

The Senate

Legal and Constitutional Affairs
Legislation Committee

Legalising Cannabis Bill 2023

May 2024

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Members

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Members

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AG, NSW

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Senator Raff Ciccone

ALP, VIC

(from 28 July 2022 to 1 February 2024)

Participating Member

Senator Malcolm Roberts

PHON, QLD

Secretariat

Sophie Dunstone, Committee Secretary

Monika Sheppard, Principal Research Officer

Joshua Start, Research Officer

Alice Read, Parliamentary Graduate

Leah Schamschurin, Administrative Officer

Grace McElholum, Administrative Officer

Suite S1.61

Parliament House

Canberra ACT 2600

Telephone: (02) 6277 3560

Email: legcon.sen@aph.gov.au

Acronyms and abbreviations

ADF	Alcohol and Drug Foundation
AGD	Attorney-General's Department
the Agency/CANA	Cannabis Australia National Agency
ALA	Australian Lawyers Alliance
AMA	Australian Medical Association
the Bill	Legalising Cannabis Bill 2023
the Committee	Legal and Constitutional Affairs Legislation Committee
DACA	Drug Advisory Council of Australia
the Department	Department of Health and Aged Care
Drug Policy Modelling Program	Drug Policy Modelling Program at the Social Policy Research Centre
Ganjika	Ganjika Pty Ltd
Human Rights Committee	Parliamentary Joint Committee of Human Rights
National Drug Strategy	<i>National Drug Strategy 2-17-26</i>
NDARC	National Drug and Alcohol Research Centre
NDRI	National Drug Research Institute
NDSHS	<i>National Drug Strategy Household Survey</i>
NDSHS 2019	<i>National Drug Strategy Household Survey 2019</i>
NTPF	Northern Territory Police Force
PBO	Parliamentary Budget Office
Plant Playground	Plant Playground Pty Ltd
RACGP	Royal Australian College of General Practitioners
the Register	Register of Cannabis Strains
SAPOL	South Australian Police

Scrutiny of Bills Committee

Senate Standing Committee for the
Scrutiny of Bills

TGA

Therapeutic Goods Administration

THC

Tetrahydrocannabinol

List of recommendations

Recommendation 1

2.161 The committee recommends that the Senate not pass the Bill.

Chapter 1

Introduction and background

1.1 On 14 September 2023, the Senate referred the Legalising Cannabis Bill 2023 (the Bill) to the Legal and Constitutional Affairs Legislation Committee (the committee) for inquiry and report by 31 May 2024.¹ The Bill would legalise cannabis for adult recreational use in Australia² and was introduced into the Senate as a private senator’s bill by Senator David Shoebridge.³

Conduct of the inquiry and acknowledgement

1.2 In accordance with its usual practice, the committee advertised the inquiry on its website and wrote to organisations and individuals, inviting them to make a submission by 3 November 2023. The committee received 201 submissions, which are listed at Appendix 1.

1.3 The committee held public hearings in Brisbane on 21 February 2024 and in Canberra on 10 May 2024. A list of the witnesses who appeared at the hearings is at Appendix 2.

1.4 The committee thanks those individuals and organisations who made submissions and who gave evidence at the public hearing.

Structure and scope of the report

1.5 This report comprises two chapters:

- Chapter 1 provides background information relating to the Bill, identifies its key proposals and related provisions, and notes consideration of the Bill undertaken by other parliamentary committees; and
- Chapter 2 examines some of the key concerns raised in relation to the Bill before setting out the committee’s findings and recommendations.

Note on references

1.6 In this report, references to the *Committee Hansard* are to the proof (that is, uncorrected) transcript. Page numbers may vary between the proof and the official transcript.

¹ *Journals of the Senate*, No. 72, 14 September 2023, pp. 2042–2044.

² Legalising Cannabis Bill 2023 (the Bill), Explanatory Memorandum (EM), p. [2].

³ *Journals of the Senate*, No. 64, 10 August 2023, p. 1837.

Background and purpose of the Bill

- 1.7 In Australia, the Australian government treats cannabis as a medicine and as a narcotic, with its supply and use controlled by multiple Acts.⁴ The recreational use of cannabis is not permitted under federal law but has been legalised to varying degrees in some states and territories.⁵
- 1.8 Every three years the Australian Institute of Health and Welfare conducts the *National Drug Strategy Household Survey* (NDSHS). This survey collects information from teenagers and adults across Australia about tobacco, alcohol and other drugs, and the respondents' use of these drugs.⁶
- 1.9 The *National Drug Strategy Household Survey 2019* (NDSHS 2019) revealed that, in 2019, cannabis was the most commonly used illicit drug, with 11.7 per cent of respondents aged 14 years and over having used it in the past 12 months. The figure was much higher for Aboriginal and Torres Strait Islander people at 16.0 per cent.⁷
- 1.10 The NDSHS 2019 also reported that support for the legalisation of cannabis increased from 35 per cent in 2016 to 41 per cent in 2019, almost double the level of support in 2007 (21 per cent).⁸
- 1.11 Internationally, several countries have decriminalised and/or legalised cannabis for recreational use (Figure 1.1, marked in green and cornflower blue, respectively).⁹ However, many other countries have not adopted either of these approaches (Figure 1.1, marked in mauve-pink) and within some countries—

⁴ Senate Legal and Constitutional Affairs Legislation Committee, *Inquiry into the Criminal Code and Other Legislation Amendment (Removing Commonwealth Restrictions on Cannabis) Bill 2018*, September 2018, Department of Health, *Submission 32*, p. 2.

⁵ For an indication of the position in each jurisdiction, see: M. Pistelli, 'A State-by-State Guide to Cannabis in Australia', *Investing News Network*, 12 December 2023, <https://investingnews.com/guide-to-cannabis-in-australia> (accessed 6 January 2023).

⁶ Australian Institute of Health and Welfare (AIHW), 'National Drug Strategy Household Survey', www.aihw.gov.au/about-our-data/our-data-collections/national-drug-strategy-household-survey (accessed 15 November 2023). Note: the National Drug Strategy Household Survey 2022–2023 is not referred to in this report as submissions and evidence referred to the previous survey.

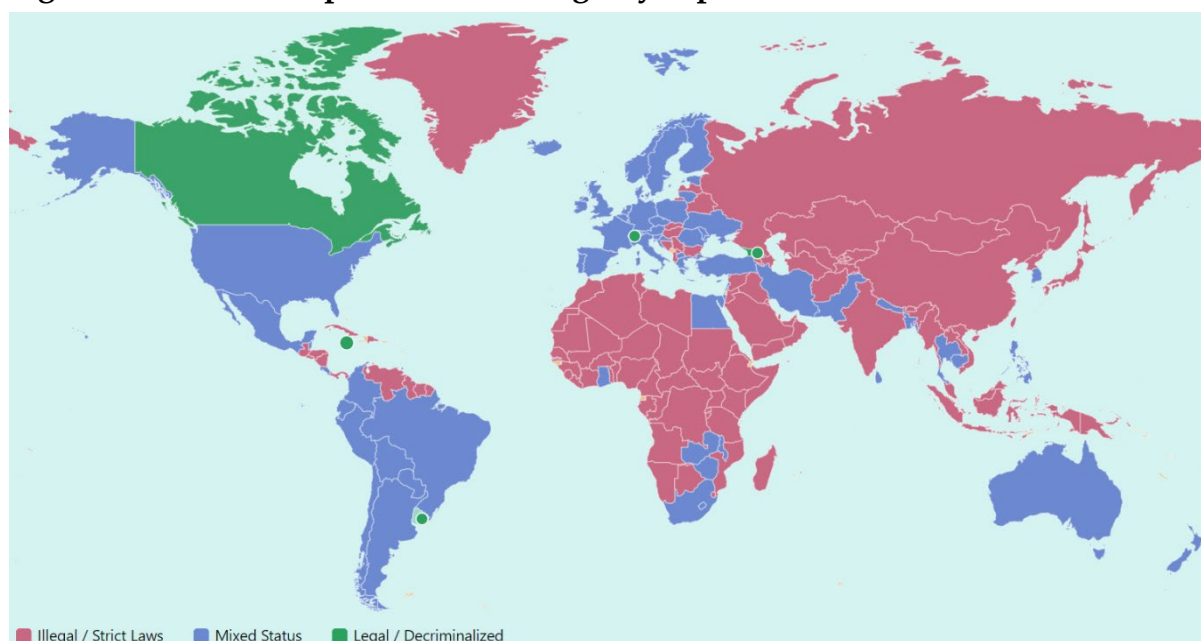
⁷ AIHW, *National Drug Strategy Household Survey 2019* (NDSHS 2019), 2020, pp. viii and 50 and Table 8.1, www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2019/contents/summary (accessed 15 November 2023).

⁸ AIHW, NDSHS 2019, 2020, p. 78 and Table 9.26. Also see: AIHW, *National Drug Strategy Household Survey 2016, Detailed findings*, 2017, p. 128 and Table 9.25, www.aihw.gov.au/reports/illicit-use-of-drugs/2016-ndshs-detailed/summary (accessed 15 November 2023).

⁹ Note: 'decriminalisation' means criminal charges are not applied for possession and personal use; 'legalisation' means that there are no penalties for possession and personal use: Alcohol and Drug Foundation, <https://adf.org.au/talking-about-drugs/law/decriminalisation/overview-decriminalisation-legalisation/> (accessed 4 March 2024).

such as the United States—there is great diversity in approach among the state jurisdictions.¹⁰

Figure 1.1 World Map of Cannabis Legality, April 2023



Source: T. Allen, 'World Map of Cannabis Legality', 19 April 2023, <https://thcaffiliates.com/legal-status-maps/world/> (accessed 6 January 2024).

- 1.12 In January 2023, the Parliamentary Budget Office (PBO) costed the Australian Greens proposal to legalise the production and sale of recreational cannabis in Australia. Over 10 years, the policy was forecast to generate \$28.2 billion (sales based on excise at 15 per cent) or \$36.8 billion (sales based on excise at 25 per cent).¹¹

Key provisions

- 1.13 The Bill comprises six Parts: the more substantive provisions are contained in Parts 3–5 of the Bill.¹²

¹⁰ T. Allen, 'Where in the world is cannabis legal', 2 November 2023, <https://thcaffiliates.com/legal-status-maps/> (accessed 6 January 2024).

¹¹ Parliamentary Budget Office (PBO), 'Policy costing, Legalise Cannabis Nationally', Senator David Shoebridge, 12 January 2023, Attachment A, pp. 7–13, www.pbo.gov.au/sites/default/files/2023-03/Legalise%20Cannabis%20Nationally%20PDF.pdf (accessed 11 October 2023). Note: the PBO provided an earlier costing: 'Tax and regulate cannabis', Senator Richard Di Natale, 23 April 2018, www.pbo.gov.au/publications-and-data/publications/costings/tax-and-regulate-cannabis (accessed 19 January 2024).

¹² Note: Part 1 deals with preliminary matters; Part 2 deals with interpretation; Part 6 deals with miscellaneous matters.

Cannabis Australia National Agency

1.14 Part 5 of the Bill would establish the Cannabis Australia National Agency (the Agency, also referred to as CANA) as a listed entity, with the Chief Executive Officer being the accountable authority.¹³ The CANA would have multiple functions:

- (a) to regulate regulated cannabis activities in the broader public interest, including to maximise safety and to minimise harm associated with those activities;
- (b) to establish and maintain the Register;
- (c) to register cannabis strains on the Register;
- (d) to issue licences authorising regulated cannabis activities;
- (e) to oversee activities authorised by licences;
- (f) to be available to regularly test cannabis products involved in regulated cannabis activities, including for strength and contamination;
- (g) to regularly seek detailed national data about regulated cannabis activities;
- (h) to approve responsible service of cannabis training and to register training providers authorised to deliver the training;
- (i) to provide advice to the Minister about the operation of this Act;
- (j) any other functions conferred on the Agency by this Act, the regulations or another law of the Commonwealth;
- (k) to do anything incidental or conducive to the performance of any of the above functions.¹⁴

1.15 Clause 36 of the Bill would provide the CANA with the power to do all things necessary or convenient to be done for or in connection with the performance of its functions.

Registration of cannabis strains

1.16 Clause 11 of Part 3 of the Bill would require the CANA to establish and maintain a Register of Cannabis Strains (the Register).¹⁵ The term ‘cannabis strain’ would be defined to mean:

a cannabis plant grouping that is distinguishable from another cannabis plant grouping on the basis of one or more botanical, ethnobotanical or genetic identifiers.¹⁶

¹³ Bill, cl. 33.

¹⁴ Bill, cl. 35.

¹⁵ Bill, subcl. 11(1). Also see: Bill, cl. 7 (‘Agency’).

¹⁶ Bill, cl. 7 (‘cannabis strain’). Note: there are traditionally three cannabis strains: ‘indica’, ‘sativa’ and ‘hybrid’. However, cannabis experts currently recognise between 700–800 unique strains.

1.17 The CANA would be empowered to register a cannabis strain on its own initiative or on application by a person (other than an excluded person).¹⁷ The term ‘excluded person’ would mean:

(a) a person that engages in one or more of the following:

- (i) the production or manufacture of alcohol or alcohol products;
- (ii) the production or manufacture of tobacco or tobacco products;
- (iii) the production or manufacture of pharmaceutical products (other than cannabis for medicinal or scientific purposes); or

(b) a person of a kind prescribed by the regulations;

and includes any related entity (within the meaning of the *Bankruptcy Act 1966*) of such a person.¹⁸

1.18 In deciding whether to register a strain, the CANA must take into account:

- for registrations on its own initiative, whether it is necessary to register a strain to facilitate the issuing of ‘licences’;
- for applications to register a strain, any matters prescribed by the regulations.¹⁹

1.19 A person (other than an excluded person) would be able to apply to the CANA for registration of a cannabis strain. The application would have to meet any requirements specified in the regulations, including the payment of any prescribed fee.²⁰

1.20 The Bill would enable the regulations to make provision for and in relation to any other matter relating to the Register and the registration process. This would include the details to be included on the Register, time limits for making registration decisions, and the right to review by the Administrative Appeals Tribunal.²¹

Regulation of cannabis

1.21 Part 4 of the Bill contains four divisions:

- Division 1 would regulate ‘cannabis’ by making it an offence to engage in certain activities, except in permitted circumstances or if the activity is authorised by a licence issued by the CANA;²²

¹⁷ Bill, subcl. 12(1).

¹⁸ Bill, cl. 7 (‘excluded person’).

¹⁹ Bill, subcl. 12(2)–(3). Note: the term ‘licence’ is defined in clause 28 of the Bill.

²⁰ Bill, cl. 13.

²¹ Bill, cl. 15. Note: at the time of writing, a package of legislation to replace the Administrative Appeals Tribunal is before the Parliament.

²² Note: the term ‘cannabis’ is defined in clause 7 of the Bill.

- Division 2 would provide that ‘cannabis products’ can be possessed without criminal consequences in certain circumstances;²³
- Division 3 would enable the CANA to issue licences that authorise ‘regulated cannabis activities’ to be undertaken in accordance with the licence;²⁴ and
- Division 4 would enable the CANA to determine labelling, packaging and storage requirements for cannabis products.

1.22 Chapter 2 of the report examines some of the proposed provisions in detail.

Examination by other parliamentary committees

- 1.23 When examining a bill or bills, the committee takes into account any relevant comments published by the Senate Standing Committee for the Scrutiny of Bills (Scrutiny of Bills Committee) and the Parliamentary Joint Committee on Human Rights (Human Rights Committee).
- 1.24 The Scrutiny of Bills Committee examined the Bill and noted that there might be concerns in relation to three matters: immunity from civil liability, a reversal of the evidential burden of proof, and the inclusion of significant matters in delegated legislation.²⁵
- 1.25 The Human Rights Committee examines bills and legislative instruments for compatibility with human rights and reports its findings to both Houses of Parliament. The Human Rights Committee examined and made no comment on the Bill.²⁶

²³ Note: the term ‘cannabis products’ is defined in clause 7 of the Bill.

²⁴ Note: the term ‘regulated cannabis activities’ is defined in clause 10 of the Bill.

²⁵ Standing Committee for the Scrutiny of Bills, *Scrutiny Digest No. 10 of 2023*, 6 September 2023, p. 13.

²⁶ Parliamentary Joint Committee on Human Rights, *Report 9 of 2023*, 6 September 2023, p. 6.

Chapter 2

Key issues

- 2.1 Submitters and witnesses expressed a range of views in relation to the legalisation of cannabis for adult recreational use. There was support for and opposition to the objective and key proposals in the Legalising Cannabis Bill 2023 (the Bill).
- 2.2 This chapter examines some of the arguments, including:
- the objective of the Bill;
 - the functions of the Cannabis Australia National Agency (the Agency or CANA);
 - the regulation of cannabis, including offences and decriminalisation;
 - licences for regulated cannabis activities, including Cannabis Cafés;
 - economic opportunities from a legal recreational cannabis market;
 - the Single Convention on Narcotic Drugs 1961; and
 - constitutionality and incompatibility with states and territories.

Objective of the Bill

2.3 Many submitters and witnesses supported the legalisation of cannabis as proposed in the Bill, including due to its alignment with the *National Drug Strategy 2017–26* (National Drug Strategy). This strategy outlines a national commitment to harm minimisation through the balanced adoption of effective demand, supply and harm reduction strategies.¹

2.4 The Penington Institute submitted:

Cannabis prohibition doesn't work: it fails to control supply, leaves the market in the hands of criminals, and costs billions of dollars in enforcement, all while hindering a public health-led approach to managing the health harms that are associated with problematic cannabis use.²

2.5 Professor Nicole Lee, Founder and Chief Executive Officer of 360Edge, said:

Australia's National Drug Strategy is based on the principle of harm minimisation. What that means is that the policy's No. 1 aim should be to minimise health, social and legal harms associated with both legal and illegal drugs. But there's no evidence that banning drugs minimises harms. There is actually evidence that it increases harms. Laws that are based on

¹ Commonwealth of Australia, *National Drug Strategy 2017–26*, 2017, p. 1, www.health.gov.au/resources/publications/national-drug-strategy-2017-2026?language=en (accessed 4 January 2024).

² Penington Institute, *Submission 13*, p. 3. Also see: Mr Greg Barns SC, National Criminal Justice Chair, Australian Lawyers Alliance, *Committee Hansard*, 21 February 2024, p. 3.

prohibition and a prohibition approach are harmful and also contrary to the intent of our official drug policy.³

- 2.6 360Edge argued that the Bill takes a ‘sensible’ approach to cannabis regulation and would ‘significantly minimise the risks associated with cannabis use and benefit public health, in line with the [National Drug Strategy]’. Its submission added that the Bill has learned from international approaches to cannabis use:

The proposed Bill offers a regulatory framework that strikes an optimal balance between the commercialised private market approach of the US, the ‘hybrid’ approach of Canada (promoting public health through regulations but allowing the participation of large corporations in the cannabis market) and the highly restrictive approach of Uruguay in which consumers must be registered. The Bill negates the risks of commercialisation, learning from the private market experience of some US states and Canada, while also avoiding overly restrictive regulation that poses supply problems and drives cannabis users back to the black market, such as in Uruguay.⁴

- 2.7 Similarly, the Penington Institute described the Bill as ‘important step forward’ and supported:

...a balanced model that facilitates a steady nationwide shift to legal, regulated cannabis while also taking decisive steps to minimise the health harms that cannabis can cause. We applaud the introduction of the Legalise Cannabis Bill 2023, but believe further debate and amendments can help the Bill strike a more effective balance between access and public health.⁵

- 2.8 Representatives from Plant Playground Pty Ltd (Plant Playground) and Ganjika Pty Ltd (Ganjika) reflected the views of some individual submitters when they argued that the Bill should be supported, as it would promote safety, education and personal choice.

- 2.9 Plant Playground’s director, Ms Sasha Lai, said, for example:

Allow licence holders to educate and promote healthy adult cannabis use.
Allow Australians the right to choose what they put into their bodies.
We know people will consume cannabis regardless of what the law says,

³ Professor Nicole Lee, Founder and Chief Executive Officer, 360Edge, *Committee Hansard*, 21 February 2024, p. 46.

⁴ 360Edge, *Submission 12*, p. 3. Note: the submission further argued that the Bill takes a public health-oriented approach, by regulating product quality, strength and safety, promoting small scale, community-based operations, and placing strict limitations on promotion: p. 5. Also see: National Drug Research Institute, *Submission 11*, p. [3], which stated that the Bill is ‘well intended and consistent with the developing research evidence[.]...expert advice and recommendations’.

⁵ Penington Institute, *Submission 13*, p. 4. Also see: Althea Group Holdings Ltd, *Submission 6*, p. [2], which considered the Bill ‘a significant legislative step’; Dr Adele Stevens, Committee Member, Families and Friends for Drug Law Reform, *Committee Hansard*, 21 February 2024, p. 9.

so let's change our cannabis laws to reflect current views, values, and science.⁶

- 2.10 Ms Malini Sietaram from Ganjika called for the destigmatisation of cannabis use, which makes therapeutic users fearful of accessing the product:

Scientific research has shown that cannabis can improve the overall quality of life if people are suffering from chronic pain, endometriosis, anxiety, epilepsy, and other conditions. Yet most of my patients have told me how anxious they are when they speak to their doctors, feeling like they are doing something illegal.⁷

- 2.11 Ms Lai added that it is important for people to understand what they are putting into their bodies but that information and education is not available in an illegal market:

You don't go to a bar and not understand what the alcohol percentage is in the cocktail or glass of wine you're having. The same goes for if you were to travel to anywhere in the world where cannabis is legal; you would be able to safely understand, through regulated products, what it is that you are consuming. This is incredibly important, as cannabis acts differently with everybody. The way that it interacts with our own individual endocannabinoid system is unique. It's integral to safe consumption. Knowing exactly how much dosage is in a product, when to take that product and how to take that product is part of the education that needs to happen through licence holders.⁸

Physical and mental health risks

- 2.12 Other submitters and witnesses maintained that cannabis use can pose significant physical and mental health risks. The Australian Medical Association (AMA), for example, highlighted the following short and long-term health impacts:

People can experience immediate impacts to mental health such as reduced brain function, anxiety or panic attacks, paranoia, or memory loss. Cannabis users are more likely to develop psychoses or schizophrenia. Physical impacts can include impaired reaction time, balance, and information processing. Cannabis can be addictive and cause withdrawal symptoms. Long-term use can impair brain function, damage the person's throat and lungs and cause bronchitis or cancer, cause cardiovascular system damage, and mental health conditions such as depression. Using cannabis while pregnant is associated with a lower birthweight of babies. Using cannabis is associated with alcohol, tobacco, and other drug use.⁹

⁶ Ms Sasha Lai, Director, Plant Playground Pty Ltd, *Committee Hansard*, 21 February 2024, p. 28.

⁷ Ms Malini Sietaram, Founder and Chief Executive Officer, Ganjika Pty Ltd, *Committee Hansard*, 21 February 2024, pp. 28–29.

⁸ Ms Sasha Lai, Director, Plant Playground Pty Ltd, *Committee Hansard*, 21 February 2024, p. 29.

⁹ Australian Medical Association, *Submission 16*, p. 1.

- 2.13 Professor Robyn Langham, Chief Medical Adviser in the Health Products Regulatory Group of the Department of Health and Aged Care (the Department), agreed:

...there are known issues with cardiovascular problems of the heart and pulmonary effects of the lungs; and also issues regarding acute use, chronic use and neuropsychiatric or mental disorders as well. There have been increasing reports of overdose and toxicity by minors with increasing use. ...[T]here's the other perhaps less easy to measure aspect of use, which is the risks on driving and impaired driving.¹⁰

- 2.14 The Therapeutic Goods Administration (TGA) supported the AMA's submission:

It presents an accurate description of the clinical and public health issues relating to cannabis use, in addition to accurately describing the health effects observed internationally following the deregulation of cannabis.¹¹

- 2.15 The Drug Advisory Council of Australia (DACA) submitted that there is an overwhelming amount of evidence that cannabis use significantly harms physical, cognitive and mental health. Its submission referenced recent systematic reviews, including the following review:

Campany and colleagues (2020) examined the results of 44 systematic reviews and found a clear association between cannabis use and psychosis, affective disorders, anxiety, suicide, suicide ideation, sleep disorders, cognitive failures, respiratory adverse events, including lung cancer, cardiovascular outcomes and gastrointestinal disorders.¹²

- 2.16 The Royal Australian College of General Practitioners (RACGP) advised that there is strong evidence of cannabis harm to recreational users, particularly in susceptible groups (unborn children, young people and people with mental health disorders):

There are negative impacts of cannabis use on the developing brain, including increased risk of psychiatric symptoms associated with tetrahydrocannabinol (THC) products. It is associated with Substance Abuse Disorder and Cannabis Withdrawal Syndrome.¹³

- 2.17 The DACA particularly commented on the risks associated with making edible products that are attractive to young people:

Farrelly and colleagues (2023) in their systematic review also found a range of other harmful outcomes for children following recreational cannabis legalization, including an increase in emergency department rates in

¹⁰ Professor Robyn Langham, Chief Medical Adviser, Health Products Regulatory Group, Department of Health and Aged Care, *Committee Hansard*, 21 February 2024, p. 60.

¹¹ Department of Health and Aged Care, answer to question on notice, 21 February 2024 (received 20 March 2024), p. 2.

¹² Drug Advisory Council of Australia, *Submission 5*, p. 4.

¹³ Royal Australian College of General Practitioners, *Submission 23*, p. 1.

children and young people which related primarily to poisonings (i.e., unintentional ingesting of cannabis). The authors noted a particular concern regarding edible cannabis products, which come in forms that are attractive to children and can contain high amounts of THC.¹⁴

2.18 Mr Robert Taylor, Manager of Policy and Engagement for the Alcohol and Drug Foundation (ADF), took a different position to the above submitters. He expressed the view that the risky use of cannabis is associated with cannabis harm, not necessarily all cannabis use.¹⁵

Increased risks due to legalisation

2.19 Some submitters contended that legalising recreational cannabis would lead to increased consumption. The AMA considered that legalisation would signal to the Australian community that cannabis use is not harmful.¹⁶ The DACA agreed:

There is high level consensus, that following recreational cannabis legalization, many people equate the legal status of cannabis with its safety, and start to use cannabis, or use cannabis more often (Athanasios et al, 2023, Farrelly et al, 2023, Hall et al, 2023).¹⁷

¹⁴ Drug Advisory Council of Australia, *Submission 5*, pp. 4–5. Also see: p. 6; Penington Institute, *Submission 13*, p. 5, which urged regulatory caution concerning the strength, forms, packaging, and purchase limits for edible cannabis products.

¹⁵ Mr Robert Taylor, Manager, Policy and Engagement, Alcohol and Drug Foundation, *Committee Hansard*, 10 May 2024, p. 30.

¹⁶ Australian Medical Association, *Submission 16*, p. 1.

¹⁷ Drug Advisory Council of Australia, *Submission 5*, p. 3. Also see: Dalgarno Institute, *Submission 3*, p. 3; K.N. Farrelly, J.D. Wardell, E. Marsden, M.L. Scarfe, P. Najdzionek, J. Turna and J. MacKillop, 'The impact of recreational cannabis legalization on cannabis use and associated outcomes: a systematic review', *Substance abuse*, Volume 17, May 2023, [10.1177/11782218231172054](https://doi.org/10.1177/11782218231172054) (accessed 27 November 2023).

2.20 These submitters argued that increased cannabis consumption would lead to increased physical and mental health risks, as well as consequent demand on health services.¹⁸ On the latter point, the AMA's Dr Michael Bonning, Chair of the Public Health Committee, said that Australia's health system is under 'huge and continuing levels of unprecedented demand':

...the people who get left out, more often than not, unfortunately, are those who enter our system through a drug pathway. That is often because of the complexity of their care.¹⁹

2.21 The National Drug and Alcohol Research Centre (NDARC) submitted that the following facts suggest that there could be a concomitant increase in cannabis-related mental health problems:

Around 10 per cent of cannabis users become dependent on the drug. Use of cannabis (especially regular use) can also induce psychosis (Darke, Lappin & Farrell 2019)...Weatherburn et al (2021) found that respondents who frequently use cannabis and/or who are suffering from mild, moderate, or severe psychological stress, were more likely to say they would use more cannabis if it was legal than those infrequently using cannabis and/or not suffering from such stress. Other studies have shown that cannabis use, particularly when combined with alcohol, increases the risk of a motor vehicle accident (Calabria, Degenhardt & Lynskey 2010).²⁰

2.22 Some submitters questioned whether cannabis use can be linked to motor vehicle accidents and highlighted that it is not currently possible to accurately test for impairment when cannabis has been consumed.²¹ Some argued that, under state and territory criminal law, this inability has already led to discrimination against medicinal cannabis users.

2.23 Mr Greg Barns SC, National Criminal Justice Chair at the Australian Lawyers Alliance (ALA), illustrated these circumstances as follows:

What we're getting is people being penalised for drug driving when there is no level of impairment. Road safety legislation is designed to stop people

¹⁸ See, for example: Drug Advisory Council of Australia, *Submission 5*, p. 6; Royal Australian College of General Practitioners, *Submission 23*, p. 1; Police Federation of Australia, *Submission 24*, p. 2. In contrast, see: Mr Greg Barns SC, National Criminal Justice Chair, Australian Lawyers Alliance, *Committee Hansard*, 21 February 2024, p. 5, who said that people who use cannabis do not present to mental health services or hospitals; Ms Malini Sietaram, Founder and Chief Executive Officer, Ganjika Pty Ltd, *Committee Hansard*, 21 February 2024, p. 34.

¹⁹ Dr Michael Bonning, Chair, Public Health Committee, Australian Medical Association, *Committee Hansard*, 21 February 2024, p. 25.

²⁰ National Drug and Alcohol Research Centre, *Submission 2*, pp. 2–3. Also see: Drug Advisory Council of Australia, *Submission 5*, p. 5, who submitted that systematic studies reveal a link between cannabis use and motor vehicle accidents; Royal Australian College of General Practitioners, *Submission 23*, p. 1.

²¹ See, for example: Royal Australian College of General Practitioners, *Submission 23*, p. 1; Police Federation of Australia, *Submission 24*, p. 2.

who are impaired or who are at risk of being impaired with, for example, a 0.05 or more blood alcohol concentration from being on our roads. To discriminate against people and to ensure that they lose their licence and, potentially, their livelihood simply on the basis that they've got a trace of cannabis in their system is patently unfair.

I've done two cases now where that's been the case. In one of these cases, the person in question was, in fact, going to his chemist to get his medical cannabis prescription when he was pulled over by police. We sought to get the prosecution to exercise its discretion not to prosecute because it wasn't in the public interest; we failed. The magistrate we appeared in front of was shocked because, effectively, she said, 'The law is not keeping up with reality; I have to penalise a person in circumstances that do not accord with justice'.²²

- 2.24 On this point Ms Cadrie (Kady) Chemal from Astrid Dispensary and Clinic said that 'the sole presence of [the THC molecule in cannabis] in the blood doesn't equate to impairment' but current laws 'do not differentiate between presence and impairment'.²³
- 2.25 Mr John Venditto, Assistant Commissioner, Crime Services with the South Australia Police (SAPOL), confirmed that SAPOL tests for the presence of cannabis and cannot test for impairment.²⁴ However, Mr Venditto also noted that just because police cannot see an impairment, does not mean there is no impairment.²⁵
- 2.26 Professor David Heilpern AM, a long-serving former magistrate, gave evidence that 'there is not a single coronial finding saying that medicinal cannabis caused a death on the road' and there were only a 'precious few' that show recreational cannabis.²⁶

²² Mr Greg Barns SC, National Criminal Justice Chair, Australian Lawyers Alliance, *Committee Hansard*, 21 February 2024, p. 2.

²³ Ms Cadrie (Kady) Chemal, Chief Operating Officer, Astrid Dispensary and Clinic, *Committee Hansard*, 10 May 2024, p. 19.

²⁴ Mr John Venditto, Assistant Commissioner, South Australia Police, *Committee Hansard*, 10 May 2024, p. 11.

²⁵ Mr John Venditto, Assistant Commissioner, South Australia Police, *Committee Hansard*, 10 May 2024, p. 11.

²⁶ Professor David Heilpern AM, private capacity, *Committee Hansard*, 10 May 2024, p. 6.

2.27 Returning to the issue of legal cannabis use leading to increased harms, the NDARC submitted that studies with stringent controls have found 'quite modest' increases in cannabis consumption following decriminalisation. One such study estimated:

...4.2% of the population aged 14 and over (n = 882 708) who have never tried cannabis before would try it, while 2.6% of the population aged 14 and over (537 000) would use more cannabis if its use were made legal.²⁷

2.28 360Edge similarly queried the extent to which legalisation might increase cannabis consumption in Australia. Its submission noted that, in the *National Drug Strategy Household Survey 2019* (NDSHS 2019), the vast majority (78.7 per cent) of Australians aged 14 years or older reported that they would not use cannabis, if it were legalised. Only 2.9 per cent of respondents (an increase of 1.1 per cent from 2016) would use cannabis more frequently.²⁸

2.29 Professor Lee explained:

...it's easy enough to access cannabis now, if you want it, through the black market. Most of the people who would want to use it are already using it and they're probably using it as frequently as they would want to. That's why, when jurisdictions have decriminalised or legalised cannabis, there hasn't really been much of a shift in the number of people using.²⁹

2.30 AMA representative Dr Bonning referred to the Canadian experience:

...there hasn't actually been any significant change in the upwards trajectory of use after the legalisation process. One would say that they are continuing to see increases in use. We would say to you that in most of these processes the simple fact is that people are using cannabis and that is not good for their health overall.³⁰

2.31 Some submitters and witnesses commented directly on children and young people's access to and potential harms from cannabis use, which they argued

²⁷ National Drug and Alcohol Research Centre, *Submission 2*, p. 2. Also see: D. Weatherburn, S. Darke, E. Zahra and M. Farrell, 'Who would try (or use more) cannabis if it were legal?', *Drug and Alcohol Review*, 2021, Volume 41 Issue 2, pp. 386–395, <https://doi.org/10.1111/dar.13360> (accessed 27 November 2023).

²⁸ 360Edge, *Submission 12*, pp. 4–5. Also see: Australian Institute of Health and Welfare, *National Drug Strategy Household Survey 2019*, 2020, p. 78, www.aihw.gov.au/getmedia/77dbee6e-f071-495c-b71e-3a632237269d/aihw-phe-270.pdf?v=20230605184325&inline=true (accessed 8 January 2024); Professor Nicole Lee, Founder and Chief Executive Office, 360Edge, *Committee Hansard*, 21 February 2024, p. 47.

²⁹ Professor Nicole Lee, Founder and Chief Executive Office, 360Edge, *Committee Hansard*, 21 February 2024, p. 47. Also see: 360Edge, *Submission 12*, pp. 4–5, which argued that a regulated market would lead to reduced health harms, compared with a lower rate of use in an unregulated market.

³⁰ Dr Michael Bonning, Chair, Public Health Committee, Australian Medical Association, *Committee Hansard*, 21 February 2024, p. 22.

would not increase under the Bill. Drug Policy Australia submitted, for example:

Young people aged 18-24 are already the group most likely to use cannabis in Australia, and 16% of young people aged 14-17 have tried cannabis. Cannabis is already accessible to young people, and the Legalising Cannabis Bill includes some safe measures against minors accessing cannabis, including age restrictions for purchasing cannabis in line with alcohol and tobacco restrictions.³¹

2.32 Dr Bonning highlighted, however, that the Bill would increase young people's access to cannabis:

...the bill allowing people to grow up to six plants in their homes [see 'Growing cannabis plants' below] normalises frequent cannabis use, especially in the fact that it doesn't then differentiate for the use of people under the age of 18 who may also live in said houses, making cannabis even more accessible to young people.³²

2.33 On this point, Professor Lee said that it's hard to know whether home grow will increase children's access to cannabis:

If I make an analogy with alcohol, many people, including me, have a bunch of bottles of alcohol on my shelf. My now 18-year-old, when he was younger, was not allowed to access those and he didn't...There is potentially an increased risk, but it is certainly up to parents, as it would be for alcohol, tobacco, sweets and lollies, to ensure that those products are out of reach of children. That needs to be part of the regulations as well.³³

2.34 Dr Bonning referenced a 2021 study which found that the Canadian legislation has not reduced cannabis use among youth:

Youth cannabis use remains common with use increasing from 30.5% in 2016/17 to 32.4% in 2018/19...High prevalence of youth cannabis use in this sample remains a concern. These data suggest that the Cannabis Act has not yet led to the reduction in youth cannabis use envisioned in its public health approach.³⁴

³¹ Drug Policy Australia, *Submission 26*, p. [5].

³² Dr Michael Bonning, Chair, Public Health Committee, Australian Medical Association, *Committee Hansard*, 21 February 2024, p. 21.

³³ Professor Nicole Lee, Founder and Chief Executive Officer, 360Edge, *Committee Hansard*, 21 February 2024, p. 48.

³⁴ Dr Michael Bonning, Chair, Public Health Committee, Australian Medical Association, *Committee Hansard*, 21 February 2024, p. 23. Also see: A.M.E. Zuckerman et al, 'Trends in youth cannabis use across cannabis legalization: Data from the COMPASS prospective cohort study', *Preventive Medicine Reports*, Vol. 22 June 2021, <https://doi.org/10.1016/j.pmedr.2021.101351> (accessed 1 April 2024); Australian Medical Association, answer to question on notice, 21 February 2024 (received 18 March 2024), p. 1

- 2.35 Mr Shane Varco, Executive Director of the Dalgarno Institute, also noted Canadian data that he said shows 'the Canadian model is failing':

There's recent data coming out of Canada that shows that now between 20 per cent and 25 per cent of young people are engaging in this because they see it as safe. And, of course, an addictive substance generates its own demand.³⁵

- 2.36 Professor John Toumbourou said that literature reviews examining the impact of cannabis legalisation over the last five years are 'telling us that these models of cannabis liberalisation and legalisation are increasing adult use'. He attributed this increase to perceived availability and a more favourable social norm.³⁶

- 2.37 Ms Stephanie Cairney, Assistant Director of Illicit Drugs Policy at the Attorney-General's Department (the AGD), advised:

We are generally always looking at what other countries are doing or other jurisdictions are doing in the space, just for our knowledge and understanding. My understanding from the international space is that a lot of the evidence is quite mixed. We are looking at Canada, Portugal and a number of different areas that have both legalisation and decriminalisation.³⁷

- 2.38 The AGD's Mr Alex Engel, Assistant Secretary of the Transnational Crime Branch, highlighted that, while drawing lessons from international experience, it is important to bear in mind jurisdictional differences:

...it's very key when you look internationally that it depends on those jurisdictions and those environments. You can look at like-minded countries, but even with like-minded countries like Canada or the US, it can be vastly different in terms of the particular jurisdiction, the types of organised crime groups they may or may not have there, the different health systems and their impacts, and what programs are in place. So there are very geographically dependent factors where you can draw some lessons, but I guess just picking them up and looking in the Australian context is where the mixed part comes in.³⁸

³⁵ Mr Shane Varcoe, Executive Director, Dalgarno Institute, *Committee Hansard*, 21 February 2024, p. 41. Also see: Dalgarno Institute, answer to question on notice, 21 February 2024 (received 27 February 2024), p. 2; Dalgarno Institute, answer to question on notice, 21 February 2024 (received 7 March 2024), p. 1.

³⁶ Professor John Toumbourou, personal capacity, *Committee Hansard*, 21 February 2024, p. 42.

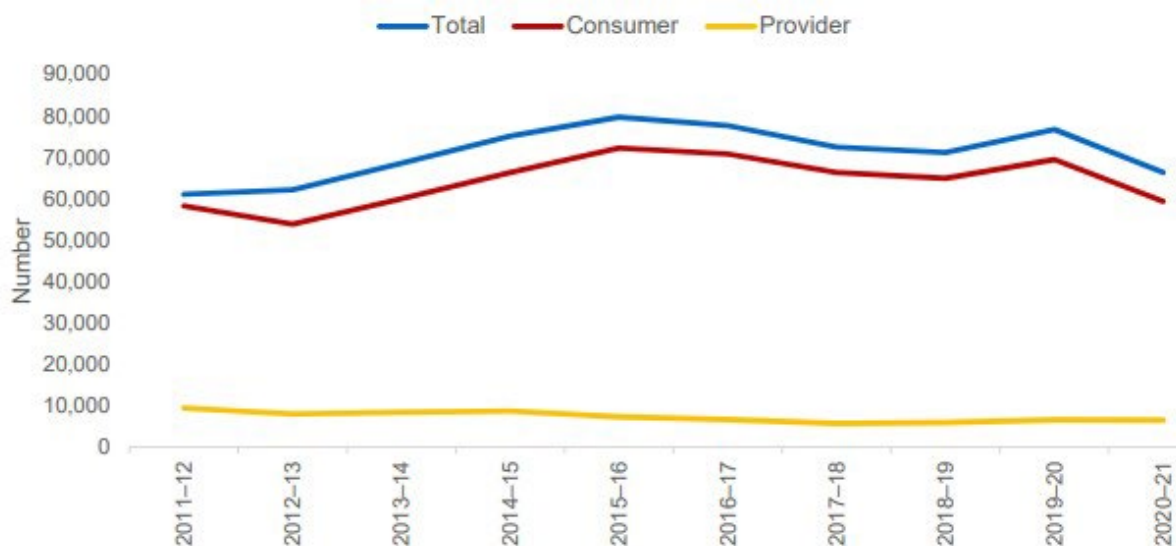
³⁷ Ms Stephanie Cairney, Assistant Director, Illicit Drugs Policy, Attorney-General's Department, *Committee Hansard*, 21 February 2024, p. 62.

³⁸ Mr Alex Engel, Assistant Secretary, Transnational Crime Branch, Attorney-General's Department, *Committee Hansard*, 21 February 2024, p. 62.

Criminal justice system harms

2.39 According to the Australian Criminal Intelligence Commission, there were 66 285 cannabis arrests nationally in 2020–2021. ‘Consumer’ arrests, rather than ‘provider’ arrests, accounted for the greater proportion of arrests (90 per cent, Figure 2.1).

Figure 2.1 Number of national cannabis arrests, 2011–12 to 2020–21



Source: Australian Criminal Intelligence Commission, *Illicit Drug Data Report 2020-21*, p. 53.

2.40 Some submitters and witnesses commented on the financial costs for law enforcement and the courts.³⁹ Mr Barns from the ALA said:

I have not met a magistrate or judge—and I’ve met many over the years—who thinks that the current system, whereby we, for example, ensure that alcohol is legal but cannabis is not legal, despite the fact that cannabis has less of a deleterious impact on the community, makes any sense. The average cost person in police and court activities...is around \$2,000. That’s around \$62 million spent on courts around Australia dealing with possession offences.⁴⁰

2.41 Professor Patrick Keyzer agreed that, in addition to the costs of incarceration, arrest, charge and prosecution are time-consuming and costly activities:

...marijuana possession arrests and convictions are very commonly the first step that many people take into the criminal justice system. There are more than 180 prisons in Australia. Statistics clearly indicate that a significant percentage of the people in prison are there for illicit drug use offences. Before they arrive in prison, they, of course, have been arrested, charged, processed by the courts and sentenced. These are time-consuming and costly activities. There were 77,000 arrests for cannabis possession in

³⁹ See, for example: Drug Policy Australia, *Submission 26*, p. [3].

⁴⁰ Mr Greg Barns SC, National Criminal Justice Chair, Australian Lawyers Alliance, *Committee Hansard*, 21 February 2024, p. 1. Also see: pp. 6–7, where Mr Barns noted the amount of time police and courts spend on ‘these petty matters’.

Australia in 2020. There is no way that this volume of police activity would not be very costly indeed. Assuming that every arrest takes an hour, that's 77,000 police hours that could be expended doing other things, such as protecting women from family violence.⁴¹

- 2.42 In his second reading speech, Senator David Shoebridge focussed on the harm to individuals, by stating that the Bill could 'radically reduce harm, literally overnight, by saving some 80,000 Australians a year from being caught up in the criminal justice system for possession of cannabis'.⁴²
- 2.43 Many submitters and witnesses agreed that criminal charge, prosecution and conviction harms cannabis users. Some identified the impacts of stigmatisation, the curtailment of work and life opportunities, the sourcing of illicit drugs and the criminal justice process as personal harms.⁴³
- 2.44 360Edge reiterated that the objective of a harm minimisation framework—as in the National Drug Strategy—should be to achieve a net reduction in harm, however, the criminalisation of cannabis has caused some of the most significant harms:

The illegal status of recreational cannabis has created a thriving, unregulated black market, incurring substantial health and social costs. The quality, safety and potency of cannabis circulating in the black market is unknown, substantially raising risks to users compared to if cannabis was regulated. There are no barriers preventing the sale of cannabis to minors. Because cannabis is illegal, the public is not properly educated on safe consumption and potential health risks. The stigmatisation associated with using an illegal drug deters people from accessing help for problematic use or health concerns. There is strong evidence that excessive expenditure on law enforcement has done little to contain the black market and its associated health harms, while incurring significant costs and subjecting vulnerable Australian populations to the harms of the criminal justice system...The criminalisation of cannabis use can significantly damage the lives of those who receive a criminal record, posing barriers to employment, housing and education and disproportionately affecting those from vulnerable communities.⁴⁴

- 2.45 The NDARC submitted that these types of harm could be 'removed' by 'diverting drug users away from the criminal justice system', while concurrently

⁴¹ Professor Patrick Keyzer, private capacity, *Committee Hansard*, 21 February 2024, p. 50.

⁴² Senator David Shoebridge, *Senate Hansard*, 10 August 2023, p. 27.

⁴³ See, for example: Families and Friends for Drug Law Reform, *Submission 25*, pp. 10–13; Mr Greg Barns SC, National Criminal Justice Chair, Australian Lawyers Alliance, *Committee Hansard*, 21 February 2024, p. 3; Dr Adele Stevens, Committee Member, Families and Friends for Drug Law Reform, *Committee Hansard*, 21 February 2024, p. 10.

⁴⁴ 360Edge, *Submission 12*, p. 3. Also see: National Drug and Alcohol Research Centre, *Submission 2*, p. 3; Australian Lawyers Alliance, *Submission 8*, p. 3; Families and Friends for Drug Law Reform, *Submission 25*, p. 2.

reducing ‘the amounts spent by Government arresting, prosecuting, and sanctioning illicit drug users’.⁴⁵

2.46 The Australian Greens consider that financial savings could be re-directed to other worthwhile policies and programs. However, some submitters did not agree that there would necessarily be any such savings.

2.47 The Dalgarno Institute, for example, submitted that the decriminalisation of recreational cannabis use and possession might decrease one policing metric (arrests and prosecutions) but not others:

Unlawful or civic harming actions and activities as a result of use of a psychotropic toxin...will ensure the need for ongoing policing, not for ‘possession or use’, but for behavioural outcomes of such consumption. Even if one were to then continue removing statutes of community protection from the policing framework, [it] will not reduce the harms of these behaviours, only enable them with impunity. The fiscal cost, though more difficult to record, will not decrease, but it’s the psycho-social harms and all their attending healthcare demands that will only increase.⁴⁶

2.48 The Northern Territory Police Force (NTPF) concurred that the Bill could result in increased resource implications, including:

...increased incidents of trespass, thefts, robbery, and burglary associated with the theft of cannabis, increased complaints from the concerned community members; and potential increase in offences due to cultivation and harvesting of excessive cannabis. If this were to occur, the NTPF’s existing resources would be inadequate to effectively implement the Bill.⁴⁷

2.49 Aside from any financial savings, the DACA questioned whether the creation of a legal cannabis market would reduce the harms created by an illicit market. Its submission noted overseas experience which, it argued, has shown that illicit markets can continue to thrive following the creation of legal markets. In Canada:

Not only are more people using cannabis, many people are sourcing their cannabis from the illicit market. According to the Canadian Cannabis Survey (2021), for example, only 43% of cannabis consumers report always acquiring cannabis legally. Although it can be viewed as a positive that legal sourcing has increased over time. Concerningly, it is the frequent users who are more likely to purchase from the illegal market. Differences in prices and the amount of THC (the psychoactive component in cannabis) are the main

⁴⁵ National Drug and Alcohol Research Centre, *Submission 2*, p. 3.

⁴⁶ Dalgarno Institute, *Submission 3*, p. 4. Also see: Australian Medical Association, *Submission 16*, p. 3; Dalgarno Institute, answer to question on notice, 21 February 2024 (received 7 March 2024), pp. 2–3, which cited studies that had found increased crime rates following legalisation.

⁴⁷ Northern Territory Police Force, *Submission 7*, p. 2.

reasons why people source their cannabis illegally. Wasisto and Jans (2022) report that in Canada illicit cannabis is 55% cheaper than legal cannabis.⁴⁸

2.50 Professor Jenny Williams, a cannabis researcher based at the University of Melbourne, agreed that, in Canada, the legal market has made substantial advances but not nearly succeeded in eradicating the illicit market:

[The Canadian Cannabis Survey (CCS) 2023] does NOT show that illegal cannabis accounts for less than 5% of the cannabis market in Canada; and (b) Canadian government data show that illegal cannabis market share is substantially larger than 5%...[W]hile it is most certainly the case that the legal market in Canada has been very successful at reducing the size of the illicit market, it remains a significant size, likely in the vicinity of 35-40%.⁴⁹

2.51 Professor Simon Lenton, Director at the National Drug Research Institute (NDRI), concurred that current examples of cannabis legalisation show that the legal market has not eliminated the black market.⁵⁰

2.52 Professor Williams explained:

...a cannabis market exists and is well established in Australia...[F]or the legal market to make an inroad into replacing the illicit one run by organised crime, you need the legal market to be more attractive to players on both the demand and supply side of the market. You need to lure people who are already operating in the illicit market into the legal market—buyers and sellers.⁵¹

2.53 Professor Williams expressed concern about whether the Bill could achieve this objective. Among her concerns is the 15 to 25 per cent tax level canvassed by the Parliamentary Budget Office (PBO) modelling (see Chapter 1) and the absence of any seed-to-sale tracking which would allow for 'leakage':

...from the seller's point of view there is that concern that there are high prices and they're not going to be able to compete with the illicit players. ...[I]n this particular bill, there's an absence of any seed-to sale tracking. Seed-to-sale tracking tracks from the time that cannabis seed is planted and the plant grows. To make sure that there's no leakage from the system, it's tracked at every stage, from planting through to selling. It's quite clear to me, as an economist, that a legitimate seller is going to sell to the once-a-year kind of people at the front of their shop, and out the back they're

⁴⁸ Drug Advisory Council of Australia, *Submission 5*, p. 7. Also see: Dalgarno Institute, answer to question on notice, 21 February 2024 (received 27 February 2024), pp. 3–4, which noted the explosion in cartel activities following legalisation in America.

⁴⁹ Professor Jenny Williams, answer to question on notice, 21 February 2024 (received 15 March 2024), pp. 2 and 17. Also see: Professor Jenny Williams, personal capacity, *Committee Hansard*, 21 February 2024, p. 14.

⁵⁰ Professor Simon Lenton, Director, National Drug Research Institute, *Committee Hansard*, 10 May 2024, p. 27. See also: Dr Michael Farrell, Director, National Drug and Alcohol Research Centre, *Committee Hansard*, 10 May 2024, p. 27.

⁵¹ Professor Jenny Williams, personal capacity, *Committee Hansard*, 21 February 2024, p. 12.

going to be doing business with their more substantial clients, giving them cut prices with illicit product because there's no seed-to-sale tracking.⁵²

- 2.54 Ms Lai stated that a legal cannabis market has to be regulated and informed by overseas experience. She conceded that ‘a black market is still going to exist, but with proper regulations in place people are going to find it more attractive to enter into the legal cannabis market’.⁵³
- 2.55 In relation to overseas experience, Professor Williams noted that the Canadian approach was ‘very thoughtful, very well researched and very well informed’ with a careful roll-out:

...they didn't just holus-bolus let everything go straight away...[T]hat's really important...All kinds of risk mitigation strategies were built into the way they did it because they gave themselves the time and the opportunity to research it, do it carefully, take on board good advice, be able to observe what happened and then judge what's the next step and how to proceed.⁵⁴

Safeguarding public health

- 2.56 Other submitters—such as the AMA, the RACGP and OZ Medicann Group—suggested that the issue is not whether a legalised recreational cannabis market creates fewer harms than an illicit market. Instead, from a public health and safety perspective, they argued that it is far better for Australia to only legalise medicinal cannabis.
- 2.57 OZ Medicann Group submitted that strict regulations and oversight—as provided by the current regulatory framework led by the Therapeutic Goods Administration (TGA)—plays an essential role in safeguarding public health:
- Stringent regulations are crucial to ensure the quality, safety, and efficacy of medical cannabis products...[Experience from other jurisdictions] validates the effectiveness of our current regulations and emphasizes the importance of maintaining these safeguards.⁵⁵
- 2.58 Similarly, the AMA supported the TGA’s role in assessing the safety, quality, and efficacy of cannabis products for therapeutic purposes. In its view, if the Bill were passed, it could lead people to self-medicate without consulting a medical

⁵² Professor Jenny Williams, personal capacity, *Committee Hansard*, 21 February 2024, p. 12.

⁵³ Ms Sasha Lai, Director, Plant Playground Pty Ltd, *Committee Hansard*, 21 February 2024, p. 32. Also see: Ms Malini Sietaram, Founder and Chief Executive Officer, Ganjika Pty Ltd, *Committee Hansard*, 21 February 2024, pp. 33–34, who cautioned against a regulatory vacuum in a legal cannabis market.

⁵⁴ Professor Jenny Williams, personal capacity, *Committee Hansard*, 21 February 2024, p. 14. Also see: p. 16.

⁵⁵ OZ Medicann Group, *Submission 10*, p. [2].

practitioner or the quality controls that come with product registration under the TGA's Australian Register of Therapeutic Goods.⁵⁶

- 2.59 The Australian Lawyers Alliance National President Mr Shaun Marcus acknowledged that therapeutic solutions could be better approached through the existing TGA processes:

Our clients don't wish to take medications from the black market; they want to take a safe and reliable medication through the use of their doctor. I certainly have clients who have had to shop around to try to access, to test whether medicinal or therapeutic cannabis assists their long-term condition. We would support, obviously, this being done in a safe way. There's no advantage for people to be uncertain as to what they're taking or have to buy it on the black market; that just shouldn't be the case.⁵⁷

- 2.60 Some witnesses specifically noted contamination issues in black market cannabis that, they argued, would be controlled through strong regulation. Dr Adele Stevens, committee member for Families and Friends for Drug Law Reform, said, for example:

When you buy something on the illegal market, you don't know what you're getting. Recently in the ACT we have had drug testing. We started off doing drug testing at Groovin the Moo events, and now the ACT government has drug testing where people can come in and get their illegal drugs tested. That's going to be very useful because it then shows that a small percentage of these drugs are quite contaminated and quite dangerous. But in a regulated system that wouldn't happen.⁵⁸

- 2.61 Dr Paul Kelaita, Postdoctoral Fellow for the Drug Policy Modelling Program at the Social Policy Research Centre (Drug Policy Modelling Program), stated that dangerous contaminants and variations in strength are harms that result from unregulated supply:

Some of the harms around unregulated supply specifically come from various contaminants that might be in the illicit supply, as well as variation in THC quantity in cannabis. You can't know how much THC is in cannabis bought on the illicit market. There is the same kind of problem around the ratio between THC and CBD in cannabis. There's also some emerging evidence that synthetic cannabinoids are found in unregulated supply,

⁵⁶ Australian Medical Association, *Submission 16*, p. 2. Also see: OZ Medicann Group, *Submission 10*, p. [2], which argued that, if required, the existing framework could be expanded to expand access to medicinal cannabis.

⁵⁷ Mr Shaun Marcus, National President, Australian Lawyers Alliance, *Committee Hansard*, 21 February 2024, p. 5.

⁵⁸ Dr Adele Stevens, Committee Member, Families and Friends for Drug Law Reform, *Committee Hansard*, 21 February 2024, p. 10. Also see, for example: Professor Nicole Lee, Founder and Chief Executive Officer, 360Edge, *Committee Hansard*, 21 February 2024, p. 47.

so various contaminants across the board are the main issues with unregulated supply specifically.⁵⁹

- 2.62 Dr Jake Dizard, Senior Researcher at the Penington Institute, stated that there are studies in other countries, not Australia, in relation to contaminants in the regulated and unregulated markets. He referenced a 2023 Canadian study:

It was quite revealing...This phenomenon of contaminants is often discussed in the abstract. I found those numbers yesterday showing that in Canada 92 per cent of the samples from law enforcement seizures from the illicit market had extremely high levels of pesticides and only six per cent of the samples from the legally sold cannabis had unregistered levels of pesticide at very low levels. I thought it was important to put some sort of substance on the bones of this very important point raised by our colleagues about contaminants...We know that mould and heavy metals are other contaminants that have often been found in studies in North America.⁶⁰

- 2.63 The AMA considered, however, that there is a 'limited evidence base for the use of medicinal cannabis products for several conditions' and for most conditions:

...there will be more evidence-based treatments available through a doctor or allied health professional that patients should explore before self-medicating on cannabis products.⁶¹

- 2.64 Dr Bonning explained:

There is growing evidence for specific conditions and the use of medicinal cannabis. This has been shown by the number of special access scheme authorisations for the use of medicinal cannabis. In addition, many general practitioners and subspecialist practitioners are now authorised to apply for cannabis-based products for their patients. That has been increasing steadily over the last five years. There is genuine interest in continuing research, and in the use of cannabis where there is clear medical and clinical evidence for the use of it. As with all things, if there is good evidence to support it, from a clinical perspective, doctors are happy to assess that evidence and use it for the benefit of their patients...There may always be a gap between those people who think they should have medicinal cannabis and the evidence supporting that use.⁶²

⁵⁹ Dr Paul Kelaita, Postdoctoral Fellow, Drug Policy Modelling Program, Social Policy Research Centre, *Committee Hansard*, 21 February 2024, p. 38.

⁶⁰ Dr Jake Dizard, Senior Researcher, Penington Institute, *Committee Hansard*, 21 February 2024, p. 38. Also see: Professor Patrick Keyzer, private capacity, *Committee Hansard*, 21 February 2024, p. 50.

⁶¹ Australian Medical Association, *Submission 16*, p. 2. Also see: Royal Australian College of General Practitioners, *Submission 23*, p. 1, which supported the use of medicinal cannabis products for a limited number of specific conditions.

⁶² Dr Michael Bonning, Chair, Public Health Committee, Australian Medical Association, *Committee Hansard*, 21 February 2024, p. 26.

Availability, accessibility and affordability of medicinal cannabis

2.65 Similarly, many submitters and witnesses advised that illicit cannabis is used for therapeutic treatments in circumstances where medicinal cannabis is unavailable, inaccessible or unaffordable.⁶³

2.66 The ALA's Mr Marcus noted that, while medicinal cannabis is available through a highly regulated scheme, the number of people who have been able to access it is low compared to many other countries:

The current regulatory model makes it difficult for many people to access the system, and a new and fit-for-purpose framework is needed...[W]e know that many medical professionals will refuse to prescribe cannabis for medicinal use. As a result of the challenges in gaining access, patients often must resort to self-medication by using illicitly obtained cannabis.⁶⁴

2.67 Ganjika's Ms Sietaram referenced 2022 data, which showed that, out of 47 000 doctors nationally, while 19 000 are interested in prescribing medicinal cannabis, only 843 doctors actually prescribe it for their patients: 'the reason for that is the red tape and the lack of education these doctors have. They don't feel comfortable prescribing it'.⁶⁵

2.68 Ganjika provided some information in relation to the costs of cannabis in Australia. In addition to being more expensive than in some international jurisdictions, there can be price variation among companies. In a 'mystery shopping exercise', the following comparative costing was obtained for a first consultation and script:

Table 2.1 Mystery Shopping Exercise

Company	A	B	C	D
Price	\$315.50	\$190.00	\$232.84	\$314.00

Source: Ganjika Pty Ltd, answer to question on notice, 21 February 2024 (received 15 March 2024), p. 2.

2.69 On the cost of medicinal cannabis, Ms Lai commented: 'people are going to look for their cannabis elsewhere, given the price that we have right now and the lack

⁶³ See, for example: Dr Adele Stevens, Committee Member, Families and Friends for Drug Law Reform, *Committee Hansard*, 21 February 2024, p. 9.

⁶⁴ Mr Shaun Marcus, National President, Australian Lawyers Alliance, *Committee Hansard*, 21 February 2024, p. 1.

⁶⁵ Ms Malini Sietaram, Founder and Chief Executive Officer, Ganjika Pty Ltd, *Committee Hansard*, 21 February 2024, p. 30. Also see: Ms Sasha Lai, Director, Plant Playground Pty Ltd, *Committee Hansard*, 21 February 2024, p. 30, who noted that not everyone wants to consult a doctor to be told what they can/cannot consume in their own home.

of competition'.⁶⁶ However, Professor Williams noted that the creation of a legal recreational cannabis market would create competition and drive down the cost of medicinal cannabis:

Of course, a substantial barrier to accessing medical cannabis is its cost, and the international experience is that introducing a legal recreational market reduces the cost of medical cannabis through the effects of competition. In short, those seeking to use cannabis for medical purposes can often find a product in the recreational space to suit their needs, and will purchase in the recreational market if it is cheaper. This forces down prices in the medical cannabis sector. So, a recreational market for cannabis will make medical cannabis cheaper and therefore more accessible.⁶⁷

2.70 Ms Sietaram suggested that the price problem might be compounded by the absence of pharmaceutical benefits support:

If you talk to your doctor, you cannot claim that consult on Medicare. You make it very expensive for Australians to access this. There are some really good Australian companies now that are providing concession rates. However, what they do is that, instead of using the premium quality of the flower, they are using the left-over buds. So it's still effective but they are lower-quality products that are then sold at concession prices.⁶⁸

2.71 Professor Langham acknowledged that the TGA administers the Special Access Scheme, which provides access to unregistered therapeutic products. Most medicinal cannabis products in Australia are not registered, that is, 'they've not been presented to the TGA for evaluation of safety, quality and efficiency...Pharmaceutical Benefits Scheme...funding is only available to therapies that have been registered on the [Australian Register of Therapeutic Goods]'.⁶⁹

2.72 Professor Langham indicated that PBS funding would require legislative reform or a sponsor of a drug to bring the medicinal cannabis product to the TGA for evaluation for safety, quality and efficacy.⁷⁰

⁶⁶ Ms Sasha Lai, Director, Plant Playground Pty Ltd, *Committee Hansard*, 21 February 2024, p. 31.

⁶⁷ Professor Jenny Williams, answer to question on notice, 21 February 2024 (received 15 March 2024), p. 9.

⁶⁸ Ms Malini Sietaram, Founder and Chief Executive Officer, Ganjika Pty Ltd, *Committee Hansard*, 21 February 2024, p. 32.

⁶⁹ Professor Robyn Langham, Chief Medical Adviser, Health Products Regulatory Group, Department of Health and Aged Care, *Committee Hansard*, 21 February 2024, p. 61.

⁷⁰ Professor Robyn Langham, Chief Medical Adviser, Health Products Regulatory Group, Department of Health and Aged Care, *Committee Hansard*, 21 February 2024, p. 61. Also see: p. 63.

Functions of the CANA

- 2.73 As noted in Chapter 1, the Bill proposes the creation of a new regulatory body—the CANA—whose functions would include regulating regulated cannabis activities in the broader public interest (proposed paragraph 35(a)).
- 2.74 Submitters and witnesses commented on this proposed provision, as well as the proposals to prevent the alcohol, tobacco and part pharmaceutical sectors from participating in a legal recreational cannabis market and to waive application fees for First Nations people.

‘Broader public interest’

- 2.75 The Penington Institute’s Dr Dizard considered proposed paragraph 35(a) to be an appropriate key function for the CANA. He gave evidence that ‘a lot of it is about balancing the trade offs’ and noted that, in Canada, the legislation sets out eight priorities to assist in achieving an effective balance.⁷¹
- 2.76 Ms Michala Kowalski, Research Officer for the Drug Policy Modelling Program, highlighted that ‘public benefit’ can be construed in interesting ways, as seen in the alcohol industry: ‘it is very useful to define in concrete terms what that public interest means’.⁷²
- 2.77 The Drug Policy Modelling Program described the Bill’s approach to the public interest as ‘dynamic’, however, it indicated that the Bill should be more explicit about what might constitute the public interest:
- ...further stipulation within the legislation on what is not included as part of the public interest, who carries the onus of proof that they are acting in the public interest, and who should be excluded from defining the public interest (such as people involved in and connected to the cannabis industry) would be in accordance to examples of best practice in this policy arena.⁷³
- 2.78 The Public Health Association of Australia (PHAA) submitted that, in considering the Bill, ‘the health and safety of Australians should be the paramount priority’.⁷⁴ The DACA noted the economic arguments proposed in favour of the Bill but concurred with the PHAA:
- Even if cannabis markets have potential to make billions of dollars in revenue, there are obvious ethical problems associated with governments encouraging business success that we all know will result in more cannabis

⁷¹ Dr Jake Dizard, Senior Research Officer, Penington Institute, *Committee Hansard*, 21 February 2024, p. 39.

⁷² Ms Michala Kowalski, Research Officer, Drug Policy Modelling Program, Social Policy Research Centre, *Committee Hansard*, 21 February 2024, p. 39.

⁷³ Drug Policy Modelling Program, Social Policy Research Centre, answer to question on notice, 21 February 2024 (received 15 March 2024), p. 3.

⁷⁴ Public Health Association of Australia, *Submission 22*, p. 4; Astrid Dispensary and Clinic, *Submission 15*, p. 1.

use disorders, poorer public health, and much more human suffering...[D]rugs policy should be shaped in terms of human rights, with consideration given to a hierarchy of rights...[D]rawing from the Universal Declaration of Human Rights (1948)...the right to life, health and safety are particularly important rights and should be prioritized by governments.⁷⁵

- 2.79 The SAPOL similarly argued that forecast revenue must be balanced against the likely harms to the Australian community:

Evidence regarding the experience of other jurisdictions, like Colorado and Washington in the United States (US), indicates the legalisation of cannabis will place further strain on an already strained health system, impact the life outcomes of younger people and contribute to fatal and serious injury road crashes. This will have both human and economic impacts.⁷⁶

'Excluded person'

- 2.80 Multiple submitters agreed with the Bill's proposal to exclude the alcohol and tobacco industries from participating in a legalised recreational cannabis industry. The PHAA submitted, for example:

These sectors have demonstrated over many decades a predominant commitment to profit, market share, and market domination where possible, and have engaged in practices of influence over government that have been seriously damaging to public health. It is a paramount policy goal that the culture of these industries not be imported into any legalized cannabis industry.⁷⁷

- 2.81 The Drug Policy Modelling Program endorsed strong regulation to restrict commercial interests:

The clash of commercial interests with public health principles is an area of key concern regarding a legalised regulated cannabis industry (Caulkins & Kilborn, 2019; Fischer, Lee, et al., 2020; Shanahan, 2011). Research into corporate interests influencing alcohol and tobacco policy, including our own work (Kowalski, Wilkinson et al., 2023; McCambridge et al., 2019; McCambridge et al., 2018; Miller et al., 2021; Miller et al., 2023; Savell et al., 2016; Smith et al., 2013), and emerging cannabis policy (Adams et al., 2021), suggest explicit exclusions and constraints around cannabis commercialisation and monopolisation would be beneficial (Fischer, Bullen, et al., 2020)...Industry influence should be restricted at all

⁷⁵ Drug Advisory Council of Australia, *Submission 5*, p. 9.

⁷⁶ South Australia Police, *Submission 18*, p. 1.

⁷⁷ Public Health Association of Australia, *Submission 22*, p. 6. Note: the submission cautioned also against the development of undue influence over public policy decisions by a recreational cannabis industry. Also see: Bill, cl. 7 ('excluded person'); National Drug Research Institute, *Submission 11*, p. [3].

points in a legalised cannabis market, from a seat at the table of the regulatory agency itself to supply and retail arrangements.⁷⁸

2.82 The Alcohol and Drug Foundation (ADF) shared these concerns:

In other industries where harmful products are provided by for-profit organisations, there is a conflict between the incentives of for-profit organisations and public health outcomes. For-profit entities will invariably seek growth and profit as their key driver, without consideration of public health outcomes. The example of the tobacco industry demonstrates how for-profit business can actively work against the public good. It has taken decades of hard-fought regulation to contain the power of the tobacco industry in the developed world. Similar challenges exist in the alcohol and gambling spaces in Australia today. The ADF would therefore recommend that any model of cannabis legalisation be done with the role of commercial entities minimised, particularly at the point of retail sale.⁷⁹

2.83 The Drug Policy Modelling Program suggested that the health portfolio should administer legislation associated with recreational cannabis:

In the absence of detailed additions regarding pricing restrictions (e.g. minimum unit price) (Englund et al., 2017; Freeman & Lorenzetti, 2020), maximum THC levels (Freeman & Winstock, 2015; Hall et al., 2023), and mandated THC/CBD ratios (Freeman et al., 2019), locating CANA within the Health portfolio would formalise the agency functions to maximise safety and minimise harm associated with regulated cannabis activities.⁸⁰

2.84 However, the Department of Health and Aged Care representative Ms Sukanya Lingaratnam advised that ‘recreational use is not within our remit. We regulate therapeutic goods’.⁸¹

Exemptions from the payment of fees

2.85 According to the Bill’s Statement of Compatibility with Human Rights:

The Bill advances Human Rights to Equality and Non-discrimination, and to Work, as it addresses, to the extent possible provided by its content, historical and ongoing injustices towards Indigenous peoples...Special measures are introduced by the Bill—including positive action by CANA in

⁷⁸ Drug Policy Modelling Program, UNSW, *Submission 19*, pp. 1–2. Also see: Penington Institute, *Submission 13*, p. 5, which suggested that the Cannabis Australia National Agency could be empowered to inquire into whether a licence applicant is a ‘fit and proper’ person.

⁷⁹ Alcohol and Drug Foundation, *Submission 9*, p. 2. Note: the submission highlighted the emergence of commercial actors in the medicinal cannabis market as a significant concern, where, it suggested, the cannabis is being inappropriately prescribed: pp. 3–4.

⁸⁰ Drug Policy Modelling Program, UNSW, *Submission 19*, p. 2. Note: the submission suggested also increased transparency, reporting requirements and density limits would be beneficial in focussing on harm reduction and public health.

⁸¹ Ms Sukanya Lingaratnam, Policy and Reforms Adviser, Department of Health and Aged Care, *Committee Hansard*, 21 February 2024, p. 62.

considering applications by Indigenous persons to apply to register a strain of cannabis or for a licence—to address historic injustices towards Indigenous peoples as a result of decades of over-policing of cannabis related laws and to address significant ongoing barriers for Indigenous peoples to enjoy their right to work.⁸²

2.86 Some submitters supported the provisions in the Bill whose stated aim is to address historic injustices and to provide employment opportunities to First Nations people. Plant Playground, for example, submitted:

...we support a free license scheme for First Nations people in recognition of the unfair impact of the war on drugs on their communities. It is our belief that such a scheme can contribute to rectifying historical injustices and providing economic opportunities to First Nations communities.⁸³

2.87 However, other submitters argued that this approach is antithetical to promoting positive health outcomes for First Nations people. The AMA referenced sub-clause 13(3) of the Bill, which would provide that no fee is payable for an application to register a cannabis strain, if the applicant is an Indigenous person or a body corporate controlled (within the meaning of section 50AA of the *Corporations Act 2001*) by one or more Indigenous persons.⁸⁴

2.88 The AMA argued that this sub-clause would have unintended consequences in First Nations communities:

Discounting cannabis product licenses in these communities may further proliferate cannabis use rates, adding further complexity to a population already facing inequitable health issues. Decriminalising personal cannabis use...and raising the age of criminal responsibility to 14 would be a more effective method of reducing the disproportionate incarceration rates of Aboriginal and Torres Strait Islanders and its associated health and social impacts.⁸⁵

2.89 The Penington Institute agreed that there are better solutions than those proposed in the Bill:

We endorse consideration of preferential conditions for Indigenous Australians or members of disadvantaged communities, but we suggest deeper consideration of barriers to business development (including access to capital and networks of expertise), building preferences into the licensing system (e.g., by including consideration of community as part of the application evaluation process), ensuring expiation of past

⁸² EM, Statement of Compatibility with Human Rights, p. 12.

⁸³ Plant Playground, *Submission 17*, p. 2.

⁸⁴ Also see: Bill, sub-cl. 27(3), which would provide that there is no fee for a licence authorising the undertaking of regulated cannabis activities.

⁸⁵ Australian Medical Association, *Submission 16*, p. 2.

cannabis convictions, and allocating a portion of revenue from cannabis sales toward reparative investment in those communities.⁸⁶

- 2.90 The SAPOL agreed with the AMA that legalising cannabis would likely have negative impacts and do harm in Indigenous, vulnerable and remote communities. Its submission referenced 2018–19 Australian Bureau of Statistics' data, showing that the most commonly reported illicit substance used by Indigenous people over the age of 15 years is cannabis:

The report advised that 24% of Indigenous people had used cannabis; an increase from the previous study undertaken in 2012–23 (20%). This is likely to increase with the legalisation of cannabis with a rise in the number of Indigenous people coming into contact with the criminal justice and health systems.⁸⁷

- 2.91 The NTPF referred to a 2007 Northern Territory Parliament inquiry into the issue of substance abuse in the community:

It found that there were very high rates of cannabis use in remote communities, which was causing significant social, physiological and psychiatric harms, compounding from poverty and unemployment. Anecdotal information was also provided that indicated a link between cannabis misuse and suicide. One of the key recommendations...was to reduce the illicit supply of cannabis to minimise these negative outcomes. The decriminalisation of cannabis would have the opposite effect of this, and result in disproportionately worse outcomes for Aboriginal communities when compared to non-Aboriginal communities.⁸⁸

- 2.92 In this regard, the DACA concurred that the Bill would not promote Closing the Gap Target 1: Everyone enjoys long and healthy lives. Its submission argued:

Given the large body of evidence showing the gap between Indigenous and non-indigenous life expectancy and range of other health outcomes, it is crucial for governments to do all they can to close the gap by bringing in laws that will promote the health, safety and wellbeing of Indigenous people. It should go without saying that the Australian Government should not be introducing laws and policies that place Indigenous people's health at greater risk...The proposition that legalizing cannabis will be good for Indigenous people frankly beggars belief.⁸⁹

⁸⁶ Penington Institute, *Submission 13*, p. 6.

⁸⁷ South Australia Police, *Submission 18*, p. 2. Note: the submission highlighted international research showing links between cannabis and behavioural violence, assault and homicide.

⁸⁸ Northern Territory Police Force, *Submission 7*, p. 1. Also see: NT Parliament, Legislative Assembly, Select Committee on Substance Abuse in the Community, *Substance Abuse in Remote Communities: Confronting the Confusion and Disconnect*, 2007, <https://parliament.nt.gov.au/committees/previous/substance-abuse> (accessed 7 December 2023).

⁸⁹ Drug Advisory Council of Australia, *Submission 5*, pp. 8–9.

Regulation of cannabis

2.93 Part 4 of the Bill deals exclusively with the regulation of cannabis, including proposed provisions in relation to offences and decriminalisation.

Offences in relation to cannabis

2.94 Division 1 of Part 4 of the Bill would make it an offence for a person to engage in certain activities, except in permitted circumstances or if the activity is authorised by a 'licence' (as defined) issued by the CANA.

Importation and exportation of cannabis products

2.95 Clauses 16 and 17 of the Bill would make it an offence for a person to import into Australia, or export from Australia, a 'cannabis product' (as defined), where the importation or exportation is not authorised by a licence.

2.96 The Department of Home Affairs (Home Affairs) argued that there are established regulatory regimes for the import and export of cannabis, including offence provisions in Commonwealth laws (such as in Part 9.1 of the *Criminal Code Act 1995*).⁹⁰

2.97 The Drug Policy Modelling Program expressed concern that the Bill might 'inadvertently and mistakenly' criminalise some activities. By way of illustration, it explained that clauses 16 and 17 are inconsistent with proposed subparagraph 10(j), which would provide that importing a cannabis product into Australia for the purpose of growing 'cannabis plants' (as defined) is a regulated licenced activity:

...importation and exportation offences included in the Bill have the potential to capture individuals sourcing seeds online for home-growing for personal use. This has impacts for personal growers and for biosecurity more generally if importation practices are designed to avoid detection.⁹¹

Growing cannabis plants

2.98 Sub-clause 18(2) of the Bill would enable a person to grow up to six cannabis plants at the person's private residence for personal or other non-commercial use only, provided that the plant is not accessible by the public.

⁹⁰ Department of Home Affairs, *Submission 14*, p. 4. Note: the department added that it is not clear how Australian Border Force officers would determine whether imported or exported cannabis is licenced or registered in accordance with the Bill.

⁹¹ Drug Policy Modelling Program, UNSW, *Submission 19*, pp. 2-3.

2.99 Multiple individual submitters agreed with this proposal on the basis that they would no longer have to source illicit and potentially dangerous cannabis or bear the unaffordable cost of medicinal cannabis:

I am currently holding a prescription for medical cannabis, but due to the expense am not able to afford all my prescribed amount. The ability to grow cannabis at home means my supply will be assured.⁹²

2.100 Plant Playground considered six plants to be a 'balance between personal use and responsible cultivation',⁹³ however, other submitters questioned the number of plants that would be allowed for personal grow. The AMA pointed out that six plants is more than is currently permitted in other jurisdictions (such as the Australian Capital Territory which allows only two plants per household).⁹⁴

2.101 The NTPF considered six plants as 'manifestly excessive', with potential for the commercialisation or distribution of excess personal use cannabis:

Based on the potential yield of a cannabis plant, a person growing six cannabis plants for personal use is manifestly excessive. This could potentially lead to commercial quantities of cannabis being grown and supplied (sold or otherwise) to others. It is recommended that one plant is sufficient for personal use, and that restrictions should apply to both the private residence and the individual.⁹⁵

2.102 The SAPOL submitted that sub-clause 18(2) would have implications for the policing of illicit cannabis. Its submission identified specific issues, including:

There will be greater opportunities for the black market to thrive with joint enterprises of cumulative private residents participating in the growing of the maximum number of legal 'cannabis strains', or the growing of illicit plants mixed with 'legal cannabis strains'. International experience has shown black markets have actually thrived following cannabis legalisation;

It would be difficult, if impossible, to determine that a 'legal cannabis strain' previously purchased was the one and the same as that in possession of a person and not a seed or seedling propagated from an original 'legal cannabis strain';

It would be difficult to police the growing of illicit cannabis plants (as opposed to legal cannabis strains) due to the costs and time for forensic analysis to determine which plants were legal and which were illicit, this would also have implications on police resources due to the significant increase in the growing of cannabis plants;

⁹² Andrew Thompson, *Submission 167*, p. 1.

⁹³ Plant Playground, *Submission 17*, p. [1].

⁹⁴ Australian Medical Association, *Submission 16*, p. 2. Also see: Penington Institute, *Submission 13*, p. 4, which noted that Canada established a limit of four plants per household.

⁹⁵ Northern Territory Police Force, *Submission 7*, p. 2.

There is no mention/restriction of the size for which legal cannabis plants may grow. If cared for well, a cannabis plant may achieve a large bush/tree size;

When grown indoors under ultra-violet light and with regular feeding regimes, the plants may develop increased THC levels than anticipated which may be of greater harm;

There is likely to be increases in crime levels with increased thefts of plants from private residences, and increased offences against the person, and increased insecurity within the community as a result.⁹⁶

2.103 Drug Policy Australia suggested that the Bill could include more details about the permitted characteristics of homegrown cannabis: for example, the gender of the plants, the permitted size/maturity level, etc..⁹⁷

Publishing cannabis advertisements

2.104 Clause 23 of the Bill would create the following offence:

- (a) the person publishes something, or authorises or causes something to be published; and
- (b) the thing is a cannabis advertisement; and
- (c) the cannabis advertisement is published in Australia; and
- (d) either or both of the following apply:
 - (i) the cannabis advertisement relates to a cannabis product that consists of, or includes, a registered cannabis strain;
 - (ii) the cannabis advertisement is published in the course of, or for the purposes of, regulated trade or commerce.

2.105 The PHAA endorsed the provisions in the Bill that would restrict advertising by a legalised cannabis sector. Its submission explained:

There has and continues to be widespread marketing of unhealthy products in Australia such as unhealthy food, alcohol, tobacco and vaping products. Especially of concern is how these industries often target young people. Should a wider cannabis industry become legal, legislatures and regulators should ensure that it is not given the unfettered opportunity to market products, especially towards younger individuals, in which negative effects are more likely to occur. Since most forms of product marketing lean heavily into attracting consumption uptake by people early in life, this will be very problematic.⁹⁸

2.106 Dr Dizard supported 'starting with a very strict approach to advertising' and noted that plain packaging, no celebrity promotions and no broadcast

⁹⁶ South Australia Police, *Submission 18*, p. 3. Also see: Penington Institute, *Submission 13*, p. 6, which commented on the need to clarify the path to legalisation of all cannabis, due to the difficulty of identifying by visual inspection a legal or illegal cannabis strain.

⁹⁷ Drug Policy Australia, *Submission 26*, p. [6].

⁹⁸ Public Health Association of Australia, *Submission 22*, p. 6.

advertising already feature in the Bill. However, he commented that there is a weak point:

...online sales can be a weak point. They don't have to be; it is not inevitable. They are a weak point especially if done through cannabis cafes or any sort of private model, rather than a government wholesaler, as is the case in Ontario. The regulator would have to be very proactive in policing all of the content that appears online, to determine whether it's promotional in nature, and be very strict about looking for violations of those content restrictions. As online sites proliferate, that becomes increasingly difficult.⁹⁹

2.107 The SAPOL noted sub-clause 23(2) of the Bill, which would enable the display of a 'cannabis advertisement'¹⁰⁰ at or on a place where cannabis products are offered for sale to the public, as authorised by a licence and subject to regulatory requirements (see 'Operating a cannabis café' below):

Some advertising may occur within section 23 which may influence previous non-users to commence smoking/consuming cannabis; this influence has occurred in the US.¹⁰¹

Decriminalisation for possession of cannabis

2.108 Division 2 of Part 4 of the Bill proposes that cannabis products can be possessed without criminal consequences in certain circumstances:

- Clause 25 would provide that a person under 18 years of age and in possession of a cannabis product is not criminally responsible, if the possession is an offence under Commonwealth, state or territory law and one or more of the following applies:
 - (i) the cannabis product consists of, or includes, a registered cannabis strain;
 - (ii) the cannabis product consists of, or includes, a cannabis strain that is the subject of a licence;
 - (iii) the cannabis product is the subject of a licence.¹⁰²
- Clause 26 would set out a similar provision for a person aged 18 years or older.

Popular support for decriminalisation

2.109 In the Australian Institute of Health and Welfare (AIHW) National Drug Strategy Household Survey (NDSHS), public perceptions and

⁹⁹ Dr Jake Dizard, Senior Research Officer, Penington Institute, *Committee Hansard*, 21 February 2024, p. 39.

¹⁰⁰ Note: the term 'cannabis advertisement' is defined in clause 8 of the Bill.

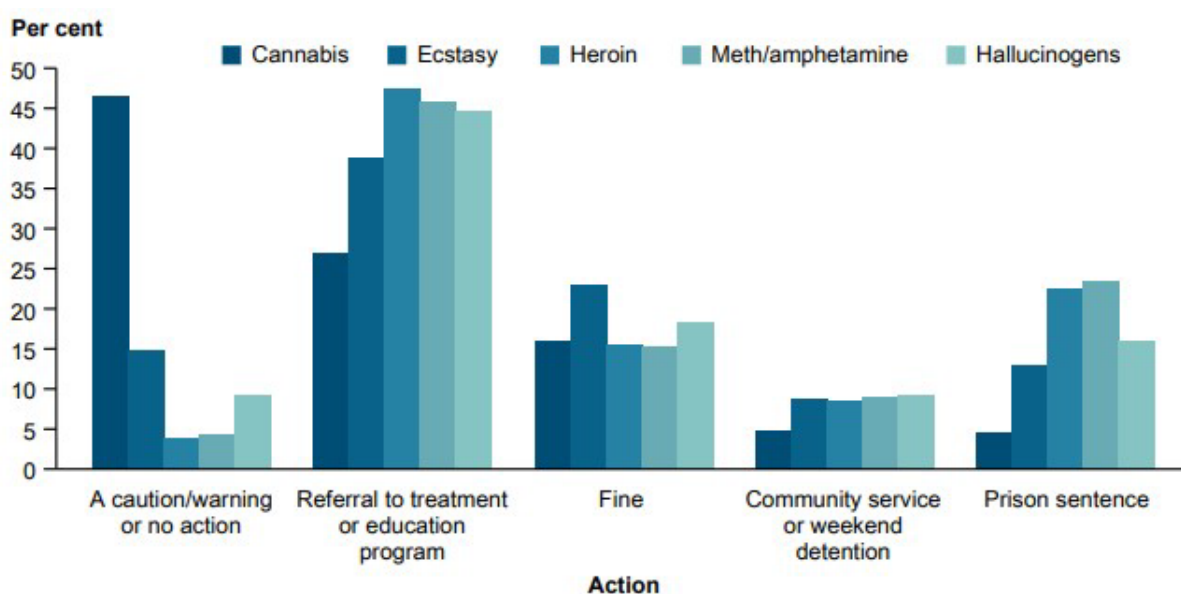
¹⁰¹ South Australia Police, *Submission 18*, p. 5.

¹⁰² Bill, para 25(1)(d). Note: for minors only, the cannabis product may be seized and destroyed by a police officer.

behaviour in relation to cannabis have changed over time, including in relation to the criminalisation of cannabis possession.

2.110 The NDSHS 2019 reported that fewer people think that possession of cannabis should be a criminal offence, declining from 26 per cent in 2016 to 22 per cent in 2019. Instead, the action most people supported was ‘a caution/warning or no action’ (54 per cent), followed by ‘referral to treatment or an education program’ (24 per cent).¹⁰³ These findings were consistent with the previous NDSHS (Figure 2.2).

Figure 2.2 Support for actions taken against people found in possession of selected illicit drugs for personal use, people aged 14 or older, 2016 (per cent)



Source: AIHW, *National Drug Strategy Household Survey 2016, 2017*, p. 131.

2.111 The majority of submitters shared the views reported in the NDSHS.¹⁰⁴ The AMA, for example, considered that ‘cannabis use should be treated first and foremost as a health issue instead of a criminal issue’:

...criminal penalties for personal cannabis use can add to the potential health and other risks to which cannabis users are exposed...[I]t is consistent with a principle of harm reduction for the possession of cannabis for personal use to attract civil penalties such as court orders requiring counselling and education (particularly for young and first-time offenders), or attendance at ‘drug courts’ which divert users from the criminal justice

¹⁰³ AIHW, *National Drug Strategy Household Survey 2019, 2020*, pp. 78 and 82.

¹⁰⁴ See, for example: Penington Institute, *Submission 13*, p. 4; Public Health Association of Australia, *Submission 22*, p. 5; Families and Friends for Drug Law Reform, *Submission 25*, p. 1. Also see: Senator David Shoebridge, *Senate Hansard*, 10 August 2023, p. 27, who stated ‘it’s time to stop pretending that consumption of the plant...should still be seen as a crime’.

system into treatment. When cannabis users come into contact with the police or courts, the opportunity should be taken to divert those users to preventive, educational and therapeutic options that they would not otherwise access.¹⁰⁵

2.112 The ALA argued that decriminalising the possession and use of cannabis would allow for implementation of harm minimisation policies with better outcomes for users. Under the current approach:

We continue to see the criminal justice system carrying the major burden of drug policy in Australia. Funding for health and social services is diverted into law enforcement, prosecution and incarceration. As a result, significantly more public resources are expended on criminal law enforcement as opposed to health or treatment.¹⁰⁶

2.113 Dr Erin Lalor, Chief Executive Officer of the ADF, noted:

Regulatory approaches to any psychoactive substance sit along a continuum with prohibition at one end and an unregulated commercial market at the other. We know that harms are greatest at either end of that continuum. With prohibition, we're seeing harms from stigma and contact with the criminal justice system, whereas at the other end we see greater health harms in a commercially driven market.¹⁰⁷

Licenses for regulated cannabis activities

2.114 Division 3 of Part 4 of the Bill would enable the CANA to issue licences that authorise regulated cannabis activities to be undertaken in accordance with the licence. These activities include the operation of a Cannabis Café.¹⁰⁸

Operating a Cannabis Café

2.115 Clause 30 of the Bill sets out the licence conditions that would apply to the operation of a Cannabis Café. For example, the licence holder must ensure that any consumption of cannabis products by smoking occurs in an outdoor area, does not unreasonably interfere with members of the public and complies with any other applicable state or territory law (proposed paragraph 30(1)(a)).¹⁰⁹

¹⁰⁵ Australian Medical Association, *Submission 16*, p. 2. Also see: p. 1; Dr Michael Bonning, Chair, Public Health Committee, Australian Medical Association, *Committee Hansard*, 21 February 2024, p. 21; Drug Advisory Council of Australia, *Submission 5*, p. 8, which noted that there is a 'dire shortage' of drug diversion programs.

¹⁰⁶ Australian Lawyers Alliance, *Submission 8*, p. 4. Note: the submission simultaneously argued that a 'punitive criminalised approach to drug use has inhibited advances in research into the therapeutic and health benefits of cannabis use'. On this point, also see: 360Edge, *Submission 12*, p. 2.

¹⁰⁷ Dr Erin Lalor, Chief Executive Officer, Alcohol and Drug Foundation, *Committee Hansard*, 10 May 2024, p. 26.

¹⁰⁸ Bill, cl. 10.

¹⁰⁹ Bill, para. 1(a).

- 2.116 A large number of individual and other submitters supported legislative provision for the licenced operation of a Cannabis Café.¹¹⁰ There was also support for licence holders, and any other person prescribed by the regulations, to undertake specified ‘approved RSC training’ (as defined), and for distinction between the cannabis and alcohol/tobacco industries.¹¹¹
- 2.117 However, other submitters raised concerns in relation to the establishment of Cannabis Cafés. Noting its concerns about the physical and mental health risks associated with cannabis, the AMA considered that Cannabis Cafés might ‘further normalise cannabis use and could reintroduce smoking in public settings when much progress has been made to reduce this in the context of tobacco smoking and vaping’.¹¹²
- 2.118 The SAPOL referred to the licence conditions set out in proposed paragraph 30(1)(a) and suggested that the term ‘outdoor area’ should be clarified as the location of this area could affect non-consumers: ‘there would be concerns if the ‘outdoor’ facility was on the footpath where by-passers would be affected by cannabis smoke, particularly children’.¹¹³
- 2.119 In relation to ‘vulnerable groups’, including children and young people, the AMA also expressed concern that the Bill does not restrict the location of Cannabis Cafés. It argued:

[This] may increase the risk of retailers targeting vulnerable groups for profit. For example, there are reports of stores opening to deliberately sell vapes close to schools, further increasing accessibility of vapes to children and young people. We cannot make the same mistake with cannabis products.¹¹⁴

Delegated legislation

- 2.120 As noted in Chapter 1, the Senate Standing Committee for the Scrutiny of Bills (Scrutiny of Bills Committee) expressed concerns with the inclusion of significant matters in delegated legislation.¹¹⁵

¹¹⁰ See, for example: National Drug Research Institute, *Submission 11*, p. [3]; Plant Playground, *Submission 17*, p. [1].

¹¹¹ Penington Institute, *Submission 13*, p. 4. Also see: Bill, cl. 7 (‘approved RSC training’) and proposed paragraph 29(1)(e); Dr Paul Kelaita, Postdoctoral Fellow, Drug Policy Modelling Program, Social Policy Research Centre, *Committee Hansard*, 21 February 2024, p. 38; Dr Jake Dizard, Senior Researcher, Penington Institute, *Committee Hansard*, 21 February 2024, p. 38.

¹¹² Australian Medical Association, *Submission 16*, p. 2.

¹¹³ South Australia Police, *Submission 18*, p. 5.

¹¹⁴ Australian Medical Association, *Submission 16*, p. 2.

¹¹⁵ Standing Committee for the Scrutiny of Bills, *Scrutiny Digest No. 10 of 2023*, 6 September 2023, p. 13. Also see: Bill, subcl. 27(1) and 27(2) and cl. 31.

2.121 Some witnesses also commented on the Bill's proposal to delegate certain decisions to the CANA. For example, Professor Williams argued that it would be better to fully investigate and resolve key regulation before creating a legal recreational cannabis market:

Rather than delegating decisions on the design, implementation and enforcement of a legal market for cannabis to a regulatory body, a better approach is for these issues to be investigated and resolved prior to proposing a Bill. The Bill, along with accompanying Ministerial orders, regulations or Memorandum of Understanding between the Federal and State governments should be presented to Parliament as part of the complete package describing what the legal market would look like, so that senators and ministers know what they are voting on. This is what occurred in Canada. And I believe this also occurred when Australia introduced the GST. And creating a new legal market for cannabis should be done with as much care in planning, and working through the details, as occurred when the GST was introduced.¹¹⁶

2.122 Ms Liz Barrett from the Drug Policy Modelling Program stated that 'it's quite hard to put the horse back once its bolted' and legislation need not be static:

It can be dynamic and it can be ever-evolving...[T]here's benefit in applying a precautionary principle and then reviewing the legislation to see if it works rather than doing it the other way around.¹¹⁷

2.123 Dr Dizard acknowledged that dynamism and responsiveness is important, however:

...it is also important to consider that things being embedded directly in legislation sends a pretty strong signal about what are core priority components of the bill. That's No. 1. No. 2:...evidence across many policy domains suggests that the regulation level is more vulnerable to corporate capture or capture by interest than—it is particularly vulnerable in those respects, whereas the transparency of the bill itself—it has some benefits in terms of writing core tenets and core priorities right into the legislation. That's not to say that we have direct, prescriptive answers about which components need to be written into legislation. But I think it's worthwhile considering some of the really sensitive issues, whether it be potency levels or marketing and advertising issues or the range of products that's available or even things like social equity issues, a little bit of which is already in the bill—to really consider the gamut and think about which ones should be directly embedded in the legislation, at least in the form of more concrete directives to the regulator.¹¹⁸

¹¹⁶ Professor Jenny Williams, answer to question on notice, 21 February 2024 (received 15 March 2024), p. 5.

¹¹⁷ Ms Liz Barrett, Research Officer, Drug Policy Modelling Program, Social Policy Research Centre, *Committee Hansard*, 21 February 2024, p. 40.

¹¹⁸ Dr Jake Dizard, Senior Research Officer, Penington Institute, *Committee Hansard*, 21 February 2024, p. 40.

2.124 In relation to the Bill providing a framework, with the detail to be set out in regulations, Professor Lee said:

I think the more information that we have about things, the better decisions we can make. But also I think the actual model of legalisation and the ins and outs of it are quite complex. They may take some time to get agreement on, to get in place and to get right. So I'm super keen to see at least a framework set up that will move us towards regulation rather than prohibition.¹¹⁹

2.125 Professor Williams noted that, in Canada, 'they [clearly] legislated the things that, in this bill, you would like to hand over to CANA'.¹²⁰ She identified specifically some of the protections for children and young people that she considered should be in the primary legislation:

...you need to exclude foods and drinks that might appeal to children, which includes having no-sugar drinks, plain packaging, and child-proof packaging. You want product labelling standards about what is a dose. Different US jurisdictions give you information about what is considered to be a dose and how many doses are in a package. You want provisions excluding dangerous chemicals such as butane, used to create concentrates. You want to provide limits on the level of THC. Research shows that high levels of THC precipitate, with a higher probability and quicker speed, cannabis-use disorder and other mental ill-health consequences. There need to be quality controls around there being no contaminants and what products can be sold; we need to know that.¹²¹

2.126 The ADF similarly supported additional factors being included in legislation. In relation to the establishment of cannabis outlets, they identified:

...[a] well-established and generous community consultation period in legislation would be useful. It would really be useful to have in legislation cumulative impact assessments that look at the cumulative impact of new outlets within geographic areas and consider the needs of those communities.¹²²

Economic opportunities

2.127 Senator Shoebridge stated that the Bill provides the opportunity to create 'tens of thousands of quality green jobs, new small businesses, enriched regional

¹¹⁹ Professor Nicole Lee, Founder and Chief Executive Officer, 360 Edge, *Committee Hansard*, 21 February 2024, p. 49.

¹²⁰ Professor Jenny Williams, personal capacity, *Committee Hansard*, 21 February 2024, p. 15.

¹²¹ Professor Jenny Williams, personal capacity, *Committee Hansard*, 21 February 2024, p. 18. Also see: Ms Malini Sietaram, Founder and Chief Executive Officer, Ganjika Pty Ltd, *Committee Hansard*, 21 February 2024, p. 35.

¹²² Dr Erin Lalor, Chief Executive Officer, Alcohol and Drug Foundation, *Committee Hansard*, 10 May 2024, p. 27; Mr Robert Taylor, Manager, Policy and Engagement, Alcohol and Drug Foundation, *Committee Hansard*, 10 May 2024, p. 34.

economies and the boon for tourism that will come with establishing a totally new legal industry'.¹²³

2.128 Plant Playground representative Ms Lai agreed that the Bill would benefit small businesses:

It would create jobs for small businesses, opportunities for us to enter into a thriving global industry that is really advancing technologies and aiding in medicine and science and botany. It would be incredible to be a part of that. ...It is incredibly important that we highlight that cannabis is something that can be used for health and wellness, but it can also be used really successfully and safely for relaxation and socialising. That's not a bad thing.¹²⁴

2.129 Althea Group Holdings Ltd agreed with this assessment, submitting that its 'unwavering' support for the Bill is based on several compelling factors, including the potential for employment opportunities, significant tax revenues and economic growth, all of which have occurred in Canada following its creation of a legal recreational cannabis market.¹²⁵

Projected revenue from taxation measures

2.130 As noted in Chapter 1, the PBO has twice costed the Australian Greens' proposal to legalise the production and sale of recreational cannabis in Australia.

2.131 Some submitters and witnesses commented on the international experience of taxing legalised recreational cannabis. The Dalgarno Institute commented, for example:

Predicted and now current realities have shown that promised revenues have not eventuated and what little has been generated has been consumed by growing public health issues and expensive bureaucracies, not to mention the escalation of drug use related crimes beyond the 'possession and use' issue.¹²⁶

2.132 Dr Michael Farrell, Director of the National Drug and Alcohol Research Centre, gave evidence that, in relation to whether the tax revenue from the legalisation process would finance health interventions, 'the experience to date has been that

¹²³ Senator David Shoebridge, *Senate Hansard*, 10 August 2023, p. 27.

¹²⁴ Ms Sasha Lai, Director, Plant Playground Pty Ltd, *Committee Hansard*, 21 February 2024, p. 29. Also see: p. 33 (benefits of cannabis tourism).

¹²⁵ Althea Group Holdings Ltd, *Submission 6*, p. [2]. Note: for details of the Canadian experience, see pp. [2–3]. Also see: Astrid Dispensary and Clinic, *Submission 15*, p. [2]; Ganjika Pty Ltd, *Submission 21*, pp. 1 and 4.

¹²⁶ Dalgarno Institute, *Submission 3*, p. 4.

the tax yield has not been of a magnitude that can adequately support the development of these services'.¹²⁷

2.133 Drug Policy Australia referenced the Canadian experience with respect to pricing. Noting that almost of the cannabis consumers still purchase on the black market, its submission called for taxation that is 'low enough to allow for competitive pricing to be able to compete with the black market'.¹²⁸

Single Convention on Narcotic Drugs 1961

2.134 The United Nations' Single Convention on Narcotic Drugs, 1961 (the Convention) aims to combat drug abuse through coordinated international action. One form of intervention and control is 'to limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of drugs'.¹²⁹

2.135 The Australian Criminal Intelligence Commission's *Illicit Drug Data Report 2020–21* noted that cannabis remains one of the largest illicit drug markets globally, with the estimated number of cannabis users increasing from 192 million in 2018 to 200 million in 2019.¹³⁰

2.136 Home Affairs indicated that illicit cannabis continues to enter the country, with the Australian Border Force detecting non-legal cannabis on average 16 897 times each financial year since 2018–19 (mostly in the international mail environment).¹³¹

2.137 While Home Affairs is responsible for the detection and seizure of prohibited and restricted goods, the Department of Health and Aged Care (Health and Aged Care) is the responsible policy agency. Health and Aged Care must ensure compliance with the international conventions to which Australia is a party, including the Convention.

2.138 Ms Danielle Chifley, Acting First Secretary of the Office of Drug Control at the Department of Health and Aged Care, reaffirmed the Commonwealth government's position:

Australia is committed to the international drug control regime that's established by the United Nations international drug convention. In Australia, the medicinal cannabis scheme that was implemented in 2016

¹²⁷ Dr Michael Farrell, Director, National Drug and Alcohol Research Centre, *Committee Hansard*, 10 May 2024, p. 29.

¹²⁸ Drug Policy Australia, *Submission 26*, pp. 4–5.

¹²⁹ United Nations, *Single Convention on Narcotic Drugs, 1961*, art. 4.

¹³⁰ Australian Criminal Intelligence Commission, *Illicit Drug Data Report, 2020-21*, p. 47, www.acic.gov.au/sites/default/files/2023-10/cannabis_iddr_2020-21_forweb.pdf (accessed 20 January 2024).

¹³¹ Department of Home Affairs, *Submission 14*, p. 4.

involves a licence and permit scheme under the Narcotic Drugs Act, which regulates the cultivation, production and manufacture of medicinal cannabis for medicinal and scientific purposes. The Office of Drug Control legislative framework also includes administering the Customs (Prohibited Imports) Regulations and Customs (Prohibited Exports) Regulations as they relate to the import and export of prohibited drugs, including cannabis-based products.¹³²

2.139 Professor Keyzer said, however:

The Single Convention on Narcotic Drugs does not present a barrier to the down-scheduling of cannabis. If it does, it is a principle of Australian constitutional law that an international treaty or convention can be implemented in Australian law in whole or in part. Many other countries, including comparable countries like Canada, have legalised cannabis while remaining members of the single convention.¹³³

2.140 Home Affairs noted clause 6 of the Bill, which would provide that the Bill once enacted has effect 'despite any other law of the Commonwealth'. The department submitted that the Bill would over-ride customs laws and other related Commonwealth laws.¹³⁴

2.141 When asked about potential clash of laws, Professor Keyzer said:

...obviously, there needs to be an advice from the Commonwealth Solicitor-General, drawing the attention of the people in his office to the implications of the legislation for the various instruments that have been identified by the Department of Home Affairs so that one can feel confident that the legislation would survive a High Court challenge.¹³⁵

2.142 Mr Tony Smith, Assistant Commissioner of Customs with the Australian Border Force, agreed that the full impacts of the Bill would have to be examined if the Bill is enacted:

Some of those relate to specific interactions with other laws. That would be something that we would work in partnership with our colleagues at the Attorney General's office on. Additionally, from the impact of the border in terms of the regulation of cannabis activities and the import and export of cannabis, we would work on how ABF officers would be able to determine if the proposed import or export cannabis is either licensed or registered, as referred to in the bill. Then, in relation to the offence provisions in relation to import-export of cannabis products, it's obviously existing in provisions in other Commonwealth laws, such as the Criminal Code, we would work

¹³² Ms Danielle Chifley, Acting First Secretary, Office of Drug Control, Department of Health and Aged Care, *Committee Hansard*, 21 February 2024, p. 65.

¹³³ Professor Patrick Keyzer, private capacity, *Committee Hansard*, 21 February 2024, p. 50. Also see: pp. 51–52 (copyright, patents and trademark power).

¹³⁴ Department of Home Affairs, *Submission 14*, p. 4.

¹³⁵ Professor Patrick Keyzer, private capacity, *Committee Hansard*, 21 February 2024, p. 55.

on how that interacts with those laws. Those are the areas that we would identify as impacts that we would have to work through.¹³⁶

2.143 The AGD's Ms Chifley commented similarly in relation to how the Bill might interact with Australia's international obligations:

Any moves to legalise drugs in Australia would need to be considered in the context of Australia being a signatory to the international drug control conventions. But, in addition to that, in terms of the bill, noting that the intention of the bill includes establishing a new regulatory agency that will have oversight in relation to activities of growing, selling, manufacturing, licensing and various trading aspects, there would just need to be careful consideration to make sure that there's no duplication of responsibilities currently held by Therapeutic Goods Administration or the Office of Drug Control.¹³⁷

Constitutionality and incompatibility with states and territories

2.144 Senator Shoebridge informed the Senate that the Bill is based on legal advice that shows 'legalisation in the manner proposed in this Bill, through the registration and licensing of cannabis strains, is constitutionally valid at the Federal level'.¹³⁸

2.145 The Australian Greens' legal advice was provided by Professor Keyzer. Professor Keyzer gave oral evidence to the committee that the Commonwealth has power to enact the Bill on the following basis:

First, it could regulate importation and exportation under the trade and commerce power. It could regulate interstate trade in cannabis also using section 51(i). It could tax cannabis using section 51(ii) and section 90 of the Constitution. It could register and regulate cannabis plant variety rights under section 50(xviii) of the Constitution. It could regulate cannabis dispensaries under section 51(xx) of the Constitution. It could regulate the trading activities of cannabis dispensaries under section 51(xx), and it could authorise the territories to regulate cannabis under section 122.¹³⁹

2.146 However, Professor Keyzer was not able to produce the written advice he had provided to the Australian Greens to the committee, and suggested he may have lost it. Professor Keyzer indicated he was not aware of any other academic or constitutional lawyer that had taken the same view as he had in particular relation to cannabis plant variety rights, although he believed his view was based on propositions accepted by the High Court.

¹³⁶ Mr Tony Smith, Assistant Commissioner, Customs, Australian Border Force, *Committee Hansard*, 21 February 2024, p. 59.

¹³⁷ Ms Danielle Chifley, Acting First Secretary, Office of Drug Control, Department of Health and Aged Care, *Committee Hansard*, 21 February 2024, p. 65.

¹³⁸ Senator David Shoebridge, *Senate Hansard*, 10 August 2023, p. 27.

¹³⁹ Professor Patrick Keyzer, private capacity, *Committee Hansard*, 21 February 2024, p. 50. Also see: p. 56.

2.147 Professor Keyzer stated that 'it is a principle of constitutional law that, if a Commonwealth law says you can and a state law says you can't, the Commonwealth law would override the state law to the extent of its inconsistency [section 109 of the Australian Constitution]'. However, 'it would be better and an ideal situation if there could be Commonwealth, state and territory cooperation'.¹⁴⁰

2.148 The ALA representatives would not be drawn on the constitutional validity of the Bill. Mr Barns conceded, however, that 'without going through the statute books at some length, I would be surprised if there were [any other examples of Commonwealth law overriding something within the states' criminal remit]'.¹⁴¹

2.149 The NDRI submitted that 'the main challenge...with the Bill, as drafted, is its framing around [the] registration of cannabis strains'.¹⁴² It argued that this approach will be problematic:

This may be seen by some as a legally deft and convenient framing to make the Bill one that can be tabled in the Commonwealth Parliament which has jurisdiction over patent and such matters. However, in our view, the consequences of this make the Bill likely administratively cumbersome, possibly unworkable, and probably likely to produce enforcement challenges with regards to the activity of State and Territory police.¹⁴³

Committee view

2.150 The Legalising Cannabis Bill 2023 aims to legalise cannabis for adult recreational use in Australia.¹⁴⁴ The committee understands that, internationally and nationally, there is growing support for the legalisation of cannabis. However, this support is not universal and in Australia, it is not the majority view.

2.151 The committee acknowledges that, overseas, there are multiple approaches to the legalisation of cannabis. The committee heard that this legalisation has resulted in variable outcomes, some of which are contrary to, or at least do not support, policy objectives. In any event, the committee accepts that these approaches would operate in a completely different context domestically.

2.152 Taking the most comparable example, which stakeholders identified as Canada, the committee heard that the issue of legalisation was very carefully researched

¹⁴⁰ Professor Patrick Keyzer, private capacity, *Committee Hansard*, 21 February 2024, p. 52. Also see: Professor Jenny Williams, answer to question on notice, 21 February 2024 (received 15 March 2024), p. 11, who commented that it is imperative for there to be agreement and coordination between the federal and state governments.

¹⁴¹ Mr Greg Barns SC, National Criminal Justice Chair, Australian Lawyers Alliance, *Committee Hansard*, 21 February 2024, p. 8.

¹⁴² Bill, Part 3.

¹⁴³ National Drug Research Institute, *Submission 11*, p. [3].

¹⁴⁴ Bill, Explanatory Memorandum, p. [2].

and considered, with staged rollouts to mitigate and compensate for adverse outcomes. The committee also heard that the legislation contained more detail, compared to the delegations provided for in the Bill. In the committee's view, if there were to be a policy of legalised cannabis for adult recreational use, then such a policy should be grounded on consultations conducted with a wide range of stakeholders, including legal, medical and health experts, as well as cannabis researchers, in conjunction with an impartial assessment of the evidence base to date.

- 2.153 The committee understands that a constitutional law advice was provided to the Australian Greens to support the policy underpinning the Bill. However, that advice was not made available to the committee. The committee is concerned that the Bill is not constitutional. However, if the committee accepts that a head of power could support provisions in the Bill, the committee still holds concerns about the impact on state and territory laws. The committee notes that it has long been accepted that criminal laws relating to drug use are, for the most part, matters of state and territory responsibility.
- 2.154 Although the Commonwealth regulates the use of cannabis as a medicine, a national law that would decriminalise the use of cannabis for recreational purposes would be a significant change that would impact state and territory laws. While the committee understands that there are public policy reasons for considering decriminalisation as a harm reduction strategy, the federal Parliament should think carefully about enacting laws that would have the effect of subverting the right of the states and territories to make laws about the criminalisation or decriminalisation of recreational drug use. The committee is of the view that the decriminalisation of cannabis should remain a matter for States and Territories.
- 2.155 There are also outstanding issues of how the Bill would interact with Australia's international law obligations—such as under the Convention—as well as domestic laws, such as constitutional and intellectual property laws. The committee also notes the advice of government departments and agencies that there would have to be a more thorough consideration of practical and operational matters.
- 2.156 Ultimately, the committee is concerned that the legalisation of cannabis for adult recreational use would create as many, if not more, problems than the Bill is attempting to resolve. While endeavouring to do so, the Bill does not address several significant concerns, for example, ensuring that children and young people cannot access cannabis (particularly home-grow), managing risky cannabis use, and effective oversight of THC content.
- 2.157 The committee notes that a near identical policy was first announced by the Australian Greens in 2018, at which time the Morrison Government rejected the proposal to legalise cannabis for physical and mental health reasons.

- 2.158 For the committee, these public health concerns have not abated, with peak medical bodies identifying serious and well-recognised harms from cannabis use. Further, the committee acknowledges the current supply/demand issues within Australia's health system that could foreseeably be impacted by the increased use of legalised cannabis.
- 2.159 The committee does not think that this Bill gives enough consideration to the unintended consequences of allowing for the commercialisation of an addictive substance. Illicit cannabis or licit cannabis does have human health harms. Recreational usage will undoubtedly lead to the establishment of genuine for-profit entities which will then invariably seek growth and profit as their key driver, which are inconsistent with successive government objectives to improve public health outcomes for the Australian population.
- 2.160 The committee heard that cannabis has a legitimate role in medical treatment and is appropriately prescribed by medical practitioners, and regulated and oversighted by the TGA. There is no question that the use of medicinal cannabis within the established Special Access Scheme is supported. If there is a need to revisit this framework, then that is a discussion quite distinct from the legalisation of recreational cannabis.

Recommendation 1

2.161 The committee recommends that the Senate not pass the Bill.

Senator Nita Green
Chair

Additional Comments by Senator Paul Scarr

Introduction

- 1.1 I agree with the recommendation in the majority report that the Senate not pass the Legalising Cannabis Bill 2023 (the 'Bill'). The health risks posed by legal access to cannabis for recreational purposes are profound. The health system is not presently coping with the current health needs of Australians, including in relation to mental health services. The purpose of these additional comments is to expand upon some of the reasons provided in the majority report. In particular, further comment is provided in relation to issues arising from the costings provided by the Parliamentary Budget Office (the 'PBO').

Policy costing undertaken by the Parliamentary Budget Office

- 1.2 In his second reading speech, Senator Shoebridge argued:

It's time to seize the many opportunities that legalisation poses. This includes \$28 billion in public revenue, with provisions for a 15% Cannabis Sales Tax that can be initiated in the Lower House, that the Parliamentary Budget Office has told us legalisation can bring in in the first 9 years of operation.¹

- 1.3 The costings undertaken by the PBO are referred to in paragraph 1.12 of the majority report (there is additional commentary at paragraph 2.53 in relation to an expert's response to the costings).
- 1.4 I make a number of observations in relation to the costings.

General Qualifications

- 1.5 The PBO raises a number of qualifications with respect to the analysis. The results need to be considered in the context of the caveats provided by the PBO, namely:

There is a high level of uncertainty in this costing as there is limited information available in Australia to estimate the production in cannabis cultivation and the consumption of recreational cannabis, in particular its market price.

There is also uncertainty around how production, consumption and price would change over the period to 2032-33. In particular, the behavioural responses as a result of the proposal, such as the take-up by new users after legalisation as well as the proportion of existing consumers who would switch to a legal source, are highly uncertain.

Assumptions are based on recent research in Australia and evidence in Canada where legalisation on recreational cannabis has recently occurred. The actual outcomes may differ significantly due to differences in policy specifications and market characteristics between Australia and overseas.

¹ Senator David Shoebridge, *Senate Hansard*, 10 August 2023, p. 3685.

The costing estimates could vary significantly with changes to the assumptions.²

Impact of consumers being able to grow up to six cannabis plants

1.6 As the PBO indicated in the extract quoted above, the costing estimates may vary significantly with changes to the assumptions and depending upon the behavioural response to implementation of the legal regime proposed in the Bill.

1.7 The Bill provides for both legalisation of:

- (a) the growing of no more than six cannabis plants at a personal residence for personal use or for other 'non-commercial' use; and
- (b) the sale of cannabis produced by such plants for an amount of \$50 or less in a 24-hour period.³

1.8 The question arises as to how many people will avail themselves of the opportunity to grow cannabis plants and to sell amounts under the threshold provided by the Bill. How does this impact upon the costings provided by the PBO?

1.9 In his second reading speech, Senator Shoebridge argued:

As we consulted on this reform we heard loud and clear that many people want the option of being able to grow a small amount of cannabis at home for personal use. That is why this bill permits the growing of up to 6 plants in a household for personal use without needing a license or paying any taxes or fees.⁴

1.10 The above approach should be contrasted with the position with respect to tobacco plants where:

It is illegal to grow tobacco in Australia without the appropriate excise licence. There have been no licenced tobacco growers since 2006.⁵

1.11 Hence, it is clear from the above that: (a) there is a strong demand from users to have the ability to grow their own cannabis (in his consultations, Senator Shoebridge heard it: 'loud and clear'); (b) a reason for this: 'strong demand' is to avoid the obligation to obtain a license or to pay taxes or fees (quite understandable drivers of behaviour); and (c) in addition to the foregoing, a person would be able to sell up to \$50 per day of cannabis produced from their own plants.

² Parliamentary Budget Office, *Policy Costing: Legalise Cannabis Nationally*, 12 January 2023, p. 2.

³ See clauses 18 and 19 of the Bill with offences relating to growing cannabis plants and manufacturing cannabis products.

⁴ Senator David Shoebridge, *Senate Hansard*, 10 August 2023, p. 3686.

⁵ Australian Taxation Office, 'Extinguishing the illicit tobacco trade', www.ato.gov.au/about-ato/tax-avoidance/the-fight-against-tax-crime/news-and-results/case-studies/illicit-tobacco-case-studies (accessed 30 May 2024).

- 1.12 There is no indication in the analysis undertaken by the PBO costing that any material allowance has been made for the fact that users may grow their own product. The impact on revenue is unknown. Further, the assumptions for the PBO costings do not include the second element of the proposed 'personal use' regime; namely, the ability to sell up to \$50 per day of cannabis produced from a person's own plants.
- 1.13 It is impossible to predict with any certainty the impact of Australians being able to grow their own cannabis plants and thereby (lawfully and understandably) being able to avoid having to buy cannabis at a market price which reflects the cost of license fees, GST, excise duty and all the other costs reflected in the 'market' price. The PBO costing does not provide an answer. The PBO costing also does not appear to consider the impact of users being able to sell an amount of cannabis produced for so-called personal use to other users.

Increase in health costs

- 1.14 There is no provision for the increase in health costs associated with the health system having to manage an increase in cannabis usage. The PBO costings acknowledge that there would be an increase in cannabis usage. Quoting from the analysis:

Legalising cannabis would result in a 15% increase in demand for cannabis products in the first year of the policy and would then grow in line with adult population growth.⁶

- 1.15 However, no adjustment has been made with respect to the additional health costs which would be incurred by government arising from increased usage of cannabis. Moreover, the PBO costings actually provide for savings in relation to MBS Benefits on the basis that:

The impact of this proposal on MBS Benefits were calculated by multiplying the average MBS benefit per visit [to secure medicinal cannabis for health reasons], the assumed switch ratio from medicinal cannabis in Australia to recreational cannabis of equivalent medicinal benefit.⁷

- 1.16 This statement is problematic for two reasons. First, why are savings being forecast for the health system when the evidence is that cannabis use leads to a range of health risks and would necessarily impose additional costs on the health system? I expand upon this below. Second, it is deeply concerning that those seeking the benefit of medicinal cannabis to treat indicated medical conditions would cease to see a medical professional to procure products for medical use and would resort to the recreational market.
- 1.17 The evidence received by the committee is that there are recognised indicated medicinal uses of cannabis. However, this should be supervised by medical

⁶ Parliamentary Budget Office, *Policy Costing: Legalise Cannabis Nationally*, 12 January 2023, p. 3.

⁷ Parliamentary Budget Office, *Policy Costing: Legalise Cannabis Nationally*, 12 January 2023, p. 5.

professionals rather than users accessing the recreational market (whether legal or illicit). There were legitimate concerns raised by stakeholders who seek access to medicinal cannabis. These include access and cost issues. Those concerns warrant additional consideration by government. However, in my view, those concerns do not support the establishment of a market for recreational use. Surely it is preferable for people using cannabis products for medical purposes to do so under the supervision of medical professionals. To the extent such supervision is being prevented due to access or cost issues, then those matters should be the subject of further consideration by government and relevant stakeholders representing the medical profession.

1.18 In relation to the potential negative health effects of cannabis use, the evidence from the experts is clear. Refer to paragraphs 2.12 to 2.18 of the majority report. I do note that in response to questions on notice, further evidence was provided to the committee by a number of expert witnesses. Refer to the responses to questions on notice provided by:

- Professor John Toumbourou, Professor and Chair in Health Psychology, Deakin University who provided additional references for the latest research into the health impacts of cannabis use;⁸
- Professor Robin Langham, Chief Medical Adviser, Health Products Regulatory Group, Department of Health and Aged Care who provided examples of ‘well documented acute and long-term adverse effects of cannabis use’, including cannabis induced psychosis (the risk of which rises with the potency of the cannabis), cannabis use disorder, adverse neonatal outcomes;⁹ and
- the Australian Medical Association (who were represented by Dr Michael Bonning, Chair of the Public Health Committee), including an increase in presentations to emergency departments arising from acute adverse effects of cannabis use by adults and children.¹⁰

1.19 The above responses provide detailed information with respect to the potentially disastrous health consequences that can arise from recreational cannabis use. There is good reason why the National Drug Strategy 2017–2026 has as one of its priority actions:

Develop new and innovative responses to prevent uptake, delay first use and reduce...drug problems.¹¹

⁸ Dalgarno Institute, answers to questions on notice, 21 February 2024 (received 7 March 2024).

⁹ Department of Health and Aged Care, answers to questions on notice, 21 February 2024 (received 20 March 2024).

¹⁰ Australian Medical Association, answers to questions on notice, 21 February 2024 (received 15 March 2024).

¹¹ *National Drug Strategy 2017-2026*, 18 September 2017, p. 18.

Organised Crime

- 1.20 Under an excise rate of 15 per cent on GST inclusive sales, the PBO costings estimate \$28 billion of revenue for the Commonwealth (comprising principally the aggregate of cannabis excise at 15 per cent, company tax) and \$7.7 billion of revenue allocated to the states under GST arrangements over a nine-year period. This highlights the opportunity (or incentive) for organised crime to continue to engage in the industry and leverage off the opportunity to sell product unlawfully without paying excise, GST, company tax, licensing fees or any of the other related costs which would be incurred by lawful operators.
- 1.21 The issue of the illicit tobacco market in Australia is an example of how an illicit market endures in parallel with a legal market.¹²
- 1.22 The persistence of illegal activity is recognised in the costings. The PBO costings state:
- The Australian Federal Police would retain the current cannabis related resources to combat the black market and associated crimes after legalisation, noting that most resources currently directed at cannabis law enforcement lie within state level jurisdictions. Hence, there would be no savings to the AFP under the proposal.¹³
- 1.23 However, it is also assumed in the PBO costings that:
- 52% of recreational cannabis users would purchase cannabis from a legal source in [the first year of operation of the market] (based on the take-up rate in Canada after legalisation) **and this would grow to 95% over 5 years.**¹⁴
- 1.24 It is noted that the PBO costings were completed on 12 January 2023. Hence, the PBO did not have the benefit of the most recent analysis undertaken in relation to the Canadian cannabis market. This analysis puts into question the assumption contained in the PBO costings that the market would transition over the medium term to one in which 95% of recreational users would access their cannabis on the legal market.
- 1.25 *Clearing the Smoke: Insights to Canada's Illicit Cannabis Market* is a study into the Canadian market undertaken by Deloitte and Neobi.¹⁵ The analysis was based on data sourced from 624 legal private recreational cannabis stores and 57 illicit

¹² Economic Consulting Team, Oxford Economics, 'Economic impact of illicit tobacco in Australia', 14 December 2021, www.oxfordeconomics.com/resource/economic-impact-of-illicit-tobacco-in-australia/ (accessed 31 May 2024).

¹³ Parliamentary Budget Office, *Policy Costing: Legalise Cannabis Nationally*, 12 January 2023, p. 4.

¹⁴ Parliamentary Budget Office, *Policy Costing: Legalise Cannabis Nationally*, 12 January 2023, p. 3.

¹⁵ Deloitte, 'Clearing the Smoke: Insights to Canada's Illicit Cannabis Market', www2.deloitte.com/content/dam/Deloitte/ca/Documents/ca-23-8380872cannabis-pov-en-v6-aoda.pdf (accessed 31 May 2024).

online stores between May and June 2023. In introductory comments, the report states:

Estimates for illicit players' share of the market are substantial ranging from 25% to 52% in various government sources.¹⁶

- 1.26 The report then provides detailed analysis of the legal market and illicit market in different cannabis products.
- 1.27 Another recent source for the continuation of the illicit market in Canada is the review of the Canadian legislation commissioned by the Canadian government. That review made a number of important observations in relation to the illicit market.¹⁷ Given the relevance, I quote at length:

We see that considerable progress has been made in achieving some of the important objectives of the Act. It is clear that consumers who wish to access legal and regulated products can do so, and we are encouraged by the evidence regarding the dismantling of the illicit market.

As we described in our *What We Heard Report*, there was a 95% reduction in the number of cannabis possession charges between 2017 and 2022. We are encouraged that legal access to cannabis reduced the negative impacts of prohibition arising from interactions with the criminal justice system.

However, we are concerned about the criminal activity that persists. Activities related to organized crime and criminal networks (which often include trafficking in other substances and firearms, the use of firearms and the use of cannabis products to finance other criminal activities serious) are of particular concern. [my emphasis]

The diversion of cannabis by certain individuals registered with Health Canada to produce cannabis for medical purposes as a source of illicit supply, the proliferation of unauthorized retail stores on First Nations reserves (i.e. stores operating without community approval or provincial or territorial authorization) and the relative ease with which unauthorized online sellers operate are also areas of concern.

We are also struck by the limited law enforcement measures against these criminal activities. We have been provided with examples of large-scale investigations leading to charges and convictions, particularly for the importation and exportation of cannabis. Overall, however, implementation of the regime does not appear to be a priority. We understand that law enforcement agencies do not have unlimited resources to combat criminal activity and must prioritize their efforts;

¹⁶ Deloitte, *Clearing the Smoke: Insights to Canada's Illicit Cannabis Market*, p. 2, www2.deloitte.com/content/dam/Deloitte/ca/Documents/ca-23-8380872cannabis-pov-en-v6-aoda.pdf (accessed 31 May 2024).

¹⁷ Government of Canada, *Legislative Review of the Cannabis Act: Final Report of the Expert Panel*, March 2024, www.canada.ca/fr/sante-canada/services/publications/drogues-medicaments/examen-legislatif-loi-cannabis-rapport-final-comite-experts.html (accessed 31 May 2024).

however, the integrity of the cannabis regime depends on deterring criminal activity.

The absence of consequences, or any fear of consequences, will incentivize criminal actors to continue their activities, causing harm to individuals and communities. We have also heard that the lack of enforcement leads some consumers to believe that illicit cannabis poses no health or safety risks, or that illicit cannabis is in fact legal. In this chapter, we present recommendations to improve consumers' ability to distinguish between legal and illicit cannabis, as well as a series of observations relating to key law enforcement issues related to cannabis.

The evidence we have indicates that there has been a significant dismantling of the illicit market. While there are different approaches to assessing the scale of rollback and some particular estimates spark debate, it is clear that significant progress has been made in the first 5 years of nationwide legalization. For example, according to the latest estimate from Statistics Canada, in the third quarter of 2023, 73% of household spending on cannabis for non-medical purposes came from legal sources, while the latest findings from the Canadian Cannabis Survey indicate that 79% of cannabis users reported always or mostly obtaining cannabis from legal sources.

However, these takedown reports and surveys rely on self-reported data, and some participants in our review cautioned that they are withholding certain information, which could lead to an underestimate of the size of the illicit market. Some respondents may not be truthful about the source of their purchases, for example, or believe they purchased cannabis legally, given the efforts some illicit sellers go to to make their products and presence appear legitimate.¹⁸

1.28 The fact that the report commissioned by the Canadian government implicitly indicates (by way of corollary) that 27 per cent of spending on recreational cannabis related to product on the illicit market and that 21 per cent of users do not 'always or mostly obtain cannabis from legal resources' underlines the enduring issues with the illicit market. Again, the assumption in the PBO Costings that 95 per cent of users would access cannabis from legal sources after five years appears extremely optimistic. Again, with due respect to the PBO, it is noted that they did not have the benefit of the latest research. Moreover, questions arise with respect to the ability of law enforcement to effectively police the illicit market if there are, potentially, thousands of individual users growing their own product.

1.29 It is also noted that the Royal Canadian Mounted Police state the following in relation to organised crime and the cannabis trade:

Half of the national high-threat organized crime groups are involved in the illicit cannabis market. These groups operate across Canada in all aspects of

¹⁸ Government of Canada, *Legislative Review of the Cannabis Act: Final Report of the Expert Panel*, March 2024.

the cannabis distribution chain. Their criminal activities may expand beyond cannabis to include fentanyl, cocaine, firearms, and tobacco.¹⁹

1.30 The issue of organised crime being involved in the cannabis market is not unique to Canada. Similar issues have occurred in California.

1.31 The *LA Times* has run a series of articles with respect to the involvement of organised crime in the Californian cannabis market. To quote from one recent article published on 30 January 2024:

In the last year alone, the San Bernardino County Sheriff's Department said its marijuana enforcement teams served 411 search warrants for illegal marijuana grows. They found 14 "honey oil" labs, 655,000 plants and 74,000 pounds of processed marijuana. Eleven search warrants were executed in the immediate area where the slayings took place.

"The plague is the black market of marijuana and certainly cartel activity, and a number of victims are out there," Sheriff Shannon Dicus said.

A Times investigation last year uncovered the proliferation of illegal cannabis in California after the passage of Proposition 64 which legalized the recreational use of marijuana in the state. Although the 2016 legislation promised voters that the legal market would hobble illegal trade and its associated violence, there has been a surge in the black market.

Growers at illegal sites can avoid the expensive licensing fees and regulatory costs associated with legal farms. Violence is a looming threat at these operations, authorities said, because illicit harvests yield huge quantities of cash to operators who can't use banks or law enforcement for protection.²⁰

1.32 Overseas experience indicates that organised crime will continue to be involved in the cannabis market even if a legal regulated market were introduced. This puts into question the revenue projections made in the PBO Costings and raises issues for law enforcement and public safety in relation to product quality.

Increase in use

1.33 As stated above, the PBO Costings assumed that there would be an increase of 15 per cent in demand for cannabis products in the first year of the policy. Demand would then increase on a proportionate basis with population growth. However, there is another element to the equation. How many more Australians would partake in cannabis products if a legal recreational market were established in Australia?

1.34 There was discussion in relation to this issue in the Canadian context. In particular, Senator Shoebridge and the representative of the Australian

¹⁹ Royal Canadian Mounted Police, *Organized crime and illegal cannabis*, 30 May 2024, <https://rcmp.ca/en/cannabis/organized-crime-and-illegal-cannabis> (accessed 30 May 2024).

²⁰ 'A massacre that killed 6 reveals the treacherous world of illegal pot in SoCal deserts', *LA Times*, 30 January 2024, www.latimes.com/california/story/2024-01-30/massacre-adds-to-grim-toll-of-illegal-pot-violence-in-the-desert (accessed 30 May 2024).

Medical Association had an exchange in relation to the issue.²¹ However, there is compelling Australian evidence of the possible increase in Australians partaking in cannabis if the recreational market is legalised. This is based on their own responses to surveys.

1.35 In paragraph 2.27 of the majority report, there is a reference to an article issued by the National Drug and Alcohol Research Centre at the University of New South Wales which is concerning (the 'Weatherburn Article'). The findings of the Weatherburn Article are even more concerning when considered in the context of the most recent results of the Australian National Drug Strategy Household Survey (the 'NDSHS').

1.36 The NDSHS is a national household survey of Australians aged 14 and over. The Weatherburn Article considered results for the years 2013, 2016 and 2019. The survey contains a question with respect to whether or not the respondent would use cannabis if it became legal:

If marijuana/cannabis were legal to use, would you:

- not use it, even if it were legal and available;
- try it;
- use it about as often as you do now;
- use it more often than you do now; or
- don't know.

1.37 Following the analysis, the authors found:

- We estimate that 4.2% of the population aged 14 and over, who have never tried cannabis before, would try it if use of the drug were legal and that 2.6% of the population would use more cannabis if it were legal. **The proportions in both categories have grown significantly since 2013.**
- **On this estimate, 924,543 Australian residents aged 14 and over would try it if the sanctions for use and possession were completely removed.**
- **There is a clear relationship between psychological distress, age and willingness to try or use more cannabis, with those who are young and experiencing high levels of distress most likely to try cannabis if they have not tried it already and they are more willing to use more cannabis if they have previously used the drug.**
- An estimated 35% of the Australian population aged 14 and over have used cannabis at least once. **On this estimate, 1,280,061 people would increase their current cannabis consumption if cannabis use were legal.** That figure would be lower (1,170, 321) if cannabis use were decriminalised only for those aged 20 and older but, again, only if those

²¹ Australian Medical Association, answers to questions on notice, 21 February 2024 (received 5 March 2024).

aged under 20 were unaffected by the decriminalisation of cannabis use for older age groups.

- The current findings nonetheless have significant public health implications. Almost half of the population aged 16-85 will experience a mental disorder at some time in their life...**Whilst the vast majority of people may be unaffected by any change in the legislative status of cannabis use, small changes in the number of heavy users of cannabis could have significant effects on demand for treatment and drug related harms. This is especially true when, as in the present case, vulnerable adolescents and teenagers are among those most likely to use more cannabis if it is decriminalised.**

- 1.38 The above findings require deep consideration, especially in a context where mental health services are not meeting the heavy demand under current policy settings. This is a major public health issue. It is even more concerning when one considers the outcomes of the most recent NDSHS.
- 1.39 **In the 2022–23 NDSHS, there has been a material increase in the percentage of respondents who say they would try cannabis if it were made legal.** The number has increased from 5.3 per cent in 2010 to 12.8 per cent in 2022–23. Moreover, in the last three years there has been a statistically significant increase from 9.5 per cent in 2019 to 12.8 per cent in 2022–23. There has also been an increase in the percentage of people who say they would use more cannabis if it were made legal. **The increase has been from 1.2 per cent in 2010 to 2.9 per cent in 2022–23.**²²
- 1.40 Hence, if the analysis undertaken in the Weatherburn Article were updated for the most recent data, there would be an even greater number of Australians who would either try cannabis for the first time or increase their use of cannabis.
- 1.41 The Weatherburn article quotes research indicating that approximately 1 in 10 of those who use cannabis will develop dependence. When one considers this in the context of the above numbers, adoption of the Bill is likely to result in more than 100,000 Australians developing a dependence on cannabis which they do not currently have. **Based on the analysis undertaken in the Weatherburn Article, many of these would be young people suffering high levels of distress – some of our youngest and most vulnerable Australians.**
- 1.42 Some might argue that revenues raised from a legal and regulated industry may be directed to treating those who become dependent or suffer negative physical or mental health outcomes from the well documented health risks arising from cannabis use. However, the experience overseas indicates that such services are

²² Table 11.17: Likely usage of cannabis if it was legalised, people aged 14 and over, by gender, 2010 to 2022–2023 (col per cent).

not provided or are inadequate. Refer to a recent article in the Washington Post in relation to the experience in Portugal.²³ Would Australia be any different?

1.43 The issue should be considered in the context of Australia's health services being currently overwhelmed, including in relation to substance abuse treatment and mental health treatment. This is clear from evidence received by the committee during the course of this inquiry.

1.44 Professor Jenny Williams based at the University of Melbourne advised:

I agree: our mental health system isn't great; substance use treatment in Victoria is awful and in a terrible state. So I agree. That's why all of the money that other jurisdictions get is mostly spent in the health sector, including community health—not just substance use treatment, but setting up community health and, in the US context, providing insurance for people who don't have insurance.²⁴

1.45 Dr Michael Bonning of the Australian Medical Association (AMA) addressed the mental health treatment challenges faced in Australia:

Senator SCARR: I want to go to the provision of mental health services. From my perspective, I talk to families who are trying to get access to mental health services, in particular for young people, sons and daughters, potentially between the ages of 14 and 21, and they have extraordinary difficulty accessing mental health services. The AMA touches upon this in your submission, and you actually refer to 'a concern about further strain on already limited and underfunded mental health and drug rehabilitation services'. What is the particular concern of the AMA in relation to this policy proposal in the context of provision of mental health services in particular for young people?

Dr Bonning: Since research from overseas found those significant increases in ED visits and hospitalisations associated with cannabis—that is only limited data; we recognise that—the issue will always be that our health system, especially our acute sector, our hospitals, are under huge and continuing levels of unprecedented demand. We can cite any number of ambulance ramping issues in Victoria, South Australia, Queensland and New South Wales; also, wait times in emergency departments, lack of access to beds, and especially limitations on—we are seeing this in New South Wales—the amount of public service psychiatrists, mental health nurses, full-time positions for those individuals, and increasing health system costs. In all of those things, the people who get left out, more often than not, unfortunately, are those who enter our system through a drug pathway. That is often because of the complexity of their care; also, the needs for that care often have multidisciplinary team approaches—initial engagement with psychiatry and long-term engagement with people in the ATOD space—alcohol, tobacco and other drug space—alongside

²³ 'Once hailed for decriminalizing drugs, Portugal is now having doubts', *Washington Post*, 7 July 2023, www.washingtonpost.com/world/2023/07/07/portugal-drugs-decriminalization-heroin-crack/ (accessed 31 May 2024).

²⁴ Professor Jenny Williams, private capacity, *Committee Hansard*, 21 February 2024, p. 16.

social work and youth-appropriate mental health services in ways that can deliver education alongside peer support. **All of those systems are highly strained and are quite limited.** I would think about services like Headspace. Only fairly recently in the provision of health services did we recognise the importance of youth-specific mental health services.²⁵

1.46 These comments by the AMA were also reiterated in its submission:

The AMA does not support the *Legalising Cannabis Bill 2023*. The AMA is concerned that if cannabis were legalised for recreational purposes, it may increase health and social-related harms. **This in turn may increase demand on an already overstretched healthcare system.**²⁶

1.47 Mr Shane Varcoe of the Dalgarno Institute stated at a public hearing:

...when it comes to the mental health issue, that's a real concern because you're dealing with a psychotropic toxin that's incredibly addictive, despite some of the evidence coming out of certain sectors, particularly for the young and the developing brain. I think the AMA have got this completely correct. Professor John Toumbourou is a chair of psychology at Deakin and understands that principle pretty well.²⁷

1.48 Consider the following exchange with Mrs Jan Kronberg, National President of the Drug Advisory Council of Australia:

Senator SCARR: Mrs Kronberg... One of the issues that have been raised is whether or not there are adequate mental health services and rehabilitation services available to respond to the issues we've got in society at the moment, and then, if a policy such as this were introduced, what would be required in terms of additional mental health services and rehabilitation services to address the demand for such services. Do you have any views with respect to that?

Mrs Kronberg: I have strong views about this because of my lived experience. As a lecturer within the TAFE system, I had many drug affected students. As a parent I had to interface with my children at school and their school communities. And my eight years as a member of parliament gave me an exposure to all forms of the human condition—much of it suffering, directly and firsthand. It was with a great degree of chagrin that we saw that, in the state budget handed down here in Victoria on Tuesday night, the government cut funding for 35 proposed mental health clinics. We were looking to have those clinics to absorb the patient load and provide people with mental health problems with adequate care, and now we don't even have those 35 centres because the funding has been cut.²⁸

²⁵ Dr Michael Bonning, Chair, Public Health Committee, Australian Medical Association, *Committee Hansard*, 21 February 2024, pp. 24–25.

²⁶ Australian Medical Association, *Submission 16*, p. 3.

²⁷ Mr Shane Varcoe, Executive Director, Dalgarno Institute, *Committee Hansard*, 21 February 2024, p. 41.

²⁸ Mrs Jan Kronberg, National President, Drug Advisory Council of Australia, *Committee Hansard*, 10 May 2024, p. 3.

1.49 In response to a similar question, Professor Simon Lenton of the National Drug Research Institute at Curtin University stated:

I'd make the point that there's an obvious case for expanding resources for mental health services in Australia, irrespective of what happens with this bill and what happens with drug use. That's an absolute given, no question about that. Secondly, as Michael Farrell has alluded to, we know that some of the worst aspects of what's happened in North America has been that the price has fallen through the floor for legal cannabis, potency has gone up and the proportion of cannabis that's high potency – above 70 per cent THC, as opposed to 12 to 13 per cent THC – has grown as commercial entities try to make a profit and compete with each other to get the biggest share of the profit. That's clearly not a model you'd want from a mental health perspective and a public health perspective.²⁹

Conclusion

1.50 On the basis of the evidence received by the inquiry, there are great risks involved in introducing a legal market for recreational cannabis use. Based on Australian survey results, analysis indicates that over a million additional Australians would try cannabis if a legal recreational market were established. The fact that the percentage of Australians who have indicated that they would try cannabis if a legal market were introduced has substantially increased over the last 14 years requires urgent policy consideration. Clearly, the potentially disastrous health consequences of cannabis use are not fully understood by the Australian public, including young Australians who are suffering emotional distress and are particularly vulnerable. This deserves an urgent policy response from government.

Senator Paul Scarr
Deputy Chair

²⁹ Professor Simon Lenton, Director, National Drug Research Institute, *Committee Hansard*, 10 May 2024, p. 29.

Dissenting report by Senator David Shoebridge

- 1.1 This Bill is the first and best chance to create a single national cannabis market in Australia that will:
 - create a new sustainable industry with thousands of jobs across the country,
 - take tens of thousands of people out of the criminal justice system,
 - for the first time put quality control, strength and labelling requirements on all cannabis products,
 - take billions of dollars away from organised crime and disempower drug dealers,
 - put billions of dollars into public revenue for essential services, not least drug rehabilitation, and
 - allow people the right to choose if they want a beer, or a cannabis drink, on a Friday night after a full-on week at work.
- 1.2 Millions of Australians want this. Millions more people around the world already have this and again, we see the Labor Party and the Coalition just say 'no'.
- 1.3 This is why people are so sick of politics as usual, controlled by a handful of well-connected corporate interests, their mates in the media, and politicians with all the imagination of a brick.
- 1.4 If these old, tired parties are so set on stuffing up the climate, giving billionaires tax breaks, driving us to war, ignoring the housing crisis and forcing students into mountains of HECS debt, the least they could do is get on board and legalise cannabis to help us all deal with it.
- 1.5 More seriously, this inquiry shows clearly how, if we want to see evidence-based and human-centred reforms like this, we will need to break the stranglehold of politics as usual. I'm so very grateful to be part of a political party, the Greens, that is taking on this challenge.
- 1.6 The majority report in this inquiry reasonably fairly covers the evidence we had in the inquiry, although it does not detail the hundreds of individual submissions to the inquiry that, almost unanimously, asked us to vote this into law and to finally legalise cannabis.
- 1.7 The evidence tendered to this inquiry tells us the following:
 - Cannabis use in Australia is extremely common
 - The community supports cannabis legalisation
 - Leaving cannabis illegal causes multiple harms
 - Making cannabis legal removes multiple harms

- 1.8 The submission from The Penington Institute expresses this, as follows:
- Cannabis prohibition doesn't work: it fails to control supply, leaves the market in the hands of criminals, and costs billions of dollars in enforcement, all while hindering a public health-led approach to managing the health harms that are associated with problematic cannabis use.¹
- 1.9 In contrast, evidence from the Australian Medical Association, Royal Australian College of General Practitioners, Drug Advisory Council of Australia and the Department of Health and Aged Care focuses on the claimed harms of cannabis use as if these are not presently occurring. Most of these submissions are based on highly contested studies, from conflicting international evidence, that show at worst extremely marginal changes in total cannabis use after legalisation.
- 1.10 This is the fallacy that lies at the heart of the arguments used by those who oppose legalising cannabis. They say that if we have a well-regulated legal market there are a small number of unknowns and one of those is that there might be a small uptick in cannabis use. This small uptick they say is bad, so therefore we should abandon the project. In doing this, they somehow forget there already exists a massive, unregulated cannabis market where the quality, control and profits are in the hands of organised crime, which wrongfully criminalises millions of Australians and does nothing to reduce harmful use.
- 1.11 If you ignore all the harmful effects of the existing criminal justice approach, pretend cannabis use is not currently occurring on a mass scale, and then focus on the relatively tiny risks from legalising cannabis you arrive at the majority report's conclusion of opposing this Bill.
- 1.12 This is why the debate has been so skewed and it shows why millions of Australians have stopped listening to politicians who hold this prohibition line. People know it is rubbish. They have seen that legalising cannabis works across the world and they want that to happen here.
- 1.13 The National Drug Strategy 2017–26 (National Drug Strategy)² details a national commitment to harm minimisation through the balanced adoption of effective demand, supply and harm reduction strategies. We now have decades of evidence that policing cannabis, criminal sanctions and prison do not impact access to cannabis, do not impact prices or supply. Simply put, the current legal settings for cannabis are not reducing harm to the community.

¹ Penington Institute, *Submission 13*, p. 3. Also see: Mr Greg Barns SC, National Criminal Justice Chair, Australian Lawyers Alliance, *Committee Hansard*, 21 February 2024, p. 3.

² Commonwealth of Australia, National Drug Strategy 2017–26, 2017, p. 1, www.health.gov.au/resources/publications/national-drug-strategy-2017-2026?language=en (accessed 30 May 2024).

- 1.14 Legalisation is not only consistent with the National Drug Strategy, it is likely to be considerably more effective than the current policy settings. 360Edge articulated in detail the harms caused by criminalisation:

The illegal status of recreational cannabis has created a thriving, unregulated black market, incurring substantial health and social costs. The quality, safety and potency of cannabis circulating in the black market is unknown, substantially raising risks to users compared to if cannabis was regulated. There are no barriers preventing the sale of cannabis to minors. Because cannabis is illegal, the public is not properly educated on safe consumption and potential health risks. The stigmatisation associated with using an illegal drug deters people from accessing help for problematic use or health concerns.³

- 1.15 Currently, it is individual consumers of cannabis who are most likely to be targeted by the 'war on drugs' with reports from the Australian Criminal Intelligence Commission showing that, of the 66 285 cannabis arrests nationally in 2020–2021, more than 90 per cent were of consumers rather than providers. This is people going to court, sometimes to jail, because they have a joint in their pocket.
- 1.16 The opportunity cost here is enormous. Instead of policing resources being used to address issues of real community concern and danger, they are concentrated on those whose only crime is sharing a joint with a mate or having a brownie after a long day.
- 1.17 The need to provide opportunities for First Nations communities after decades of racist policing under the guise of the war on drugs is critically important. This Bill provides opportunities for fee-free licenses for First Nations communities and submissions from witnesses supported expanding this to expunge past convictions and reparative investment in communities.
- 1.18 Insofar as this inquiry has provided details on how to improve this Bill, those are changes we think are well worth making. We have always been open to the best evidence to make the best Bill possible to make cannabis legal.
- 1.19 The Greens will proceed with this Bill and we will present it to the Parliament for a vote.
- 1.20 I want to thank all those people and organisations who took the time to make submissions to this inquiry and the thousands more who helped us to draft the Bill before we even brought it to Parliament. Collectively, you have helped shape this reform and made it stronger, clearer and better.
- 1.21 We know that with your help we have a Legalising Cannabis Bill that is world's best practice, that keeps out big tobacco, alcohol and pharmaceutical

³ 360Edge, *Submission 12*, p. [3].

corporations and will create a well-regulated and democratic market for cannabis. We also know we will make it law.

- 1.22 If we don't succeed this time, there is an upcoming federal election where people can see which politicians voted for this reform and which politicians instead voted for more jail, more policing and more profits for organised crime.
- 1.23 Then we can all vote for who we want in parliament next time around.
- 1.24 Because it's well past time to legalise it.

Senator David Shoebridge
Member

Appendix 1

Submissions and additional information

- 1 Drug Free Australia
- 2 National Drug and Alcohol Research Centre
- 3 Dalgarno Institute
 - Attachment 1
- 4 Cannabis Policy Project
- 5 Drug Advisory Council of Australia
- 6 Althea Group Holdings Ltd
- 7 Northern Territory Police Force
- 8 Australian Lawyers Alliance
- 9 Alcohol and Drug Foundation
- 10 OZ Medicann Group Pty Ltd
- 11 National Drug Research Institute
- 12 360Edge
- 13 Penington Institute
- 14 Department of Home Affairs
- 15 Astrid Dispensary and Clinic
- 16 Australian Medical Association
- 17 Plant Playground
- 18 South Australia Police
- 19 Drug Policy Modelling Program, Social Policy Research Centre
- 20 Harm Reduction Australia and Drive Change
- 21 Ganjika Pty Ltd
- 22 Public Health Association of Australia
- 23 Royal Australian College of General Practitioners
- 24 Police Federation of Australia
- 25 Families & Friends for Drug Law Reform
- 26 Drug Policy Australia
- 27 Name Withheld
- 28 Name Withheld
- 29 Name Withheld
- 30 Confidential
- 31 Sean Skinner
- 32 Dr Malgorzata Schmidt
- 33 Brenton Reid
- 34 Michael Birch
- 35 Martyn Black
- 36 Name Withheld
- 37 Name Withheld

38 Name Withheld
39 Name Withheld
40 Name Withheld
41 Shannon McNee
42 Name Withheld
43 Austen Tylor
44 Marlon Smith
45 Name Withheld
46 Danny Borland
47 Nick Deane
48 Kenny Collins
50 Confidential
51 Name Withheld
52 David Stevens
53 Name Withheld
54 Arron Ifield
55 Dr Vacy Vlazna
56 Name Withheld
57 Name Withheld
58 Name Withheld
59 Name Withheld
60 Name Withheld
61 Name Withheld
62 Name Withheld
63 Luke Evitts
64 Dougal McLauchlan
65 Nathan Lucas
66 Zachary Greenwood
67 Name Withheld
68 Name Withheld
69 Joseph Tieri
70 Carolyn Morgan
71 Name Withheld
72 Darryl Nelson
73 Name Withheld
74 Name Withheld
75 Kai Jones
76 Margaret Miller
77 Name Withheld
78 Xavier Amalan
79 Jacqueline Marks
80 Name Withheld
81 Name Withheld

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- 82 Shannon Wallis
83 Name Withheld
84 Phil Murray
85 Name Withheld
86 Michael Gormly
• Attachment 1
• Attachment 2

87 Kyle Fraser
88 Name Withheld
89 Name Withheld
90 Callum Hunt
91 John Reeves
92 Federico D'Alessio
93 Name Withheld
94 Name Withheld
95 Name Withheld
96 Name Withheld
97 Aaron Pain
98 Name Withheld
99 Name Withheld
100 Name Withheld
101 Name Withheld
102 Name Withheld
103 Confidential
104 Kyle Vibert
105 Name Withheld
106 Stuart Harper
107 Dianne Murphy
108 Name Withheld
109 Dr Stuart Reece
110 Name Withheld
111 Ken Taylor
112 Name Withheld
113 Ross Nelson
114 Richard Spilsbury
115 Name Withheld
116 Confidential
117 Carolyn Worsley
118 Name Withheld
119 Name Withheld
120 Name Withheld
121 Name Withheld
122 Name Withheld

- 123 Samantha Byatt
- 124 Name Withheld
- 125 Aaron Hopkins
- 126 Name Withheld
- 127 Gitte Johansson
- 128 Mark Howells
- 129 Mehmood Essop Bhamjee
- 130 Name Withheld
- 131 Name Withheld
- 132 Leigh Milne
 - Attachment 1
- 133 Name Withheld
- 134 Name Withheld
- 135 Name Withheld
- 136 Confidential
- 137 Shannen Goldthorpe
- 138 Confidential
- 139 Arthur Manolias
- 140 Glenda Oldham
- 141 Name Withheld
- 142 Axel -
- 143 Name Withheld
- 144 Name Withheld
- 145 Name Withheld
- 146 Name Withheld
- 147 Name Withheld
- 148 Name Withheld
- 149 Howard -
- 150 Confidential
- 151 Name Withheld
- 152 Daniel Edwards
- 153 Name Withheld
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- 162 Mark Young
- 163 Name Withheld
- 164 Daniel Morley-Wicks

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167 Andrew Thompson
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171 Name Withheld
172 John Kilbey
173 Andrew Putnam
174 Confidential
175 Name Withheld
176 Name Withheld
177 Jedda Selke
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180 Name Withheld
181 Name Withheld
182 Name Withheld
183 Confidential
184 John Connell
185 Name Withheld
186 Name Withheld
187 Cath Blakey
188 Name Withheld
189 Name Withheld
190 Peta McAlister
191 Hayden Shaw
192 Name Withheld
193 Name Withheld
194 Steven Dodman
195 Dr Jenny Brown
196 Zachary Mcfarlane
197 Name Withheld
198 Courtney Griffin
199 Ryan Garner
200 Mitchell Toogood-Rogers
201 Confidential
202 Jenny Hallam
203 Jeni Gonzalez

Tabled Documents

- 1 Modelling provided by Professor Jenny Williams at a public hearing on 21 February 2024
- 2 Report provided by Astrid Dispensary and Clinic at a public hearing on 10 May 2024

Additional Information

- 1 Journal article: Gagnon et al, 'High levels of pesticides found in illicit cannabis inflorescence compared to licensed samples in Canadian study' (2023), provided at a public hearing on 21 February 2024

Answer to Question on Notice

- 1 Dalgarno Institute - Answers to spoken questions on notice, 21 February 2024 (received 27 February 2024)
- 2 Dalgarno Institute - Answers to spoken questions on notice, 21 February 2024 (received 7 March 2024)
- 3 Social Policy Research Centre, Drug Policy Modelling Program - Answers to spoken questions on notice, 21 February 2024 (received 15 March 2024)
- 4 Family and Friends for Drug Law Reform - Answers to spoken questions on notice, 21 February 2024 (received 15 March 2024)
- 5 Professor Jenny Williams - Answers to spoken questions on notice, 21 February 2024 (received 15 March 2024)
- 6 Australian Medical Association - Answers to spoken questions on notice, 21 February 2024 (received 15 March 2024)
- 7 Ganjika Pty Ltd - Answers to spoken questions on notice, 21 February 2024 (received 15 March 2024)
- 8 Attorney-General's Department - Answers to spoken questions on notice, 21 February 2024 (received 20 March 2024)
- 9 Department of Health and Aged Care - Answers to spoken questions on notice, 21 February 2024 (received 20 March 2024)
- 10 Department of Health and Aged Care - Answers to spoken questions on notice, 21 February 2024 (received 27 March 2024)
- 11 Drug Advisory Council of Australia - Answers to questions on notice, 10 May 2024 (received 14 May 2024)
- 12 Alcohol and Drug Foundation - Answers to spoken questions on notice, 10 May 2024 (received 23 May 2024)
- 13 Astrid Dispensary and Clinic - Answers to spoken questions on notice, 10 May 2024 (received 23 May 2024)

Appendix 2

Public hearings

Wednesday, 21 February 2024

Hyatt Regency Hotel
72 Queen Street
Brisbane

Australian Lawyers Alliance (via teleconference)

- Mr Shaun Marcus, National President
- Mr Greg Barns SC, National Criminal Justice Chair and Past President

Families & Friends for Drug Law Reform (via teleconference)

- Mr William Bush, President
- Dr Adele Stevens, Committee Member

Professor Jenny Williams, Private capacity

Australian Medical Association (via teleconference)

- Dr Michael Bonning, Chair, Public Health Committee

Plant Playground

- Ms Sasha Lai, Director

Ganjika Pty Ltd

- Ms Malini Sietaram, Founder and CEO

Dalgarno Institute (via teleconference)

- Mr Shane Varcoe, Executive Director
- Professor John Toumbourou, Associate Dean, Chair in Health Psychology, Deakin University

Drug Policy Modelling Program, Social Policy Research Centre (via teleconference)

- Dr Paul Kelaita, Postdoctoral Fellow
- Ms Liz Barrett, Research Officer
- Ms Michala Kowalski, Research Officer (via teleconference)

Penington Institute (via teleconference)

- Mr John Ryan, Chief Executive Officer
- Mr Jake Dizard, Senior Research Officer

360Edge (via teleconference)

- Professor Nicole Lee, Founder and CEO

Professor Patrick Keyzer (via teleconference), Private capacity

Department of Health and Aged Care (via teleconference)

- Mr Nick Henderson, First Assistant Secretary, Medicines Regulation Division
- Mr Chris Bedford, A/g First Assistant Secretary, Regulatory Practice and Support
- Professor Robyn Langham, Chief Medical Advisor
- Ms Kristy Tomas, Director, International Regulatory Branch, Medicines Regulation Division
- Ms Petra Bismire, Acting Assistant Secretary, International Regulatory Branch
- Ms Danielle Chifley, Acting Assistant Secretary, Office of Drug Control
- Ms Sukanya Lingaratnam, Policy and Reforms Advisor
- Ms Debra Phillips, International Regulatory Branch

Attorney-General's Department (via teleconference)

- Mr Alex Engel, Assistant Secretary, Transnational Crime Branch
- Ms Stephanie Cairney, Assistant Director, Illicit Drugs Policy

Department of Home Affairs (via teleconference)

- Mr Tony Smith, Assistant Commissioner, Australian Border Force

Friday, 10 May 2024

Parliament House

Canberra

Drug Advisory Council of Australia (via videoconference)

- Mrs Jan Kronberg, National President
- Dr Karen Broadley, Executive Member and Researcher

Harm Reduction Australia and Drive Change (via videoconference)

- Professor David Heilpern

South Australia Police (via videoconference)

- Mr John Venditto, Assistant Commissioner of Police

Astrid Dispensary and Clinic

- Ms Lisa Nguyen, Founder and CEO
- Ms Cadrie Chemal, COO

National Drug and Alcohol Research Centre

- Dr Michael Farrell, Director

National Drug Research Institute (via videoconference)

- Professor Simon Lenton, Director

Alcohol and Drug Foundation

- Dr Erin Lalor, CEO
- Mr Robert Taylor, Manager of Policy and Engagement