recognised that police may be unable to distinguish the specific drug a victim or offender is affected by, or identify the ways a specific drug has impacted that person, particularly if there is multiple drug use or mental health issues present.

2.2.3 Road Trauma

Victoria Police has long identified that one of the main contributors to road trauma is drink and drug driving. This is reflected in Victoria Police’s *Road Policing Strategy 2019–20*.

Cannabis use significantly impacts driving ability and contributes to road trauma in Victoria. Since 2015, collision statistics indicate that the crash risk associated with cannabis use is double that of driving without drugs.

As both illicit and medicinal cannabis contain the psychoactive constituent, Delta-9-Tetrahydrocannabinol (THC), they are both known to reduce a driver’s ability to have full control of a vehicle. Cannabis can slow down reaction times, distort perception of speed and distance, reduce concentration when driving, particularly in response to emergency situations.¹⁸ This creates a risk for the driver, but also other occupants of the vehicle and other vehicles on the roads around the affected driver.

Rolling 12-month collision data indicates that five per cent of lives lost on our roads involved the use of cannabis.¹⁹ Further, cannabis is the second most common drug identified through toxicology

¹⁴ Our Watch, ANROWS and VicHealth (2015). *Change the story: A shared framework for the primary prevention of violence against women and their children in Australia*, Our Watch, Melbourne, Australia.

¹⁵ Crime Statistics Agency. (2019). *Family Violence Data Portal: Victoria Police – Hazard and risks recorded on L17 Risk Assessment and Risk Management Report*. Accessed from: <https://www.crimestatistics.vic.gov.au/family-violence-data-portal/family-violence-data-dashboard/victoria-police>

¹⁶ Kraanen, F.L.& Emmelkamp, P.M.G. (2011). *Substance misuse and substance use disorders in sexual offenders: A review*. *Clinical Psychology Review*. 31(3), 478-489.

¹⁷ Ibid.

¹⁸ Hall, W & Degenhardt, L (2009) *Adverse Health Effects of Non-Medical Cannabis Use* *Lancet* 374(9698):1383-91. doi: 10.1016/S0140-6736(09)61037-0.

¹⁹ Data extracted from LEAP, Corporate Statistics, Victoria Police. (note there is a lag for drug and alcohol data from collisions and once toxicology analysis is complete, it is likely this number will be higher)

testing in transport accident deaths.²⁰ The National Drug and Alcohol Research Centre also found that when investigating cannabis-related deaths in Australia, the most common manner of death was accidental injury, of which, motor vehicle collision was the leading cause of accidental injury.²¹

Toxicology reports for drivers tested after collisions, demonstrate that polydrug use is common and of concern to Victoria Police as this considerably increases the risk of a collision related injury or death. The Victorian Institute of Forensic Medicine (VIFM) in partnership with Victoria Police, analysed five years of data to investigate the prevalence of positive tests for alcohol and other drugs in drivers taken to Victorian hospitals after a road traffic collision. Of the 4998 injured drivers tested, 21 per cent were found to have one or more substances (alcohol and/or drug type) present, of which, alcohol was the highest drug type recorded (15.8 per cent). Of the illicit drugs detected, methylamphetamine was the highest (12.8 per cent) and THC was the second highest drug type recorded (11 per cent).²²

Young drivers, an overrepresented cohort in crash statistics,²³ appear to be unaware of the dangers and risks from driving under the influence of cannabis. A Melbourne-based study involving participants aged between 15 and 25 years of age who had used cannabis in the month prior, found that 57 per cent believed cannabis did not increase their crash risk. Alarming, 12 per cent believed cannabis improved their driving by ‘increasing awareness and concentration’.²⁴

Given the evidence as described above that cannabis impairs driving ability and is one of the most commonly detected drugs found in drivers involved in collisions, Victoria Police considers that cannabis use remains a significant threat to road safety.

2.2.4 Mental Health

Research demonstrates that a relationship exists between cannabis use and poor mental health, with this risk increasing with the frequency of cannabis use. This is particularly evident in cannabis use by young people who are at an elevated risk of developing schizophrenia and reduced cognitive function as adults.²⁵ In adults, numerous longitudinal studies have shown a strong link between daily cannabis use and cannabis dependence and increased risk of psychotic symptoms.²⁶

Victoria Police is increasingly responding to calls related to mental health crises, this is discussed further in section 3.3.5. A recent report from the Victorian Auditor-General suggested several reasons for this, including changes in legal and illegal drug use patterns. As the interim report of the Royal Commission into Victoria’s Mental Health System highlights:

“Poor mental health frequently occurs in conjunction with the misuse of alcohol and other drugs...and poor mental health is particularly common among people who use illicit drugs”.²⁷

²⁰ ABS (2016) *Causes of death Australia, 2016*

²¹ Zahra et al. (2020) *Rates, characteristics and manner of cannabis-related deaths in Australia 2002-2018*

²² Dirago et al. (2019) *Prevalence of drugs in injured drivers in Victoria, Australia* Australian Journal of Forensic Sciences DOI:10.1080/00450618.2019.1687753

²³ TAC (2020) *How do drugs affect our ability to drive safely* <http://www.tac.vic.gov.au/road-safety/tac-campaigns/drug-driving>

²⁴ Lenne, M et al. (2001) *Attitudes and Experiences of People Who Use Cannabis and Drive: implications for drugs and driving legislation in Victoria*, Australia Drugs: education, prevention and policy, Vol. 8, No. 4, 2001

²⁵ Hall W (2017) *Alcohol and cannabis: Comparing their adverse health effects and regulatory regimes* International Journal of Drug Policy (57-62)

²⁶ Ibid.

²⁷ State of Victoria, *Royal Commission into Victoria’s Mental Health System, Interim Report*, Parl Paper No. 87 (2018–19) p.43

Additionally, the development of a substance use disorder may result in individuals committing criminal offences to fund their drug use, thus impacting upon community safety.

2.3 Trafficking and cultivation related harms

2.3.1 Cannabis Crop Houses

The vast majority of plants seized and crops attended by Victoria Police have been cultivated hydroponically, largely in suburban residential properties although increasingly also in commercial and rural locations. These properties are sometimes referred to as cannabis crop houses. Organised crime groups or syndicates, including Outlaw Motorcycle Gangs, establish cannabis crop houses due to the high profitability of cannabis. Victoria Police has identified that the same syndicates are involved in the operation of multiple cannabis crop houses throughout Victoria, both in metropolitan and regional areas, as well as interstate. The income from cannabis is also used by syndicates to fund other illegal activity including the manufacture of other illicit drugs including methamphetamine and heroin.

Cannabis crop houses are also often targeted by other criminals and this can result in violent altercations. This includes aggravated burglaries or drug run throughs to steal cannabis crops. As such cannabis crop house operators aim to protect their crops with the use of illegal firearms and sophisticated man traps. These can pose a risk to emergency services, unknowing members of the public, or other criminals.

Syndicates frequently use house-sitters or crop sitters who live on site and manage the cultivation in exchange for payment, lodgings or cannabis. They can also be responsible for protecting the crop from theft. The owners of the crop house often utilise house sitters to help shield themselves from detection or arrest. House sitters are targeted due to their gambling, study or migration related debts or unlawful residency in Australia.²⁸ Syndicates are also known to frequently exploit migrants by promising assistance with Australian residency applications in exchange for managing the property. These individuals often do not have the appropriate immigration visas and are therefore more vulnerable to threats by the syndicates and less likely to report syndicate members involvement in the operation. Furthermore, syndicates often threaten individuals to ensure they do not cooperate with police.

As outlined in Victoria Police's submission to the Drug Law Reform Inquiry in 2017, Victoria Police identified that the cultivation and trafficking of cannabis often involves serious and organised crime and flow-on effects have seen invasions of grow houses, extreme violence and proceeds used to fund other criminal activity. By way of example, in 2016, Victoria Police commenced Operation Persian, an investigation targeting violent offenders responsible for several aggravated burglaries at grow houses in the North West Metro Region. As a result of the investigation, 38 offenders were arrested and 17 of these were identified as using the proceeds from the grow houses to fund the trafficking of methamphetamine. Eighteen firearms (including a machine gun and 303 assault rifle), 2.5 kilograms of illicit drugs, a heroin press and \$1.2 million of alleged tainted property (\$80,000 of which was cash) were also seized. This data illustrates the size of the illicit cannabis industry in Victoria and the scale of the problem faced by Victoria Police.²⁹

The operation of cannabis crop houses also has broader safety concerns for neighbouring properties. A large proportion of cannabis crop houses use illegal electrical by-passes, crude electrical work and

²⁸ Sentencing Advisory Council. (2015). *Major Drug Offences Current Sentencing Practices*.

²⁹ Victoria Police. (2017). *Submission to the Law Reform, Road and Community Safety Committee - Inquiry into Drug Law Reform*. Melbourne, p.14

other internal set ups that have the propensity to overheat and potentially cause fires and related explosions. This creates a danger to neighbouring properties, bushland and local infrastructure.

The setting up of cannabis crop houses can also place a financial burden on investment property owners, as there is substantial damage to rental properties used as cannabis crop houses. This can include water damage, installation of temporary walls and manipulation of electrical wiring and can result in large costs to the property owner. Further costs can build up due to bio cleaning due to the carcinogenic properties of deteriorating cannabis remnants that are often stored onsite or underneath a house. In addition, if cannabis crop houses are not detected and the syndicate has an opportunity to move on and clear the house, the properties often have water damage from hydroponic set ups, the growth of mould, plaster damage from the setting up of hydroponic systems and electrical wiring and electrical supply faults from illegal wiring.

The use of electricity bypasses to allow for the theft or use of electricity is an additional burden on the power company which is required to send technicians to disable the bypass, the theft of power from the grid and the dangers associated with illegal wiring.

All these issues also pose a health and safety risk to police members when executing search warrants at cannabis crop houses or emergency services who enter the property due to fire or explosion.

2.3.2 Other cannabis cultivation

Since December 2016, Victoria Police has identified several operations that were cultivating Butane Honey Oil (BHO), also known as Shatter. This involves an extremely hazardous process of extracting tetrahydrocannabinol (THC) from cannabis. The equipment required to extract THC could range from basic set ups to more sophisticated operations. The process includes using butane gas as a solvent. Butane gas is a highly flammable gas that requires specialist chemists, including the services of the fire brigades to safely manage a BHO laboratory. It poses a fire or explosive risk when handled incorrectly. The cultivation of Butane Honey Oil can therefore pose a risk to the safety of the neighbouring communities.

2.3.3 Offending associated with trafficking and cultivation

There are a range of offences that occur in conjunction with cannabis cultivation or trafficking that impact on public safety. These include associated thefts, as well as crimes against the person including associated violence such as stand over tactics or intimidation, or kidnappings associated with drug related debt recovery and can also lead to homicides. Traffickers generally traffick multiple illicit drugs, not just cannabis.

Profits from trafficking and cultivation of cannabis are usually conducted in cash. This also results in money laundering which causes residual damage to the Australian economy.

3 Victoria Police's response to cannabis related harms and cannabis related offending

3.1 Overview

This chapter outlines how Victoria Police responds to cannabis use, trafficking and cultivation and related offending.

3.2 Harm minimisation and Victoria Police's role in supply reduction

Australia has long adopted a harm minimisation approach to illicit drugs. The *National Drug Strategy 2017–2026* outlines the pillars for harm minimisation as supply reduction, demand reduction and harm reduction as central to the strategy. The adoption of this model reflects that a multifaceted

approach to reducing drug-related harm is required. The primary responsibility of Victoria Police in addressing drug harm is to reduce the supply of drugs in the community. Victoria Police provides support to the health and education sectors in demand and harm reduction activities where appropriate.

Supply reduction efforts play a critical role in reducing harm by reducing the availability of illicit drugs.^{30 31 32} Wastewater results demonstrate that law enforcement efforts are effective in significantly reducing the availability of illicit drugs in Australia. For example, in 2017–18, the quantity of methamphetamine seized equalled just over half the quantity of methamphetamine consumed. The quantity of MDMA seized almost doubled the quantity consumed. These figures indicate the effectiveness of law enforcement efforts in reducing supply, particularly at the high tier of the drug market.³³ Without these ongoing efforts, the consumption of illicit drugs would be much greater as would the consequent harms.

3.3 Victoria Police's response to use/possess offences

3.3.1 Young people and children response

Persons under the age of 18 who use or possess cannabis may be charged with a criminal offence or diverted from the criminal justice system by way of a Child Caution.³⁴ At the point of charge or caution, the illegality of cannabis and the potential harms of cannabis use would normally be explained to a young person and their parent or guardian. The young person may also be offered a referral to an AOD (alcohol and other drugs) or youth-specific service via the Victoria Police eReferral system (VPeR).

Victoria Police members attend schools or other community forums to discuss the illegality of cannabis, penalties for cannabis-related offences and the potential impacts of incurring a criminal record on future study or career aspirations. Police will often deliver this information in conjunction with health and community sector workers, the latter of whom will emphasise the physical and mental risks of cannabis use, with police focusing on legal aspects of cannabis use or possession.

3.3.2 Adult cannabis possession and use

The Victoria Police Cannabis Cautioning and Drug Diversion Programs have been in operation since 1998 and 2000 respectively and provide police officers with an avenue for the diversion of eligible drug use or possession offenders away from traditional criminal justice processes. Launched nationally and funded by the Commonwealth Department of Health and Ageing in 2000, these programs fall under the umbrella of the Illicit Drug Diversion Initiative (IDDI), which operates differently in each jurisdiction.

Under Victoria Police's Cannabis Cautioning Program, a person who is apprehended for the use or possession of a small (non-traffickable) amount of cannabis may be eligible for a caution. To be eligible, the person must be above 18 years of age, admit to the offence and consent to being cautioned, have received no more than one previous drug cautioning notice and not be involved or detected in any other offence.

³⁰ Australian Criminal Intelligence Commission *National Wastewater Drug Monitoring Program* (2018), Report 4, March

³¹ Australian Criminal Intelligence Commission *National Wastewater Drug Monitoring Program* (2018), Report 5, August

³² Cunningham, J.K & Liu, L.M (2003), *Impacts of federal ephedrine and pseudoephedrine regulations on methamphetamine-related hospital admissions*, *Addiction* 98

³³ Australian Criminal Intelligence Commission *National Wastewater Drug Monitoring Program* (2019), Report 8, August

³⁴ The Victoria Police Manual precludes young people from receiving a Cannabis Caution.

In 2016 Victoria Police commissioned the Crime Statistics Agency (CSA) to evaluate aspects of the Cannabis Cautioning Program. Between 2010 and 2016, police encountered 21,688 offences of possess or use cannabis where the person was eligible for a cannabis caution. Police issued a caution in 70 per cent of these cases ($n = 15,090$, or an average of 2,515 cautions per year). The next most common police recorded action was to issue a summons (ranging from nine per cent per cent to 14 per cent over the evaluation period).

Cautioned offenders were found to have a significantly lower rate of recidivism following their cannabis caution compared with non-cautioned offenders. However, after matching the two groups on a range of characteristics (including age, prior offending and socioeconomic status) no significant difference between the cautioned and non-cautioned group was found in terms of recidivism: 57 per cent of offenders who were cautioned had a recidivism incident recorded in the following two years, compared to 56 per cent of those who were not cautioned. Despite the lack of difference in recidivism, these results are still favourable for the cannabis cautioning program because the implementation of that program is less expensive and resource-intensive than other dispositions, such as issuing a summons.³⁵

The main reason for ineligibility for a cannabis caution is concurrent offending. In 2010–2016, of all cannabis use or possession offences, 53 per cent ($n = 21,688$) were eligible for a cannabis caution. The most common reason for ineligibility was concurrent offending, comprising 77 per cent of ineligible possess/use offences. A further five per cent were ineligible due to use/possession of a pharmaceutical drug and in another two per cent of cases the offender had received more than one previous caution or diversion.

The CSA has conducted an updated analysis of cannabis use/possession offences and co-offending. In 2019, 40 per cent of cannabis use or possession offences co-occurred with another offence. The top four co-occurring offences were: drug possession (other than cannabis), receiving or handling stolen goods, weapons and explosives offences, drug dealing and trafficking and firearms offences.³⁶

The number of cannabis cautions issued by Victoria Police has continued to rise year-on-year following the CSA evaluation. In 2017, 2,953 cautions were issued. This rose to 3,096 in 2018 and 3,388 in 2019. Note that calculating the percentage of eligible persons issued a cannabis caution is a complex task and could not be replicated in time for the current submission. However, every indication is that the results from the 2016 evaluation are likely to reflect current policing practices with regards to the issuing of cannabis cautions; that is, police issue a cannabis caution to approximately 70 per cent of eligible persons.

3.3.3 Road Trauma Response

Drink and drug driver testing have been integral in reducing the number of lives lost on Victoria's roads. Victoria Police continues to maintain a strong focus on removing impaired drivers from our roads. This focus is on all impaired drivers, Victoria Police does not focus solely on cannabis, but regards cannabis as a drug of considerable concern due to toxicology results of road fatalities and injuries involving cannabis.

Victoria Police is therefore committed to deterring and reducing the number of drivers on our road who consume cannabis and other drugs and is leading the development of several initiatives. Drug testing has already been increased to target 150,000 drivers annually and a further request has been

³⁵ Coghlan, S., Sutherland, P. & Millstead, M. (2016). *Evaluation of the Victoria Police Drug Diversion and Cannabis Cautioning Programs*: Final Report. Melbourne: Crime Statistics Agency.

³⁶ Data extracted from LEAP, Corporate Statistics, Victoria Police.

made to government to expand this commitment. The Monash University Accident Research Centre (MUARC) have been commissioned to evaluate the impact of roadside drug testing. These results will increase the evidence-base to enhance existing drug-driving responses. In response to the road safety risks drug-drivers cause in the community, Victoria Police is developing a process to expediate the removal of drug-drivers who are legally remaining on the road after being first detected by police. In recognising the benefits of providing support and information to drug drivers, VPeR has also been expanded to have a dedicated referral for drivers detected for drug driving, with the aim of reducing drug driving.

As part of the Road Safety Partnership and across government, further work is underway to produce a visual of the true representation of the impact of drug driving has across Victoria. Victoria Police continues to work with its partners to study the prevalence and involvement of an extensive range of drugs in drivers injured in road traffic accidents over the following five years to screen injured drivers to identify drugs that play an adverse role in road safety practices. The data to date, clearly demonstrates the association of drug use, in particular cannabis, on driver crash-risk. This data is essential as it provides further insight into a range of risk-factors that may contribute to road trauma.³⁷

3.3.4 Family Violence response

Cannabis or other drug-related offences identified at family violence or sex offence incidents are responded to in the same way as at any other incident (for example with relevant criminal and health issues considered). If responding to an incident where drug or alcohol use is suspected or confirmed, police will focus on the safety of all parties and facilitate a person being assessed by a medical practitioner if required. The Victoria Police response to family violence also allows for police to consider the risks associated with drug use.

The Family Violence Report (FVR) risk assessment, comprised of both scored and unscored questions, taken at the time of a family violence incident includes various questions that may elicit information about cannabis (or other drug) use:

Q 26 – Does the respondent have any mental health issues, including anxiety and depression?

Q 27 – Does the respondent have a problem with substance abuse such as alcohol or other drugs, including prescribed medication?

Q 29 – Possible or definite alcohol or illicit drug use by the respondent around the time of the current incident?

Q 30 – Possible or definite alcohol or illicit drug use by the AFM around the time of the current incident?

The FVR allows for quick and accurate identification of cases at increased risk of future family violence and assists police decision-making about whether a case should be referred through to the second tier of police response for oversight or investigation by family violence investigation units (FVIUs). In the free text narrative area of the FVR, members can also make notes about any disclosed drug and alcohol use.

Wherever a FVR risk assessment scores four or above, Victoria Police also makes formal referrals for affected family members (AFMs) and respondents to specialist family violence agencies via a portal that receives all FVRs. These services can conduct further risk and needs assessments utilising

³⁷ Refer to the data referenced in 2.2.3 of this submission.

information provided in the FVR, to identify and facilitate the most appropriate services to meet the person's needs, including alcohol and drug services as required. Victoria Police does not have a role in facilitating those targeted referrals.

Where a case is being managed by a FVIU, the FVIU may also consider drug or alcohol use, including cannabis use, in development of targeted management plans, notifications to Risk Assessment and Management Panels (RAMPs) and additional referrals.

3.3.5 Mental Health Response

A review of the number of people presenting to Victorian emergency departments with both mental health-related needs and an alcohol or other drug-related diagnosis between 2008–09 and 2017–18, shows the number of presentations involving cannabis, cocaine and stimulants (which includes methamphetamine) have increased the most.³⁸ Many of these presentations involve the police as part of their role to provide assistance to the community and increasingly relying on the services of Victoria Police.

As first responders police are often the primary decision makers on how to respond to incidents, including those relating to mental health and/or drug use. Where police are interacting with a person who needs help with various health and welfare issues but is not in an immediate crisis, police may refer the person to specialist support services.

This occurs primarily via the Victoria Police eReferral (VPeR) system – a consent-based, non-crisis, non-family violence referral system that provides referral options for over 30 issue types that police encounter frequently during their daily duties, including alcohol and other drug use, and mental health. While only one category can be chosen at any one time, the model operates a 'no-wrong door' policy which supports re-referral when required and a person can be re-referred for drug and alcohol use/misuse.

To improve its responses for people experiencing mental health issues, Victoria Police continues to invest time and resources across a range of initiatives, including the development of a specialist mental health education and training package for all frontline police. Victoria Police also works collaboratively with other agencies, such as through the Mental Health and Police Response (MHaP - also known as PACER) initiative and Enhanced Critical Response Program, to provide support for individuals experiencing mental health issues.³⁹

Victoria Police noted in the submission to the Royal Commission into Victoria's Mental Health System 2019, that demand pressures are placing the whole mental health service under substantial stress resulting in services lifting their thresholds so that only the most unwell are seen. This coupled with gaps in the service delivery model has flow-on effects as increasing numbers of Victorian mental health patients access acute services (such as at hospital emergency departments) through police, ambulance and self-presentations.⁴⁰

3.4 Victoria Police's response to trafficking and cultivation including related offending

In line with law enforcement's role under harm minimisation, Victoria Police's focus for illicit drugs is on serious offending, namely trafficking and cultivation of illicit drugs. Depending on the scale of

³⁸ State of Victoria, Royal Commission into Victoria's Mental Health System, *Interim Report*, Parl Paper No. 87 (2018–19)

³⁹ Victoria Police submission (2019) *Royal Commission into Victoria's Mental Health System*

⁴⁰ Victorian Auditor-General's Office (2019) *Access to Mental Health Services*, p. 11.

offending, investigations are undertaken by either frontline members, divisional investigation teams or by specialist investigation teams. For example, where there are aggravating circumstances such as transnational offending or corruption these investigations will be undertaken by specialist investigation teams. Polydrug trafficking is also common, as such investigations into offenders trafficking other illicit drugs frequently results in the detection of cannabis trafficking as well. Victoria Police applies a two-pronged approach of investigating and charging where possible, and otherwise disrupting cannabis supply by identifying cannabis crop houses and seizing crops and assets. Due to the organised nature of offending, disruption is a valuable approach as it increases the cost associated with supply.

CSA data indicates that in 2019 there were 846 offences recorded for trafficking cannabis and 68 offences recorded for traffick a commercial quantity (including both commercial and large commercial quantity).⁴¹ In regards to cultivation offences CSA data indicates that in 2019 there were 986 offences recorded for cultivate narcotic plant cannabis, 131 for cultivate a commercial quantity of cannabis (including both commercial and large commercial quantity).⁴² These statistics indicate Victoria Police enforcement efforts in regards to trafficking and cultivation.

As outlined in the Victoria Police submission to the Inquiry into Drug Law Reform⁴³, drug-related offending often overlaps across jurisdictions in Australia and internationally. Accordingly, Victoria Police works collaboratively with its Commonwealth and state and territory counterparts to respond to the supply of illicit drugs, including cannabis, through the following:

- Joint Organised Crime Taskforce, which supports the prioritisation and coordination of multi-agency investigations into serious and organised crime targets and threats, including drug-related targets and threats. The taskforce is led by the Australian Federal Police (AFP) and includes Victoria Police, ACIC and Australian Border Force (ABF);
- Trident Taskforce, which is responsible for investigating serious and organised crime, including drug-related crime, in relation to the maritime environment. The taskforce comprises Victoria Police, AFP and ABF, as well as members from the ACIC, AUSTRAC and Australian Taxation Office (ATO); and
- Icarus Taskforce, which had sought to reduce the availability of illicit drugs and illegal firearms in the Victorian community by preventing their importation through the international mail and air cargo stream. The taskforce comprised of Victoria Police, AFP and ABF.

As part of a coordinated response to target organised crime, Victoria Police is also represented on various state and national committees. These include:

- ACIC Board, which is responsible for providing strategic direction to the ACIC, approving the use of the ACIC's special coercive powers, and determining special operations and special investigations. It also plays a key role in determining national criminal intelligence priorities. The Board is chaired by the Commissioner of the AFP and comprises state and territory police, and the heads of the Commonwealth Attorney-General's Department, ABF, Australian Securities and Investment Commission, Australian Security Intelligence Organisation, ATO, ACIC and AUSTRAC;

⁴¹ Data sourced from CSA website 2 July 2020. Includes offence codes 657AQ, 657v, 657J and 657P.

⁴² Data sourced from CSA website 2 July 2020. Includes offence codes 667G, 667I and 667K.

⁴³ Victoria Police. (2017). *Submission to the Law Reform, Road and Community Safety Committee - Inquiry into Drug Law Reform*. Melbourne, p.27

- Serious Organised Crime Coordination Committee, which reports to the Deputy Commissioners Operational Management Meeting and the Australia New Zealand Police Commissioners' Forum. It is responsible for prioritising, endorsing and coordinating operational strategies to deal with serious and organised crime investigations, targets and threats. The Committee comprises senior representatives from state and territory police and key Commonwealth operational agencies; and
- Joint Management Group is comprised of representatives from relevant state and territory law enforcement agencies and is responsible for providing direction and resourcing to support joint agency operations into serious and organised crime.

4 Consideration of the impacts of legalisation of cannabis

4.1 Overview

Under the Terms of Reference, the Committee will assess models from international jurisdictions that meet the five outlined objectives and consider whether these models should be adapted for Victoria. It is likely that in line with this, models that include legalisation of cannabis use will be considered.

Cannabis has been an illicit drug in countries that signed the United Nations (UN) Single Convention (including Australia) for more than 50 years. The inclusion of cannabis in UN drug treaties has long been controversial because the drug is considered to causes less harm than illicit opioids and stimulants or legal drugs such as alcohol and tobacco. The comparatively high usage rates and modest harms of cannabis use have prompted calls for governments to legalise cannabis for medicinal and non-medicinal use since the late 1960s.⁴⁴

In Australia, in 2016 increasing consumer demand and support by the community for medicinal cannabis resulted in legislative change to provide access to cannabis for a limited range of medical conditions. While research is still determining the efficacy of medicinal cannabis, the purpose and intent of medicinal cannabis and how it is used is remains in stark contrast with recreational use. Yet at the same time the legalisation of cannabis has also occurred within several international jurisdictions. This section of the submission examines the impacts of legalisation of cannabis for personal non-medical use and possession and recognises that there are a range of implications from recreational cannabis use that requires further consideration when considering international models.

Victoria Police seeks to raise a range of issues for consideration when examining whether international cannabis models are successful in reducing the harms, ensuring community safety and preventing young people from having access to cannabis.

4.2 The harm caused by legal drugs

In Australia, national wastewater testing has consistently demonstrated that alcohol and tobacco, both regulated drugs, are the most consumed drugs in every state and territory, above illicit drugs (methamphetamine, cannabis, cocaine, heroin) and pharmaceutical drugs that are open to misuse (oxycodone, fentanyl).⁴⁵

⁴⁴ Hall, W et al (2019) *Public health implications of legalizing the production and sale of cannabis for medicinal and recreational use*. www.thelancet.com vol 394, 1580-1591

⁴⁵ Australian Criminal Intelligence Commission *National Wastewater Drug Monitoring Program* (2018), Report 10, March

The most common drug that Australians seek treatment for is alcohol. In 2018–19, alcohol treatment accounted for 36 per cent of all treatment episodes provided by publicly funded alcohol and other drug treatment services. The next most common drug that led people to seek treatment was amphetamines (28 per cent), followed by cannabis (20 per cent) and heroin (five per cent).⁴⁶

This trend is evident globally, with alcohol use disorders estimated to be the most prevalent of all substance use disorders, with 100.4 million estimated cases in 2016. The next most common drug use disorder is estimated to be opioid dependence (26.8 million cases), followed by cannabis dependence (22.1 million cases).⁴⁷ Alcohol has also been ranked as the most harmful drug among a range of common licit and illicit drugs in terms of its impact on the individual and on society more broadly.⁴⁸

Research demonstrates that alcohol causes more harm than other drug types because it is legal, readily available, widely consumed and socially accepted.⁴⁹ The harm caused by alcohol indicates that legalisation does not necessarily equate to reduced harm. Caution and care are therefore needed when considering the legalisation of any illicit drug.

4.3 Considerations regarding drug prohibition

The effects of prohibition on drug use have been widely studied.⁵⁰ An analysis of multiple studies which considered the advantages and disadvantages of drug prohibition concluded that, on balance, most of the evidence from studies that make some attempt to control for extraneous factors, suggest that prohibition constrains illicit drug consumption.⁵¹ This is important, because reducing or limiting the aggregate level (that is, the total amount) of drug consumption is one of the surest ways to reduce the harm associated with drug use. Prohibition is theorised to constrain consumption by:

- limiting the legitimate opportunities for illicit drug use;
- raising the non-monetary costs associated with drug use (that is, the effort and risk involved in obtaining drugs, such as risk of arrest); and
- making drug use expensive.⁵²

There is evidence for each of these mechanisms operating to constrain use. For example, regarding the impact of limiting legitimate opportunities for drug use, the introduction of a ban on workplace smoking in Australian public service offices reduced overall rates of smoking, particularly among heavier smokers, whose consumption dropped by over 25 per cent just six months after the ban was introduced.⁵³

⁴⁶ Australian Institute of Health and Welfare (2020). *Alcohol and other drug treatment services in Australia, 2018-2019*. <https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/alcohol-other-drug-treatment-services-2018-19/contents/summary>

⁴⁷ Lancet Psychiatry (2018) *The Global Burden of Disease Attributable to Alcohol and Drug Use in 195 Countries and Territories, 1990-2016: A Systematic Analysis for the Global Burden of Disease Study 2016*. [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(18\)30337-7/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(18)30337-7/fulltext)

⁴⁸ Development of a rational scale to assess the harm of drugs of potential misuse [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(07\)60464-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(07)60464-4/fulltext)

⁴⁹ Hall, W (2017) Alcohol and cannabis comparing their adverse health effects and regulatory regimes *International Journal of Drug Policy* 42 57-62.

⁵⁰ Weatherburn, D. (2014) The pros and cons of prohibiting drugs. *Australian and New Zealand Journal of Criminology*, 47 (2) 176-189

⁵¹ Ibid.

⁵² Ibid.

⁵³ Ibid.

Regarding the non-monetary costs, in 2001, researchers asked a representative sample of 18 to 29-year-olds in New South Wales whether they would use more cannabis if it were legal. Approximately 16 per cent of those who had never used cannabis, 78 per cent of monthly users and more than 90 per cent of weekly users said they would use cannabis more regularly.⁵⁴

Considering the impact of monetary cost on drug use, prohibiting drugs drives up their price. It was once thought that the price elasticity of addictive drugs would be zero or very small; meaning that drug consumption would not be affected by price; that users would respond to higher drug prices by (for example) committing more crime to fund any additional cost. However, the evidence suggests that a 10 per cent increase to the price of heroin or cocaine would reduce consumption by between five and six per cent, while a 10 per cent increase in the price of cannabis would reduce consumption by between two and three per cent.⁵⁵

There are several limitations to drug prohibition. Although the illegal status of drug use is an effective deterrent for many people, drug use does continue, and it is argued that imprisoning people for drug dependence has no effect on preventing further drug offences.⁵⁶ The rate of offending is also higher among dependent drug users which is attributed to their drug use and people with criminal records as a result of drug offences have restricted employment opportunities.⁵⁷ Victoria Police's Cannabis Cautioning Program functions to reduce these potential harms from prohibition by providing the option to caution a person for possession or use of cannabis, rather than charge the person with a criminal offence.

4.4 Lessons from jurisdictions that have legalised cannabis

The sale of cannabis for adult recreational use has been made legal in nine states within the United States (US), starting with Colorado and Washington State in 2012. Two additional US states (Vermont and Washington DC) allow adults to grow cannabis for personal use, however it remains illegal to sell it. The sale of cannabis for adult recreational use was also made legal nationally in Uruguay in 2013 and Canada in 2018.⁵⁸

Most US states that have legalised retail cannabis sales use the same regulatory approach as for alcohol; for example, licensing companies to produce and sell cannabis for profit. All states have the same minimum legal purchase age for cannabis as for alcohol. Many states have limited the quantity of cannabis an adult can legally possess. In most states, cannabis products are taxed on their sale price. Drug-driving is an offence in all states that have legalised cannabis, although states differ in how this law is enforced.

Legalisation permits the establishment of a legal cannabis industry that has an interest in promoting cannabis use and, unlike policies that legalise medical cannabis use, it allows adults to use cannabis for any purpose.

⁵⁴ Wetherburn, D., Jones, C., & Donnelly, N (2003) *Prohibition and cannabis use in Australia: A survey of 18-29 year olds*. Australian and New Zealand Journal of Criminology 36 (1), 77-93.

⁵⁵ Gallet CA (2014). Can price get the monkey off our back? A meta-analysis of illicit drug demand. *Health Economics*, 23(1):55-68.

⁵⁶ Weatherburn, D. (2014) The pros and cons of prohibiting drugs. Australian and New Zealand Journal of Criminology, 47 (2) 176-189

⁵⁷ Ibid.

⁵⁸ The recency of the Canadian law change and the limited data availability and other factors for Uruguay mean that the US experience is most informative of the impact of cannabis legalisation.

4.4.1 The impact of legalisation

The impact of legalisation is best observed in Colorado and Washington State as their schemes have been in place the longest.

Legalisation in Colorado and Washington State has caused a substantial decrease in the retail price of cannabis.⁵⁹ Cannabis prices no longer need to include a premium to compensate illicit producers and sellers for the risks of being arrested or imprisoned. It has produced diversification of the cannabis products for sale (for example high-potency extracts, edible cannabis, cannabis infused beverages). Lower cannabis prices have increased the frequency of use among adult cannabis users.⁶⁰

The quantity of cannabis consumed by adults in Colorado has increased steeply since legalisation. Cannabis consumption increased by 56 per cent from 2014 to 2017. This increase has been driven in large part by frequent, regular users of cannabis, with daily or near-daily users accounted for 80 per cent of the quantity of cannabis consumed in 2017.⁶¹ This is problematic as heavy and regular use of cannabis is associated with much higher risks of dependence, mental health problems and other chronic adverse health outcomes.⁶² Also, heavy and regular use of high-potency cannabis products remains within a population subgroup that is more socially disadvantaged than occasional cannabis users.⁶³

Following legalisation in Colorado, cannabis-related hospitalisations have increased. These increases are in addition to earlier increases that occurred after the legalisation of medical cannabis use. There are also increases in hospitalisations for cannabis abuse and dependence, injuries related to cannabis abuse and head injuries attributed to an increase in falls.⁶⁴

An increase in cannabis-related emergency department presentations has also been reported following legalisation in Colorado for childhood poisonings, psychological distress in adults, severe vomiting, and severe burns in users who had attempted to extract THC from cannabis oils using butane.⁶⁵

4.4.2 Young people

No jurisdiction has legalised cannabis use for young people (defined as either aged under 18 or 21 years). Nonetheless, it is relevant to consider whether legalisation causes an increase in cannabis use and cannabis uptake among young people. A recent review of the evidence from Colorado and other jurisdictions that have legalised cannabis concluded that the impact of legalisation on young people's cannabis use is not clear at this point, with surveys producing mixed results.⁶⁶ However, there are features of legalised cannabis markets that provide grounds for caution. As described above, legalisation has resulted in the development of cannabis products that may be attractive to young people (for example gummy bears, chocolates and candy). While young people cannot legally

⁵⁹ Hall W, Lynskey M, Hall W, (2020) *Assessing the public health impacts of legalizing recreational cannabis use: the US experience* World Psychiatry. 2020 Jun;19(2):179-186. doi: 10.1002/wps.20735

⁶⁰ Pacula RL. *Examining the impact of marijuana legalization on marijuana consumption: insights from the economics literature*. Santa Monica: RAND Corporation, 2010.

⁶¹ *Market size and demand for marijuana in Colorado: 2017 market update*, prepared for the Colorado Department of Revenue (Denver, Colorado, Marijuana Policy Group, August 2018). Taken from the latest UNODC report.

⁶² Hall W (2017) *Alcohol and cannabis: Comparing their adverse health effects and regulatory regimes* International Journal of Drug Policy (57-62)

⁶³ Hall W, Lynskey M, Hall W, (2020) *Assessing the public health impacts of legalizing recreational cannabis use: the US experience* World Psychiatry. 2020 Jun;19(2):179-186. doi: 10.1002/wps.20735

⁶⁴ Ibid.

⁶⁵ Ibid.

⁶⁶ Ibid.

purchase cannabis, they are exposed to increased marketing and perceived societal acceptability of cannabis use.⁶⁷ Although that there is mixed evidence regarding the impact of legalisation on young people's cannabis use, it is apparent that there are potential mechanisms for a legalised market to influence young people to use cannabis.⁶⁸

4.4.3 Road safety

Cannabis use impairs a driver's ability to have proper control of a motor vehicle and this is associated with increased risk of a collision.⁶⁹ On this basis it is reasonable to expect that road trauma will increase if more cannabis users drive, or drive more often while impaired, or if cannabis users who drive use more potent cannabis products.⁷⁰ In Colorado, the rate of patients admitted to hospital for traumatic injuries (including road trauma related injuries) who were cannabis-positive increased between 2012 and 2015, with no increase in neighbouring states that had not legalised cannabis.⁷¹ There was also short-term increases in traffic fatalities in Colorado and Washington State following legalisation.⁷²

Jurisdictions that have legalised cannabis have recorded an increase in cannabis consumption.⁷³ Cannabis is already one of the most commonly detected drugs in drivers involved in collisions in Victoria. Victoria Police considers that any increase to cannabis use in the Victorian community would present an unacceptable threat to road safety.

4.4.4 Public health and Occupational Health and Safety considerations

The legalisation of cannabis markets has led to an increase in acute cannabis-related presentations to emergency departments, both in adults and children, for physical and mental health problems (psychological distress, vomiting syndromes, and accidental poisonings in children as outlined in section 4.4.1).⁷⁴

The experience with alcohol suggests that more liberal regulation will result in access to cheaper, more potent cannabis products and will increase the number of regular users and likely the number of new cannabis users. Consequently, public health and public safety impacts from cannabis use will increase.⁷⁵

Any changes to current legislative models will also have implications for employees and employers, in relation to their responsibilities to provide a safe workplace. This is particularly relevant to high risk and specialist industries such as law enforcement and first responders who may be involved in critical incidents and required to undergo drug testing. As an example, the Canadian Centre for Occupational Health and Safety (CCOHS), recognised that the impact of legal use of recreational

⁶⁷ Ibid.

⁶⁸ Hickman, M; Hines, LA and Gage SH. (2020) *Commentary on Hall and Lynskey*

⁶⁹ Zahra et al. (2020) *Rates, characteristics and manner of cannabis-related deaths in Australia 2002-2018*

⁷⁰ Hall W, Lynskey M, Hall W, (2020) Assessing the public health impacts of legalizing recreational cannabis use: the US experience *World Psychiatry*. 2020 Jun;19(2):179-186. doi: 10.1002/wps.20735

⁷¹ Chung C, Salottolo K, Tanner A, et al. *The impact of recreational marijuana commercialization on traumatic injury*. *Inj Epidemiol* 2019;6:3

⁷² Lane TJ, Hall W. *Traffic fatalities within US states that have legalized recreational cannabis sales and their neighbours*. *Addiction* 2019;114:847-56

⁷³ *Market size and demand for marijuana in Colorado: 2017 market update*, prepared for the Colorado Department of Revenue (Denver, Colorado, Marijuana Policy Group, August 2018). Taken from the latest UNODC report.

⁷⁴ Hall W, Lynskey M, Hall W, (2020) *Assessing the public health impacts of legalizing recreational cannabis use: the US experience* *World Psychiatry*. 2020 Jun;19(2):179-186. doi: 10.1002/wps.20735

⁷⁵ Babor T, Caetano R, Casswell S et al. *Alcohol: no ordinary commodity: research and public policy*, 2nd ed. Oxford: Oxford University Press, 2010. [

cannabis in the workplace is unknown and likely to increase and subsequently developed a cannabis specific framework to manage the risks of cannabis impairment in the workplace.⁷⁶

It is likely that the full effects of cannabis legalisation are not yet known. This is because even in Colorado and Washington State, where cannabis has been legalised the longest, impacts beyond approximately five years have not yet been published. In addition, the effects of legalisation in these two states are likely to be restricted as cannabis remains prohibited under US federal law and there are prohibitions on inter-state commerce in cannabis and investment by the alcohol, tobacco and finance industries.⁷⁷ It is also difficult for cannabis businesses to use banks or to advertise cannabis, because it remains an illegal commodity. Hence the experience of these states does not necessarily reflect the full impact of legalisation. If legalisation leads to increased cannabis use, as has occurred in US jurisdictions, associated harms will also increase. These implications are relevant to any consideration of changing the legal status of cannabis.

4.4.5 Conclusion

The consequences of legalising cannabis can be observed in other jurisdictions. A recent review of the impact of legalisation in Colorado and Washington State found:

- a substantial reduction in the price of cannabis in these jurisdictions;
- increased potency of cannabis and increased variety of cannabis products available;
- increased availability of cannabis to adult users;
- increased frequency of use among adults; and
- increased emergency department attendances and hospitalisations for some cannabis-related harms.⁷⁸

Cannabis legalisation in other jurisdictions is still at an early stage and the implications beyond about five years are unknown.^{79 80 81} The experiences with tobacco, alcohol and many prescription pharmaceuticals in Australia and elsewhere have shown that commercially-driven approaches to the design, marketing and distribution of psychoactive, addictive products can be difficult to control and can have negative consequences for public health and safety, even with well-intended regulations.⁸²

Given the impact on an individual's health, and the difficulties in reversing legalisation, Victoria Police continues to oppose the legalisation of cannabis.

⁷⁶ Canadian Centre for Occupational Health and Safety (2018) *Workplace Strategies: Risk of Impairment from Cannabis* 3rd ed ISBN: 978-0-660-27691-5

⁷⁷ Hall W, Lynskey M, Hall W, (2020) *Assessing the public health impacts of legalizing recreational cannabis use: the US experience* World Psychiatry. 2020 Jun;19(2):179-186. doi: 10.1002/wps.20735

⁷⁸ Ibid.

⁷⁹ Ibid.

⁸⁰ Ghosh TS, Vigil DJ, Maffey A, et al. *Lessons learned after three years of legalized, recreational marijuana: the Colorado experience*. Prev Med. 2017;104:4-6.

⁸¹ Kim HS, Hall KE, Genco EK, et al. *Marijuana tourism and emergency department visits in Colorado*. New England J Med. 2016;374(8):797-798.

⁸² Pacula RL, et al. *Developing Public Health Regulations for Marijuana: Lessons from Alcohol and Tobacco* Am J Public Health 2014; 104: 1021-8