

CANNABIS LAW REFORM BILL 2009

Second Reading

Resumed from 17 November 2009.

MR P. ABETZ (Southern River) [12.44 pm]: It gives me pleasure to address the Cannabis Law Reform Bill 2009. As I meet with people in the community and read various news articles, it is clear that our community is divided into two camps on the issue of cannabis. One camp wants to portray cannabis as a harmless herb, the possession and cultivation of which should be decriminalised, they say, because it is a harmless pastime that has no lasting effect. It would appear that that kind of philosophy contributed to the formulation of the former Labor government's Cannabis Control Act 2003. The other view, which is the one that I have arrived at after working with drug addicts for many years and studying the scientific literature, is that cannabis is a very damaging drug. Those who produce it, distribute it and encourage others to consume it need to be severely penalised. Anyone who produces or distributes a substance that causes so much damage to health should never be treated lightly by the law. I am delighted to speak in support of this bill.

I believe that the bill will send a clear message to the community that the Barnett Liberal government is serious about addressing the drug problem in our society. The bill, when it becomes an act, will reinforce the message that cannabis is not a soft drug and that soft approaches do not get us where we need to be as a society. The scientific evidence is very clear. Smoking cannabis is extremely damaging to health, even more so than tobacco. Recently, we in this Parliament passed laws restricting the places at which tobacco can be smoked because of the serious health issues that go with it, yet it is far more damaging to smoke cannabis. In Western Australia, some 50 per cent of our Indigenous brothers and sisters smoke tobacco compared with 14 per cent of their white fellow citizens. Sadly, a similar ratio exists among the Indigenous population in relation to cannabis; that is, cannabis use among the Indigenous population is more than double that of the white population. According to healthinonet.ecu.edu.au, one in five Indigenous people smoke cannabis and in some remote communities 67 per cent of males and 22 per cent of females aged between 13 and 36 smoke cannabis quite heavily. Many of the health issues that arise from cannabis use, like tobacco, become more evident later in life and they take a terrible toll on a person's health and lead to premature death. It is interesting to note that, between 2002 and 2004, 284 Indigenous people were hospitalised specifically due to the effects of cannabis. It is well known that smoking cannabis also contributes significantly to suicide and violence.

The government and mental health authorities acknowledge that cannabis today is far more potent and lethal than the cannabis of the 1960s and 1970s. Cannabis grown in the bush in the 1960s generally produced one head per plant and one joint contained 10 milligrams of tetrahydrocannabinol. In 2009, hydroponically grown cannabis has multiple heads and one joint contains 150 milligrams of THC. That is a 15-fold increase in these damaging chemicals. It is sad that at the same time as the concentration of THC has increased, people are starting to smoke cannabis at a younger age.

I will briefly outline some of the health issues. Of all fatal motor vehicle accidents, over 13 per cent involve drivers with significant levels of cannabis compounds in their bloodstream.

According to my notes, in 2009 *The Lancet*—a respected medical journal—printed an article that stated that the development of cannabis dependence, or addiction, is a real issue, and that one in 10 people who use cannabis are addicted to it. Cannabis also impairs respiratory function, causing chronic bronchitis. Another interesting fact is that people who smoke pot, in the time immediately after smoking pot, are five times more likely to have a heart attack than people who have not smoked pot. Another serious effect cannabis has on social functioning is the psychiatric symptoms that often accompany the use of cannabis, including depression, anxiety, bipolar disorder and schizophrenia.

It is interesting that in 2001, 462 people were treated as outpatients in our psychiatric hospitals specifically due to cannabis issues; by 2006 that number had almost doubled, increasing to 804. In answer to a question on notice recorded in *Hansard*, the Minister for Mental Health stated that of the number of admissions to Graylands Hospital in the past year, 1 951 were for drug use specifically, and another 1 371 were drug-related admissions. Cannabis use places a massive impost on our health system.

Various other health issues exist, particularly for males, such as the risk of cancer of the lung, mouth, throat and tongue; and bone toxicity issues can also arise. Cannabis also affects the immune system, which can lead to the development of more illnesses. A particularly concerning aspect of young people smoking cannabis is that it leads to poorer educational outcomes. Amongst drug users, cannabis is very widely recognised as having been their gateway drug into heavier drugs.

When people start smoking cannabis at an early age, it affects the development of the brain. The brain is not fully wired until we reach our mid-20s, and a lot of evidence of cannabis's effects on the brain is now emerging. Ample evidence of that is contained in the medical literature. According to my notes, the *Journal of Addictive*

Diseases states that the use of cannabis before the age of 17, for both males and females, results in smaller brains in comparison with those who started smoking later. Physically, those people are smaller in height and weight, with the effects being greater in males.

I earlier mentioned admissions to Graylands Hospital. In percentage terms, roughly 40 per cent of all admissions to Graylands Hospital are drug related, and, 80 per cent of bed days used up in psychiatric institutions are somehow related to drug use. If we also take into account admissions to emergency departments in our hospitals, we can see that illicit drugs are not only damaging the lives of thousands of individuals and their families, but also imposing a massive cost on our health system. Smokers of cannabis are 2.6 times more likely to have a psychotic life experience than non-smokers.

In the criminal system, I have been told that some 70 per cent of prisoners in Hakea Prison are there for drug-related issues, either domestic violence fuelled by drugs or people doing foolish things while on drugs, or people carrying out armed hold-ups to obtain the funds for their drugs. I recently spoke with a prison mental health worker who indicated that around 90 per cent of prisoners enter prison with drug issues. Sadly, for the past eight years Western Australia has recorded the highest rate of illicit drug use in the nation. Given that cannabis is the most common gateway drug, the time has come for action. I hope that the Cannabis Law Reform Bill 2009 is the first step our government will take because much more needs to be done.

Dr Katie Willis and Ms Amanda McAtamney, from the Australian Institute of Criminology, presented a study on young people, cannabis and the law, in which they cited findings from the “Drug Use Monitoring in Australia” study that indicated that in 2008, 59 per cent of juveniles who were brought into custody tested positive for cannabis. More frightening was the finding in 2005, that across the various categories of juvenile crime, cannabis intoxication was the prevalent factor; an average of 76 per cent of offenders were high on cannabis at the time of their offence, compared with 47 per cent who had been drinking alcohol.

I mentioned earlier that early cannabis use contributes substantially to the failure to complete high school. Kids who smoke have problems with concentration and serious behavioural issues at school, which is hardly surprising given the known effects on the brain. I look forward to the day when smoking cannabis is as socially unacceptable as smoking tobacco is increasingly becoming. Cannabis users should be diverted into court ordered and supervised detoxification and rehabilitation programs. An interesting research result that has emerged in the past year relates to people who voluntarily enter rehabilitation programs and those who are ordered into them by courts. Those ordered by the courts have a slightly higher success rate than those who enter voluntarily, which is rather surprising. Nonetheless, it indicates that court-ordered rehabilitation programs are certainly worth pursuing. Hopefully, if we can pursue that line, the number of users will reduce and the admissions to our mental health hospitals will reduce. I strongly support the provisions of this bill, and I see it as a first step on the part of our government. This bill bans the sale of cannabis smoking implements and provides for a cannabis intervention requirement, which this government has every intention of enforcing.

I like that this bill has a compassionate component, which is that if a person stays out of trouble after being convicted of cannabis use, after three years his conviction will be spent. In other words, a young person who does the wrong thing or gets into the wrong mob will not be saddled with the long-term issue of not being able to work in the public service because of a criminal conviction, and he will actually have a spent conviction after three years. That is a great incentive for young people to stay out of trouble and to stop using cannabis.

I put to this house that the goal of any drug law must be to help to get people off drugs and allow them to reintegrate and reconnect with their families and to no longer be dependent on damaging drugs. I hope that this bill, once enacted, will make a very significant contribution to reducing the size of the cannabis problem and make a major contribution to improving the health of our citizens.

MS L.L. BAKER (Maylands) [12.59 pm]: I rise to make some comments on the cannabis intervention sessions and cannabis law reform. I will make these comments from a slightly different perspective perhaps; I will certainly not argue with some of the information that we have just heard from the member for Southern River. There is some justification for heading down this path. I do not think that anybody would sanction drugs in our society. The concerns that I have—I suspect that they are warnings to the Minister for Mental Health about how this bill will end up being implemented if it is passed—relate to how these laws will be implemented by the agencies that will be charged with responsibility for doing the job. My understanding from the figures that I have been working on with the non-government alcohol and drug sector involved in this area is that the number of cannabis intervention sessions that will spring from these changes will go from where they currently are now—the figure that I was quoted is 135 a year—to perhaps 3 500 a year. The resource implications of this are clearly evident. My presentation to members this afternoon is more about the caution required to ensure that this is resourced accurately and adequately if it will have any success and return good outcomes to our community in managing drug problems.

I will go into the non-government sector's involvement and concerns about this matter in a minute. Before I do that, I want to quote some information that I have been given. The annual use of cannabis in our state has been going down quite significantly. In 1998, I understand that it started to drop by about 22 per cent a year. In 2004, the figures that I have been quoted show that there was a drop of about 13 per cent a year. It is now down by a further 10 per cent. At the beginning of this discussion it is important to note that it does not appear to me that the use of cannabis is going up hugely. If we were looking at other drugs and perhaps the flow-on effect that cannabis has, this would be a different discussion. If I was discussing the government's investment in combating the use of other illicit drugs and even the abuse of some prescription drugs, it might be a very different discussion. The link between marijuana use and the use of more severe drugs in our community that might have much more antisocial and perhaps violent symptoms attached to them has been shown in the literature many times. This government really needs to look at the investment that it is making in the use of other illicit drugs and also in the abuse of prescription drugs.

To refresh the memories of members in the chamber, the new limit for possession of marijuana is 10 grams of cannabis or less, down from 30 grams under Labor. We are moving from a situation where punishment used to be optional and people could pay a fine or go to an education session. First-time offenders found in possession of 10 grams or less of cannabis must now attend a mandatory cannabis education program. That does not sound too bad at all. We are moving from a group environment to an individual environment. Whilst I am certainly not an expert in these education sessions and how they are run, it seems logical that an individual session might be quite a good thing. I am not aware whether any research points to the long-term impact of these sessions. I believe there is some evidence which shows that the short-term impact of individual counselling sessions is very good but I am yet to see any evidence of the long-term impact on deterring drug use. That is of concern. There is also the additional cost to the police. I am sure that the Minister for Police would have been in discussions with the Minister for Mental Health on this issue. The police will need information technology to track these cases and keep up with these sessions rising from 135 a year to 3 500 a year, which is by no means a small jump. There will be IT costs involved. I am sure the police will need additional resources to manage this system. It may even impact on police numbers.

My understanding of this new system is that about one-third of the 3 500 cannabis intervention sessions per year will be taking place in rural areas. When we start talking about how these will be delivered, there is a real impost on the government to ensure that the service providers are adequately funded to deliver the one-third of the sessions, or over 1 000 people, from the country.

My main concern is that when this bill is passed, the burden on the alcohol and drug sector will be quite extraordinary. The work that I have done with the sector that will be asked to deliver these sessions indicates that their budgets will be affected. Let me not start with a dollar value; let us start with the additional work that will be required to deliver these sessions. This chamber would be aware that members of the alcohol and drug sector who are delivering services to people with alcohol and drug dependency problems are already under extreme pressure. Members would have heard me say many times that this sector is already 30 per cent underfunded. It cannot get staff at the moment. With the mining boom or whatever it is that we are calling it—the economic boom to our state—we will lose staff from the non-government sector yet again. Yesterday we heard the Treasurer refer to the rental costs of housing for non-government staff in Karratha being over \$2 000 a week. If we need additional service provision in regional and remote areas, we can imagine that the cost of ensuring that the sector that is being asked to provide this can find staff, hire them and have somewhere for them to live will be very high, let alone being able to deliver a service to over 1 000 people in our remote districts.

The sector is already suffering from staff morale problems and burnout over not having enough people to cope with demand. I ask the minister to be very cognisant of this when rolling out these changes. We certainly do not want the organisations that he is asking to deliver these services to crash and burn as a result of an increasing impost on them. I am very aware that for at least the past eight or nine years the Department of Corrective Services has been putting an increasing amount of pressure on the non-government alcohol and drug sector to move the out care of ex-offenders into these agencies. There is no additional funding. Our government did not do it previously and this government is not doing it at the moment. No additional funding is being provided to non-government agencies to pick up the people that the Department of Corrective Services is already referring to it. Now we are talking about adding another 3 500 referrals to these agencies. We must be able to see the gap in resources that this will add to.

There are seven community drug service teams in the country health region, four integrated community drug services in the metropolitan corridor and several specialist services, including those dealing with Indigenous people, women or youth in the metropolitan areas. These have historically provided the education sessions that are already in place. At the moment we know that they are already stressed. With these new provisions they will need an extra staff member in each of the 14 services to provide individual education and intervention sessions, to liaise with the police and refer to other organisations, to case manage people, and to ensure the appropriate

through care needs are met and that the mandated requirements of each individual are met effectively. The sector also sees that there is need for some initial capacity building in these services to ensure that they are ready to take on that new client load and the expectation that some of those newly referred clients will voluntarily request additional treatment and support. The hope is that we will not just pop people in for one session; we hope that they will take up the challenge to try to find a way through, which would mean that if the services do not exist or are not funded at the moment, we will need to provide the funding to ensure that is in place.

Mr A.P. Jacob: It would seem historically that a lot of the problem has been non-attendance rather than provision of the programs.

Ms L.L. BAKER: Correct. I take the member for Ocean Reef's point; that is entirely correct and that is my understanding as well, but what the government is doing now, and it is probably a good thing, is to mandate that people go to these sessions, which means that they must actually attend these services, and that will add an additional 3 000-odd places to the services that already provide some educational support. Our hope—surely it is the government's hope as well—is that some of these people who are referred for one session will take the challenge forward and want more help and more support. We do not know whether one session will be enough, so where will these people go after that? Where are the services in our community that are being funded to give support to these people past that one-off session? The government simply cannot have one intervention and then turn its back on these people, otherwise I think the member for Southern River would agree with me that there will not be enough to support people.

Also, just think about the service agency that might deliver this service. We are changing the culture and nature of that agency by asking it to either provide a more expanded service or provide its services a bit differently. Each of these services will have a mission statement, a strategic plan and a corporate plan about the way it wants to do business and the way it wants to interact with its customers or clients. If a service wants to put its hand up to take on these new clients, it will see some change in the client base that it is dealing with. At the moment, the service agency might deal with a whole range of people who come to it for help, including children and seniors in our community who go to drug and alcohol services for support. It could also include the families of people who are suffering from alcohol or drug addiction. These services provide great support to those family members in helping the person with the problem move through that problem. If a service is to suddenly take on a whole bunch of new clients with a slightly different reason for being there—that is, they are not there voluntarily; they are actually mandated to be there—it could change the culture of the organisation. All of a sudden they would have to start dealing with people who may be a bit antsy and that will change the way the organisations do business. Therefore, the government needs to ensure that, as I said before, these services are—some of them will be small, some of them will be remote and regional—not only adequately resourced but also have the capacity to change and to take on this new activity.

The cost to alcohol and drug service provision that we think will result from these reforms is a minimum of \$1.4 million plus indexation. That does not sound like a lot of money but in a time when the Treasurer is complaining that there is not enough funding to go around, I think we have to be very careful about making these commitments and not following through with adequate funding, and that that funding must be indexed as well. If we base that additional funding on one extra person in the seven regional and seven metropolitan centres, it would include wages, on-costs, travel expenses, mileage, any additional costs for regional services and training, but would exclude accommodation costs, and it would also have to include some infrastructure and administration requirements, such as bookkeeping, writing reports and managing data, which would also be an extra impost on these somewhat small agencies that are already under pressure. This is one of my great concerns. I would not be on my feet making this plea to the government at the moment if it had not been for a comment made by the member for Southern River last year. Yes, I am sorry I have to point the finger at the member for Southern River —

Mr R.H. Cook: We all do!

Ms L.L. BAKER: We all do.

Last year when this bill was first addressed, I raised this concern about the funding of services. I cannot quote exactly what the member for Southern River said, but from memory it was something along the lines of, "There is already about \$52 million in the mental health non-government budget for these agencies and we will simply provide for it within the existing provisions." I tell the member that if the government does that, it will be a dramatic failure because the government is talking about a net addition to the work that these agencies already do. If the government is talking about the agencies putting a whole bunch of their work to bed and not doing it anymore, I will run through some of the services that these agencies would no longer be able to provide. I asked the sector to provide this information to me, so please excuse me if I refer to my notes. A number of these services specifically target certain groups, some of which I have already mentioned: women, women with

children, youth, and Aboriginal Australians. There are outpatient and residential services that focus on treatment matching for individuals, such as ensuring that they have —

[Member's time extended.]

Ms L.L. BAKER: — good accommodation, positive support networks and trying to deal with the co-morbidity issues. We are not only talking about cannabis; alcohol and drug services deal with some very grim and very, very complex issues around co-morbidity. We have previously heard listed the kinds of symptoms that people may exhibit when they are cannabis users, but the other kinds of mental health issues that often coexist with alcohol and drug abuse are things like depression, anxiety, sleeping problems, eating problems, problems relating to other people, psychosis, cognitive impairment, physical health issues, a tendency to violence and aggression, and reduced impulse control—these are the kinds of symptoms that people presenting with amphetamine issues often have.

I have just read through a tiny range of the sorts of services that are being provided. I also mentioned that these services deal with families as well. If any members have experience with a loved one who has an alcohol or drug problem, they can imagine that they can be left feeling completely vulnerable and completely isolated. If people do not have somewhere to go and someone to talk to, the consequences are dire. I know that I do not have tell the minister or many of my colleagues on the other side of the house about those dire outcomes because we have seen it reported far too often in the papers and other media.

The alcohol and drug sector currently provides services to many people referred from corrective services. As I have told the house before, that is without any additional funding; they just do that because somebody has to. I asked for some examples of what would not function if the minimum \$1.4 million required were to end up being drawn from existing funding in the mental health sector. Just to give the house some basis for comparison, we could look at the equivalent of one large alcohol and drug specialist outpatient service losing its funding. We could look at two medium-sized community drug service teams losing their funding or perhaps a medium-sized residential service that meets the needs of people with extremely complex needs losing its funding. I am not saying that that will happen; I am saying that is an example of the impact of this. If it were to be chopped out of the mental health budget, then the government would have big, big problems. Thousands of individual sessions currently provided to voluntary clients would no longer be available. Waiting lists would be seriously extended. It would further impact on the preventative early intervention component of services offered. This in turn may potentially increase the number of those involved in criminal activity, which will place extra pressure on our police, courts and prisons. If priority is given to cannabis users over those who have alcohol and amphetamine issues, that is likely to result in the sidelining of those with potentially far more complex needs. A significant number of people who are more likely to suffer from mental health conditions will have reduced access to any health or holistic services. In particular, regional services, which already have a higher than average recruitment and retention of staff issue and which have only a minimal capacity to see mandated clients, will find themselves in crisis. There will be reduced capacity building and partnership development with other sectors, which will impact on the overall quality and priorities of the sector. It will also impact on outcomes for people with alcohol and drug issues across the sector.

To highlight that point, members of Parliament often tell the government that government agencies and departments should work together more effectively. Moreover, we say that government departments and agencies should work more effectively with non-government services. If non-government services are not adequately funded, they will not have the capacity to undertake collaborative work, to share case information, to share information about problems that arise and to share intelligence about the direction or profile of their workload. The effectiveness of these services will be significantly reduced. The focus of the alcohol and drug sector could change by its becoming an arm of the Western Australia Police or the Department of Corrective Services. That is what I was referring to before when I said that the government will change the culture of organisations if it is not careful. That could obviously have a major impact on the staff who are currently employed in those areas. The people who work in alcohol and drug services do not work for the police or corrective services, and I would hazard a guess—I cannot prove it—that they probably do not want to work for them, which is why they are working in the non-government sector and earning 30 per cent less than what they would earn if they worked in the government sector. I say to the Minister for Police that, as heroic as he is in bringing forward this kind of reform, the Barnett government must provide funding. It has already cut \$2 million from the non-government sector. The government cannot dream of introducing these reforms, which will have a massive impact on resources and which have the potential to drive a massive change in culture, without providing adequate resources to the community sector.

I close by saying that the direction of the bill insofar as it attempts to get more people into treatment and it attempts to manage people's co-morbidity problem is a very good thing. What will not be a good thing is if the government does not fund the agencies that it will rely on to deliver such services.

DR J.M. WOOLLARD (Alfred Cove) [1.24 pm]: I have placed some amendments to the Cannabis Law Reform Bill 2009 on the notice paper. In speaking to this bill, I thank the Minister for Mental Health, the Minister for Police and the Attorney General for their assistance. I would also like to thank Mr Malcolm Penn from Western Australia Police, Mr Ennio Cicchini from Community Justice and Melanie Bettany from the Drug and Alcohol Office. They provided me with a comprehensive briefing on this bill. Following that briefing, I had several discussions with Mr Penn, and his patience and perseverance are to be congratulated. As many members would know, I take a strong stand against drugs and alcohol. At times that has earned me the magazine title of the “fun police” and has resulted in my being the focus of some cartoon caricatures.

We know from the United Nations Office on Drugs and Crime’s “2008 World Drug Report” that cannabis continues to dominate the world’s illicit drug market in terms of its persuasiveness of cultivation, the volume of production and the number of consumers. In light of those statistics, I commend the government for taking a strong stand against cultivation. I am very pleased that the bill will remove cultivation from the cannabis intervention requirement scheme.

What is the rationale behind this move towards a strong approach to cannabis? As other members have mentioned, we can look at the health effects of cannabis. I am firmly of the belief that a strong stand against all illicit drug use is required. The detrimental effects of cannabis should not be overlooked by any government. One health effect is addiction. As some members would know, the continued use of cannabis may lead to both physical and behavioural addiction, especially among regular and heavy users and those who start using the substance at an early age. As other members have mentioned, these health effects are not just plucked out of a hat. They are repeatedly referred to in literature. A number of the health effects that I will mention were referred to in a 2004 edition of the journal *Progress in Neuro-Psychopharmacology and Biological Psychiatry*. Two possible health effects are addiction and cognitive dysfunction. In the short term we know that cannabis use causes difficulty in thinking and problem solving. It causes impaired short-term memory and poorer coordination and is associated with an increased risk of having a motor vehicle accident. The chronic use of cannabis has been shown to lead to damage to cognitive functions. Another possible health effect is cancer. Strong evidence suggests that there are good grounds to believe that chronic cannabis smoking carries a significant risk of cancer. Members in this house supported the tobacco bill because of the number of carcinogens in tobacco smoke. Cannabis smoke is known to contain a higher concentration of carcinogens than tobacco smoke. Long-term heavy users of cannabis show a higher frequency of inflammatory and pre-cancerous changes to the bronchial tubes than do non-smokers. The effects of cannabis do not stop with the risk of cancer, cognitive problems and addiction. Cannabis has been linked to the development of cardiovascular symptoms, particularly in those who are predisposed to develop cardiovascular symptoms.

I do not know why this bill is not the responsibility of the Minister for Mental Health, because the link between cannabis use and mental health issues has been known for a long time. A large body of evidence supports an association between cannabis use and the development of various psychiatric disorders, including, as was mentioned earlier by the member for Southern River, major depression, anxiety and panic disorders and the increased likelihood that people who are using cannabis will experience psychosis or psychotic symptoms.

We must look at the rationale behind this bill. What is the prevalence of cannabis use in Australia and Western Australia? We know that cannabis contributes to poor health. We also know that the prevalence of cannabis use has decreased within Australia. The report of the United Nations Office on Drugs and Crime indicates that between 2004 and 2007 cannabis use fell almost 20 per cent to 9.1 per cent of the population who were aged 14 and above. The 2007 rate was close to 50 per cent lower than the rate of use in 1998. Again, these are good signs. The decline in cannabis use in Australia between 2004 and 2007 was strongest amongst our youth—among the 14 to 19-year-olds. That indicates that prevention activities, particularly those activities that have been organised in our schools, have been effective in helping to lower the use of cannabis by our children. Teachers in our schools should be congratulated for the work they have done.

Mr P. Abetz: I think also antismoking generally has had a very positive effect in reducing cannabis use, too.

Dr J.M. WOOLLARD: The member for Southern River is right—the statistics show a decrease in tobacco use. We know that people often start smoking tobacco and move on to cannabis. I congratulate this Parliament for the laws that it introduced to control the use of tobacco. That is having an effect on the use of cannabis.

What about Western Australia? In 2001 the Community Drug Summit looked at reviewing legislation. The Cannabis Control Bill was introduced in 2003. The review looked at how many people had used cannabis and how many people had used cannabis within the past 12 months. Statistics show that use has dropped since 2003. Some measures that were introduced by the previous government have been effective. Some of the changes that have now been introduced would have been introduced had the previous government stayed in office, because they came out as review recommendations.

In introducing this legislation, the government has identified that there are problems with the cannabis infringement scheme, particularly regarding enforcement notices. Attempts have been made to control the use of cannabis. The number of people using cannabis has gone down. Even though there has been a decline in the use of cannabis, we cannot afford—because of mental health, health and cognitive problems—to become complacent. That is why I am very pleased to see this legislation on the table. It will hopefully address the inadequacies of the cannabis infringement notice scheme. In relation to that scheme, we know from the statutory review of the Cannabis Control Act 2003 that 9 328 CINs were issued to almost 7 000 people, which equates to 1.4 people per CIN. Of those people, at the time that review was undertaken 57.2 per cent had not expiated their CINs. Only 11.2 per cent of offenders had attended a cannabis education session. The previous government had hoped that people would take up the education sessions on offer and that there would be a decrease in the number of people using cannabis. A lot of people did not take up those education sessions.

In case I miss it, could I ask for an extension, please?

Ms M.M. Quirk: She has nine minutes to go!

Dr J.M. WOOLLARD: I know, but I do not want to miss the time.

[Member's time extended.]

Dr J.M. WOOLLARD: The shortcomings of the cannabis infringement scheme are not just limited to the CINs and the problems with the storage of cannabis. Another problem was that juveniles could not be issued with a cannabis infringement notice. Under the previous legislation, the police could issue a juvenile with a caution. The review that was conducted identified that a total of 42 000 people aged 14 years and older in WA have a cannabis disorder. Members should think of all those problems we have already talked about.

The review noted that there was a high level of support for juvenile offenders being required to attend a minimum of one mandatory education session that aimed to increase their knowledge and understanding of cannabis use. I was given the opportunity to look at the opposition's cannabis bill. I know that the opposition will support the government on these mandatory sessions because I noted that it was in its legislation. I am very pleased to see this amendment on the table.

The bill amends the amount of cannabis people can possess before they are given infringement notices. Previously, it was 30 grams of cannabis. Again, when the Education and Health Standing Committee attended a conference in Darwin, we were told that 30 grams of cannabis could be equivalent to 60 to 90 joints. That is very high. It would be dependent of course on how strong the cannabis was that people rolled in their joints. I am very pleased that this legislation reduces the amount of cannabis to not more than 10 grams, which still could be 10 to 20 joints that people might have in their pockets.

I think we can make further improvements to this legislation. I am hoping that the government will support some of the amendments that I have on the table.

Mr A.P. Jacob: Could the member explain them?

Dr J.M. WOOLLARD: I will go through them, member for Ocean Reef, but I do not know that I will be able to go through each one now. I will go through them when we get to consideration in detail.

Mr M. McGowan: That would be far better. That is the appropriate time.

Dr J.M. WOOLLARD: The Cannabis Law Reform Bill 2009 makes a fundamental change to the existing police diversionary interventions under the Cannabis Control Act. Under the previous act, there were two diversionary programs—attendance at an education session or the payment of a fine. This bill eliminates those diversionary interventions and replaces those with a mandatory cannabis intervention session. Failure to attend such a session will result in a criminal record. Part of the review of the Cannabis Control Act said that because people were not attending the education sessions, the fines should be increased to encourage them to attend. The review also said that an increase in fines would, hopefully, encourage those who elected to attend the education sessions to listen to the information given by the counsellor. Rather than people attending simply because it was a way out for them, the review said that the fines should be increased so that people would choose the education sessions, and that would encourage them to not just sit there but to actually listen because they had made that choice.

I think we could improve this bill by not taking the coercive approach whereby an alleged offender will choose either to have a criminal record or to attend a cannabis intervention session. There will be some resistance to the coercive approach and because of that resistance and because there is no choice, some people will end up in court and get a criminal record.

I believe that we would help motivate some people to attend and to participate in the intervention session if we offered them an alternative. The alternative that I believe should be offered is a community work option. People could elect to either attend the mandatory education session or undertake a community work option. Under the

community work option, the community correction activities could include charitable, community or voluntary work. The community work option could be a program for the treatment of people who abuse drugs. It could be family counselling. People who have nowhere to go could be counselled to help get them on the right track. The community work option could be a social and life-skill course; it could be an educational, vocational or personal development course. I would like the government to consider not only education or a criminal conviction, but also giving those people an opportunity to undertake community work, providing we have—we do have some—very good community corrections officers. Those officers would be able to meet with those people and find out why they have gone down that path, and give them some assistance to get them back on track. Another reason why the community work option is important is that if the choice were to be between only an education session and a criminal record, the effect on people of that criminal record would need to be examined.

I congratulate the government on the introduction of a spent conviction after three years because we all know about the consequences for a person with a criminal record. A report prepared by the Victorian Drug and Alcohol Association discussed the consequences of a criminal record and stated that people who have a criminal record have limitations in obtaining employment in particular areas—for example, in the armed forces, in security, in education, in child care, in medical services and in the public sector. They are refused membership of professional associations; they can be prohibited from obtaining a licence to conduct business, such as a taxi driver, a real estate agent, a travel agent or an auctioneer; they can be refused entry into some countries; and they are ineligible to hold public office. I am pleased that one of the aims of this diversionary program is to redirect offenders away from the conventional criminal justice process.

Including the community work option would mean that a person would have a choice between going to court, undertaking the mandatory intervention session or participating in the community work option. Under the proposed amendments for a community work option standing in my name on the notice paper, an adult would be required to undertake 30 hours' community work. Included in the community work option is the option for people to undertake 15 hours' community corrections activities as determined by the chief executive officer of corrections.

The figures from the Department of Corrective Services cite the cost of managing an offender through community supervision at less than \$40 a day. If this house agrees to the community work option as another penalty for people found in possession of cannabis, we know from the statistics that were gathered from the review of the cannabis legislation the maximum number of people who would participate in this option. If 25 per cent of people apprehended by police elected the community work option, it would equate to approximately 65 people a month undergoing that form of treatment and those programs that I mentioned. The programs could be charitable work, a social and life-skill course or an educational, vocational or personal development course. Under my proposed amendments, the community work option would be a minimum of 12 hours' work in seven days. That would mean that the people who elect the community work option, rather than electing the mandatory education session, would be finished in two and a half weeks. When we move into consideration in detail, perhaps the minister will specify how much will go into the mandatory education session.

Mr R.F. Johnson: By way of funding?

Dr J.M. WOOLLARD: Yes. I want the minister to tell us the funding that he will put into those sessions and to consider funding for this community work option. On the figures I have just given, if 25 per cent of people elect the community work option, that would amount to 700 people a year, or approximately 65 people a month. It would probably equate to the employment of one full-time equivalent community services officer. Perhaps the minister could compare that cost with the cost of the education sessions. I believe a lot more money will go into the education side. I would personally prefer the community work option to be available for those people; however, money will be saved by just having one community services officer rather than people throughout WA going off into the program and incurring the current costs of counselling with community services officers.

I would like the minister to consider putting that additional saving into funding the staff who work in community services. The minister might then be able to employ more staff to work in community services —

Mr R.F. Johnson: Do you mean correctional services?

Dr J.M. WOOLLARD: Yes. Sorry, minister; thank you very much. If 25 per cent of these people were to elect the community work option, that would mean that one more person would need to be employed in correctional services. I believe that would not cost as much money as the money that the minister is putting into counselling. The minister could then use that additional money to provide correctional services officers with the skills they need to work also with people who have problems with alcohol, and hopefully to work also with the large number of people who enter our prison system and then come back to prison as repeat offenders.

I believe these amendments that I have put on the notice paper will be a win for a person who has committed a cannabis-related offence. Under these amendments, if the person does not want to attend an education session,

the person may elect the community work option. That will be a win for the person, because by choosing that option the person will not get a criminal record. It will also be a win for corrective services, because rather than having to pay for counsellors throughout Western Australia, the money could be used to train corrective services officers in motivational interviewing techniques so that they can help not just the people who use cannabis, but also the thousands of people who are going into our prisons and need help because of alcohol abuse and other problems.

Mr R.F. Johnson: I will tell you what I will do. I am taking great notice of what you are saying today, and of what other members have been saying and I will take notice of what other members will be saying. I will give a commitment that I will get some advice. I am aware that you have placed some amendments on the notice paper. I have not had those amendments evaluated yet in any real terms, but I will do that before I give my response to the second reading debate and before we go into consideration in detail.

Dr J.M. WOOLLARD: I thank the minister very much.

MR A.P. JACOB (Ocean Reef) [1.51 pm]: It is clear from the comments of previous speakers on the Cannabis Law Reform Bill 2009 that it is now widely accepted that cannabis is a harmful drug, particularly if it is used regularly. The increase in schizophrenia rates in Western Australia is often believed to be fuelled at least partly by cannabis and amphetamine drug use. It is clear from some articles that have appeared in *Science News* in the past year or two that the damage that is caused to young brains from cannabis use is far greater than was originally thought. One particularly interesting article is from Canada. The precis of the article states —

Canadian teenagers are among the largest consumers of cannabis worldwide. The damaging effects of this illicit drug on young brains are worse than originally thought, according to new research by Dr. Gabriella Gobbi, a psychiatric researcher from the Research Institute of the McGill University Health Centre. The new study, published in *Neurobiology of Disease*, suggests that daily consumption of cannabis in teens can cause depression and anxiety, and have an irreversible long-term effect on the brain.

Another article that appeared earlier in that same year found that cannabis use increased the risk of psychosis by as much as 40 per cent. In fact, the cannabis fact booklet that was brought out by the Labor government in 2006, “Drug Aware”, found that cannabis use causes a range of short-term effects. They include confusion; restlessness; detachment from reality; excitement; hallucination; anxiety; panic attacks, which is a big problem with this particular drug; respiratory problems; and mental health problems, especially in those who are already vulnerable. Some of the longer-term effects of cannabis use include bronchitis; lung cancer; decreased concentration; decreased memory and learning abilities; dependence; and mental health problems, again especially in those who are vulnerable. Certainly this has been my own experience. In my life I have known a number of people who have engaged in cannabis use. My very first job was in a business in Wanneroo called Benara Nurseries. At that time in the late 1990s there was quite a culture of drug use of this sort. That was certainly the case among many people in their late teens who were doing a horticulture apprenticeship. Over the years that I have known some of these people, I have seen a marked impact on their memory and learning abilities. I have a school friend in particular who had quite a high degree of cannabis use. I would say that he was far more intelligent in school than I was, and we all expected huge things from him. However, I think he would agree that his cannabis use would be the one factor that has held him back in his future life.

There is also some evidence that the punitive laws that have been imposed in the past have had little effect on stopping people from using cannabis. I think we all agree that cannabis use needs to be discouraged. I hope we all agree on that. The argument has been put that we need to look at stopping cannabis use in the same way that we look at stopping cigarette smoking, binge drinking, speeding and drink driving—for example, through advertising campaigns, and taxing. These sorts of arguments have certainly come up throughout the history of this debate. However, I think that there is no doubt in the mind of the Western Australian public, and there is certainly no doubt in my mind, that the Labor government’s cannabis infringement notice scheme has been quite inadequate. Before the last election there was certainly a recognition from the then government and now opposition that that is the case. That scheme at a minimum turned a blind eye to cannabis use, and at a maximum perhaps even tacitly encouraged cannabis use at certain times. What is particularly galling about the current provisions is that people are allowed to grow two cannabis plants for personal use. One of the reasons that this causes a particular problem, even ahead of drinking, and certainly ahead of smoking in general, is that cannabis is a very cheap drug and is quite easy to get hold of. I am sure that cannabis would probably grow wild in the soil. It certainly grows prolifically in hydroponic set-ups. Cannabis is a very easy drug to grow in a domestic capacity. When the law allows a person to grow two plants for personal use, that causes a massive oversupply. It is simple economics. If cannabis is made readily available, and the price drops, the problems will increase. As I have said, my very first job was in the largest wholesale nursery in Western Australia. At that time, cannabis use was prolific. One of the first things that I was shown as a young trainee was how to grow cannabis if I was of a mind to do so.

In any case, the Labor government's scheme was totally ineffective. In 2008, 1 884 cannabis infringement notices were issued. Of those notices, 486 resulted in the \$100 fine being paid within 28 days, and only 101 offenders completed the drug education course. Follow-up demands and referrals to fines enforcement agencies were required for 1 297 of those notices. I refer to an article that appeared in *The West Australian* in September of last year that dealt with this matter. The article also says a number of unflattering things about members on both sides of this house, but I will not go into that. The article states in part —

If the need for an overhaul of cannabis laws was evident a year ago, it is even more so now. The extent of the failure of the experiment is underscored by police statistics which show that almost seven out of 10 infringement notices issued for minor cannabis offences are being ignored.

...

The inescapable conclusion is that many offenders treat the cannabis law as a joke. A side effect of the laws is to give people, particularly the young, the impression that cannabis offences are not taken seriously by law-makers.

I think that has been a clear danger with the previous laws. The article continues —

That is a dangerous view that flies in the face of the known health risks associated with cannabis use.

Debate interrupted, pursuant to standing orders.

[Continued on page 1957.]