T R A N S C R I P T

LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into the use of cannabis in Victoria

Beechworth – 28 April 2021

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WITNESSES

Felicity Williams, Chief Executive Officer,

Trent Jones, Learner Engagement Officer, and

Kerri Barnes, Project Manager, Finding Strength, The Centre for Continuing Education (Wangaratta)

The CHAIR: If I could just start with some formal words for the proceedings. Just to let you know that all evidence taken at this hearing is protected by parliamentary privilege and that is via our Constitution Act but also the standing orders of legislative counsel. Therefore any information that you provide today is protected by law, however, if you were to repeat those comments outside this place, you may not have the same protection. Any deliberately false evidence or misleading of the committee may be considered a contempt of parliament. We have Amy listening intently to every word you say, and you will receive a transcript of that. I would encourage you just to have a look at that and make sure we haven't misrepresented you in any way. Ultimately this transcript will form part of our report and will also appear on the committee's website. Again, thank you for making the time. Thank you for being patient with us and we welcome some opening remarks and then we will open it up to committee conversation.

MS WILLIAMS: Thank you so much Chair and thank you to the members of this committee for this opportunity to address the issue of cannabis, which is a significant regional issue. I am going to read a statement to cut out the ums and ahs, so I apologise in advance. I have provided you with a briefing paper with some background information about the Centre for Continuing Education which is an adult community education provider based in Wangaratta, but we work throughout the Ovens and Murray and Goulburn regions and we actually work across 11 LGAs.

This briefing paper also outlines our unique approach to supporting learners and clients. A key point I'd like to emphasise with you is that the Victoria Learn Local sector, which is unique nationally, can play a significant role in supporting people in our society who have complex and significant barriers to participating in our communities and economy. This includes people with problematic dependence on alcohol and drugs. The centre and our holistic approach to supporting learners and clients is an excellent example of what can be achieved through the adult community education sector.

Social prescribing is potential solution that is worthy of piloting and evaluating. It's successfully achieving health sector savings in the UK and I explored this concept while on an international fellowship last year and I have included some information about that in the briefing pack.

The centre was a founding member of the Wangaratta Ice Steering Committee in 2016 and that was held up by Victoria Police, particularly Rick Nugent, as the standout approach to issues surrounding serious drugs in the community in context.

That group has gone into recess because of COVID and we are currently just reassessing the need and what needs to be done but it was the result of significant police operations flushing out ice manufacturing and dealing and Victoria Police recognise that they couldn't arrest their way out of this regional drug problem. It's social, health and community problem and needed a joined up approach to address it. We also recognised the impact of other drugs, including cannabis, which can certainly be a precursor drug leading to ice dependence. We particularly listened to people and their families with lived experience and one particular young man who was actually a client of Trent's when he was alcohol and drugs counsellor, talked to us about what were the factors that enabled him to actually beat his dependence on ice and there were two things. One was he latched onto his family values with the help of Trent. He also entered into an education program that led to employment and gave him hope, and he now has a partner, some children and he's still employed and has a stable life.

But the success of the committee was very much grounded in its joined up agency and community approach crossing the sectors of health, justice, education and community. We also recognised that it is absolutely critical that people recovering from addiction are supported to stay within their own community, and that is why we advocated so heavily for the residential rehab that is currently being built in Wangaratta, which we are extremely excited about, and the centre will actually be participating in providing in reach education programs.

I am talking about general education for adults programs, not education about drugs, to residents in the facility and then transitioning them out into the community education environment. Through insights gained through the ice steering committee we became very interested in the power of adult education as a social determinant of health and a protective factor in supporting adults to overcome addiction to drugs and support their recovery.

This resulted in a holistic approach to supporting learners and clients to access and complete education and training. And 'Getting There', which is our adult education flagship program is outlined in more detailed in the briefing but essentially all of our programs revolve around understanding the risk factors associated with our learner and client cohorts and collecting programs that provide protective factors.

The Centre is audaciously committed to turning the curve on wicked problems in our community including reducing problematic addiction to alcohol and drugs by providing education and training as a structured element of life. Providing hope and opportunity to aspire to achieving meaningful employment. Reducing mental ill health by increasing people's resilience, community and social connection and also dealing with learning difficulties in adults which may have been misdiagnosed as mental health issues. Reducing family violence and children in out of home care by improving family dynamics through family therapy programs and also programs that improve confidence such as our financial empowerment program called SARA which is valued by women coming out of or involved in domestic violence. And we are also hell bent on reducing recidivism and criminal behaviour through addressing key barriers to education and employment such as prevalence of learning difficulties.

Adults come into our community adult education environments with multiple issues, challenges and barriers. A life that is much wider than just education and employment. While our learners come to learn skills, improve their literacy, numeracy and digital skills as well as develop core skills for work, they must also engage in programs that build their self-awareness, goals for life and employment as well as confidence, aspiration and hope. And crucial to our approach was the establishment of our leader engagement team with background funding from Skills First Reconnect and through that program we employ learner engagement officers who have a range of primary support qualifications and experience, including alcohol and other drug support.

Trent is an example of one of our learner engagement officers who was heavily involved in the Wangaratta ice steering committee and is trained in drugs and alcohol counselling, and he is perfectly placed to build the trust and rapport that we need to develop with learners coming to us who need to be supported to engage in an educational program particularly when they've had really negative past education experiences and are extremely daunted by going into an education program. We also established and successfully piloted our Finding Strengths program working with offenders who have learning difficulties through Federal funding and we are now seeking to continue it with state funding, hopefully through JVES. Fingers crossed.

Research indicates that 50 percent of offenders have one or more learning difficulties such as ADHD and dyslexia and usually more than one. If you have ADHD you generally may well have dyslexia and other learning difficulties. If unmanaged it makes it incredibly difficult to engage in education programs and sustain employment. Couple this with comorbidities including childhood trauma, negative school experience and exclusion, ADIs, mental health, substance abuse, and you realise just how out of reach engagement in education for employment can be for some people.

These are the rick factors that certainly lead to drug dependence. Usually commencing with cigarettes to alcohol to cannabis and then to ice. Finding Strengths has successfully supported offenders who have previously failed in education and employment to identify their strengths and successfully achieve meaningful employment. Kerri Barnes is our Finding Strengths program manager. She'll briefly explain the drug related issues her program clients had and also a positive psychology program we developed called I Am which has proven to be a game changer. But I am first just going to throw to Trent for a couple of minutes just to talk a little about his perspective and observations.

MR JONES: Okay, excellent, I'll try to be quick. Thank you Chair. Cannabis is good for some people some of the time. Cannabis is bad for some people some of the time. Cannabis can treat some people’s pain some of the time. Cannabis can also lead to a problematic substance use some of the time. In the 10 years I have worked with people in alcohol and in other drugs in community health and at the centre, cannabis use has shown that it can be devastating for many.

Often there is a pattern beginning with nicotine to alcohol and cannabis to other drugs. Although there has been research and opinion that doesn't support cannabis being a gateway drug, I can only speak from my experience. And in my experience I believe that it is for some people. Anxiety and depression are the most prevalent mental health issues that I come across and when they are combined with cannabis use it can be a long road to recovery.

Mainly because people often think that it is the cannabis use holding them together when it is in fact tearing them apart. I have worked with many people through their recovery and assisted them to relearn basic living skills including sleep hygiene, healthy eating, memory exercises and retraining their cognition to fight the next tempting addiction that crosses their path. At the centre we not only teach people in classes and rooms, but how to survive and thrive in this world using practical tools that open their potential and deal with their identified needs and build resilience.

Alcohol and other drug education in schools was part of my previous role which I found an effective tool. A tool that is one of many for prevention. The program I delivered was Party Safe and it was across this whole region. Education itself is life changing and it allows people to meet better people, make better choices and connect to something. Everyone is the same but after working in adult education for three years now, I see the change in our learners and the benefit of having connection to community, purpose and self. Thank you.

MS BARNES: Thanks Chair and thanks committee for your time. My name is Kerri. I am the manager of Finding Strength, as Felicity mentioned. This project is around working with offenders who have learning difficulties and it is quickly becoming apparent that it is not just learning difficulties that they are struggling with and there are also other very deep seated issues, and it can be right back to childhood.

We have of our offenders, 92 percent of them report illicit drug use. For 78 percent of those their preferred drug of choice is actually ice however, a majority of them do nominate cannabis as their gateway drug and a lot of that is normalised for them through their environment as they're growing up, so it is something that they've observed and it is inter-generational problem. 85 percent of those offenders also report mental health or have mental health concerns or issues and so it is probably likely that one and the other are very closely linked.

We identified very early that a majority of our offenders had substance issues and Corrections themselves will say that the key to reducing recidivism and helping somebody get back on track is through a vocational direction whether that be education or employment and housing. So we went to work with early understanding that because these people had long term history of institutionalisation, conventional classroom wasn't really a good basis for them to be setting them up for success so we developed a case managed framework which was to meet them where they're at. So let's go back and work with them where they're at and let them be the person who drives this journey, hence the birthing of a program called I Am which is very short sharp but packs a really good punch. It's a six-week, one-day-a-week course and it is strength based positive psychology so we say we are not interested in the history we are looking at your future and what you've got to offer and what would you like your lifestyle to be like. So that aims to build self-esteem, self-worth and confidence and self-efficacy. We look at the way they view the world and the world views them and we try and get them to rewrite their narrative, looking at what they were and where they've come from as to what they might like their future to look like.

Along the way with that we identify that it is not easy for them to make changes because they have such complex issues and barriers so we have the support of a case manager who worked very closely alongside them and sometimes mentors the person into the change. That is where we are working with them and we are seeing some really good results. We have one guy who has taken the attention off our high level management in Corrections who, he was what they would call a revolving door. A 20 year history of in and out of prison and had actually articulated that this was the first time he actually felt some hope. The bottom line is for us we realise that the things that we sometimes overlook with offenders and where they're at and potentially maybe why people are turning to substances because they feel things are hopefully, worthless, useless and there is no hope for them. So to give them something to hang onto and that little glimmer of hope which then actually makes their future look brighter is something that we see has been a bit of a game changer for them.

The CHAIR: Thank you for your presentations and really, thank you for the work that you are doing. You are dealing very much at that pointy end and it is terrific to see intuitive and innovation in this area where doing the same over and over again has not proved to be the best policy. I'll turn to questions with Tien, Deputy Chair.

Dr KIEU: Thank you Chair. Thank you for your presentation here today and thank you for your work in the education program. It's very important. I'd like to understand more about your program. First, how do people come to the program? How are they referred? Also can you use summarise the program? You talk about psychological preparation and also the improvement there and (indistinct) and maintaining of their environment once they got. On that point, would the criminal records of your clients be a barrier to employability or to their employment really and secondly, would being stigmatised, because of various factors, be another barrier and how would they overcome that?

MS WILLIAMS: I might start. So we have really deep relationships with agencies, the Department of Justice, DFFH throughout the community, Job Actives with two way referral pathways and often through line referral pathways, through those deep partnerships — —

Dr KIEU: Are they compulsory referral?

MS WILLIAMS: It's through our relationships that we get these referrals. We talk to the agencies about we are doing, about how we can achieve outcomes for their clients together and the power of what we are doing joined up with the power of what they're all doing, you know, two plus two doesn't equal four, it equals eight. We very much rely on referrals and these agencies talking about our programs to their clients. Community Corrections talk, we do road shows and they talk about these programs to their clients also, and we also talk to them about how to explain the programs in a way that is accessible for these people through careful use of communication and words.

So we have referral pathways that are supported by collaborative practice frameworks in particular with the Department of Justice. We have a collaborative practice framework that helps us to not only support referrals but also to support the sharing of data and the sharing of information and ways to communicate.

Stigma and criminal records are absolutely an issue, and as part of Kerri's program and indeed Trent's Learner Engagement team they'll broker conversations with employers about not only the background with commission obviously, the background of the person we are trying to support into employment, but also the behaviours and conditions that they might also have surrounding learning difficulties or mental health issues and then we have industry liaison officers who do that work and talk to employers about ways that perhaps the employment environment can be adjusted to support that person successfully in employment.

There are certainly industries that we know are willing to take people with criminal records, and that includes civil construction, the trades, hospitality. Obviously health and community services is a little bit difficult. We certainly target employers who are willing to give a person a go. I know that Kerri's often said to me, 'Some of these guys go, "You know what, I think this is my last chance and I need to make it work."'

The CHAIR: Yeah.

MS WILLIAMS: 'And I am actually getting support that I am really valuing from you (from us) and I think that with that support I can actually make a go of it.' And it is - I think they've said to your team, 'I really do want to get some education and it is something I really want, but I just haven't been able to get it because I just haven't had someone holding my hand and overcoming some of these barriers, like dyslexia.' So, stigma is an issue that we work quite heavily with employers to overcome. And there are really great stories out there of employment relationships, where some of these people have been the best employees they've ever had, because they really want it.

Dr KIEU: Just very quickly - so after the referrals, the people come to you on a voluntary basis?

MS WILLIAMS: Yes. With Finding Strengths and the work that Rob Francis, who's the director of the Department of Justice Hume region, and his executive team - they've done some really significant work with magistrates' to talk to them about the Finding Strengths program. We've actually been able to influence a shift in the orders. They're actually recognising Finding Strengths as a really valid pathway for treatment and education orders in the Hume region.

MS VAGHELA: Thanks Chair. Thanks Felicity, Trent and Kerri for your submissions and your time today. What I am understanding from the submission that you've given is that you emphasise the importance of a community driven protective factors, and Kerri also spoke about the Finding Strengths project. Now, a part of

our terms of reference is how do we implement health education campaigns and programs for children and young people are aware of the dangers of drug use. You do talk about education and are there any other things that we should be looking at?

MS WILLIAMS: So, we work in the adult education space but that doesn't stop us working with parents in particular. We are probably - I know Trent in the past did deliver the Play-Safe program to schools.

Dr KIEU: Yes.

MS WILLIAMS: For example, we have a program called Strengthening Family Connections which is a family therapy program for parents with a child at risk of disengagement from school and we also deliver education programs to parents in schools to develop their skills, but it helps them to value education, so particularly disadvantaged parents who might have low educational attainment - helping them to learn something actually helps their children. We are not involved in actually delivering education regarding drugs to schools but we are in the sort of preventative space around improving parents who are in disadvantaged, entrenched cycles of unemployment and subsequent issues around substance abuse and mental health issues and that sort of thing. So we are not in that space, but I know Trent is an absolute advocate for having Party Safe — —

MR JONES: Yeah, yeah, it was a great program. It was really good and it was really effective. My children went through it as well, so I got their opinion and found out what their friends said and it was really good, yeah.

MS VAGHELA: Great. And Felicity, you gave one example — —

The CHAIR: Kaushaliya, sorry, can I just — —

MS VAGHELA: I'll be quick.

The CHAIR: A very quick one.

MS VAGHELA: You gave a successful example of the gentleman that you mentioned; how common is that, that you find those successful stories. Do you have any data?

MR JONES: No, I haven't got any data, but probably one to two in 10 - it is - yeah, to get a win like that takes a long time — —

The CHAIR: From methamphetamine?

MR JONES: Methamphetamine, cannabis, alcohol, whatever they're addicted to. When I was in drug and alcohol, we dealt with all drugs and sometimes it took 12 to 18 months to get somebody to that point, and sadly it was only one or 2 in 10. That is from my experience, but I do not have any data on that or anything, to provide.

MS WILLIAMS: Just going back to a former question; often learners are forced to come to us by their Job Active, through their mutual obligation, and they come kicking and screaming. Once we get our hands on them it is then our job to engage them and we do that through learner engagement officers, who are key people who can help them to overcome all the issues and all the nonsense or rubbish that is happening in their lives. That is a really critical part of the adult education landscape that needs to be supported by government. We rely on grants; it needs to be recurrent funding. It needs to be recognised as a critical piece in the adult education environment. TAFEs have a community obligation sort of funding bucket. I am advocating for the Learn Local sector to be recognised in that work as well.

It is a lost opportunity - I have had conversation with Rob Francis with the Department of Justice and I said, 'these people coming out of prison,' - Learn Local should be reaching into those prisons and actually starting that relationship, bringing them out into community education and then gatewaying them into TAFE, because getting them to go straight to TAFE - some of these people, they just can't walk through the gates.

The CHAIR: No.

MS WILLIAMS: It's just not possible, so they go all over the State, so put them with a Learn Local, there's one in every town.

The CHAIR: Yes, thank you. And I think, as I mentioned in the previous, we have a Justice Inquiry just coming up.

MS WILLIAMS: I just looked at that.

The CHAIR: I suspect this will be very, very personate and apposite to that. Tanya?

MS MAXWELL: Thank you, Chair.

The CHAIR: Can I just let committee members know we are hitting the clock.

MS MAXWELL: Yes, okay. I'll be brief. Thank you very much for attending today. I have previously worked with Trent in youth programs with families. We know that that intergenerational trauma has such a significant impact, so that in relation to the use of cannabis, do you think it should be decriminalised, and secondly, if it is, what other resources – not only in Wangaratta but other regional and rural areas – would you see as significant resources that would be required to support those people who are using cannabis, and who effectively either want to go through the process of rehabilitation, or those educational programs that you currently run?

MS WILLIAMS: I think the question of decriminalisation is a really vexed one and I just remember Rick Nguyen coming back. Were any of you on that trip?

The CHAIR: Yes.

MS WILLIAMS: I thought you were.

The CHAIR: He was talking about legalisation when he came back, not decrim.

MS WILLIAMS: Yes, which is probably a bit different, but I know he had reservations and he said this needs to be looked at so carefully. I mean, growing a bush out the back which is less harmful than in my limited knowledge - Trent probably would know a little bit more about this, but you know, the hydroponically grown cannabis can be really debilitating and I think you've got stories of guys that just are just floored by it.

MR JONES: Yep.

MS WILLIAMS: Or people are floored by it, so I think medical use; gosh, that needs to be looked at. But yeah, I am probably not appropriately informed to give you a firm opinion on that, but I think what I can say is that people need to be supported in whatever environment they connect with, whether it is the health environment, the education environment - community environment. They need to be given those opportunities to connect with people who can channel them in the right direction. and, ah - it is around hope and aspiration. often they just have no aspiration.

MS BARNES: And can I just add to that - I think a lot of it is around understanding the reasons why somebody chooses to smoke cannabis or use cannabis or start taking drugs in the first place, and so even before - like, there's a whole lot of stuff that is going on that they may have been exposed to and that preventative work that needs to happen pre those decisions that get made. Like Felicity said, it is a very complex and broad issue because it alters brain chemistry, which you know, for everyone is different. So it is how long's a piece of string. So for some people it might be okay to decriminalise it - for others it may be something that sets them onto a path of destruction like we would have seen with, you know alcoholism and things like that. So we do not know enough, because we are all so unique, I think, in that sense, but in saying that, I feel like - I shouldn't say I feel like, but at the end of the day, it is about understanding what causes that person in the first place, what are the reasons that underlie that cannabis use before we can make some informed decisions.

MR JONES: Yeah, and I would, for decriminalisation, probably defer to the submissions that were handed in from Penington Institute and the others on that day last week. They're far more experienced than me to give an opinion on that.

MS CROZIER: Thank you, Chair, thank you all very much for your presentation today, but more importantly the work you're doing and your advocacy and the support you're providing to some very vulnerable people in your community. I am very interested in the health and well-being of and the connections of cannabis use, and you made the statement that I think 78 per cent of some of your clients preferred ice and that they nominated cannabis as a gateway. That is my concern - it is not widely supported in some quarters, but that is my concern, and then obviously the ongoing health implications, especially around mental health. So I am very interested in your understanding, because you're working with these people and you're obviously building up their trust and they're telling you that, but you're dealing with adults; could you just give the committee some information - do you they start using cannabis - do as many of these people start using cannabis as young people - as minors and teenagers, and then it just builds up, is that your experience?

MR JONES: Yes, we used a comprehensive drug and alcohol assessment - it was 32 pages big, and we went through the years 13 to whatever their age is, and what years they used drugs, and often, sadly, it was nicotine at around 13 and then alcohol at 15, and cannabis as 16, 17, and then for some, it went onto hard drugs - or to other drugs, like methamphetamine and heroin.

MS CROZIER: Which are very destructive and very dangerous and highly addictive, so that is my concern about exactly the evidence that you're providing to us. You've done a lot of - and you made, in your opening statement, about the rehabilitation beds at Wangaratta for the detoxification - is that going to be enough for your community?

MS WILLIAMS: It is going to be fantastic. I do not think we could ever have enough, and that is why you have to have a whole range of solutions. You can't just have one solution, there needs to be a range, and that is why regional communities are so wonderful for creating these joined up approaches. That is where our success is coming from. We are dealing with Justice Health community; Anglicare, or Upper Murray Family Care with children out of care. It is that joined up approach that is absolutely crucial, and I am really and I was really pleased to hear about the common client approach that the Department of Justice and DFFH are now working on where they're working on joined up outcomes.

It is just like, 'Hallelujah.' The resi rehab is absolutely welcomed, but you just need a lot of different solutions. It is organisations like ours where we are verging on being a $6m turnover a year organisation — we do not have a lot of money, but we have a lot of passion. I am a bit of a sick puppy; on Sunday afternoon, I am sitting there on Google doing all this research, looking at issues around offenders, and that is where I came across this horrendous stat that around 50 per cent of offenders have learning difficulties, and what do we do with people coming into our classroom who have ADHD and dyslexia? Probably not much. We need to develop capability and capacity to do that.

As Kerri said, it is understanding all the background issues, so really crucial, and we have put in a funding submission with the Builder Safer Communities fund to do a discrete Finding Strengths project with youth offenders. This funding was just for adults, so we are going to actually do a project and evaluate it, working with youth offenders, and also children or youth at risk, so very much children in out of home care — so working with them as well. They have a higher proportion than the general population of learning difficulties.

I am on the regional partnership, putting my money where my mouth is, so I am really advocating for a joined up approach, from government and community that supports community. It would be great to have funding that supports innovative thinking and development of innovative ideas, but also, for some of this work, particularly learner engagement and learner support, there needs to be recurrent funding. Some of these things need to be funded on an ongoing basis and not just, 'Here's your funding for two years' and then you just stop.

MS CROZIER: I know that is frustrating, Time's running out but thank you, and good luck with it all.

MS WILLIAMS: Thank you.

MS WATT: I had a question for Trent. Thank you very much for all of your contributions and the work you do. You spoke a little bit in your opening remarks about the one-on-one work you do around — was it, sleep hygiene, routine setting, others? I am really interested to understand more about that work, because I think the life after heavy use of misuses is a long path. I just wanted to know a little bit more about these sort of intense programs that you guys run.

MR JONES: Well, it comes through building a relationship and that rapport and trust with a client, and then working through that journey with them and catering and then personifying it for them. But to generalise it, with sleep hygiene, a lot of my clients believe that they need cannabis to get to sleep. I hear that all the time. In fact, it wires them up, it keeps them thinking. I have got to change that cognition to get them to understand that it is not helping, it is hurting. If you just reduce and not smoke at this hour — do not take any caffeine, do not eat, you can program yourself to sleep. It's retraining their cognition, and in every way I could to help them.

Even healthy eating; understanding that happiness is made in your stomach and that McDonald's and crap is not good for you. They know that but when you just sit down, one on one in the park, and talk about that — and often we pay for a bit of food them — and break bread and have that relationship, instead of in a counselling room. Then just trying to get them to eat healthier and see that this food's good, it costs the same, and it is actually good for you and this is why. Then understanding what happens to their brain, especially young ones. They go through myelination up until 25, but it is really important in youth because it prunes the brain and gets rid of stuff it doesn't use. It hardwires the brain, kind of like getting a better internet connection. And the hippocampus, in the later teenage years — if they're smoking cannabis at that age, it hardwires them for addiction later on. So if they quit cannabis, they've still sort of got that addictive wiring. Often my clients, when they get better, they still find themselves addicted to alcohol or gambling, which is very common.

That that process in youth, that myelination; it is a big one and people do not know that and they do not think about that, and it is just explaining that to them.

MS WATT: Is this more of a one-on-one service delivery model?

MR JONES: Yes, that is the one on one.

MS WATT: Yes, okay.

MR JONES: Sorry, was that what you were asking — the one-on-one?

MS WATT: Yes, I am just trying to understand that, because we are hearing lots about border programs and structural issues, but I am wanting to know what does the sort of one-on-one program around misuse and the like. That is sort of the level that we really need to get in to when — some folks are at the misuse (indistinct).

MS WILLIAMS: So, they'll meet with learner's once a week to start with; spend however long they need to. Sometimes that reduces as they become involved in an education program and gain confidence, but there's always a learner engagement officer that they can just call when life's turned upside down. It is a really crucial piece of support.

MS WATT: Can people self-select into participating into these programs or do they need to be referred from the court system?

MS WILLIAMS: Well, they can walk in off the street and we do have walk-ins, but they're generally referred, yes.

MS WATT: Thank you, that is all.

MR LIMBRICK: Thank you Chair, and thank you for appearing today. I am interested to know what type of effect does a criminal record for cannabis possession have on vocational outcomes for your clients?

MS WILLIAMS: In terms of employment it can be a difficult conversation, obviously, with the prospective employer. The general message that we get from employers is that we prefer that you were honest and just talk to me about it. It is really important for the prospective employee that they go into a conversation that is non-judgmental and that potentially accepts, so it is interesting, I was listening to a guy through a reintegration puzzle webinar yesterday and he said, 'We've done something wrong; everybody makes mistakes; we need to put it behind us and move forward', and that is very much the work that Kerri and her team do with her learners.

We have a job to sort of work with employers — and that could be Chambers of Commerce and various centres of influence — to help them understand the situation that these people are in and that generally if they're

committed enough to achieve a qualification, they're committed, and they want to change their life. They want their employment to be successful.

We go on in supporting them while they're in the workplace. Our support doesn't stop at the employment gate and that is very important as well, to go on supporting — not only for the employee, but also the employer, so when difficulties arise, we can mediate and sort of have an intervention. Generally, and there are few industries that require police checks, but we know we've employed people with criminal records, and it is on a case-by-case basis. People with lived experience for our type of work cannot be overlooked the power of (indistinct) experience is huge, in terms of being able to relate to these clients.

MS BARNES: The vocational influence — you've got employers who will require clean screens and will demand urines and won't take anybody on, so it does limit some of the vocational things that they can do. What we find is, especially in those higher risks where there might be a workplace that they need full cognition happening, they'll want those screens, which that will then negate the ability for that person to be involved with that particular employer. So they are limited in where they can go and some of the direction. It does interrupt some of that career pathway at times. The other thing, of course, is the stereotyping and whether or not the employer is happy to have somebody who is potentially a known drug user or a known stoner on staff, and what effect that is going to have.

So the key to getting across that is around the communication and transparency, as Felicity mentioned, because with our cohort, particularly the Finding Strengths that Felicity spoke earlier about and how some of them are actually the best employees that some employers have had, because it is their last opportunity and they know it, and they have gone through a history of offending and now they're thinking, 'No, I need to get my life happening and on track and this is it.' Some employers prefer people who have got a history, whether that be cannabis or any other drugs, and then there's others who can't have it in the workplace whatsoever.

MS WILLIAMS: And then you have the small-town syndrome, where people are known, so sometimes we have to overcome that as well.

The CHAIR: So if they have been charged and prosecuted for it, that creates worse barriers than — —

MS WILLIAMS: Particularly in a small community.

MS BARNES: Most of them will try and hide their history, so then if an employer finds out later, there's deception and it doesn't go down too well.

The CHAIR: No.

MS WILLIAMS: So, we do encourage them to be honest, up front. 'This is what's happened, I blew it, but I want to change'.

Dr KIEU: Yes, very quickly. Your statistic that 78 per cent of your clients have been (indistinct) in a sense from cannabis, it is alarming but it also adds to the confusion of whether the cannabis user in general would graduate into more hard drugs. I would say in your case now, the (indistinct) you're dealing with is not a typical (indistinct), whether it is important to come or not, it is not essential to follow these statistics?

MS BARNES: No, this is the offenders with the Finding Strengths, so that statistic is around these are people who are either on parole or have medium to high risk of re-offending, and/or medium to high needs in education or vocation that we are working with. So when we talk about that, it is a very distinct. These are offenders, so these are pretty vulnerable people with lots of barriers, and so that is this program. The Centre as a whole identifies that there are people within the community who aren't actually offenders but who need the similar types of support, and you're right in saying that that statistic is probably different to what I stated earlier.

And interestingly — you were asking before about the youth or how that affects — there was a time in my career where I was just doing parole assessment reports and one of the questions was like, in regard to the substance, when did you start using and what was that? It was often in those adolescent, formative years, from 14, 15, alarmingly. One thing I do not think we've actually explored is the amount of, 'Where did you get it from?' 'My parents.' So, it was the parents who provided the first instance of that in many cases, and that surprised me a lot.

The CHAIR: Thank you. Again, we've run out of time, but thank you all, Kerri, Felicity and Trent for being so forthcoming with us. You'll receive a transcript of today; please check through it and make sure there's no misrepresentations, but thank you again, and on behalf of the committee, I think, thank you for all the work you're doing in our community.

MS BARNES: Thanks so much.

MR JONES: Thank you.

Witnesses withdrew.