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

Melbourne—Wednesday, 19 May 2021

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Necessary corrections to be notified to executive officer of committee

WITNESSES

Mr Paul Healey, Victorian Secretary, and

Ms Stephanie Thuesen, Area Organiser, Health and Community Services Union.

The CHAIR: Welcome back, everyone. As I am sure you know, this is the Legislative Council Legal and Social Issues Committee's Inquiry into the Use of Cannabis in Victoria. We are delighted to be joined by the Health and Community Services Union. Welcome, Paul Healey; welcome, Stephanie Thuesen.

I just have some formal words to speak to you first just to let you know that all evidence taken here today is protected by parliamentary privilege, and that is within our *Constitution Act* but also under the standing orders of the Legislative Council. Therefore anything you provide today is protected by law. However, if you were to go elsewhere and repeat the same remarks, you may not get the same protection. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament.

As you can see, we have got a team of thousands recording every word that you say. That will be translated into a transcript. I would encourage you to have a look at that transcript—we will send you a copy of it—and make sure that we have not misrepresented anything that you have said today.

I would like to introduce you to Matthew Bach, here on the screen, and David Limbrick, here next to me. As you know, I am Fiona Patten.

Please, if you would like to, make some opening remarks, and then we will open it up to a general committee discussion.

Mr HEALEY: No worries. Look, I worked in mental health for over 26 years and have seen the effects of cannabis use and mental health issues. And working for the union, I saw there were opportunities—that we actually have to start changing the way the world works. You know, I went to the definition of insanity: it is doing the same thing over and over and over and getting the same result. I think in this sort of area it is very pertinent. But for us it is not really about cannabis use; it is about the money—where the money goes and what happens. That is where we believe that a significant change could happen to our society if we stop funding criminals and start funding health.

Ms THUESEN: And I think just to add to that, there are a couple of tiers of this that are of most interest to us as a union and the members that we represent. I would say the first one, as Paul said, is the revenue stream that we could see coming through from this. What we know right now is that mental health is funded to 65 per cent of the rate that it should be. We know that the alcohol and other drugs sector is funded to about 50 per cent of what it should be. We see this as a really great way to start to fund those mental health royal commission recommendations that we have just seen come through.

But furthermore, of great interest to us and our members is the detrimental effect that the lack of alcohol and other drug services that we have in Victoria right now is having on an already buckling mental health system. What we are finding is that the mental health systems are becoming silos. We have lots of data from mental health services across the state that says that the lack of rehabilitation services is having a really poor effect on the already important work that those mental health services do. But we acknowledge that it costs a lot of money to do that, so we see that as a really great way to start doing that.

I suppose the second thing for us, too, is the potential for job creation. We have been delighted to be able to have lots of really great, meaningful conversations with the teamsters union—the united food and commercial workers union—in the United States. To see what they have been able to do in terms of job creation in manufacturing, health, farms, agriculture—all of that—is just so wonderful. The possibilities are endless. So we are really excited about this potential change on a range of fronts.

Mr HEALEY: When I was thinking about the royal commission and how we fund it, I was lying there one night in bed—'How are we going to do this?'—because we realise how important mental health is in Victoria and Australia. Good outcomes in mental health change lives right through; we are sure about that. So when I read the article about the amount of money, $1.5 billion wholesale and $8 billion retail, there were flashing lights—ching, ching, ching—in my eyes and I thought, 'Hang on, instead of taxing people why not take the

money the criminals are using to fund their lifestyles and to import?'. And the other part to it—this is the big thing I really am interested in—is preventing criminals from importing ice, heroin and cocaine into Australia, which creates far more harm and damage to people long term than the risk of the early parts of cannabis.

With that money of course I have been saying I just want the first $2 billion because I am not a greedy person, and why I say '$2 billion' is I think $900 million for mental health. I look at public mental health—that is where I am from—but I know that if we start to build up public mental health, it will start overflowing across our society. We need good, skilled clinicians, and they are good jobs. We get lots of good work for people. It is a female-dominated industry—68 per cent work in it currently. We know that the police want more clinicians out there—ambulance. We want to fix up the schools. We want early intervention with young people. The more contact people have with mental health staff, the better things work out.

The other part is $300 million to fund drug and alcohol services. We want to make sure that they have absolutely rolled-gold funding every single year to keep and build the services. We have got an interest in starting drug and alcohol rehab services for workers, and that is about $15 million for four services across the state, so we really think that is a really good way of spending money—again, more good jobs, more getting in early, more teaching and education. And it is all about education and development of people. Indigenous health is a big issue across our state, and this would be ongoing funding to support people throughout their life span, with a really strong focus on mental health and all those other services people require, including encouraging people at school, better support at schools, and through careers. The last part is public housing. Now, I know the government has announced $500 million ongoing for public housing. Well, here is a way to fund it. But that is about the jobs and the stability in people's lives, and we know that when people are stable, they have a good, successful life.

The CHAIR: Thank you. Yes, it does seem extraordinary that in fact if you were to look at the illicit market, it is probably one of the freest markets that we have. It has absolutely no government regulation or control over it, and we are looking at an $8 billion industry that is operating despite prohibition on it.

I was interested in some of your opening remarks but also in the opening of your submission, where you talk about the $2 billion:

> It is estimated that over $2 billion will therefore be available to spend …

Can I just clarify that that is the estimate of what you think the cost of criminalising cannabis is?

Mr HEALEY: My original idea was for the government to grow it, but now I realise that to make the money you have to be the wholesaler. So what that is about is that the government would have to grow it, license it and tax it, and that is where the $2 billion comes from. But also, a part of that is managing the harm, so you are ensuring that whatever cannabis goes out there is at a level. You can manage the THC, drop the THC levels, so it is not that super stuff that is coming out of hydroponics. So there is harm minimisation straight from the government, straightaway lowering the risk and controlling where it goes, rather than having this loose market. That $2 billion would be the wholesale we believe the government can make by licensing and taxing it. There was $1.5 billion for the cannabis and probably $500 million, hopefully, for licensing and taxes. That would build up the resources you require.

Ms THUESEN: Just on Paul's point very quickly, if I could, to give you an example from the shop floor of one of the mental health services that I cover in my capacity as an organiser—it is quite a major metro mental health service—a few months ago I went for a site meeting, and I was on the first-floor acute ward, and I sort of asked what was going on for them and what the issues were. And in that month, they had had so many cases of people who had bought what they thought was a joint, and it was, but it was laced with PCP or a range of things. What was happening was that these punters who were buying it on Chapel Street were ending up in first-floor acute, which means, you know, quite serious psychosis.

Just to touch on the economy, in general in Australia we know that the current policy settings that we have for our whole alcohol and other drugs policy are costing us upwards of $55 billion annually. This is one of those really simple shopfloor examples where, if we started to address exactly what Paul was saying, the trickle-down effects of taking the stress off not only the workforce delivering these services but the economy would be massive. And it is so simple.

The CHAIR: You mentioned in your opening remarks that you had also been speaking to some of your colleagues overseas and some of the unions overseas. Did they support this theory that once you start regulating an industry, you will directly see that flow into those mental health services, housing services and education services?

Mr HEALEY: Well, there are 15 states in America, and you have got Portugal, Netherlands and Ontario, so this is not an original idea. It is an idea that has been proven and tested. It has made monumental changes to the societies it works in. That funding is actually up-funding people and having that ability to have proper services and timely services. It is about the right services at the right time for the person. Wherever people are in their journey in life, if you can go to the right person at the time, you can get significant changes to outcomes. So they talk about that and also the other jobs. It is about job creation, so that is Steph's area, that one.

Ms THUESEN: Yes. We are coming at this from so many angles, so I appreciate you giving us the time to discuss it all. But the data that we have gotten from those labour unions overseas is that it has created upwards of 240 000 full-time jobs, with health care—which is a really big deal in the United States—and there is no reason that that could not be translated over here. But in terms of the social justice angle, which I think is amazing, they are pulling vulnerable workers overseas, who in the United States were working in their capacity in a cannabis industry that was illegal—now these people are on the books and it is legal and they are documented. You know—all of those really important things. So that is enabling people to get bank accounts and social security numbers and really important things that certainly I had never considered before.

The CHAIR: Thank you, Stephanie. David?

Mr LIMBRICK: Thank you, Chair. Thank you so much for appearing today and for your submission. Your submission had very strong recommendations. What do your members think about legalisation in general? Do you have good studies or surveys of your members and what their thoughts are on this?

Mr HEALEY: Our members are really interested about what the person requires, what helps the person that is in front of them. In mental health you never know. It is the conversation you have, and it might be a simple conversation about how someone looks after their dog, it might be about their psychosis, it might be about family violence, it might be anything. So you never know. But they also know that if you can actually have the knowledge and the treatment at the time the person wants to, you can change people's lives. I worked in adolescent psychiatry and my favourite thing was: if you can change a person's life by 1 degree over their life span, you have made a huge difference to their impact. This is simple education and training and access, and even just keeping people away from other hardened criminals. We have seen models of drug dealing where they take the cannabis out of country towns and replace it with ice and the damage that happens.

So our members know that if you can help manage things and contain things, you are not always going to get things 100 per cent right but you are going to help people get to the best them, and that is the key—to help people get to the best of who they are going to be and support them in education and then give people the opportunity to change. When people are ready to change, you have got to have the services right on the spot to do that. We have done some surveys and for our members it is really about training. What our members want and what the population needs is proper training right across the workforces. I think the better trained that people are to manage drug and alcohol issues, the better educated you are through schools and workplaces—

We know that in New South Wales they have got the Bluehats program and that is talking at the toolbox about drug and alcohol and mental health issues.

One of our other things of the many things we talk about is HSRs for mental health and drug and alcohol in every workplace, so you have got—

The CHAIR: What is an HSR?

Mr HEALEY: Health and safety reps—so through the OH&S lens. You have got the people who look at doors and windows and all that sort of stuff. We want people to identify when—not to do counselling and any of that sort of work, but actually just to identify it—'Look, you're not travelling too well. This is the third day you've come to work smelling of alcohol. This is the third day you've looked distressed. These are some of the services you can access and this is how you can get help'. And when people are on discipline charges, why has this worker after 20 years all of a sudden unravelled and having all these problems? Let us look at what is going

on with this person. Once you look at, 'Oh, actually, they're in distress because they've got financial troubles, marital troubles'—whatever the troubles are—you go, 'Hang on, let's just go and get this person some support and help', and here you are saving someone's career. Once you save their career it means their family life stays the same, they are not going to go down that spiral. Lots of people you find who live on the streets have had decent careers; they have hit a point in their life and they have spiralled out of control and now they are homeless. We see that by support, education and training and having that everywhere—and that is what this is about, getting it as many places as possible—you will make those changes and catch people before they fall, which kind of leads me onto prisons.

The thing about prisons is 15 per cent of the prison population is there for drug issues. Our view is if you decriminalise cannabis and manage it, you probably could reduce the prison population by, say, half of that 15 per cent. That is another $80 million to $90 million a year saved. We have seen how building prisons is not getting anywhere. You are just going to get more people. It is like the submarines that are not working very well for the federal government, you know? You put a lot more money in and it is not going to do any good, because what are you going to do with a submarine? Prisons are the same thing. We have got to find ways, and you have seen it, there are models in Texas and all those places where they have the three groups of prisoners: the ones that make one mistake, learn their lesson and go away; the people who are bad, and that is where our current laws and bail laws are all about this bad group, no issue, lock them up; but most people who are in prison have got drug and alcohol issues—60 per cent. Forty-five to 50 per cent have got mental health issues; 38 to 41 per cent have got acquired brain injuries and then there is a whole group of disabilities, and then you add in lack of education, home life and education.

And for women it is that people are not getting bail based on the fact that they do not have a stable home, and so more and more people are going in. So that is where the Indigenous health part is very important, because of the rate of Indigenous incarceration, and that is why you have got to spend that $300 million in that area, to stop people getting jailed. It is a multiple sort of effect, but the ripple effect across our society is a major change. That is how we see that changing the cannabis laws can do this and have that effect.

Ms THUESEN: Just to touch on what Paul was bringing up, I will give you another example from another service that I cover. They are crisis care units. Now, that is where someone is staying in that facility maybe up to 18 months, two years. What we are finding and the big feedback from our members is that, because in this region there is such a lack of housing services—

The CHAIR: Steph, I am sorry. We have lost Matthew, which means we have lost quorum.

Ms THUESEN: No worries.

The CHAIR: I am sorry. We are just going to have to have a quick break while we get our quorum back.

Mr LIMBRICK: I do not form part of quorum, do I?

The CHAIR: That is right. We will just have to go to a break for a few minutes while we re-establish quorum.

Ms THUESEN: No problem.

Quorum formed.

The CHAIR: Welcome back, everyone. We are back in quorum, so that is delightful. We are still hearing from the Health and Community Services Union. Thank you so much for your patience here and thank you so much for your contributions. I wanted to touch on maybe some of your members' experiences with that intersection with mental health and drug use, probably not so much with your members themselves but with the people they are treating.

Ms THUESEN: Sure.

The CHAIR: We heard from Victoria Legal Aid just now that a lot of the clients they see have a mental health issue and are self-medicating with illicit substances. Is this something that your members are experiencing as well or see?

Ms THUESEN: Absolutely. So we have just done a survey at one of our major mental health services. We knew it was bad. Look, again in my capacity as an organiser I went on site, I did my site meetings and I was sort of hearing the same thing over and over again, whether it was at the inpatient units or the parks or the CCUs. It was, 'We need more help with co-occurring instances of alcohol and other drugs, drug use and mental health'. We did a survey and there was not one statistic that came back that was not over 95 per cent. So to paint that picture for you, for members working at this service, we found that 98 per cent of the mental health members felt the rates of patients with co-occurring mental health and addiction issues are growing in numbers. Ninety-seven per cent of the members say that they have not been given the extra resources to deal with the sheer amount of patients presenting with co-occurring mental health and addiction. One hundred per cent of those members say that the lack of rehabilitation options in the region is having a negative impact on the already important mental health work that they do.

The point we were touching on just before quorum was why we bring issues like housing, alcohol and other drugs and homelessness into this discussion. You know, I go to CCUs and those are places where people need to stay for an extended amount of time. I hear time and time again that when a patient's time is finished at a CCU and it comes time for our mental health members to get them into housing, they cannot. They are dealing with waiting lists that are 87 years long. There have been instances where they have had to drop patients out the front of the Salvation Army and hope for the best. And inevitably what happens is those patients go back into a first-floor acute, they end up back in a park or a CCU, so all of these things are having a negative impact on an already buckling mental health sector. For us, it makes the most sense to take this illegal substance, make it legal and start fixing all of these issues to help the mental health system to start working at its peak capacity. Right now it is not, because it just cannot.

The CHAIR: Thank you.

Mr HEALEY: And what you see is that the police are called out every 12 minutes to a mental health issue, so that is a lot of police being tied up with a lot of mental health issues. They have become the first line in mental health, which they are not trained or really organised to do. They do their best. And then of course they bring all of the clients to A and E, which then slows up public health services with that, and that has a ripple effect as well. One of the mental health services did a survey of every client that came into their locked area, the ICA area, and tested them for ice. Seventy-five per cent of people who were brought into that area were ice affected or had it in their system, so it is a major issue, and it needs to be managed. I guess there is always the argument with drug-induced psychosis about what people use and what is first. Generally speaking, from my experience, with the people who have a drug-induced psychosis, it is resolved very quickly—in less than five days—and with those people who have a psychosis and have been using a lot of THC, it continues. You do not see very many people with a pure drug-induced psychosis. It is very rare. It is people who have been self-medicating to do it, so yes, we see a lot of that.

The CHAIR: Matthew, I am aware that you were called away, but do you have some questions for Stephanie or Paul?

Dr BACH: Yes, please, Chair. Again, my sincere apologies. I caught your oral presentation, and obviously I have read your submission very thoroughly. Many moons ago I had the privilege of being Minister Mary Wooldridge's adviser, when she was the relevant minister for community services and mental health. At that time I know she very much valued a highly constructive relationship with HACSU, so I know from my time spent with your representatives then about the immense amount of good work that your members do.

I was fascinated by some of the comments that you made about the need to do far better to intervene early. You spoke about—I suppose, on the other end—the step-down model as well in your submission. Coming specifically to mental health—which is something obviously, Stephanie, that you have spoken about a lot—like you, I share the deep frustration that so often we talk about mental illness, drug and alcohol issues and housing issues as if they are entirely independent of one another. That is something that, again, many moons ago I heard from HACSU time and time again. Could you talk a little bit more about the sorts of early intervention models that you think could be effective or we should be looking at, noting that I have got no disagreement with you whatsoever when you talk about some of the really significant shortcomings in our current approach that have been the case—I dare say you will not disagree with me—for a long period of time and across periods of governments of different stripes.

Mr HEALEY: Yes. My view of early intervention all revolves around education. Education starts right from early age, right through school. It is not about saying that drugs are bad. What it is about is saying, 'How do you get to be the best healthy you, and what is the best you? If you are not well, and you are not getting support and services, then you may go down this path, and if you go down this path, this may occur. But if you go down that path, these are the services that can help you. If you go down this path, these are the services that can help you'. So what we have got to do is be able to support people. Your worst experience is your worst experience. It does not matter whether it is significant abuse or your parents taking your PlayStation off you, that is your worst experience. That traumatises people, so you have got to understand, and we have got to have a more sympathetic society that interacts with people about understanding trauma.

Trauma from childhood has a profound effect throughout the life span, and that trauma often leads to significant drug use, crime and all sorts of things. So what we need to do at the earliest stages is to start to develop a trauma-informed care approach, from perinatal—right from the time you are born—right through your early life through school, and have a sympathetic system that supports people with trauma, that understands their trauma, and then gives people the tools to cope. That is what really strengthens people, and through that strengthening then you will not, hopefully, have those issues with any addiction or other mental health issues, and when they do occur, people are supported and they are worked on. So that is how I see it. If you talk to any group of people, it always comes back to trauma and how we manage that.

Ms THUESEN: And I suppose I would say any intervention where we can prevent people coming into contact with the criminal justice system should be seen as a positive. We always attempt to work with the best of the best of the best when it comes to harm reduction and alcohol and other drug policy. We make sure we are talking to the most relevant, best practice people. The dominant theory is that it is rare that you will find someone who has benefited from being in contact with the criminal justice system, especially at an early age. So if you get caught with a joint, you might only be in jail for a month, but any time that we can avoid that is a good thing.

Dr BACH: Yes, quite right. All right. Thank you very much.

The CHAIR: Thank you. David.

Mr LIMBRICK: Thank you, Chair. That segues perfectly into what I was going to ask about. Your submission focuses a lot on the potential benefits of legalisation and removing the criminal penalties. Mr Healey, I think you are probably perfectly placed with your work experience to answer this. I am interested in: what are some of the harms of prohibition? We heard heartbreaking stories this morning of a man who lived in regional Victoria—this was a case study. He had mental health issues. He was using cannabis to self-medicate. He was terrified of being targeted by police because he was known in the community, and it was really affecting him. We have heard other stories about people being held on remand and the effect that it has on them. What sort of harms do you see in terms of your members being able to provide services and also outcomes for patients caused by the current prohibition regime for cannabis?

Mr HEALEY: Yes, and some of the issues you will be seeing is people with depression, anxiety, fearfulness, withdrawing from community. They are the sorts of behaviours you will see—people not being in contact with their family, not only because of, maybe, the criminal aspects but also they cannot be caught smoking in the family. People turn on their families, they get isolated—people living in dark rooms, locked away from society and all those types of things. I think the major thing I saw, particularly through adolescence—and this where the problem is in this work, that we have to still think. My youngest daughter, I was teasing her friend the other day. She comes from Sunshine. I said, 'Look, your drug dealing days are over. We're going to get this legalised, and you're buggered'. She is called Lottie, and Lottie said, 'Oh, I don't know about that'. My daughter piped up and said, 'Dad, we're not worried about adults. We're just going to target the under-18s', and I went, 'Oh, good point'. She is very sharp. She is a very good business operator. So there is one of the issues. We have not resolved that here, and that is something that we would need to develop. That is why I spoke about education and development and support through trauma and all of that sort of stuff. There is a potential that people would target young people, under-18s, and that is one of the risks we face, but I think that is something that could be worked on.

The other thing, particularly when I spoke to the police association about this, was testing for intoxication while driving, and that is another risk. With the current testing method, you can have it in your system for up to three

days and you will still test positive but you are not intoxicated. We need to develop a much more sophisticated testing regime, because I do not want people driving on the roads intoxicated with anything, so that is another safety area we would have to work on.

So I think that is where we will see it, but also it is about the amount people use. Even people who are isolating themselves, if there is a social aspect to it where they can actually go and meet people and talk and have coffee and have a joint or a brownie or something, that social aspect will bring people into it. Then you have got the opportunity to actually see people and assess people and support people, and it would be really good if in any place that sells it you would have to have people who have some training in drug and alcohol, as the people providing it. They would be able to assess people and sort out responsible serving. You would strengthen that up so if you come in there and you appear dishevelled, unwell or appear to have a psychosis, you would have to say, 'Look, we can't serve you here, because we don't think you're in the right state', and that sort of preventative measure, but also at that point you go, 'Here, there's a brand-new service that's being funded by hemp, by THC, down the road here. They're great people. Lived experience people will be in there. Go and talk to them, and then we'll be happy to have you as a customer, but at this stage you can't be our customer'. You build a network around it, so you fill in all the potholes as you go. But by education and training you will get there, and those are some of the negatives.

Also through having decent services and supports at schools you will hope that young people will not get involved in it as much, and then people have the opportunity. They still access drugs. They still access alcohol. We have put all the systems in to manage alcohol for young people and supports, and in the end, people have parties that are supervised and all that sort of stuff. So you do not want to encourage it. When I worked in mental health, when I first started, I thought, 'Ah, who cares?'. When the old bush weed was around, I did not think it had a profound effect on young people, but as I went through, I saw it did have an effect on their growth, if their brain develops with some anxiety and depression. That is what we used to work on: 'This is what's going to happen, so this is how you've got to manage it. This is what you've got to do'. We took that approach with young people particularly, and that seemed to work.

One young person had psychosis and smoked a lot, and we said, 'You've got to get off the ganja and stop that'. She said, 'Okay'. She went on to chroming, which had a more profound effect on her brain, and then she ended up on heroin. She came back, and we said, 'Go back to the dope, will you? Get off all this other rubbish, because the rest of this stuff is going to kill you quick'. So in the end we said, 'Just smoke dope. You're still going to be psychotic, but at the end of day, this stuff, chroming, is affecting your cognitive capacity. You're damaging your brain, and heroin, you're putting yourself at all these risks', because that is how she got the heroin, by putting herself through risky behaviours so she could get it. That is what we had to do, and that is how our members would manage it, because you would just have to find the best way for the person and not cause them harm.

Ms THUESEN: But also for the day to day, should something happen, I keep thinking, for our members going forward, should someone go into psychosis, it would just be so much better I think for our members if, God forbid, that happened to somebody and they could hand over a packet that had ingredients in it and was actually legitimate as opposed to our members always having to go in blind, essentially, and try and figure out why this person is in psychosis. It would be quicker. Our members would be able to handle it better, because they would be armed with as much information as possible. Right now they are not armed. All the information they get is, 'I bought a joint on Chapel Street', and that is about where it ends.

Mr LIMBRICK: One other thing I wanted to ask about was: essentially what you are proposing in the submission is a type of hypothecation. Ignoring all the constitutional issues and stuff like that—let us pretend they do not exist—I think the model that you are talking about here sounds like a government distribution model, but there are lots of other models that we have explored, like taxation and licensing and a whole bunch of other models. Is it your view that any revenues from this should be essentially hypothecated into services to support mental health and these other things that you are talking about?

Mr HEALEY: Yes. That is why I think it is a big change. It is a major change to our society, and I think it is the way to fund it and to have consistent funding year in, year out. It is not going to be scrambling around, depending on the ebbs and flows of the economy or who is in and who is not in. It is about having a consistent system, and it is about building on that system year in, year out. Nine hundred million extra into mental health year in, year out is going to build a system that is going to be really strong, and $300 million in drugs and

alcohol, because we will hit saturation point eventually when we have got enough services, enough beds and enough staff, and then we start flowing into other things. Then you can sort of say, 'Right, we've got this funded and sorted out. What else needs to be done? What other areas can we target? What other areas can we do?'.

One of the other things we are really interested in is in all human interactions there is the same skill set, so we want to train people—I have got another proposal somewhere else—in skill sets to deal with people. There are about 12 or 14 core skills, and we would like to get as many people in Victoria trained in these skills so that they can go into different jobs and different opportunities, like aged care, disability or mental health. All these areas—family services, family violence—have the same core skills, and we start building them up. Then we build up a really strong workforce, and then we will not have the shortages. Currently there are shortages across all these areas—aged care, disability and mental health—in staffing. We want to build up that and give good opportunities by supporting people to get that education. Also the other part is changing people's lives. People who are losing jobs in manufacturing or other areas—you can then train them, support train them. A mum or dad cannot afford not to be working, so you could actually pay them to study. You would get people with life experience coming into these services and then support people, so you build up this whole range of job skills. The one thing I find about the mental health training and the drug and alcohol training I have done is that the skills are useful everywhere—particularly working in a union. But it is very helpful, so you are going to build up a really knowledgeable society, which will be more understanding and more supporting, and that actually builds a better society. It is quite a broad range coming out of this concept, but it is actually a way to fund and continue to fund and support a better Victoria.

The CHAIR: Yes, and I think that makes the point also that when someone has a criminal record those avenues for employment are often shut down.

Mr HEALEY: Yes.

The CHAIR: Particularly working with vulnerable people, a criminal record actually closes some of those doors. Matthew, do you have any further comments or questions?

Dr BACH: No, Chair. Nothing further from me, thank you.

The CHAIR: Great, thank you. Thank you both, unless you had any final comments you wanted to leave us with.

Mr HEALEY: The last thing I had was about getting rid of synthetic cannabis off the streets—so good, organic, government-grown cannabis and no synthetics. That is really bad for people's health. You cannot test it for driving, it also gets smuggled into our forensic service a lot and it has been having very poor outcomes for people's mental health, so getting rid of that would be just an added bonus on the side.

The CHAIR: Great. Thank you. That is a very important point, Paul. Thank you both. As I mentioned at the outset, you will receive a transcript of today, and we encourage you to have a look at that. It will ultimately form part of our report and be on our website. I appreciate your patience during our little quorum issue. But thank you again, and thank you for all the work that you are doing in this field. The committee will take a short break and will resume at 11.45. Thank you.

Witnesses withdrew.