

**SELECT COMMITTEE INTO ALTERNATE APPROACHES TO
REDUCING ILLICIT DRUG USE AND ITS EFFECTS ON THE COMMUNITY**

Establishment — Motion

Resumed from 19 September on the following motion moved by Hon Alison Xamon —

- (1) A select committee examining alternate approaches to reducing illicit drug use and its effects on the community is established.
- (2) The select committee is to inquire into and report on —
 - (a) other Australian state jurisdictions and international approaches (including Portugal) to reducing harm from illicit drug use, including the relative weighting given to enforcement, health and social interventions;
 - (b) a comparison of effectiveness and cost to the community of drug-related laws between Western Australia and other jurisdictions;
 - (c) the applicability of alternate approaches to minimising harms from illicit drug use from other jurisdictions to the Western Australian context; and
 - (d) consider any other relevant matter.
- (3) The select committee is to report no later than 12 months after the motion is agreed to.
- (4) The select committee shall consist of five members: Hon Alison Xamon (Chair); Hon Samantha Rowe (Deputy Chair); Hon Colin de Grussa; Hon Michael Mischin; and Hon Aaron Stonehouse.

HON ALISON XAMON (North Metropolitan) [1.09 pm]: I will very briefly review the key points I made in my opening contribution to this motion. I note from discussions behind the Chair that there appears to be broad support for the establishment of this select committee. I think that it will be really useful if members wish to contribute to this debate, for them to express their particular thoughts about what areas of focus they believe the committee should consider. In my opening remarks I said that there is a real illicit drug use problem within Western Australia. I outlined some of the statistics that illustrate that, particularly within the 10-year mental health, alcohol and other drug services plan, which paints a rather grim picture of not only the rate of illicit drug use, but also the need for services to address the issue. I also spoke about the deepening concern about the rate of drug use within our prison system, the fact that there is a genuine problem—that drugs can get into prisons at all of course—but also the fact that so many people within the prison system are there either directly because of drugs charges or very often a range of offences around offending behaviours that can be directly attributed to their illicit drug taking, and what a problem that is as well. I also spoke about the need to genuinely quantify the cost to the community of a business-as-usual approach when it comes to the issue of illicit drug use. Obviously there are issues around policing, prisons and prison intervention, and the need to deliver services, but also the human cost and the cost of lost opportunities for people—the cost to families and to children whose lives are detrimentally affected by the current approaches to the issue of illicit drug use.

I began concluding my remarks by talking about the specific example of Portugal and what is occurring there. In Portugal, due to the astronomical number of deaths from heroin use in particular, a decision was made to completely change the approach to dealing with what had absolutely become an illicit drug crisis by effectively treating the drug issue as a health crisis and not a criminal crisis. Before my time ran out I had also begun to say that it is really important that we note that just because a particular approach has had particular success within Portugal, it is not without its criticisms. It is useful to learn not only from the successes of other jurisdictions, but also from how systems can be improved. Importantly, we need to recognise that it is always difficult, particularly when we are talking about overseas jurisdictions, to translate it directly to Western Australia, because we have different systems and cultures. The committee would need to go in with an eye to interrogating the validity of other systems in international jurisdictions, as well as other states, to see how that would fit within the Western Australian context. Hopefully, it would be able to see whether there are elements of particular jurisdictions from which we can learn and which may be able to be applied successfully within Western Australia.

I also think that one challenge for this committee, should it be established, is to ensure that within a 12-month period we focus on where we want to primarily focus our attention. My concern is that the issue of illicit drug use and abuse is very broad and that the sort of approaches we may want to take to the issue, for example, of marijuana, could be and most likely will be very different from how we deal with another drug, such as meth. It is very important to note that there will be no one-size-fits-all approach to how we address illicit drug use. As I have said, I hope that one

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lens that we would be applying would look at how a more health-based approach would work in practice, remembering that harm minimisation, the sheer definition of it, is also about incorporating a level of law enforcement. That is recognised as being an important and legitimate part of how we deal with illicit drug use, but the issue is: where is that line appropriately drawn and what does that look like? For example, different approaches are constantly canvassed about an appropriate way to address the issue of marijuana. The reality is that in the same way that many people can drink alcohol and not develop issues of abuse around that, certainly it is the case, and it needs to be recognised, that many people can recreationally smoke marijuana and not experience long-term, or even short-term, adverse effects. However, I also recognise that for some people marijuana can be a very serious drug. I am one person who has had personal experience of a family member who unfortunately has experienced the correlation between psychosis and excessive marijuana use. That raises legitimate concerns about what is the appropriate way to ensure that although some people may want to recreationally use marijuana, and perhaps it would be inappropriate to have those people subject to criminal proceedings and a criminal record of any sort, a harm minimisation approach recognises that harm is implicit within all drug use, whether it be marijuana, alcohol or cigarettes. What is the balance that is appropriately struck to ensure that people are getting the assistance they need?

Another big challenge for the committee will be the issue of 3,4-methylenedioxymethamphetamine, or ecstasy. Emerging research is occurring around the therapeutic value of certain types of MDMA under close clinical supervision. That research, in particular, is occurring at Curtin University. It is going to be an interesting issue to explore. As part of that, if the committee decides to look at the issue of MDMA or other types of pills, it will need to consider the role of pill testing, for example. That is a very broad question to ask. People can, of course, purchase pill testing kits on the internet. I personally would always advise people against that because I do not think that they are particularly therapeutically sound and they can give results that are not necessarily indicative of a range of harm, but perhaps other people have different views. I know that this has been a big issue over east, particularly in recent times when there have been some tragic deaths at large music festivals. What is the role and the use of a pill testing regime at large venues? Is it successful? Is it something that we should even be contemplating? Does it have the opposite effect? Does it, as some people claim, encourage additional risky illicit drug taking? I hope that if these are the sorts of things the committee chooses to look at that it would want to potentially contemplate those questions. Likewise, what is the role of sniffer dogs? Are sniffer dogs a valid part of trying to ensure that people are not engaging in harm or, in fact, are they contributing to more harm? The feedback I have had from the drug and alcohol sector is that those sorts of measures are not desirable. We do not have it in Western Australia. It would perhaps be useful for the committee to look at those sorts of issues and, across party lines, be able to give some recommendations to the Parliament.

Likewise, the issue of heroin is fraught. It is often said that heroin, as a pure drug, is a lot safer than current legal drugs such as alcohol and tobacco. But the reality is that people die from heroin overdoses, and get caught in cycles of addiction that bring with them lifestyles that are less than positive to their wellbeing. What is that line between wanting to address issues of illegality around heroin use and wanting to ensure that people who are caught in the grip of heroin addiction can get the sort of assistance they want? Certainly, I hope that anyone caught in the grip of an addiction who has managed to conquer it can successfully go on with their lives and rise above that addiction. I think there are questions to be asked about how that is best achieved.

I could not possibly in good conscience sit down without talking about the very real impact of methamphetamine and what is happening within our community due to its use. As someone who has paid very close attention to the issue of alcohol and other drugs and mental health issues for a couple of decades now, I have never seen anything quite as destructive as meth on individuals, families and communities. It is an insidious drug. I find it so distressing just how quickly it takes a hold on people's lives, how addictive it is and how it fundamentally changes people. We will have to put some good, serious thought into grappling with this issue because what we are currently doing is clearly not having an effect. However, one of the things the proposed committee will need to look at is how bad the situation would be if we were not undertaking the sorts of measures we are undertaking now. We have to do things better than we are doing because it is a huge problem in our community. It is literally destroying people's lives and we need to make sure that we can find solutions to not only support those who have found themselves in the grip of a meth addiction, but also, hopefully, stop people from taking up methamphetamine in the first place. It is very difficult, considering the profile of who is taking up methamphetamine. It is not people who are often stereotyped as people who have a drug addiction. We are talking about professionals who may take a little bit of meth to give themselves an edge, people working on mines, tradies and small business people. It is one of those drugs about which we have to start asking how we can potentially do things better.

These are the sorts of questions the committee will have to grapple with. Within a 12-month time frame, we will have to narrow them down. It is as simple as that. I am very curious to hear members' contributions and, if they wish, they can share their perspectives on what they think might be a particularly interesting focus for the committee to take. We know that our current approach to reducing the harm illicit drugs cause our community is

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not working. We have a huge issue and the crisis is getting worse rather than better. We know that no government within Australia across the political spectrum can ever claim to have got this one right, so I am not interested in pointing the finger. It is a wicked problem that governments around the world have been trying to address. I strongly believe that we need to start treating drug addiction for what it is—effectively, a health and a mental health issue. I truly believe that is a critical part of what we need to look at. I do not believe that we currently have the balance right. I think we are using vital resources to punish individual users rather than focusing on illicit drug manufacturers and distributors, who I argue are the people who should be the focus of any sort of criminal investigation. In doing this we are also distracted from the opportunities to reduce the exposure of drug users to harm and, tragically, often avoidable deaths.

This is a really important issue for the Parliament to pay attention to. I am certain that I am not the only member in this place who is contacted by constituents concerned about a loved one who needs support but is unable to get support and constituents who are struggling to find out what they can possibly do to try to have their loved one's issues addressed. On that note, I look forward to hearing members' contributions and, if there is time, maybe to reply to the motion.

HON MICHAEL MISCHIN (North Metropolitan — Deputy Leader of the Opposition) [1.25 pm]: I lend my support to this motion. When Hon Alison Xamon first gave notice of it on 13 June last year, I thought at the time that it had considerable merit. If there is one thing I cavil about, it is the terminology used. I think that, grammatically, it should be “examining alternative approaches” rather than “alternate approaches to reducing illicit drug use”. With that one reservation, I have to add another, which I will mention in a moment. Probably one of the greatest challenges to our society and every human society around the globe is how to deal with illicit drug use. Even that needs to be considered in context. The search for oblivion, if it can be called that, through the misuse of substances, whether they be natural substances such as cannabis; something picked off a vine, dried and smoked; alcohol; or any other naturally occurring substance; added to the increasing ability to synthesize products, is as old as humanity. It may be inherent in the human condition to seek something that will alter our perceptions, change our mood or enhance our life experiences, so we think, but, ultimately, that can be destructive as well. My reservations about this, although I hope that I can rise to the challenge of dealing with it in the spirit it is intended—I should add that I am very flattered that Hon Alison Xamon invited me to be part of this committee—is simply that there is an immense amount of material on this. I do not think there is any civilised society on the planet that has not looked at this problem or addressed this challenge and, to a greater or lesser extent, attempted to control it, overcome it or find a solution or even a series of solutions that will address it.

Hon Alison Xamon is quite right when she says we have a new drug on the scene. I even heard mentioned in the media recently that there is another one that is even more destructive that threatens to be introduced to our unhappy planet. It seems that humans seek out ways to damage their health and their society and engage in destructive behaviour. I do not know why that is but it seems to be endemic in our society at the moment. This is not the first crisis we have faced. The United States attempted to deal with the evils of alcohol abuse with prohibition, but that did not work. It is interesting to reflect on the state of society back in those days, but the stories were that alcohol abuse had been so widespread that members were turning up to Congress drunk. It is not something that we would consider to be at all acceptable behaviour nowadays, yet it seems to have been part of the fabric of society. The reaction to that was to ban alcohol but that did not work; it caused more problems than it solved. One reflects on that and can see that an element of an advancing civilisation is that it tends to breed this behaviour out of humans—an education process, if you like.

Likewise, as Hon Alison Xamon rightly identified, an element of the stick as well as the carrot is involved in treating these sorts of problems, but with a measured criminal law or some other sanctioned response behind it to direct human behaviour and set standards. We have had crises, such as heroin. When I first started out in legal practice in the 1980s, heroin was the big evil. People were committing armed robberies to satisfy their habit. Although heroin has more of an opioid-type depressant effect on behaviour, the craving motivated people to commit crimes. The heroin scourge was considered to be the downfall of society and Western Australia was going to hell in a bucket very quickly. Since then we have had several others. The latest ice crisis is probably the worst, but there will probably be worse down the track. I cannot understand why anyone would want to try that drug having heard the horror stories of people experimenting with it and, even when they get what they are trying to buy, wanting to set their children alight or committing some other crime against a loved one, quite apart from the self-destructive behaviour that they engage in against themselves. But there we are; it is something that we need to understand.

The wealth of available material is probably going to be the greatest challenge to us and to those who will be assisting us from a parliamentary point of view—that is, the advisers, research officers and the like. Such a committee, even with a royal commission and all the resources of government thrown behind it, could go on for three years and still not come to a result. Hon Alison Xamon is quite right; I think one of our first challenges will

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be to refine the terms of reference to explore them in a meaningful way within 12 months without simply gathering together everything that has been written or said before and the myriad views from various interest groups or those who think that they know the solutions, or those who can certainly identify the problems if they do not have solutions, and piling it into a report to this house. Some significant focus will need to take place and the committee's responsibility will be immense, as it will be for the advisers who will have this inflicted upon them. I am sure that the people who have been nominated to participate in the committee will make a good fist of it. We will do what we can. I hope that I do not sound pessimistic, but I appreciate the scope of what is involved and the challenge involved. Even in the terminology, "reducing illicit drug use" can be everything from prescription drugs being misused or overused through to illicit drugs in the sense of illegal drugs, prohibited substances, that may be used at all, let alone misused. It is very broad indeed.

The focus on reducing harm is a worthy one. I do not think that we are ever going to deter people from using these substances, or misusing them in the case of prescription drugs. I just do not think it is in the human condition to do that—certainly not within our lifetime. Strategies for reducing harm, I think is about the best that we can hope for, and finding ways, having accepted that there is a problem and perhaps not being able to address the problem itself, to point to the criteria, if you like, that can be addressed to minimise harm, which is very important. I refer to harm to not only the abuser of these substances, but also those who may suffer as a consequence of that abuse, most particularly the victims of offences that are committed by people while under the influence and the damage to society's confidence in itself and people's confidence in being able to engage with their fellow citizens because they are thinking that some of them who may be abusing drugs will do them harm. Families that suffer because they see loved ones in decline caused by drug abuse need to be assisted and provided with the tools to identify problems and address them in a timely fashion.

The expectations about this committee will have to be managed because I fear that the terms of reference—although I do not think they could sensibly be any narrower to be worthwhile—are broad and the time to deal with these issues will be limited. Of course, all members will have other responsibilities. I understand that there will something like 23-odd sitting weeks next year. The committee work will have to be fitted in with our other responsibilities.

I commend Hon Alison Xamon for having raised this subject. I have confidence that if any committee of this Parliament can do the job, it is one from this house rather than from the Assembly. I took on board Hon Nick Goiran's experience and comments about the superiority of our standing orders in that regard and the ability to craft a committee report rather than provide one that is focused on a particular end. I am sure that we will be able to do that. Having seen the members, excluding myself, who will be on the committee, I am sure that we will have a wealth of different views that can be channelled into finding something to assist this Parliament, and certainly assist the members of this house and, hopefully, assist the government in due course. The committee will not be the solution to the problem; rather, it can find a solution and point the way to how things can be improved for Western Australians.

I thank Hon Alison Xamon for the motion. I believe that Hon Peter Collier will also say a few words about this motion on behalf of the opposition generally, but I can indicate that the Liberal Party is supportive of what is being proposed and looks forward to finding out from the committee's inquiries more about this problem and the latest learning on this issue here and overseas. Hopefully, the committee can distil some pointers as to how we can improve the problem and new ways of tackling it rather than using those that have been adopted in the past, with a mixture of possible solutions and strategies.

HON ALANNA CLOHESY (East Metropolitan — Parliamentary Secretary) [1.36 pm]: I thank Hon Alison Xamon for bringing this motion to the house. I am speaking on behalf of the government and I indicate that we will be supporting the motion to establish a select committee to investigate the approaches used by other jurisdictions to regulate and reduce harm associated with drug use. We are pleased to support the motion because the impact of drug and alcohol problems in Western Australia is far-reaching. I included alcohol—I will come back to that—because even though the motion does not talk about alcohol, often there are co-occurring issues between alcohol and illicit drug use. That is one of the issues that the committee might need to look at. But as I said, I will come back to co-occurring issues in a minute.

One of the reasons that we support the establishment of the select committee is that, as every member in this place knows, the problems that arise as a result of illicit drug misuse permeate a lot of areas, including health, social and economic concerns. We can never have too much information about ways to address particularly wicked social, economic and health problems in our society. We know that the use of illicit drugs in our community has impacts on family violence. We have seen an increase in the rate of family violence in our state over a number of years. There are many complex and interrelated reasons for that increase in the reported rate of family violence. But to be sure, the impact of illicit drug use in families is one part of a complex reason. Illicit drug use can also have an effect on relationships, homelessness, poverty, crime rates, illness, injury—and the list goes on. It does not affect

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only individuals; it affects families, which is another reason we support the establishment of a select committee. Our preconceived ideas of illicit drug users are of the lone user. That is the myth perpetuated, probably through Hollywood, and the way in which illicit drug use is portrayed in popular culture. I will come back to stigma a little bit later, because I think it is something that the committee will need to have a look at.

What we do about this, how we identify and address these problems, is quite complex, involving a number of interrelated individual and environmental factors. There is not one standalone silver bullet. It also requires effective coordination. When illegal drug use, or any drug use, is discussed or debated publicly, it usually elicits very emotive responses—emotions run high. That is very understandable because of the harsh and unforgiving impacts of illegal drug use, which create much damage. Good public policy responses must recognise that impact and draw on evidence-based programs to reduce the impact and prevent harm. I emphasise “evidence-based”, because a lot of responses are offered up to any particularly wicked public policy problem, such as illicit drug use, not all of which are based on evidence of whether they work. Some of them are new responses, and some may even seem exciting, or to be the silver bullet that society has been looking for, but they are not, and sometimes they can cause more harm than help. I emphasise to the committee the need to make sure that the programs, projects and responses it is looking at are based in solid evidence.

I come back to coordination, because the public policy problem we face does not require just a government response. Obviously government can, should and must have a role in reducing the impact of and preventing harm from illicit drug use. We already have a lot of agencies, including government, non-government and private services. We see communities already working to address these problems. We need a whole-of-community approach, not just a government response. Only through government, non-government and private sector agencies working together will we see significant gains in prevention and reduction of harm.

Let me now move on to an issue I note was raised by Hon Michael Mischin—that is, one of definitions. One of the issues I suggest the committee consider very early on is what is meant by “illicit drug use”. Those are the words in the terms of reference in the motion, but often we think we understand what those words mean, and they are used interchangeably with other phrases. Does the committee intend to look at illegal drugs, or drugs that are used illicitly? Those terms are interchangeable. I refer to the “National Drug Strategy Household Survey”, which has some useful definitions. It talks about illegal drugs—drugs that are prohibited from manufacture, sale or possession in Australia; for example, as Hon Alison Xamon pointed out, cannabis, cocaine, heroin and amphetamine-type stimulants. That is one category of illegal drugs, but it also mentions pharmaceuticals obtained on prescription that can also be used illicitly. To refer back to the national drug strategy, pharmaceuticals are described as drugs that are available from a pharmacy over the counter or by prescription that may be subject to misuse, for example opioid-based pain relief medications, opioid substance therapies, benzodiazepines, over-the-counter codeine and steroids.

Hon Michael Mischin: I understood that that was the reason the motion has “illicit drug use”, which can embrace the use of illegal and illicit drugs, or using drugs illicitly.

Hon ALANNA CLOHESY: I understand that, but I am going to get to a point in a minute about resources—a very similar one to that which the member used—and responses to those.

The third category, if you like, are the psychoactive substances, legal or illegal, potentially used in a harmful way—I am referring to the national drug strategy here—for example, kava, synthetic cannabis, other synthetic drugs, and inhalants such as petrol, paint or glue.

Hon Michael Mischin: Or too much coffee.

Hon ALANNA CLOHESY: I am trying very hard not to respond to that!

For the purposes of this motion, members must understand that each of those categories requires a different response, because the way in which people come to, for example, petrol sniffing might be very different from the way in which they come to using methamphetamine. The way in which someone overuses prescription medication, and the way they arrive at that practice, may be very different from the case of someone who uses MDMA for recreational use. That will mean that the committee might need to be very prescriptive in the types of programs it looks at to achieve its goal of reporting in 12 months’ time. One of the ways through that might be by looking at the use of illegal drugs—what is used, by whom, how often and when? A trusted source of data, the Australian Institute of Health and Welfare’s “National Drug Strategy Household Survey”—the most recent is 2016—made some quite detailed findings on drug use. Sometimes we happily quote who uses what, without really understanding where it comes from. The survey has found that about one in eight Australians have used at least one illegal substance in the past 12 months, and one in 20 has misused a pharmaceutical drug. The most commonly used drug, used at least once in the past 12 months, is cannabis, followed by cocaine, ecstasy and methamphetamine, the use of which, in the most recent survey, is at 1.4 per cent.

This is quoting directly from the report on the illicit use of drugs. I want to reinforce that those were the most commonly used illegal drugs that were used at least once in the past 12 months. I want to talk more about

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methamphetamine in a minute. Ecstasy and cocaine were used relatively infrequently. When examining Australians using illegal drugs weekly or more often in 2016, it found that methamphetamines, which includes ice, were the second most commonly used illegal drug after cannabis. That makes quite a difference. Daily or weekly use of methamphetamines among recent users has more than doubled in the six years from 2010. People were using methamphetamines daily and weekly twice as much in 2016 as what they were using in 2010. That issue makes that drug particularly insidious. Daily or weekly use of methamphetamines went from 9.3 per cent in 2010 to 20 per cent in 2016.

Another way of focusing on this issue might also be to look at illicit drug use amongst particular population groups. Particular population groups disproportionately experience drug-related risks. The use of illicit drugs in the past 12 months was far more common amongst people who identified as homosexual or bisexual. Ecstasy and methamphetamine use in this group was 5.8 times higher than use by heterosexual people. Again, this is from the “National Drug Strategy Household Survey 2016: Detailed findings” by the Australian Institute of Health and Welfare. Recent and regular methamphetamine use was 5.8 times higher than use by heterosexual people. People who live in remote and very remote areas, unemployed people and Aboriginal people, particularly those living in remote and very remote areas, are more likely than any other population group to not only smoke daily but also use illicit drugs.

My next point is where I come back to co-occurring issues. The proportion of people experiencing high or very high levels of psychological distress increased amongst illicit drug users between 2013 and 2016 from 17.5 per cent to 22 per cent, but also increased from 8.6 per cent to 9.7 per cent over the same period for the non-illicit drug using population. People with a mental illness are more recent illicit drug users compared with other populations. We kind of know that anecdotally, but therein is the evidence. That might be a way forward for the committee—to consider the use of illegal drugs on particular population groups. Yesterday, the Australian Criminal Intelligence Commission announced another piece of useful data. It released its “National Wastewater Drug Monitoring Program: Report 5, August 2018”, which found that 1 528.3 kilograms of methamphetamine is consumed in Western Australia each year, as well as 43.8 kilograms of cocaine, 101.3 kilograms of MDMA and 42.5 kilograms of heroin. In Western Australia, methamphetamine is by far the most consumed illicit drug in Western Australia.

I also draw members’ attention to this: the national wastewater drug monitoring program found that of the substances tested for in April 2018 in Western Australia, nicotine and alcohol remain the highest consumed substances, as they also were in December 2017. Let us remember that those drugs are being consumed at a high rate in Western Australia. Average methamphetamine consumption use decreased in the capital city, but average use increased in rural and regional areas in Western Australia. The use of methamphetamine in Perth is decreasing, based on the evidence provided by the Australian Criminal Intelligence Commission, but has increased in rural and remote areas. Again, I suggest that the committee takes into account, when focusing on what it might look at, where the problems are and who is affected by the problems. Another way might be to look at the impact of drug use on the community, but I think I have talked enough about how that impact manifests through, for example, family violence, and impacts on the individual and relationship breakdowns.

I want to talk about the “National Drug Strategy 2017–2026” and the “Western Australian Alcohol and Drug Interagency Strategy 2017–2021”. The national drug strategy gives us a framework for action that can take into account new and emerging evidence-based issues as they arise. It also gives us a guide for different jurisdictions and states to develop their individual responses to drugs, including alcohol and tobacco. In this instance, I am talking about other drug issues, but I ask members to think about why we need those strategies and a national drug strategy. I come back to the very point that harms from all those things—alcohol, tobacco and other drugs—impact directly and indirectly on our communities. They impact on me and each and every one of us in this place. I have talked about the health harms, such as injury, chronic conditions, mental health issues, and social harms. There are also economic harms, such as decreased productivity, reinforcement of marginalisation and economic disadvantage, as well as health and justice costs.

Strategies such as the national drug strategy and others that I will talk about later all work to minimise those harms. Many of the strategies, and, indeed, ours in Western Australia, try to prevent and delay the uptake of drug use and alcohol use because that plays a key part in the overall effort to reduce the harm associated with alcohol and other drugs.

Interestingly, since 1985 the national drug strategy has been underpinned by an objective of minimising the harm associated with illicit drug and pharmaceutical drug use. The consistent approach to the national drug policy framework has earned high international regard and many achievements can be seen emanating from it. During the 2010–15 period of the national drug strategy, demand, supply and harm reduction strategies had positive results across Australia. For example, in 2014–15 police reported a record 105 862 national illicit drug seizures and issued 11 809 diversions for cannabis-related offences. I will talk about cannabis-related offences in a minute. The

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national drug strategy household survey, which I talked about earlier, reported a decline in the proportion of people exceeding lifetime risk guidelines for consuming alcohol of approximately 3.5 per cent and declines in the use of some illicit drugs. Although the strategy has been commended, problems continue, as we know. The point about the strategy is that it is flexible. It provides opportunities for uniform action as required, but flexibility for each of the states to respond to issues as they occur.

“The National Drug Strategy 2017–2026” sets out a balanced approach across three pillars of harm minimisation—that is, demand reduction, supply reduction and harm reduction. I will talk about those three pillars as identified in the national drug strategy. Demand reduction means preventing the uptake or delaying the onset of the use of illegal drugs or other drugs; reducing misuse; and supporting people to recover from dependence through evidence-informed treatment. That is what the strategy means in terms of demand reduction. We heard the honourable member talk about whether the committee could consider which of those points were of value in addressing the problem of supply reduction. Supply reduction is preventing, stopping, disrupting or otherwise reducing the production and supply of illegal drugs and controlling, managing or regulating the availability of legal drugs. Those, of course, are what we would normally see as law enforcement strategies in relation to supply reduction, although there are other strategies around supply reduction. Harm reduction is about reducing the adverse health, social and economic consequences of the use of drugs for the user and their family and for the wider community. The honourable member said that some of the harm reduction strategies in place might also include needle exchanges and those kinds of things. My point about this is that there are any number of approaches within each of those three pillars of harm minimisation. A balanced approach across those three pillars is really important, because the evidence suggests that the balanced approach achieves the best outcome.

The national drug strategy identifies priority actions, such as enhancing access to evidence-based informed, effective and affordable treatment. It refers to developing new and innovative responses to prevent uptake, to delay drug use, and to reduce alcohol, tobacco and other problems. I particularly recommend that the committee consider that part of the national drug strategy, along with the way in which it identifies priority populations, including Aboriginal and Torres Strait Islander people, young people, people from culturally and linguistically diverse populations, and people with co-occurring issues, including those with mental illness. Based on national and international studies, it is estimated that at least 30 to 50 per cent of people with an alcohol and/or other drug problem also have co-occurring issues.

The strategy goes on to state —

A harm minimisation policy approach recognises the clear recognition that drug use carries substantial risks, and that drug-users require a range of supports to progressively reduce drug-related harm to themselves and the general community, including families.

The strategy suggests that the following considerations need to be taken into account when addressing harm minimisation. This is a particularly important point: drug use occurs across a continuum, from occasional use to dependent use. Again, it might be a focus for the committee to look at what part of the continuum the committee is looking at. A range of harms are associated with different types and patterns of drug use and the response to those harms requires a multi-faceted approach. Before I go on I should note that the three pillars of harm reduction are also the focus of the state government’s methamphetamine action plan. That is being delivered through a coordinated implementation of a set of initiatives across government.

I want to talk about supply reduction in particular as one of the three pillars because I think this is the one that comes in for a fair bit of criticism. Perhaps it might be just that it is an easy target. As I said before, supply reduction strategies aim to restrict the availability and access to illegal drugs in order to prevent or reduce the use of drugs. The Australian Criminal Intelligence Commission, in a separate report to the one I talked about earlier, states that there has been an increase in not only the availability, but also the purity of methamphetamine as indicated by more domestic seizures, border detections and arrests. As a consequence of that, states and territories are recording an increase in associated harms. Supply reduction requires regulation: it requires working with industry, intelligence, and coordination between enforcement agencies within jurisdictions, across jurisdictions, nationally and internationally.

One of the strategies that might affect supply includes the regulation of retail and wholesale sale; we talked about that in this place in relation to tobacco. The same argument around legalisation applies. There is also border control, regulating or disrupting production—we have seen a significant amount of that in this state—and the implementation of real-time monitoring of prescription medication, so that prescribers can prevent patients from inappropriately accessing harmful and substantial quantities of medication. That is the state government approach through its methamphetamine action plan.

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The other state government initiative that is important in the context of this committee is the Western Australian alcohol and drug interagency strategy. That is a real mouthful—if members can come up with a better name, I will give them a cup of tea! I will refer to it as WAADIS.

Hon Adele Farina: I think it's worth more than a cup of tea!

Hon ALANNA CLOHESY: You think it is worth more than a cup of tea? My tea is very nice!

It is important that we know what we are talking about: it is the Western Australian alcohol and drug interagency strategy, which we expect to be released later this year. A consultation draft was released that reflects the national strategy, with the adoption of an overarching harm-minimisation approach aligned to the three pillars of supply, demand and harm reduction. WAADIS provides a guide for stakeholders, including government, non-government and community organisations, for the development and implementation of initiatives. It intends to drive collective action through collaboration and coordination of efforts across government. At its core, this strategy adopts a prevention-first approach and support for those who need it, which is probably very different from the way we have looked at these issues before. It focuses on preventing and reducing adverse impacts on our community. If members looked at the draft strategy when it was released for feedback earlier this year, they would have recognised that its five key strategic areas focus on prevention, intervention before the issue becomes a problem, effective law enforcement approaches, effective treatment and support services, and strategic coordination and capacity building. I commend the strategy to members because this is the first time it has been done. It does exactly what I was talking about before; it aims to provide a framework based on the three pillars of harm minimisation, and attempts to implement the coordination that is so important. For someone trying to address their illicit drug use it is really important that they know where to go and how to navigate the system. That is why coordination is particularly important.

I will touch on some other initiatives that have had positive impacts on the prevention and reduction of illegal drug use. An old one is the Cannabis Law Reform Act, which reduced the limit for the prosecution of cannabis possession to no more than 10 grams; it was previously no more than 30 grams. The act enables police to issue a cannabis intervention requirement to first-time adult offenders and juveniles with no more than two offence occasions who are found in possession of 10 grams of cannabis or less, or cannabis-use paraphernalia. If the recipient attends a cannabis intervention session, the offence is expiated through treatment. In 2016–17, a total of 2 434 cannabis intervention requirements were issued by police. Of those, 76 were expiated through treatment. That indicates that it might be an interesting way to reduce illegal drug use. I suggest that the committee might like to consider that one.

I earlier said that I would come back to how the state government has prioritised reducing harm, supply and demand for alcohol and other drugs. The “Western Australian Mental Health, Alcohol and other Drug Services Plan 2015–2025” attempts to give us a balanced and optimal approach to the mix of services we need—community-based prevention treatment support services, and those in hospital settings. I earlier talked about the government’s statewide integrated methamphetamine action plan, which has had some very recent successes. The government allocated \$83.5 million for the creation of the WA Police Force meth border force, and a further \$48.2 million supports other initiatives including early intervention treatment facilities, the expansion of specialist drug services into regional and rural areas of need, the improvement of drug and alcohol programs in schools, and the creation of drug and alcohol rehabilitation facilities for prisoners. Members may have seen the release of all those new initiatives, and I encourage the committee to look at those. In addition, there is the government’s increase in roadside drug testing. I have said that the MAP is focused on reducing demand, supply and harm. Recent successes announced yesterday are that the WA Police Force has seized more than 1.56 tonnes of crystal meth since the commencement of that program, has charged 185 offenders, and has frozen nearly \$30 million worth of assets, including bank accounts, real estate and vehicles. That announcement indicates the significant success of that component of the meth action plan.

The government has also established a meth action plan task force to provide advice on improving how programs can be best delivered, targeting areas of greatest need, especially regional areas. We expect the task force to report quite soon—at least before the end of the year. The task force will also report on opportunities for cross-sector collaboration to reduce methamphetamine harm. I recommend that members read the Methamphetamine Action Plan Taskforce report of consultation, in which they will find significant information about the impact of methamphetamine.

I want to get to one particular point about stigma and its effect on the way people access or do not access services. Stigma holds back people’s chances for recovery. It is a barrier for many drug users about whether they are able to access services in the first place, and when they do access services, when they overcome that stigma, what happens to them in some services. The meth task force’s report on consultation highlights that that is a significant problem in overcoming addiction to methamphetamine. To quote one participant —

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We need to open the conversation more. And there needs to be more discussion regarding users who aren't the 'typical' addict we see advertised on TV. They aren't all violent, stealing, crazed users. My dad had a wife and 3 kids.

I am running out of time so I recommend that members read that report.

In summary, the use of illicit drugs causes much harm in our community. As a result, it behoves us as public policymakers to respond. That is why the government supports the establishment of the committee. The committee's brief will be wide, but I want to make some suggestions about its terms of references that it might want to consider. I urge the committee to consider those definitions. What is the committee actually looking at? I urge it to look at evidence-based programs—those that actually work.

Hon Alison Xamon interjected.

Hon ALANNA CLOHESY: And can be demonstrated. Thank you, member. The committee may want to consider the extent of illegal use and also those who disproportionately use illegal drugs. The committee may want to look at the impact on the community and what different strategies are needed.

HON AARON STONEHOUSE (South Metropolitan) [2.21 pm]: I rise to indicate my support for the motion. I thank Hon Alison Xamon for bringing on this motion to establish a select committee into alternative approaches to reducing illicit drug use and its effects on the community. I am also excited to see that I will be a member of that committee, and I look forward to working with the other honourable members on it, including Hon Alison Xamon. I wholeheartedly support it. In fact, last year I brought on my own motion in this house to recognise the benefits of legalising recreational cannabis. Although I certainly did not get much support for that motion, an interesting part of that debate arose when I was speaking at one point about Portugal and its approach to decriminalising drugs, and the Minister for Regional Development interjected to suggest that perhaps we should take a trip to Portugal to look at how things are working out for them there. I think her suggestion was perhaps somewhat tongue in cheek, but it is great to see that there is now broad support from all parties across the chamber for this select committee and that it will be looking specifically at Portugal's approach to the decriminalisation of drugs as a tool in drug harm reduction.

The Liberal Democrats have long had a policy for legalising any substance that is less harmful than alcohol and for decriminalising all other substances. By "decriminalising", it means that it would still remain illegal but personal consumption would no longer be treated as a criminal matter and that those who are caught with small amounts of drugs for personal consumption would be directed to health services as opposed to the justice system, which is essentially Portugal's model, which I will get into more detail later. The approach of legalising anything less harmful than cannabis might sound rather controversial, but the logic is that if as a society we accept that alcohol is an okay substance—a substance that can be used in social settings—then it is only logical that any substance less harmful than alcohol should be treated the same way or with even less regulation. That may include things such as cannabis and other substances; MDMA could perhaps fall within that depending upon what metric for harm is used.

Moving on from that, it is my view that our current policy towards drugs—this so-called war on drugs—has been a failure. It has been a failure due somewhat to its unintended consequences. A war on drugs, a prohibitionist approach, fuels organised crime. It has created a black market for illicit substances, just like the temperance movement did with alcohol. Because the trade in drugs can only exist outside the law, those who do business outside the law control the trade. When operating in a black market, no legal recourse is available for those who are ripped off or who are owed money. More often than not, debts are enforced through violence. The more the government tries to interdict the drug trade, the greater the risk for traffickers. As a result of risk increases, prices will often go up. However, for addicts the demand for drugs is inelastic, which means that as prices go up, demand does not necessarily drop off at the same rate and addicts can become more and more desperate as prices increase. We know that many of the burglaries and thefts committed in our community are by those who are desperate for money to feed their addictions.

We also have a system in which non-violent offenders are incarcerated. In WA it costs the taxpayer about \$432 a day to keep someone in jail and the recidivism rate is around 40 per cent. We also have, which I have spoken about many times in this house, a regime of property confiscation that is targeted towards supposed drug traffickers. The problem with that, though, is the definition of "trafficker" is rather arbitrary. Merely having over a certain quantity of drugs determines that a person is a trafficker whether they are engaged in trafficking or in dealing or selling those drugs. Possession of three kilograms or 20 plants of cannabis, or 28 grams of meth, will get a person declared a drug trafficker and the state can confiscate all and any property they own, whether or not that property was obtained legitimately. Under the current regime, the courts also have no discretion in property confiscation.

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Someone with 20 plants that may be little more than seedlings will still be declared a drug trafficker regardless of whether any criminal activity was involved in the growing or cultivation of those plants.

For the last year and a half I have been lobbying the Attorney General on these issues, on the war on drugs and on our property confiscation regime. I have been raising awareness where I can about confiscation and ensuring that these issues are kept in the public sphere and in the media. I have met with many people affected by our draconian confiscation regime. As I mentioned, I introduced a motion on this matter last year, I have spoken about it in Parliament on at least a few occasions, and just a few months ago I introduced a private member's bill that was aimed at amending the Misuse of Drugs Act and returning discretion to the bench by allowing judges to refuse to make a drug trafficker declaration if making such a declaration would be clearly unjust. I was excited to see that in recent weeks the Attorney General announced a desktop review into property confiscation, specifically into the Criminal Property Confiscation Act, which will be chaired by former Chief Justice Wayne Martin. I am delighted by this news. It is long overdue. I can think of no-one better qualified than former Chief Justice Wayne Martin to conduct this review. I look forward to its report, which should be available by 1 February 2019.

Moving back to the matter of illicit drug use, I will muse a little. It seems to me that those who advocate prohibition seem motivated by a somewhat paternalistic instinct. Often if they see their neighbour indulging in a form of recreation that they disapprove of, they feel obliged to impose their own will upon him for his own good. This paternalistic attitude demands more government action and harsher penalties. In my view, that kind of kneejerk response should be resisted. We all have a natural right to life, liberty and property, but most importantly we are endowed with free will. The government does not own us and society does not own us. Earlier, during Hon Alanna Clohesy's contribution, the idea was brought up that a cost of drug use is the loss of economic productivity. That is certainly true; it is a cost of drug use, but I am not sure that is something the government should be concerned about. It implies almost that government or society is owed our productivity. It is not. We can be as productive or unproductive as we like in our life; it is our choice. The economic decisions we make should not really be the concern of the government, in my view. I digress.

As members of a society, we should absolutely advocate for a clean, sober lifestyle through volunteering, outreach or ministering. Leveraging the coercive power of the state against our neighbour for their own good would be not only immoral, but also wholly counterproductive. The unintended consequences of prohibition are far more harmful in most cases than the drugs themselves. Recently, the Royal College of Physicians, the Royal Society for Public Health, the Faculty of Public Health, the Australian Medical Association, former New South Wales Premier Bob Carr, former Victorian Premier Jeff Kennett and former Commissioner of the Australian Federal Police Mick Palmer are among a long list of experts and public figures who have called for the decriminalisation of drugs in one form or another. As I mentioned before, decriminalisation means that although drugs remain illegal, personal consumption of them is no longer treated as a criminal offence. These health bodies and others recognise that decriminalisation removes much of the stigma around accessing health services. When addicts do not fear criminal charges, they can access the professional help they need. Overdose rates decline, HIV rates decline and, importantly, valuable police, prison and court resources can be directed towards tackling far more serious and violent crimes.

The best known example of drug decriminalisation is, of course, Portugal. At the turn of the twenty-first century, Portugal was facing a heroin epidemic. At one point in the 1990s, about one per cent of Portugal's population was addicted to heroin. HIV-related deaths and overdoses were amongst the highest in Europe. In 2001, Portugal passed legislation to decriminalise all drugs—cannabis, amphetamines, heroin, everything. Seventeen years later, Portugal has the second lowest overdose rate in Europe. The number of cases of HIV have declined. Despite the decriminalisation of drugs, drug-use rates have not increased. In fact, amongst 15 to 24-year-olds, drug use has drastically declined and is lower than the European average. This is all despite the fact that Portugal is one of the poorest countries in Europe. Portugal still struggles with drug abuse; it has not been a silver bullet, but by changing its focus from law enforcement to health, it has markedly reduced drug-related harm.

This proposed select committee into alternative approaches to reducing illicit drug use and its effects on the community will give us an opportunity review our prohibitionist approach to drugs. It is my hope that we take a step towards a more compassionate and evidence-based drug policy, one that reduces drug-related harm and recognises that addiction is first and foremost a health issue, that upholds our principles of natural justice and that respects the autonomy and freedom of the individual. On that, I indicate that I support this motion and I encourage other members to support it too.

HON PETER COLLIER (North Metropolitan — Leader of the Opposition) [2.32 pm]: I will not take too long, but I want to make some comments and clarify that the Liberal Party will support this motion to establish a select committee. I commend Hon Alison Xamon for bringing it to the chamber.

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As Hon Michael Mischin stated, he will be a member of the committee and we are delighted with that. The Liberal Party feels very strongly about doing all we possibly can as part of this chamber and the Parliament to reduce illicit drug use, and that is why we will support the committee's establishment. I imagine that I am one of the few people in the chamber who has never taken an illicit drug in their life, so I am probably least qualified more than anything. I am sure that there are a lot of us like that. I can assure members, not even a cigarette, and I say that proudly.

Having said that, in the 1990s I was on the National Advisory Committee on School Drug Education and that was very enlightening to me. As a result, we now have the national drug education strategy, which, I am sure, the Minister for Education and Training will be well across. I was also part of the Western Australian School Drug Education Reference Group, and that is where School Drug Education and Road Aware came from in the 1990s under the Richard Court government. We did a lot of evidence-based investigation in that instance to try to develop a very comprehensive, holistic and effective approach to school drug education, because early intervention is absolutely essential. In a moment, I will go through the various strategies that I am sure the committee will look at. The motion more than adequately covers what should be looked at with regard to any investigation into alternative approaches to reducing illicit drug use. Looking at other jurisdictions is imperative. "A comparison of effectiveness and cost to the community of drug-related laws between Western Australia and other jurisdictions" is imperative. Who is to say that we are the font of all knowledge in this area? That is not the case. "The applicability of alternate approaches to minimising harms from illicit drug use from other jurisdictions to the Western Australian context" is very significant. If the committee can do that and come back with some recommendations based upon evidence-based criteria, I think we will be halfway there.

We have moved significantly from even a generation ago when cannabis was deemed to be one of the, dare I say, higher-order illicit drugs in the community, now seen almost as just a recreational drug. That is the attitude. I mentioned this in a contribution to the motion Hon Aaron Stonehouse raised a few months ago. Ironically enough, as I said, we are at the point that although cannabis was a hanging offence in the 1970s and smoking was fashionable, now cannabis is fashionable and smoking is a hanging offence. Whether we like it or not, that is the way it is. Now, of course, particularly the younger members of our community and in many instances those who are marginalised are moving towards a higher-order illicit drug, hallucinogen or stimulant, and we now have a smorgasbord of illicit drugs that transcend our community—cannabis, cocaine, meth, pharmaceuticals, ecstasy. Unfortunately, in 2016, over three million Australians admitted to illicit drug use at some stage over the previous 12 months. What is happening in the community, particularly among the younger members of the community and, as I said, those who are marginalised—we have to remember that those with mental health issues are becoming more and more prevalent in our community—Aboriginal people and across the board, is that people are being socialised into higher-order illicit drug use. That is why I would like to think the committee could do something to ensure that we can make some recommendations to this place and to governments of both persuasions to make sure that our programs and policies are effective and that they are evidence based. As we know, dozens of programs and committees have been incorporated through Parliaments in not just Western Australia but also nationally and internationally with honourable intent. I wish the committee well.

I would like to think that the committee will be comprehensive in its research because if we look at it from a holistic perspective, we cannot look to one particular area of the community and lay blame. Families must be an embedded component of any strategy and schools simply must be an embedded part of any strategy. As I said, we must look at those who are marginalised, particularly those with mental health issues, and accelerating mental health issues. They must be incorporated into any research or investigation on the part of the committee. I would like to think that law enforcement agencies will be incorporated and not-for-profit organisations that deal with the homeless et cetera. The committee will no doubt consider various strategies. It will depend on who its members speak to and, quite frankly, the day of the week they speak to them to determine what strategy is best. There will be those who see a punitive approach as the best way out. Personally, I do not think that is the way. That is not the gospel according to Pete, but, as I said, it is a result of work that we did on those committees. Nothing came out to suggest that a punitive approach would stop someone using illicit drugs.

Hon Alison Xamon: Of course, it is about following the evidence.

Hon PETER COLLIER: That is my point. I have been fortunate that none of my family or close friends has been affected by illicit drug use, but I will tell members a personal story. I remember when I was teaching at my last school. A couple of years prior, I was teaching history and politics and was also a house head, which is a pastoral role. I vividly remember this. We had drug issues at the school, as all schools do. There are two ways that schools deal with those issues—drug education or a punitive approach; that is, if a student is caught with cannabis or whatever, they might be suspended. On this particular day, I had the house group of 80 boys who were under my pastoral care. At the end of the day, one of the boys brought up a wallet. He said, "Sir, I found this on the chair." I opened it and there was a satchel of cannabis in the wallet. I saw the name of the boy who owned the wallet.

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I will refer to him as Max, but that is not his name. Within 10 minutes of returning to my office, Max came to my office. I could see the fear on the boy's face. He said, "Sir, I left my wallet in the house room." I said, "Yes, I know, Max. Come here, mate. Here it is. Take better care of it." He said, "Yes, sir." He thought he had got away with it because he had turned around to leave. I said, "Max." He said, "What?" I said, "You and I are the only ones who know about this, mate. But if it happens again, you and I will not be the only two who know about it." He said, "Thanks, sir", and off he went. About four years later when I was in Parliament in opposition, I was waiting at home for a pizza I had ordered. There was a knock on the door. I opened the door and there was Max with my pizza. He was delivering it from Chelsea Pizza. We had a great chat. He was a terrific young man. I like to call him a likeable rogue. He was a really good kid; a bit edgy, but a likeable rogue. We had a chat. He was doing law and had a lovely girlfriend. Everything was going well for him. After our chat, I said, "Thanks, Max. It is good to catch up, mate." When I first opened the door, he said, "Oh, sir!", I told him he could call me Peter now and he said, "Yes, sir." He went to walk out but then turned around and stopped. He said, "Sir?" I said, "Yes." He said, "Thanks." I said, "No worries, mate." He said, "I've never done it again." The reason I have told that story is that if I had taken the punitive approach, that story might have ended differently. That young man, without a doubt, would have been suspended from school. He would have been labelled with a stigma and, quite frankly, it could have changed the way he went about life. It may not have, but all I am saying is that I am not convinced that a punitive perspective is necessarily the right way to change the void in illicit drug use. That is one thing the committee will look at.

The other strategy is harm minimisation, which is used by a number of people. The committee will come across prevention and a whole raft of other different strategies. Unfortunately, we will never find a community, either in Western Australia and nationally, or across the globe that is drug free. If we do, we may as well call it *The Truman Show* because it is simply not real.

Good luck to the committee. It has my full endorsement. I would do anything I possibly could to eradicate the scourge of drugs, but I am also a realist and understand that it is a big task. As long as the committee goes into this process with open eyes and understands that it must take a collaborative approach and show a tapestry of strength that brings wisdom, understanding and knowledge to the table. It cannot be just one person—not just the police, not just the schools, the families or the community groups—it is everyone working collectively together. If the committee can go into the process with that strategy, I think it will come out with very effective and, dare I say it, productive recommendations. The Liberal Party will be supporting the motion and wishes the committee good luck in its deliberations.

HON DR SALLY TALBOT (South West) [2.44 pm]: It has been a really interesting debate so far. I do not want to indicate that that is unusual in this place. I congratulate Hon Alison Xamon for bringing this motion before us. There have been some quite innovative and creative uses of select committees in this Parliament. It will be interesting when the four years are over to see whether we think that that is going to have a long-term effect. There are some members in this place—I probably count myself among them—who feel that they are putting in a lot of hours on committee work, a lot more than we have done perhaps in previous Parliaments. My feeling thus far—I know that we are not halfway through—is that it has been quite productive. The establishment of this select committee may well contribute to that beneficial effect of the work that this Parliament does.

In looking at the motion, I was impressed by the emphasis that the drafter of the motion put on harm reduction strategies. I think that what she has been able to do in crafting the motion this way is to draw our collective attention to probably the least explored arm of that tripod. Various speakers, including Hon Alanna Clohesy, who responded for the government, have explained the drug strategy on legal substances, such as alcohol, through to illegal substances and highly dangerous substances, as well as the misuse of prescription medication. All our strategies to mitigate the harmful effects of drugs of all kinds are based on this three-pronged approach of reducing demand, supply and harm, but I do not think we talk enough about harm reduction. I hope that a lot of the committee's work will focus on that. I notice that there are two places in the terms of reference where Hon Alison Xamon has crafted the motion in those terms. I think that will give a very specific focus to the work the committee does.

I would have been enjoyed being on this committee but I am very pleased that the government will be represented by Hon Samantha Rowe, who I think will do a very fine job. The make-up of the rest of the committee suggests that it will have some real brainpower behind it. I think Hon Alison Xamon will do a great job of chairing it because she has a lot of experience in this field. She knows how to speak this language, address stakeholders and get the best out of witnesses. The more work I do on select committees and the more hearings I participate in, one of the things that I have become aware of is that there is an art to getting the best out of a witness. We need to know not only who to call, but also how to understand what it is that each individual, whether they have professional expertise or lived experience of a situation, has to bring to the topic. Illicit drug use, of course, is a particularly complex topic. I think that is going to be particularly important. I would hate to see the committee waste the first few months trying to get into the swing of things, but I am confident, given the make-up of the committee, that it

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will swing straight into action. I encourage it to do that because although a year seems like a long time from now, it will go just like that. Suddenly, the committee staff will be giving members reporting deadlines and it will be the moment at which they need to begin writing and the moment at which members need to sign off on paragraph after paragraph. It will feel like it is next week, so they need to get cracking really quickly.

We are all political tragics of one degree or another. We all know that during the 1992 Bill Clinton election campaign, his campaign offices were covered with signs reading, “It’s the economy, stupid”. That was their motto and what they used to focus their minds on the main game. It did not matter what they were doing—raising money, talking to constituents or designing policy—that is what they looked at. Everywhere their eyes went, they met the words, “It’s the economy, stupid”. I hope this committee will do the same thing. I have a suggestion for Hon Alison Xamon. I suggest that the committee has the motto, “For every complex problem, there is an answer that is neat, plausible and wrong”. I think that is what the committee is going to come across again and again. It will have witnesses who are professional and those who have a lived experience and who say, “I’ve studied this” or “I’ve been through this and I can tell you what the answer is”. It is as well to remember, when anyone starts to give evidence like that, that this might be the answer that is neat, plausible and wrong. Without in any sense whatsoever detracting from the outline that Hon Alanna Clohesy gave us about what the government is doing thus far—I will go into this if I have time later in my speech, but I think the McGowan Labor government is doing a fine job of getting us back on track; we have lost a number of years, and I want to talk about that in one specific context—there is a problem with all jurisdictions in Australia, in that we have tended to go for the quick fix. We have tended to delude ourselves as policymakers and parliamentarians that the neat, plausible answer, the answer that comes to us most readily, and the answer that is shouted the loudest into our ears when we ask for advice, will be the right answer. What we are living through now is living proof that people have been wrong so far. What we are doing now is not working. I know that we get small successes. The evidence yesterday, already referred to by Hon Alanna Clohesy, that methamphetamine use in Perth is going down is a small battle won but the war—I will have something to say about the terminology in a minute as well—is still going on. We are not winning the war. We are winning these little battles, but we are not actually making progress.

The end result of that is that a lot of people are dying, just as they were in the 1980s and 1990s of heroin overdoses. Now they are dying over a longer period; they are destroying their lives and their families. Obviously, there have been a lot of deaths. The figures from our courts and mental illness treatment institutions show that woven through all those narratives is this terrible problem that we are not able to control. We are not able to persuade people to desist from putting substances into their bodies that do irreparable damage. What we are doing now is not working. People are dying, but the suffering being caused is not just to the individuals who are taking the drugs. Day after day, we walk into our electorate offices, open the daily newspaper, listen to talkback radio, read professional journals—whatever we do during the day—and come across the fact that any number of Western Australians are living with daily misery because of illegal drug use. They are the mothers, fathers, brothers, sisters and children of people who are addicted.

It boils down to the fundamental problem that we have to give this committee a realisable task. I doubt that in 12 months it will be able to solve every problem. It may not be able to solve the problems, but it may be able to bring back to this place some avenues for further exploration, and if we have the courage and determination we might then follow up the nature of addiction itself. That is one of the key failures of modern medicine. We do not really understand the nature of addiction itself. Perhaps if we began to understand some of the psychological and physiological predispositions, we would get different outcomes for different people. How do some people end up completely dysfunctional and unable to work, function and sustain relationships, while other people seem to be able to function perfectly well? It has always been the case. It was the same with heroin. People can cite any number of professionals who managed to sustain an illicit drug habit and yet became very eminent individuals, but other people fall right off the edge within if not days, then certainly weeks of becoming addicted.

A particularly moving and, for me, very challenging account was written a couple of years ago by a young man who was working as a journalist. His name was Luke Williams. I do not know whether anybody else has come across him. He wrote a book called *The Ice Age*. He took an extraordinary decision. He wrote a book, it sold a lot of copies and he is now quite well known. He decided to start taking methamphetamine and then write about it as a journalist. He wanted to give an anecdotal account of exactly what it was like. I first read about him about a year ago, which I think was about when the book came out. His account is so chilling because he was a young man in full possession of his faculties. He has a successful career, so he does not have a psychological predisposition to destroy his life. He was not suicidal, he was not enduring any trauma, and he was not going through something that most of us would think was unbearable. He was not using the drug to help him get through life. He was doing it simply as an empirical experiment and, I guess, with a professional interest. He wanted to write about it to give people an insider’s view.

With hindsight, if he brought that proposition to us now, we would want to sit him down and tell him to be very careful. Before he knew it, he was addicted. The part of the story that I particularly recall was that after three or four months of taking methamphetamine regularly, in a sense, his first waking up to himself was when he found himself in a physical fight with his father. He thought that his father was being particularly intrusive. He was a successful, capable young man, and here was his dad who kept on muscling in on his life. He decided he was going to teach him a lesson, and the next time his dad came and banged on the door he was going to punch him out. He woke up on the floor. For the first time, three or four months after beginning this experiment, he asked himself what he was doing: “My father’s six feet three; he’s built like a biker. I’m quite small and not a robust person. Why am I swinging punches at this man I love? What’s going on in my life that I’m suddenly in this situation?” He realised, when he looked at himself in the mirror, that he was a meth addict—somebody whose mental processes had departed from anything rational. That is why he was trying to sock his father. His father was desperately worried about what was happening to his son. His father was watching a life unravel, and yet this young man, in full command of all his faculties when he started on what we would probably call a very rash experiment, had completely lost the plot and was for all intents and purposes lost to the world after only three or four months.

That describes in graphic detail for me what happens to people. People are not bad, and that is one of the difficulties we have. We can trace it back, I think, to the early 1980s, with the “Just Say No” campaign that was started in America by Nancy Reagan, who did some magnificent work. We do not want to detract from the effort, energy and resources that were put into the Just Say No campaign. I do not have any reason to think that anybody involved in that campaign was motivated by anything other than a genuine care and concern about how to stop young people from getting involved in drugs. The title, “Just Say No”, came explicitly from one of the talks that Mrs Reagan was giving to a school group, when one of the children asked what she would say if somebody came up to her at a party and offered her drugs. She said, “I would just say no.” That gave the advertisers the line they needed to market the campaign. The problem is that when we analyse what the Just Say No campaign achieved, it firmly cemented that stigma that speakers before me have referred to—if someone has failed to just say no, it is because of some kind of personal weakness; it is a failure of their own morality, and therefore that person has, in some significant sense, put themselves beyond the bounds of social nicety. They have stepped outside. They have done it because they are weak, and that is what they have decided in their weakness, and therefore they have no recourse to all the support that they would have had if they had been strong enough to go to someone and say, “Look, I’m struggling with this. Somebody is trying to get me to take these drugs but I don’t want to do it. Can you help me?” Someone who has stepped outside suddenly becomes that outsider.

I think that is a big problem. It would be very useful if the committee were able to spend some time reflecting on the divergence of that “just say no” approach and the modern twenty-first century approach to harm reduction. I think we will find that, from the albeit fairly limited reading that I have been able to do around the subject, they take very, very different approaches. I am struck by the Portuguese experience, which is founded on the notion that we never give up on anybody. I wonder whether we can read the converse into that. If we stick with the “just say no” message, we have given up on anyone who fails to just say no. We expect them to carve their own path and get on with it out there. The modern messaging of harm reduction programs will be an interesting avenue for the committee to explore.

What sort of problem do we have in Western Australia? As I said, we received some good news yesterday about meth use in the metropolitan area. Given that there is no safe level of meth use, I am reluctant even to say that we won that battle, because we know the havoc that can be wrought from having somebody who is addicted to meth in one’s family. Many, many hundreds of people in Perth are still going through that terrible experience. After having been in this job or, indeed, in politics for a few decades, I sometimes feel that there is not much that can surprise me, but I was shocked about 18 months ago when a primary school teacher in my electorate told me—I will not name the town—that she would stand in the staffroom with her colleagues, her fellow teachers, and they would watch the drug deals being done by the parents down at the school gate. They knew that was happening. Parents of primary school children were using the car park at the school to do drug deals. That is right here and now in our state within the last 18 months.

What we see in the United Kingdom reminds me of some evidence that the Joint Standing Committee on the Commissioner for Children and Young People heard recently about the habits of young people. We were told that sending a nude photograph of oneself is the second stage of forming a relationship. It comes before kissing. It was surprising to hear that. Some evidence coming out of the UK now shows that more young people, school-age children, take illegal substances than smoke. We have been very successful in our anti-smoking campaign. I always think the strongest message we ever gave was getting children to go home and tell their parents that they did not like going to school smelling of cigarettes. That never happened to me; I gave up smoking before I had my family. However, I imagine that it would be a challenge for a parent to have their kids come home and say that they do not want to go to school smelling like cigarettes. Along with all the other health messages that were promoted

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amongst young people about smoking, that seems to have worked. Young people are not smoking tobacco. Instead, they are using illegal substances.

The figures are quite alarming. I can put my hands on them right here. I am quoting from this newspaper article: 19 per cent of youngsters aged 11 to 15 years have smoked; 24 per cent have taken drugs and 44 per cent have drunk alcohol. The alcohol problem is still with us. I was impressed that we had that exchange across the floor earlier in this debate about the misuse of things such as alcohol and tobacco coming within the purview of this select committee, because that is indeed an illegal use of drugs. Look how well we have done on smoking. Fewer than one in five children have tried tobacco, but nearly a quarter of them have taken drugs and getting on to half of them have had an alcohol experience before they turn 15 years old. I say again that what we are doing now is not working. We have to do things differently.

While I am talking about the UK experience—I love this example because it is a fine example of British irony—there is a place in the East End of London called Tower Hamlets, which in my day was not somewhere we would ever find a desirable property, but these days it is full of multimillion-dollar apartments. That is a sign of how fast London has developed, rather than how long I have been away. Tower Hamlets is a night-life place. It has the new railway line down there; it is the old East End. It has a thriving night-life, so, of course, where there is a thriving night-life, we have a drug problem. The local residents in Tower Hamlets have designated parking spaces that say “Drug dealers only”, as a way of bringing their frustration to the attention of local authorities. They have installed street signs designating crack pick-up points and telling drivers to give way to oncoming drug dealers. Hon Alison Xamon may want to put Tower Hamlets on her itinerary. It is a terrible thing, but that is how bad it is. That is the lengths that people have been driven to try to say, “For God’s sake! Look what is happening here and help us do something about it.” I will give that article to Hon Alison Xamon because she might want to look at it.

Hon Alison Xamon: Thank you.

Hon Dr SALLY TALBOT: We are not alone in facing this problem and that is why I think this committee will have plenty to deal with and plenty of evidence to collect. I have only a very short time available to me. I want to say that one of the important things that I have learned from my experience on select committees is that we do not need to reinvent the wheel. The first job to do is to look at what else has been done. I think there has been a number of areas recently where I, for one—I know I am not alone—have felt very frustrated by the fact that we have had yet another inquiry into issue X. I can think of one case—I do not need to go into the details—in which we have had 23 inquiries in the last two decades. We have hundreds and hundreds of recommendations about many, many things, most of which have never been actioned. It is a bit hard to pin down, but there has been a Senate report in very recent times. It is hard to pin down only because the inquiry into ice by the Joint Committee on Law Enforcement started in 2015 in the forty-fourth Parliament. Parliament was then prorogued before the committee had finished its inquiry and it started again in October 2016 in the forty-fifth Parliament. The committee has brought down two reports. I have been interested to see the extent to which the committee looked at harm reduction specifically. I thought it was worth drawing the attention of members, particularly members who are going to be on this committee, to this report. I also noticed that at least for a time, if not the whole time, the member for Cowan was a member of that committee, so Anne Aly was on that committee. It occurred to me to mention that because it might be useful to speak to some of the people who took part in that inquiry to get an idea about who is worth talking to and what direction is worth going in. As part of its first report, the committee produced a series of recommendations. One of them reads —

7. The Australian government expand its leadership in relevant international fora and considers:
 - strengthening ties with countries in the Asia Pacific, beyond existing ties with China, Cambodia and Thailand;
 - collaborating to develop regional law enforcement and health and welfare responses to crystal methamphetamine;
 - sharing its practices with a particular focus on demand reduction and harm reduction; and
 - enhancing co-operation with the United Nations Office on Drugs and Crime ...

This committee has done a lot of work. A diverse range of people make up the committee. It would be well worth our committee taking all of that evidence into account. I will have a bit more to say about its reports when we restart this debate in a week. However, I think it is important to draw the attention of honourable members to the existence of that report.

Debate adjourned, pursuant to standing orders.