

TRANSCRIPT

LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into the use of cannabis in Victoria

Melbourne—Wednesday, 21 April 2021

(via videoconference)

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Mr Lee Tarlamis

Ms Sheena Watt

WITNESSES

Mr John Ryan, Chief Executive Officer, and

Dr Karen Gelb, Senior Research and Policy Officer, Penington Institute.

The CHAIR: Welcome back. Thank you for joining us today. I am incredibly happy to welcome John Ryan, the CEO of the Penington Institute, and Dr Karen Gelb, the Senior Research and Policy Officer.

Joining me today are Dr Tien Kieu, the Deputy Chair; Ms Kaushaliya Vaghela; Ms Sheena Watt; Mr Tim Quilty; Mr David Limbrick; and Ms Georgie Crozier. They form this committee.

Just to let you know that all evidence taken at this committee is protected by parliamentary privilege, and that is provided under the *Constitution Act* and also the standing orders of the Legislative Council. Therefore any information you provide during the hearing is protected by law; however, any comment repeated outside may not have the same protection. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament.

As you would understand, this is being recorded. It is also being broadcast. You will receive a transcript of today's session, and I would encourage you to have a look at that and just make sure we have not made any misrepresentations of your evidence today. Ultimately that will come up on our website but also form part of the committee's final report into the use of cannabis.

We thank you very much for your very detailed submission. All of the committee members have a copy. We welcome you to make some opening remarks and then we will open it up to a broader conversation. Sorry, Ms Sheena Watt is also here. I apologise, Sheena. You are down in the bottom left-hand corner of my screen. But, yes, John or Karen, if you would like to make some opening remarks, that would be terrific.

Mr RYAN: Thank you very much, Chair. I would just like to briefly say that the Penington Institute is an organisation aiming to improve community health and safety in relation to drug use, including alcohol and the pharmaceuticals, and so I very much congratulate you and I guess admire you for the challenge that you are facing in terms of this difficult issue.

I think drug issues generally are very complex. The evidence is never pure and simple. There is a lot of diversity of views, and I have changed my mind in relation to cannabis. It was about six years ago we were running around regional and rural Victoria, especially in relation to the very quick and dramatic increase in methamphetamine ice use. I heard a lot of people say, 'Ice is killing our community', and when I would ask about cannabis, I would often have a response, 'There's no cannabis in our town; it has actually been replaced by ice'. That was the power of the market, the criminal underworld market, as we saw ice really run rampant in our communities in a very short time. Obviously in America they have got big problems with fentanyl. I mention that because it made me think about individual drugs and their profile of risk and their profile of danger. I think it is absolutely undeniable that cannabis is much less dangerous than methamphetamines, and yet we actually spend much of our resources, in terms of managing drugs, on managing cannabis, a much less harmful drug. That really shifted my view about how to better manage the broader illicit drug market—in particular, that we were mismanaging cannabis by our traditional approach.

The second thing that I think has changed recently is a reduction in the international consensus in relation to drug control. We have still got hardline criminalisation supporters such as Saudi Arabia, Russia and China, but democratic countries I think are reimagining the interface between government and personal responsibility. I think in our two close allies, being the US and Canada, we are seeing that particularly in relation to cannabis. And it is not just reefer consumers—weed consumers—that are changing their minds; it is across the political spectrum. Whilst the numbers are higher among independent and Democrat registered voters, 50 per cent of Republicans in America now support legalisation. That was unimaginable 20 years ago, and I think it is because our big government approach in relation to cannabis has failed to support communities. It has failed to support personal responsibility, it has failed to support family control, and most importantly, it has failed to achieve its objective, which was to eliminate or at least minimise the availability of cannabis. As we know, cannabis is very widely available in Australia.

We have got a challenge with cannabis; it is not a harmless drug. There are significant concerns, particularly in relation to mental health issues. Those of you old enough to remember the reefer madness thing, we have sort of moved away from that kind of exaggeration in relation to cannabis, but we have still got a few people that think that it is a stepping stone to hard drug use, even though the evidence does not stack up for that. It is certainly true that dependence is an issue with cannabis, as it is with alcohol. The fear of psychosis and schizophrenia is real in the community, but the fact is the numbers are quite small, and as you know, the prevalence has not been increasing at the same rate. In fact it has not been increasing, unlike cannabis consumption, which has increased over the last 100 years of prohibition.

It seems to me that we are much driven by fear in relation to illegal drugs, and some of it is unnecessary, particularly because the burden of disease from tobacco and alcohol is much greater than it is for cannabis. We have learned that the overly liberal approach to alcohol and tobacco required tighter regulation as a response. It did not result, in Australia, in criminalisation. They tried that in America with alcohol, and they reversed it—totally impractical. The opposite is true for cannabis, though, which is less harmful than tobacco, for example, but significantly more harmful if production and supply are left to the criminal underworld, and yet we have got a comfort to leave it in the criminal underworld.

We have got a comfort to leave parents, I think, quite disempowered with a strong government approach such that they cannot have honest conversations with their children about cannabis. They cannot have honest conversations about their own cannabis use without disrespecting the laws of the land. So we see this real division in the community around cannabis issues, which is really built on misinformation and misunderstanding, I think, and that does not protect young people. I know one of the key terms of reference is around young people. We know that young people are using cannabis already. In a regulated cannabis market with a cut-off age, parents are supported to say, ‘No, you can’t use cannabis until you get to the legal age’—the same empowerment that they can have with alcohol. We do not have that at the moment. It is all an underworld business.

I know that some people would think that decriminalisation is a step forward compared to the prohibition approach that we have now, but it does not actually address a significant number of the key issues that are failing us at the moment, one of which is age limits. Another is the quality control of manufacture/cultivation, and obviously the biggest issue that we have got is the huge scale of the criminal underworld in relation to cannabis. It is true—police have said it—that the cannabis market is introducing customers to stronger drugs, more dangerous drugs, because it is the same people trafficking, but it also is an enormous threat to law and order in our community when we have such obscene profits from the criminal marketing of cannabis products.

Penington Institute has based its position on the evidence. We have reviewed the international evidence. The evidence in drug-use issues is never pure and simple, but in conclusion we have determined that a government-regulated, strictly regulated, cannabis market is much preferable to a decriminalised approach and is certainly more preferable to the current approach that we have now, where, for example, 60 per cent of possession and use offences in Victoria in 2019, according to Victoria Police, were simple possession and use, no other criminal offending. And the numbers are extraordinary in terms of how much resource we put to cannabis policing—10 500 arrests for use and posses. That means police are not actually targeting more dangerous drugs or more concerning crimes.

In a way I think one of the big challenges that we have got is nearly 2.5 million Australians have used cannabis in the last 12 months and 7.5 million have used it at some point in their lives. The community is actually showing through their actions that the current approach has failed, that they are disregarding it, which is—from respect for our laws—I think highly problematic, and it means that the laws do not fit our community. We can see a path forward, I think, and the path forward is tightly regulated—not laissez-faire but tightly regulated, public health informed, regulated cannabis accessibility in Victoria. Thanks, Chair.

The CHAIR: Thank you very much, John. That was a great opener and a good summary of your submission. Karen, did you have any other comments you wanted to add to John’s, or we can go straight into questions for you both?

Dr GELB: I just want to very briefly say—thank you for throwing to me—that I have been a criminologist researching the system for two decades now, so I am acutely sensitive to the harms that can be caused by the very system that is, notionally at least, designed to protect us and particularly when it comes to over-represented minorities. So in the context of illicit drug use the system is at most, at best, a blunt instrument for controlling

behaviour. We know that prohibition is ineffective in preventing cannabis use, in reducing cannabis use. We also know that it exposes people to the harms associated with entanglement in the criminal justice system and involvement with the illegal black market. So echoing what John has said, we do need to move away from this criminal justice approach, adopting an evidence-based public health approach that can focus on minimising any potential risks; emphasising prevention, education, treatment; and, as Dr Wodak and others have mentioned, ensuring robust monitoring and evaluation. That is a really critical part of it.

The CHAIR: Thank you. I will open it up for committee discussion, and I will go to Tien—Dr Kieu.

Dr KIEU: Thank you, Chair. Thank you, John and Karen, for your appearance here today and a very interesting and detailed submission. You have outlined the harm from the systems that have been designed to protect us and also the wastefulness of some of the resources being put with the wrong emphasis—for example, rather than dealing with some very aggressive drug behaviour from ice, too much has been focused perhaps on cannabis and so on—as the failures of the present system. I would like to hear your opinions, particularly when you say that the Pennington Institute argue that a conservative regulatory regime should be introduced, with an emphasis on ‘conservative’. What do you mean by that? And the other point is your point of view about the role of education and whether it could reduce the harmfulness and improve the situation, particularly among the young people.

Mr RYAN: So I might start. I mean, we have outlined a number of principles in our submission for a regulated cannabis market. I think the most important part is that we need to be carefully monitoring changes as they occur and addressing any unintended or unforeseen consequences of a legalised market. But it also goes to how we would compare with somewhere like Colorado or some of the US states, where they have taken a very, I guess, laissez faire approach. I think that is an error. I think we have seen that with tobacco, and to be honest we have seen with alcohol. There are a lot of people that are very concerned about alcohol advertising in sport et cetera. It is not my area of expertise, but I would absolutely dread seeing cannabis advertising to young people or adult people. I do not think we need billboards promoting cannabis use. I think the plain packaging that we have seen with tobacco is the right model for cannabis. I do not think we should be creating products that generate a mystique or are informed by marketing. So it should be in that sense, I think, very conservative.

Dr KIEU: What about the role of education? What do you think about that—the present system and whether it should be reviewed or improved?

Mr RYAN: One of the problems I think in the current system is that we have so much deception and lying fundamentally about drug use in the community. People hide it from their colleagues, they hide it from their parents, they hide it from their friends, and they end up relying on informal networks for their information. I think that is a recipe for ignorance, and that ignorance can sometimes cost lives. You know, it is interesting. We do the overdose report. I am very concerned that overdoses in Australia exceed the road toll, but we looked at cannabis in terms of contribution to overdose, and there is not a single overdose from single drug use cannabis. So cannabis is involved in other overdoses, typically opioids et cetera, but never organic cannabis. However, synthetic cannabis is implicated in fatal overdoses. You know, we also recommend not legalising synthetic cannabis. We have seen that there are much more dangerous, more potent forms of drugs that are continually being invented by the underworld to maximise profits. That is not healthy. Having education around, for example, overdose risk, dependence risk, mental health risk in relation to cannabis for the whole community—including young people but for everyone—is fundamentally important because we do not have much health literacy in relation to drug use issues. It is shrouded in secrecy and deception.

The CHAIR: Thank you. Kaushaliya Vaghela.

Ms VAGHELA: Thanks, Chair, and thanks, John and Dr Gelb, for your submission and for your time today. I am interested in the recommendation that you have provided in your submission, ‘That the Victorian government develops a regulated cannabis market that adopts a public health approach and ... prioritises prevention, education and treatment’. From other witnesses we have heard about prevention and education; I am more interested in treatment. What treatment pathways are required for people with cannabinoid use disorder? How do we assess the need for treatment and is there any jurisdiction that we should be looking at following, for the test or for the sample—or a good role model?

Mr RYAN: I should let Karen answer most of it. But I would just like to quickly say I think we have already got a lot of people that have cannabis dependence in the community and one of the things that a more open and

transparent approach to cannabis would provide is the honesty that allows people to seek help earlier and it also provides other people with the chance to intervene, so their family, their partner. A much more, I think, honest approach and open approach is possible in a regulated market. So it is not just the professional treatment industry that benefits, but it is actually community control and family support.

Dr GELB: Yes. One of the issues with criminalisation of course is the stigma that is associated with the substance. So if you are an illicit substance user and you feel enormous stigma about doing something illegal, the evidence shows that you are not likely to seek help, you are not likely to seek treatment, you are not likely to talk to other people about it until it gets very far down the track. So simply removing that criminalisation and allowing it to be a legal substance means you are reducing stigma; you are also perhaps reducing stigma amongst health professionals. We know that health professionals can also be stigmatising when it comes to illicit drug use, and particularly around mental health and drug use co-occurrence it can be a real problem. In terms of other jurisdictions, Canada has made prevention and education and treatment a priority in its approach. I do not know how successful that has been so far. I cannot speak to the availability of treatment programs and the type of treatment programs in Canada, but I do know that they have made that a priority for their approach so that would be worth looking into.

Ms VAGHELA: Thank you. If time allows, I will come in the second round for the second question.

The CHAIR: Thanks, Kaushaliya, we will see how we go. David Limbrick.

Mr LIMBRICK: Thank you, Chair, and thank you for appearing today. I wanted to touch on—I am not sure who is the best person to answer this—something interesting in your submission, the ‘iron law of prohibition’ and the idea that prohibition incentivises higher strength substances to be created. You gave the example under alcohol prohibition of the moonshine that was produced, which was highly adulterated and people used to die from it. This increasing strength of cannabis that we have seen and talked about and people have spoken about, do you think that that is caused by prohibition? Specifically would things like synthetic cannabis even exist in a legal market? Is that caused by prohibition?

Mr RYAN: It is extraordinary how drugs are becoming more dangerous in the illicit market, so from amphetamines to methamphetamines, from heroin to fentanyl, and hopefully we are going to have a heroin drought pretty soon because of the shift amongst opium producers towards methamphetamine. It is so much easier to make. You do not have to have a crop cycle with months of delay, and you are not prone to the vagaries of the weather. So some of it is no doubt a result of traffickers trying to avoid detection, or cultivators or producers and traffickers avoiding detection.

But we have got to admit that people want to get intoxicated to some level. Part of the benefit of consuming cannabis is the sense of altered perception that you get from intoxication. The same thing applies to alcohol. There are some people who go towards the hard drinks or the top-shelf drinks, there are others that are stuck on light beer and then there are some that are on 6 per cent IPAs. I think you can expect the same thing from cannabis. It is undeniable that the so-called synthetic cannabinoids are much more potent and dangerous than the legal cannabis, but I do think that one of the protective factors from legal cannabis is the importance of having a decent CBD content. That is protective against negative mental health consequences, and there is no incentive for the underworld to provide a better balance of CBD in cannabis, but if it was a regulated market, the government could demand that that happen as part of the quality manufacturing process.

Mr LIMBRICK: That is an interesting point. In fact the market may demand it, even. Thank you very much for that answer.

The CHAIR: Good point, David. Georgie Crozier.

Ms CROZIER: Thank you very much, Chair. Thank you both very much for your presentation and for providing your evidence to us this afternoon. I just got a couple of questions I am wondering if you could assist me with. In your submission you speak about the potential harm to young people and how there is no evidence that cannabis is a gateway for harder drugs. I am just wondering from your experience how many of the harder drug users actually use cannabis.

Mr RYAN: Many, if not the vast majority of, hard drug users use cannabis. They also often smoke. Methamphetamine users often smoke tobacco; so do opioid users often smoke tobacco. The interesting thing to my mind in America in recent years with the overdose epidemic is that most people’s first psychoactive

substance was pharmaceutical drugs, so they moved from pharmaceutical drug misuse to street-based opioid drug misuse. That stepping-stone theory, I think, does not actually hold up because the numbers are so huge. The number of people who consume cannabis in Australia compared to the number of people who consume heroin is off the scale in terms of cannabis versus heroin. But one of the protective factors of a legal cannabis market would be taking away that opportunity, when you go to purchase your cannabis from a retail supplier—you know, an underworld retail supplier—to get offered other drugs in the process. A legal cannabis supply excludes the opportunity to easily and conveniently buy some cannabis and then, ‘Why don’t I have some MDMA or some methamphetamine or GHB on top of that?’. So you actually reduce the opportunity for progressing along to more dangerous drugs.

Ms CROZIER: Thank you for that response. I have just got a couple of questions around this. Young people obviously are attracted to GHB and other forms of drug use, but in terms of young people there would be a higher number for cannabis use over heroin use; is that correct? And where does that lie in terms of pills versus cannabis?

Mr RYAN: Cannabis is still the most popular illicit drug by far in Australia

Ms CROZIER: For young people?

Mr RYAN: For young people as well.

Ms CROZIER: Thank you. On my next question, very quickly, Dr Wodak was talking, I think, to Mr Limbrick about vaping and smoking cannabis, and he said there is an argument to keep the concentration high because of the frequent use that will do more damage to somebody’s lungs if the concentration is low. I am wondering what your view is on what an appropriate concentration level is.

Mr RYAN: I mean, I am agnostic about that. I have got a tendency to be interested in where the market goes and to track the harms. I think ensuring there is a CBD content is very important. I do not think that we should go as far as allowing attractive edibles that are obviously more targeted to children than adults, but I think we should be sensitive enough to the market to try and meet the market because ultimately the ambition, in my view, is to protect the health and safety of individuals and the community. The best way to do that is to actually eliminate the criminal markets, so if we are providing something that is too weak in concentration and requiring people to consume ever greater quantities I think that is a fool’s errand.

Ms CROZIER: I have got concerns over a modern-day cannabis, if you like. It is not the cannabis of 40 years ago. There are genetically modified, very strong compounds in the cannabis that is used in 2021 and so I am very interested in the levels, because of the known impacts—the thousands and thousands and tens of thousands of medical journals that have written about the impacts—of high levels of cannabis use. So I want to understand what an appropriate level is and no-one can actually provide that, really, in terms of what is safe. If we are talking about regulating and decriminalising and legalising this stuff, then surely we should have an understanding of what is potentially dangerous, especially to young people.

Mr RYAN: Well, I think all psychoactive substance use is potentially dangerous. I think what we should be trying to do is to have transparency in terms of the product at the very minimum, including packaging that describes the THC content, for example. But I think it is interesting that in the regulated markets there is a conversation typically, as I understand it, between the vendor and the purchaser around the different sorts of psychoactive consequences of that use, so if you want a more up, gregarious experience, then it is this particular strain and if you want a product that is good for creativity or deep thought, then this is a better product. So I think that sort of nuance is what you get provided in the regulated market, including stipulations around THC and CBD content. You do not get any of that in a decriminalised or illegal market as we have got at the moment.

I guess my challenge in the drug use space more generally is, and it is a cliché, there are no silver bullet solutions, no perfect solutions. Every model has shades of grey in it, I think, and we will never get to a stage, unless we have complete abstinence throughout the community, where we do not have harm from drugs. The challenge I think is to minimise to the maximum extent possible the harms from drugs and drug use. I remember meeting someone who had just been to Saudi Arabia years ago. This is 25 years ago, and he had purchased alcohol on the black market in Saudi Arabia, which has got a strict prohibition on alcohol, and it was

like buying heroin or something in Australia, I thought at the time. So I think the perfect can be the enemy of the good in relation to these things.

Ms CROZIER: Thank you for that. I am wanting to understand because we do have, obviously, drug and alcohol laws. We have had massive campaigns about the dangers of alcohol consumption, especially when you drive. So somebody who is 6 foot and 100 kilograms is going to react differently to two beers than somebody who is 50 kilograms and 5 foot 8, so I think we do have to have some understanding of what an appropriate level is, and I am trying to understand that. But I will end it there because there is more to be found out on this very important issue.

The CHAIR: Absolutely, and those are the difficult questions when we are under the current laws that we are under now. Tim Quilty.

Mr QUILTY: You have kind of covered off on most of what I was going to ask you already, but I might just touch around the edges of it. You are proposing heavy regulation, whereas I prefer a lightly regulated market that responds to informed consumers. However, I did find it interesting that in your submission you are calling for maximum THC levels and minimum CBD levels and also that you are calling for the promotion of edibles over smoking. Could you comment a bit more about that?

Mr RYAN: Karen, I had better stop talking.

Dr GELB: Thank you, John. I think the evidence shows that CBD can dampen, counteract, the effects of THC. The argument there is that if you require some level of CBD—or approaching some kind of balance between the CBD and the THC—then you can potentially reduce harm, allowing you to avoid products that have no CBD in them at all. New Zealand, I believe, did not have any limits around THC or any requirements for CBD, and there was quite a bit of criticism about the proposal because of that. What that actual limit should be—going back to Georgie’s question—is very hard to know. In some jurisdictions there is a cap of 15 per cent, in others the maximum amount varies, so I think some expertise would need to be called on to identify what would work best there.

In terms of the type of product, the concern around inhaling cannabis is lung damage, and by offering other types of products you can remove that potential source of harm. For example, around the edibles, they are safer. You completely remove any potential impact on the respiratory system. Canada, when it began with its legalisation regime, began only with inhaled cannabis and then as the next step, the following year, allowed the introduction of edible products as a way to start off with the more, I guess, traditional type of cannabis use and then move to a different kind of product, enabling it to really monitor what was happening and make sure it was taking those sort of slow, steady steps. One of the lessons from Canada is that a lot of work needs to go into preparation if we are going to have a regulated system—clearly what you are doing right now is part of this—and time and care needs to be taken when implementing a new regime. It needs to be monitored to make sure that there are not any unintended consequences.

Mr QUILTY: Thank you.

The CHAIR: Thank you. Sheena Watt.

Ms WATT: Hello. Thank you so very much for your contribution today. My interest area is to look at the workforce needs, and I am interested to know what additional support you think will be needed to minimise the harm amongst user groups. Does this include increases to AOD counsellor workforces, training and development or other professionals that might exist in other countries that we have not got here? Do you have any insights around workforce needs for this sector that might be particularly complementary to your proposals?

Mr RYAN: I mean, the most obtuse way of answering that is to say I am really excited by the opportunity for freeing up law-enforcement resources that are currently dedicated to cannabis prohibition so that they can be spent on more serious crimes, whether that is sexual violence, more dangerous drug use, white-collar fraud or whatever. In terms of the social and health workforces I think there is already quite considerable expertise around cannabis. I think that can be augmented within a legalised framework so that people have a stigma-free approach to these issues. I think we have still got stigma around alcoholism, for example, so it is not as if it is a silver bullet for those issues of shame et cetera in relation to drug dependence, but I think it does create a much more open opportunity for dialogue, and I see GPs as a key conduit for conversations about these matters

because they are dispersed throughout the state, in every corner of the state, and they are dealing with people from all backgrounds and all ages. Obviously the other parts of the system would require some basic support, but I think the biggest opportunity is to re-energise the law enforcement budget towards more dangerous crimes, and I am pretty confident that we would have—we have already got—quite a significant treatment workforce familiar with cannabis; I do not think we have got a community that is significantly health literate in relation to cannabis, and so in my view the big emphasis should be on broader health literacy for the community, including schoolteachers, university teachers, bosses in construction or people in the private sector. I think that is where the opportunity arises to improve community resilience in relation to cannabis problems.

Ms WATT: Thank you.

The CHAIR: Thank you. Thanks, Sheena. Just finally, looking at, if the Victorian government was to adopt a regulatory approach to cannabis and the sale of cannabis—and you speak to this in your submission, a licensing scheme. I wonder if you have given any thought to, with the licensing scheme, whether there would also be a levy or a tax on that product, and from a revenue perspective would you also recommend the idea of hypothecating that money raised to go back into some of the issues that you were just speaking to Sheena on previously?

Mr RYAN: Yes, I think that has been a great model overseas—which is, to collect the taxes that were traditionally part of the black economy and to actually reinvest them in health and community support. So I think that is fundamentally a good idea, and it is a reward—it is one of the benefits of a regulated market. We do not have that at the moment. We have got the problem of money laundering and corrupting of accountants and lawyers and electricians that steal electricity et cetera, so we have got a corrosive influence from the current cannabis market model. A regulated model provides not only open conversations in the community and a healthier community but it also provides I think savings in terms of law enforcement and income from licensing so that we can invest in better education for the community and better health care for people that are affected, in my view, by drugs more generally, alcohol included.

The CHAIR: Thank you. Karen, have you had thoughts about how that licensing scheme operates or what its purpose could be as far as a health model?

Dr GELB: Certainly it is an opportunity for revenue raising and for that revenue to be allocated appropriately, as you talk about the hypothecating or the ring fencing of the licensing fees. Again, it has been used in other jurisdictions. Canada has identified the use of funds raised—to be used towards prevention. I know earlier today there was mention of the New York model that has just been proposed, which has been proposed as a form of justice reinvestment, which is where the money that is either saved or raised through criminal justice reforms is put back into those communities that have been most affected by the criminal justice policies. We know justice reinvestment generally is very effective. It is a very good way of reducing offending. So I think that is a fabulous opportunity for Victoria to make a really good use of its funds.

As for licensing, there are issues around the constitution in Australia, but there are ways to deal with that. If this is not a tax-raising system, if it is a licensing-fee system, that would be viable under the constitution. So I think that that is certainly something that should be considered, and you could really make inroads into health promotion and community safety and wellbeing by using that sort of funding.

The CHAIR: Great. Thank you. Karen and John, thank you very much for your time. I thank the Penington Institute for their submission on this and also your submission from 2017, which we also received. That was great.

Thank you to the committee for your input today, and that concludes today's public hearing of the inquiry into the use of cannabis. I thank Hansard. I thank everybody else who is in the background working so hard today, and I hope people at home enjoyed this session. Thank you all. Goodbye.

Committee adjourned.