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**ANMF (Vic Branch)
Submission to:**

**Parliament of
Victoria –
Committees.**

**Legislative Council,
Legal and Social
Issues Committee.**

**Inquiry into the use
of Cannabis in
Victoria.**

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Inquiry into the use of cannabis in Victoria

The Australian Nursing and Midwifery Federation (Victorian Branch) [ANMF (Vic Branch)] represents over of 90,000 nurses, midwives and personal care workers. ANMF (Vic Branch) members provide high-quality nursing and midwifery care across the Victorian health and aged care sectors, including in acute public and private health, residential and community aged care and in the alcohol and other drugs sector (AOD).

The ANMF (Vic Branch) welcomes the opportunity to provide a submission to the broad-ranging inquiry into the access and use of cannabis in Victoria.

ANMF (Vic Branch) response to the Terms of Reference.

Prevent young people and children from accessing and using cannabis in Victoria

Cannabis is the most frequently used illicit drug across all age groups. The *National Drug Strategy Household Survey 2019: in brief* identifies 13.3% in the 14 - 19-year-old age group have used or use cannabis¹. Young males tend to use cannabis more than females and the use of a bong outweighed joint smoking. Amongst secondary school students 81% used cannabis with another young person and 37% at a friend's home².

ANMF (Vic Branch) members have identified the prevention of young people and children accessing cannabis, as a significant priority and crucial in any progression towards legalising cannabis. The intent of the inquiry whilst broad, should acknowledge that young people and children have a potentially increased risk of accessing, possessing and using cannabis.

Possession of cannabis

Cannabis should be aligned with current regulations on the possession, supply and use of alcohol and tobacco with a minimum age of 18 years with proof of identity. It is fundamental that harm minimization strategies are in place, including adequate control on the supply, distribution and possession of cannabis. Consideration should be given to understanding that cannabis should only be used or administered by the individual to themselves and not another person. Cannabis must only be passed to another person for their own use or administration.

¹ Australian Institute of Health and Welfare 2020. *National Drug Strategy Household Survey 2019: in brief*. Drug Statistics series no. 33. PHE 271. Canberra AIHW. Retrieved from <https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2019-in-brief/formats>

² Guerin, N. & White, V. (2020). *ASSAD 2017 Statistics & Trends: Australian Secondary Students' Use of Tobacco, Alcohol, Over-the-counter Drugs, and Illicit Substances*. Second Edition. Cancer Council Victoria. Retrieved from <https://www.health.gov.au/resources/publications/secondary-school-students-use-of-tobacco-alcohol-and-other-drugs-in-2017>

At present there are no requirements for tobacco retailers to have a licence whereas liquor licenses are required by businesses to ensure integrity of the industry and minimise harm³. In addition, cultivators and manufacturers and any person that possesses, sells or supplies medical cannabis in Victoria are required to have a licence⁴. ANMF (Vic Branch) recommend that any service that possesses, sells or supplies cannabis and cannabis products should have a licence. For this submission, ANMF (Vic Branch) will refer to this as a ‘Cannabis Licence’ and those holders of a Cannabis Licence will be defined as ‘Licensees’.

Licensees and caregivers must be vigilant in keeping cannabis and cannabis products out of the reach of children and young people. Measures should be in place for the appropriate storage of cannabis and food products containing cannabis which are in the possession of the person who will use the cannabis or licensees who possess and sell cannabis and cannabis products.

ANMF (Vic Branch) recommends that comprehensive policies, guidelines and regulations are developed in relation to harm minimisation, possession, supply and administration of cannabis. In addition, a policy prohibiting the use of cannabis in the presence of a child under the age of 18 years should be developed outlining associated penalties.

Packing and labelling of cannabis

International research that identifies increased efforts are required to prevent children being exposed and accessing commercially packaged cannabis⁵. The packaging of cannabis products should be plain, and not appeal or attract children. The Government of Canada under the *Cannabis Regulations* have strict requirements for the packaging and labeling of cannabis⁶.

ANMF (Vic Branch) recommends packaging for any cannabis or food products containing cannabis products should be:

1. In child-resistant packaging⁷;

³ Victorian Commission for Gambling and Liquor Regulation (2019). Liquor. Retrieved from: <https://www.vcglr.vic.gov.au/i-want/get-new-licence>

⁴ State Government of Victoria. Department of Health and Human Services. Information for business and industry. Retrieved from: <https://www2.health.vic.gov.au/public-health/drugs-and-poisons/medicinal-cannabis/business-industry>

⁵ Onders, B., Casavant, M. J., Spiller, H. A., Chounthirath, T., & Smith, G. A. (2016). Marijuana exposure among children younger than six years in the United States. *Clinical pediatrics*, 55(5), 428-436. <http://doi.org/10.1177/0009922815589912>

⁶ Government of Canada. Packaging and labelling guide for cannabis products: Requirements under the *Cannabis Act* and the *Cannabis Regulations* (2019). Retrieved from: https://www.canada.ca/content/dam/hc-sc/documents/services/cannabis-regulations-licensed-producers/packaging-labelling-guide-cannabis-products/CURRENT_PUBLISHED_Packaging_and_labelling_guide_for_cannabis_products.PDF

⁷ Australian Government. Department of Health. Therapeutic Goods Administration. *Therapeutic Goods Order No. 95 – Child-resistant packaging requirements for medicines 2017*. Retrieved from https://www.legislation.gov.au/Details/F2017L01577/Html/Text#_Toc487107722

2. Meet plain packaging requirements which include packing to a certain colour, display brand names in certain ways, display graphic health warnings⁸;
3. Not permit the display of promotional text, brands or logos⁸.

Education on access to cannabis

Cannabis use is a health issue and caregivers of children should be educated on the prevention and inadvertent exposure of cannabis. Access to harm reduction interventions and activities to reduce unintentional ingestion of cannabis by children should be considered a priority. This education should include the effects of secondary inhalation and ingestion of cannabis which has been shown in research often to be accessed as food products such as cookies⁵. To facilitate the effective uptake of these programs they must be fully funded education programs, that are made available to the community at no cost to those people who choose to use cannabis or for caregivers of children.

As with all health education programs, they should be delivered by qualified, registered healthcare professionals, including registered nurses, through face-to-face individual or group sessions and online platforms. These programs provide an opportunity for engagement of caregivers to receive support and referral to other services.

It is an ANMF (Vic Branch) recommendation that mandatory training and education is provided for licensees and their employees. It is critical that nurse-led education programs be developed with a focus on the health risks and knowledge on the health signs associated with cannabis use. Expected training outcomes should enable employees of licensees selling cannabis to:

- identify signs of an overdose (this may be associated with the use of other illicit substances)
- recognition of cannabis induced anxiety and paranoia⁹;
- psychosis including visual and auditory hallucinations⁹;
- contact emergency services;
- understand the legal requirements for the storage and possession;

ANMF (Vic Branch) recommends mandatory education and training for:

1. regulated health practitioners who supply, possess and distribute cannabis;
2. regulated health practitioners who provide services to caregivers of children under 18 years of age.

⁸ Australian Government. Department of Health. *Tobacco plain packaging (2020)*. Retrieved from: <https://www.health.gov.au/health-topics/smoking-and-tobacco/tobacco-control/tobacco-plain-packaging#what-is-plain-packaging>

⁹ Alcohol and Drug Foundation 2020. Cannabis: What is cannabis? Dated 5 June 2020. Retrieved from: <https://adf.org.au/drug-facts/cannabis/>

Protect public health and public safety in relation to the use of cannabis in Victoria

The World Health Organization defines public health as ‘the art of science of preventing disease, prolong life and promoting health through the organized efforts of society’¹⁰. Public health and safety are paramount in considering legalising cannabis. ANMF (Vic Branch) members raised concerns about potential long-term effects on children. For instance:

1. The impact of secondhand smoke from cannabis;
2. The impact of parenting related to lack of care, structure and boundaries;
3. The potential for children of parents that use cannabis to become cannabis users;
4. The stressors of children seeing their parent/s effected by cannabis;
5. Childhood trauma;
6. The effect on prenatal, perinatal and neonatal exposure;
7. The effect on newborns who are breastfeed and any relationship to sudden infant death syndrome.

Public consumption

As with public smoking, consideration needs to be given to cannabis restrictions with restrictions aligning with health recommendations for smoking and vaping. Comprehensive policies and guidelines should be developed to regulate the use of cannabis in public spaces, workplaces and those areas that are frequented by children under the age of 18 years.

Significant work and research will need to be undertaken as to how the sale and distribution of cannabis and cannabis products will be made available to the public. To ensure public safety, licensees’ locations should be prohibited where children under the age of 18 years visit¹¹. For instance, playgrounds, sporting facilities, schools and childcare centres, and community centres should have minimum distances between themselves and licensees. Consideration of commercial zones for licensees avoiding residential areas should be sought.

Advertising

Restrictions on marketing cannabis and cannabis products should be prohibited and in line with tobacco advertising bans.

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

¹⁰ World Health Organization. Regional Office for Europe. Public health services. Retrieved from: <https://www.euro.who.int/en/health-topics/Health-systems/public-health-services/public-health-services>

¹¹ Peloquin R, Scarr J. Cannabis Regulation and Youth: A Jurisdictional Review. Vancouver: Child Health BC 2017. Retrieved from: <https://www.childhealthbc.ca/news/cannabis-legalization-regulation-jurisdictional-review>.

Health education programs assist in harm minimisation in providing vital information on the reduction and prevention of intoxication of children.

Health education programs within secondary schools should provide information through in a positive learning environment such as interactive drug curricula and peer-led social competence and influence approaches.¹²

Health promotion programs should not only target secondary school students, consumers, caregivers, licensees, Victorian Poisons Information Centre and health practitioners also require ongoing, up to date education on evidence-based research. Policies and guidelines related to cannabis and cannabis products should be developed as part of the health education and promotion programs. Access to resources, factsheets and promotional materials should be translated to enable people for culturally and linguistically diverse background and those that use sign language to receive quality information in relation to cannabis and cannabis products.

It is essential that regulated health practitioners are educated and informed about harm minimisation, management of cannabis and cannabis products and are properly prepared to provide education to others. Their ability to provide clients opportunistic education in relation to the management of cannabis and cannabis products will assist in avoiding associated accidental ingestion by children and potential harm associated with potential of poly drug use.

Education and training should be regularly reviewed, be based on best evidence-based practice and updates should be provided to employees of the service as part of a managed professional development program.

It is the recommendation of ANMF (Vic Branch) that nurse-led and regulated health practitioner education programs on the supply, possession and administration of cannabis and cannabis products are designed to be easily adapted for the needs of the community. Training programs should be engaging and create an environment that supports open discussion, questions and the opportunity for clarification. ANMF (Vic Branch) recommends that various models of education are utilized including online education, group workshops, opportunistic discussions and one-on-one training.

As specified earlier, it is the recommendation of ANMF (Vic Branch) that public education programs should be full funded, to strengthen and highlight that cannabis is not safe for children and young people.

ANMF (Vic Branch) reiterate the recommendation that mandatory education and training must be undertaken by:

1. regulated health practitioners who supply, possess and distribute cannabis;

¹² World Health Organization (2016). The health and social effects of nonmedical cannabis use. Retrieved from: <https://www.who.int/publications/i/item/9789241510240>

2. regulated health practitioners who provide services to caregivers of children under 18 years of age;
3. caregivers;
4. consumers;
5. licensees;
6. Victorian Poisons Information Centre;
7. Secondary students.

Furthermore, ANMF (Vic Branch) acknowledge whilst education is a harm reduction intervention it is not an alternative to providing comprehensive health care for those people with ongoing health issues.

Prevent criminal activity relating to the illegal cannabis trade in Victoria

Cannabis should be regulated and as with other substances such as alcohol and tobacco it should only be accessed, purchased, possessed or used by those over the age of 18. An exception would be the use of cannabis for medical reasons which has been prescribed by a regulated health care practitioner who has the authority to prescribe.

Drug-driving

Legislation and penalties for driving whilst impaired by cannabis or failing a roadside drug test should continue to align with current offences and penalties. In addition, those supervising learner drivers should be educated that it is illegal to be supervising whilst under the influence of cannabis or cannabis product.

Decriminalisation

In Victoria a total of 9,149 cannabis consumer related arrests occurred in 2017-2018¹³ with a total of 3,312 of cannabis seizures in the same period¹³. The inquiry could consider the decriminalisation of cannabis and cannabis products and acknowledge the Jurisdictional Review: Cannabis Regulation and Youth¹¹. The report suggests alternatives such as mandatory education, fines, community service and support services for simple possession of cannabis and cannabis products particularly for young people¹¹.

It is worth considering that decriminalisation of cannabis with strict regulations and applying civil penalties would reduce the burden on the criminal justice system. As a result, the burden on police and court systems would reduce and the financial impact to society would reduce¹⁴.

Cultivation of cannabis for personal use

The Australian Capital Territory (ACT) on 31 January 2020 legalised the growth of personal cannabis. A resident can grow up to two (2) cannabis plants per person with a maximum of

¹³ Australian Criminal Intelligence Commission (2019). Illicit Drug Data Report 2017-2018 16th edition. Retrieved from: <https://www.acic.gov.au/publications/reports/illicit-drug-data-report>

¹⁴ Alcohol and Drug Foundation (2020). Overview: Decriminalisation vs legalisation. Retrieved from: <https://adf.org.au/talking-about-drugs/law/decriminalisation/overview-decriminalisation-legalisation/>

four (4) per household¹⁵. Under these new laws, cannabis can be only grown in the backyard, not permitted in community gardens or parks¹⁵.

Consideration of the legislative changes in the ACT should be part of this inquiry and ANMF (Vic Branch) suggests decriminalisation for the personal cultivation and use of plants should have regulations in place to assist in the harm minimisation. For instance:

1. Limit the number of cannabis plants per household;
1. Areas must be in a secure locked area to prevent children and young people accessing cannabis plants;
2. Safe disposal of cannabis waste;
3. Secure locked areas for the storage of drying plants and their products.

ANMF (Vic Branch) reiterates the financial burden and the pressures on the criminal system would be partially alleviated if cannabis and cannabis products were decriminalised for the cultivation of cannabis for personal use.

Regulations and Acts

Clear guidelines and procedures should be developed and implemented related to the storage, labeling and recording of cannabis and cannabis products whilst in the possession of the licensees. Consideration to amendments to the *Drugs, Poisons and Controlled Substances Act 1981* and the *Drugs, Poisons and Controlled Substance Regulations 2017* related to cannabis and cannabis products. The ACT amendments include:

1. People of the age of 18 years can:
 - a. Possess 50 grams of dried cannabis or up to 150 grams of fresh cannabis;
 - b. Grow up to two (2) plants per individual and a maximum of four (4) per household;
 - c. Use cannabis for personal use in their home.
2. It is an offence to:
 - a. Use cannabis in a public place;
 - b. Expose children or young people to cannabis smoke;
 - c. Store cannabis and cannabis products where children can reach them;
 - d. Grow plants where they can be accessed by the public;
 - e. Grow cannabis using hydroponics or artificial cultivation¹⁶.

The Canadian Government in October 2018 created a legal framework for the possession, manufacture, supply and sale of cannabis. The Cannabis Act¹⁷ has a number of aims which

¹⁵ Alcohol and Drug Foundation (2020). Cannabis in the ACT: what you need to know. Retrieved from: <https://adf.org.au/insights/cannabis-act/>

¹⁶ Australian Capital Territory (2020). Cannabis: New rules around personal use of cannabis came into effect on 31 January 2020. Retrieved from: <https://www.act.gov.au/cannabis/home>

¹⁷ Government of Canada. The Cannabis Act S.C. 2018, c. 16. Retrieved from: <https://laws-lois.justice.gc.ca/eng/acts/C-24.5/>

align with the terms of reference for the inquiry into cannabis by the State Government of Victoria. Whilst the ACT has only made amendments to their legislation, ANMF (Vic Branch) recommends that consideration should be given to the creation of a Cannabis Act and Cannabis Regulations. ANMF (Vic Branch).

Assess the health, mental health and social impacts of cannabis use on people who use cannabis, their families and carers

Substance misuse whether it is tobacco, alcohol, illicit drugs or in this case, cannabis remains a health issue for the community. Substances in cannabis have both short-term and long-term effects on the brain and body. These impact reaction times, impair coordination, inability to focus which impact memory and decision making. In addition, cannabis has an effect on an individual's mental health ranging from anxiety, euphoria leading to paranoia and hallucinations and addiction¹⁸. The Australian Institute of Health and Welfare (AIHW) identified between 2013-2016 there were increases in mental health issues related to cannabis use¹⁹.

According to the AIHW, cannabis contributes to the burden of disease and increases with poly drug use. However, it is difficult to measure the effects of cannabis with other substances such as alcohol, tobacco, ecstasy and cocaine are used as well. Alcohol is the most common substance used with cannabis.¹⁹

The research into long-term effects of synthetic cannabis is limited however reports indicate that more harmful side-effects are experienced. For instance, palpitations arrhythmias, seizures, stroke, chest pain²⁰. ANMF (Vic Branch) recommends further research needs to be undertaken to determine the burden of health disease and the impact on the community.

Consideration should be given for a confidential system of monitoring and evaluating the use of cannabis and cannabis products which will be able to assist in identifying trends, age groups, gender, and areas of high and low demand. The benefit of monitoring the supply and distribution of cannabis will enable areas to be identified with higher rates of cannabis use; resulting in appropriate targeting and funding of health promotion programs and increased alcohol and other drug services to meet the needs of the community.

¹⁸ Government of Canada. Cannabis in Canada: Get the facts. Retrieved from: <https://www.canada.ca/en/services/health/campaigns/cannabis/health-effects.html>

¹⁹ Australian Institute of Health and Welfare (2020). Alcohol, tobacco and other drugs in Australia. Retrieved from: <https://www.aihw.gov.au/reports/phe/221/alcohol-tobacco-other-drugs-australia/contents/drug-types/cannabis>

²⁰ Alcohol and Drug Foundation (2019). Synthetic Cannabis. Retrieved from: <https://adf.org.au/drug-facts/synthetic-cannabis/>

It will be essential to have comprehensive policies and guidelines developed to regulate the supply, possession and administration of cannabis and cannabis products. Legislative changes and exemptions will be required to enable variations in distribution, possession and administration of cannabis.

Accessing health services to reduce potential harm associated with mental health, comorbidities and social determinates of health need to further researched.

Ongoing collaboration with the alcohol and other drug sector and Victoria Police and other key stakeholders should facilitate systems to continuously evaluate the quality and safety on the supply and use of cannabis and cannabis products to enable the delivery of improvements to meet the community's needs.

Establish a robust system of data collection which will be essential to facilitate implementation, monitoring, evaluation and adaption of changes in relation to the supply, access and use of cannabis and cannabis products in Victoria.

Workplace

Under the *Occupational Health and Safety Act 2004 (Vic)* the requirements of employers to maintain a safe working environment for employees without risk to health is important²¹. Consideration should be given to providing education, assistance and resources for employers to develop alcohol and other drug policies. Employees and employers in high risk activities and professions should be aware of the risk of cannabis impairment in the workplace and testing they may require alcohol and other drugs testing²²

Conclusion

Education is central to ensuring a harm minimization approach. It is important that a comprehensive information campaign be implemented to support and assist the community to make informed decisions and understand harm minimisation associated with the use of cannabis and cannabis products. Further evidence-based research needs to be undertaken and reviewed associated with the long-term effects of cannabis and cannabis products on the development of children and young people.

Thank you for the opportunity to put in a submission and ANMF (Vic Branch) looks forward to the report and working with the State Government and key stakeholders on this important piece of work.

²¹ Occupational Health and Safety Act 2004. Retrieved from: <https://www.legislation.vic.gov.au/in-force/acts/occupational-health-and-safety-act-2004/033>

²² WorkSafe Victoria (2017). Guide for developing a workplace alcohol and other drugs policy. Edition No.1. Retrieved from <https://www.worksafe.vic.gov.au/resources/guide-developing-workplace-alcohol-and-other-drugs-policy>