

TRANSCRIPT

LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into the Drugs, Poisons and Controlled Substances Amendment (Regulation of Personal Adult Use of Cannabis) Bill 2023

Melbourne – Friday 14 February 2025

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WITNESS

Jasmine Yuen, Director, Victoria, Australian Christian Lobby.

The CHAIR: Welcome back to the Inquiry into the Drugs, Poisons and Controlled Substances Amendment (Regulation of Personal Adult Use of Cannabis) Bill 2023. I welcome back any members of the public watching via the live broadcast. Joining us for this session is the Australian Christian Lobby's Mrs Jasmine Yuen. Good morning.

Jasmine YUEN: Good morning.

The CHAIR: Welcome. I want to quickly introduce you to our committee. My name is Trung Luu, the Chair, and there are my Deputy Chair Mr Ryan Batchelor, Mr Michael Galea, Mr Aiv Puglielli, Ms Rachel Payne and Mr David Ettershank, and also joining us is Mr Joe McCracken on Zoom.

Before we continue, Jasmine, I will just quickly read some information to you. All evidence taken is protected by parliamentary privilege as provided by the *Constitution Act 1975* and further subject to the provisions of the Legislative Council standing orders. Therefore the information you provide during this hearing is protected by law. You are protected against any action for what you say during this hearing, but if you go elsewhere and repeat the same thing those comments may not be protected by this privilege. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament.

All evidence is being recorded. You will be provided with a proof version of the transcript following the hearing. The transcript will ultimately be made public and posted on the committee website.

Just for recording purposes, could you please state your full name and the organisation you are representing.

Jasmine YUEN: Jasmine Yuen, representing the Australian Christian Lobby.

The CHAIR: Thank you. I know you made a submission, but I would like to invite you to make an opening statement before I open it up for the committee to ask you questions.

Jasmine YUEN: Sure. Thank you. On behalf of the Australian Christian Lobby I would like to thank the committee for this opportunity to share our views about the legalisation of cannabis. The ACL does not support legalising personal use of cannabis, nor possessing or planting it for personal use. This is because the legalisation of cannabis would come with a great social and economic cost, including health and safety, that would destroy the lives of many Victorians. Mental health issues among our young people and out-of-control youth crime are now the major issues in our society. It is not an exaggeration to say that many of these are drug-related.

It would be delusional to say legalising cannabis for adult use would not impact our younger generation in our society. In fact legalisation would send the wrong message to our young people that cannabis is safe when it is not, and it would also normalise drug use in the community among the young and old and open the door of hell to lifelong drug dependency and addiction for our future generations. A harm reduction approach would not reduce the harms that drugs have on the young and old in our society but would instead push them into lifelong addiction if we do not draw a line in the sand now by putting an end to drug use.

Legislation, on the other hand, is a slippery slope that leads to a point of no return, with a further increase in drug use and drug-related consequences. These include health and mental illnesses, crimes, road accidents and lack of productivity in the workforce. For example, scientific evidence links cannabis, including medicinal cannabis, to psychiatric disorders such as anxiety, depression, schizophrenia and psychosis. Evidence also links cannabis use to birth defects, including missing limbs and autism, genetic mutations and cognitive impairment that includes negatively impacting memory, learning and attention. It also causes 38 types of cancer and impacts brain and lung function and also the respiratory and cardiovascular systems. London and Dutch studies have also shown cannabis causes between 30 and 50 per cent of all new psychosis and schizophrenia diagnoses.

The Australian Medical Association, AMA, also found that cannabis can contribute to a variety of mental illnesses such as anxiety, panic attacks, reduced brain function, paranoia, memory loss and so on. According to Professor Brett Emmerson, one of the most common causes of people with schizophrenia relapsing is because

they get their hands on THC. The AMA has also found that the use of cannabinoids, including cannabis, is among the most common causes of drug-related hospitalisations in Australia. An analysis of the Australian Institute of Health and Welfare national mortality database shows that in 2022 cannabinoids were present in 3.4 per cent of all drug-induced deaths.

Even though cannabis is now legal for some medicinal purposes – people think that it is safe, but it is not – the TGA guidance indicates that there is limited evidence for medicinal cannabis helping different medical conditions. In a submission to the Senate inquiry on the Legalising Cannabis Bill 2023 the AMA opposed the Bill, citing that cannabis use contributes to mental issues and increased road traffic incidents and will overload our health system. If this medical peak body opposes the legalisation of cannabis, it is plainly an act of negligence and carelessness for the Victorian government to legalise this dangerous illicit drug.

Regarding road safety, there has been agreement across studies that cannabis use significantly increases the risk of car crashes and impairs specific driving skills. This is largely due to diminished driving performance in response to emergencies and sudden changes. Studies have shown that cannabis use increases the risk of hitting objects by 16 times. The Department of Transport and Main Roads in Queensland stated that:

There is an extensive body of research literature that describes the increased crash risk associated with THC ...

The Victorian police have also found that 19 per cent of driver and rider fatalities in 2018 had stimulants in their system and 10.3 per cent had cannabis in their system. In New South Wales in 2023 there were 79 road fatalities linked to drug driving, and 69 per cent of drivers or motorcycle riders involved in fatal crashes who tested positive for illicit drugs were found to have cannabis in their system. Combining cannabis with alcohol can also increase the risk of fatal crashes by up to 23 times. It is entirely contradictory then to promote road safety and crack down on drunk driving while legalising and increasing accessibility of cannabis use. To protect our roads and the safety of our drivers, it is crucial that cannabis remain illegal.

One more point to make is that numerous studies from the *American Journal of Psychiatry*, the American Academy of Psychiatry and the Law and *Frontiers in Psychiatry* have also observed an association between cannabis use and physical violence in youths and emerging adults. Studies have shown that individuals with cannabis dependence have a higher prevalence of committing violent offences such as robberies, gang fights and assaults. Moreover, other evidence also shows that cannabis use may lead to future violent outbursts, and therefore the short-term and long-term consequences of cannabis use should be considered.

Given these dangers, keeping cannabis illegal is crucial in protecting public health and safety and maintaining a drug-free healthy society. So agreeing with the AMA's opposition to the federal Legalising Cannabis Bill, we urge the committee to recommend the government implement a prevention rather than harm reduction approach to drug taking and focus resources on prevention, rehabilitation and education programs instead of legalising cannabis for recreational use.

I would also like to use this opportunity to introduce some organisations: for example, Teen Challenge, which runs a rehab program. Unfortunately they cannot be here today. Their base is in Kyabram. Another organisation is Focus on the Family, which runs a program for parents called How to Drug Proof Your Kids. At the end, prevention is far better than legalisation. I have some brochures here.

The CHAIR: We will take a look at them. Thank you, Jasmine. I will quickly start with a question, and then I will pass on to the rest of my committee. In relation to your submission, our committee has pretty much compared the Bill to the ACT legislation in relation to what is happening. We understand that the ACT have only legalised in the last few years and their numbers have only been reported for the last few years, but there have been indications from the ACT that there has been no increase in use of cannabis since it was legalised. Referring to your submission and only those references you have actually done research on, in your submission you indicated cannabis legalisation has increased use. You refer to North America, which has to a large extent legalised for a longer period of time. Can you just expand on that regarding your research and your submission, please?

Jasmine YUEN: We have been trying to get some data or information from the ACT, but unfortunately we could not get much, and we were told that even though there is, I do not think the government there is going to reveal much. So I would say we cannot get much from the ACT perspective. But looking not only from the ACT perspective but at other jurisdictions as well, even overseas, once any drug has been legalised, it will

increase use. It might not be recorded because from a policing, for example, or a legal perspective it might get a bit more relaxed and therefore a record has not been kept as much as we want it to.

The CHAIR: Okay. Thank you. I will pass on to Ryan.

Ryan BATCHELOR: Thanks very much, Chair. Thanks, Ms Yuen, for coming in. We have had a few submissions. People give us evidence to say that we need to, in thinking about cannabis and its future potential regulation under this Bill or through other means, learn lessons from the way that alcohol and tobacco markets operate currently. I wonder if you have any reflections on the way that the alcohol and tobacco markets are operating and lessons we might be able to draw from those when thinking about whether cannabis is something that should be moved from a prohibition setting into a decriminalised or regulated setting.

Jasmine YUEN: I think alcohol and tobacco are two very different things. Cannabis is drugs – recreational or illicit drugs. Alcohol, if it is not consumed in a huge amount, has no risk. But of course alcoholism is a problem and even tobacco is actually harmful for health, and therefore many years ago we have come down to this plain packaging and discouraging people, and young people especially, from smoking. I know that TV ads have been banned as well from promoting cigarettes. So having to compare these illicit drugs with alcohol and tobacco – they are two totally different things. But look at vaping as well. I know that government has been doing really hard work in preventing our young people from vaping, because we know vaping is dangerous for health. If we want to tackle vaping and prevent our younger generation from becoming addicted to it, I think we should compare cannabis to illicit drugs and recreational drugs because we have so much medical evidence and scientific evidence that says that it is really harmful compared to alcohol, tobacco and vaping. So really it is not about regulation, it is really about banning any form of recreational drug entirely.

Ryan BATCHELOR: Thanks, Chair.

The CHAIR: Thank you. Ms Payne.

Rachel PAYNE: Thank you, and thank you for presenting before us today. I just want to clarify your position with the AMA, which you made reference to in your opening statement, because we have had AMA Victoria submit to this inquiry. They are in support of decriminalisation of cannabis for personal use as the more balanced and health-focused approach, particularly focusing on health impacts and minimising harm. I just want to establish what the AMA has said as part of this inquiry. I think you may be talking more broadly about their position on legalising and a commercial model of cannabis reform. What this Bill is focusing on specifically is allowing personal use and decriminalising cannabis. You also make reference to the prevention approach. On the current prohibition model such as we have now – the status quo – do you see that that is currently working to prevent access, particularly for young people? Would you consider reflecting on the ACT experience in looking at how that may reduce harms, particularly for young people?

Jasmine YUEN: Yes. I will come to the AMA first. The AMA submission that I referred to was on the federal Bill, and that was two years ago, I think. They did mention something here. They did mention that they actually support certain forms of court orders and support the prohibition of usage of cannabis, because the court orders will actually refer people to some form of education and counselling. So in a way – I have not looked at the Victorian AMA one so I cannot speak to that, but actually in the federal submission that position is that they do not support legalising it. Even a court order, when people have been arrested and they go to court, is an opportunity for people to be referred to counselling and education and so they are more in favour of the rehab program. In terms of the second question, which I cannot remember –

Rachel PAYNE: You just talked about that rather than legalising or decriminalising cannabis, we should look at a prevention model. I am just trying to gauge how that is different to the current prohibition model. Are you proposing that we maintain the status quo?

Jasmine YUEN: I would say young people, or even young adults today, will still be able to access drugs of all kinds easily. I do not know how, but there are other ways. I do believe that the crime rate and all these youth issues nowadays – and even mental illnesses – have a lot to do with drug use. In terms of prevention, what we have in mind is that, as I mentioned, the program just now that is run by Focus on the Family, for example, is a program that helps parents to educate their children at home. There needs to be some form of education at school, for example, in which you educate the children about the harm of drugs in a different way. But at the same time, we cannot only rely on education at school. Education at home is also important. Parents modelling

is very important as well. Looking back, in my teenage years I did not use any drugs. The reason why is because my parents told me outright that drugs are harmful and they have a lot of health impacts in different ways. Also, they modelled that not taking drugs is the best way for life in terms of success in academic performance as well as in future careers. So my suggestion for prevention is not only at school but helping family and parents to do that at home, so it is more education from a young age. Even parents and teachers at school need to tell children that drugs are not a good idea and draw a line in the sand. That is the best approach.

Rachel PAYNE: I think we can all agree that a health-led approach is the best mechanism, particularly when it comes to educating young people. You also mentioned in the submission that cannabis could be considered a gateway drug. With the illicit market, where people are accessing cannabis, would you see the fact that if someone is accessing it through the illicit market and seeing a drug dealer, it may be that actually the interaction with the illicit market may be the gateway – that a drug dealer would be more inclined to say, ‘I’ve got other drugs here,’ and offer particularly a young person those options? Would a regulated market or allowing someone to grow a small amount of cannabis at home prevent that interaction with the criminal justice system, would you feel?

Jasmine YUEN: It would be dangerous to even allow people to grow their own plants at home. The AMA submission for the federal Bill actually had concerns about that because it is unregulated. Although you are restricting certain amounts for them to plant for personal use, you never know how many plants are at home and how much they keep or store. I would say I just think that you need to draw a line in the sand. That will be the easiest approach.

Rachel PAYNE: Thank you.

The CHAIR: Mr McCracken, would you like to ask some questions?

Joe McCracken: Yes. Thank you very much for your attendance and your submission, Jasmine – much appreciated. I think I read somewhere in your submission that there was a concern from you about the developmental impacts on younger people. I know from being a teacher that the brain does not fully mature and develop until the age of 25. Did you want to expand on that as one of your concerns?

Jasmine YUEN: Yes. I am not a medical professional, but based on what the medical groups and even psychologists and psychiatrists say on those aspects, they have very sufficient evidence that points to how cannabis use or any form of illicit drug use will impact the development of young people. I would say it is not only young people but adults as well, so regardless of whether their brain has been fully developed or not. It is because drugs are a certain kind of chemical that can impact the way a brain functions. Our body, if you look at it from a biological perspective, is all chemicals as well. The brain chemical reacting with drugs will have some form of chemical that is definitely going to impair our brain function and even other organs, as the AMA or other scientific evidence has pointed to, causing cancer. So I would say drugs of any form – but cannabis is the easiest illicit drug that young people can get in to – will definitely impact them in a significant way, starting from the brain function to even how they interact with their social and family life.

Joe McCracken: Thank you. I noticed that in your submission you said that you do not want to support the, I think the word was, normalisation of cannabis usage and that you do support a preventative approach rather than a different sort of approach. What sorts of things do you think we should be doing in Victoria to make a change more in terms of your line of thinking? What changes would you envisage? I know you put some in your recommendation. For example, how do you denormalise cannabis usage? It is fairly widely available through obviously dealers and those sorts of things. How do you make it unappealing? Is it through education? Is it through punitive approaches? What do you think is the best way of dealing with it?

Jasmine YUEN: I do not think there is a short-term approach that we can tackle this issue with, because it has been not only decades but centuries; drugs have been a centuries-old problem. But I think education would help. Drawing a line in the sand needs to start from now, and education is the best approach. Physical health education, for example, at school could have a component where teachers can teach the harms of drugs. I even remember going to my kids’ school, where police came in to tell them about the consequences of taking drugs, which could also include road accidents. Apart from that, as I mentioned just now, we cannot only rely on education at school – just one session per term or per year. I think the education department or schools need to work together with parents, provide parents with some form of information, like this Focus on the Family

program, and see how the school and parents could get together and have one session for parents or even have an online education package for parents that they can access to equip them to help prevent their children using drugs.

Another thing that I remember is some of the campaigns that the government ran, which were pretty good, with advertisements saying that the consequences of using drugs are this and that. If the government some time ago could have a campaign to have this plain packaging for tobacco and then ban tobacco advertisements, in a way it was sending a very clear message to the young people in society that drugs are harmful, no matter whether it is cannabis or others. I think this could be done the same way for cannabis.

Joe McCracken: I think my time is up, so thanks very much for your evidence.

The CHAIR: Thank you, Mr McCracken. Mr Puglielli.

Aiv Puglielli: I do not have any questions. Thank you, though.

The CHAIR: No questions. David.

David Ettershank: Thank you. Have I got your time, Mr Puglielli?

Aiv Puglielli: Take it, please do.

David Ettershank: Thank you so much. I appreciate that. Thank you for your submission. It has been wonderful reading. I always love a submission where half the footnotes refer to your own publications. Can we start out with just some clarifying of a couple of terms perhaps. You are referring to the AMA as opposing, and Ms Payne pointed out that the submission to this inquiry is supporting. Your footnote does refer to their submission to the federal review in 2023, which was of course into the establishment of a national commercial market, whereas this inquiry is talking about purely decriminalisation at a local level. Are you cognisant of that – that perhaps you are actually conflating two different positions?

Jasmine Yuen: I would say even decriminalisation for personal use is a great danger.

David Ettershank: Notwithstanding the merit there, I am seeking to understand why you are attributing quotes from the federal commission, which was actually about an entirely different matter, to what is before the committee today. Could you perhaps focus your answer on that?

Jasmine Yuen: Yes. I have the submission here with me. I would say whether this submission is referring to the national commercial type of legalising or in Victoria to more local personal use, I would say it is still drugs. It is still legalising some form of drugs for people to use. I think that is still the same issue that would still have the same problems and consequences.

David Ettershank: Even though we are talking about two entirely different approaches to drugs – okay, well that is good if you can conflate that down. You said that there was no information on what has happened in the ACT, and perhaps that is indicative of the research. I do not know if you are aware, but there is actually a statutory review that was undertaken of that legislation, which took place for six months and evaluated the last four years of decriminalisation, which is very close to what the committee is looking at. I am wondering why you have not referenced that, or were you just unaware of the fact that that had gone on?

Jasmine Yuen: I am unaware of that, so it is good to know that there is something that we can refer to.

David Ettershank: This is in two volumes, with an enormous amount of data. Of course it shows that there was, as a result of decriminalisation, no increase in use. There were no indications in any health or social areas, like hospitals, mental health, road accidents, drug driving. None of those were adversely affected by decriminalisation, which is being proposed here. I am wondering what your response is to that, given the claims in your submission to the contrary.

Jasmine Yuen: It depends on how trustworthy the report is. For example, in the past, reports regarding the injecting room – we know that some reports say it has been very successful in helping others, but actually other aspects are indicating the opposite. I would have to look into it. But at the same time, obviously, even though

that report is telling us that there is no increase in use or there is no increase in road accidents because of that, that is what that report is telling us, but other reports are also telling us it is otherwise. I actually have two –

David ETTERS HANK: Can I just clarify your use of terminology there? You said, ‘Is it trustworthy?’ Are you suggesting that a government public inquiry involving a range of agencies from government through the not-for-profit sector, through the health industry and through the federal police themselves is untrustworthy?

Jasmine YUEN: It depends on who is making submissions and how those submissions are then compiled and published afterwards. I actually have two news articles here –

David ETTERS HANK: Before we go on to the news articles can I perhaps just juxtapose one thought for you here. As I am understanding your position, it is basically that we need to retain criminalisation and then we need to complement that with education and public health promotion. Have I got that more or less right?

Jasmine YUEN: Yes.

David ETTERS HANK: We have had criminalisation in Victoria for 96 years. We have heard that around 10,000 people fall foul of the law every year. We have heard that this approach costs \$300 million, \$400 million, \$500 million a year. We know that about 2000 tonnes of illicit cannabis worth about \$1.2 billion is brought into Victoria or produced in Victoria every year. And despite a lot of money that is spent on health promotion and an enormous amount spent on police, nothing has in any way reduced the consumption of cannabis. I guess Einstein had that thing about the definition of insanity being to keep doing the same thing and expecting a different result. Could you perhaps just tell us how your approach is not insane?

Jasmine YUEN: Look at the Netherlands. I had my uncle living there for many years. He got into drugs, and everybody knows how the Netherlands has a very soft approach on drugs. Just recently I glanced through some of their reports. Even though they are soft on drugs, drug trafficking has never decreased. In fact they say that recently it has become really bad and is getting worse. Yes, I understand your point in saying that in the past 96 years we have spent a lot of money on policing, court cases and so forth. It is not helping therefore some people’s arguments are that legalising it is the way to go.

David ETTERS HANK: We are talking about decriminalising it.

Jasmine YUEN: Yes, okay. I would say from that perspective it could be, but from another perspective, looking at the mental health issues and also other social issues that are caused by the use of drugs – not only cannabis but other hard drugs as well – those consequences are even more costly. In my submission I say that that is going to overload our health system. In the past few years there has been a huge increase in mental illness among our young children, and that cost – the medical cost or whatever support cost; counselling, for example – that needs to be put into that will be even more costly, and it will be generational.

David ETTERS HANK: Could I put a question on notice perhaps, Chair, just to help Ms Yuen?

The CHAIR: I will come back to you, David.

David ETTERS HANK: Sure. Thank you.

The CHAIR: Just regarding the witness’s opinion, just give a comment in relation to what the witness is saying.

David ETTERS HANK: I am laser-like focused, Chair. Thank you for that, though.

The CHAIR: Michael.

Michael GALEA: Thank you, Chair. Good morning, Ms Yuen. Thank you for joining us today. In your submission and in your opening remarks you have strongly opposed legalisation. I am curious to know whether you consider there to be a substantive difference between legalisation and the decriminalisation model that is before us today.

Jasmine YUEN: Yes, I noticed that there is a slight difference. But regardless, for our position any model that relaxes drug use will still be harmful to young people and society, because it will make young people, for

example, reach out to drugs more easily. When they think that using drugs has no legal consequence, it will send the wrong message to them.

Michael GALEA: The ACT statutory review showed that there was actually a stabilisation or a very mild decrease in the number of people consuming cannabis. What specific concerns do you have with the statutory review? I know you highlighted that you had some issues with this review. What are those specific concerns, and why do you submit that we should be disregarding it?

Jasmine YUEN: As I mentioned, I have not looked into it –

Michael GALEA: Have you read the review?

Jasmine YUEN: No. I cannot speak to that.

Michael GALEA: Okay. The review also showed that there was actually no increase in presentations to emergency departments or ambulances with critical conditions as a result of cannabis. That would disprove what you are saying, wouldn't it? You said that it would overload the health system in one of your earlier remarks, but if we are not seeing that in the jurisdiction that we are looking to adopt the model from in this Bill, would that not suggest that the model is actually striking the right balance then in not seeing those health outcomes?

Jasmine YUEN: As I mentioned just now, it would depend on how trustworthy the data is. As I mentioned before as well, some of the reports regarding the injecting room –

Michael GALEA: The injection rooms in the ACT?

Jasmine YUEN: No, here.

Michael GALEA: Sorry, we are talking about a report by the ACT Department of Health, not a Victorian government agency.

Jasmine YUEN: Yes, I am using it as an example –

Michael GALEA: Sure.

Jasmine YUEN: the report in Victoria regarding the injecting room. One group of experts said that it is definitely helping, but another group of experts said that is not the case and in fact the data or the information has perhaps been manipulated in a way.

Michael GALEA: Okay. Are you familiar with the national drug strategy household survey?

Jasmine YUEN: No.

Michael GALEA: Okay. The most recent one, in 2022–23, showed that 41 per cent of Australians have at some point in their life consumed cannabis, and 11 per cent in the past 12 months. I know you do not have those statistics with you, but would you broadly agree with that statement?

Jasmine YUEN: I am not surprised. As mentioned, cannabis is quite a common illicit drug and perhaps the first one used by others. That is exactly what we want to prevent. A drug-free society I think is the best way to go.

Michael GALEA: Without holding you to the exact figures, if you broadly accept those numbers, would you say that it is fair that 11 per cent or even 41 per cent of Australians are criminalised?

Jasmine YUEN: I would say they are not criminals to use it, but definitely having certain legal barriers is a huge prevention for them to know that this is not something that they want to get into.

Michael GALEA: Just to clarify, you do not think that they should be regarded or treated as criminals?

Jasmine YUEN: Well, it depends.

Michael GALEA: Okay. Hypothetically, if they were not selling or trading in drugs but they had a small amount that they were growing themselves, do you think that they should be treated as criminals?

Jasmine YUEN: I would say it would be a case-by-case scenario. I cannot say without having a case before me.

Michael GALEA: Sure. With the time I have left, Ms Yuen, can I ask: representing the Australian Christian Lobby, a lot of churches do very important pastoral work. Can you talk to me about what experiences your members have reported based on their support for people with cannabis use, if any?

Jasmine YUEN: Not that I am aware of. But when it comes to pastoral needs, when young people or even adults are using drugs, I am sure pastors are ready to counsel them and help them into a rehab program. I remember when I was younger, back in high school, I had a group of people in a rehab ministry coming to visit the church, and they were doing really well in the program. They were slowly moving out of drug use and in a successful rehab program. That is how the church is going to help them holistically.

Michael GALEA: Just tied in with that, you said before that you do support a health-led response. Would you see that as a better approach than criminalisation of these people who are experiencing harm?

Jasmine YUEN: I think there are two issues there. If drug use is legalised, it just opens up a door – a can of worms –

Michael GALEA: To clarify, though, we are not talking about legalisation in this Bill; we are talking about decriminalisation.

Jasmine YUEN: Yes. Even decriminalisation will still send the wrong message to people that we can just use it without any consequences. As I mentioned, a legal barrier is a good deterrent. That does not replace the rehab program or any of the counselling. I think they need to go hand in hand.

Michael GALEA: Thank you. Thank you, Chair.

The CHAIR: Thanks, Michael. I think you have one more question, David.

David ETTERS HANK: Yes. Chair, I will pick you up on the point you asked about clarification as well. First of all, the Chair did bring to my attention that perhaps my last question might have been suggesting that you were insane. In quoting Einstein, I just wanted to make it clear that I think it is the conclusions you are drawing that are insane, not you personally. So, please, accept my apology if that is how it was taken.

Jasmine YUEN: No worries, yes.

David ETTERS HANK: There is a provision for what we call a question on notice, which means you can go away and think about it and come back. Could I offer you the opportunity for a question on notice, given that you were not aware of this. Would you like to provide us with a question on notice or a response on notice to the results of the ACT review so that the committee could then take on board your thoughts?

Jasmine YUEN: Yes, okay, I am happy to.

David ETTERS HANK: Fantastic. Thank you so much. Appreciate it.

The CHAIR: Thank you for that. We have got a few minutes left. Does anyone have more questions?

Michael GALEA: Yes, if I have time. Thank you again, Ms Yuen. Just to jump back to what we were discussing – and I realise we are talking hypotheticals – you did say that there would be some situations in which you would not want to see a person criminalised. Rather than me putting something to you, can you describe a situation where someone might be growing a small amount just for themselves, not for any children but just as an adult, that you would deem more appropriate for a health response rather than a criminal response?

Jasmine YUEN: I would definitely not support anyone growing their plants at home and storing it, even for personal use. In that case I think that should be criminalised.

Michael GALEA: In what case should it be a health response then and not criminal?

Jasmine YUEN: Some of them use cannabis for medical purposes. They should go to the doctor –

Michael GALEA: Which is already legal.

Jasmine YUEN: Yes. Therefore they do not need to keep plants for themselves. In my submission one of the concerns that the AMA's submission has is that it would be unregulated.

Michael GALEA: In the federal one?

Jasmine YUEN: Yes.

Michael GALEA: We are talking about the state approach, but thank you.

The CHAIR: Thanks, Michael. Time is coming to an end. Thank you so much for coming today and for your contribution and your submission. They will give us a different perspective in relation to our inquiry into the Bill.

Witness withdrew.