

TRANSCRIPT

LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into the Use of Cannabis in Victoria

Melbourne—Tuesday, 29 June 2021

(via videoconference)

MEMBERS

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Mr Tim Quilty

Dr Samantha Ratnam

Ms Harriet Shing

Mr Lee Tarlamis

Ms Sheena Watt

WITNESS

Assistant Commissioner Glenn Weir, Drug Portfolio Holder, Victoria Police.

The CHAIR: Good morning, everyone. I would like to declare open the Legislative Council Legal and Social Issues Committee's public hearing for the Inquiry into the Use of Cannabis in Victoria.

May I first start by respectfully acknowledging the Aboriginal peoples, the traditional custodians of the various lands that we are meeting on today, and pay our respects to their ancestors, elders and families. I particularly welcome any elders or community members who are here today and will be imparting their knowledge.

As I mentioned, Assistant Commissioner, I am joined by my Deputy Chair, Tien Kieu; Ms Sheena Watt; Ms Kaushaliya Vaghela; Ms Georgie Crozier; and Mr David Limbrick.

Just so you understand, all evidence taken is protected by parliamentary privilege, and that is provided by our *Constitution Act 1975* as well as the standing orders of the Legislative Council. Therefore the information you provide today during the hearing is protected by law. You are protected against any action for what you say during this hearing, but if you were to go elsewhere and repeat the same things, you may not have the same protection. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament.

Unfortunately Hansard could not stretch their broadcasting facilities for this hearing, but we are recording it, and I do expect that we will publish this recording at some stage in the future. Certainly what we will be doing is providing you with a proof version of the transcript of today's proceedings. It would be great if you could have a look at that to make sure we have not misunderstood or misheard you, and ultimately that will form part of our report.

Assistant Commissioner, we would welcome it if you could make some opening remarks, and then I will open it up for a committee discussion. Again, thank you so much for joining us.

Asst Comm. WEIR: No worries. Thank you. Thank you for the opportunity, and good morning to the other members. I would also like to begin today by acknowledging the traditional owners of the land on which we all meet virtually and pay my respects to elders past, present and emerging.

Victoria Police welcomes the opportunity to appear before this Legal and Social Issues Committee Inquiry into the Use of Cannabis in Victoria. Given the complexity of the information to be discussed today and to ensure accuracy, I seek leave of the committee to refer to my notes.

The CHAIR: That would be absolutely fine. Thank you.

Asst Comm. WEIR: Thanks. By way of background regarding me, I joined Victoria Police as a 16-year-old in 1980 as a cadet, and I am currently in my 41st year of service. My early years were spent in the southern suburbs and inner Melbourne, where I performed a variety of roles in general duties and also drug tasking and district support groups with a focus on drug investigations.

I was promoted to superintendent in the western suburbs in 2012, then to the rank of commander in people development command before being promoted to Assistant Commissioner in 2018, and I am currently the Assistant Commissioner for eastern region, which looks after sort of all of Victoria from the City of Monash up to Wangaratta, Wodonga, the border and over to Mallacoota—so about half of Victoria geographically. I hold the drugs portfolio for Victoria Police as well, having taken over that from Rick Nugent when he was promoted to deputy commissioner in 2018. My time at VicPol, more specifically involved in drug tasking units, has equipped me with significant knowledge of illicit drugs and more relevantly for today, I suppose, the harms associated with the use, cultivation and trafficking of cannabis.

I am also fortunate to sit on the board of the Monash University addiction research centre, which is chaired by Professor Dan Lubman from Turning Point, and I am able to really gain some key insights from my experience with some really invested people who are in this space. I also gave evidence as the organisational witness at the Royal Commission into Victoria's Mental Health System for Victoria Police, so I gained a keen insight there into some of the linkages between illicit drugs and mental health.

I suppose the role of Victoria Police is to serve the Victorian community, to uphold the law and to promote a safe, secure and orderly society by fulfilling the functions of preserving the peace, protecting life and property, preventing the commission of offences, detecting and apprehending offenders, and helping those in need of assistance. We have a whole range of activities that we undertake in terms of our response to illicit drugs, and our primary responsibility continues to be reducing the supply of drugs in the community. We undertake work at national, state, regional and local levels in response to that, and we have a number of structures that enable us to do it through our joint organised crime task force, which supports prioritising and coordinating multi-agency investigations into serious and organised crime, including organised drug markets. That task force is led by the Australian Federal Police and includes us, the Australian Crime Commission and the Australian Border Force.

We have the Trident task force, which is responsible for investigating serious and organised crime, including drug matters; the Icarus task force, which seeks to reduce the availability of illicit drugs and firearms in the Victorian community through the importation of mail and air cargo; as well as state and local structures such as the drug task force in crime command and regional crime squads. In each of the four Victoria Police regions we have dedicated detectives who undertake investigations into serious crime, including drug trafficking. We have local level resources, so 22 divisions across Victoria all have a divisional response unit and tasking units which address key organised crime activities, including drug trafficking. We have involvement in drug courts supported by police prosecutors, and this is a key piece of work for us.

We provided a written submission to this committee on 22 October last year, and the purpose of that submission was threefold: firstly, to convey our experience in responding to cannabis harm, including the range of harms that we witness arising from the use, cultivation and trafficking of cannabis; secondly, to convey the way that Victoria Police responds to and reduces these harms; and thirdly, to raise issues that require consideration when examining international models of managing cannabis that include some of the areas that have legalised cannabis. This submission was provided as a comprehensive standalone document, but it is certainly by no means exclusive in terms of the harms that we witness and the evidence or sort of information that we can provide to this committee.

As I said, we witness significant harm from use, cultivation and trafficking of cannabis, and this harm is particularly prevalent in young people and can manifest in mental health problems, unemployment, education problems, association with antisocial peers and engagement in criminal offending. In adults numerous longitudinal studies have shown a strong link between cannabis use and dependence and the increased risk of psychotic symptoms. And that certainly played out, as I mentioned before, in my evidence and the work I did in preparing to appear before the Royal Commission into Victoria's Mental Health System.

Victorian crime stats, through the Crime Statistics Agency, indicate a link between cannabis use and other offending. Over the last five years approximately 40 per cent of cannabis use or possession offences occurred in conjunction with another offence. The top four co-occurring offences in the five-year period were drug possession with another drug other than cannabis, receiving or handling stolen goods, weapons and explosives offences, drug trafficking and firearms offences.

We also see illicit drug use, and cannabis in particular, as a common feature in family violence and sexual offending. I think it is important to emphasise, though, that alcohol and other drugs, including cannabis, cannot be seen as the cause of family violence or violence against women and children, but they may reinforce or exacerbate factors that contribute to the frequency or severity of that violence.

A key issue for us is the harm associated with the use of cannabis as it extends to road trauma. Collision stats indicate that the crash risk associated with cannabis is double that of driving without drugs. Cannabis has been shown to reduce reaction time, distort perceptions of speed and distance, and reduce concentration. It places the driver, passenger and other road users at significant risk, and we know that since 2015 collision statistics indicate that the crash risk associated with cannabis use is double that of driving without drugs—double that. The Victorian Institute of Forensic Medicine toxicology data last year, 2020, indicated that just on 20 per cent of deceased drivers in road collisions had cannabis present, so one in five. That is the highest rate in 10 years.

We know that the harms associated with cannabis extend beyond consumption, naturally, and use, to trafficking and cultivation. The vast majority of plants and crops seized by Victoria Police have been cultivated hydroponically, largely in suburban residential properties and also increasingly in commercial and rural locations. These properties are sometimes referred to as crop houses, and we know that organised crime groups

and syndicates such as outlaw motorcycle gangs establish crop houses due to the high profitability of cannabis crops. The income from cannabis is also used by these syndicates to fund other illegal activities such as the manufacture of other illicit drugs, including methamphetamine, and we know that crop houses are often targeted by other criminals and this can result in violent altercations, or run-throughs as they are commonly known. Also we see an emergence of illegal firearms and sophisticated man traps in crop houses, which poses a significant risk to emergency services, members of the public and other criminals. The written submission we gave addressed the ongoing risk of crop houses.

We predominantly are trying to reduce the supply of illicit drugs to the community, and we do that by providing support also to the health and education sectors and harm reduction activities where appropriate. This is certainly reflected in our recent Victoria Police drugs strategy that was released earlier this year, where we have a strong focus on harm reduction. The responses to that are detailed. It can be given to you—I will take that on notice because the drug strategy has been published since our written submission to this committee.

As detailed in our written submission, we acknowledge that decisions to decriminalise or legalise cannabis or other illicit drugs are a matter for the state government. We support the current legislative framework for illicit drugs. We note that since providing our submission in October last year further evidence has emerged around the legalisation of cannabis in some other jurisdictions, particularly in the United States. It has shown that it has not necessarily been successful in reducing the illegal cannabis market. Research published this year has shown illicit cannabis markets continue post-legalisation and legal cannabis markets continue to be connected with both the illegal cannabis market and the broader illicit drug market.

As outlined in our submission, legislation can have adverse consequences. Those jurisdictions, particularly in the United States, have shown that cannabis legalisation has led to a reduction in the perceived harm and disapproval of cannabis, particularly in young people, which is a key indicator for cannabis use; increased presentations to medical services, including with poisoning, particularly in children; increased traffic fatalities in some states in the US; and an increased uptake in the use of cannabis due to its increased affordability. That is my opening, and I am happy to answer any questions from the committee.

The CHAIR: Great. Thank you very much for that, and thank you for the submission that you put in last year now. Also, I suspect that most of us have seen the police drug strategy paper that was released. Just quickly before I move on to questions, you mentioned that you could provide a couple of things on notice, and I am wondering if you would not mind doing that. In particular you just mentioned a very recent study that linked the legal cannabis market to the illicit cannabis market. You were saying that that was a research paper that had been recently released.

Asst Comm. WEIR: Yes.

The CHAIR: I am wondering if we could see that as well. That would be terrific.

Asst Comm. WEIR: So there are two papers that I referenced there, a paper by Meinhofer and a paper by Chiu, Leung, Hall, and we will certainly get those both to the committee.

The CHAIR: Great. Thank you, Assistant Commissioner. I am going to turn to Deputy Chair Tien Kieu to start the questioning.

Dr KIEU: Thank you, Chair. Thank you, Assistant Commissioner. First of all, congratulations on your 41st year in the service. You are well experienced.

Asst Comm. WEIR: Thank you.

Dr KIEU: I would like to hear more about the problems and the effectiveness for VicPol in reducing or in stamping out the supply of cannabis. Is it mostly imported or is it home grown in some of the towns in the rural areas, and how are you going about stamping it out?

Asst Comm. WEIR: Sure. So in my 41 years this has been a problem—for all of my service—grow houses, and we attack them in a various manner of ways. The importation certainly exists of cannabis, but predominantly what we see is locally grown. We did see some seizures through the Icarus task force, the joint task force, at the mail centres; we predominantly there target methamphetamine and other drugs. We have good

relationships with power companies. One of the great risks around grow houses is the illegal accessing of electricity to support the grow houses and the risk of fire that that brings. That is a significant risk, and we have good relationships with the power companies to look for key indicators of where there might be grow houses.

We look for the links with organised crime, as I mentioned before, where the grow houses and the crops are an enabler for other crime and part of a broader organised crime network. And we have refined our processes. One of the great issues we have is that seizing large amounts of cannabis and the associated equipment that is used to grow it hydroponically is quite dangerous, and storage of that drug long term can have some significant OH&S issues for our staff and storing them in police property offices is quite problematic. So where we can we use an established process where we will have a sample of it instantly analysed and then a process through the courts to have a finding of fact, we call it, where we weigh it and it is assessed by a botanist and that then becomes evidence prior to a court hearing so we can dispose of the cannabis and the associated equipment without hanging onto it for the entirety of the court process.

So we are quite sophisticated and well hooked into that market—the key players and the illegal activity. We have, like everyone, finite resources, and we target harm. We do see that in recent years, as is well known, the use of crystal methamphetamine, or ice as it is known, has been a predominant driver of harm. So our resources are balanced between trying to certainly not take our eye off the cannabis market and the problems that that causes and the linkages to other high-level organised crime and using our resources, where we can, to tackle the greater harm, and that often is in the crystal methamphetamine or heroin or other opiate space.

Dr KIEU: Thank you. I have some more questions, but let me wait for the second round. Thank you.

Asst Comm. WEIR: Thank you.

The CHAIR: Great. Thank you. Georgie Crozier.

Ms CROZIER: Thank you very much, Assistant Commissioner. A fascinating submission and overview of your experience and the experience of VicPol and working with other jurisdictions, so thank you very much for the work you are doing on behalf of the entire Victorian community. I have got many questions. You spoke about the learnings, I think, and the research papers that are coming out from international jurisdictions that have legalised or decriminalised the use of cannabis. We have heard from international witnesses to this inquiry. Some have been very pro the decriminalisation or legalisation and others have said exactly what you are saying—that crime still is there, it is related to other criminal activities and that in actual fact the legalisation has not taken away the black market and other activities, as you have described. You make it very clear in your submission that you support the current legislative framework. Can you give me a perception of the legalisation versus the decriminalisation aspect?

Asst Comm. WEIR: Yes. For a long time we have had, for over 25 years, a focus of harm reduction, and that predominantly came about, a lot of it, when we had—and I remember it well because I was right in the middle of it in the mid-90s—a significant heroin issue and overdose deaths. And in fact—I do not know if you remember—we used to have the road toll in the paper and the heroin toll at the same time; that is how big a problem it was. And we saw this reluctance of people to ring an ambulance or ring us when someone was overdosing because they thought that, by virtue of association, they would be at risk of some sort of prosecution. So we just wanted to get rid of that. We had an open and really great relationship with needle exchanges to reduce the harm caused by sharing needles. But all of that, which might be seen as a decriminalisation aspect or taking a more harm-reduction focus rather than a hard-edged prosecution, plays into the decriminalisation space, I suppose.

But our observation of the experiences overseas tell us that it is really hard, once you go down a certain path, to put the genie back in the bottle, I suppose. That is why we are really interested in these studies from overseas that show what has happened over the last five years, particularly in relation to cannabis, where they have moved down that path of regulation by the state, supply by the state, which was seen as a way of controlling the illicit market or the organised crime aspect. But the studies are starting to show, particularly the two that I referenced, that there are things happening that they did not anticipate and actually the harm reduction has not played out as they thought it may, and that is my concern, I suppose, and our concern around any move towards making the illicit licit or controlled and regulation, decriminalisation or legalisation. Because we often follow trends from overseas and watch what happens I would be really nervous about jumping too early to a more

deregulated or decriminalised structure, when we are starting to see some of that evidence showing us that actually it is not what they thought it might be.

Ms CROZIER: Well, thank you for that, and I think that is a very wise and cautious approach to take considering what is happening overseas. Just quickly if I may, Chair: in terms of the mental health impacts and the presentations to our emergency departments, could you comment on that, particularly in relation to cannabis use for psychotic episodes with young people? Have you got any data on that? Have the police got any data on that?

Asst Comm. WEIR: Well, we did prepare an extensive submission to the mental health royal commission, which is certainly on the public record and does touch on those matters. I have not got that at hand, but I can certainly take it on notice to supply that if the committee thought that would be of value to sort of validate some of our thinking, but we know that presentations in emergency departments and ramping of ambulances and ramping of police vans is one of the biggest problems we currently have. We really were encouraged by the findings from the royal commission only recently, and we are working through what those findings mean for us and the emergence of ambulance as the key body for attendance transportation. We will always be there to support our friends from ambulance should there be a threat of violence, but the amount of time that emergency departments are spending on mental health presentations that either have cannabis as a driver or a poly-drug focus as the driver exacerbating existing mental health issues is significant and so are the community service restrictions that we face because we are tied up at emergency departments waiting to be seen by a doctor or a legally qualified psych nurse. Because that is what has to happen. Legislatively we cannot take them; we have to stay with them until they are seen and assessed, and it is not uncommon at some of our bigger metro hospitals to have three or four police units there at once waiting for that. The driver of that harm that people are experiencing—consumers of mental health services—and how that relates to their drug use is certainly a significant issue.

Ms CROZIER: Thank you. I will let others have questions, but I do have more if time permits. Thank you, Chair. Thank you very much, Assistant Commissioner.

The CHAIR: Thank you. Kaushaliya Vaghela.

Ms VAGHELA: Thanks, Chair. Thank you, Assistant Commissioner Weir, for your service for 41 years.

Asst Comm. WEIR: Thank you.

Ms VAGHELA: I am more interested in knowing a little bit more about the drug driving. In the Victoria Police submission it has been mentioned that cannabis use is a significant threat to road safety because it is one of the most commonly detected drugs found in drivers involved in collisions, and evidence has shown that it impairs driving. So how can we go about introducing an impairment test for driving under the influence of cannabis, and what should the limit be?

Asst Comm. WEIR: We currently have an impairment test for cannabis roadside testing. Victoria led the world in developing that technology, and certainly we test for cannabis at roadside drug testing every day. The difficulty of course is with alcohol we set a limit of .05. That has been long established and consistent across jurisdictions in Australia and the rest of the world and is seen as the limit at which your driving is impaired. For cannabis or other drugs, to set a target—and it is probably more a matter for a medical professional to speak to—in terms of measuring the harm or the risk of impairment by a metric or a number or a level in cannabis users who are driving I think is really difficult. The Victorian Institute of Forensic Medicine would no doubt have something to say; I do not know if anyone from that body is appearing before this committee or not. But certainly—

The CHAIR: Yes, we have had evidence from them.

Asst Comm. WEIR: Yes. I imagine they may have said the same thing; I do not know. We have certainly seen, as I mentioned in my opening, that one person in five who is deceased as a result of a road collision has cannabis in their system. And we know, as I said, that it impairs reaction time, perceptions of speed and depth—all those key indicators that cause road harm. I suppose you asked for a view and you will get a forensic view from an expert, but my personal view is that any level of cannabis in a person who is driving a dangerous

object like a motor vehicle is dangerous. To reduce harm means that there should be no impairment, so the answer to your question would be zero.

The CHAIR: Thank you, Kaushaliya. David Limbrick.

Mr LIMBRICK: Thank you, Assistant Commissioner, and thank you, Chair. I would like to ask a couple of questions about drug driving as well. You spoke about the level of zero for the amount of THC in your system. It seems that the police response is around targeting impairment, which I totally agree with; people should not drive impaired. However, there have been a lot of studies around drug-driving tests and how long they can actually detect cannabis for. How do you actually know that someone is impaired, because my understanding is they could have consumed cannabis the day before and the next day it is still in their system. I do not think many people would say that people would be still impaired the next day or a few days later. How do you know that the people that are in these accidents are not just cannabis users who have had it in the past and that they are actually impaired drivers that are dangerous?

Asst Comm. WEIR: Yes. That is the often-asked question, and I get that. As I said before, it is easy to quantify with alcohol and the .05 system. We constantly hear that argument from people who are detected at what we would call the low to mid range, who say, 'Well, I'm not drunk, but I'm driving', and we will say, 'Well, the offence is not being drunk; it is driving with a limit over .05', and that is the accepted standard. There is no need for us to show a level of impairment associated with that; it just shows that the level of alcohol in your blood is over that prescribed limit, so I suppose the same argument could be made with cannabis. The mere fact that people are detected with cannabis in their system when they are driving means that the offence is complete. There is no requirement to show that they are impaired.

I understand your question, because generally with physiology people know that, 'Okay, if you have X amount of drinks and you don't have something to eat, the next morning you wake up—', and we still capture those morning-after people. You know, people often say, 'Why are you setting up breath testing at 8 or 9 o'clock in the morning on a Sunday?'. Well, that is the reason why, because people are still impaired from the night before. That goes to your question, I suppose, about cannabis users who may have used cannabis yesterday or the day before—they are driving today and it is still in their system—and what level of impairment there is or how is it impacting their ability to drive, whereas the same could be said for alcohol; there is no need to show that there is an impairment, just the fact that they have that level in their system. I suppose that goes to the previous question that was asked of me around what should be the level of cannabis and how do we measure the presence of THC in a person's system so therefore we can make some conclusions scientifically about how that might impact on their driving. It is a difficult piece, and currently the legislation does not address that in terms of impairment. There are other more serious offences for driving under the influence of drugs or alcohol, and there are other tests that we can do if we think people are significantly impaired and some cognitive tests that show their ability, whereas the roadside testing just detects the presence in the person's system when they are driving.

Mr LIMBRICK: Thank you. I think it sort of raises a serious question about justice to my mind, though. The objective of testing people on the road should be for impairment, right, because we do not want people driving impaired on the road. No-one wants that. Are you confident that everyone that gets caught with one of these tests is actually impaired?

Asst Comm. WEIR: I am confident that everyone who is detected has cannabis in their system, and that currently is the legislative requirement—that you do not. In terms of impairment, as I said before, that is another question and probably needs a deeper dive by people qualified in cognitive science methods about the levels of impairment and how that might work. The accident research centre at Monash Uni, MUARC, have done some work there, and our road policing command is constantly looking at ways to become more sophisticated. You know, we developed the drug-driving roadside test about 15 years ago, and it has been replicated by other jurisdictions. And down the track we may continue on the journey to become more sophisticated at it, and we may get to a stage down the track where we are able to determine levels of impairment by virtue of increased science. We are not there at this stage, but it does not mean we should not keep trying, I agree.

Mr LIMBRICK: Thank you. It is my understanding that there are two offences that could be given to someone, so you have got drug driving and drug driving while impaired, and you mentioned before that there

is, like, a sobriety-type or impairment test that can be done. And I have looked at what you actually do. It is like you would imagine. You see on television in America where, you know, you walk the line—

Asst Comm. WEIR: Yes—walk the line.

Mr LIMBRICK: and touch your nose, and all that sort of stuff.

Asst Comm. WEIR: Yes. That was the test we had prior to the roadside testing. So you would give someone a breath test, and they were zero but it was obvious that there was some level of something—you know, whether it was a behavioural issue or more predominantly a drug issue—so we had a system where we would do those cognitive tests and we would videotape them. That was the evidence that allowed us to prosecute someone for driving whilst under the influence of drugs—and then taking blood and you know—but it was very long, convoluted, expensive and onerous on everyone, including the person driving.

Mr LIMBRICK: And it is my understanding that these tests are done very rarely now. Why is that? Is it just a matter of, like, it being a long and complicated process, like you say?

Asst Comm. WEIR: Yes, and we—

Mr LIMBRICK: Because it seems to me that the questions around impairment would be much more satisfied if a roadside drug test was done in conjunction with something like one of these tests. The evidence would be far more solid, you would think, that someone is actually impaired.

Asst Comm. WEIR: And certainly if the evidence is that someone is significantly impaired, there is still the opportunity for us to do that to show that level of impairment and look to prosecute them for the more serious offence of driving whilst impaired. Removing impaired drivers is what we are predominantly about. That said, people know the rules. It is like anything, I suppose. People know that you cannot be driving whilst you have got the presence of any of those drugs, including cannabis, in your system, and if people choose to take the risk, then they can expect to face the consequences. And I suppose the fact, as I mentioned in my opening, that one in five drivers who is deceased has cannabis in their system is a very, very stark statistic in my view.

Mr LIMBRICK: Thank you. I will let it go to the next person.

The CHAIR: Thanks, David. Sheena Watt.

Ms WATT: Good morning, Assistant Commissioner. Thank you so much for your time and for sharing with us some of your very profound knowledge after many years on the job. I have got a question that goes to your submission, which is the discussion of house sitters or crop sitters. That sort of raised, certainly, some alarms for me. You noted that many of these house sitters are vulnerable or excluded migrants, also folks that may owe money to drug syndicates, and others that are in really vulnerable positions and are really threatened by syndicates to perform the role of these house sitters and to not cooperate with police. So I am just interested, from your perspective, in what can be done to minimise the exposure of vulnerable people to being forced into this role, which to me sounds quite terrifying, and what can be done to improve their cooperation with police when discovered.

Asst Comm. WEIR: Look, that has been traditionally a significant issue, particularly in some of our new and emerging communities and the Asian community—a lot of Vietnamese people also. My experience is around students, as well, who may perform that function. We are very conscious of the risk and harm and perhaps duress that some of those people are under, and that is certainly given consideration.

To be frank, you know, from our perspective in enforcement part of the skill of an investigation is to get people on side, and to tell us more, so that we can actually focus on the people who are organising this activity rather than just the person who is caught living in one bedroom of a five- or six-bedroom house with a large lounge room that is solely dedicated to rotating cannabis crops. The issues around their status as illegal or overstaying a visa or something like that—I mean, we come across people in that situation all the time and we have an open liaison with ABF to make sure that when criminality is detected, we make a reference; the decision about what will happen to them then goes into the border force realm. But if people cooperate with us and help us get the next person up the chain, if you like, then certainly we provide that information to ABF to be part of the consideration about the status of that person.

It is a tactic across a whole range of policing, where we try to get people on board to help us get to the driver of the criminal activity, and it has been going on for a very long time. It is not just in the crop sitting. There is also engagement with this in other drug markets—street level heroin or methamphet—and people who are trafficking who might be in a similar situation to that that you describe. You know, it is business as usual for us, but it is something we are very conscious of. It is not just ‘catch ’em and throw ’em out’. There is a human element to this, and we are always very conscious of that and the human rights of people that we come into contact with, and looking for ways—not to help, but to rationalise their involvement with other agencies.

Ms WATT: Thank you. I do have another question, but I am conscious of the time, Chair.

The CHAIR: No, that is fine, Sheena. You have got plenty of time.

Ms WATT: Thank you so much. On a different topic altogether, you noted that 70 per cent of those eligible to receive a cannabis caution were indeed cautioned. For what reasons would police not issue a caution to an eligible offender? And what decision-making processes does an officer go through before deciding whether to caution a person or issue a summons or further action?

Asst Comm. WEIR: We have a couple of different cautioning and drug diversion programs. We have a general caution for offenders, we have a child caution, but we have a specific cannabis cautioning drug diversion program. That has been going on for a long time. That process is part of our harm reduction to keep people out of the criminal justice system where we can and divert them to treatment programs, but they have to buy into it, and that is the key issue. In order to be eligible, people must be in possession of a small, non-trafficable amount of cannabis, they have to admit the offence and they have to be over 18, because if they are under 18 they undergo a child cautioning program. We see that as less of a stigma, for a child to not receive a drug caution—‘Oh, you’ve got a drug caution’, as a child that can be quite limiting—and just to receive a general caution which includes drugs. So we see that as quite a good way of trying to protect the child, if you like. So people need to be over 18, to have had a small non-trafficable amount, to admit the offence and to consent to being cautioned. They can have had a previous drug cautioning notice, as well, but no more than two, because there has got to be a limit somewhere, I suppose.

So we continue to see a rise in cannabis cautions. In 2017 we did just on 3000, in 2018 we did 3100 and in 2019 we did 3400-ish, so we have seen that number rise. We have a consent-based non-crisis referral service as well that enables us to refer people to a wide range of services for support, advice and assistance, and in the last 12 months we have made 1800 referrals for people with drug issues to a drug assistance service. So that is our mindset. It goes with our harm reduction care model—prevent, enforce and care—as part of the recently released drug strategy. That is the focus, and we see it as quite a successful process that we will continue.

The CHAIR: Thank you. We might be able to come back, Sheena. Thanks very much, and that probably actually segues onto my question about the cautioning process. It has been around I think since probably the late 1990s, so it has been a policy of the police for 20-odd years, and in some ways it actually has the effect of decriminalisation—it is treating cannabis use as a health issue rather than a criminal one. I guess I am wondering, given your concerns around decriminalisation and legalisation—or the police’s concerns—since the 1990s have we because of the cautioning policy seen cannabis rates increase? Have we seen mental health rates increase? Have we seen family violence rates due to cannabis use increase as a result of the cautioning program?

Asst Comm. WEIR: I would say not. The answer to those questions is we have seen increases across all of those, but I suppose the raw number is dangerous to look at. I always look at things per hundred thousand head of population. You look at the way Victoria’s population has increased over that time; I think that is an important measure rather than just looking at raw metrics. I outlined the cautions from 2017, 2018 and 2019, and while they have increased it is not an exponential increase, and I suppose we always take the view that, as I said before, people can receive two cautions but that is it. There has to be a limit. I mean, it is very much about not stigmatising someone for the entirety of their life. If you remove the caution aspect of it, particularly for an adult, and on the first occasion you are detected with a small amount of any drug—but we will say cannabis because that is the focus here—you go to court, you appear before a magistrate, you have a disposition that is recorded and then that sits with you for a long time. So I suppose in terms of giving people a chance to remediate, it sort of goes with what I said before about the overseas studies where I mentioned about it being hard to put the genie back in the bottle. Well, I imagine that the same sort of applies here. If someone did it and

if we did not have the caution program and everyone who was detected had to appear before court, the courts would be quickly overwhelmed even more than they are now. We would see a real reticence of people to actually engage with services I think as well because it would mean putting their hand up and admitting that, 'Yep, there's a problem that I need to be addressed'. So I do not see it as counterintuitive to what I am saying about our concerns around legalisation. I think it sort of goes hand in hand, certainly with our harm reduction focus that we have had for such a long time. But like with any program or any focus around any sort of reduction and any sort of non-prescriptive or hardline justice approach, there has to be a limit. There has to be a point where someone is given enough chances, and clearly then there has to be a mainstream approach.

The CHAIR: Yes, I take your point. As we know, for young people in particular cannabis is very popular. From the national household drug survey through to Burnet Institute, somewhere between 30 and 50 per cent of people under the age of 29 are using cannabis on a regular basis.

Asst Comm. WEIR: That many?

The CHAIR: Yes. Look, I think the household drug survey is probably quite a good survey. The other surveys may be more self-reporting. But in thinking that, the ACT went down this decriminalisation path 12 months ago. They had had a cautioning approach since the 90s, similar to Victoria. They went down the full decriminalisation path, so if you had possession of a small quantity, you would not be charged, no matter how many times you were found. Have you had any reports from the ACT since they implemented that process that some of those negative impacts around mental health, family violence and crime have seen any increases?

Asst Comm. WEIR: No, we have not. I think, a bit like what we have seen with those overseas studies I referenced, 12 months probably is not a big enough sample size. If we could obtain evidence from somewhere like that over a period of time that showed, because of an alternate way they had gone about it, changes to presentations at EDs around mental health; protections around road fatalities, being one in five; and family violence—as I said before, it may exacerbate the issues, but our general experience around family violence is that it is not the driver, it is an exacerbation of existing underlying issues. But if we could show evidence through studies, such as what they have done in the ACT, then that would give us cause to reconsider. I do not know hand on heart that it would show a reduction in the harm. Would we see in the next five years—which I think for a true study and an understanding of the change such as they have undergone, I would like to see a more longitudinal study. But if it did show a reduction in road trauma associated with cannabis and if it did show a reduction in presentations of mental health issues or the five other co-offending pieces that we see with cannabis use around handling stolen goods and other drugs—if it did show that—then that would be cause for us to consider. But until that is really rigorously examined, I would be nervous about doing that.

The CHAIR: I think almost all of the organisations have pointed to Portugal, which has had a 22-year experience with this. Look, I have got more questions, but I would like to return to our Deputy Chair, Tien Kieu.

Dr KIEU: Thank you, Chair. I would like to understand from your experience—or maybe you have some evidence—whether cannabis users are more likely to be users of some other drugs, illicit drugs, or likely to graduate in the sense that they move on to the harder substances or not. And then if so, if we target the decriminalisation of cannabis, would that be an effective way to contain the use of illicit drugs and all the harmful effects and substances or not? Thank you.

Asst Comm. WEIR: That is a really complex question. I mentioned before about the other drugs that we see when we detect people with cannabis, which tells us that people are not just using cannabis alone. There is a use with other drugs, with other criminal offending. And we do know that cannabis is used by users of other drugs to moderate the level of particularly amphetamine drugs, which heighten people's behaviour and make them more manic or hyper I suppose. They use cannabis to return to a level of normality. We know that that certainly is shown out.

In answer to your question about graduating—do we see people graduating from one to the other—there is certainly evidence that shows that people do progress, but there is also evidence that shows that people do not. So it is hard to put an exact answer or an exact figure on that, because I think every person is different, every person's experience is different, and whilst the Chair did quote those various studies that show the amount of

young people using drugs, it is hard to sort of quantify those that use once, use twice and then do not for a variety of reasons.

Dr KIEU: Chair, may I have another quick one?

The CHAIR: Yes, you can, Tien. Assistant Commissioner, we just seem to have lost your image, your camera.

Asst Comm. WEIR: Yes. I am just having some IT issues here. Just bear with me. I am doing a bit of on-the-run sort of stuff.

The CHAIR: We can hear you loud and clear, so that is the most important thing. Tien, one more question.

Dr KIEU: Yes, very quickly. How successful do you think the diversion education program is? And what would you like to see some further improvement on, or is there something that could enhance the effectiveness rather than going the full length of decriminalisation of cannabis?

Asst Comm. WEIR: We are fully committed to diversion programs. Our constant battle across the whole sector in terms of referral and assistance is support agencies. We see this in the mental health space as well, we see it in family violence and we certainly see it in the drug diversion space, where the ability of support agencies to provide that level of support—

It is no good having a really robust and engaged process to refer people or divert people if there is not the back-of-house support for people to get the appropriate help. Over 40 years of service it has been one of the frustrations, where you see people, parents in particular or relatives of someone who is suffering from an addiction, really struggling to get the appropriate level of support or therapeutic help to treat someone's addiction. So I suppose the biggest thing that I could hopefully see an increase in would be that level of support or that assistance for people who genuinely have a need to treat addiction and have the assistance that they need.

The CHAIR: Thank you.

Dr KIEU: Thank you.

The CHAIR: Georgie.

Ms CROZIER: Thank you, Assistant Commissioner, again. I have got two questions. We have heard from some young people who say that they have not received education in schools. I am wondering if the police have a view on what education should be provided to young people in schools, firstly, and then I have a question around the element of prohibition that you mentioned in your submission. I am just wondering if you could go to the education and if I could come back to the prohibition question after that. Thank you.

Asst Comm. WEIR: Sure. Our involvement in schools has been the subject of much debate. Shane Patton, the chief commissioner, certainly recently recommitted to having us being more front of house and engaging in schools to address a whole range of harms and to sort of impact on that vulnerable age group before they make some wrong decisions. I do wonder whether having a police person speak in relation to drugs is appropriate. I mean, it is horses for courses, but there needs to be an integrated approach I suppose between us, education and other key providers to make sure those people with the right amount of credibility, right amount of knowledge and the right amount of buy-in are delivering the message to our vulnerable and emerging citizens.

Certainly our engagement with schoolchildren is vital. To hear kids say, as you outlined, that they have not been given proper education on drug harm or drug taking or risky behaviours, I do not know about that, whether or not that is maybe an excuse. Certainly I know that schools do offer that, but whether it needs to be refocused, whether it needs to be more consistent and integrated across the whole of education with some significant input from health providers and other subject matter experts is something that I suppose the government or the Department of Education and Training can look at.

Our involvement in that is vital, but again, drug taking is just one of a number of risky behaviours that kids engage in. It is quite often the thing though with drugs and alcohol that either ignorance or, in their formative years, not realising the harm can lead to a whole range of things—sexual assault, driving behaviours, putting

themselves at risk. Shane is committed to that program and certainly the four assistant commissioners in the regions are committed to it, and there is a body of work going on to get us back into the schools.

Ms CROZIER: Well, I can say that I am very supportive of the police in schools program. I am delighted that the Chief Commissioner has taken on that commitment, and I am hoping the government will come on board. Can I just go to the prohibition aspect that you have put into the submission. It is a really interesting one because we often hear that prohibition does not work. The submission says there have been multiple studies on this and that in fact:

... studies that make some attempt to control for extraneous factors, suggest that prohibition constrains illicit drug consumption.

I am interested in your views on that. You have outlined why that is the case, but could you just provide the committee with a little bit more detail about your thoughts around this important area?

Asst Comm. WEIR: Yes. As I mentioned in my opening, we are very much the enablers of government legislation and policies, so any decisions around that are matters for government. As we mention in our submission, there are several limitations to drug prohibition. Way back in the US during the 30s when they had prohibition around alcohol, we saw what happened there. But I think it is dangerous to say—and it is certainly not our submission—that prohibition alone is the number one priority. It needs to be in conjunction with a whole range of other activities. Certainly, as we outline in our drug strategy and certainly as we indicate around harm reduction, prohibition alone or telling people that, ‘You cannot do something’ may not be ultimately successful unless you have those complementary services or programs or practices. For example, if you look at our cannabis cautioning program—and the Chair touched on that before—that might be seen as a sort of move towards decriminalisation. You know, you could say that our cannabis cautioning program is not just saying, ‘Right, we’re not going to send you to court, but you’ve been caught; don’t do it again’. It is accompanied with a referral and a diversion to drug treatment. So it is not just saying, ‘No, you can’t do it’, and having the police stand up there as the authority figure for the state saying, ‘You can’t do it. You’re prohibited’. It is certainly supplemented and complemented by a range of other programs to help people genuinely deal with their addiction or the harms that are associated with it.

Ms CROZIER: Which I think you made very clear—

The CHAIR: Thanks, Georgie.

Ms CROZIER: both in this evidence that you have provided and in the submission. Thank you.

The CHAIR: Kaushaliya.

Ms VAGHELA: Thanks, Chair. As per Victoria Police’s drug strategy, one of the focuses is to prevent drugs from entering Victorian communities, to prevent increased demand and to disrupt and reduce drug supply. But what we have heard, Assistant Commissioner, from a few of the witnesses during this inquiry is that illicit cannabis is easily available in the market for illicit use. So what changes need to be made to the current strategy to make it more effective?

Asst Comm. WEIR: There is not one magic wand that we can wave. I mean, cannabis use, cannabis abuse and cannabis harm have been around as long as the drug itself, as long as THC has been a problem—the constituent narcotic that is in the plant. We could quite easily say, ‘Well, we will dedicate another thousand police across Victoria to focus on targeting crop houses, targeting importation, targeting distribution of cannabis’. Now, we cannot do that, and we would not do that, because as I said, we all in the public sector have finite resources and the Victorian community expects to get the best value for the significant money that they pay for a policing service. So we will continue to look and refine what we are doing and learn the lessons from here, learn the lessons from interstate.

I think one thing that has certainly improved in recent times is the interagency cooperation, at a state level, national level and international level. We saw the results of the recent operation that we had engagement with, that the federal police had engagement with and certainly the FBI and other agencies had engagement with, and those examples, which were largely technology driven. The ability of us to embrace new and emerging technologies to focus on existing harms—building a better mouse trap, if you will—I think is where we need to focus. And we need to learn from what we have done in the past and not just rely on that—be innovative, be

questioning, look for ways to attack illicit drug markets, cannabis and others, by constantly, continuously improving what we do.

Ms VAGHELA: Thank you.

The CHAIR: Thank you. David Limbrick.

Mr LIMBRICK: Thank you, Chair. One of the things, Assistant Commissioner, that you spoke about before was the harms from the drug and the prioritisation of policing, and you have got limited resources of course. One of the harms that we have heard about many times throughout this inquiry, and one of the biggest harms—indeed yesterday at the youth forum it was one of the biggest harms that people were concerned about with cannabis—is getting a criminal record, because it affects people throughout their life. How do we know that the harms of prohibition are not actually worse than the harms of cannabis itself? It seems that there are many serious harms of prohibition. One is the criminal record, as well as having these grow houses and things like that when that could be a normal supply chain if it was not an illegal product. How can we be confident that these harms of prohibition are not actually worse than the drug itself?

Asst Comm. WEIR: Look, that is a really interesting question, because it is the constant question I suppose. And it is not just the harm, I think; it is the impact. Look at the resources we put into it, look at the costs that we put into it, look at the time taken up for the courts. I suppose that is the argument that may have been considered—I do not know—in Colorado and other places where they moved to that alternate model of supply and regulation. I suppose it goes back to my concerns, as I articulated before, around those studies that are now emerging five years hence, because I imagine—I do not know—that they may have had similar conversations and questions posed to the one you just posed when they were considering that alternate method of operating. It may have been one of the drivers behind their making that decision, and yet years down the track we are seeing that it is not quite so. It is a wicked problem—the question you posed—and I am not sure that it has a definitive answer, to be frank.

I gave that evidence before about one of the rationales behind the cautioning program being to keep people from having that criminal record because it prohibits a whole range of things, not that many of us are travelling internationally at the minute but it is one of those things—employment, stigma. It is one of the reasons behind having a cautioning program—to give a person that chance to recognise, put their hand up and get treatment, and if all that happens, then it is not a permanent stain on your character by virtue of a criminal record. Your question is, ‘Well, how do we know that the harm we’re trying to prevent is not greater than what we are doing?’. I cannot really, to be honest, give you a definitive answer on that, but I think it is something that we need to keep investigating and we need to keep considering, you know, as medical treatments and therapeutic options become available to reduce addiction. Certainly my experience with the Monash Uni addiction research centre, on the board there, is there are some really interesting discussions there around treating addiction—not just drug but behavioural, gambling, all those sorts of things. That addictive gene in people that means they have the desire to do something like take illicit drugs is something I think we need to get to understand that.

Mr LIMBRICK: And just very quickly, if I may, Chair. Thank you for that detailed answer. You may not know the answer to this question off the top of your head, and maybe you could take it on notice, but are there any estimates of how much of our police resources are actually used policing cannabis?

Asst Comm. WEIR: No. Not definitively, but it is probably a two-part thing, in my experience. There is a proportion that is focused in proactive investigations about what we know, and we could quantify that. The bigger part is the reactive part, so reacting or responding to something that has occurred, be it road trauma, be it family violence, be it a mental health issue, be it another crime aspect that is caused by cannabis use, by cannabis trafficking, and that is really, really hard to quantify, to be honest. So we can certainly get data, or undertake to at least try if you wish to get data, to show how much time on investigations we spend. Then there is the proactive policing, the interception of people. We certainly saw that during the curfew last year where people were not allowed out post 9.00 pm I think it was from memory, and we had lots of police deployed to look after commercial premises because they were at greater risk of burglary. So there were more intercepts of people who were out when they should not have been—more checks, more searches, more detections. So our drug offending has significantly gone up during COVID because we have seen that. It probably goes to my point: if we had an extra thousand police and we had them out there doing that all the time, what would we

show? Does it mean there is a rise, or does it mean we are getting a greater, probably truer, reflection of what the market is? It is a bit chicken and egg, to be honest.

Mr LIMBRICK: Thank you.

The CHAIR: Thank you. Any details there on the resources and the proportion of resources that is spent on cannabis and cannabis-related crime would be really useful to the committee. Thank you, Assistant Commissioner.

Asst Comm. WEIR: Yes. I will certainly take on notice to try and provide that level of detail.

The CHAIR: I appreciate that. Sheena Watt.

Ms WATT: Thank you, Chair. I actually indeed asked both my questions, and I note that some others asked as well the same questions as me. Thank you so very much, and thank you so much for your time, Assistant Commissioner.

The CHAIR: Thank you, Sheena. Assistant Commissioner, I think this has been a really fulsome conversation. Just following on from the resources of police, you mentioned that a lot of the organised crime groups that are involved in the commercial production of cannabis in Victoria use that to fund other drugs, and I wondered if you have got any—

Asst Comm. WEIR: Or other criminal behaviour.

The CHAIR: Or other criminal activity.

Asst Comm. WEIR: Yes.

The CHAIR: How important is income from cannabis even to the viability of those crime syndicates?

Asst Comm. WEIR: It is a bit hard to answer. If it was not cannabis, it would be something else, I suspect, and we know that. So organised crime groups are very adaptable at responding to the pressure that we put on them. I suppose one of the interesting things to follow as a result of the recent operation that I touched on, the international operation around Ironside, will be what effect will that have on their operating model, on their business model if you like? How will we see them adapt? And then that is the constant game we have played forever and a day—responding and getting ahead of the game and anticipating what they will do. So whilst it is hard to put a number or a figure or a percentage of their wealth or their income on cannabis, it is certainly something that we continue to do because we know that it forces them to adapt and do something else, and so we can then be in their face there as well, because our mission is to quite clearly prevent a whole range of criminal activity. Whether it is cannabis, whether it is cybercrime or whether it is any of those different activities they undertake, we will be relentless in responding and doing it. I think while we are talking about cannabis today, it is just one of the number of activities that we know they undertake.

The CHAIR: Yes, and certainly in the 2017 inquiry into drug law reform I think the police estimated that those cannabis grow houses were worth in the billions of dollars in Victoria.

Asst Comm. WEIR: Yes.

The CHAIR: You mentioned at the onset that there is emerging research to say that criminal syndicates are still involved in illegal markets of cannabis overseas. We have certainly heard this both during this inquiry and during the previous inquiry. I think Colorado was an example where they reported that they had not removed the illicit market entirely, but the illicit market was 70 years old. In 10 years they had not got rid of it, but they had reduced it to around 30 per cent, I believe, in that circumstance. Would you have any thought on if cannabis was taken out, was regulated and put into a legal market—not like alcohol, but regulated and legalised—what sort of impact that would have on criminal syndicates and crime organisations?

Asst Comm. WEIR: Certainly. I suppose it would have an obvious and immediate impact on their quantity, or their market share, but they would adapt and overcome and find something else, as I indicated before. It is a bit of a quantum leap to try and guesstimate what impact it may have. And again, as we have seen overseas, the market at the level of the product that is sold by the state—one of the issues that has been seen I think is that it

is viewed as an inferior product, so people keep going to the illicit market because it gives them what they want. Certainly, as I indicated before, the concern we have is around the normalising by virtue of undertaking that process that has happened and that almost implicit authority that it gives to say, 'Well, the state's selling it, it must be okay', which I know is done with alcohol, and it always has been. And by far and above alcohol is still a predominant driver of harm that we see across all of those spectra that I mentioned before—around family violence and mental health, alcohol is still the key driver. So I get how it can be seen as counterintuitive to do that. But we just have some real concerns based on what we have seen coming out and being reported that all is not what was seen or hoped for in those overseas jurisdictions.

The CHAIR: No, and look, I do not think anyone, as you say, has a magic bullet to solving crime in the world. But certainly I think the jurisdictions that we have heard from have said we have not solved it but we certainly have reduced the criminal element in the cannabis market—not to say that they have not gone somewhere else.

Asst Comm. WEIR: Yes, and I can certainly see how if we followed a similar path in Victoria, in the short term that absolutely might play out the same way. I suppose my concern is, as I have said several times, about the longitudinal legacy that that decision would leave. It is hard to put toothpaste back in a tube.

The CHAIR: Yes, it most certainly is; I have tried with my children's many times. Following on, yesterday when we had the youth forum young people were saying—some of them were saying—frankly it is easier to get cannabis than it is to get alcohol because alcohol is regulated, restricted and harder to get. And we do not seem to be inhibiting the availability of cannabis for young people under the current programs. Do you think there is anything that we could do further to inhibit cannabis use amongst people?

Asst Comm. WEIR: Certainly, as we have touched on before, the education piece absolutely. There are three things we can do: we can just totally ignore it and have open slather, which we are not going to do; we can have total and rigorous prohibition, remove caution and go completely to a restrictive justice model; or we can find some middle ground. I mean, the greatest regulation is never done by the state or a policing organisation, it is done by self. Predominantly our young people are really smart, really engaged—a generation of wanting to know, inquisitive people. So I think if we give them the opportunity to really understand the harm that exists around cannabis, I think they will make some smart decisions. Now, that requires some commitment, some discipline to stay the course and to have that. But I think, and this is my personal view, based on all of my years of experience and involvement—you know, being heavily involved with youth, being the president of a large junior football club, president of a school council and of a large cricket club, and involved with a lot of kids—from difficult socio-economic backgrounds a lot of them—we underestimate how smart there are if we give them the proper information. And if I could wave the magic wand and find a lot of money and resources, that is where I would put them.

The CHAIR: Yes. Look, I think that goes to Victoria Police's most recent drug strategy as well. It is the prevention end rather than the policing end.

Asst Comm. WEIR: Yes.

The CHAIR: I have just got one final question that I meant to ask before. You may not be able to, but certainly I just read that the Canadian chiefs of police have said we need to decriminalise all drugs, we need to decriminalise the possession and use of all drugs. That was the Canadian Association of Chiefs of Police.

Asst Comm. WEIR: I read that.

The CHAIR: Would you say that they are in a very different position to us and that is why they would come to that position?

Asst Comm. WEIR: I think it is really dangerous to make comparative assessments against really different environments. North America and Canada in particular have been savaged by the effects of OxyContin, fentanyl and like drugs that we have not seen here, and I think the ability for them to repair the damage and harm that has been done is almost cost impossible in terms of what they would need to do. And, I mean, any decision around that is not just a policing decision, it is a whole societal issue around your health, your harm and what can be done. I see those things with interest, and I feel for our overseas colleagues who have suffered

that harm. Talking to colleagues and friends particularly in North America who I know, places have been ravaged by those particular drug types. I feel for them, but I do not think it has a lot of relevance for here.

The CHAIR: No. I mean, I do note that I think our death toll to prescription overdoses is now double our road toll in Australia, which is damaging. We have run out of time, but does anyone have any final, fast, furious questions? Deputy Chair, last question.

Dr KIEU: Thank you, Chair. Just a comment: the criminal elements and the organised crime are very inventive and adaptable. For example, they are moving heavily into illegal tobacco to have another source of income, so they are aware enough to act upon—

Asst Comm. WEIR: Yes. That is getting a lot of recent press, but it is not a new problem. That has been around for forever and a day—it is just becoming more sophisticated, more organised. Again, certainly with our joint organised crime task force and our partnership with AFP and border force, we constantly are arresting people and impacting on a lot of organised crime groups that are involved in that.

Dr KIEU: Thank you.

The CHAIR: Thank you so much, Assistant Commissioner. This has been a really enlightening and informative conversation today. We very much appreciate it. As I mentioned, you will receive a transcript of today's hearing. Please do have a look at it and make sure that we have not misheard you or misrepresented you. Thank you to all the committee members for some really great conversation, and I will draw this hearing to a close. Thanks, everyone.

Asst Comm. WEIR: Thank you.

Committee adjourned.