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Legal and Social Services Committee
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16th August 2020

Re: Inquiry into the use of cannabis in Victoria

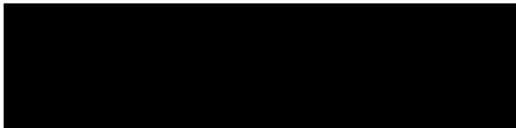
Dear Secretary

Harm Reduction Australia (HRA) welcomes the opportunity to submit into this Inquiry and commends the Victorian Government for already implementing lifesaving policy reforms in this area. This includes the introduction of the North Richmond Medically Supervised Injecting Room (MSIR) Trial, availability of the Medicinal Cannabis Scheme and indeed, the recent announcement of a second MSIR in Melbourne's CBD.

We (Harm Reduction Australia) would like to comment on the below terms of reference to the above inquiry into the best means to:

- a) prevent young people and children from accessing and using cannabis in Victoria*
- b) protect public health and public safety in relation to the use of cannabis in Victoria;*
- c) implement health education campaigns and programs to ensure children and young people and aware of the dangers of drug use, in particular, cannabis use;*
- d) prevent criminal activity relating to the legal cannabis trade in Victoria;*

Yours sincerely



Mr Gino Vumbaca
President
Harm Reduction Australia





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Background

In 2015, HRA was formed by a group of professionals concerned about drug policy in Australia. For over thirty years, Australia's National Drug Strategy has been Harm Minimisation and this is recognised in Victoria's Department of Health and Human Services' 'Alcohol and Other Drug Performance Management Framework 2018'.¹ Of Harm Minimisation's three strategies, harm reduction is evidenced as the most effective in terms of health outcomes and cost-effectiveness, compared to supply and demand reduction.^{2 3} HRA understands the complexities of drug use and is advocating for the safest, most effective ways to protect the wellbeing of individuals, families and communities. We aim to ensure drug policies first and foremost do no harm and provide real benefit to Australian society through sensible and humane responses to drug use.

1.0 We recommend that the best means to control access to cannabis, protect public health and safety, educate about cannabis use, and prevent criminal activity relating to cannabis trade is to establish a legally regulated cannabis market in Victoria.

1.1 Regulated cannabis: the International Context

As part of this submission, we present evidence of overseas policy approaches toward cannabis use that have reduced drug-related harms, enhanced public health, and caused other socioeconomic benefits more broadly.⁴ Australia is a signatory to the International Drug Conventions, which on its face may seem to restrict Victoria's ability to remove the criminal sanction of a scheduled drug like cannabis.⁵ However, Australia is also a signatory to the

¹ Department of Health and Human Services, 'Alcohol and Other Drug Performance Management Framework' (Sep 2018) <<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/aod-performance-management-framework>>

² Wodak, A 2011, 'Demand reduction and harm reduction', *Global Commission on Drug Policy*, available online: http://www.globalcommissionondrugs.org/wp-content/themes/gcdp_v1/pdf/Global_Com_Alex_Wodak.pdf

³ Wodak, A., Symmonds, A., Richmond, R. 2003, 'the role of civil disobedience in drug policy reform: How an illegal safer injection room led to a 'Medically Supervised Injecting Centre' *Journal of Drug Issues*, available online: <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.817.6061&rep=rep1&type=pdf>

⁴ Drug Policy Alliance, 'For Prohibition to Progress: A status report on Marijuana Legalization', viewed July 2020, <wwwc.drugpolicy.org/legalization-status-report>; Victorian DLR inquiry 2019, p. 245

⁵ United Nations Office of Drug and Crime, 2013, The International Drug Control Conventions, available online: https://www.unodc.org/documents/commissions/CND/Int_Drug_Control_Conventions/Ebook/The_Internat



International Covenant on Social, Economic, and Cultural Rights, which establishes the human right to health.⁶ International policy advice, from organisations including the World Health Organisation (WHO), to dual signatories needing to reconcile any policy conflicts should do so by prioritising policies that promote health over criminalising use.⁷ Removing the element of criminality from drug use (also commonly known as ‘Decriminalisation’), as a baseline for reform, is evidenced as improving public health and wellbeing. For example, removing the stigma associated with use can enable help-seeking behaviour, and by 2016, more than 25 nations (and counting) had diverted or stopped criminalising cannabis use.⁸

There is evidence that a regulated cannabis market, more than ‘Decriminalisation’, will prevent criminal activity relating to cannabis trade, among other benefits. Recreational cannabis use is legalised in four separate countries around the world: Canada;⁹ Uruguay;¹⁰ South Africa;¹¹ Georgia;¹² and it is regulated in 11+ jurisdictions in the United States of America (USA).¹³ This submission highlights features of these varied regulatory models for the commercial sale, taxation and distribution of cannabis use for adult consumption. This submission is not recommending that Victoria simply adopt an example of an existing regulated commercial

[ional Drug Control Conventions E.pdf](#); Note there exceptions to treaty obligations for reforms at the sub-state level.

⁶ United Nations Human Rights Office of the High Commissioner. International Covenant on Economic, Social and Cultural Rights 2019 [cited 2019 August 26]. Available from: <https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx>

⁷ ICHRDP, UNAIDS, WHO, UNDP. International Guidelines on Human Rights and Drug Policy. 2019 March.

⁸ Release, ‘A Quiet Revolution: Drug Decriminalisation Across the Globe’ 2016, <<https://www.release.org.uk/sites/default/files/pdf/publications/A%20Quiet%20Revolution%20-%20Decriminalisation%20Across%20the%20Globe.pdf>>

⁹ Government of Canada (2019) ‘What you need to know about cannabis,’ available online: <https://www.canada.ca/en/services/health/campaigns/cannabis/canadians.html>; Transform Drug Policy Foundation, ‘Canada 1 year on briefing’ (2019) <<https://transformdrugs.org/wp-content/uploads/2020/07/Canada-1-Year-on-Briefing-2019.pdf>>

¹⁰ The Economist (2013) ‘The experiment another blow against prohibition,’ available online: <<https://www.economist.com/the-americas/2013/08/03/the-experiment>>; Transform Drug Policy, ‘Cannabis legalisation in Uruguay: public health and safety over private profit’ (2017) <<https://transformdrugs.org/cannabis-legalisation-in-uruguay-public-health-and-safety-over-private-profit/>>

¹¹ EyeWitness News (2018) ‘Concourt Upholds Ruling That Private Use Of Dagga Is Legal’ available online: <https://ewn.co.za/2018/09/18/concourt-upholds-ruling-that-private-use-of-dagga-is-legal>

¹² Radio Free Europe Radio Liberty (2018) ‘Georgian Court Abolishes Fines For Marijuana Consumption’ available online: <https://www.rferl.org/a/georgian-constitutional-court-abolishes-fines-for-marijuana-consumption/29399496.html>

¹³ Business Insider Australia 2018, ‘Legal marijuana goes on sale today in Illinois. See all USA states where Cannabis is legal: <https://www.businessinsider.com.au/legal-marijuana-states-2018-1?r=US&IR=T>; Statista 2020 ‘Excise tax revenue of cannabis in Washington State, United States from 2015 to 2018,’ available online: <https://www.statista.com/statistics/731917/us-washington-state-marijuana-sales-taxes/>; In Washington State, one of the first USA jurisdictions to legalise cannabis use, tax revenue made from initial sales far exceeded many expectations and currently raises hundreds of millions of dollars per fiscal year, and the State, now uses this additional revenue to fund pro-social programs to protect against the adverse impacts of cannabis use, including health, and education programs.



cannabis market, but rather that the Victorian model borrow from and adopt international best practice standards, while tailoring to meet the local context.

In the *Inquiry into Drug Law Reform 2018* (DLR Inquiry) the Parliament of Victoria recognised that ‘Internationally, discussion regarding the legal regulation of cannabis for adult use is becoming more common’.¹⁴ Reference is made in the inquiry to the ‘Public Health Objectives’ that informed Canada’s Cannabis Act.¹⁵ HRA supports public health objectives underpinning the development of cannabis regulation in Victoria and recommends that health promotion and harm reduction are named objectives.

A comparison of some North America markets indicates policy-makers should have consideration for manufacturing and trading licensing and registration as instruments to control the market and to displace the illegal market. These processes should avoid being prohibitively expensive for small-scale operations to participate in the industry, and should not discriminate against people with prior cannabis charges.¹⁶ HRA supports licensing and registration processes for the manufacture and trade of cannabis that promote social equity. For example, we would support the establishment of a ‘cannabis equity program’ aimed to distribute revenue from the cannabis industry to remedy the harm caused by the criminalisation of cannabis use.¹⁷

Policy-makers should have consideration for various aspects of a commercially regulated market. Examples include, packaging that has clear, accessible messaging about the contents and dosage, cannabis risks, and harm reduction measures; advertising could be restricted; the terms of sale restricted so the purchaser is an adult, a maximum quantity is available in a single purchase, and consumption is allowed at designated public sites and on private property; the kinds of products available on the market, such as smokables, edibles, and products for vaporising;¹⁸ and all industry participants to be guided by best practice standards. The Inquiry

¹⁴ Parliament of Victoria, *Inquiry into Drug Law Reform* (March 2018), p. 236; See chapter 9.2

¹⁵ Parliament of Victoria, *Inquiry into Drug Law Reform* (March 2018), p. 238

¹⁶ Department of Social Services (2014) ‘vulnerable persons, police checks and criminal records’ <<https://www.dss.gov.au/about-the-department/doing-business-with-dss/vulnerable-persons-police-checks-and-criminal-offences>>; While, the evidence coming out of the US suggests that legally-regulated cannabis trading is not fully displacing the illegal cannabis market, individuals who use cannabis are reportedly avoiding contact with the justice system and the long-term consequences of a criminal record. In Australia having a drug conviction means permanent and limited access to the workforce, reduced capacity to travel overseas and being unlikely to ever work with vulnerable community groups.

¹⁷ Jagannathan, M. 2019, <https://www.marketwatch.com/story/people-of-color-are-claiming-their-place-in-a-cannabis-industry-built-on-the-backs-of-people-from-marginalized-communities-2019-08-05>>; For those cohorts in the community more likely to suffer convictions and prison sentences for black market cannabis involvement, the legal industry in Australia should include mentoring programs to help individuals establish their own businesses in cannabis distribution and sales. By doing so, this transfers much of the existing knowledge within Australian society from the underground to that of a regulated context also acting as a form of social mobility for some typically more vulnerable to poverty and exclusion.

¹⁸ Washington State Department of Health (2020) Medical Marijuana Product Compliance <<https://www.doh.wa.gov/YouandYourFamily/Marijuana/MedicalMarijuana/ProductCompliance>>; mIngold, J. (2013) A Colorado marijuana guide: 64 answers to commonly asked questions, *The Denver Post*



into the use of cannabis will consider such factors and, if a decision is made to progress with a commercial cannabis market for Victoria, HRA recommends a body (such as that described in the DLR Inquiry) is established/appointed to oversee this development with health as a priority. Recommendation 23 of the DLR Inquiry is that, 'The proposed Advisory Council on Drugs Policy investigate international developments in the regulated supply of cannabis for adult use, and advise the Victorian Government on policy outcomes in areas such as prevalence rates, public safety, and reducing the scale and scope of the illicit drug market'.¹⁹

1.2 Regulated cannabis: Australian Context

The *Australian Household Drug Survey 2019* (AHDS) reports illicit drug use increased between 2016 and 2019. In their lifetime, 36% (or 7.6 million) people living in Australia have used cannabis.²⁰ Cannabis continues to be the most commonly used illegal drug.²¹ Despite the significant investment in policing to reduce the supply of illicit drugs,²² Australia's illicit cannabis market has an estimated value of \$3.9 billion.²³ As a legally-regulated market, this could be taxed for government revenue allocated for social good, instead of profiting individuals withholding tax.

Establishing a regulated market for cannabis trading reduces the need for people who use cannabis from having contact with the criminal market and removes the stigma of participating in an illegal activity. Removing the stigma removes a barrier for people to seek information or help about their health and wellbeing with regard to cannabis use. Whereas currently many are

<<https://www.denverpost.com/2013/12/31/a-colorado-marijuana-guide-64-answers-to-commonly-asked-questions/amp/>>; In Colorado, approximately half of the cannabis sold is in the form of oils for vaporising and edible products, instead of smoke-able cannabis. Higher quality controls and moderate dosage regulations that come with the commercialisation of cannabis use provide safer and healthier public consumption options in Colorado and Washington State.

¹⁹ Parliament of Victoria, *Inquiry into Drug Law Reform* March 2018, p. 248

²⁰ Australian Household Drug Survey 2019 <<https://www.aihw.gov.au/getmedia/9569b88d-3326-46e2-8df8-bf88a93e2d22/aihw-phe-270-Chapter4-Illicit-drugs.pdf.aspx>> 8

²¹ Australian Household Drug Survey 2019 <<https://www.aihw.gov.au/getmedia/9569b88d-3326-46e2-8df8-bf88a93e2d22/aihw-phe-270-Chapter4-Illicit-drugs.pdf.aspx>> 5; Also see people in their 20s are the most common to report illicit drug use. However, cannabis use is most often reported among older age groups.

²² Ritter, A., McLeod, R., & Shanahan, M., 2013 'Government Drug Policy Expenditure in Australia – 2009/10' Drug Policy Modeling Program Monograph 24, *National Drug and Alcohol Research Centre*, available online: <https://ndarc.med.unsw.edu.au/resource/24-government-drug-policy-expenditure-australia-200910>

²³ The World Law Group 2019 'The Australian cannabis Market' available online: <https://www.theworldlawgroup.com/writable/documents/news/Australia-Cannabis-Market-2019.pdf>



too scared to have an honest conversation with their G.P., family or friends about their cannabis use for fear of criminalisation and marginalisation.²⁴

In Australia, much of the media reporting and public attitudes toward people who use cannabis portrays them as young, naive, underproductive, and irresponsible. For example, the NSW Government, “Stoner Sloth” advertising campaign²⁵ has been ridiculed as paternalistic and out of touch with the realities of cannabis use. It should be recognised that patronising messages based on shame and personal faults are not just ineffective, but directly undermine genuine attempts to engage younger audiences and people exposed to the illegal cannabis industry. A strength identified in the AHDS is that the survey included screening questions to measure for high risk behaviours among participants who reported use and found 82% of cannabis users were categorised as low risk.²⁶ This indicates people who already use cannabis would be willing and have agency to comply with a formally-regulated system and receive education about harm reduction measures.

1.3 Regulated cannabis: Victorian Context

Victoria has already begun to move away from punitive-based drug policies in favour of policies that promote health and wellbeing, and has recognised the medicinal benefit of cannabis through the passage of the *Narcotics Control Amendment Act 2016*. By moving away from a drug policy regime that criminalises cannabis use, in favour of one that regulates a cannabis market, Victoria can reduce the criminal activities associated with an illegal market, while developing a regulated commercial market that integrates health promotion and harm reduction education. If Victoria introduced a regulated and taxed commercialised cannabis market, citizens may enjoy the multiple benefits of financial, health and social benefits, as well as legal ones for people at risk of problematic use and incarceration. Agriculture Victoria’s *Industry Development Plan: Developing a Medical Cannabis Industry in Victoria 2018-21* projects the industry’s economic contribution to the state could reach \$90 million p/a by 2028.²⁷ The commercial market is expected to be significantly greater than the medicinal market.²⁸

²⁴ The Alcohol and Drug Foundation, ‘The Power of Words - Having conversations about alcohol and other drugs: A practical guide background document’ 2019

<<https://cdn.adf.org.au/media/documents/The Power of Words - Background Document.pdf>>

²⁵ YouTube (2015) ‘Stoner Sloth Compilation’, available online:

<https://www.youtube.com/watch?v=7rHm8GbTHyE>

²⁶ Australian Household Drug Survey 2019 <<https://www.aihw.gov.au/getmedia/9569b88d-3326-46e2-8df8-bf88a93e2d22/aihw-phe-270-Chapter4-Illicit-drugs.pdf.aspx>>9

²⁷ Agriculture Victoria, 2018 https://agriculture.vic.gov.au/_data/assets/pdf_file/0003/536412/11257-DEDJTR-AG-Medicinal-Cannabis-Industry-Development-Plan-WEBSITE.pdf p. 9

²⁸ Fortune Business Insights, ‘Cannabis/Marijuana Market Size, Share and Industry Analysis...Forecast 2019-2026’ <<https://www.fortunebusinessinsights.com/industry-reports/cannabis-marijuana-market-100219>>



Commercialising the use of cannabis may have a cultural benefit of removing the shame and stigma associated with illicit drug use felt by vulnerable and stigmatised populations in Victoria. Cannabis legalisation provides an opportunity for Victoria to become more socially inclusive especially for people who already feel isolated and shut out of mainstream services due to their substance use. In Victoria, human rights, including the right to health are protected by the *Charter of Human Rights and Responsibilities Act 2006*.

2.0 We recommend the Victorian Government continue investing in existing and innovative cannabis harm reduction education programs.

2.1 Existing harm reduction education

In Victoria there are a range of harm reduction education and service providers that can support the development and ongoing delivery of public health and safety campaigns regarding cannabis in a range of scales and contexts.

2.2 Improved harm reduction training for health professionals

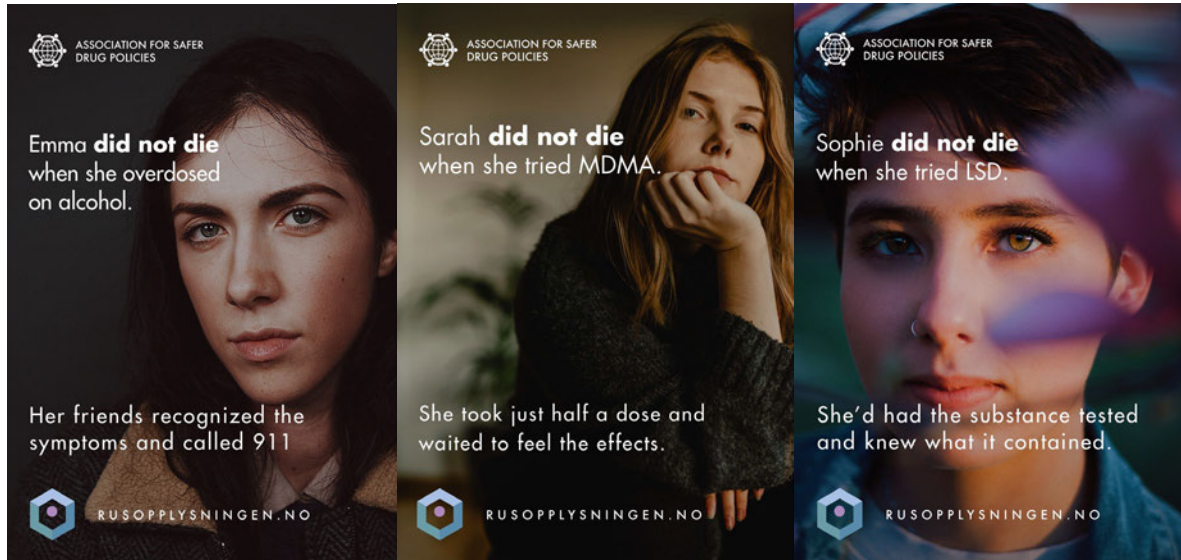
The education provided to health professionals on cannabis needed to be updated and taught with an awareness of harm reduction.²⁹

2.3 Public health campaigns

Invest in public health campaigns, steering away from examples like “Stoner Sloth” that promote stigma. Instead, messaging to reduce risks associated with cannabis use, needs to be informed by common lived experiences and include non-judgmental messaging about drugs. An example of a mainstream public health campaign that directly addresses drug use in such a manner is Norway’s Association of Safer Drug Policies:³⁰

²⁹ Australian Health Practitioner Regulation Agency. Approved Programs of Study 2013 [cited 2019 August 21]. Available from: <<https://www.ahpra.gov.au/Education/Approved-Programs-of-Study.aspx>>; The Alcohol and Drug Foundation, ‘The Power of Words - Having conversations about alcohol and other drugs: A practical guide background document’ 2019 <https://cdn.adf.org.au/media/documents/The_Power_of_Words_-_Background_Document.pdf> 5

³⁰ Association of Safer Drug policies 2019 ‘New harm reduction campaign launches in Norway,’ available online https://saferdrugpolicies.com/harmreductioncampaign?fbclid=IwAR1zsdgg9X1jOtYxue_IHJBqRubiAxtBVsiz3v0DfbryfxiuvuctFXHzn4



It communicates to people who use drugs and their families, it is acceptable to have conversations about the prevention of potentially dangerous substance use, including cannabis use. Those targeted in the Norwegian campaign - younger drug users - may be more likely to take active measures of minimising risks, if local communities and broader societal institutions are willing to listen to the motivations of young people³¹. Public education campaigns such as this inspire open dialogue about drug use, compared to that of abstinence based rhetoric, achieving little in terms of protecting young people and their families from problems that come from heavy cannabis use.

2.4 Family education and counselling programs

While the efficacy of many family focussed Alcohol and Other Drug (AOD) interventions remain untested in Australia,³² we suggest, looking at the evidence supporting the effectiveness of 'Stepping Stones,' an accredited program designed and delivered by Family Drug Support Australia (FDS).³³ 'Stepping Stones' offers an evidence-base, whereby families are known to improve on a number of key indicators: anger, trust, boundaries, denial, control, self-esteem and family relationships. Statistically significant improvements are found immediately after the

³¹ Australian Government 2008 'Patterns of use and harms associated with specific populations of methamphetamine users in Australia: Exploratory users' *Department of Health*, available online: <https://www1.health.gov.au/internet/publications/publishing.nsf/Content/phd-npi-methamphetamine-report-feb09-l~summary>

³² Gethin, A., Trimmingham, T., Chang, T., Farrell, M., Ross, J. 2015, Coping with problematic drug use in the family: An evaluation of the Stepping Stones program, *The Drug and Alcohol Review*, available online: <https://onlinelibrary.wiley.com/doi/abs/10.1111/dar.12327>

³³ Family Drug Support Australia (2020) 'Stepping Stones,' available online: <<https://fds.org.au/stepping-stones/stepping-stones>> FDS is a national charity established to support families affected by problematic drug and alcohol use, which in 2015, engaged an external evaluator to assess the 'Stepping Stones' program resulting in its accreditation by the National Drug and Alcohol Research Centre.



program and at a 3 month follow-up measure, recording decreased negative coping and increased positive coping strategies for families. Implementing Stepping Stones widely throughout Victoria specifically tailoring to the needs of carers and informal support systems of people using cannabis, could have preventative benefits, involving reduction in family breakdowns, overall community distress and pressure on the mental health and welfare sectors.

Conclusion

We reiterate that health should be paramount. Cannabis policies and practices should aim to reduce harm, treat drug use and support people and families in our communities. A prohibitionist approach has proven ineffective at delivering on such objectives, but has instead profited those supplying an illegal market. A regulated cannabis market would allow the Victorian government to displace illegal cannabis trade and generate state revenue for social good.

We are grateful to the committee for their role in establishing this inquiry and acknowledge the unique challenges in confronting a policy area, where public perception, political narrative and practicalities can all present obstacles to reform. We hope the committee will carefully consider the evidence and that the final report will be able to help shape inspired policy change in the future.

HRA would welcome the opportunity to elaborate on this written submission and provide a verbal presentation to inquiry committee members.