

## MISUSE OF DRUGS AMENDMENT BILL 2010

### *Second Reading*

Resumed from 5 May.

**MS M.M. QUIRK (Girrawheen)** [4.03 pm]: The Misuse of Drugs Amendment Bill is effectively technical in nature and seeks to update procedures for seizing, storing and in some cases destroying material in relation to drug cases. This has been largely necessitated by a large number of clandestine drug seizures and the challenges that that presents for the storage and safety of material associated with the manufacture of methamphetamines. This is not a contentious bill and it mirrors similar provisions in other states.

The bill seeks to do a number of things: it changes the holding order regime for implements; it permits destruction of contaminated drug equipment; it allows for cost recovery for destruction costs and compensation for destroyed items when ultimately the person from whom they are seized is acquitted; and it clarifies the status of non-sworn personnel in conveying implements or samples for analysis, and thereby not prejudicing the chain of evidence. Under the existing law, although plants, drugs or precursors do not need to be the subject of a holding order and can be seized as evidence in the normal course, implements such as pipes and bongs that may have traces of drugs are required to be the subject of a holding order. This requires police within 72 hours to seek a holding order witnessed by a justice of the peace. About 5 000 of these need to be obtained each year. The seizures of these items are subject to normal exhibit recording and are receipted at the time that they are seized. It is also likely that within the 72-hour time frame police will not have had the opportunity to have the implement tested and would therefore not know about the likelihood of charges within that time. There are transitional provisions in this bill relating to property that is currently stored under the holding orders.

As I said, with the volume of material that is seized from clandestine laboratories, major issues with storage are presented for police. There are also, of course, some safety issues, given that some of this material is highly volatile. What police propose and the regime that will operate under the bill is that once samples are taken and the equipment is photographed, it can then be destroyed with obviously the analysts' certificates and photographs being presented in the course of prosecution, if necessary. The process will be witnessed by independent ChemCentre personnel who will be authorised to witness. That procedure will be set up in regulation. There is provision in the bill to recover costs for the safe destruction and disposal from the person convicted of manufacturing drugs. I am told by police that the total cost for all laboratories over the past five years is \$24 000, so it is not anticipated that this cost would necessarily be a large one or that the imposition of the cost would be an onerous one, bearing in mind that it would be imposed on persons who would also be facing criminal charges. I am told that this would occur only when the offender was not declared a drug trafficker and his assets were not seized, so it would be a small number of cases. As recently as the weekend an article in *The Sunday Times* dealt with the issues associated with cleaning up houses that had previously operated as clandestine laboratories and the fact that many chemical residues remain for some time, causing problems, for example, for landlords. This recovery of costs might not go to the full extent of the clean-up but it would certainly go to the extent that it would render the premises safe for surrounding premises.

Under this bill, if a person is ultimately not charged or is acquitted and lawful household items containing chemicals have been seized and subsequently destroyed, the owner can apply for compensation. We think that this is an excellent provision. We considered inserting a small amendment mandating that the police advise an owner in writing of his right to compensation at the time of seizure. However, I clarified it with the police, and they instructed me that they already, as a matter of practice, routinely advise of the right to compensation. Accordingly, we are not proceeding with this amendment, but I would be grateful if the minister could, for example, get some confirmation, and in fact confirm it on the record, that standard advice goes out advising people of the right to compensation when items are seized and the person is ultimately acquitted.

As I mentioned earlier, there are also issues surrounding the transport of material that will ultimately be exhibits when someone other than a police officer conveys them. Quite often it will be an external contractor from the ChemCentre or someone such as a Western Australia Police auxiliary officer. Those people transport, for example, utensils, pipes or bongs to a storage facility or somewhere for analysis if those items are likely to contain detectable traces of drugs. As it stands, it may well be that that person technically has exposed himself to a charge of supplying drugs. The provision in the legislation to clarify this position is a good one in that it would not make personnel who were just doing their job criminally liable, which, as I said, is technically open as the law currently exists. This is all part of the philosophy to free up front-line officers for other, more front-line activities. Auxiliary officers can transport these samples and these items. Basically, that is the scheme of the bill. The opposition has no issue with the bill, other than the minor issue that I referred to about the way in which persons are advised of their capacity to claim compensation. However, given that we are talking about clandestine drug laboratories, and I think that it is the first opportunity under the Barnett government to talk

about hard drugs, I want to spend a little time talking about the issues we need to address as a state in what the opposition believe is a worrying and growing area of criminal activity.

A very good report was put out by my former colleagues at the Australian Crime Commission, which recently released the “Illicit Drug Data Report 2008–09”. They make a number of comments about amphetamines in particular. They say that there is a growing problem relating to clandestine drug labs. It is not an emerging problem because it has been there for some time. It is a huge problem. They say that record numbers of clandestine drug labs are being detected in Australia. They observe that their findings and research show that the majority of clandestine labs are in residential locations, and so present a particular danger to neighbours and to whole communities. However, they raised quite a worrying point, which is increasing detections in rural locations where obviously the criminal enterprises think there are fewer opportunities to be caught or observed. At page 91 of the report, the commission concludes —

Clandestine laboratories—commonly referred to as clan labs—are used to covertly manufacture illicit drugs or their precursors. They are typically small and use improvised laboratory equipment and readily available chemicals. While industrial-scale laboratories are also detected, these are less common. Irrespective of their size or level of sophistication, the corrosive and hazardous nature of many of the chemicals used in clandestine laboratories pose significant risks to the community. Many of the chemicals used are extremely volatile and can contaminate the soil, water and air in close proximity to the laboratory.

The report then goes on to describe the four processes that are used in the manufacturing process in clan labs including extraction, conversion, synthesis and tableting. The report finds that although the manufacturing methods and precursors used to produce amphetamine-type substances vary, the processes for producing amphetamine or methamphetamine are comparatively simple, using readily available basic equipment and precursor chemicals. The chemicals are easy to obtain and it is a relatively simple process, hence their prevalence in residential areas. The report’s conclusion, which is of the most significance in current deliberations, is that the number of clandestine labs detected nationally has increased significantly over the last decade. According to ACC figures, in Western Australia there has been a 160 per cent increase between 2008 and 2009. This is the largest increase anywhere in Australia. This year alone—the minister should be able to correct me, since it is a month or so since I did my research—I think in the vicinity of 80 labs have been detected. It may well have gone up since I last looked.

**Mr R.F. Johnson:** I think you are right.

**Ms M.M. QUIRK:** The impact of amphetamines on individuals should not be underestimated. I refer to a United States Department of Justice publication that states that methamphetamine users experience a short, intense rush followed by a sense of euphoria lasting up to eight hours. Methamphetamine use increases heart rate, blood pressure, body temperature and rate of breathing, and produces extra energy and stamina, an increased libido and sense of invulnerability and a decrease in appetite. Chronic high-dose methamphetamine users may exhibit increased nervousness, paranoia, schizophrenia-like symptoms, irritability, confusion and insomnia. Violent and erratic behaviours frequently occur in the last stage. Withdrawal from high doses of meth invariably produces depression, which varies in severity and duration but may last for months or even years. This highly addictive synthetic central nervous system stimulant is produced using chemicals extracted from readily available products. These products include over-the-counter cold medicines and diet pills, and household products like lithium camera batteries; matches; tincture of iodine; hydrogen peroxide; and flammable household products including charcoal, lighter fluid, gasoline, kerosene, paint thinner, rubbing alcohol and mineral spirits may be used in the mix. Corrosive products such as acetic acid used in pools and spas, sulphuric acid and battery acid and sodium hydroxide from lye-based drain cleaners also may be used in the manufacturing process. They also observe that in some cases ammonia used in fertiliser may be used by cooks in the course of making methamphetamines. It is not a very pleasant mixture. As I said, it is being used in a way that exposes not only occupants in the house but also the surrounding community to extreme danger and hazard.

In this regard I take the opportunity to commend Crime Stoppers for actively promoting the receipt of information relating to clandestine labs. I think it has done an excellent job in informing the community about what people should be on the lookout for in detecting clandestine labs, such as unusual strong odours, chemical containers and drums of waste around the house, hoses and pipes for ventilation, unusual traffic flow and large quantities of discarded cold and flu tablet boxes and blister packs. I think that the police have done an excellent job in finding these laboratories, but we also need the help of the community. It is clear that organisations such as Crime Stoppers are vital in the fight against drug manufacturers and the prevalence of clandestine labs.

I want to mention a couple of issues that arise in the context of the fight against amphetamines and the manufacture of illicit drugs. The first of those issues relates to Project Stop. Project Stop is a project that was initiated in Queensland and now has been adopted by Pharmacy Guild members throughout Australia to

effectively stop the supply of pseudoephedrine, which is used in a lot of cold and flu tablets. If the drug manufacturers cannot readily access pseudoephedrine in sufficient quantities to manufacture methamphetamines, that is all to the good. People may present at a number of pharmacies to secure a sufficient supply of pseudoephedrine. What happens under Project Stop is that each time people visit a pharmacy that is participating in this scheme, their identification and other details are recorded, along with the sale, on a computer database. That effectively prevents people from stocking up on pseudoephedrine by going to a number of pharmacies. The expansion of Project Stop was funded by the previous commonwealth government, and it has been very successful. Law enforcement agencies have found it particularly useful in gaining access to information and in tracking suspicious sales. The willingness of pharmacists to act in this way on behalf of the community is to be commended.

There is an issue in Western Australia with regard to standardising the information that pharmacists supply under this system. This is not a problem in other jurisdictions. However, I understand that a minor amendment is required to be made to the Western Australian regulations to deal with this problem. I understand that some representations were made to the government on this matter some time ago. I therefore urge the minister to look at clarifying this issue with the Pharmacy Guild so that we can standardise the information and make this very effective scheme even better.

An interesting trend that has been identified by the Australian Crime Commission is that, although many of the clandestine drug laboratories are located in the metropolitan area, an increasing number are now located in rural areas. In the metropolitan area, when there is a raid of one of these premises, or an explosion in one of these premises, invariably it will be attended by not only the police, but also career firefighters. However, there is an issue about whether volunteers in regional Western Australia have the capacity to attend in a timely fashion, and also about whether they have the necessary equipment and training. Therefore, consideration needs to be given to how we can address the increasing prevalence of clandestine drug laboratories in regional areas if there is no coverage by career firefighters and the attendance of volunteer firefighters is required. In metropolitan Western Australia there is often a need for firefighters to attend with the police at a raid on a clandestine drug laboratory. However, I am aware—although the minister has denied it—that on some occasions, the firefighting equipment that is required to make the premises safe, which I think is located in Osborne Park, has been out of commission and has not been available to those firefighters. I hope that was only a one-off, minister. I would be very pleased if the minister would address that in his response and would clarify whether the necessary equipment, resources and training exist in both the metropolitan area and regional areas to make these clandestine drug laboratories safe.

Another issue that I want to address is the prevalence of children in drug houses. I will first read out part of a news release that was put out by the police media unit in July this year. That release was about the raid on six clandestine drug laboratories located in Cooloongup, High Wycombe, Carramar, Wooroloo and Port Hedland and in the Canning Dam bushland area. The news release said in part —

Detective Inspector Alan Morton, Serious & Organised Crime Division said “Clandestine drug labs are a danger to the community. Those involved are not experienced chemists and they are mixing dangerous chemicals that are highly volatile and can explode, which we have seen happen too frequently in recent years.”

Mr Morton added, “Of serious concern to us is the fact that in some of these houses we find children living in the same rooms as the clandestine drug labs and the associated chemicals. In one instance we found chemicals being stored above a child’s cot. It is a great concern that some parents have a total disregard to the dangers they expose their children to, in their pursuit of illicit drugs.

This is certainly an issue that is of concern to the police, and I think it is of equal concern to every person in the community.

The United States Department of Justice has outlined some issues of concern for children, and they are extensive. It has produced an excellent report titled “Children at Clandestine Methamphetamine Labs: Helping Meth’s Youngest Victims”. That report states in part —

Children who live or visit these sites or are present during drug production face acute health and safety risks, including physical, emotional, and sexual abuse and medical neglect. The manufacture of methamphetamine may involve hazards such as fires and explosions. The age-related behaviours of young children (such as frequent hand-to-mouth contact and physical contact with their environment) increase the likelihood that they will inhale, absorb, or ingest toxic chemicals, drugs, or contaminated food. Their physiological characteristics (such as higher metabolic and respiratory rates and a developing central nervous system) leave them particularly vulnerable to the effects of toxic chemical exposures. Exposure to drugs and alcohol before birth places infants at increased risk for neurological

abnormalities and respiratory problems which may be compounded by ongoing environmental exposures.

It goes on —

A child living in a clandestine methamphetamine laboratory is exposed to immediate dangers and to the ongoing effects of chemical contamination.

...

The chemicals used to cook meth and the toxic compounds and byproducts resulting from its manufacture produce toxic fumes, vapors, and spills. A child living at a met lab may inhale or swallow toxic substances or inhale the secondhand smoke of adults who are using meth; receive an injection or accidental skin prick from discarded needles or other drug paraphernalia; absorb methamphetamine and other toxic substances through the skin following contact with contaminated surfaces, clothing, or food; or become ill after directly ingesting chemicals or an intermediate product. Exposure to low levels of some meth ingredients may produce headache, nausea, dizziness, and fatigue; exposure to high levels can produce shortness of breath, coughing, chest pain, dizziness, lack of coordination, eye and tissue irritation, chemical burns ... and death.

Another concern is that because these parents are so focused on producing these drugs, their children are neglected and have no prospect of flourishing or sometimes even surviving under these conditions. The article goes on —

The inability of meth-dependent and meth-manufacturing parents to function as competent caregivers increases the likelihood that a child will be accidentally injured or will ingest drugs and poisonous substances. ...

Children developing within the chaos, neglect, and violence of a clandestine methamphetamine laboratory environment experience stress and trauma that significantly affect their overall safety and health, including their behavioural, emotional, and cognitive functioning. ... Without effective intervention, many will imitate their parents and caretakers when they themselves become adults, engaging in criminal or violent behaviour, inappropriate conduct, and alcohol and drug abuse.

So the future for those children is very bleak. It is unfortunate, given that the time we have to debate these issues and to draft legislation is so scarce, that the government did not take the opportunity in the course of the debate, especially after the comments of Detective Inspector Morton, to include in the legislation a particular penalty to deter parents from leaving their children in premises in which amphetamines are being manufactured. It is most unfortunate. I see it as an unfortunate and lost opportunity. In response, the Minister for Police will no doubt say that there is a provision in the Children and Community Services Act that refers to failing to protect a child from harm. I refer to section 101, which reads —

- (1) A person who has the care or control of a child and who engages in conduct —
  - (a) knowing that the conduct may result in the child suffering harm as a result of any one or more of the following —
    - (i) physical abuse;
    - (ii) sexual abuse;
    - (iii) emotional abuse;
    - (iv) psychological abuse; or
    - (v) neglect as defined in section 28(1);or
  - (b) reckless as to whether the conduct may have that result,is guilty of a crime, and is liable to imprisonment for 10 years.

As defined in section 28 of the Children and Community Services Act, “harm” means —

... any detrimental effect of a significant nature on the child’s wellbeing;

The exposure and possible harm of a child, which I have chronicled at length, should fall under the definition of “harm”. However, it does not do so 100 per cent and requires clarification. Similarly, the term “neglect” is a little elusive. As defined in the Children and Community Services Act, it means —

... failure by a child’s parents to provide, arrange, or allow the provision of —

- (a) adequate care for the child; or

(b) effective medical, therapeutic or remedial treatment for the child.

The problem with section 101 is that that charge can be made only against someone who has care or control of a child. If for some reason the child is not in the presence of someone whose responsibility it is to care for or control that child, that person may not fall under that provision. In any event, it is about the harm that drugs cause. Such a provision would be most properly placed in the Misuse of Drugs Act. It is unfortunate that the government has blown this opportunity—particularly in National Child Protection Week—and not included a circumstance of aggravation, which has been included in the legislation of a number of other jurisdictions. This is a lost opportunity, and one that the minister should regret for not pursuing more vigorously.

The last issue I want to talk about in relation to clandestine laboratories is legislation that has not seen the light of day—I am not quite sure why it has not seen the light of day—that would assist the police to combat serious and organised crime, which, of course, is sometimes involved in the manufacture of methamphetamine and the supply of illicit drugs. I refer to covert operations legislation. Many other jurisdictions have such legislation. When we talk about the conveying of substances from other states, there are major issues with the interstate carriage of things, such as precursors and the drugs themselves. It seems to me that some of that could be clarified if police were given the appropriate authority in covert operations legislation. The legal status of police and operatives involved in the investigation of those offences is very unclear. If we are serious about serious organised crime and drugs, we need to introduce covert operations legislation quickly.

**Mr R.F. Johnson:** It's on its way.

**Ms M.M. QUIRK:** Good.

In May 2009, the Minister for Police revealed some information when he responded to a question asked by a journalist. He did not volunteer the information; rather, it had to be prised out of him. He was asked —

In regards to legislation on covert operations, does it cover police being allowed to commit crimes while undercover and secret searches of premises?

The minister replied —

As I have said, I support laws that regulate and clarify the legal status of covert operations ...

I am expecting a Cabinet submission from WA Police on this matter and am not prepared to discuss any details of what may or may not be included in confidential Cabinet papers at this time.

From that we can infer that the matter had not gone to cabinet. It was imminently going to cabinet, but we had no further details at that stage. From my previous roles, I am aware that such legislation was already drafted. Indeed, I saw a copy of a bill. I would have thought that it would not have taken much effort to get a bill to the minister and for him to prosecute it with vigour.

**Mr R.F. Johnson:** Is that when you were in government?

**Ms M.M. QUIRK:** Yes.

**Mr R.F. Johnson:** Why didn't you progress it?

**Ms M.M. QUIRK:** I was not the minister.

**Mr R.F. Johnson:** Why didn't your government progress it?

**Ms M.M. QUIRK:** There were issues surrounding other legislation that needed to be clarified before that could happen. We had a pretty active law and order legislative program.

**Mr R.F. Johnson:** So have we. The member and I will be kept very busy between now and Christmas.

**Ms M.M. QUIRK:** Excellent!

I would like an indication of where that legislation is at. As the minister knows, the opposition likes to scrutinise his legislation particularly closely.

The opposition supports the legislation. We are concerned about the emerging trend of a 160 per cent increase in clandestine labs found by police in 2008–09, a trend that is continuing this year at a pace. We want to ensure that the police have the tools that they need. We want assurances that the Fire and Emergency Services Authority has the equipment and training it needs to secure such premises and make them safe. We want an explanation of why the government wasted this opportunity to insert a provision in the bill that relates to the circumstance of aggravation and to increase the penalty for those who manufacture drugs while exposing children to the vast array of dangers that I listed. It is very sad and it is an indictment on the government that it has wasted this opportunity—in National Child Protection Week—to not include a provision to deter people from exposing children to this dreadful danger.

**MR M.P. WHITELEY (Bassendean)** [4.38 pm]: I will make a brief contribution to the Misuse of Drugs Amendment Bill 2010. I understand that the intention of the bill is to give police extra powers for the early destruction of clandestine drug labs, mainly those used for the production of methamphetamine. Like many members, I have had the experience of clandestine methamphetamine drug labs in my electorate. Anything that can help the police deal with the proliferation of clandestine amphetamine labs producing methamphetamine is a good thing.

I have developed some expertise in the area of amphetamine abuse in Western Australia through my interest in attention deficit hyperactivity disorder. Initially, I was not interested in the issue of amphetamine abuse, but I have come to know a bit about the patterns of amphetamine abuse in Western Australia. I take this opportunity to put on the record that often the debate about amphetamine abuse in Western Australia misses the elephant in the lounge room. The majority of those involved in the abuse of amphetamines—certainly this is the case with teenagers—abuse prescription amphetamines. For the purposes of recording amphetamine-abuse statistics, methamphetamine, which is usually the illicit form; dexamphetamine; and methylphenidate, which is better known by its brand name Ritalin, are all classified as amphetamines or amphetamine-like substances and are all grouped together in terms of abuse. Therefore, when we see the somewhat frightening statistics on the level of amphetamine abuse in Western Australia, the media and the public—as a result of misunderstanding by the media—often report that as levels of methamphetamine abuse. In fact, the majority of amphetamine abuse that occurs in Western Australia is from diverted amphetamines. We need to be no less concerned about methamphetamine laboratories; and to the extent that the bill gives police extra powers, there are some good things in it. Nonetheless, we need to understand that the problem of amphetamine abuse is much broader than simply that which results from illicit production of methamphetamine in labs. In fact, methamphetamine is sold under the brand name Desoxyn in the United States as a treatment for attention deficit hyperactivity disorder. Methamphetamine, cocaine, Ritalin and dexamphetamine therefore have similar qualities; that is, the licit stimulants and the illicit stimulants have similar qualities and similar potential for harm.

I noted today an article on page 30 of *The West Australian* titled “Brain injuries blamed on amphetamines” written by Cathy O’Leary. The article highlighted a Western Australian study that had been reported in *The Medical Journal of Australia* in which 30 patients aged 19 to 41 years who had in the past abused amphetamines and the highly addictive crystal methamphetamine were subjected to brain scans. The article is unclear about whether these 30 subjects had in fact abused methamphetamine, crystal meth or a prescription form of amphetamine, but we know that they had in the past abused amphetamines, be they illicit or diverted amphetamines. The study showed that of those 30 patients, six had detectable brain irregularities, most of them lesions known as unidentified bright objects, or UBOs. That is a rate of 20 per cent. The article also highlights that the rate of UBOs prevalent in that age group from studies in the United States is about 0.5 per cent—that is, one in 200 for the general population of the United States compared with one in five for the population of amphetamine abusers in Western Australia. The article goes on to quote Professor Steve Allsop from Curtin University’s National Drug Research Institute as saying that it was concerning to see such brain damage in young people. The article quotes Professor Allsop —

“Brains are developing up to the age of 25 so there is a concern about amphetamine use in general but there is particular concern about the impact on developing minds,” ...

...

“We don’t know what downstream effects will be when these 25-year-olds are in their 40s and 50s, so in the 10 or 15 years we may be seeing a wave of amphetamine-related dementia and stroke.”

The study points the way towards an unhappy future for those who abuse amphetamines, be they either illicitly produced amphetamines or legally prescribed and diverted amphetamines. Of course, young developing brains do not distinguish between whether the amphetamines put into their system are in fact diverted amphetamines or illicitly produced amphetamines made in clandestine labs. They do not distinguish between whether the drugs were prescribed to them as individual patients or whether they had been given somebody else’s amphetamines. Young brains cannot tell the difference. We must therefore be concerned about the results of this study in today’s newspaper given the widespread use of amphetamines for all sorts of reasons, be they medicinal reasons or illicit reasons. I would imagine—I am only speculating—that the effects are dose specific; therefore, the higher the dose, the more the risk. Nonetheless, there is enough in this study today that is alarming. I became aware of this study only when I read it in today’s newspaper, but I will certainly be burrowing down into the detail of this study and will try to identify the source of the amphetamines that led to these problems for these subjects.

The problem of addiction and abuse of diverted prescription amphetamines has been well documented across the globe on many occasions. In 1995 the United States Drug Enforcement Administration said that the prescription of Ritalin—methylphenidate—may be a risk factor for substance abuse. The fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*, which is produced by the American Psychiatric Association, dumps

amphetamine and amphetamine-related disorders into one group. It does not distinguish between whether the sources are illicitly produced amphetamines or diverted prescription amphetamines. In fact, it says that most of the effects of amphetamines and amphetamine-like drugs are similar to those of cocaine. Again, it lumps together amphetamines—be that illicitly produced methamphetamine, legally prescribed methamphetamine brand named Desoxyn in the United States, dexamphetamine or Ritalin, which is methylphenidate—and cocaine, and basically says that they are all in the one class of amphetamine-related abuse disorders. In fact, it says that the diagnostic criteria for amphetamine intoxication include the recent use of amphetamine or a related substance; for example, methylphenidate—in other words, Ritalin. Therefore, whether it is methamphetamine or licit amphetamine, it is all classed as the one thing.

Western Australia has a history of amphetamine abuse that is worth learning from. Traditionally, we had the highest rate of amphetamine abuse in the nation. In 1999 the amphetamine abuse rate among secondary school students in Western Australia was the highest in the nation—more than double the national average. At the same time our abuse rates for cannabis, tranquilisers, steroids, cocaine, ecstasy, heroin and LSD hallucinogens were all above the national average. That is therefore of interest.

**Mr D.A. Templeman** interjected.

**Mr M.P. WHITELY:** I am about to talk about that.

**Mr R.F. Johnson:** I acknowledge your very genuine concern about the illicit drugs that you are talking about, but they have nothing to do with the bill that is before the house. I hope you realise that.

**Mr M.P. WHITELY:** I suggest that they do. I suggest that the misuse of drugs is a problem that is endemic in our society, and I am actually talking at length about the misuse of drugs.

**Mr R.F. Johnson:** That is the title of the bill. We are talking about cleaning up drug labs.

**Mr M.P. WHITELY:** I am also talking about dealing with the problems of methamphetamine use in society, which is part of the aim of the bill. Nonetheless, I take on board the spirit of what the Minister for Police is saying and I will be brief.

**Mr R.F. Johnson:** You have a genuine interest; I accept that.

**Mr M.P. WHITELY:** If the minister will bear with me a little longer, I will make my point and not delay the house.

**Mr R.F. Johnson:** Of course.

**Mr M.P. WHITELY:** In 2002 the Australian secondary school students alcohol and drug survey highlighted that 10.5 per cent of teenagers—that is, secondary school kids between 12 and 17 years of age—had abused amphetamines at some stage in the 12 months prior to the survey. That figure fell to 6.5 per cent when the 2005 ASSSAD survey was prepared, and it fell again in 2008 to 5.1 per cent. There was therefore a 51 per cent fall in the rate of amphetamine abuse between 2002 and 2008. Of course, in that same period there was a massive decline in the rate of prescription amphetamines for the treatment of ADHD. There was a fall after we introduced prescribing accountability measures from the Western Australian health department's estimated high in 2000 of 18 000—although I think that may have been an overestimate and may have been closer to 14 000 children between four and eight years old—to a figure of just over 6 000 in 2008; and it fell again in 2009 to about 5 700. There was a massive decline of 51 per cent from 2002 to 2008 in amphetamine abuse rates by secondary school students, and, over the same period, there was about a 60 to 70 per cent decline in the rate of prescription of amphetamines prescribed primarily for the treatment of attention deficit hyperactivity disorder. I take this opportunity to highlight the problem to this house again—as I will at every opportunity—because it is a problem that is missed because people do not understand it. A former Minister for Health, Bob Kucera, had his head around this because, being a former policeman, he had witnessed the problems of diverted prescription amphetamines being sold to this market.

This relates to the problem of methamphetamine laboratories because dexamphetamine use or Ritalin use can be a pathway to methamphetamine abuse. I think some of the demand for methamphetamine, particularly among 20-year-olds to 29-year-olds—who are really the ADHD prescribing generation in Western Australia—has been triggered by the indiscriminate prescription of these drugs.

**Mr D.A. Templeman:** Member, has there been any direct study of that in Western Australia?

**Mr M.P. WHITELY:** Yes, there has; I thank the member for asking that question.

**Mr D.A. Templeman:** I read your book, you see!

**Mr R.F. Johnson:** Did he sign it for you?

**Mr D.A. Templeman:** No; he didn't sign it.

**Mr C.J. Barnett:** Did he charge you for it?

**Mr M.P. WHITELEY:** The 2005 Australian secondary school students alcohol and drug survey specifically asked a question about whether Western Australian secondary school children had abused either dexamphetamine or Ritalin. Of the 6.5 per cent who had abused amphetamines, 5.5 per cent—or 84 per cent of them—had abused diverted ADHD prescription amphetamines; some of them may have abused both. That figure does not necessarily mean that the other 16 per cent had abused both diverted ADHD drugs and methamphetamine. But certainly the vast majority had abused prescription amphetamines, and I would suggest that the vast majority had abused prescription amphetamines alone. Children of secondary school age do not usually use it to get a high; they usually use it for binge drinking and lifestyle management, and sometimes for study during exam times.

That same survey asked children aged 12 years old to 17 years old who had been prescribed dexamphetamine or Ritalin whether they had either given away or sold their amphetamines to their peers. Of those surveyed, 27 per cent—over a quarter—had given away or sold their amphetamines, and 48 per cent of them had been asked to. Just under half had been asked to give away or sell their prescription amphetamines, and over half—27 per cent—had actually done it.

Another finding of that survey was that 45 per cent of students who had ever taken dexamphetamine or methylphenidate had not been prescribed the drugs by a doctor. The ADHD cohort, at that time, consisted of about 8 000 kids, and I am guessing that probably 3 000 to 4 000 of those would have been in the 12 years old to 17 years old age group, and 45 per cent of the total number—nearly as many kids again—had abused prescription amphetamines that had been prescribed to somebody else. That is important, because we should be concerned about drug misuse in all its forms.

I will not talk about it today because I do not want to take up much more of the house's time, but there is an emerging culture of "a pill for every ill" that has been, I would suggest, imported from the United States of America. It was encouraging to hear the mental health debate in the lead-up to the federal election, because that debate is needed, and I will outline my concerns about that in greater detail when I have the time.

**Mr R.F. Johnson:** You will actually get that opportunity in the foreseeable future, and a repeat of the speech you made today would be more appropriate for that particular legislation.

**Mr M.P. WHITELEY:** That is fine, and I really will not take up much more time.

We must be concerned, because we are following the US model of a pill for every ill. A battle is raging within psychiatry between those who ascribe to biological psychology, which is the pill for every ill model—otherwise called the medical model—and those who engage in environmental psychology and are more inclined to use talking therapies if people are in distress. Some of the ideas being thrown about, such as early intervention for psychosis, sounded fantastic in the national debate about mental health during the lead-up to the federal election, but there was a hidden agenda. Some of the proponents of early intervention were actually proposing some fairly out-there ideas around early intervention with powerful psychotropic drugs for kids—notably Risperidone—before those kids actually developed psychosis. I am concerned, because we need to have a broader debate about drug abuse and how it relates to mental health, and that debate needs to be smarter than the one held in the lead-up to the federal election. It was good to see it on the agenda, but it would have been better if the agendas of those pushing for reforms and resources for their pet projects had been better understood, because some of them were very enthusiastic and out-there proponents of the medical model, or the pill for every ill model.

With those few words, I express my support for the narrow focus of this legislation, but I encourage the government and all members of Parliament to become interested in the broader issue of the misuse of drugs.

**MR A.J. WADDELL (Forrestfield)** [4.56 pm]: I rise to support the Misuse of Drugs Amendment Bill 2010, a fairly critical piece of legislation that will help in the ongoing fight against clandestine laboratories.

I was surprised to learn that my electorate is almost ground zero for the majority of clandestine laboratories in the Perth metropolitan area. Barely a month goes by without us reading about a laboratory having been discovered somewhere, and I think the member for Girrawheen referred to a laboratory having recently been found in High Wycombe, which is where my electorate office is. To all intents and purposes, members would not particularly pick these suburbs as being dens of great drug production, but they quite clearly are. Perhaps one of the most scary elements of clandestine methamphetamine laboratories is that people can be quite happily living a suburban life in a suburban street without any knowledge whatsoever that there is an amphetamine lab next door to them, until they suddenly notice the strange odour, the comings and goings late at night, or anything that might be an indicator.

A difficulty that society faces is that, essentially, we have a drug-using culture; undoubtedly, most human beings imbibe some form of drug or another, and there has always been debate around prohibition and harm

minimisation. This legislation is a step on the prohibition side of things. I am not a huge fan of the prohibition-only approach to drug damage mitigation; quite clearly, there is a place for policing and ensuring that people are not exposed to the hazards associated with the clandestine manufacture, distribution and usage of drugs, but I am also firmly of the belief that we need to adopt a harm-minimisation approach. That harm-minimisation approach should go hand in hand with strong policing.

One of the difficulties of course with methamphetamine is its highly addictive nature. Many people begin to use it in a very casual sense. People may use it in a social setting, they may use it in association with alcohol or they may use it with friends. That leads to the development of an addiction, and addiction then leads to a massive deterioration in lifestyle and a range of other health issues that come with it. We can create as much legislation as we like to try to stop the manufacture of methamphetamine and other drugs like it, but we need to realise that once people have gone onto the path of addiction, it will be very difficult to reverse the damage that has been done. It will be very difficult to get them off that addiction and to identify them. It will be very difficult to correct the damage that has been done to them, to their families and to many other people in the community. I very strongly think we need to approach this from a harm-minimisation perspective. Harm minimisation means we need to educate. Education, in conjunction with strong policing, is the key. Minister, clearly this is about strong policing to ensure that clandestine labs and other associated utensils to do with drug production are dealt with effectively. We are supportive of that intent.

**Mr R.F. Johnson:** That is all this bill does.

**Mr A.J. WADDELL:** Precisely.

As I said, within my electorate there have been a number of cases, but perhaps one of the more disturbing ones I have recently come across involved a nine-year-old child. Not only did the raid take place in Maddington and methamphetamines and other substances were found on the premises, but also a nine-year-old child was found. Clearly, that child had been raised in this environment. As the member for Girrawheen said, not only are children at risk of exposure to toxic chemicals, but also they are at greater risk to fires and other hazards. They are also exposed to a toxic lifestyle. There is no doubt that people who manufacture drugs are very likely to be users of drugs and very likely to associate with users of drugs; therefore, they expose their children to a range of very unfortunate social interactions and environments.

Reading through research that has come out of the United States, there seems to be a strong link between child abuse and drug use. There are children who are simply neglected because their “carers”, for want of a better word, are completely negligent. They do not care for the child at all. They see the child as nothing more than perhaps an early warning system or guardian to a potential raid or something like that. These children are often found undernourished and in poor health, having been exposed to accidental syringe stings and a range of other things. That is a real problem. We must appreciate that children who are exposed to that environment are far more likely to develop similar problems as they grow into adulthood. That is what allows the problem to continue. As I said, we need to focus on how we exorcise this from our society. The answer will be legislation such as this. It gives police the power to handle the matter but we will also be approaching the problem from a drug harm–minimisation perspective.

I was recently approached by a number of women in my electorate who are very active in the local community in lobbying for community facilities. They spoke to me about the proceeds of crime legislation and their ability to access funds that come through the so-called Robin Hood grants, as they were. The women made the point that as we were in a very high density area for clandestine drug laboratories that result in major confiscations of property, there should be some return to the community that suffers the consequences. At the moment, the distribution of moneys from proceeds of crime is not necessarily targeted at the area where the damage is done. I thought they made a fairly good case that that is the area where work most needs to be done—that is, the area where damage has most occurred—and that people in the area are probably the best people to deal with issues in the community in coming up with programs and trying to stop the further spread of these problems. There is also incentive for a community that benefits directly from proceeds of crime legislation; that is, if an incentive is provided for a group to identify things such as a clandestine lab and to have it removed—I am sure everyone would do everything they could possibly do to shut them down if they were aware of them—the community would reap the benefits.

I wish the Attorney General was here because I think we need to look at that going forward. As I said, we support this bill, which I commend to the house.

**MR D.A. TEMPLEMAN (Mandurah)** [5.06 pm]: I will be very brief. I am sure the minister will close the second reading debate very soon! The minister’s second reading speech very clearly outlined the reasons behind the Misuse of Drugs Amendment Bill 2010. As the spokesperson from the Labor Party, the member for Girrawheen, has highlighted, we will be supporting it.

I think all of us in this place are very concerned when we hear about drug laboratories being exposed by police in the media. I know the member for Forrestfield has just highlighted an example in his electorate. I remember going to get my paper one Sunday morning earlier this year. When I went around the corner, there was almost a SWAT team storming a house —

**Mr R.F. Johnson:** Then you realised it was yours!

**Mr D.A. TEMPLEMAN:** Yes!

Speaking to some of the people who live in that area, it was very frightening and quite amazing for some of them that such activity had been happening under their noses. All of us have examples of drug operations taking place in our electorates. Although certain patterns of activity might be noticed, people are quite amazed to think, when it is finally exposed, that this sort of activity has been occurring in their own neighbourhoods. I support any legislation that seeks to strengthen the police response, and certainly legislation that supports and protects police.

Another thing that is important and implicit in this matter is actually the protection of police. As is said in the second reading speech, and as is highlighted in the legislation itself, the police are ultimately the first to attend when a raid is taking place or a tip-off has been made. Police are the ones who raid residential homes, factories or units, and who are put at great risk. There have been examples right around Australia of people manufacturing drugs using dangerous chemicals in clandestine laboratories. As the member for Forrestfield also highlighted, it is quite tragic when children are involved. It is tragic to think that that occurs. I am strongly supportive of this legislation in terms of what it seeks to do. It certainly supports our police service, which is required to respond to this type of crime.

At times, constituents have been concerned about a house in their neighbourhood in which it is believed illegal activity is taking place. I have gone to a couple of such places late at night. I recall one occasion a couple of years back in which the owner of a house opposite a house of suspicion said, "Come over one night. We'll have a few pizzas and watch what's going on." I said that I would go, and at 11.30 pm I ventured into his lounge, which had a window through which we could see the activities going on across the street. I felt a bit like a trainee surveillance officer. It was very interesting to watch the comings and goings, because at that stage I had never lived nearby a home where constant suspicious activity like that took place. It was quite amazing to watch the comings and goings of the cars stopping for very short periods. Of course, in the end the Peel police busted that particular home and the person went to jail. I was very appreciative and also congratulated the Peel police.

**Ms M.M. Quirk:** There are some issues concerning the Peel police now.

**Mr D.A. TEMPLEMAN:** There are, and I would love to raise those, but I am sure that the minister will say that I am not going to be able to.

What that demonstrated to me is the importance of local knowledge and of ensuring that local police knowledge is supported by local community intelligence. It is one of the concerns that I have always raised about the Peel police district in particular being absorbed into the south metropolitan district, because I believe that when there is a regional police presence, as was the case with the Peel police district before the current government allowed it to be absorbed into the south metropolitan district, there is a very strong localised police knowledge. I believe that has been diluted with the change that has occurred, because the reports I have are that the police resources in Mandurah continue to be drawn further north now into the Rockingham and Kwinana areas, whereas previously they were of course resourcing the Peel police district as an entity. I remain concerned about that and the minister will be hearing further from me on that issue.

**Ms M.M. Quirk:** There are also some issues with community policing.

**Mr D.A. TEMPLEMAN:** With community policing there are a whole range of issues. I have concern when there is a perceived or real dilution of local police knowledge, so I will raise that at an appropriate time with the minister. I have actually done it previously through letters before a decision was made. I remember Detective Paul Hendrickson, who is a fantastic detective. He was with the Peel police for many years as a senior detective. One of the great things about having the resource there in the local area and those key officers well known and well respected by the local community is that it encourages greater intelligence from the local community to feed through to those officers. Paul Hendrickson is one example of many officers in the Peel police district, as it was then constituted, who were very highly respected, and still are, by locals because they knew that if they contacted the police service, those officers would be handling a lot of the drug issues in the region. I will not dwell on that further, but I did want again to put on record my concerns about that.

The whole issue of the misuse of drugs and drug abuse et cetera is very topical. We saw it only recently with the high profile case of Ben Cousins and the documentary that was aired two weeks ago. I am not going to criticise Ben Cousins, but I was disappointed because in that documentary there was a great opportunity for real education to occur. I believe that his exposé of the tragedy that has affected his life, his family's lives and his friend's lives was a great opportunity for a very strong message to be given to young people about the misuse of

drugs. Such a high profile and very much adored young man missed an opportunity. After all was exposed, what I wanted him to say to the young people in our community in particular was, “Don’t do drugs. It ruins your life. It causes great angst and tragedy for your family.” I am really disappointed that that did not happen. There was a lot of debate about the Ben Cousins issue in the lead-up to, and immediately following, that documentary. I think it is sad when an opportunity to have a really strong message put forward and understood by young people is missed. I think that is one of the tragedies of that story. I hope for his sake, and certainly for the sake of his family and for football in general, that for young people who aspire to achieve great things at any level of sport, or any level of achievement in their careers et cetera, drug abuse is seen as really abhorrent and we learn from the experiences of others such as Ben Cousins.

I am happy to support the bill. I understand all the clauses and the aspect of the need for holding orders and the destruction of contaminated drug laboratory equipment. This bill will be supported through the house so that our police have further protection and further mechanisms to respond to an unfortunately big problem in our community.

**MR R.F. JOHNSON (Hillarys — Minister for Police)** [5.17 pm] — in reply: I thank members for their contributions. I acknowledge their concern over drug use in our society. Most of the comments related to that. I am sure we all share that same view, particularly when children may be involved. I think the only member who addressed the bill properly was the member for Girrawheen, and I thank her for her comments. She has obviously done a fair bit of research, not only into the bill but also on reports from overseas. May I say well done.

This bill is basically to do with clandestine drug laboratories that have to be dismantled and when property has to be seized, conveyed, destroyed and so forth. The bill does not deal in any way with drug offences. I will just touch on some of the comments that the member for Girrawheen made, because of the position she holds and because she has asked me questions and I want to give her answers. Her first concern is about a notice of confirmation for compensation. There is provision for that in a letter to be given to the owner or possessor of seized property that is destroyed. The letter has already been prepared and is ready for the proclamation of the legislation. The letter has been drafted and will be given to anybody in that circumstance once the legislation is proclaimed.

**Ms M.M. Quirk:** By way of interjection, it is only a question of where it is mandated so that it does not fall through the cracks. You are saying that it will not be a regulation but there will be a new format consistent with the legislation.

**Mr R.F. JOHNSON:** Correct.

**Ms M.M. Quirk:** Can you give me some assurances that there will be something in the standard operating procedures or the commissioner’s guidelines?

**Mr R.F. JOHNSON:** The standard operating procedures or the Commissioner of Police’s guidelines are down to the commissioner, of course; I cannot tell him what to do.

**Ms M.M. Quirk:** You could ask him to do that.

**Mr R.F. JOHNSON:** I can assure the member that legal services have told me that is what will be happening. They will be contained in one or the other, I am sure. I have every confidence that they will be.

The member mentioned the number of clandestine laboratories and she wanted it clarified. In 2008, there were 27; in 2009, there were 125; and in 2010 to date, there are 96.

**Ms M.M. Quirk:** Ninety-six; goodness me!

**Mr R.F. JOHNSON:** The latest figure is 96. The member for Girrawheen asked about organised crime, to some extent with her other hat on—the dual hat that I also wear very often. I assure the member that organised crime teams train Fire and Emergency Services Authority staff and clandestine lab attendants through regular training events. FESA staff are invited to and attend WAPOL’s week-long courses. There are two specialist FESA trucks stationed in the metro area—one at Murdoch and the other at Balcatta. FESA is used at many of the located clandestine labs at both metro and country locations. These trucks are used not only in the metropolitan area but in country areas as well. They are specialist trucks, obviously, with specialist people.

**Ms M.M. Quirk:** They have not been decommissioned at any stage recently, minister?

**Mr R.F. JOHNSON:** I am not aware of either of these two being decommissioned. However, talking about decommissioning generally, the member for Girrawheen must be aware—I know that she is aware, even though she is a bit tricky at times when she issues press releases—that appliances are decommissioned on a regular basis. That does not mean to say that they are put up on chocks and are not used. The member knows what

happens when they are decommissioned. I can see by the wry smile on the member's face that she knows the answer to the question she has asked.

**Ms M.M. Quirk:** I am laughing that the minister thinks he can get away with it.

**Mr R.F. JOHNSON:** No, not at all. The member for Girrawheen knows that staff can be recalled at a moment's notice to recommission vehicles. The member knows why vehicles are decommissioned, but we can have a discussion at another date on that particular area.

FESA staff are briefed and directed by experienced police staff, and two chemists from the ChemCentre attend each clandestine lab. I understand they are called to every clandestine lab. That is the information I have been given. Therefore, the specialist chemists are there as well. Upon locating a clandestine lab, everyone—police, FESA and members of the public—is told to vacate the area until the clandestine-lab-trained police can attend. As the member knows, the police are the first response call. The member also mentioned another issue that has nothing to do with this legislation, as she knows, but I will try to be helpful. The member asked about exposing children to harm.

**Ms M.M. Quirk:** It does in a sense. As an amendment to the Misuse of Drugs Act, it would be perfectly feasible to include the kind of amendment that I was talking about, minister.

**Mr R.F. JOHNSON:** No, it is a lot more difficult than that, and the member would be aware of that, otherwise the member would have done it when she was in government—not the member for Girrawheen, but the police minister when Labor was in government.

**Ms M.M. Quirk:** Sorry, but we are talking about you now, minister!

**Mr R.F. JOHNSON:** Yes, I know, and I am happy to respond.

**Ms M.M. Quirk:** Maybe the minister can outline some of the difficulties.

**Mr R.F. JOHNSON:** I am not sure what the difficulties are. They must have been different when you were in government, because that is what she said!

**Ms M.M. Quirk:** No. You said it was more difficult than what I thought. Why?

**Mr R.F. JOHNSON:** For the same reason that it would have been more difficult for the Labor minister when members opposite were in government. I do not want to get into an argument with the member.

**Ms M.M. Quirk:** I just want to know how we overcome that, minister.

**Mr R.F. JOHNSON:** I will tell the member for Girrawheen how we overcome it, shall I? This is the news the member has been waiting for. I take very seriously any exposure of children to drugs. I can tell the member that already drafting has been approved to the Misuse of Drugs Act that will centre on an offence of exposing a child to serious risk of harm through drug manufacture and there will be a proposed penalty in that obviously. We will also create an offence for causing harm to a child through drug manufacture and there will be a proposed penalty there. It is my intention certainly to try to have that bill ready for introduction into Parliament before the end of this year. It is one of the goals that I have set myself, because I take seriously both those areas.

The member for Girrawheen, also in relation to the same issue of children, said that we should have tougher penalties.

**Ms M.M. Quirk:** I said the government should make it a circumstance of aggravation.

**Mr R.F. JOHNSON:** Which creates a tougher penalty, yes. I do not disagree with the member and I have certainly taken that into account. However, at the moment, penalties under the Misuse of Drugs Act for selling, supplying or manufacturing prohibited drugs—not cannabis—are \$100 000, 25 years, or both. What does the member suggest I do? Make it 50 years and half a million dollars? I cannot see any court in this jurisdiction ever coming down with a penalty of 25 years' imprisonment, so I have to find a more innovative way to try to ensure that we are serious with these people.

**Ms M.M. Quirk:** If someone is a first offender, for example, the judge may be erring with a penalty at the lower end of the scale, and by putting in something saying that it is a circumstance of aggravation that a person exposes children to risk would give guidance to the sentencing judge that instead of being at the lower end of the scale, he should move that scale and impose a harsher penalty. That is how a circumstance of aggravation works in legislation.

**Mr R.F. JOHNSON:** I know exactly how it works! We have a maximum penalty of \$100 000 or 25 years or both but I cannot believe that any court in WA would issue that as a maximum penalty. As I said, I have to find a more innovative way to try to ensure that those people who expose children to drugs and who supply drugs to children are dealt with in a way that the public would expect us as a Parliament and a government to deal with

what I see as a heinous situation. The government will do that. I can tell the member that a person can be charged with the offence I have just mentioned and could also be charged with a proposed new exposure offence, and then it would be open to the court to impose a lengthy prison sentence by making the sentences run cumulatively. I hope that does allay the member's concerns. As the minister I am certainly taking this very seriously, as is the government. It is an election commitment. We said we would deal with any of those people who supply drugs to children or who put children's health, lives or wellbeing in danger by manufacturing drugs where children may be present. I assure the member that the government is dealing with that, and that will happen.

The member also mentioned the state of covert operations in this state. I can tell the member once again that it is the same position as the draft legislation I just explained, and certainly it would be my intention, hopefully, to introduce that legislation into Parliament by the end of the year as well. That has covered the areas in which the member asked questions. They were good questions. The only other area the member touched on was auxiliary officers. I am glad that the member for Girrawheen is a supporter of auxiliary officers because they will be used for —

**Ms M.M. Quirk:** You are verballing me, minister. I said that I was happy for them to undertake that particular function.

**Mr R.F. JOHNSON:** Sorry, does that not indicate support for auxiliary officers in doing that function?

**Ms M.M. Quirk:** Yes, but I am not a general supporter of them when the minister is replacing real coppers with half-baked coppers.

**Mr R.F. JOHNSON:** We do not need coppers running a courier service and we are far better off using other law enforcement officers, such as auxiliary officers. That is a very good move by this government. The Commissioner of Police and all his senior officers support it. By the way, whenever I go to police stations throughout the whole of the state, the officers ask me when they are going to get auxiliary officers. They all want them. The member's persistence in not supporting auxiliary officers is, in essence, not supporting our police, because the officers in charge at all the police stations with whom I have spoken to ask me, without my saying anything, "When am I going to get them?"

**Ms M.M. Quirk:** It is a broken promise, minister; just leave it at that.

**Mr R.F. JOHNSON:** The member does not like the truth!

**Ms M.M. Quirk:** It is a broken promise, minister. The minister can dress it up how he likes but that is what it is.

**Mr R.F. JOHNSON:** I am hoping that the intransigence the member for Girrawheen has shown over auxiliary officers will diminish now —

**Ms M.M. Quirk:** You are diminishing my goodwill, minister. We might have to go into committee.

**Mr R.F. JOHNSON:** — and she will see the great work of those people who can do a great job. It is great training for them to be transitioned into being fully sworn police officers. I can assure the member for Girrawheen that that is what a lot of them will be doing. A lot of them will be doing that, and I say good!

**Ms M.M. Quirk:** How much additional training will they get?

**Mr R.F. JOHNSON:** I do not know that. That will be down to the police commissioner. He, not me or the member for Girrawheen, deals with that. Even if she were the minister, she would not be dealing with it. I have every confidence in the police commissioner and our staff at Joondalup to train all our officers either as auxiliary officers or fully sworn police officers. That will be a good move. I will be very happy to see some of our auxiliary officers make the grade through showing an interest in becoming fully sworn police officers and transitioning into mainstream police. I think they could not have better training than what they will be getting as auxiliary officers.

As I said, we are talking about a lot of things that have nothing to do with the bill. I am just responding to the comments made by the member for Girrawheen out of courtesy and I hope the member will accept those comments in the same vein.

To some extent, this is a housekeeping bill, but it is a bill that the police desperately need, as the member would know, to give them the power to get rid of and destroy the enormous amount of property and drug paraphernalia that the police come across whenever they bust a clandestine drug laboratory. This is good legislation. It is legislation that the police have been wanting for some time, I am told—in fact, since before we came into government.

I am very pleased to be able to bring this legislation to the house so that we can deal with this terrible equipment and chemicals in a very responsible and sensible way. I appreciate the comments from members opposite. I

Ms Margaret Quirk; Mr Martin Whitely; Mr Andrew Waddell; Mr David Templeman; Mr Rob Johnson

---

know that members opposite have genuine concerns about children being subjected to drug use, and particularly about children being in a property in which dangerous and often lethal chemicals are stored and manufactured to make drugs.

I am more than happy to take my seat now. I do not know whether the member for Girrawheen wants to go into consideration in detail. I assume the member is happy to let this bill go straight through to the third reading. I appreciate the support of the opposition, because this is a very good bill that will do a lot to help our police officers and our specialists who have to deal with this equipment and with these insidious chemicals and the dangers that they pose. I thank members for their contributions.

Question put and passed.

Bill read a second time.

Leave granted to proceed forthwith to third reading.

*Third Reading*

Bill read a third time, on motion by **Mr R.F. Johnson (Minister for Police)**, and transmitted to the Council.