

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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WITNESSES

Dr Patrick Keyzer, Reparation Legal; and

Richard Keane, Chief Executive Officer, Living Positive Victoria.

The CHAIR: Welcome back to the Inquiry into the Drugs, Poisons and Controlled Substances Amendment (Regulation of Personal Adult Use of Cannabis) Bill 2023. Joining us for this session are Dr Patrick Keyzer and Mr Richard Keane.

Gentlemen, just before we continue I just want to quickly read some information in relation to the evidence you are going to provide. 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 things, 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 before we call you in person, will you please state your full name and the organisation you are with.

Richard KEANE: Richard Keane, Living Positive Victoria.

Patrick KEYZER: Dr Patrick Keyzer, Reparation Legal.

The CHAIR: Thank you for coming in, and welcome, gentlemen. I know you have made your submission. I would like to ask you to make an opening statement. Will you please keep it short and to the point, because we already have your submission on our table.

Richard KEANE: Terrific. First of all, thank you for the invitation to come along, your interest in our submission and inviting me to come along and speak on behalf of people living with HIV in Victoria. Living Positive Victoria is a not-for-profit community-based organisation, representing all people living with HIV in Victoria since 1988.

As somebody who was diagnosed at the age of 19 in 1989, prior to effective treatments, cannabis was really key to a lot of people prior to having access to effective treatments to alleviate some of the side effects and significant health implications due to HIV. Although treatments have got a whole lot better over the years, we still have a group of people, particularly heterosexual men and women, often diagnosed very, very late and left with lifelong issues. I myself have peripheral neuropathy from the seven years that I had without access to effective treatments. My GP at the time wrote me a script for cannabis and said, 'Obviously you can't go out and fill it, but if you do have a situation where you're caught with cannabis on you – you are using it for a medical reason – it may alleviate some of the criminality that you might face if this situation happens.' So right from the very beginning there has been a very strong history, and that is now kind of backed up by a whole range of data and evidence.

What we also see is, despite people living really, really well, ongoing issues like background inflammation impacting people living with HIV. We have much higher incidence of cancers than the general population and the community. Many people still see cannabis as a really important support to prescription medications, alleviating some of the things around polypharmacy, drug interactions, adding more and more pills to treat different conditions or to treat side effects of other conditions as well. We just feel that this is the time to have this conversation, and we are really, really pleased that this has gone forward.

Just a couple of things – and I will make it brief because I am very aware of the time, and I am sure you will ask me specific questions if you have them: we feel that this Bill potentially has aspects that mean some people may remain criminalised, particularly around where people can smoke. For example, if you are smoking in your own home and other things like that, if you do not have the privilege of secure property and home ownership, if you are in a rental situation, if you are in public housing, are you able to safely consume cannabis

under this Bill, or will you be potentially excluded and criminalised as a result of that? So those are just a couple of key things.

We also think that this is an opportunity, even though we are talking about a specific Bill, to look a bit further and think about legalisation of cannabis across the state. We look at the economic drivers of those things. We look at the state of the Victorian economy and a whole range of other things, and particularly cuts in health. Living Positive Victoria and other organisations like us have received significant funding cuts over recent times in a whole range of things, and we believe the potential of revenue raising via the legalisation of cannabis and putting that back into really strong health systems would be a potential thing to think of into the future. Thank you.

The CHAIR: Thank you, Richard. Doctor?

Patrick KEYZER: Thanks very much. Just a couple of quick things, and then when we talk I might refer to my submission and add some footnote references to that.

The first point I would like to make is that wastewater analysis unequivocally demonstrates that there is widespread use of cannabis in Australia, so deterrence obviously has not worked. The wastewater evidence speaks for itself – cannabis use is widespread, but we are taking an approach that does not address its use at all in any legitimate way. We are not addressing the health issues; we are only criminalising. So that is the first point.

The second point: I was here for the earlier evidence of the people from Fitzroy Legal Service and found myself nodding and nodding. Based on my own experience as a lawyer over 30 years I have found that low-level cannabis possession and use offences are very common for criminalised populations, and it is not just the convictions for possession of use, it is the compounding effect and the ripple effect that it has on steps into the criminal justice system. Often before a person is given a custodial sentence here in Victoria or in other states or territories of Australia they may have a number of different smaller or small-to-moderate criminal offence convictions, and cannabis possession and use could be one or a number of those. But it is the compounding effect on the sentencing discretion of the magistrate or the intermediate court judge: if someone has got convictions they have to take them into account, and the more convictions, the more likely they are going to get a custodial sentence. Previous speakers have spoken eloquently about the turnstile effect of recidivism in our criminal justice system, and it is something that we should really try and avoid. Alcohol and drug services could be funded with the money that we are currently spending on criminal arrests. So that is the second point I would make.

I guess the third point I would make – and here I might differ a little bit with my friend, but I think we are all travelling in the same direction – is: my reading of this Bill is that it is not creating a commercial market, right? There is no sale, so there is no opportunity for the creation of a commercial market with this legislation. It is about use at home by people growing their own marijuana, and for similar reasons there are no real ripple effects into the legal issue or the policy issue of driving. When I am sitting at home I do not need to drive in my car to get home; I am at home, so there is no driving involved. I think one of the strong features of this step into decriminalisation is its emphasis on home use. It is not about smoking in public, as it were, although I do recognise what Mr Keane said a moment ago about the need for us to think about people who live in housing precarity, and quite frankly that was a point that I had not considered that I really should have in making my submission. I hope you let me adopt that point you made.

I guess the fourth and final point I would make before stopping talking – well, there are two more points. The fourth point, from my two remaining points, is the ACT has now published research on what has happened there. I have this paper, which I am happy to hand to the committee. It was published in *Scientific Reports*, which is one of the *Nature* journals – so it is published by *Nature*, a significant scientific journal – and it was published in 2025, so it is hot off the press, and it talks about the ACT experience. I was struck by the material accompanying footnotes 12, 13 and 14, which are:

Rates of cannabis use and cannabis-related hospitalisations appear unchanged.

I mean, I think that is a very significant public health finding by some significant public health researchers in a significant public health journal, and I think it is something that the committee should certainly take into account.

I guess my final point is – I am not sure if I gave you the final version of my submission. It looks like the last sentence in paragraph 7 sort of trails off, but the sentence did not go for very much further, so you have not missed out on much. That is all I have to say at this stage.

The CHAIR: Thank you. I will quickly start off with a question, then I will open it up to my colleagues. From your comment in relation to the amount of public use of cannabis, deterrence does not seem to work, and I think earlier submissions provided that similar aspect; they said deterrence is not working. From your background as a lawyer and with your current research at the moment on legalising cannabis, because society is evolving and at the moment it is not only cannabis, it is growing use of cannabinoids – and party drugs and other stuff are actually populating in volume as well, and pill testing is in action at the moment – should the government also explore other substances and other drugs as well in decriminalisation, from your own personal experience as a lawyer and research?

Patrick KEYZER: Thanks for the question. I should indicate that I am a professor of law and public policy and have been for almost 30 years, but I am also a lawyer. I am here in my private capacity, but I happen to have that expertise as well if that is useful. Look, I have at different times in my career engaged in comparative law study and comparative policy study. I think there is a real risk in this policy and legal environment for all of us, even experienced researchers, to say ‘Well, this happens in Canada so it will happen here’ or ‘This happens in Thailand so it will happen here’ and that sort of thing. Comparative lawyers and comparative policy scholars will tell you that you have actually got to be really, really careful when you do that to make sure that the comparator that you are selecting is as close as humanly possible. We just happen to be in a situation where this Bill is almost identical to the ACT Bill, and the ACT has got science. So as a matter of comparative law and public policy, we could not be in a better position to make a comparison than being in the Victorian Legislative Council right now, looking at the experience of another jurisdiction which has been published as recently as this week. So we really are in a wonderful position to reach really quite firm conclusions about what will happen. There is one other aspect of the legislation that I will mention, and then I will come to your question.

The CHAIR: Sorry, I do not want to interrupt you, but the question is basically regarding cannabis but being mindful of recommendations from other evidence today about other substances and illicit drugs. So that is my question to you, in your opinion and from your research into policy.

Patrick KEYZER: Well, I guess my response to that is given that we have got this comparator, I do not think we are in a position to look at this Bill and say – we do not have a Bill in front of us. We are working with a particular Bill on a particular issue. My own view, for what it is worth, is one drug at a time, because they are very different. Cannabis tends to be consumed at home. It is not like a party drug, where people go to music festivals and they want to do pill testing; it is a different vibe, and then again other drugs are quite different. One of the things that is clear from the wastewater analysis of drug use is that there is a lot of meth use, and meth is quite a different drug to cannabis with completely opposite effects, and I think different regulation is required. I think it is really important for us to not necessarily lump all drugs in together, and so my recommendation, coming to your question, is: one drug at a time.

The CHAIR: Thank you. I will quickly pass on to Michael.

Michael GALEA: Thank you, Chair. Thank you both very much for joining us. I actually want to jump straight into what you were just discussing there, Dr Keyser, comparative law. We are looking at the ACT model. I was actually reading that study on the train in this morning – I agree, very encouraging. We are very similar jurisdictions, but there are some significant differences between a state like Victoria and a territory like the ACT – different demographics, different history of drug legislation as well. In implementing this model, if we were to do so, how would we ensure that we are not falling into any pitfalls? What do we need to be mindful of and what do we need to be doing so that we do get the same results?

Patrick KEYZER: I think that the feature of this legislation that gives me the most confidence that you would avoid any pitfalls, if there are any in the ACT model, is the fact that it has got a sunset clause, right? Part of the beauty of this legislation is it is a trial for a year. What you could do is you could make it a trial for a year or two – that is a matter for all of you – and then make an assessment. I think this is really an exceptionally modest decriminalisation step – in the grand scheme of decriminalisation efforts this is really a modest step – but it is actually really well designed from a public policy perspective. I think the sunset clause really gives me confidence that you and all of your colleagues would be able to make an assessment. And of course you have

got the benefit of – as you said, you read this study on the way in – knowing which scientists to go to to replicate the work that they have done in the ACT in Victoria. Then, picking up on your comment, Mr Galea, if there are some differences – and you would be familiar with them more than me because you are a Victorian parliamentarian – then you can talk to the scientists about those differences and you can integrate those additional factors into the analysis so you do not fall into the comparative policy trap that we were talking about before.

Michael GALEA: Thank you very much. Mr Keane, I will ask questions of you just with the time I have. You were talking about public place exemption. Just to clarify, is your view that it should be permitted to smoke cannabis in all public spaces or just in certain areas?

Richard KEANE: No, just ensuring that is equitable.

Michael GALEA: And equitable for those people in public housing?

Richard KEANE: Absolutely.

Michael GALEA: Sure, thank you. There is a slight disparity in terms of your advocacy for the regulated commercial model –

Richard KEANE: Absolutely – totally get it.

Michael GALEA: and you spoke about the revenue benefits in particular. I will be up-front and say we have been mostly focusing on the ACT model, so I have not gone as much into this. My understanding, though, is that those revenue and taxation benefits would mostly flow to the Commonwealth. Would that be your understanding as well?

Richard KEANE: Yes, but that can also be distributed down through health and other conversations that go on at the federal level with COAG and a whole range of other services, which means that there would be more money on the table to respond to health in particular.

Michael GALEA: So it would feed into those conversations about that distribution and making sure that if Victoria or another state were to go down that model, obviously those conversations would have to take place to make sure of the equitable turn of support?

Richard KEANE: Absolutely.

Michael GALEA: Thank you. Just lastly as well, I was very interested in your personal experiences with treating HIV with cannabis. Now that we do have medicinal cannabis, what is the interaction that you see? Are there a large number of people who would be able to use this who are not otherwise captured by the current regulations?

Richard KEANE: I think so, because even though medical cannabis is available, again it is about equitable access to it. First of all, you have to find a GP that is going to support you to have medical cannabis for a range of side effects. I was talking about peripheral neuropathy before, and it is something that I have had to deal with as a long-lasting side effect. I have been offered opiate-based pain relief, and when you weigh that up against the potential of cannabis – I am someone who is literate; I can access things via my computer, I can do all those kinds of things. But there are a whole range of people that may not have that skill set. So even if you are not getting that access to medical cannabis via a GP, everybody knows that online there are these huge industries that are already there, and we are talking about legalisation. They kind of already exist. Around 300,000 Australians access medical cannabis over a range of different organisations, and if you go there and you are literate and if you have got enough money and you can do all that kind of stuff, you can access it anyway. I just think that this is a far more equitable way of ensuring that people have access to those things instead of just traditional medicines, which can sometimes be, if we talking about addiction and we are talking about outcomes and physical outcomes, a little bit more scary than dealing with cannabis.

Michael GALEA: Thank you very much. Thank you both.

The CHAIR: Thank you, Michael. Ms Payne.

Rachel PAYNE: Thank you, Chair, and thank you to you both for your submission and for presenting before us today. One of the key differences between the Bill that is before us here in Victoria and the ACT model is the ability to gift cannabis. I note in your submission, Dr Keyzer, that you acknowledge that, but I would also love to hear from Richard about experiences with that, because what we have heard from some of the contributors to this inquiry is there is concern around gifting, and I feel as though it is something where it is quite a common practice within the cannabis community.

Richard KEANE: It is. The other thing that I would like to emphasise too, and give a historical note to, is in those days prior to effective treatments our community used to come together and we would go and block purchase, illegally, large amounts of cannabis and distribute that amongst our community, so there was already sharing in resourcing and other things like that. I think that aspect of the Bill is a really important one to consider. It allows people to step out if they have ongoing use for cannabis, whether that is personal use or medical use – to get out of engaging with illegal elements that they sometimes have to engage with for that kind of stuff. Limiting the amount I think is good too. I also think that that opportunity for people to get together and to share cannabis – they might grow their plants at a different time of year; it might be a whole range of things that they can come to an agreement about – that kind of shared community is, I think, a real benefit of this Bill.

Patrick KEYZER: The only thing I would add to that is I think that the cannabis community has built-in quality control. One of the interesting things about the ACT analysis, and it is there in the tables, is most of the cannabis is low-THC or moderate-THC content. It can happen that people have high-THC products, and it may be something that some people do not want to repeat. So the advantage of gifting is people are able to share: ‘Hey, this is good; it works for my insomnia. Perhaps you might like to try it.’ That gifting creates that community which looks out for each other. It is the same really, quite frankly, with alcohol once people turn 18. People will try different drinks and then they will find what drink works for them. It is really no different. You have your community, usually people that you went to school with or people that you have other reasons for being friendly with, and you will look out for each other and help each other make decisions.

Rachel PAYNE: Thank you. Also in your submission, Dr Keyzer, you talk about the Bill having the potential to really reduce that illicit market. Would you like to expand more on that commentary? And, Richard, I would love for you to contribute to that as well.

Patrick KEYZER: Yes. Look, the best research that is available on the size of the shadow market for cannabis is the work that was done in New South Wales a couple of years ago by the crime commission, I think. It estimated the size of the shadow market to be worth billions of dollars. So if you extrapolate for demographics and use long division, you would really be looking at a shadow market in Victoria of about \$500 million a year. Now, at the moment cannabis is a place where organised criminal networks can be involved. It is big business, but it is big illicit business. One of the really positive features of this Bill is that it lets the air out of that tyre. Basically it means that the size of that market will shrink because people are supplying their own cannabis from growing it themselves or gifting and sharing until they get the strains that are right for them. It will mean that the criminal networks have less of a market to exploit. At the moment people are being exploited in that market, they are being criminalised in that market, and it is creating an industry that we would really prefer not to have in Victoria.

The CHAIR: Thank you. Before we go on, I just want to make a comment in relation to your suggestion that trying different drinks is similar to trying out cannabis with different THC. I think it is a little bit different between different types of alcohol and different types of cannabis with a high level or low level of THC. I think the comparison there is not quite a comparison of that.

Rachel PAYNE: Chair, I think that may be outside of the scope of your role as Chair, your commentary on a private members Bill.

The CHAIR: I did not want to interrupt before. I just wanted to make a comment on this.

Patrick KEYZER: I understand that perspective. But when a person walks into a pub when they turn 18, which is a bit of a rite of passage in Australia, it is going to be Carlton Draught or it is going to be scotch or it is going to be wine or it is going to be something – and let us not kid ourselves, children drink alcohol illicitly. But for a lot of them, they are going to be experimenting and they are going to be relying on their community of friends to give them advice about: ‘Oh, no, don’t drink that; it’s terrible’ and ‘I had a really bad experience

drinking that.' So I actually think the analogy is fair. But I also have learned, because I am old, that not everybody shares my opinions about things.

The CHAIR: David.

David ETTERS HANK: Thank you.

Richard KEANE: That is a good learning. I have learned that too.

David ETTERS HANK: I can introduce you to some sauvignon blanc weed or some tequila weed. Dr Keyzer's comments will demonstrate the veracity.

Dr Keyzer, the gifting: when we were in Canberra, the police there were totally supportive of the legislation, so their fears were completely unfounded. The one thing where they did express some concern about what we are proposing was in the context of gifting and the potential for that to blur the lines with dealing. Could I ask if you have got any thoughts on whether that is actually an issue with the legislation?

Patrick KEYZER: Well, I think the legislation, in a sense, does not touch on dealing. It does not purport to change the criminal law which makes dealing a criminal offence, right? So in a sense it is like two ships passing in the night. This legislation does not touch that issue. It is still a criminal offence, and it can still be prosecuted.

I guess the other point I would make is that one of the earlier speakers – I think it was one of the people from Fitzroy Legal Service – was talking about the level of discretion in policing. Now, I think policing is a very difficult job, and it is not something that I could do, personally. I know that police go into lots of difficult situations and it is a high-stress job, and I admire their courage. But because I have been practising for 30 years, I have seen situations where the amount of discretion that a police officer can have can be problematic for them but also for the people who may be the subject of the arrest. I think the example that the person from Fitzroy Legal Service gave, of a police officer coming to a place to investigate family violence and then seeing cannabis paraphernalia and then making an arrest for that – that makes it very difficult for that person who is trying to prevent family violence to get the justice that they need.

I guess my response is – it is kind of a long-winded response to the gifting point – I see gifting, like possession, as an activity which simply should not be criminalised, and in many jurisdictions around the world it is not. I think, given that this legislation does not touch the issue of commercial dealing and it is still a legal offence to sell marijuana, that the gifting clauses in this Bill are really a sensible expression of reality, because one of the problems with the ACT legislation is no gifting and another problem is no seeds. There is an air of unreality. You know: how do you grow a plant without a seed?

David ETTERS HANK: Fortunately, we do not have to resolve metaphysics here.

Patrick KEYZER: Yes. So I see it as another low-level activity which really should not be criminalised.

Richard KEANE: It is also happening already across a range of chronic illness communities: cancer folks, people living with Parkinson's and a whole range of other things. Someone will grow some. Someone will say, 'This has worked for me. Here you go; try a cookie' – or whatever it is. Those things are already existing out in the community in really tangible ways.

Patrick KEYZER: And also veterans communities.

David ETTERS HANK: Could I just squeeze in one question there. Richard, I think it is wonderful you are here today, because it brings together two aspects of a key issue for us, which is around stigmatisation. Clearly there is a huge amount of stigmatisation within the HIV community.

Richard KEANE: There is, yes.

David ETTERS HANK: And there is a huge amount of stigmatisation associated with cannabis. I was wondering if you could just share with the committee your thoughts on what that means in terms of a health-led response, where you have got effectively double stigmatisation.

Richard KEANE: I think intersectional stigma plays a really big part in the outcomes that people have, some of the risks that they might take and a whole range of other things like that. I think the importance of understanding the impacts of multiple stigmas is really important when we consider this issue. The stigma of somebody living with HIV may mean that, again, like you were saying, in a certain setting if there is a legal problem or other things like that, they come up against it. There may be stigma around that HIV without that person even knowing it, even though it has no bearing on any legal situation. I think it is a really important thing to consider.

David ETTERS HANK: Thank you.

The CHAIR: Dr Heath.

Renee HEATH: Thank you so much. Thank you both for your submissions and also for presenting and telling your personal story. I really appreciate that. I have just got a question around safety. When we are talking about different levels of THC and things like that and people gifting cannabis, when we think about alcohol there are sorts of guidelines of what a standard drink is. Is there anything like that with cannabis? What is a standard dose? To me, that could pose some risk. Do you understand what I am saying there? I just want a bit of clarity around what a standard dose would be and how you can ensure that.

Patrick KEYZER: Did you want to answer that? I am a legal expert, not a health expert, but the ACT study, which has just been published, does talk about this issue. The findings of the ACT study are that people are using low or moderate THC cannabis in the ACT. That is pretty solid data that low-THC products and moderate-THC products are being smoked. People are not going for high-THC products. I think we have got a dataset there around people self-medicating, as it were – or self-dosing perhaps is a more accurate description.

As with alcohol, as a young person you will typically experiment with things and work out what works for you and what does not. By the time you have children you are not hard drinking every night because you need to get up and not be the Prince of Darkness in the morning. A glass or two of wine is something that you might feel is the right amount of dose. I think it is important to recognise that people are using cannabis in Australia and they are using cannabis in Victoria. It is in the wastewater analysis. The question is: should we decriminalise that and allow those people who are already using it, who have worked out their own dosages, to do that or not? I think the answer is yes. As far as the sort of scientific and medicinal dimensions off the dosage question that you ask, I am not really qualified to say.

Renee HEATH: Thank you so much. Richard, did you want to add anything?

Richard KEANE: I just want to reiterate what was said earlier about the kinds of differences between homegrown marijuana and something that you might get off an established dealer who has got a pipeline with really high THC, a whole range of things. For example, those people that might grow a few small plants at home might let one go to seed at the end of the year to get seeds for their next season or whatever. So you have got this kind of contained lower level THC. When you talk to people about cannabis use, they talk about the difference between homegrown and the other things like that and the impacts of it: ‘This will be a bit easier on you; this is homegrown. This is good; it’s not as harsh’ – or whatever term they are using to connect to it. I think that is something really important to consider. On that kind of alignment to alcohol, I can think of a few home-brews that I have had that have blown my brains out, to be perfectly honest. So if we are talking about safety and we are talking about alcohol as an example of it, I am just not sure that – although what you buy over the counter might certainly have that stuff, we can all access home-brew kits. We can all kind of do that stuff and vary that as well. You could end up with a really strong brew or you could be someone that just likes a little bit of Nan’s strawberry wine. Do you know what I mean? So it is just kind of –

Patrick KEYZER: That is a really good point.

Richard KEANE: I think that those things are important to talk to.

Renee HEATH: Just on that, there is not a standard dosage, as there would be – I am not talking about home-brew, I am talking about if you go somewhere and they say, ‘This is one standard drink’ or whatever. There is not anything equivalent?

Patrick KEYZER: Well, I suppose I should not ask this question, but I will assume you have never consumed cannabis. Typically someone, when they first consume cannabis homegrown, would smoke a joint or they would have a bong load. Usually a person will have a hit of a joint or a smoke of a bong. Then they will sit back and they will make an assessment. Some people may decide that they want more than that and some people might decide they want less. So there is an element of art to it, and not just science, but I would say it is the same with home-brew. Really, it is no different. You are making something at home and you are not sure how potent it is going to be. You have a sip, and you go, ‘Whoa. Okay, that’s got a kick to it.’

Richard KEANE: Maybe if you consider in the future legalising it, you might actually be able to control the amount that might be in that dose – when you are going out to the pub or the other kinds of scenarios you are talking about.

Patrick KEYZER: I have to admit that is a substantial advantage of taking the next step and legalising it.

Renee HEATH: Yes. That is sort of what I was asking, about the ability –

Patrick KEYZER: Yes.

Richard KEANE: Yes.

Renee HEATH: Thank you so much, I really appreciate it.

The CHAIR: Thanks, Renee. Mr Puglielli.

Aiv PUGLIELLI: Thank you, Chair. I might somewhat carry on from where the conversation was at then, and start with you, Richard. I understand that in your submission you called for more testing and more methods of testing. I would like to expand on that a bit further. What would you want that to look like in the community, particularly talking about equity, as you raised earlier?

Richard KEANE: Around?

Aiv PUGLIELLI: Equity. As in, where would people be accessing the testing? What would it look like?

Richard KEANE: For HIV?

Aiv PUGLIELLI: No, sorry. For THC, it is, I believe, in your submission.

Richard KEANE: Absolutely, yes. Like pill testing and a whole range of other things, I think this kind of links back into what Renee was saying too about strength and capacity of THC and other things like that – the ability for people to have that tested to see if it is okay, to see if all that stuff is available. I think that particularly issues around – we would like to see more research into HIV and cannabis use and the impacts of that. I was talking earlier about the fact that I am here because of effective treatments. Do you know what I mean? I am looking back and I am seeing all of those things, but the side effects that still impact people living with HIV, late diagnosis, a whole range of other things – we would like to see more research, particularly into HIV and cannabis and the impacts of cannabis on HIV and other chronic illnesses as well. I think there has been a slow growth into recognising medical cannabis and a whole range of other things, but we would certainly like to see more effective stuff that kind of aligns with the conversations that we are having here about access to it.

Aiv PUGLIELLI: Thank you. As I think both of you have mentioned today – we were talking about the sharing that goes on in the community, the gifting of quantities of cannabis and what is already occurring out there and the reality right now Victoria. I will bring you in, Patrick. In terms of the quantities that we are seeing shared or gifted around in the community, what sort of scale are we talking about typically from your awareness? In terms of what is in this Bill in relation to, say, ‘small quantity’, has this Bill got it right in terms of the amount of grams? Do you have a view to this?

Patrick KEYZER: Yes. Less than 50 grams. This Bill is absolutely spot on. People gift small amounts. It is a community; it is not about sale or commercial, that sort of stuff. I think Richard’s description of the way the cannabis community operates was really good. You referred to the dealer with the high THC gear who has got the pipeline – you know, that is the real sort of open-the-trench coat criminal element, right, at the moment – and I think this Bill really punctures that balloon; it turns it back to being the community that it should be.

Richard KEANE: I also think the amount is right.

Aiv PUGLIELLI: Okay.

Richard KEANE: Within the legislation, I think the amount is really generous. In those sharing communities, you are not handing over a hay bale of the stuff – do you know what I mean? You are handing over a couple of grams, you are handing over a cookie or you are sitting down and you are having a conversation about your ailments and having a joint. Do you know what I mean? So I think that it does hit the right balance there.

Aiv PUGLIELLI: With the current legislative setting that is in place and the way that people are criminalised for use and possession, given these small quantities, what impact is that having on communities, particularly communities where there is intersectional stigma, which was brought up earlier?

Richard KEANE: I think it does impact people's sense of wellbeing. They are going to do that anyway. If it is alleviating an ailment that you have got, you are going to continue to do that, whether it is a physical ailment, whether it is wellbeing or whether it is insomnia – we were talking about that today – which is one of the most common side effects of even the most recent and effective treatments and other things like that. Some of the intersectional impacts can be related more to the previous evidence from Fitzroy Legal Service – I was also here – talking about those intersectional things and the way that discretion is used within those, and we can extend that into broader LGBTI communities like the trans community and the non-binary community. All of a sudden, because there is something that is unusual, that is different or that is challenging to deal with, that can change the way that discretion is impacted, and if something like cannabis is there, it can increase poorer outcomes for those individuals as well.

Aiv PUGLIELLI: Thank you.

The CHAIR: Thank you.

Thank you, Dr Keyzer and Richard Keane, for your contribution and also your submissions. We have unfortunately run out of time, but we will definitely take it into consideration in relation to our deliberations down the track. Thank you so much for your time.

Witnesses withdrew.