

TRANSCRIPT

LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into the use of cannabis in Victoria

Melbourne—Wednesday, 21 April 2021

(via videoconference)

MEMBERS

Ms Fiona Patten—Chair

Dr Tien Kieu—Deputy Chair

Ms Jane Garrett

Ms Wendy Lovell

Ms Tania Maxwell

Mr Craig Ondarchie

Ms Kaushaliya Vaghela

PARTICIPATING MEMBERS

Dr Matthew Bach

Ms Melina Bath

Mr Rodney Barton

Ms Georgie Crozier

Dr Catherine Cumming

Mr Enver Erdogan

Mr Stuart Grimley

Mr David Limbrick

Mr Edward O'Donohue

Mr Tim Quilty

Dr Samantha Ratnam

Ms Harriet Shing

Mr Lee Tarlamis

Ms Sheena Watt

WITNESSES

Mr Sione Crawford, Chief Executive Officer, and

Ms Stephanie Tzanetis, DanceWize Program Director, Harm Reduction Victoria Management Team, Harm Reduction Victoria.

The CHAIR: Hello, everyone, and welcome back to the Inquiry into the Use of Cannabis in Victoria. We are very pleased to now be joined by representatives from Harm Reduction Victoria: their wonderful CEO, Sione Crawford, and a regular at parliamentary inquiries, Steph Tzanetis. I thank you so much for joining us today.

I would like to introduce you to Dr Tien Kieu, our Deputy Chair; Kaushaliya Vaghela; Sheena Watt; Tim Quilty; and David Limbrick. We may have some other committee members join us throughout this session, but we are all ready to go.

I would just like to let you know that all evidence taken at this hearing is protected by law. This provides parliamentary privilege—and this is established under our *Constitution Act* but also the standing orders of the Legislative Council. So you are protected by law; however, if you were to make any comments outside this hearing, you may not have the same protection. And any misleading of the committee or deliberately false evidence could be considered a contempt of Parliament.

We are being recorded; we obviously know that we are also live. You will receive a transcript of today, and I encourage you to have a look at that. Ultimately it will find its way onto our website, but it will also form part of the committee's report into this issue.

I would welcome some opening remarks, and then we will open it up to questions from the committee. Again, thank you for joining us.

Mr CRAWFORD: Thank you very much, Fiona. First of all, I would like to acknowledge the traditional custodians of the land which I am joining you from today, who are the Wurundjeri people, and I would like to acknowledge any Aboriginal elders past, present or emerging who are with us or watching today.

Thanks very much, Fiona, for that introduction, and thanks to the committee for inviting us here to present today. As Fiona said, I am accompanied by my colleague Steph Tzanetis, who is our DanceWize Program Director. DanceWize is our music event and festival peer support and peer education program. They work really closely with young people to reduce drug-related harm in that context. She will be here to answer some questions after my brief opening statement.

For those of you who do not know, Harm Reduction Victoria is a not-for-profit, lived experience and membership-driven health promotion charity. We also represent, advocate for and provide services for our community and our members, and these people are people who use illicit drugs in Victoria. So we come from that community as well.

Harm Reduction Victoria are immensely proud that we have played a key role in mobilising the community of people who inject drugs in response to the threat of HIV/AIDS over the past 30 years, and that has contributed to ensuring we have got one of the lowest rates of that disease in the world. The reason I mention that is just really to underline the value of peer engagement and peer work, which I am going to talk a little bit about today.

So over that 30 years of work we have also taken on a much wider brief around health issues that impact our community of people who use drugs. Through peer education, health promotion, advocacy and workforce development and community development, our programs address issues such as blood-borne virus transmission; heroin and other drug overdose; amphetamine type stimulant related harms; the drug treatment needs of Victorians, including the opioid substitution treatment clients; and alcohol and other drug education to support the needs of young people—as I mentioned, around the music event and festival scene as well. We also address the stigma experienced by people who use drugs.

Our organisation is committed to community ownership and accountability, inclusion, human rights, partnerships and collaboration, health promotion and of course excellence. So thank you very much, again, for

having us today. Our overarching theme today and in our submission is that the thoughtful and considered further decriminalisation of cannabis in Victoria and a subsequent reinvestment into education that is evidence based is one of the most powerful ways to decrease harms related to cannabis use. Our original submission therefore highlighted some of the following areas for consideration. The continuation of an illegal and unregulated cannabis market is in our view a high risk and perpetuates harms, and it is a lost opportunity for Victoria to generate revenue as well. A regulated cannabis market for Victoria could prevent criminal activity and other harms related to the criminalisation of cannabis. Regulating the cannabis market for Victoria should be principled as well, from our perspective, so as to promote health and the social determinants of health through an ethical and socially inclusive commercial industry that generates socio-economic benefits more broadly. We can dream of a perfect world.

A regulated cannabis market for Victoria is the best means to prevent criminal activity relating to the cannabis trade in Victoria. For the sake of health and human rights, it is not really a case of whether or not a regulated cannabis market is established but what form that regulatory framework might take and how might the government ensure social equity to be at the forefront of such reforms.

So how might further decriminalisation and regulation of a market, as opposed to criminalisation of a market, begin to meet the issues outlined in this committee's terms of reference? Well, in a nutshell, we believe that bringing cannabis use out of the shadows and destigmatising it will allow for a far better understanding of its impact on public health and safety and allow us to engage in education and conversations both with young people and with wider society that are honest and trusting and free from discrimination, or as free as we can get. As a lived experience organisation, as people who have used and use illicit drugs, we know from our own experience that when one's own drug use is illegal and demonised, as it is now, we are focused primarily on avoiding criminal sanctions and not on engaging with health professionals or with health promotion or to better understand the health impacts of drug use. We are afraid to seek out help until it is way too late or very late in the picture. We are afraid to talk to our parents and family for fear not only of their reaction but of the shame that this so often causes them.

Yesterday I was talking to a colleague who runs a similar organisation to ours in the ACT. They have got a peer treatment support service, which supports people to stay as healthy as possible while they are still using drugs and while they wait for access to drug treatment, because we all know there are long waiting lists. I asked him what impact the decriminalisation of cannabis had had on their service—bearing in mind this is anecdotal at this point. I asked him what impact it had had on their service and the community they serve, and he said that there have been a number of impacts, but one of them stuck in my head. He said in the last year the number of people contacting and engaging their service about cannabis issues had tripled—bear in mind that all analyses so far in the ACT point to the fact that cannabis use has not risen since decriminalisation. So this increase in proactive engagement is not just because there are more people using, but because slowly more open conversations are being had between family and because people feel less inhibited by criminal sanctions to access health care—at least that was his perspective at the moment. While the numbers he is talking about are relatively small, they are instructive. Parents have rung for information because they have had family come to them to talk about their cannabis use for the first time as decriminalisation came into play and conversations were had in public about it, and they were not afraid of criminal sanction or of shame quite so much.

We know that once young people are involved in that criminal justice system, it can often turn into a lifetime engagement and too often the people we work with through Harm Reduction Victoria have spent a long time in and out of our criminal justice system or in it. Our current diversion scheme is useful but it does not go far enough to ensure that young people's lives are not ruined by using drugs. It may seem counterintuitive to people who have never been involved in a criminalised activity like illicit drug use and dependence, but really it is not simple to reach out for help, and it is important we do anything we can to make it easier for the minority of users who have problematic use to reach out.

We do recommend that the Victorian government develop a legal and socially equitable commercial cannabis market as a means to achieve all of the inquiry's terms of reference. In the Victorian Inquiry into Drug Law Reform in 2018 it was recognised that internationally discussion regarding the legal regulation of cannabis for adult use is becoming more common, and we are doing it now to a degree. A regulated cannabis market for Victoria can reduce the criminal activities associated with an illegal market. A regulated commercial market might provide a service interface for the public and an opportunity to integrate health promotion and harm reduction education and interventions into that. If Victoria introduced a regulated and taxed commercialised cannabis market, citizens might enjoy multiple financial, health and social benefits. This could be a significant

revenue source for Victoria too, and such revenue could be reinvested into health and community services to benefit all Victorians.

Recommendation 5 from our submission is that we recommend the Victorian government then reinvest revenue from a regulated cannabis market into health, wellbeing and social goods, such as peer and lived experience based education, harm reduction services, AOD recovery and treatment, further research and evidence-based health promotion and community development. In particular, recommendations 5.2 and 5.3 relate to this education approach from Harm Reduction Victoria, and DanceWize in particular, but we believe this is applicable more widely as well.

In order to ensure social equity our recommendations 3 and 4 relate to reforming convictions of cannabis-related crime. We recommend the Victorian government consider the implementation of a spent convictions scheme and that the government reform the roadside testing regime to test for impairment rather than trace amounts of THC. HRV encourages this committee to recommend such reform along with our other recommendations, and we also suggest a number of principles that we would be happy to speak to as well that will ensure any changes are socially equitable. We suggest peer involvement—that people who use cannabis and those with cannabis-related priors, for instance, are involved at every level of reform as this continues, including in ongoing research as we learn more. There is an understanding that many growers and dealers are not large criminal enterprises and that reforming this market should be done in consultation with this community as well. To do otherwise risks pushing them into further criminal activity. We suggest that there be clear involvement from people who use cannabis in public health and safety decisions in relation to decisions made around using cannabis and regulations and laws related to that; that there is peer involvement as a core element implementing health education campaigns and programs for young people and that there is peer education by and for people with current lived experience of cannabis use as a core element of the harm reduction policy and practice going forward; and that reducing harm-related drug use is a higher priority than simply reducing rates of drug use. Addressing stigma and discrimination, finally, which is faced by people who use drugs is actually good health policy, as I talked about before in terms of people wanting to access services, and so can have these direct positive outcomes.

In closing, I would like to acknowledge that, yes, this is a multifaceted and complex area both of public policy and health policy. We are not economists and we are not clinicians, but we are people with a lived experience of illicit drug use and we have got an experience of being told that we have a health issue while being treated as a criminal. We know for a fact that this mixed messaging is counterproductive and it leads to us avoiding reaching out to talk about and act on issues related to drug use as a result. I personally think that we owe the next generation a way better way forward than this. Thank you for your time.

The CHAIR: Thank you, Sione. Again, thank you for your submission as well. It was really thorough and I very much appreciated the way you broke down your recommendations as well. We will open it up for some committee discussion now for the next half an hour. Tien.

Dr KIEU: Thank you, Sione and Harm Reduction Victoria, for your submission and your appearance here today. You have raised a few points there about decriminalisation and how it works across jurisdictions and so on. I would like to ask another question though. You mentioned that people at the moment, because of the criminalisation of drug use, particularly cannabis, are less likely to seek help or engagement and also will try to avoid criminal sanctions. On top of that you mentioned education. Drug education is not something new; we have already had it for some time now—for example, the education about the harmful impacts of alcohol usage. Is there any evidence that education in particular would help young people, particularly on the use of cannabis in comparison to the education about the harmfulness of alcohol? I do not know how effective the education for alcohol is, for example, because we still have widespread abuse of alcohol. And would that be translated to the effectiveness of the education that you propose for cannabis avoidance?

Mr CRAWFORD: Sure. Look, I would like to ask Steph if she has something to comment on this as well, but maybe just as an immediate remark I would say that, as I acknowledged in my statement, this is a really complicated area. I think that there is no silver bullet. I think many people have said that. I believe the evidence shows that although there are still widespread alcohol issues and problematic use of alcohol, in fact there is a better knowledge amongst people generally across society in our community about what is safe alcohol use. Certainly there are more opportunities for discussions about that and certainly more factual information about how to reduce your alcohol use and to drink safely. I would just want to mirror that in cannabis and in all illicit drugs, actually, while recognising that there really is no silver bullet that will stop all harm related to drug use

and alcohol use. But what we can do is at least try to limit that. As I said, we are not health economists, but I do believe that although alcohol by far still has the most costly negative impacts of all drugs in Australia, it has been improving over time in terms of the percentages of people who have problematic alcohol use.

Steph, do you have anything that you want to add to that?

Ms TZANETIS: Yes, thank you. It is a really important question. Something I would just like to highlight is that we do not have enough evaluation of the quality and impacts of current alcohol and other drug education that is being delivered, for example, in secondary schools, and there is a difference between educating people about the potential harms and educating people in a more comprehensive way that recognises that there can be some benefits, including, for example, with cannabis, which since 2 December 2020 has been reclassified by the UN and recognised as a medicine as well, and the Victorian government has also recognised the medicinal benefits of cannabis. When you give a comprehensive education that recognises potential benefits and potential harms, you can also create a really nuanced message that includes harm reduction. It is all about the quality of the education that you are giving people.

I would like to also point to something that is referenced in our submission that may give some indication that people who use cannabis would be responsive to harm reduction education. We are aware from the Australian household drug survey, the largest research that is done in Australia on the prevalence of harms of alcohol and other drug use, that the 2019 report says that cannabis is the most prevalent illicit drug used in Australia, with approximately 7.6 million Australians having used cannabis in their lifetime. The way that that survey was designed for the 2019 report actually used screening questions throughout to see if people engaging in certain drug use were engaging in particularly high-risk behaviours. It indicated that 82 per cent of the people who report cannabis were categorised as low risk, which indicates people who already use cannabis may be willing or have the agency to comply with a formally regulated system and any harm reduction messages that are provided to them. So in a nutshell it is something that probably does need to be evaluated more—the quality of alcohol and other drug education provided—but we do find that the people who are stating that they are using cannabis would be receptive to messages about how to reduce the harms involved with their use.

Dr KIEU: I just have a quick comment. You do not need to answer. So that raises the question whether we should strengthen and promote and reform the education to be more effective without the need for decriminalisation. Those two things are different. So that maybe you could take as a comment, and the others may have some questions.

The CHAIR: Thank you, Tien. Kaushaliya.

Ms VAGHELA: Thanks, Chair. Thanks, Sione and Stephanie, for your detailed submission and your time today. What Sione mentioned is that your organisation assists people who have a lived experience of using cannabis. So what I would like to know, Sione and Steph, from you is in terms of the impact of the use of cannabis. Is there evidence or otherwise on the impact of cannabis use as a contributing factor to violence and the impact on a person's mental health? And the third one is on the impairment of a driver's ability to drive, because there is a reference in your submission regarding reform of roadside drug testing. You are saying that it should not be testing for traces of THC, it should rather be impairment, so I would like to know more about that.

Mr CRAWFORD: Steph, you work really closely with people on a day-to-day basis. Do you want to—

Ms TZANETIS: Yes, certainly. I will just address your question regarding impairment, and then there were several other queries that you had. So if I could do the first one, in regard to the roadside drug testing, we provide education to a number of people about reducing the risks to do with their drug use, and that includes discouraging people from driving while impaired. When it comes to alcohol, there is a regime that can uniformly measure someone's impairment from alcohol, and that largely has to do with alcohol being water soluble, and the blood alcohol content reading that is considered the threshold for impairment is .05. What we have with cannabis is, because it is a fat-soluble drug, people can show trace amounts for days or weeks after having used cannabis. So that means while the acute intoxication after using cannabis may only last a matter of hours, a person may be criminally sanctioned for driving days or weeks after having used cannabis. So there are instances where people have as a consequence of losing their licence experienced loss of employment and then all the social harms—the loss of the social determinants for leading healthy, productive lives.

The current regime actually captures far more people. As I mentioned before, 7.6 million Australians have used cannabis in their lifetime—that is 7.6 million Australians who have been at risk for being considered to have trace amounts in their system when really they are not impaired to drive, because they are not under the effects of cannabis anymore. This is why it is an issue. I am not saying that there is like a testing regime that is available at this point in time, but it is something that needs attention in terms of how we treat people who are found with trace amounts. There does need to be investment in research to find other ways to test impairment to do with cannabis in a way similar to with alcohol, especially since we do have people who receive cannabis for medical reasons.

The CHAIR: Thank you. Kaushaliya, did you just want to quickly repeat the first—

Ms VAGHELA: It was impact—whether it contributes to violence and mental health. Both.

Ms TZANETIS: To the best of my knowledge there is no evidence supporting an increase in antisocial or particularly violent behaviour to do with cannabis. In fact I do believe—and I do not have references in front of me—that the exact opposite is true. Possibly some of the impacts following regulation in Colorado would be worth investigating, but in terms of jurisdictions where they have introduced a regulated cannabis market, instances of violence and antisocial behaviour have gone down, so it is the opposite to what you might see from the impacts of alcohol.

In regard to mental health, this is something where it is really important to tailor harm reduction education so people are really conscious of their individual risk profile and are aware of whether they are predisposed to a condition—say, schizophrenia—because there is some evidence that cannabis can exacerbate mental health conditions if someone is already predisposed. Conversely, there is actually a lot of evidence that cannabis use can be a strengthening factor for some people who have other problematic drug use and it can help them achieve abstinence from other more high-risk substances. We have also seen that cannabis, in particular CBD, is linked to positive mental health outcomes and is a real strength factor.

So this is something where having a regulated market means that you have the infrastructure in place to deal with all of this complexity and all this nuance. So yes, there are risks. We would never tell people that there are no risks with drug use; there are always risks, but we want people to be aware of them in a specific and non-discriminatory way.

Mr CRAWFORD: I think that although your question was probably about interpersonal violence and about mental health, I would say that in terms of violence I think it is pretty well accepted and known that criminal enterprises tend to increase violence. So one of the key ideas with decriminalisation is clearly that on a societal and a public level you would expect that eliminating particular criminal activities will go a long way to eliminating violence that occurs across society as well. Although I think you were talking about interpersonal violence, I think that some of the lowering of the incidence of violence that we have seen in places that decriminalise is related partly to that as well.

The CHAIR: Thank you. David.

Mr LIMBRICK: Thank you, Chair. And thank you, Mr Crawford and Ms Tzanetis, for your submission and for appearing today. We have had a lot of discussion so far about the different types of regulatory models when legalisation happens throughout the world. I would be interested in your perspective, which I imagine is quite unique with your experience dealing with people. What sort of model or market do you think cannabis consumers want? What do they want to see in a market? What are the features that they would find acceptable? I mean, it is all very well for politicians to come up with ideas, but what do people actually want?

Mr CRAWFORD: Steph?

Ms TZANETIS: Thank you for your question. As Sione detailed in the summary statement, it is about making sure that whatever the commercial market looks like it has social equity programs at its forefront and involves people with lived experience to do with cannabis in the decision-making and regime design. What we mean by social equity programs—a more recent example has been established in New York state in the USA, and that has happened most recently, in 2021—is making it so that the revenue generated from a cannabis market is earmarked and invested into projects that promote health and positive social outcomes and making it so that it can be an industry that is inclusive. It does not simply try to make profits, and it is able to effectively disrupt the illicit market by providing pathways for people that may have been operating in an unregulated

market to still be included in the development of a regulated market. I think people would also want quality products and a diversification of products that are commercially packaged in a way that is similar to any commercial item. Commercial quality is probably something that people would expect, and clear signposting of any risks—just commercial accountability essentially.

Mr LIMBRICK: Thank you. One of the things that you mentioned at the start of your presentation was around the various producers. There is some—probably large-scale—organised crime, but there are also small-scale producers that ideally would like to be brought into a white market out of the black market. Are there any jurisdictions that have successfully done that? This is a concern of mine as well. I want people to be able to participate if there is going to be a market. I mean, if there are already people that are producing and doing this sort of thing, then bringing them into a legal market seems like a good way of enabling them to participate. But has anywhere done this well?

Ms TZANETIS: The example that I listed of New York City at least on paper looks like a well-thought-out model, and obviously that is one of the dozens of states in the US that have now regulated in some way cannabis. My understanding is that the New York reform has built on those strengths. I also do believe that the Canadian market includes social equity principles and health promotion principles underpinning their market. But I think this is going to be something that will need to be monitored and evaluated on an ongoing basis, so whatever reforms are implemented in Victoria, the capacity to do that should be built into them.

Mr CRAWFORD: I am not sure if I am directly answering your question, David, but I was talking to my colleague Chris Gough in the ACT yesterday. I just want to make the point that if we are lucky enough to get reforms, the experience in the ACT included a restriction on private growers only being able to grow two outdoor plants at a time. This is all about learning as we go along, and what that has done effectively is actually continue the black market because, as you may or may not be aware, you cannot grow cannabis continually outdoors throughout the year. And so by making it illegal to grow it inside, it means that actually when people have grown their plants and have gone through the cannabis they get from that plant, which is limited again by the regulations, they are basically left with no other options if they are a regular cannabis user other than to go out and to continue to purchase their small amounts through the black market. So whatever we do does need to be thought through about some of those unintended negative consequences as well. As Steph pointed out, the more recent approaches have been learning from some of these as well.

Mr LIMBRICK: Sounds like tough luck if you live in an apartment too.

The CHAIR: Definitely. Thank you. Sheena.

Ms WATT: Thank you, Steph and Sione. I do have a question. I wanted to ask about the social equity programs. You mentioned that as a key feature of your proposed model for a regulated market in Victoria. I was a little interested in exploring that more, so could you expand a little bit more on the role of social equity programs and how they operate in other jurisdictions?

Mr CRAWFORD: Steph is very much our expert on that. I am happy to speak to it, but go for it, Steph.

Ms TZANETIS: Certainly. So I will just direct you to Harm Reduction Victoria's submission in part 2. In particular 2.3 does give some examples of social equity programs. I suppose if Victoria is making reforms, it would be done in consultation with all the local stakeholders, and so what Victoria thinks is in the best interests of social equity in this jurisdiction will be defined and tailored to our own needs, but I think because we are now considering reform there are so many examples to draw learnings from across the world. The examples we have listed include the Cannabis Control Commission of Massachusetts. That is a body that is sort of like a governing structure where you can consider where do you want to redirect revenue that has been generated from a regulated market. We do reference I believe in our submission the recommendations from the Victorian government's drug law reform inquiry that suggested a council or something like that. So whatever governance structure might suit Victoria best, you would consider on a case-by-case basis where you want to direct your interests.

Other examples that we have listed: the Los Angeles social equity program and most recently, as I mentioned before, the New York state social equity program. My understanding is that almost all revenue is earmarked for social equity projects, and that can literally be things like funds for charities that are alcohol and other drugs specific or it could be any other social equity projects that have nothing whatsoever to do with cannabis or

alcohol and other drug use. It is just making sure that the market itself promotes health and wellbeing across the community.

The CHAIR: Thank you. Tim.

Mr QUILTY: I will just briefly touch on a similar point as it is the last couple of questions, and then another one. You talk about reinvesting the profits, and I presume that is meant to be government revenues from taxation and possibly a peace dividend from ending the war on drugs, if you like, and not that you are proposing a government monopoly that will grow and sell it.

Mr CRAWFORD: Yes, definitely. I believe it was definitely the revenue from any tax rather than taking all profit, but, as Steph has mentioned, it would be great to be able to plan that out. I mean, from our perspective one of the issues would probably be ensuring that we did not fall into the trap of having monopolies or massive growers that sort of dominate markets but still work to provide revenue for the government.

Mr QUILTY: Okay. Thank you. I will pivot to David's question from previous hearings. What do you think are the benefits of the current prohibition regime that we would lose if we legalised?

Mr CRAWFORD: Steph, you may have something to say about this as well, I am sure, but to be really honest, one of the things that people who use illicit drugs fear is price increases, because there is actually a very mature market in illicit drugs in Australia and around the world. Although we talk about the fact that in an idealised world prices would come down, we just want to make sure that that would actually happen, because the last thing we want to do—whether it is costs related to growing and so forth or whether it has to do with there not being enough competition—is push prices up and away from where they already are.

But also it is about choice as well. I think there is definitely a concern amongst people who use illicit drugs that with any new market that is brought in under the government's watch—and we may be able to tweak it and change it—unless there is commitment to a long-term market, I think that people will still be very dubious about engaging in a legal market. We want to make sure that people feel comfortable in engaging in the legal market so they do not continue accessing illicit drugs. We do not want to make it so hard to access the legal market or put up so many barriers to the legal market that people just continue to access the illicit market. Because really what the illicit market has is a really very well refined distribution system, frankly. It is pure private enterprise, and the illicit drug market is very good at providing its product to people. So we want to make sure that we do not actually lose that, quite frankly, which sounds a bit odd, but—yes.

The CHAIR: Thanks very much. I just wanted to touch on your recommendation, if we were to move to a legal, regulated and taxed industry, that initially we go to full decriminalisation. In your submission it suggests a two-step process. I am wondering how you would see that working and whether by decriminalising it fully in the first instance it makes then wrangling it back into a regulated and legal system more difficult.

Ms TZANETIS: I believe that the decriminalisation was specifically in regard to offences including use and possession for personal use and possibly what might technically meet the requirements for, say, trafficking or small commercial but is actually still for just personal use rather than decriminalising. Because as Sione has just described, the illicit cannabis market is very extensive. So we are not talking about decriminalising large-scale commercial cannabis and those offences, but in terms of the individual people who use cannabis, making sure that there are no criminal sanctions that are applicable and just making sure we are conscious of where that threshold between possession for personal use or cultivation for personal use and for actual authentic commercial purposes is. Because at this point in time the threshold might be capturing too many people who are only growing for personal use.

The CHAIR: Thank you. I appreciate that that was what you were aiming for. You spoke about in the ACT where we have got a maximum of two plants outside will not meet the demand of some users. Do you have an idea of, if we were to look at a decriminalisation model, what sort of numbers of plants you think would fit into a personal use cultivation?

Mr CRAWFORD: Sorry, Steph. I will make one comment because I know you have thought this through a little bit. I know that there needs to be some sort of borders around everything we do because that is our society, but by numbering plants it has the potential for the unintended consequence of getting us back to a place where high-potency cannabis is the norm. I think one of the things we can say is that if there has been an increase in mental health issues related to cannabis over the years, it is possibly related to the fact that the strength of the

cannabis has increased dramatically over the years. I think one of the aims of the ACT legislation was to prevent hydroponic and indoor growing for that reason and so that is why they did not do that. But it does still have the unintended consequence of people wanting to concentrate what they are allowed to grow. So I think I would just take it back to consulting with growers about that, but I would be thinking that it would be a certain amount that you could have at any one time throughout the year and potentially licensed. Unless you have thought about that a bit more as well, Steph, I am not sure about the number.

Ms TZANETIS: Yes, so all the points that you have just made are really important to consider, especially consulting with growers before determining a hard line. But it would be something in the tens rather than two plants, because from a practical perspective that may not even produce any cannabis plants that have THC.

The CHAIR: Thank you. I think that is really important. I know we have run out of time so I will just make it a comment. I thought your comments about the contradictions in the international treaties that we are signatories to are really important comments and it is something that has not been raised in this debate. We constantly go back to those old conventions on prohibition and neglect to review the equally important conventions on health and wellbeing. I am very pleased that you raised that in your submissions. Thank you again to Harm Reduction Victoria but also to you both for the time you have given us today.

As I mentioned, you will get a transcript of this hearing, and I would encourage you to have a look at it to make sure that we have not made any errors. The committee will recess until 1.15 p.m. Thank you, everyone.

Witnesses withdrew.