

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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Ryan Batchelor – Deputy Chair

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WITNESSES

Jan Kronberg, National President,

Dr Karen Broadley, Executive Member,

Charlie Ryan, Youth Ambassador,

Kel Glare, and

Peter Richardson, Director and Board Member, Drug Advisory Council of Australia.

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 members from the Drug Advisory Council of Australia. We have Mr Kel Glare, former Chief Commissioner of Victoria Police, Mr Peter Richardson, Ms Jan Kronberg, Mr Charlie Ryan and Dr Karen Broadley. Welcome, all.

Before we continue I will read some information to you regarding the evidence you are going to provide to us today. 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.

Before you introduce yourselves I will just quickly introduce our committee to you. I am Trung Luu, the Chair. To my right is Mr Michael Galea –

Michael GALEA: Good afternoon.

The CHAIR: and Mr Puglielli.

Aiv PUGLIELLI: Hi.

The CHAIR: Ms Rachel Payne –

Rachel PAYNE: Hello.

The CHAIR: and Mr David Ettershank. And also on Zoom we have Dr Renee Heath.

Just for recording purposes, could you please state your full name, your position and the organisation you are with. Kel, would you like to start?

Kel GLARE: My name is Kelvin Glare. I am sorry; I am quite deaf. What else did you want from me?

The CHAIR: Just for recording purposes, state your full name and the organisation.

Peter RICHARDSON: Full name and organisation.

The CHAIR: Just for the recording.

Kel GLARE: I am the chair of the Community Advocacy Alliance, and I have been associated with the Drug Advisory Council of Australia.

Michael GALEA: Chair, I believe you have already mentioned their names. I believe that might be sufficient.

The CHAIR: Jan, do you want to introduce each person's name?

Jan KRONBERG: Kel Glare AO, APM, former Chief Commissioner of Victoria Police, a supporter of DACA and the chair of the Community Advocacy Alliance; Peter Richardson, a Director of DACA and a former member of Victoria Police; me, Jan Kronberg, and I am the National President of the Drug Advisory Council – we call ourselves DACA; Charlie Ryan is one of our Youth Ambassadors at DACA; and Dr Karen Broadley is a member of our executive team at DACA.

The CHAIR: Thank you. Welcome. I know we have got your submission. I do invite you to make an opening statement. Just due to the time – we would like to ask you some questions – can you keep your statement short, brief and to the point?

Jan KRONBERG: Trung, thank you very much. We understand we have about 10 minutes, and each person has prepared an address in accordance with that timeframe. We might have the odd cough, but we will do our best. My name is Janice Susan Kronberg, National President of the Drug Advisory Council of Australia Ltd – DACA. As a former Member for Eastern Metropolitan Region, I served in this Parliament from 2006 to 2014. With me are DACA's Dr Karen Broadley, Director Peter Richardson, Youth Ambassador Charlie Ryan and DACA supporter Kel Glare AO, APM, former Chief Commissioner of Victoria Police.

We are strongly opposed to the proposed legislation, as are our coalition partners in The Taskforce for Drug Prevention and our affiliates worldwide. We say that this proposition is extremely dangerous but not surprising, as it follows the standard pattern of those pushing to legalise illicit drugs: firstly, to trivialise the harms, then to move to normalise their use through a type of lingua franca 'Everyone's using; what's wrong with you?' and then to push for full-blown legislation. What is incomprehensible is that such proponents blithely and totally ignore the harms of cannabis. Should this government ever succumb to the siren song of their push, particularly in the light of the vast array of mental and physical health risks, it would be failing to advance, protect and promote the human rights of its people – a government failing in its obligations to create all conditions necessary to enable the 'highest attainable standard of physical and mental health of its population'. This is quoting article 12 of the International Covenant on Economic, Social and Cultural Rights. Therefore this inquiry represents an inflexion point for all concerned.

The harms of *Cannabis sativa* include psychosis; schizophrenia; suicides; severe lung damage, like marijuana lung and vanishing lung; cancers, especially testicular; brain damage; neonatal exposure leading to developmental and neurological disorders; premature births; opioid abuse; motor vehicle and workplace accidents; cannabis hyperemesis syndrome, a potentially fatal form of retching and vomiting; and cannabis use disorder. Cannabis causes harmful drug and medicine interactions and the risk of poisoning through the ingestion of edibles.

Recently a retired police officer highlighted that in South Australia individuals growing a cannabis plant for personal use were overseen by a notorious criminal organisation in their micro grow houses. The crops there were harvested and sold by the criminal organisation in South Australia. Now, those proposed six fat 5-metre-tall plants would yield a very large crop for personal use. This would inevitably attract a similar criminal regimen.

In the US, the conversion of the plant to oils, extracts, dabs, shatter or budder involves the use of highly inflammable butane lighter fluid. This has led to explosions, house fires and serious injuries.

According to a 6 February 2025 report from the University of Colorado School of Medicine, coupled with decades-long longitudinal research from New Zealand, the regular use threshold of four-plus days per week and a lifetime exposure of over 1000 uses indicates significant cannabis-related irreversible cognitive impairment, revealing a 5.5 per cent IQ decline. The Bill's proponents now need to face an uncomfortable truth: the increasing availability also creates a cognitive time bomb.

I am going to invite Dr Karen Broadley.

Karen BROADLEY: Thank you. My name is Karen Broadley, and my professional background includes a decade working with young people involved in the Victorian youth justice system and another decade working in child protection. These experiences led me to undertake a PhD and to an interest in evidence-informed legislation, policy and practice.

I remember when I first met our DACA President Mrs Jan Kronberg I did not have strong views about whether or not cannabis should be legalised, but I was very interested in what the evidence had to say. After doing a literature search I can honestly say I was astounded by the enormous amount of research in the form of very recent systematic reviews finding that cannabis use significantly harms human health. Cannabis use, for example, heightens the risk of psychiatric disorders, cardiovascular conditions, gastrointestinal disorders and lung and other cancers. It has been shown to be associated with IQ decline. These findings are not controversial. Recent systematic reviews have also found that following recreational cannabis legalisation there has been an increase in cannabis use and cannabis use disorder. I wish to emphasise how important it is to prioritise evidence in the form of systematic reviews. Please be sceptical of so-called experts who cherry-pick single studies, particularly outdated single studies, to support their point of view.

Finally, I draw attention to the Legal and Constitutional Affairs Legislation Committee, which just last year recommended the Senate not pass the Legalising Cannabis Bill 2023, which had been introduced by Senator David Shoebridge from the Greens. The Bill failed mainly because the committee was concerned about the multiple ways legislation would harm public health. The committee was concerned, as are we, that legalisation would cause more harms and problems than the Bill was aiming to resolve. Thank you.

Jan KRONBERG: The next person is Peter Richardson.

Peter RICHARDSON: My name is Peter Richardson. I am a Board Member of DACA, an ex-VicPol member and the stepfather of two women who have been forever damaged by their personal use of drugs, including cannabis. One is still in the depths of addiction and, to be blunt, is unlikely to survive it.

DACA is trying to stop individuals and families having to endure what mine has. Surely broader society and our lawmakers should be helping in our efforts instead of encouraging and enabling our youth to go down this grim path. I know we cannot eliminate the use of cannabis, but with education and enforcement of the laws that are currently in place but not enforced we can reduce the number of users and accordingly reduce harm. The pro-drug lobby will tell you that cannabis is not a gateway drug, but there is plenty of evidence it is, including a study from America's National Institutes of Health, which states that nearly half of regular cannabis users go on to use other illicit drugs.

For those of you on the committee that sit on the fence on this debate, what is your gut saying? Mine is saying this Bill is a gateway Bill to the decriminalisation and ultimate legalisation of cocaine, heroin, methamphetamine and more. Thank you.

Jan KRONBERG: Charlie Ryan.

Charlie RYAN: Good afternoon. My name is Charlie Darcy Ryan. I am 17, and I am appearing before you with the interest of safeguarding my generation's future. Legalising cannabis will not be a step toward freedom but a march towards an age of an anxious dependency. Do not deceive yourselves. If alcohol laws cannot shield minors from drinking, cannabis laws will barely spare them from addiction. I have seen it with my own eyes: classmates barely 14 dealing cannabis, at 15-year-olds' birthday parties young people falling to this supposed cultural rite of passage. If you make it legal, you certainly do not make it safe; you make it omnipresent, and you make it dangerously more available to under-age Australians. In the vestibule of this Parliament it says 'Where no counsel is the people fall, but in the multitude of counsellors there is safety'. As counsellors of the people, stand strong in that sacred duty and please safeguard the health of my generation's present and future lives. Thank you.

Jan KRONBERG: Kel Glare.

Kel GLARE: Thank you. My name is Kelvin Glare, commonly known as Kel. I am a former chief commissioner of the Victoria Police. The amendments proposed to the Act by this Bill are a recipe for disaster disguised as promoting human rights. Australia is a signatory of the United Nations article 61 convention on narcotic drugs and has an obligation to comply with that treaty. Human rights are not an excuse for allowing any conduct that unreasonably harms anyone. That is why acts of violence and many other behaviours are prohibited by law. No society can exist in a state of anarchy.

The scientific evidence that cannabis use is harmful for people is irrefutable. That cannabis use impacts on the capacity of our health system in a variety of ways is obvious. Authorising any households to grow up to six

cannabis plants for personal use by people over 18 years of age and expecting no adverse outcomes for younger people is naivety bordering on lunacy. Where households have children under 18, it is certain that too many will be tempted to try what they see adults using frequently and freely. Escalation of young people using cannabis is a certainty, and to deny that is stupidity.

The argument that people have been jailed for possession of small amounts of cannabis is disingenuous. As the person who created the police prosecutions division and prosecuted and ran that division for over three years and who prosecuted thousands of cases in the Magistrates' Courts over an 18-year period, I can say that I know of no-one who has been jailed for possession of a small amount of cannabis. In fact section 73 of the Act stipulates a maximum penalty of a fine of five penalty units, which is currently about \$960.

Time, effort and money would be better spent on education programs, particularly for young people, to inform them of the dangers of using cannabis and other illicit drugs. Educating juveniles from an early age is a prerequisite to a lasting diminution in the use of illicit drugs that have become such a scourge on society. Public campaigns against drink driving and smoking tobacco have had real success. Alcohol abuse and tobacco have created more than enough health problems. Why would we wish to sanction another product capable of doing so much more harm to individuals and society? This Bill must fail. Thank you.

The CHAIR: Thank you very much for keeping the statements brief; it gives us time for the committee to ask you questions. I will start off, then I will open it up to the committee. Just in relation to this Bill, we have made very close comparisons to what has been legalised in the ACT. I know it has been a short period of time that it has been legalised in the ACT, and we have drawn many comparisons in relation to what has happened once it was legalised. There has been evidence that there has been little increase in usage in the ACT and little increase in relation to hospital admissions. I just want to refer to your submission where you have made some reference to other jurisdictions which have legalised cannabis. I notice that you refer in your submission to Canada, which legalised cannabis in 2018, and in America – in Colorado it was legalised in 2012. Just from those two jurisdictions, could you make some comparisons for us in relation to what has happened in those two countries after it was legalised – any effects, any increase in usage of cannabis or any harm from the effects of cannabis on youth populations? You have drawn from both in your submission in relation to the increase, provisionally, in cannabis use in young adults across all attendance, so could you comment on those two jurisdictions that you have referred to in your submission?

Jan KRONBERG: Chair, I am happy to answer that at length, but I will just refer to Dr Broadley, whose erudite research has brought that to bear in our report.

The CHAIR: Yes, anyone on the panel.

Karen BROADLEY: Okay. I will just briefly say we did look at Canada, you are right, where it was legalised in 2018. There are a few systematic reviews there, and it takes a little while for the evidence to come out. But certainly in the five years since legalisation there has been an increase in prevalence in cannabis use among young adults, in adult hospital attendance for psychiatric distress and vomiting and one that is really concerning – I mean, they are all concerning – is unintentional ingestion of edible cannabis products by children. That is something that has come out quite often in Canada and in Colorado and in the research, with children eating cookies and eating other edibles and being taken to hospital.

The CHAIR: Is there any data drawn from those two jurisdictions in relation to an increase in usage of cannabis after being legalised or the number of cannabis users or also in regard to other incidents in relation to cannabis consumption?

Karen BROADLEY: Certainly there is an increase in cannabis consumption. Concerningly, two of the areas where there really has been an increase are in relation to young adults – young people – and also, interestingly, women who are pregnant. There has been an increase there. Some research would suggest that some of that is because they get morning sickness or they have pain or health issues through their pregnancy, and they think that the cannabis use in the form of medical cannabis will actually help alleviate those problems. But the problem is there are, again, systematic reviews that have shown how cannabis use during pregnancy impacts the health of the newborn in terms of preterm birth and underweight and risks in terms of not surviving beyond the first few months of life.

The CHAIR: I understand. You might have data with you now. When you draw from this research and this information, would you have data supporting these submissions as well?

Karen BROADLEY: The data? In the submission that we made we refer to systematic reviews, and they are all in the references. For the most part the links are there as well, and they are freely available. If you have got any problems accessing the links, we are happy to provide the links. But yes, there are a lot of systematic reviews there and even, interestingly, I found one systematic review of systematic reviews. There is so much research out there. The best way to find the evidence is really to go to a systematic review where authors, usually a number of authors, work to collect and review and collate and synthesise that research. They do it in a very systematic way that you can reproduce, because they name their search terms and the dates that they search between and so on.

The CHAIR: Thank you. I will just make time to pass on to Mr Galea.

Michael GALEA: Thank you, Chair. Thank you very much, all, for joining us. I will start with you, Ms Kronberg. Feel free to pass it to anyone else as you wish. In your submission you have acknowledged that the review into the decriminalisation approach in the ACT found little to no concerns, but you have gone into great detail, as we were just talking about, with some overseas examples; you cited Canada and Colorado in particular. The Bill before us today, though, is for the decriminalisation model that is based on the ACT, so do you accept that decriminalisation is a better approach than full legalisation?

Jan KRONBERG: No. I do not want to see anything that is driving a wedge into the science that says that it is dangerous, no matter which way you actually pose an angle for leverage and influence and diminution of all of the public knowledge of the harms. I just want to say something about the situation in the ACT. I have quite strong views about what is happening to the people of the ACT. I think in time to come, because it is an experimental site and I think people are being treated as if they are living in a Petri dish, the people, I believe, once the manifestation of what is actually happening to them in this experimental setting, in that small population, that is then put forward to be unleashed in larger population settings –

Michael GALEA: I will just stop you there. It has been in force now for more than five years, and your own submission acknowledges that, in your words, there are little to no concerns –

Jan KRONBERG: Well, there is worse to come.

Michael GALEA: Worse to come. I see. Have you read the, what is it called, Lambert initiative report that was released a couple of weeks ago?

Jan KRONBERG: No, not yet.

Michael GALEA: It is a very recent publication. In section 5 of your submission you have drawn a comparison between a majority of Victorians supporting cannabis or the relaxation of cannabis laws with white people supporting slavery centuries ago. Now, forgive me, but that is a triumph for absurdity, isn't it, to draw that comparison between slavery and –

Jan KRONBERG: Actually, Dr Broadley feels very strongly about that issue. I will let her –

Michael GALEA: I would be very happy to hear your thoughts on that. I am just curious, because we actually have not had many other submissions talk about public consensus, so you were one of the few that have brought this up, and the only argument that you have made is by drawing a comparison to slavery, so I am not quite sure –

Jan KRONBERG: It is the reference to the ordinary person, 'Ordinary people believe' – that term.

Michael GALEA: Yes. Dr Broadley, would you like to –

Karen BROADLEY: Exactly. It is drawing, look, you might argue, a fairly extreme –

Michael GALEA: On the face of it, I would say so. That is why I am keen to hear.

Karen BROADLEY: It is making a fairly extreme example, but the point is we cannot really use what the ordinary person thinks is a good idea as 'Well, that means it's a good idea'. Because the vast majority of people think it is a good idea does not make it a good idea. We actually need to look at the evidence, and we need to scrutinise the evidence and question what is acceptable in our time, because as time moves on we can look back at history and say, 'Well, why did we all think that? Why did we all think it was a good idea to remove children because they were Indigenous?' Why did we think this? Why did we think that? People did it unthinkingly at the time, but I think we need to go way beyond just saying, 'Well, because most people think this is a good idea, that makes it a good idea.'

Michael GALEA: Thank you. Sorry, I am limited for time, so I am going to keep going as fast as I can, but Mr Glare, I did want to actually ask you, as you have painted quite a strong negative picture of what decriminalisation would look like if it were implemented in Victoria, do you accept the results that show that in the ACT it has not led to more people taking up cannabis and it has not led to a higher incidence of, for example, emergency room presentations?

Kel GLARE: I think it is too early to make that judgement. I do not think that it is possible at this stage to make that judgement, but common sense I think tells me that if someone has got six maybe 5-metre tall cannabis plants growing in their yard and there are children under 18 and the adults in the house are using, the kids will try and see what it is like. It just seems to me absolutely ludicrous to think that they will not access that plant.

Michael GALEA: Thank you. Just while I have got you, Mr Glare, you also talk about the road toll. Now, I would have thought common sense would also say that decriminalising cannabis would lead to more people driving under the influence. We actually know from the ACT that despite an increase in their roadside testing, they actually found 7 per cent less incidence of people driving with cannabis. Would that change your opinions on the road toll, the arguments that you make?

Kel GLARE: There can be absolutely no doubt, and I think anyone who uses cannabis would agree, that it alters their perceptions; it alters their reaction times.

Michael GALEA: I would agree with you, but in the ACT they have found less people using.

Kel GLARE: Now, you might be happy to drive 100 kilometres an hour in one direction with someone on cannabis driving 100 kilometres an hour in the other; I am not. I think that is an unnecessary risk. The road toll, if I can – I have been to Holland seven times, and I have a very good friend responsible for all the senior education of police in the whole of Holland. I asked him about the road toll, because as everyone knows, they have had a very lax approach to drugs. I asked him about the road toll, and he said, 'It's horrendous.' I said, 'How many people involved in those fatalities are affected by cannabis and other illicit drugs?' He said, 'No idea. We don't test.' So if you do not look, you do not find. A failure to find is often a failure to look.

Michael GALEA: I take on board your point. In particular, I certainly agree with you that I do not want people under the influence of anything driving cars at 100 kilometres per hour, but the evidence from the ACT shows that following decriminalisation there was actually a 7 per cent decrease in the amount of people caught driving, despite roadside testing going up.

Kel GLARE: Sorry. I do not have the data on how often they test. It may be there is a reduced amount of testing.

Michael GALEA: Well, the ACT police themselves have told us there was a 17 per cent increase and at the same time a concurrent 7 per cent decrease in cannabis-affected drivers that they found. So would that affect your opinion, the evidence from the ACT?

Kel GLARE: No, because I am horrified by the idea of people driving while affected by cannabis.

Michael GALEA: I think we agree on that, but I just want to get to the point of what the data actually shows as to what the best way to reduce that is. What we are seeing from the ACT probably is not the commonsense answer that I would have expected, so I just wanted to test that with you. Thank you.

Kel GLARE: I have attended some horrendous collisions and whatever, and I have seen hundreds and hundreds of bodies in the mortuary over a period. Everyone thinks they are better at driving than they are when they are not affected by anything, let alone when they are affected by some substance.

Michael GALEA: I certainly agree with you there.

Kel GLARE: And that goes for prescription drugs as well.

Michael GALEA: Yes, absolutely.

Kel GLARE: I see enormous dangers in this. I am concerned about that, but I am very concerned about the kids in these houses who have an example set for them by adults in the house of constant use of cannabis. It must have an impact on them. Kids learn by example. They see what other people are doing. They see what the adults in the house are doing, and they are more likely to follow that. I think the evidence is absolutely clear that continued use of cannabis is harmful, particularly for young people, so I am very concerned about that aspect.

Michael GALEA: Thank you.

The CHAIR: Peter, did you want to –

Peter RICHARDSON: Yes, I would like to address exactly your question. Having been a tester of drugs et cetera, those figures make absolutely no sense at all. There is no logic to there being less positive tests when supposedly more people certainly have access to using marijuana.

Michael GALEA: I agree, so how do you explain it?

Peter RICHARDSON: It makes no sense. So it is about who is testing. The fact is I could test who I wanted to test while I was out there. Now, if people want to –

Michael GALEA: Sorry, are you saying that the ACT policing division have been selectively doing roadside testing, because that is a serious allegation.

Peter RICHARDSON: Well, we all do selective – it is selective. When you pull up a car on the street, you test for alcohol. You have a choice whether you test for drugs or not. Can I address something else very quickly that was touched on before about the acceptance of drugs by the Victorian public. Now, I believe one of the reasons that marijuana in particular is accepted by maybe the majority of Victorians is because my generation has a memory of a product that is an entirely different product to what there is today. I am not saying there was no harm in marijuana back then, but there is more harm in marijuana today. But most of the people of my age do not know that.

Michael GALEA: I would love to dive into that more, but the Chair has already been very generous with my time, so thank you very much.

The CHAIR: We might move on. Rachel.

Rachel PAYNE: Thank you, Chair. Thank you for your submission and presenting before us today. I do want to raise just a little concern I do have, and I do take notion with this. Throughout this submission you have claimed that I have made false statements that are an offence to reason and truth and that I was misleading in my second-reading speech. Now, as a former member of Parliament you know that we have a duty of care to present the absolute truth when we are in Parliament. We do not mislead the Parliament, and as an elected member of Parliament I take that incredibly seriously. I want to take notice of this because the data that I referenced in my second-reading speech is from the Crime Statistics Agency; it was from the national drug strategy household survey. This is a valid evidence-based approach that I am referring to here.

I also take notion that you make reference to jurisdictions that are predominantly international throughout your submission. Now, what this Bill aims to do is to look at the ACT. The Bill is mirrored itself off the ACT legislation with some minor improvements, that is for sure, but I think we just have to draw it back to: we are not talking about a commercialised cannabis market here; what we are talking about is removing that criminalisation so that people do have less stigma and greater accessibility to health service provisions.

On that note I would like to ask about your concerns that you talk about with cannabis and the risk to First Nations people. Are you aware that First Nations people are eight times more likely to be charged with a cannabis offence than non-Aboriginal people and half as likely to get a caution? So ultimately isn't it going to be a benefit to First Nations people's health to remove that criminalisation and encourage greater access to healthcare provisions?

Jan KRONBERG: What I would like to say to that is that the suffering of our First Nations people shakes me to the core. I could break down in this session how much sorrow I have for their suffering. There is nothing, not one fibre in my being, that wants to do anything in any way to damage them in any way possible. We are so moved by the impact of drugs on the Indigenous people, on how it ravages families and how it leads to such abuse and transgression – the preponderance of sexual assaults on babies as their nappies are ripped off them, the preponderance of women dying of incredibly brutal domestic violence, the sense of hopelessness in remote communities. About 40 per cent of children are attending school. There are all sorts of diseases rife. And this is aided and abetted not just by cannabis, but it is from glue sniffing and other forms of inhalants. We understand that it is not a total standalone cannabis problem, and of course everybody knows and understands the alcohol intake as well.

What we do know is that cannabis directly impacts on the public health of our Indigenous people, and they must be protected from the advance of the criminal mindset that would be dealing and flogging it to them and making it available to them. So let us go back to first principles. It gives them heart and lung complaints. We already know that their lifespan is shorter – sometimes, people estimate, something approaching 10 years of the lifespan of non-Indigenous people in this country. We see all sorts of impacts from drugs, and why on earth would we focus on the byproduct of them accessing a product that is the whole context of them being incarcerated and perhaps unjustly dealt with in the criminal justice system when, if we go back to first principles, if we help them, we educate them, we say, 'Don't take this', we give them means to support them away from that.

We also know that quite often – and the evidence is out there, and I know Kel Glare can point to this and emphasise this – the simple thing is that Indigenous people may not have been arrested simply for possession or usage of cannabis. Nobody is after them for that; there is no history of that. They might have been involved with an aggravated burglary, shoplifting, a driving offence, criminal levels of violence, any level of violence, the rape of a child under three, a whole range of things, and we put that in the soup.

Rachel PAYNE: The data I am referring to is the Crime Statistics Agency data and it is relative to eight times more likely to be charged with just a cannabis offence, so I do want you to have that front of mind when you are thinking about how we best approach our First Peoples and policymaking in that space.

Jan KRONBERG: Yes, well let us all work together to save them and not add to their problem.

Peter RICHARDSON: Can I address this here, Chair? Incarceration is not a consequence of possessing a small amount of cannabis. I will quote from the Fitzroy Legal Service:

The offence of using a drug of dependence is a summary offence ...

I will not give the section.

The use of cannabis or tetrahydrocannabinol (THC) carries a maximum penalty of up to 5 – penalty units –

... there is no jail penalty, even for subsequent offences ...

That is from the Fitzroy Legal Service.

Kel GLARE: That is the Act. That is what the Act says. The maximum penalty is a fine, and it cannot be more than about \$960, give or take a few cents. So people are not going to jail for mere possession, and it is not an offence that is really enforced with any vigour. Usually people picked up and charged with a cannabis offence do face other serious charges, and yes, they may be jailed. Trafficking of course is different.

I do not understand why with a substance that is obviously very important to the health of Aborigines we would simply make more of it available? That does not seem to me to be logical. I would have thought that we would have had programs to discourage the use of any substance that affects adversely on their health, and I am all for

that. We do not have enough programs that really look at the underlying issues faced by our Indigenous people and try to do something about those. That would be far more useful, in my mind, than simply making another product more freely available.

Jan KRONBERG: If I may augment –

The CHAIR: Thank you. We might move to the next set of questions. Dr Heath.

Renee HEATH: Thank you very much. I have just got a couple of questions for Dr Broadley, if that is okay. I find very interesting the reviews that you have done. Is there any data that shows that the decriminalisation of cannabis results in harm reduction?

Karen BROADLEY: Sorry, your question is: ‘Is there any evidence to show that the decriminalisation of cannabis results in harm reduction?’ No, I have not looked a lot at decriminalisation. My focus has been on legalisation. There is a lot of research around legalisation of cannabis and the results, so that has been where my focus has been.

Renee HEATH: Is there anything that results in harm reduction then with legalisation?

Karen BROADLEY: Harm reduction? No. The outcomes of legalisation – again, I have focused on overseas because that is where the systematic reviews are. I would look at Canberra and I would look at the ACT if there was a systematic review there. There is some research coming out, but there is not a lot – not enough to do a systematic review. But in terms of overseas jurisdictions, there is plenty of research and there are plenty of systematic reviews, and all of those reviews show that there is an increase in public health harms – mental health harms and physical health harms. Also there are questions around public safety. Certainly there is not a lot of evidence that would say that, for example, road accidents have increased, but certainly the researchers are saying, ‘Oh, there is a modest increase.’ ‘A modest increase’, one systematic review said. So we are getting evidence from lots of places – from all over the place and different authors and different types of research. That is the research you need to focus on. I think in terms of the question that we were talking about before, there is a balance to be had. On the one hand we are concerned about health and public health and the public health harms, which are definitely there, but then we think about the criminal harms. Are we criminalising people? Are we locking people up? Are we putting people on community-based orders just for using cannabis? And the evidence there – I have to say I am very unconvinced that we are putting otherwise law-abiding nonviolent people in prison or even into the criminal justice system simply because they are using or possessing cannabis. I notice online, Mr Ettershank, on your website you say you are a long-term cannabis consumer. Now, that website is there for everyone to see – for me to read, the police to read, everyone to read – and yet you sit here today as a free man. I wonder about that.

David ETTERS HANK: That is amazing logic.

Karen BROADLEY: It is. You have been using cannabis for a long time –

David ETTERS HANK: Forty years.

Karen BROADLEY: and people know that. Yet the police – are they knocking on your door, are they doing raids, are they searching you, are they searching your car?

David ETTERS HANK: I have had that, yes.

Karen BROADLEY: You have to say yes, but you are still free; you are still sitting here.

David ETTERS HANK: Right. I should just wear it, you reckon?

Karen BROADLEY: What I am saying is –

Jan KRONBERG: You are serving in the Parliament.

Karen BROADLEY: No, no.

David ETTERS HANK: As you did.

Karen BROADLEY: What I am saying is that I do believe it is an overstatement. I do believe it is an exaggeration to say there are all these people being criminalised merely because they are using cannabis. That is what I am saying. I think it is an overstatement. It is an exaggeration.

Jan KRONBERG: Chair, I have got an important point to make, and I would really like to help Rachel Payne.

David ETTERS HANK: Chair, we are not going to run out of time, are we? Because there are a few who would love to –

The CHAIR: Dr Heath is going to ask a question in a moment, thank you.

Renee HEATH: My question is: in the data, was there any evidence that showed that when adults in their home consume cannabis children in that home were more likely to use?

Karen BROADLEY: There is evidence. Look, there is a concern by the American paediatric association around that, and that is why they do not support cannabis legalisation. They are concerned because the evidence shows very, very clearly that there is an uptick in the use of cannabis once it is legalised. The logic then would say: well, then maybe parents will use more. Children will be exposed to it, and then children, because of social modelling and modelling themselves off their parents, will use more. There is certainly a concern there.

Renee HEATH: Thank you so much. Cheers.

The CHAIR: Thank you, Dr Heath. David.

David ETTERS HANK: Thank you, Chair. It is lovely to see you again. I have not seen you since the workplace inquiry. That was such fun.

Jan KRONBERG: I saw you at lunch before Christmas.

David ETTERS HANK: That is true. I am not sure where to start. I do not want to get into just the vast amount of factual errors in your submission, because that would take up too much time.

A witness: There aren't any.

David ETTERS HANK: But let us just pick up a couple of points, I think. I am not sure if you have looked at the terms of reference for this inquiry, but we are specifically looking at decriminalisation. If I could take your comment, Dr Broadley, 'I haven't looked a lot at decriminalisation; I've looked at legalisation.'

Karen BROADLEY: Correct.

David ETTERS HANK: By 'legalisation' I think you are actually referring specifically to commercialisation à la the US and Canada. I would be correct in saying that?

Karen BROADLEY: Okay.

David ETTERS HANK: Okay, so let us maybe park that, because that is really not what the committee is looking at, if that is all right. What we are looking at is basically a version of the ACT legislation. I am not sure whether you are familiar with the review document that has been produced?

Karen BROADLEY: I have looked at that, and like I said, I also like to look at the peer-reviewed research.

David ETTERS HANK: You have looked at it. Maybe we will just leave it at that, and I will put the question and you can answer to that. How is that?

Karen BROADLEY: Sure.

David ETTERS HANK: This review, which was analysing the first four years of the Act – and we now have five years of data – was a review undertaken by the ACT government involving a range of tertiary institutions, stakeholders, criminologists and the federal police, and it actually found no change whatsoever in terms of any of the things you have talked about in terms of hospitalisations, any health indicators. This

committee sat with the health minister for about an hour and went through this, and she said they go through their data monthly and they could find nothing – no ambulance changes, increases in that. Literally nothing changed except for the fact that convictions or infringements dropped by 96 per cent. Does that resonate with you?

Karen BROADLEY: It surprises me. I would be a lot happier if there was peer-reviewed research about –

David ETTERS HANK: Well, it does actually draw on peer-reviewed evidence. Of course we have also now last week had released by the Lambert institute a peer-reviewed document that analyses both this document as well as the legislation, and it also came up with the same outcome.

Karen BROADLEY: Okay. I am talking about peer-reviewed research in relation to the ACT specifically –

David ETTERS HANK: That is what I am referring to.

Karen BROADLEY: and also systematic reviews of that. What I am saying is that time will tell. We need to have more than a couple of studies. We need to have a lot of studies and time will tell. Because of what I have read about the situation overseas and because of the amount of studies that have been conducted in relation to the overseas situation, I understand that legalisation and decriminalisation are very different, but still they both give out a similar message about cannabis use being safe, cannabis use not being a problem and cannabis use being okay.

David ETTERS HANK: Okay, let us stop there for a sec, because I think that is a really important assumption. Central to what we are talking about is what is called a health approach.

Karen BROADLEY: Sorry, central to what we are talking about is –

David ETTERS HANK: Well, in terms of damage, right? You keep on referring to ‘damage’ – and we will not go into the thousands of *Reader’s Digest* level analyses you have quoted.

Jan KRONBERG: I have to challenge that comment, Chair.

David ETTERS HANK: Okay.

Jan KRONBERG: That is terribly disparaging. We are talking about world-class authoritative research. That is a terrible, disparaging comment to make.

David ETTERS HANK: I withdraw my comment.

Jan KRONBERG: I am asking it to be withdrawn.

The CHAIR: He has withdrawn his comment.

David ETTERS HANK: It is already withdrawn, Ms Kronberg.

The CHAIR: Just quickly ask your question.

David ETTERS HANK: Well, I was actually kind of looking to do that. But yes, if we look then at a health-promotion approach, which is central to what everyone is arguing is the way to go, rather than a criminal approach – because contrary to what Mr Glare says, last year we actually jailed 400 people for personal possession in Victoria, okay?

Kel GLARE: I am not advocating jailing cannabis users.

Peter RICHARDSON: That cannot happen.

David ETTERS HANK: It actually does.

Peter RICHARDSON: Not for possession.

David ETTERS HANK: We have actually had multiple witnesses today talk about –

Jan KRONBERG: I think that is a fantasy. That is a fantasy.

Peter RICHARDSON: It is a fantasy. Fitzroy Legal Service – read it.

David ETTERS HANK: Sorry, the legal service was here prior to your arrival, and they just talked about exactly that.

Peter RICHARDSON: That is their document.

David ETTERS HANK: I come back to this point of a health-based approach and trying to address it. We know in Victoria that there are around three-quarters of a million people that have used cannabis in the last 12 months, we know that we have a huge criminal enterprise worth well over a billion dollars a year, we know that there are about 2000 tonnes of cannabis that are brought in and – we can keep on looking at it – it costs us \$300 million or \$400 million a year just in justice and policing costs. I am reading through your stuff here, and it is sort of like you are saying, ‘Just say no.’ It is like the Nancy Reagan approach to drug reform. Now, I guess I would just like to know, in the context of moving this debate forward, when you say, for example, Dr Broadley, that because the vast majority of people think it is a good idea, it does not mean it is, and when we have got a situation where the Australian Institute of Health and Welfare over the last 15 years have been surveying the Australian community and we have seen that support for decriminalisation has gone from 72 per cent to 80 per cent –

Karen BROADLEY: What is your evidence for that?

David ETTERS HANK: It is actually the Australian Institute of Health and Welfare national drug survey –

Karen BROADLEY: And who is paying for them and their research?

David ETTERS HANK: The Commonwealth government.

The CHAIR: Mr Ettershank, can you direct the question.

David ETTERS HANK: I was actually trying to before there was an interjection, Chair. I am just sort of wondering: when we get to 80 per cent, is that not enough to maybe conclude that there might be broad public support for this change and that maybe it is called democracy?

Karen BROADLEY: Let me just bring in something that we have not talked about: medical cannabis. About a million people, I think, have accessed medical cannabis over the last few years.

David ETTERS HANK: I think it is a million scripts. It is about 300,000 –

The CHAIR: Let Ms Broadley answer the question.

Karen BROADLEY: Sorry, 1 million scripts. Certainly the interest in medical cannabis is growing – it has grown and it is growing. And certainly there are researchers who would say they are concerned about that, because there are only two that are approved by the TGA – two products, medical cannabis products. The rest, the other 500 or so, are generally what a lot of these people are getting scripts for. There is an idea that, you know, if it is decriminalised, if it is legalised, people can grow their own cannabis, they can grow their own plants. I think there is a real concern about that. I do think there is a concern that if it is decriminalised, more people will grow it, more people will use it, more people will use it for things like anxiety and stress and sleep disorders and a whole lot of things that it is not actually approved for. That would be a concern, and there are a whole lot of health organisations in Australia that have expressed concern about that – concern about the number of people accessing medical cannabis and products that have not been approved by the TGA.

The CHAIR: Thank you.

Kel GLARE: Chair, may I make two quick points?

The CHAIR: If you respond to his questions.

Kel GLARE: I understand the Canberra study did not ask about how many children were using cannabis.

David ETTERS HANK: Well, actually, they did. I will just pick up that question. The study did exactly do that, and what it found was that over the five years there was actually a measurable but not significant decline in the number of young people who were accessing cannabis. But I thank you for your question, sir.

Kel GLARE: It was what percentage?

David ETTERS HANK: Can I suggest, Chair, that we provide a copy of the review to Mr Glare and he can read it in his own time.

The CHAIR: Thank you. We do not have time, but thank you, David. Aiv, a question?

Aiv PUGLIELLI: Thanks, Chair. Thank you, everyone. Look, we are really tight for time for a variety of reasons. I might just start by stating, Chair, I think we need to seek a right of reply from numerous organisations that have been reflected upon today. The police representatives we met in Canberra – I think they deserve a right of reply about their testing and the way in which they conducted that per the data that was referenced earlier. Also, Fitzroy Legal Service, who we heard from earlier today – there seemed to be representations made of them. I think they deserve to respond to those, perhaps in writing to the committee. Otherwise, though, I will send questions through in writing just in the interest of time so that you can give a fulsome response, and I would like to cede the rest of my time to Mr Ettershank, who I do not think was finished with his questioning.

The CHAIR: Thank you. Just to time, we have got another session coming, but thank you very much for coming in.

Jan KRONBERG: Chair, I am just wondering if I can table something for the edification of the committee, please? First and foremost, I would draw your attention to the *Legislative Review of the Cannabis Act: Final Report of the Expert Panel*, dated Friday 26 March 2024. It is the Canadian legislative review. We see the Canadian government about to fall on the basis of legalising drugs.

The CHAIR: If you just read out the title.

Jan KRONBERG: The other thing is the CannTeen study from the *Journal of Psychopharmacology*, cannabis use disorder.

The CHAIR: Are they part of your submission?

Jan KRONBERG: Yes, they –

The CHAIR: They will all be under reference from your submission?

Jan KRONBERG: They support our submission. The other thing is that – Charlie, have you got something here?

The CHAIR: If they are all part of the submission, we have already got them.

Jan KRONBERG: Chair, we are going to table these books. There is a copy for everybody.

Peter RICHARDSON: Would there be any chance I could ask one question of Mr Ettershank?

David ETTERS HANK: I am conscious that Professor McGregor is 5 minutes late already.

Peter RICHARDSON: Just a quick question, Mr Ettershank. On the basis that this is all about health and it is about –

The CHAIR: Mr Richardson, we can take it on notice, if you submit that question to Mr Ettershank, just due to time.

Peter RICHARDSON: Why wouldn't it be all drugs, on the basis of the argument you are putting forward?

David ETTERS HANK: I did not even get the question.

The CHAIR: Thank you. Just take the answer on notice.

Jan KRONBERG: Chair, might I just make the point that we have gifted the committee a copy of this book. They actually retail for \$35.95 each. We sell them on our website, and I want to say that this book is written by our co-founder, Elaine Walters OAM – she got the OAM for this work. This is probably one of the world’s longest longitudinal studies. It represents 40 years of her work pushing back against the dangers of marijuana.

The CHAIR: Okay. Thank you. Thank you for coming in and for your submission.

Jan KRONBERG: I hope you get a lot from that book, everybody. Seriously, no matter which part of the debate we are on, this is an important reference.

The CHAIR: Thank you very much.

Witnesses withdrew.