

TRANSCRIPT

LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into the use of cannabis in Victoria

Melbourne—Thursday, 25 March 2021

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Mr Tim Quilty

Dr Samantha Ratnam

Ms Harriet Shing

Mr Lee Tarlamis

Ms Sheena Watt

WITNESS

Dr Kevin Sabet, President, Smart Approaches to Marijuana (*via videoconference*).

The CHAIR: Welcome back, everyone who is watching at home. I would like to introduce Dr Kevin Sabet from Smart Approaches to Marijuana. Dr Sabet, in the room with us today are my committee members—the Deputy Chair, Dr Tien Kieu; Kaushaliya Vaghela; David Limbrick; and Georgie Crozier at the end—and as I mentioned, I am Fiona Patten.

All evidence taken at this hearing is protected by parliamentary privilege as provided by our *Constitution Act* but also by the Legislative Council's standing orders. Therefore any information you provide during the hearing is protected by law; however, any comment repeated outside the hearing may not be protected. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament. I would note that you are not in Victoria, so you may not have the same protections as under Victorian law, but you are protected here in Victoria.

Today's evidence is being recorded by our Hansard team, and you will receive a transcript in a few days. Ultimately that will go onto the website and will be a public document. I encourage you when you receive it just to have a look and make sure that we have not misrepresented you or got some words wrong that misrepresent what you were trying to say to us.

We would welcome some opening remarks—and I note that you have some slides for us—and then we will open it up for a committee discussion. Thank you, Doctor.

Dr SABET: That sounds very good. Thank you, Madam Chair and Deputy Chair. Thank you, members of the committee. It is an honour to be with you today and to be able to submit testimony on an issue that I think is often wrought with controversy and an issue we sometimes did not have a lot of data about, but I think the data is mounting. In many ways the United States has been a test case for a lot of these ideas. I think it is important to look at the evidence objectively.

As part of my background, I served for over two years as the senior drug policy advisor in the administration of President Barack Obama. Previously I had served briefly in the Clinton administration and in the George W Bush administration in a non-partisan capacity, as I am.

Visual presentation.

Dr SABET: I am happy to share a few of the slides. Since you have them in front of you, I do not think I need to go over all of them painstakingly, but maybe we can go over some of them. You already know about my background. My group SAM is collaborating with all the major medical associations, as well as numerous law enforcement, treatment, recovery and prevention groups across the United States and abroad.

Just to start, I think three separate issues often get conflated in this debate and discussion, although I think in Australia, given the experience in South Australia with the criminalisation and in some other jurisdictions, it is probably less conflated there than it is over here. But I think it is worth mentioning the issues regarding basically separating the three issues, first being decriminalisation—essentially we are talking about penalising or not users, really the demand side of the market. The second thing: the medicinal use of compounds derived from marijuana. We are looking at the legitimate medical application of cannabis, given that it is a very complex plant. It is a plant that has hundreds and hundreds of chemicals, constituents—terpenes, flavonoids, all kinds of things. We only know about really a few of them relatively, but the medical community is certainly doing a lot of research in that arena. And then of course what we are talking about today I think mainly, which is the legalisation of marijuana. I will call it for non-medical use. Of course among the three categories there are many different shades within each of the three categories, which is also an important lesson.

But by far and away the model of number three, the full legalisation, has dominated the United States and I think globally, because we are only talking about a few countries that have ever done this. We are talking about Canada in a very limited way, as well as Uruguay in an extremely limited way given the size of that country and the market there—very, very different than what several states in the United States have done, which is a model of, I would call it, commercialisation, a private industry model that really mimics the alcohol industry in many states as well as the tobacco industry.

I think what is really important to remember about the discussion also is that for many people when you say the word 'marijuana' or 'cannabis', they have an idea in their mind about what that is, sometimes based on past experiences or based on what they have read about or what they have heard about, and in reality when we talk about marijuana, we have to understand it comes in many different forms. You almost would classify it as different drugs, with what it comes in.

It is not just the old joint with a low-level amount of THC, which is the active ingredient. It is also often the edibles—the candies, the cookies—the vaporisers, the blowtorches, all the different things that are out there. We are talking about a much more significantly potent product globally than what we ever talked about even 10 years ago, let alone in the last century, which is again when a lot of people still have their reference point, and most people would not recognise any of these pictures here as marijuana even though they are. They are fully legal in the 15 states that have legalised the commercial sales of marijuana in the United States, and there are very few limits. Only one state, Vermont, has any kind of limit on the THC level, although what is really interesting is that states like Colorado are actually looking into limits because of the damage from a public health point of view that has come from these high-potency products.

Another thing to remember is that, when we are talking about the marijuana market, we have to talk about what we mean by that, and really what we mean is the fact that a very small proportion of overall users consume the vast majority of the product, and that falls very similarly with alcohol. In the United States 10 per cent of drinkers consume 80 per cent of the product. I think that number is very similar globally. It would be similar in Australia and it would be similar around the world. And that is also the case for cannabis—we are talking about 30 per cent of users consuming 87 per cent of the cannabis. This is a review done in Colorado, but the markets would be very similar in other states.

We are also seeing disproportionate arrests that are still occurring. This is important to understand because we have disproportionate arrests in the United States for most offences, although the reforms taken about 10 years ago in sentencing have greatly reduced the disproportionate prison sentences that we used to see for drug crimes. That is narrowing rapidly. In fact there was a new statistic out today on that which I am happy to submit to the committee later. It was about all drugs, but it was basically showing how there is no more disparity for most drug crimes on certain levels in the country, which is amazing considering where we were 15 or even 10 years ago. But the interesting thing, what this has to do with cannabis, is that we are still seeing disproportionate arrests. We are still not seeing the promise of social justice, which has often been the lead-in. We know that very few of the businesses are black owned.

This is a headline from the *New York Times*, which as a newspaper, in full disclosure, has come out in favour of legalisation, which maybe makes this an even more reliable source actually. It is reporting that the illegal market is booming in states like California that have legal cannabis. This sort of runs counterintuitive, because sort of like what happened with alcohol quickly after alcohol prohibition ended in the early 1930s in the United States, we would think that the illegal market would simply fade away into the legal one. That is not happening with cannabis. Cannabis and alcohol are very, very different substances. I do not dwell on that difference in my testimony. I am happy to answer questions. But for this purpose I am saying that they are different because it is much easier to produce illegal cannabis than it is illegal alcohol, just from a resource point of view and from the space it takes and the knowledge it takes, given that marijuana is after all a plant. It can be genetically bred to be very powerful, much more powerful than most plants, but it is still at the end of the day something very different to something like alcohol. You can undercut the legal price pretty easily, especially when you start adding taxes, which of course most jurisdictions have done. Obviously the drug cartels and the major international, transnational criminal organisations have not diminished as a result, and there is evidence that they have moved to other drugs like opioids, which is not necessarily a net gain, I would not say. And when you look at various states, in many states, the majority of their product is sold illegally.

I also follow developments very closely in Canada, another commonwealth country of course, and in Canada the Auditor-General of the largest province, Ontario, just reported that 80 per cent of transactions in Ontario are illegal still. So I mean, it is very, very difficult to erode a mature underground market, because of course cannabis has been illegal for so long. Unlike alcohol, which was only illegal for less than 20 years, of course cannabis has been prohibited for much, much longer, so the illegal market has had time to mature, to adapt, to spread. It does not just fold up easily.

The other side of this that I am very concerned about in the United States, that we have been witnessing, is really a marked rise, increase, in cannabis use disorder—otherwise known as addiction but really the clinical

term is CUD, cannabis use disorder. We are seeing that, according to Deb Hasin's research from New York, one in three past-year users will have achieved a cannabis use disorder, which is a remarkable number—30 per cent, because we used to say 10 per cent, 15 per cent. This is probably due to a number of factors, I think one being the availability and access and number two being the potency and strength of cannabis, and the normalisation of it as well.

We are seeing that in the United States there are general downward trends in substance use when we talk about alcohol, even opioids, among youth, and of course tobacco, cigarettes and other drug categories. The one exception to this really pretty big downturn is cannabis. We are seeing that it is actually reversing the downward trend in some states as well, and in legal states the use of the drug outpaces the use in non-legal states. We are also very concerned about the mental health impacts. We have seen study after study really in the world's top medical journals. It is important to distinguish, I think, those journals from maybe anecdotal or working papers which may say something different. But there is really very little dispute about the high correlation between heavy use of cannabis and mental illness, specifically psychosis—and to a lesser extent anxiety and depression, although we are seeing more evidence on that—and then leading to schizophrenia, which of course would be the most worrisome of all; there are very, very striking connections that we are seeing. We are seeing other things, such as obviously the famous Dunedin, New Zealand, study of IQ, educational attainment as well and new research just coming out in the last month about self-harm, and this relates to the mental health problems I was talking about. Also, when you look at opioids, a lot of people said that maybe there would be a substitution. We have not seen much evidence for a substitution, whether it is marijuana and alcohol or marijuana and a class of drugs like opioids. We have actually seen in places like Colorado an increase in opioid use disorder, and we are seeing that now in several, several academic articles—that by making marijuana more available, either through medical programs or through non-medical programs, we are seeing increases in opioid use—and we are seeing that across countries. In Canada a study from McMaster found the same thing.

We are also seeing it really targeting our youth. We are seeing the mass commercialisation with coupons and advertisements—you have it in front of you; I will not go through all the detail—the mascots, really the ways in which youth can be appealed to. Social media is very difficult to control or regulate. I mean, there is just nobody. I have never seen social media being able to be regulated when it comes to something like this. The advertisers just have way too much pull. We have seen different states quietly release departmental reports, like health departmental reports, which really have some startling numbers in them—I mean, a 400 per cent increase in marijuana poisonings among very, very young children. We are seeing 23 000 homes with children that are not storing these products safely. Second- and third-hand smoke is a huge issue, very understudied; we do not have a lot of knowledge about it, but it is something that is very, very important I think. We also know that living near retail establishments that sell cannabis is linked to more likelihood of youth use. This is just a recent journal article on addiction which showed that. And we are also seeing very few revenues as a percentage of state budgets. You may see hundreds of millions of dollars, which sounds like a lot of money, but when you compare it to an actual budget—which are the budgets you are all having to deal with—it is really pennies; it is really just a drop in the bucket.

The other issue I am concerned about is driving. We have seen an increase in fatalities. I am happy to answer questions about that later. We have more information on this. We have a 'lessons learned' document on our website, which has been approved by our scientific advisory board, where we talk about and go into great detail about what we know from different states. We release that every year.

I have a new book coming out I should talk about, called *Smokescreen: What The Marijuana Industry Doesn't Want You To Know*, which is really an in-depth look, with 353 citations, at what the industry is doing really I think to target young people and to frankly make a lot of money, which is really why we are seeing the huge push I think in the United States, frankly. There is much more about us on learnaboutsam.org.

Again, I wear several hats: President of SAM; I am also an adjunct assistant professor at the Yale school of medicine at Yale University; and of course as a former government adviser who continues to engage in these discussions. So I think I might have gone a little bit over my time, but I want to thank you all for listening to me. I will go ahead and stop sharing, and I am happy to answer any questions that you may have.

The CHAIR: Thank you so much, Dr Sabet. You were actually right on time, so well done, very well done. I will let Deputy Chair Tien Kieu open up the questions.

Dr KIEU: Thank you, Dr Sabet, for your contribution all the way from the States there. We have heard from a few witnesses, particularly one this morning also from the US, and the arguments and also the data cited were in some cases very different from the presentation that you had. Nevertheless I am not going to delve into that. I would just like to ask a question: if those are the problems with the legalisation of marijuana, or cannabis, in general, why for the last 10 years have more and more states legalised it and none of the states that we have heard of in the US in particular are reversing, even though they have a different level of restrictions and a different level of implementation and legislation? Why are the difficulties you presented not leading to a review of the situation?

Dr SABET: Those are great questions. I appreciate that. So I think first of all there is a bit of a narrative that this is just happening over and over and nobody is saying no—everyone is saying yes. If you actually look at the total number of states that have rejected pushes to legalise, it probably outweighs the number that have legalised by at least 3 or 4, maybe 5, to 1. We usually only hear about it when they legalise. So, for example, Virginia recently, in a very close vote, voted in their legislature to legalise. They are going to implement it in three years. They did that, which we heard a lot about, but I think few people heard that at the same time Hawaii—which is a Democratic state, by the way; I do not really think this is partisan at all. Hawaii is firmly Democratic. It has a Democratic governor and legislature. Hawaii rejected it. Wyoming rejected it as well as Maryland, which although it has a very moderate Republican governor, it has a very Democratic rest of the state. And those three states, which are actually very different from each other—it is very interesting to think about three very different states; I would probably pick Hawaii, Wyoming and Maryland—all actually voted against it. But things that do not happen usually do not make news. This is the problem in politics but also I think the problem in prevention. When you prevent something that has not happened, people do not realise it. They have sort of forgotten about it because it has not happened. But when something happens, then people go, ‘Wow’. They understand that and they notice that. So I think that is one thing.

The second thing about the reversal—why have we not seen a reversal? It is an interesting question. When Alaska essentially decriminalised marijuana in the late 1980s, early 1990s, a couple of years later they recriminalised it after seeing increases and problems. So some folks might have thought, ‘Well, if Colorado did this and there were bad problems, then they would have recriminalised it’. I think that there are a couple of reasons for that. One is that it is very difficult. These laws usually change by voter referenda, and voter referenda in the United States I do not think is a particularly great way to make policy. I think that this is a much better way to make policy: have an open discussion with experts from multiple sort of perspectives and weigh the pros and cons and contemplate it. This is very impressive, what you all are doing. I really commend you for it. In a lot of our states we have just rushed to put it on the ballot even though political leadership were not in favour of it and public health was completely against it. But using political sloganeering and with a lot of money supplied by the industry, of course—because they will profit from it, so they are going to invest in these campaigns—these have passed.

When that happens it is very, very difficult to reverse, because where the money is is not in this not happening. By the way, the for-profit companies are the ones contributing to a lot of these campaigns. Those are the ones that are going to have the money to push this. So it is a very peculiar situation when you have the American Medical Association and every single major medical group in the United States very clear about how this is a bad idea to legalise marijuana and yet you have these things passing, usually by voter referenda. Virginia was an exception to that, as was Illinois. You know, it is just really interesting to see that dynamic.

I also think data take a while to uncover themselves. We are not going to know about the long term: what has been the mental health fallout among young people from legal cannabis? That is a question that will probably take 15 to 20 years to really understand from a scientific point of view and then to translate that into the public consciousness. We knew about cigarette harms in the 1930s. We actually knew a lot of the problems with cigarettes basically in the mid-20th century, but it was not until the late 20th century that public consciousness moved. So that is the best analogy I can give.

In terms of other statistics and other folks, obviously—I only have 10 minutes—I am not saying that every single thing has been doom and gloom and is negative, but in some of these key areas I think we are seeing a picture beginning to emerge. And again, what I am saying is just consistent with the medical authorities. It is consistent with folks that do not really have a financial or political dog in the fight. I think you should also look at the sources of funding for certain folks and certain organisations. That may say something, because what we have unfortunately seen again is a lot of the marijuana industry is just like the tobacco industry—and you all in Victoria and greater Australia have done an incredible job on the cigarette issue and on the tobacco issue. I have

to commend you all for that. A lot of us see the same movie being played out again. That does not mean we should criminalise people, and I want to make it very clear—maybe I did not make it clear enough—that I do not think it is a good idea to criminalise users. I do not think it is a good idea to give them criminal records to prevent them from becoming a full member of society if they use cannabis, but I think there is maybe a middle ground to strike between the extreme of criminalisation, which is extreme, and what I would argue is the extreme of commercialisation as well.

The CHAIR: Thank you.

Dr KIEU: Thank you.

The CHAIR: Kaushaliya Vaghela.

Ms VAGHELA: Thanks, Chair. And thanks, Dr Sabet, for your time and for your presentation today. I have got a question which has got two parts. You mentioned about the illegal pot shops when cannabis is legalised, and you also spoke about the advertisements for this on social media or in other forums. What I want to know is: are there measures in place to stop those illegal pot shops rather than saying, 'Don't use cannabis', so regulating that part? And the second one is: instead of saying to the youths or other adults, 'Don't use cannabis', if the people who are promoting the use of cannabis or the way the advertising is done, if that is regulated, that will be more a preventative approach; is that in place? If it is in place, it is not working.

Dr SABET: Yes. Let me answer the first question first and then I will get to the second. The first one on the illegal markets, I think this speaks to a larger issue. A lot of people think if you legalise cannabis then there is no need for law enforcement, you are getting rid of law enforcement. Actually the opposite is the case. I would argue that if you legalise cannabis you had better spend more on law enforcement for a few reasons. One is issues like drug driving, which is a huge issue. Again, I was lucky enough at the United Nations level to work with your federal national government on issues, and drug driving was a very big issue for the government of Australia, but also on issues like selling to minors and things like that. That is going to require law enforcement.

In the other area that is going to require law enforcement you would want to crack down rather than soften on the illegal players. But that proves to be very difficult in a legal environment to distinguish between the two. And it is not just cannabis that that is difficult for. Canada has a \$700 billion illegal cigarettes trade, which has never been able to be contained.

Now, of course, cigarettes are legal. I am sure Australia has an illegal problem with it too; most nations do that have a percentage of smokers. And so it is very difficult to do that in that environment, but some places have tried. I just saw today that the City of Los Angeles is going to just try again. I mean, they have had the problem with illegal medical dispensaries as well as recreational for maybe 15, 20 years. They have never gotten a handle on it, because it is very easy to also hide under the legal cover, right? You would think: wow, there is enforcement and there is regulation. That is sort of what I thought on that side of it at least, and then when I started talking with regulators all over the country—you know, former regulators of cannabis from different states who had retired or moved on—the stories they were telling me were about how it is very under-resourced and it is very difficult to track. The dealers are always going to be a step ahead. I wish I could say that that was not the case. That is why I have always thought one of the best ways to reduce the illegal drug trade is to reduce demand, to reduce the attractiveness, to discourage the use, because if there is a reduced demand, then there will not be a need for the dealers.

And that goes, I think, to your second question. I actually do not think that what you said is mutually exclusive in terms of being represented: do we have to tell young people to say no or can we limit advertising? If you are going to legalise, I would hope there would be limits on advertising and these kinds of things. Again, that has been—at least in the United States and in places like Canada—in the age of social media, very, very difficult to do. Colorado has a 30 per cent cap on the number of people under 21 that can see marijuana-related advertising. Sounds okay—maybe that would work, except it is all self-regulated. There is absolutely no enforcement. No-one has ever been cited for it. I mean, it is just really in name only, and I think it is very difficult once the government approves something.

We have seen this problem with alcohol. I mean, again, we do not have to predict a lot of the problems or guess, because we should just look to our experiences with alcohol and tobacco. We should ask ourselves if we have kept it away from kids, if we have stopped multinational, multibillion-dollar companies from targeting vulnerable populations, if we have reduced the public health harms. You could argue that with tobacco we

have—much more than alcohol for sure. But, again, with tobacco I think it took us maybe 100 years to get us to where we are at, and it was a very difficult journey of people having to learn the hard way. With something like cannabis, which has not only the harms of ingesting smoke but is actually coming with mental health harms and harms to your mind in a way that tobacco actually does not do—in other words, tobacco does not reduce IQ; if anything, it increases concentration—cannabis is a totally different drug when it comes to that because of what it does to your mind. I think it is very difficult to limit those harms. So, again, I think we can try. We should try to do those things if we are going to go ahead with legalisation, but I am, I guess, here to say that it is not as easy as it sounds.

I will end with the answer to this question: the reason why it is not as easy is because in the addiction business you need young minds to essentially make money. In other words, most people who start using any drug after age 25 or 26—they will not become addicted and they will probably not continue to use. The vast majority of people with problems later in life with addiction—they all started before they were 21, and these industries know that. The alcohol or tobacco industries that are legitimised—it is why they have kid-friendly items, why they have targeted young minds for so long and why they are so present at university and other places where developing minds are still very much around and are attracted to their product. So when you are in this business, if you are in it for the money—again, usually why you are in the business is you are trying to make money—then it becomes very difficult to limit things like youth exposure, because you need youth exposure actually in order to make money.

The CHAIR: Thank you, Doctor. David Limbrick.

Mr LIMBRICK: Thank you, Chair, and thank you, Dr Sabet, for appearing today. One thing I would like to ask you about is: in your presentation and in your submission you talked about some of the increased harms after legalisation for adolescents, so some increased usage. However, some of the other submissions that we have received, particularly from Statistics Canada, have shown decreases in the use of cannabis between the 15- to 17-year-old group.

My question is: do you think that Canada has maybe done better at addressing some of the harms with cannabis legalisation for adolescents?

Dr SABET: Well, I think the Canadian picture—and I actually spend a lot of time in Canada, mainly in British Columbia, near the other Victoria; I guess you could call it New Victoria, maybe—is definitely different than the American picture, for a few reasons. First, the number of retail stores and things like that—it is far less than in the United States. Even in a sort of cannabis-friendly province—you could call British Columbia—it is much less. But I also think we are still beginning to see this story emerge. I know that in Canada—I would actually welcome the opportunity, if it is okay with you all, to submit this after the fact—there have been a lot of different kinds of statistics from different surveys in Canada. So my assessment of Canada, when it comes to youth use, is that it is mixed at best, because I have seen certain things from one area of the government that is actually very different than another area. So with your permission, if I can sort of answer that question in earnest afterwards I promise to submit more of a complete picture, because I have seen both, as you mentioned, Sir. I have seen what you are referring to but I have seen others too.

The CHAIR: Fantastic, Doctor, thank you. We will take up that offer. We would appreciate that. Thank you. Given we are getting close to our time, Georgie Crozier.

Ms CROZIER: Thank you very much, Chair. And thank you so much, Dr Sabet. It is great to see you again and your presentation, which covered off so many issues. I am interested in the health impacts of cannabis use. We have heard from witnesses this morning giving us somewhat probably a different perspective than you have presented today. You mentioned the limit on THC level in Vermont. You also presented various forms of cannabis, which I think the general population do not understand. I think that they think it is just rolling a joint and having a puff, probably from last century. I am interested in that perception from the referenda and why the voters perhaps voted or do not fully understand that complex nature of the plant that you describe. I have got two question there in relation to that referenda and people's perception and then the very important issue about THC level and how that does have that impact in so many health areas. You said that the various medical bodies are speaking out and talking about the dangers. Why isn't that being heard in these states when this issue is being put to the voters?

Dr SABET: It is a great question. It is a very tricky political-science question, in many ways, and puzzle. I think in terms of the different testimony—and of course I expect that—I would urge the committee not to really lean on anybody's, including my, testimony as the final word, but again go to neutral scientific and medical authorities. I am talking about the, for example, major review done in 2017 by the National Academy of Sciences, which of course is an independent body. In fact, one of the members of the national academy who was part of the cannabis report is actually a very well known pro-cannabis campaigner, but I have to say he was very fair in the assessment. It is a measured look but it also really talks about more than 10 000 human studies done on cannabis, a review of the last 30 years. There has obviously been a lot since 2017, but that would be one place to start. The other places: again, look at the American Medical Association as well as the American Academy of Child and Adolescent Psychiatry and the American paediatrics association, all of which have put out very good sort of white papers and references on the health harms, rather than take it from me or take it from someone else. That is what I would say about that.

I agree with you completely on the perception issue. When we have done post-polling in certain states, we have found that people have absolutely no idea what 90 per cent of these products are, that their perception is really that marijuana is a joint, maybe brownies or something—because their college roommate 30 years ago made brownies with THC in them—but nothing like the sophisticated levels of products that we are seeing today.

What is really interesting—and I should have put a slide on this but I did not, so I want to underline this point, and this speaks to the second question I got from the vice-chair—is that even in very liberal states like California that have overwhelmingly voted for legalisation, the vast majority of cities and towns have actually banned the sales within their jurisdictions. I am not just talking about one or two members of sort of like city council or the mayor; I am talking about referenda, local referenda, where people essentially voted yes on sort of the broad state-level, 'We don't want to put people in prison' and that kind of thing, but a very hard no on whether or not a retail cannabis seller or establishment or even grower or cultivator, whatever, should be within their city limits. A recent example of this is in the pretty small town of Williamstown, Massachusetts, which is fairly affluent. I think they voted for Hillary Clinton and Joe Biden by over 85 per cent or something, so a very, very what we would call blue town but very much agricultural also and the home of Williams College, a liberal arts school. They recently voted as a town, pretty overwhelmingly, to not even allow outdoor farming of small amounts of cannabis, which was really sold as like an agricultural commodity as a way to revive farming. That did not even pass in a very liberal place. So again, we are seeing a very different story on the local level than we have seen on the state level.

Ms CROZIER: Thank you very much.

The CHAIR: Thank you, Dr Sabet. We are just getting to the end of our time. I will just take the opportunity to ask a quick question. We understand: cannabis is available, and actually when you look at the demographics of cannabis use in Australia, even though we prohibit the use of cannabis, we actually have a larger cannabis use than the states where you have legal cannabis in the United States. About a quarter of people between the ages of 18 and 24 use cannabis regularly in Australia and 11 per cent of Australians use cannabis on a regular basis. So this is not about whether we make it available or not but how I guess we keep people safe. I note you were saying that we should not criminalise people for use. Maybe in a follow-up when you are sending us some information about Canada you could also send us any good examples of where you have been able to see delays in early use, because as you mentioned, if we can delay that early use the chances of harm are greatly reduced.

Dr SABET: Yes. I am happy to do that. Obviously I am not saying that by doing something or not doing something you are either going to eliminate something completely or it is going to be up seven to tenfold. I think what we are saying is that absolutely obviously there is a constituency of people who use. The question is: do we want to expand that by essentially having the state stamp on perhaps encouraging that use, especially if there are revenues involved or other interests involved? It is very difficult to eliminate the use. Again, the question is whether to encourage or discourage. I think of it as kind of like a speeding limit: we have a speeding limit, we know that many people will exceed the speeding limit, a lot of people will exceed the speeding limit—a lot of people can exceed the speeding limit safely, by the way—but do we want to get rid of the speeding limit and say that, 'Well, because people are speeding, let's get rid of the speeding limit'? Whereas I would say, 'The speeding limit probably has some value of discouraging'. It does not mean that if you are caught speeding you should have your life ruined, but it means that we should have some kind of societal disapproval even though there may be a good percentage of people violating it.

Again, that is different from, say, alcohol, because I think the reason alcohol is legal is not really because it is good for you or because we all think it is a wonderful thing for everybody to use and access. I have never heard of someone saying, 'If only more people in my community drank, we would be better off'. I have never heard anybody saying that. But the reason it is legal is that we made that societal decision—most of Western civilisation did—because we have had the majority of inhabitants using for thousands of years.

I do not think we are there yet for cannabis. I do not think we are at that threshold where it is like, 'Well, the majority of people are doing it regularly, so we need to put in some controls and make it safer if we can'. I think we are at a stage where it is still not a majority of people, in both your country and mine, and so how do we discourage it in a proportionate way and really keep with the science and the public health? That is really the spirit that I tried to submit my testimony to you in today.

The CHAIR: Great. Thank you so much, Dr Sabet, for your time and certainly for agreeing to send us some follow-up information. We greatly appreciate that. As I mentioned at the start, we will send you a transcript of this hearing, and we encourage you to have a look at that and make sure that we have not misrepresented you. Feel free to stay in touch with us. This inquiry will go for a couple of months. This is our first day of public inquiry, so we very much appreciate the knowledge that you have brought to us today. Thank you.

Dr SABET: It was an absolute pleasure. Thank you for inviting me.

The CHAIR: For everyone watching at home, we will break for a small moment just to reset. Thank you. Goodbye.

Dr SABET: Thank you. Bye-bye.

Witness withdrew.