



VAADA submission

Inquiry into the use of Cannabis in Victoria

VAADA Vision

A Victorian community in which the harms associated with drug use are reduced and general health and well being is promoted.

VAADA Objectives

To provide leadership, representation, advocacy and information to the alcohol and other drug and related sectors.

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1. Executive Summary

Cannabis is the third most prevalent primary drug of concern for those engaging alcohol and other drug (AOD) treatment services in Victoria. It is the most commonly consumed illicit substance. Like any substance, cannabis carries certain risks, but for many people the harms associated with justice related interventions surpass the health concerns.

The recent work from the National Drug Research Institute (NDRI) highlights government expenditure on cannabis, with a national cost in 2015/16 of \$4,472,692,898¹. Over half that expenditure is related to the criminal justice system (\$2,399,542,566) with smaller portions consisting of healthcare, traffic accidents, premature mortality and workplace expenses.

The misalignment with the law and order focus on cannabis is evident with 92% of all cannabis related arrests in 2017/18 targeting consumers with only eight percent targeting those trafficking cannabis².

The over emphasis of supply reduction in responding to cannabis represented largely as a police and correctional response demonstrates a stark dissonance between the application of pragmatic evidence based policy and the current policy settings resulting in an enduring, harmful and moribund response.

This submission will argue that the overemphasis on a justice response generates stigma and discrimination, impeding help seeking behaviour resulting in preventable harms beyond the health implications of cannabis use. Reflecting on international developments, it will illustrate the benefits of drug law reform. It will also note the role the AOD treatment sector can play in prevention and the need for enhancements in treatment capacity, particularly in youth and rural and regional Victoria, to meet demand.

2. About VAADA

The Victorian Alcohol and Drug Association (VAADA) is a non-government peak organisation representing publicly funded Victorian alcohol and other drug (AOD) services. VAADA aims to support and promote strategies that prevent and reduce the harms associated with AOD use across the Victorian community. VAADA's purpose is to ensure that the issues for people experiencing harms associated with substance use and the organisations who support them are well represented in policy, program development and public discussion.

VAADA's membership comprises agencies working in the AOD field, as well as those individuals who are involved in, or have a specific interest in, prevention, treatment, rehabilitation or research that minimises the harms caused by AOD.

¹ Whetton S et al (2020). Quantifying the Social Costs of Cannabis Use to Australia in 2015/16, NDRI <https://ndri.curtin.edu.au/NDRI/media/documents/publications/T287.pdf>

² National Alcohol and Drug Database (2020). Cannabis and Crime. Viewed 31 August 2020. <https://nadk.flinders.edu.au/kb/cannabis/cannabis-crime/>

2.2. Sector consultation

VAADA sought feedback on cannabis related presentations and trends from our member not for profit AOD treatment providers. Agencies were selected on the frequency of cannabis related presentations as well as other harm data evident within their catchments. Sector feedback was delivered through a 90 minute consultation conducted in early August.

VAADA appreciates the contribution from member agencies.

3. Recommendations

This submission makes the following recommendations:

Recommendation 1: develop evidence informed public information campaigns targeting young people aiming to reduce cannabis related harm.

Recommendation 3: a funding stream should be developed to allow for AOD agencies to deliver prevention based activity.

Recommendation 4: AOD agencies should be supported in developing (and evaluating) innovative early intervention programs.

Recommendation 5: Victoria should progress law reform to regulate the supply of cannabis for adults.

Recommendation 6: a presumption of diversion/caution should be applied in all cases relating to cannabis possession and use.

Recommendation 7: build a transparent evidence base informing the accuracy and impact of roadside drug testing

VAADA's 2020/21 state budget submission made the following recommendations relating to rural and regional AOD treatment services which should be considered for this Inquiry

VAADA 2020/21 State Budget Submission

Recommendation 9: Invest an interim sum of \$10 million annually to enhance AOD service access and capacity in rural and regional Victoria, prioritising areas identified by local AOD catchment-based planning where there are challenges in service access, as well as high levels of morbidity and AOD related harms.

Recommendation 10: Apply a loading to all rural and regional AOD staff of 10% above the relevant award to enhance recruitment and better retain quality staff.

4. Cannabis harms in Victoria

Cannabis remains the most widely used illicit substance nationally, with 36% (7.6 million) of Australians having ever consumed it. In Victoria, 11.5% (625,000) of people aged 14 and over have consumed it in the past 12 months³.

Of those who use cannabis, 2.9% are deemed to be at high risk of harm, including dependency⁴, amounting to 220,400 Australians aged 14 years and over.

Cannabis related treatment presentations have declined by 25% over the decade leading to 2018/19, from 25,365 to 19,196. Cannabis was the second most common substance of concern behind alcohol up until 2015/16⁵, where following a surge in methamphetamine, cannabis now remains the third most common presenting substance.

Cannabis has not been associated as contributing to fatal overdose.

4.2. Cannabis and the justice system

The NDRI study highlights the vast government expenditure exacted through the criminal justice response to cannabis, which is largely focussed on those consuming rather than trafficking cannabis. The cost of imprisonment related to cannabis (\$1.1 billion) was the largest sole expense and amounted to 3400 prison sentences over the reporting period. However, the imprisonment is not a standalone cost, with significant expenditure in Courts, policing and legal aid necessary to arrest and prosecute this cohort. A better return could be achieved if this expenditure were diverted to more effective and therapeutic endeavour.

Nationally, current investment in AOD treatment amounts to \$1.26 billion⁶ which supported approximately 27,400 clients presenting with cannabis as the principal drug of concern in 2018/19⁷. The investment in treatment provided a sevenfold return on investment⁸ which manifests in reduced offending, improved social circumstances, including employment and health. Conversely, people

³ Australian Institute of Health and Welfare (2020), National Drug Household Survey 2019. AIHW. Viewed 31 August 2020 <https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2019/contents/table-of-contents>

⁴ Australian Institute of Health and Welfare (2020). National Drug Strategy Household Survey 2019. Drug Statistics series no. 32. PHE 270. Canberra AIHW <https://www.aihw.gov.au/getmedia/3564474e-f7ad-461c-b918-7f8de03d1294/aihw-phe-270-NDSHS-2019.pdf.aspx?inline=true>

⁵ Australian Institute of Health and Welfare (2020). Alcohol and other drug treatment services in Australia 2018-19: key findings. AIHW. Viewed 27 August 2020 <https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/alcohol-other-drug-treatment-services-aus/contents/primary-health-network-phn/aod-treatment-agencies>

⁶ Ritter et al (2014). New Horizons: The review of alcohol and other drug treatment services in Australia. NDARC. UNSW. Viewed 1 September 2020 <https://ndarc.med.unsw.edu.au/resource/new-horizons-review-alcohol-and-other-drug-treatment-services-australia>

⁷ Ibid 5; This figure does not include those presenting with cannabis as a secondary drug of concern;

⁸ Ibid 6

exiting prison are returned at a rate of 43.3% within two years⁹ with international research indicating that imprisonment increases the rate of recidivism by seven percent¹⁰.

The premise behind making certain substances illegal is to reduce supply through both deterrence and reducing the overall supply available to the general public. The risk of a correctional intervention aims to deter the trafficking or use of illicit substances but has not netted the desired results. This is because illicit substance consumption remains common, with more than one in 10 Australians having recently consumed cannabis. Furthermore, efforts to reduce supply have not been successful, with cannabis availability rated as very easy by nine out of 10 cannabis users surveyed¹¹.

Successful interdiction would result in a reduced quantity of product available, increasing the cost. However, the street price of cannabis has remained steady in the face of intense policing for the decade from 2009 at \$20 per gram¹².

The durability of the market reflects the limitations of policing attempts, especially given that over half of all national illicit drug seizures (52.4%) and 48.8% of arrests relate cannabis¹³. Cannabis is clearly highly prioritised but policing efforts have done little to shake the \$3.9 billion market¹⁴.

It is clear that supply reduction is drawing many cannabis users into the justice system with little benefit, without impairing the illicit drug market or reducing consumption, as the price and availability of cannabis remain unchanged.

Beyond the harms associated with the correctional system, the criminalisation of cannabis generates a number of perverse outcomes. The enduring harms associated with stigma deters help seeking behaviour and has an adverse impact on employment as well as broader social engagement. This is largely a symptom of criminalisation. This is salient with regard to young people, who experience the greatest risks associated with cannabis use, yet due to public and parental opprobrium will likely not seek help at an early stage and keep their use clandestine.

4.3.Synthetic cannabis

The consumption of synthetic substances, such as synthetic cannabis, is also a symptom of criminalisation, with previously legal adulterated variants of cannabis being available from certain

⁹ Sentencing Advisory Council of Victoria (2020). Released prisoners returning to prison. Viewed 1 September 2020 <https://www.sentencingcouncil.vic.gov.au/statistics/sentencing-trends/released-prisoners-returning-to-prison#:~:text=In%20Victoria%2C%2043.3%25%20of%20prisoners,the%20Australian%20rate%20of%2046.4%20>

¹⁰ Cullen FT et al (2011). Prisons do not reduce recidivism: the high cost of ignoring science. The Prison Journal. 91(3)

¹¹ Australian Institute of Health and Welfare (2020). Cannabis. Viewed 2 September <https://www.aihw.gov.au/reports/phe/221/alcohol-tobacco-other-drugs-australia/contents/drug-types/cannabis>

¹² Peacock A et al (2020). Australian Drug Trends 2019: Key Findings from the Illicit Drug Reporting System (IDRS) Interviews. NDARC. UNSW. Viewed 2 September 2020 <https://ndarc.med.unsw.edu.au/resource/key-findings-2019-national-illicit-drug-reporting-system-idrs-interviews>

¹³ ibid 11

¹⁴ Boulougouris C et al (2019). The Australian Cannabis Market. Viewed 2 September 2020 <https://www.theworldlawgroup.com/writable/documents/news/Australia-Cannabis-Market-2019.pdf>

outlets as well as online, eliminating the legal risk. Synthetic cannabis is more harmful than natural cannabis which it seeks to replicate, with the Victorian Coroner noting that synthetic cannabis contributed to up to 12 fatal overdoses from 2017 – 2019. Synthetic cannabis has a far lower consumption rate than natural cannabis.

The coronial finding references the enhanced risks associated with synthetic cannabis, indicating that messaging should encourage a preference for natural cannabis¹⁵. While the use of synthetic substances has declined nationally, the ongoing market viability for synthetic cannabis and similar substances is premised on the ongoing criminalisation of currently illicit substances. Under COVID-19 restrictions, novel means of procuring illicit substances such as through the dark web may be viewed as a more viable and less risky means of access. It is probable that synthetic cannabis would be widely available on the dark web. This potentiality is another example of how the illicit market can rapidly pivot and adapt to legislative changes, inadvertently generating greater harms.

5. Terms of Reference

5.2. prevent young people and children from accessing and using cannabis in Victoria;

As a cohort, young people are at the greatest risk of mental health related harm through cannabis use, particularly if the use is frequent, enduring and involves large quantities. The efficacy of preventing cannabis use through supply reduction (such as policing activities) has been demonstrated to be ineffective and harmful for many. The current police response towards cannabis use among young people draws them into the justice system, with an increased likelihood of future multiple engagements.

In 2018/19, 1,902 young people (aged 15 – 24 years) were hospitalised for cannabis¹⁶; this cohort is cited as being more 'neuro-developmentally' vulnerable than other cohorts¹⁷. Those likely to develop low prevalence mental health issues may be at greater risk through heavy consumption of cannabis, with the average onset of psychosis occurring up to eight years after first use. Similar to other substances, there is an acute phase of risk during the developmental period of adolescence, lending a key focus to reducing use for this cohort.

Evidence based campaign activity which does not seek to stigmatise may have some impact in reducing cannabis use among this cohort. Simplistic advertising campaigns, relying on uninformed popular stereotypes, such as the 'stoner sloth' campaign should be avoided as they are not aligned with how young people perceive the impacts of cannabis use and seek to enforce damaging stereotypes. Such campaigns will likely generate greater harm.

Recommendation 1: develop evidence informed public information campaigns targeting young people aiming to reduce cannabis related harm.

¹⁵ Jamieson, A (2020). Finding into the death without inquest of Mr P. Cor 2019 5437. Coroners Court of Victoria.

¹⁶ Aodstats.org.au

¹⁷ Stefanis NC (2013). Age at Initiation of Cannabis Use Predicts Age at Onset of Psychosis: The 7- to 8-Year Trend. *Environment and Schizophrenia*. doi:10.1093/schbul/sbs188

5.3. protect public health and public safety in relation to the use of cannabis in Victoria;

The youth AOD sector can play a vital role in supporting those experiencing dependence to cannabis and other substances. International evidence indicates a 4.6 to 8.4 return on investment for each \$1 spent on youth AOD treatment¹⁸.

However, the youth AOD sector remains significantly underfunded, with growth remaining largely static from 2003 to 2015, where a small allocation was provided for additional outreach and more recently an allocation was made for a youth residential service.

The under resourcing of the youth sector can be characterised by the excessive and prohibitive average wait time for residential services in 2018, being 76 days¹⁹. This is likely an under estimate under current circumstances, with COVID-19 restrictions resulting in a contraction in residential service capacity. For young people experiencing cannabis and other substance dependence this wait time presents a lost opportunity for early intervention.

Recommendation 2: increase the capacity of the youth AOD treatment sector to meet demand.

5.4. implement health education campaigns and programs to ensure children and young people are aware of the dangers of drug use, in particular, cannabis use;

AOD treatment providers have had minimal involvement in prevention activities relating to cannabis. Prevention remains an unfunded activity leaving the space open to a range of bodies with varying experience and evidence.

Prior to the implementation of the Drug and Alcohol Fund which is commissioned by the Primary Healthcare Networks (PHN), there was scope for prevention activities to be funded through the Commonwealth. There is no allowance for funded prevention based activities within the state system.

This gap is currently filled by a range of organisations and individuals, with varying bases, priorities and approaches. While some reflect on evidence based practice in delivering prevention activities, others may use a faith based approach or reflect on prior experience in policing or other associated fields.

AOD agencies are best placed to consider the evidence and reflect on lived experience in the delivery of evidence informed prevention based activities.

Recommendation 3: a funding stream should be developed to allow for AOD agencies to deliver prevention based activity.

¹⁸ Bruun, A (2018). Youth Alcohol and Other Drug (AOD) Treatment in Victoria: A Ten Point Plan for improving the Lives of Victorian Young People and Families Experiencing AOD Related Harm.

¹⁹ ibid

Early intervention

AOD agencies are well placed to provide effective early intervention support. Some agencies cobble together various activities, often unfunded, to action an early intervention program.

Typically, in the absence of adequate resourcing, these activities are not sustainable. They are also not evaluated. Over a decade back, the First Response Program, which provided brief intervention support for those at risk in the Bellarine Peninsula region was evaluated after the first six months of operation. This program was found to improve the health and wellbeing, reduce suicidal ideation as well as reduce AOD use among participants²⁰.

Following the recommissioning of the AOD sector, there has been minimal scope to provide support to pre contemplators, who may be at future risk of cannabis related harm. The rigidity of funding arrangements limits agency capacity to implement innovative early intervention or prevention activity, such as the model above.

Recommendation 4: AOD agencies should be supported in developing (and evaluating) innovative early intervention programs.

5.5. prevent criminal activity relating to the illegal cannabis trade in Victoria;

Criminal activity relating to the illegal cannabis trade is driven by a strong consumer market and ineffective justice response. As noted above, the criminal market remains profitable, with estimates indicating a turnover of \$3.9 billion per annum. This profit is driven by strong demand, with more than one in 10 Australians aged 14 years and over having consumed cannabis in the past year.

Other jurisdictions have achieved modest benefits coupled with a significant reduction in criminal justice expenditure (which, in Australia surpasses half of the national spending on cannabis) following the implementation of legislation which seeks to reduce the interaction of those consuming cannabis with the justice system.

For instance, Portugal, following decriminalisation, has seen a reduction of substance related incarceration by 40%²¹. In the USA, across a number of States the rate of drug related arrests involving young people following decriminalisation of cannabis has decreased by 75%²².

Recommendation 5: Victoria should progress law reform to regulate the supply of cannabis for adults.

²⁰ Miller P and Droste N (2010). First Response Intervention Program: 6 month progress evaluation. Deakin University.

²¹ Drug Policy Alliance (n.d.). Drug Decriminalization in Portugal. Viewed 3 September 2020 https://www.drugpolicy.org/sites/default/files/dpa-drug-decriminalization-portugal-health-human-centered-approach_0.pdf

²² Grucza RA et al (2018). Cannabis decriminalization: A study of recent policy change in five U.S. states. *International Journal of Drug Policy*. 59. Pp 67-75.

Diversion

Sector feedback highlighted inconsistent practice from the police regarding referrals for cannabis related offending. It was indicated in some regions that are police opting to prosecute rather than exercise discretion in favour of a caution or similar diversionary scheme. Police practice should prioritise diverting those consuming cannabis away from the justice system with a presumption of diversion unless special circumstances are evident.

Recommendation 6: a presumption of diversion/caution should be applied in all cases relating to cannabis possession and use.

5.6. assess the health, mental health, and social impacts of cannabis use on people who use cannabis, their families and carers;

Data is available on ambulance attendances and hospital separations regarding cannabis use. The data highlights a high level of regional harms.

Cannabis related ambulance attendances have been increasing year on year since 2011/12 as is evident from figure 1 below.²³

Figure 1: Cannabis related ambulance attendances: rate per 100,000 head – 2011/12 – 2018/19

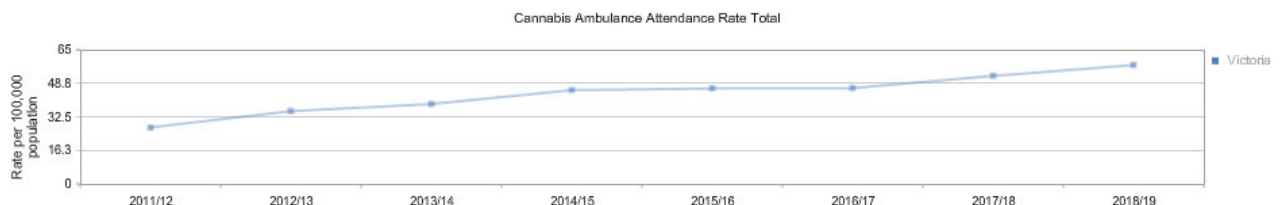


Figure 2 below details LGAs by rate per 100,000 head of cannabis related ambulance attendances. Regional Victoria carries a greater rate of harm with only four of the top ten rating LGA's being in metropolitan Melbourne.

²³ Aodstats.org.au

Figure 2: Cannabis related ambulance attendances by LGA: rate per 100,000 head - 2018/19

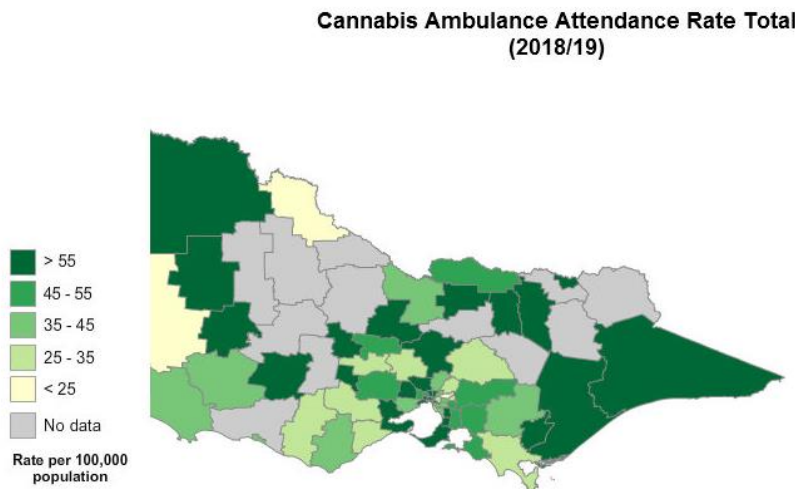


Figure 3 notes a gradual increase in the rate per 10,000 head of population for cannabis related hospital admissions peaking in 2016/17 with a slight decline thereafter.

Figure 3: Victorian cannabis related hospital admissions: rate per 10,000 head – 2009/10 – 2018/19

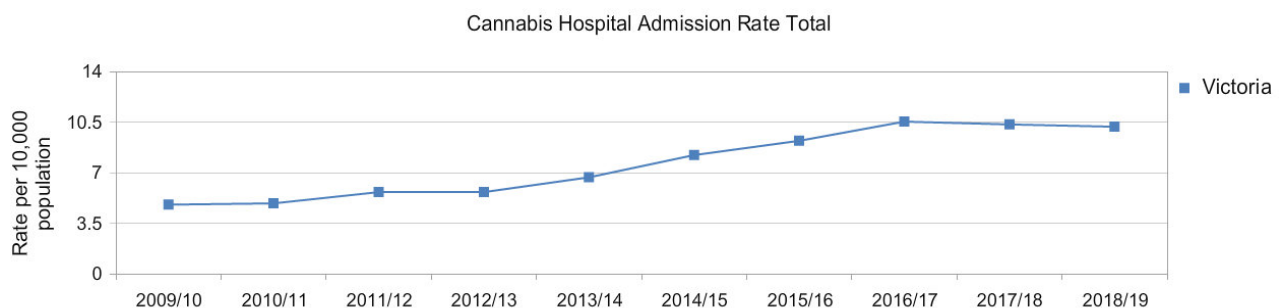


Figure 4 which details the rate of cannabis related hospital admissions aligns with the regional emphasis evident with Figure 2; it is evident that Gippsland as well as areas of northern and western Victoria exhibit higher rates of cannabis related harm. Rural and regional AOD treatment services have long been under resourced, with rurality associated with greater health issues, and workforce recruitment presenting a major challenge²⁴.

Greater support the rural and regional AOD sector would reduce cannabis related harms in these regions. The following recommendations from VAADA's 2020/21 state budget submission should be considered.

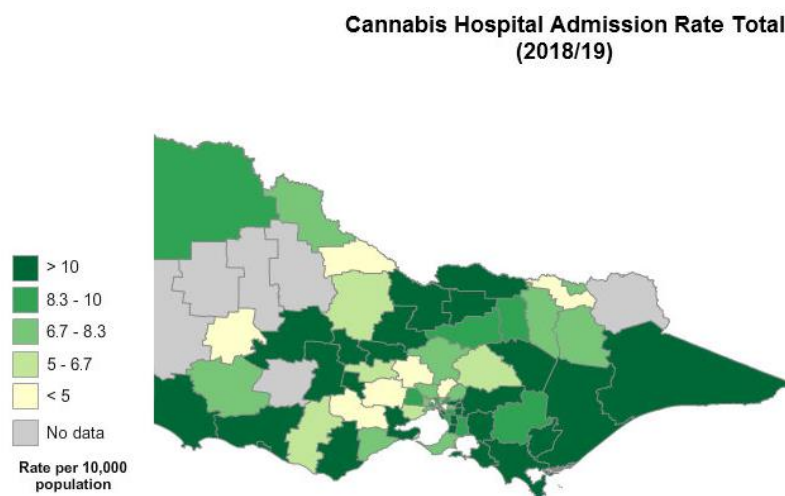
²⁴ VAADA's 2020/21 state budget submission reflected sector feedback which noted distinct and enduring systemic barriers to recruitment in rural and regional Victoria.

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Recommendation 9: Invest an interim sum of \$10 million annually to enhance AOD service access and capacity in rural and regional Victoria, prioritising areas identified by local AOD catchment-based planning where there are challenges in service access, as well as high levels of morbidity and AOD related harms.

Recommendation 10: Apply a loading to all rural and regional AOD staff of 10% above the relevant award to enhance recruitment and better retain quality staff.

Figure 4: Cannabis related hospitalisation by LGA: rate per 10,000 head – 2018/19



There are a number of implications relating to the above data, with a gradual overall increase in cannabis related harm and a number of implications related to these harms, beyond the most pressing damage caused by the justice system.

There is a consensus view that substance use around children should be discouraged. The evidence regarding alcohol for example, indicates that consumption in the presence of children increases the likelihood of future alcohol issues for those children²⁵. Similar messaging is necessary with regard to parents and guardians consuming cannabis. Targeted messaging should be developed aiming to reduce cannabis use within the vicinity of children, but should not promote stigma or discriminatory attitudes.

As noted above, young people, experiencing rapid neuro-development, are most at risk of mental health issues relating to excessive cannabis use. Evidence informed prevention/early intervention activities should be prioritised for youth, with the youth AOD sector playing a primary role in providing these activities. The provision of these activities should be undertaken in regional areas, where AOD services (both adult and youth) are already overburdened and under resourced.

²⁵ Vichealth (2020). Alcohol harm reduction resources about coronavirus. Viewed 3 September 2020. <https://www.vichealth.vic.gov.au/media-and-resources/publications/alcohol-harm-reduction-resources-about-coronavirus>

Roadside drug testing

There are also issues with regard to road side drug testing which has been expanded in Victoria up to 150,000 from 42,000 in 2014. While illicit drugs are present in a number of fatal and non-fatal road accidents, there is a need to ensure that this policy is the most effective approach in reducing this toll. There remains significant issues relating to whether these tests detect impairment and the accuracy of the testing²⁶. These concerns have been discussed in the *Victorian Parliament Drug Law Reform Inquiry* which has recommended further research into the efficacy of these laws.²⁷ It is evident that cannabis can be detected beyond the duration of impairment running the risk of drivers losing their licence and facing hefty fines for driving while not being impaired. The impact of loss of licence on livelihood, employment and family is significant. There is a need to exercise clarity regarding the application and error rate of roadside drug testing.

Recommendation 7: build a transparent evidence base informing the accuracy and impact of roadside drug testing

6. Conclusion

VAADA believes there is a strong case for drug law reform with regard to cannabis noting the burdensome and ineffective justice response is generating significant harms at great expense to the community. This submission highlights a number of benefits in reforming the laws to regulate the supply of cannabis and notes that other countries that have embarked on similar reforms have enjoyed modest success.

The submission also reflects the risks posed to young people, particularly in rural and regional areas, and the limitations in capacity to support these cohorts. Treatment agencies can provide support if there is adequate capacity to allow for rapid client access. They can also provide early intervention and prevention activities if adequately supported.

The Victorian Alcohol and Drug Association Inc. acknowledges the support of the Victorian Government.



²⁶ Musshoff F et al (2014). Performance evaluation of on-site oral fluid drug screening devices in normal police procedure in Germany. *Forensic Science International*. 238. Pp 120-124.

²⁷ Law Reform, Road and Community Safety Committee (2019). Inquiry into Drug Law Reform. Parliament of Victoria. https://www.parliament.vic.gov.au/images/stories/committees/lrrcsc/Drugs_/Report/LRRSC_58-03_Full_Report_Text.pdf