



# *Parliament of Victoria Inquiry into the use of Cannabis in Victoria*

*Beechworth – April 28<sup>th</sup> 2021*

*Presented by:*

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## Position Statements

- We support a harm minimisation approach to treatment
- We always look to understand the person and the issues behind substance use - which can often be a form of self medication to manage severe trauma, distress, mental illness and emotional and physical pain.
- We support therapeutic programs to divert people who use cannabis and other drugs, including alcohol, from the criminal justice system.
- We do not support the sale or use of synthetic cannabis

## Social Impacts of Cannabis Use

- People who are incarcerated for substance related criminal activity are often put on a pathway to continued criminal association, activity and escalating drug use.
- A criminal record will impact educational attainment and future employment opportunities. It can result in social isolation, stigmatisation, discrimination and anxiety.

## Our Clients

We hear from our clients...

- Self medication due to history of trauma, abuse, mental illness
- Judgement and stigma from health and other professionals and from community leading to fear and shame
- Ease of access to cannabis (easier than getting a service)
- Manipulation by criminal elements
- Lack of early intervention options in rural areas

# Our Clients

We see...

- Young people using cannabis to treat symptoms of an emerging mental health conditions
- Young People not being able to access a mental health treatment service as the use is blamed for the symptoms

## Our Clients

We see in our adult services...

- Alcohol is the main substance people seek treatment for
- Daily cannabis linked to underlying mental health concerns
- Use is both self-medicating & masking symptoms of anxiety; depression; ADHD; and PTSD. Paradoxically increasing the very symptoms the users seem to be avoiding (anxiety, low motivation; disorganisation; difficulty falling asleep and staying asleep; low sense of self-worth; difficulty connecting with others; etc).
- Lack of alternative treatment for their “non-acute”, yet debilitating mental illness

# Delivering Sustainable Outcomes

We would like to see increased investment in :

- Therapeutic diversion programs
- Alcohol and other Drugs treatment services to ensure early intervention options are available *(for example in Ovens Murray from approximately 19 FTE to 25 FTE.)*
- Community family support networks for families and carers of substance users
- Family Alcohol and Drug Support services *(for example in Ovens Murray from 0.4 FTE to 1 FTE.)*
- Trauma informed and dual-diagnosis education and resource development for professionals across health, education, justice and community sectors that interact with young people, co-designed by young people with lived experience.
- Dual diagnoses AOD Mental Health Youth workers who can work more holistically with the young person
- Education for children, young people, parents, teachers and families, co-designed by young people and families with lived experience.
- Education in positive role modelling for parents and families
- Place based, positive and community led prevention partnerships
- Campaigns to reduce stigma and encourage help seeking behaviour

# Thank You

## Any Questions?