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

WITNESS

Mr Gary Christian, Research Director, Drug Free Australia *(via videoconference)*.

The CHAIR: Welcome back. We are very pleased to be joined by Gary Christian from Drug Free Australia. Thank you very much for joining us today.

If I could introduce the committee, we have Georgie Crozier—I am Fiona Patten, as I mentioned—David Limbrick and Sheena Watt. As you know, we are the Legislative Council Legal and Social Issues Committee.

If I could just give you some preliminary information, all evidence taken is protected by parliamentary privilege, and that is provided under our *Constitution Act* but also the standing orders of the Legislative Council. This means that any information you provide during this hearing is protected by law. However, if you were to repeat those remarks outside this place, they may not have the same protection. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament.

I am not sure if you can see on your screen, but we have Hansard and a whole range of people recording today's hearing. You will receive a transcript of this hearing, and I would encourage you to have a look at it and make sure we have not misheard you or misrepresented you. Ultimately that transcript will go up on our website and will form part of the committee's report.

I understand you have a presentation, so we would very much welcome that presentation, and then we will open it up.

I apologise: I did miss one committee member—Matthew Bach, who is joining us via Zoom.

Mr CHRISTIAN: I can see Matthew. It is all good.

The CHAIR: Great. I apologise for that. Please, we welcome you to start your presentation.

Visual presentation.

Mr CHRISTIAN: Thanks very much for giving me the opportunity to be able to address the committee. I just want to make some observations right from the beginning on some of the most recent research and clarity that has been given to the harms of cannabis. Most Australians I would think are aware of certain harms, but the media has not been very good, within I would say the last decade, at publicising the harms of cannabis. Now, amotivational syndrome is one of the least of those harms but probably one of the better known ones. When it comes to psychosis, which is known, there is new research which says that it is causal in 30 per cent of new cases of psychosis in London and 50 per cent of psychosis cases in Amsterdam. When it comes to depression—and we have got to remember that mental health is big on the agenda of Australian governments at the moment, especially with young people—there is a 37 per cent greater chance of depression. Cannabis use is associated with a 3.5-fold risk of suicidal attempts. That is something that should really concern us. So, for every 100 non-cannabis users who commit suicide there are going to be 350 cannabis users who will attempt suicide. That is not good.

Violence and aggression is a major issue. I spent 17 years in senior management. For 10 of those years I oversaw five women's refuges, amongst other projects, and a common complaint was the domestic violence—that women and children had to leave their homes and go to a refuge because of cannabis use by the male in that home. There is a big link—violence and aggression. A book by Alex Berenson has a lot of the documented evidence about that. When it comes to brain function, this is what every mum hopes their child never gets—it is issues with cognitive learning, cognitive issues and learning issues that come with cannabis.

I will just keep moving on. I think many Australians are aware of the fact that there are driving issues with cannabis, but this is something that does not affect just the users. This affects other people on the road, and I will return to that shortly as well.

Cannabis is well described in the science as being genotoxic and mutagenic, and it is causal, interestingly enough, for autism. Some people think that they can use cannabis to alleviate autism. It is a major cause of autism according to a study in 2019 using the entire CDC data from the US.

In terms of genotoxic and mutagenic, what cannabis does is it actually shatters chromosomes, and when the body's DNA repair mechanisms try and put that together in a process called chromothripsis the DNA does not always get that right and so you have got your DNA in the wrong order. Of course that is going to spell harm to the body and usually manifests in cancers. Now, a study released about a month ago showed that of the paediatric cancers that are going up in the US, which is most, they track almost exactly what is happening in those states that have very liberal cannabis laws—recreational use of cannabis. In those states that do not have liberal laws they are hardly rising, and yet in the states that have liberal laws they are going up. So there is a causal relationship, which has now been shown, between cannabis and paediatric cancers, and these are the kinds of graphs that you see. Where those graphs are going up like that, these are paediatric cancers that are tracking the cannabis use in those states. This study actually can take it down to particular cannabinoids, and so THC is one of the causes, cannabichromene is not. Three of those cannabinoids are involved and implicated, and so that is an important issue.

Newly confirmed or discovered in 2020—we knew that it was causing birth defects to some extent, but it is causing so many birth defects now according to a US study in 2020 that it has now been called the new thalidomide. That is the birth defects chart, and it shows a link between recent cannabis use and congenital defects. Now, you know, your committee may or may not think much of these kinds of things that I have shown you here, but for the people who are involved who are the parents of children who have these congenital birth defects, whether they are cancers and so on, these are a life-changing event. They are devastating and they are the result of cannabis. So we need to be very much aware of those harms.

I have seen the charts for adult cancers in America, using CDC data tracking every cancer in America and looking at that as compared state by state—those states that have low cannabis use, those that have rising cannabis use—and this is just one cannabinoid only that was being tracked in this study: it is actually causing as many cancers as tobacco. Now, you know what we are trying to do with tobacco here in Australia. This is what we need to be doing with cannabis. These are very clear things.

Now, within Australia 80 per cent of Australians do not approve of regular cannabis use. I just want to put that on the table for the committee. Should we listen to minority activist groups who will flood the committee with submissions of course, because they organise that way, or do we listen to the majority of Australians—80 per cent? When it comes to other drugs, as you can see on this slide—it is going to be very difficult for you to see—but 96 to 99 per cent of Australians do not accept the regular use of ecstasy, heroin, ice and speed and cocaine. So Australians do not want more drugs within their community. I think it is very clear. They do not approve of all of these drugs. They do not want more drugs, they want less drugs.

Now, going to Victoria's picture, what you are getting down there is you are getting more drug use, and this is from the national drug strategy household survey—the stats from there. Your stats have gone up 31 per cent since 2007 when they reached their low under the federal program called *Tough on Drugs*, which brought drug use down considerably in this country.

The question that will be brought up is: is cannabis legalisation an option? It is happening over in the US, why shouldn't it happen here? Well, I think the US is the cautionary tale. What you see in Colorado is that they legalised back in 2013. They have had a 75 per cent increase in drug use since that date, and that is within four years—I think it is actually in three years, just looking at how they got those stats together—against the rest of the US, which had a 43 per cent increase. Of course there are other states that legalised during that time, and even some that surpassed Colorado in drug use.

When it comes to traffic deaths that are the result of cannabis, there is a major rise. Back here, in 2009, is when they made medical cannabis very, very much more loose and easily available, with the commercialisation of cannabis shops and so on, and you see a major rise since that date. Legalisation has even steepened that rise as well. When it comes to hospitalisations—same phenomenon. You have actually got 2½ times. When it comes to suicides, I think it is a tripling of numbers since they really liberalised their cannabis laws. This is a major cause for concern.

The thing that is important to recognise is that as use goes up it is usually because of a perception of risk that is going downwards, and so what you see within the United States is for those young people—this is 12th graders that we are looking at here—their past 30 days use rose as their perception of harm went down, to 32 per cent.

This is perception of harm from cannabis. So use is bound to go up when they do not see it as nearly as harmful as the other drugs which you see over in this part of the slide over here.

The last thing on legalisation as an option is the black market. We were told that if drugs were going to be legalised, it would get rid of the criminals. No. That is not what happened. *Los Angeles Times* will tell you the black market is far bigger now that they have got legalised cannabis and it is more than double—down here—'more than double the amount of legal sales'. Of course there are costs incurred by regulation, and that is the problem—as with tobacco here in Australia, where we will use chop-chop and we have got to control that illegal tobacco market because of high prices. The same problem is in the USA.

We do know what works. You look at this graph of what has been happening in Iceland. It is a resilience-based community approach to drug prevention. You look at that graph. We can do the same. It is not that they are radically different to Australians. I keep on hearing that argument. I do not think there is any substance to that argument. If we want to know what works, we just need to go and consult, and we have actually sent you a paper on their strategy. We can look at Sweden's approach. Sweden was actually able to make their drug use plummet. By 1991 they went into a recession where they had to stop using rehab—which was their rehab-centric approach—and so drug use went up. When they reinstated the rehab it started going down to similar levels to before. We know that the rehab-centric approach works, and we actually used that within Australia under *Tough on Drugs* between 1998 and 2007 under the federal—Howard, it was the John Howard government back at that time. We had a 39 per cent drop—you can see that in the official figures for Australia—in drug use. We know what works. We do not need to be scratching our heads and saying, 'How can we attack this thing?'. There are plenty of answers. That is where I will leave it. So I will go to questions.

The CHAIR: Thank you. Thank you very much for that. I think we certainly heard from the Australian drug foundation as well about some of those Scandinavian approaches, which was really about that social inclusion and those almost social prescriptions where the government was funding participation in sporting and music activities and really trying to get young people engaged. I certainly think that that is a very important area for this committee to consider. In your submission and certainly in your presentation you were talking very much around demand reduction.

Mr CHRISTIAN: Sure.

The CHAIR: This is about probably an intergenerational change in educating our children and taking on this notion of demand reduction. Many of the submissions that we have received—in fact probably the vast majority of them—have said that part of that process is decriminalisation, that the harm of the drug is actually outweighed by arresting people and charging them for the use of cannabis. Would you support a decriminalisation model alongside a demand reduction model?

Mr CHRISTIAN: No, not at all. Cannabis affects a whole constellation of people around the user. There is the partner. There are the children, obviously. Often the children are affected the most. There are friends, there are siblings, there is the community at large, other drivers on the road. It is a harmful substance, so when you decriminalise drugs, as they did in Portugal—drug use has gone up 59 per cent in Portugal. Why would we want to increase it? Australians want less drug use; they do not want more drug use. And if you decriminalise, the drug use goes up. It happened in South Australia, it happened in the ACT, it happened in the Northern Territory. I have got all the graphs, and I think I sent them to you. Let me see. No, I have not sent them to you. I can send them to you. So there is no point to increasing drug use. It harms so many people, and they are unacceptable harms. Psychosis—just take that as an example. A lot of the violence and aggression actually turns into homicide. This is a worldwide-known phenomenon about cannabis. They kill the people closest to them. This is not a drug that we want to decriminalise. We do not want it to be increasing; we want it to be decreasing. We want prevention, and that is important.

The CHAIR: I understand what you are saying. I suppose the point that has been made to us—well, we spoke to the ACT just before lunch today, and they actually say that in their wastewater testing cannabis use has not increased there since the legalisation. However, that is—

Mr CHRISTIAN: Well, it is not really legal, is it, when the federal government overrides territory law.

The CHAIR: What they have done is decriminalise the use and possession of it so that people are not being affected and harmed by the criminal justice system by having a criminal record, and also many submissions are

saying this will enable better education if we can talk about a substance without fear of someone being arrested for that substance. But you are saying that we should keep arresting people.

Mr CHRISTIAN: It defies logic, Fiona, that we call it a harm, though. The fact is it is such a cause of harm to the community and to people in that constellation around the user. That is why it was criminalised. If we send somebody to prison or give them a conviction for stealing, we do not say that is a harm. We are not harming a person by convicting them. This is a chimera that is put up by the drug legalisation lobby. It was criminalised simply because it was causing too much harm, unacceptable harms, to people, and that is the same as stealing or whatever. Crimes are out there. It is not a harm.

The CHAIR: Thank you. Hopefully I might have time to come back. Georgie.

Ms CROZIER: Thank you very much indeed for your presentation and for speaking to us this afternoon. You demonstrated some very concerning data with some latest research. With the previous witness we heard that evidence is still emerging, and I think that is right. As you have said, it is emerging, and there has been more evidence. I was particularly concerned about the paediatric cancers and other data that you presented relating to use, and I have been quite concerned around the mental health impacts. Going to the point we heard from other witnesses—that where it has been legalised in some parts of the US, law enforcement has had to increase because of increased activities, so I think we need to be watching those trends as well—my real question is: have you got any evidence on the correlations between cannabis use as a gateway drug to harder drugs?

Mr CHRISTIAN: Yes. We actually put that in the submission, so you might want to access—

Ms CROZIER: I realise that, but I am wondering if you could speak to it in a bit more detail.

Mr CHRISTIAN: Okay. Cannabis users are more likely to use other hard drugs. That is what the data tells us. Almost all who have used other hard drugs have used cannabis first. That is also the data. Then the greater the frequency of cannabis use, the more likelihood of hard drug use—and I do not like the 'hard drug/soft drug', because cannabis no longer can be conceived of as a soft drug. It is a hard drug when it is causing so much damage, psychosis, violence, suicide—all of those kinds of things.

Ms CROZIER: I am just interested in that circularity, because what we are hearing from other witnesses is that we are trying to keep people out of the justice system but they might have mental health related illness, they are cannabis users—and so there is a bit of a chicken-and-egg scenario going on. I think that we need to have that data to understand that cannabis use can then lead to mental health and that can then lead to a whole range of social dislocation and impacts and that you are more likely to end up in the justice system, so my point is: is there evidence to suggest that at an early age or at any age that is the likelihood—it is going to increase?

Mr CHRISTIAN: Yes. For sure. The Dunedin study—we also mentioned that in our submission—which tracked people: longitudinal data showed that the outcomes were poorer for people who started cannabis early. This very much ties up mental health, very much so. Then you have got all of the UK data from King's College—Marta Di Forti and Robin Murray and so on—where they are showing that if you are using high-THC cannabis, you have a five times greater chance of psychosis. But I think with the Dunedin study, that addresses your earlier onset question.

Ms CROZIER: I will let someone else go. Thank you very much.

The CHAIR: Thank you. We will go to Sheena. Then we will go to Matthew and then David.

Ms WATT: Thank you, Chair. Mr Christian, I am interested in your Iceland model information that you put up earlier during your presentation, where you said it is a model that we should consider for drug law reform. Is there more to that that you think we should be considering here in Victoria with the Iceland model? It was a quick one, but I think there was more in that that I would be interested in.

Mr CHRISTIAN: Look, we tried resilience-based programming within schools. Kellyville school in New South Wales was the first that I know of—maybe Concord West as well—but Kellyville actually had a whole-of-school and community approach to resilience, very similar to the Iceland program but not with the resourcing in the community of all the sports activities. What it tended to do was bring community people into

the school and be a part of the school on a regular basis, and so people who were retired and so on became part of that school and were linked to the community for those young people and got to know the young people in the school. They had fantastic outcomes, and that became a program back in 2007 called Getting Connected, which is available on our Drug Free Australia website for schools. They can still access that resilience program. So it is very much there, and it can be done. I would love to see governments take it up to the level of the Iceland model, which involves the community at that infrastructure level.

Ms WATT: Thank you.

The CHAIR: Thank you. Matthew.

Dr BACH: Thank you, Chair. And thank you, Mr Christian. I very much enjoyed listening to your presentation and reading your submission. I do not have any questions, Chair.

The CHAIR: Thank you. David.

Mr LIMBRICK: Thank you, Chair, and thank you, Mr Christian, for appearing today. In your slides you outlined a whole number of potential harms from cannabis, and I do not think that anyone that has given evidence or people on the committee disagree that there are some harms from cannabis. There may be disagreements on what those harms are and the severity of them. I would be interested in your view on how do you think the harms of cannabis compare to the harms of, say, alcohol? Do you think that cannabis has more potential harm than alcohol?

Mr CHRISTIAN: Well, I think cannabis combines the harms of tobacco and alcohol. So you have got the intoxication element within cannabis that is the main issue with alcohol—not that alcohol is not cancer causing—but with tobacco you have got all the issues of cancer-causing carcinogens that you find within tobacco which are in common with cannabis. I think it combines the harm of the legal drugs, but I think it is a real mistake to say, 'Look, we have some legal drugs which are causing us incredible harm within our community. Let's have number three so we can do more harm'.

Mr LIMBRICK: Thank you. I suppose the point that I am getting to is: if there is harm caused by alcohol, are we considering that it is higher or lower than cannabis, for example? Because the argument is that the harm leads to government intervening through prohibition. If cannabis has lower potential harm, then why should we not be arguing for prohibition of alcohol?

Mr CHRISTIAN: Look, I do not think it has lower harm than alcohol by any stretch. You look at the cancers which are coming to light in these recent studies, and we are soon having that study released on adult cancers. If you have got something which is causing as many cancers as tobacco, nobody but nobody argues that tobacco is something that we should be going easy on: 'Let's stop the advertising against it'; you know, 'We're stigmatising these poor tobacco users out of existence'. We can be wringing our hands. Nobody is wringing their hands about that, and that is the issue. Cannabis has all of these harms which are coming to light. The fact that it is mutagenic, it is genotoxic, it shatters chromosomes—it's not a pretty picture, I can tell you. I think it does more harm.

Mr LIMBRICK: Thank you, Mr Christian. Those harms that you outlined—whether it is prohibited or not, those harms exist. As you pointed out—

Mr CHRISTIAN: Sure, I agree.

Mr LIMBRICK: we have large consumption in Victoria regardless of the fact that it is prohibited. Would I be correct in summarising your argument that there are harms that exist and that we should not legalise it because legalisation would result in an increase in consumption, which would increase the harm?

Mr CHRISTIAN: That is the argument.

Mr LIMBRICK: Yes. So your position of maintenance of prohibition is based upon the idea that removing that will increase consumption.

Mr CHRISTIAN: Well, basically we have two drugs which are entrenched within our society. We do not want to entrench number three, cannabis; number four, ecstasy; number five, cocaine. We do not want to go

that track. Australians do not want more drug use, and they are not accepting and approving of the regular use of these illicit drugs.

Mr LIMBRICK: Thank you. My last question that I want to ask: that figure about the accepting and the approving—that 80 per cent figure, I think it was, in your presentation—

Mr CHRISTIAN: Yes.

Mr LIMBRICK: I think one thing that annoys me often with my colleagues in Parliament is that they seem to confuse the idea of someone disapproving of something and the idea that it should be illegal to do something.

Mr CHRISTIAN: Yes, I understand the distinction.

Mr LIMBRICK: We have seen other figures where there is a large group of people who support decriminalisation or legalisation to some degree. They may disapprove of it, but they may see the harms from putting people in the justice system. I would just like to make the point that disapproval does not necessarily mean that they support prohibition.

Mr CHRISTIAN: No, but by the same token they are fed a whole lot of other arguments, which often are false. When they were told, 'We need to legalise cannabis because we'll get rid of the criminal trade', did that happen? No, it did not happen. It was a lie. But, you know, that is what they have been told, and so of course when it comes to ticking the box on legalisation that will be different to approval. I think approval or disapproval comes from personal experience mostly. When it comes to legalisation they do not have personal experience of that, because we have not legalised it. We have 43 per cent of Australians who have used drugs at some time in the past. Most of them disapprove, and so they have thought better. They have used the drugs and they have come to think better of it. They are wiser than they were when they tried it.

Mr LIMBRICK: So for that 43 per cent figure of people that have used drugs, let us say we have 100 per cent policing efficiency; that 43 per cent would presumably all have criminal records. I find it hard to understand how that would be better for society, with almost half of the population having criminal histories.

Mr CHRISTIAN: Yes, look, I think the fact is that most of them just dabbled with it and never got caught. Yes, they have tried it. They have been with friends who have tried it, and they have seen better or they have come to think better about drugs than when they tried it in the first place.

Mr LIMBRICK: Some of them did get caught, though. Some of them would have got caught who were just dabbling as well.

Mr CHRISTIAN: Yes, some of them would have got caught, but I talked to a drug user just the other day. She was into amphetamines for years and years and years, and she got off drugs and she said, 'You know, hardly anybody goes to jail for just using. It's other things plus your using; it's dealing and so on'. There is hardly anybody in our jails just for using a substance.

Mr LIMBRICK: Thank you.

The CHAIR: Thank you. Just following on a little bit from David's conversation, I just want to double-check: I had read in the household drug survey that there was significant support for legalisation in Australia. I think I read that it was 41 per cent, up from the low 30s, but I noticed your statistic was '80 per cent opposed legalisation' and I just could not see it in—

Mr CHRISTIAN: No, I did not say that. I said they do not approve of the regular use. That is different to legalisation.

The CHAIR: Okay. Pardon me. Thank you. I was just trying to clarify that. Thank you. Georgie.

Ms CROZIER: Thank you. I just wanted to go back to the comments you made around the mutagenic effects. Tobacco smoke has carcinogenic effects and we know that that causes cancers and cardiac disease and a whole range of health issues, but the mutagenic effects—that is a lot faster and a lot more dangerous, is it not, in terms of what you are saying?

Mr CHRISTIAN: Much more so because—I mean, this is the whole cusp of the whole problem with cannabis—it is not just the pregnant mum having cannabis and smoking whilst she is pregnant, it is actually doing damage to the male's chromosomal make-up. When the DNA repair mechanisms in a male put things together wrongly he passes on a predisposition to cancer through that genetic make-up, and this is the problem with cannabis. It is the biggest unknown thing because the media will not talk about it. These studies are coming out on a daily basis. The media is mum on it. It is almost like they have got a little conspiracy going: 'We're not going to say anything bad about cannabis'. Study after study after study is coming out, and you do not see it in the media. Now, why not? Back in 2004 the ABC was all over psychosis right through to 2007, and did you see drug use in Australia go down? It plummeted as a result, because the media were doing their job. They are not doing their job at the moment.

Ms CROZIER: Thank you. Really interesting data. I could go on. Have I got time to go on?

The CHAIR: You have got for another one, yes.

Ms CROZIER: Just on that, you mentioned the paediatric cancers in those states in the US where that data is coming out. That is recent data that you spoke of over the last couple of years.

Mr CHRISTIAN: Very recent data—2017 data. It is data tracked between 2000 and 2017 on one study and 2003 and 2017 on another.

Ms CROZIER: So what data are we collecting here in Australia on this?

Mr CHRISTIAN: I do not know. I cannot tell you. I am just a research person for Drug Free Australia. You would need to talk to medical people about that.

Ms CROZIER: Well, should we be collecting more on this?

Mr CHRISTIAN: Yes, absolutely. And, look, the CDC data is brilliant over in the US, and so these two researchers, Hulse and Reece, who are both Australians, are getting this data from the US and putting it through geospatial software so that they can look at the longitudinal effects of cannabis use as it rises, and they are uncovering just masses of new ground about cannabis and its dangers.

Ms CROZIER: Thank you. Most interesting.

The CHAIR: Thank you. That is very interesting, and I think given the increase in cannabis use in Australia it will be interesting to see if we can find similar comparisons with increases in some of those childhood cancers in Australia.

Mr CHRISTIAN: We do have data on Australia. A study done on Nimbin by the same researchers shows exactly the same thing. They have got separate data from more localised areas and have done that, comparing it with south Queensland. Look, for me, Fiona, I am thinking, 'Look, here's all of this data'. Drug Free Australia are trying to inform you as parliamentarians. You are wanting to do the right thing for the community. I think if you were to come back and say, 'Well, let's legalise', 'Let's decriminalise', whatever, I think that would open up—as parliamentarians, when you know what the results are—some exposures. I think it would be very unwise to go that track.

The CHAIR: Exposures—what—

Mr CHRISTIAN: Legal exposures.

The CHAIR: You think we would be sued?

Mr CHRISTIAN: It is happening in the US. There are lawyers over in the US that are going after governments across there because of how they have treated the cannabis industries and legalisation and so on.

The CHAIR: Well, we will choose our words carefully then.

Mr CHRISTIAN: Yes, for sure.

The CHAIR: Thank you very much, and thank you to Drug Free Australia for your submission. We will certainly send the transcript back to you, and I would encourage you just to make sure that we have not misrepresented anything or misheard you. We very much appreciate you making the time and appreciate the significant effort that you have put into your submission. The committee will be back at 3.30. We will just have a quick break.

Mr CHRISTIAN: I will leave the meeting. Thank you very much for the time.

Witness withdrew.