ALCOHOL AND DRUG AUTHORITY AMENDMENT BILL 2014

Third Reading

MR C.J. BARNETT (Cottesloe — Premier) [7.52 pm]: I move —

That the bill be now read a third time.

MR R.H. COOK (Kwinana — Deputy Leader of the Opposition) [7.53 pm]: I look forward to making some contribution to the third reading debate of the Alcohol and Drug Authority Amendment Bill 2014. The Drug and Alcohol Office is to be amalgamated with the Mental Health Commission under the government's policies in this area. As I said on a number of occasions during debate on this bill, we have our misgivings about that approach, but we understand that it is the right of government to undertake these sorts of changes. Indeed, the amalgamation of the Drug and Alcohol Office and the Mental Health Commission is an already well-worn path in other states. We heard a range of perspectives on that from the government in the debate. I believe that we never really got to the nub of what was driving the philosophical approach to the amalgamation process. I suppose we will see a better enunciation of that once the bill moves to the other place, because of course this is a machinery-of-government bill for the amalgamation of two areas of government. From that point of view, we are a little light on in the philosophical approach that gives rise to this legislation; in the evidence that supports the amalgamation of these two entities; and in the aspirations of government on the improvements in delivery of services that will come from this amalgamation.

We understand that these things have been done in other states and we understand that in his review of mental health services, Professor Bryant Stokes made some observations about making sure that these services are integrated in a manner that makes sense. As I said on a number of occasions in earlier stages of this bill, this is particularly relevant to the integration of the delivery of mental health services and alcohol and drug services in the context of emergency departments. Professor Bryant Stokes is more concerned about how those services are joined up and better coordinated in that context, rather than in some statutory process such as we now see ourselves undertaking. Of course we have this unusual step of the Drug and Alcohol Office being subsumed by the Mental Health Commission, even though the Mental Health Commission will be a smaller entity than the Drug and Alcohol Office. From that point of view, it is almost a reverse takeover. I am sure that we share some of the misgivings of the agencies in the drug and alcohol space on this particular move.

One of our key concerns is the title of the new combined entity. As I mentioned in previous debates, in New South Wales the combined entity is referred to as the Mental Health and Drug and Alcohol Office; in Victoria it is the Mental Health Drugs and Regions Division; in the Australian Capital Territory it is the Mental Health, Justice Health, Alcohol and Drug Services; in Queensland it is the Mental Health Alcohol and other Drugs Branch; and in South Australia it is named the Mental Health and Substance Abuse Division. There is therefore plenty of precedent around the country for making sure that up-front in this process is a very explicit acknowledgement that in addition to the delivery of mental health services, a key component or objective of the combined entity is to also deliver services in relation to alcohol and other drugs. Of course, as we have observed on a number of occasions in this debate, not everyone who has an alcohol or other drugs problem necessarily has a mental health problem. We understand that those elements of comorbidity often occur, and that is in some part the motivation for the government articulating its move in this direction. However, it is not always the case. We heard from the Drug and Alcohol Youth Service that it is concerned that some of the lingering stigma that continues to exist around mental health services will alienate some of their clients or potential clients from accessing drug and alcohol services. That is because they will be saying to themselves, "I don't have a mental health problem. I just need to talk to someone about the fact that I drink too much or I am engaging in drug abuse." Therefore, that is an element of concern for us, and that is why in the context of this debate we moved an amendment to the legislation to explicitly state that the new entity would be called the "Mental Health and Alcohol and Other Drugs Commission". In other words, there would be an explicit statement about the delivery of mental health services and drug and alcohol services.

I acknowledge the lengths to which the minister went to ensure that we are confident that there will be explicit signage and the use of the words "drug and alcohol services" in a lot of the written material, online material and other parts of the Mental Health Commission's work to help someone in a small regional town who is genuinely confused about where to go for those services when all they see in town is the Mental Health Commission. The minister has assured us that if one were to google "drug and alcohol services in Western Australia", one would be sent to the right place, because it would not be completely hidden under the title of the Mental Health Commission. In some respects, we are comforted by the reassurances of the minister and appreciate the lengths to which he has discussed that matter.

Of course a key change that will occur with the passage of this legislation is that a former statutory authority—the Drug and Alcohol Office—that operated under the governance of a board and chief executive officer will now simply become part of a government department that operates under a director general, in this case, the

Mental Health Commissioner, in a typical government departmental role, subject to, as it would be on a day-to-day basis, the direction of the minister. The drug and alcohol service sector communicated to us misgivings that this change will somehow take away the independence of the services—that this will somehow detract from the policy independence the previous authority exercised. The board, as previously constituted under legislation, will be dissolved and replaced by an advisory committee. We see in this case a watering down of the policy and independence of the drug and alcohol sector so that it falls within the broad policy of the Mental Health Commission and the government of the day. That may or may not be a good thing. It may or may not lead to less independent or robust advocacy from the sector. It may or may not lead to less independence in the services that operate in that sector, providing services as they do for a very marginalised group of people in the community. It remains to be seen whether we will have more effective service delivery by virtue of it being joined up to the Mental Health Commission but subsumed under the structure of the Mental Health Commission, or whether there will be a dilution of the policy independence and the way in which these services are delivered. It will be interesting to see how this progresses. But we sincerely hope, and join the government in hoping, that there will be a better delivery of services around drug and alcohol, particularly for that sector of the community that experiences a comorbidity of conditions between mental health and abuse or troubles with alcohol and other drugs. Originally the sector said that it was happy for the legislation to pass, notwithstanding its misgivings, but it shares the opposition's concerns about a dilution of the emphasis on alcohol and other drugs and that that will result in a dilution of the independence of the sector. Let the policy and departmental efficacy chips fall where they may. The opposition looks forward to the time when this legislation is reviewed, as it will be in five years, consistent with a clause of this legislation.

The issue of how to go about delivering sound public policy on alcohol and other drugs is vexed. It is one in which expert opinion continues to develop and evolve. From a layman's point of view, such as mine, it is almost one in which some ideas go in and out of fashion, but from time to time we will be advised by the experts in this area, and it is important that we are always conscious of that advice and respond to it positively.

During the second reading debate there was a fair amount of debate about the effectiveness of the current government's drug and alcohol policies, and we heard an extraordinary outburst from the minister on this issue. The minister was particularly keen to point out to members in the chamber what he saw as a serious failure of public policy advocated in 2001 when the Gallop government took office. For the information of members, back in those days, there was a call for a more informed approach to the issue of illicit drugs, in particular cannabis and the recreational use of cannabis. The Gallop government convened a drug summit, which I think took place in this chamber, and over the course of days the community heard from a range of experts in this field who at that stage presented what they saw as best possible policy as it existed at the time. That included a more informed approach to the management of cannabis and the decriminalisation of small amounts of cannabis, particularly for people who grew one or two plants and had a very small amount in their possession, and could demonstrate that it was clearly for their own use and not to sell in the community. After being informed by experts at the time, the government of the day made changes to the law to reflect the expertise that existed at the time. Earlier, during the second reading debate, the minister produced an extraordinary outburst, given the tone of the debate at that time, and accused this side of the chamber of all kinds of heinous acts by virtue of its policies on the decriminalisation of marijuana. In particular, the minister was very critical of what was, for want of a better description, the two-plant rule—that is, a person could grow two plants in their backyard as long as they were using the cannabis for personal use. As history shows, there were problems with that policy—problems with how it would be interpreted and problems with how it would be policed—and people learnt from that experience. Also, research was continuing at that time, and the harmful effects of cannabis became increasingly apparent. I think it is fair to say that there was a shift in public and expert opinion on these matters.

When we got to the September 2008 election, it was not surprising that the government of the day had a policy that eliminated that particular aspect of the laws as they existed at that time. Indeed, the policies of the Liberal Party, going into the September 2008 election, were almost exactly the same as the policies of the Labor government of the day. The main differences, of course, were around the amount of cannabis someone could have in their possession for personal use. I think that the Liberal Party suggested five grams, and the Labor Party 10 grams. But of course experience had shown by that point, because we had the new regime, that seldom did anyone have beyond 30 grams at any rate, and that 10 grams or five grams was pretty much the new accepted quantity that made sense. By that stage, the policies of both parties were almost exactly the same. Of course, attitudes have changed since then and continue to change.

I think it is a little rich for people to simply rely upon history and take a particular snapshot in time and say that because someone was wrong then, therefore they are wrong now. At some point in my youth there was a significant amount of debate in the community around the random breath testing of motor vehicle drivers. There was a very heated debate in this place, over a number of years I believe, on the issue of legislating for random breath testing. In those days the attitude from those on the other side of this place to random breath testing was very different. The efforts of the Labor government of the time to introduce random breath testing

were resisted on no fewer than three occasions by those on the other side because they believed at the time, with all the information they had at their disposal, that that was the right position. I am not for a moment going to stand here and say that they were wrong then, therefore they are wrong now, and how dare they and what moral platform dare they climb on now in their attitude towards drink-driving, just because of a position held in the 1980s. What a ridiculous, cheap way to score political points.

Over the past couple of days I have spent time going through the old debates. It was very interesting to see the very different attitude displayed by the Liberal and National Parties in relation to this issue then. While everyone in the community was saying that the Parliament should legislate for random breath testing —

The ACTING SPEAKER (Peter Abetz): Member, I would like to remind you that this contribution is to a third reading, not a second reading, debate. Just try to focus a little more on the bill.

Mr R.H. COOK: Absolutely, which is the reason I am reflecting on the Premier's reply to the second reading on this particular issue. It is not an issue that I invited into this debate, but one that the Premier was very keen to discuss.

There was a number of extraordinary stances by people on the other side. I looked, first of all, at some of the debate from the other place because that was where some of the attitudes of the Liberal and National Party members were at their most ignorant. Hon G.E. Masters said —

> To stop tens of thousands of people driving along the road while they are obeying the rules without having had a drink and asking them to breathe into a machine is quite wrong and infringes the rights and privileges of those people.

How outrageous that it was suggested —

The ACTING SPEAKER: Member, I do need to draw you back. You are supposed to address the clauses that have been passed or not passed in the bill, and I draw you to that. It is not a wideranging debate anymore.

Mr R.H. COOK: Thank you, Mr Acting Speaker; I appreciate your guidance.

What has been interesting to note in the debate on this bill are the emerging and changing attitudes towards drugs and alcohol. This is the latest take on these sorts of things, and the Labor Party has an opinion about whether the Drug and Alcohol Office should be amalgamated with the Mental Health Commission. We accept that the government has a right to implement these sorts of changes, but we have particular issue with the title of the new entity, so we moved amendments to the bill on that. Let us not forget that attitudes to drugs and alcohol change as expert opinion changes, as research provides better information and, therefore, the ability to create better public policy. But let us not get too high and mighty about where we are now, because it might be in a matter of years that we will have changed those attitudes again. This legislation folds the Drug and Alcohol Office into the Mental Health Commission because that is where public policy is at today. Although it is extraordinary that the Premier should attack us on our attitude of more than a decade ago, surely, therefore, it is fair game for us to attack the government about its attitudes in 1988. Let us not get into cheap political pointscoring in relation to this. Let us have a sensible debate around drug and alcohol issues.

As I said, the government is amalgamating the Drug and Alcohol Office with the Mental Health Commission. In doing so, but not calling it the "Mental Health, Alcohol and Other Drugs Commission", the government is casting a particular policy approach at this point in time. We did not support the Liberal Party attitude towards drink-driving back in the 1980s, and it did not support our attitudes toward cannabis in the early 2000s. But we are now in 2014, and the government of the day seeks to strike the best possible policy in relation to where attitudes are now, based on where the best possible research and expert advice points it to for the delivery of drug and alcohol services. Having amalgamated the two authorities, I hope that we do not lose the policy opportunity in the future to strike strong, robust, independent policy capable of responding to the issues of the day. I hope that a cohort of the community that does not suffer from a mental health problem but should have alcohol and other drug services delivered does not miss out. I hope we are not hiding important alcohol and other drug services from that part of the community by virtue of not taking on the title. As I said, I accept the Premier's explanation that that is not what the government is about and it does not want to go down that path, although it has been taken by every other state. I accept and appreciate the assurances provided by the Premier that the people seeking these services will not be disadvantaged because we have not incorporated "alcohol and other drugs" in the title of the Mental Health Commission. We are responding to the concerns of a lot of organisations that operate in this sector. They have said very clearly to us that they want those words included in the title of the combined organisation, and that is why we introduced those amendments.

As I said at the beginning of my speech, the opposition will support the passage of this legislation through this place. We wish the Mental Health Commission all the best in combining the disparate parts of its organisation to create a joined-up and effective drug and alcohol and mental health service provider, particularly in our more isolated emergency department environments, where the staff do not have a great deal of support.

Professor Bryant Stokes said that was the key to the better delivery of services, and from that point of view we very much look forward to seeing in our community an improvement in the effectiveness of alcohol and other drug services and mental health services.

DR A.D. BUTI (Armadale) [8.20 pm]: I also rise to contribute to the third reading debate on the Alcohol and Drug Authority Amendment Bill 2014. The contributions so far have been really quite good and the consideration in detail stage was a good exercise, but I ask the member for Eyre to please try not to sweep us all under one generalisation when it comes to the issue —

Dr G.G. Jacobs: You weren't even here!

Dr A.D. BUTI: Can I finish? I beg your pardon! What I was going to say to the member for Eyre was to not generalise and treat us all the same when it comes to drugs and drug policy. We often have different views on this side; we do not all have the one position, which he tried to imply. Just calm down and we will continue with this third reading debate.

With regard to a drug policy, I do not necessarily believe that one should not be hard on drugs, but we also have to be realistic; whatever we have tried so far has not worked, but I do not really know what will work. I must say, it is one of the most difficult public policy areas for any government to face, and we should be open to different points of view and speak in a calm, rational manner on this issue, because there is no doubt that alcohol, drugs and mental health are some of the most complex public policy areas that any government has to contend with.

It is interesting that this year in this Parliament we have spent quite a bit of time on the public policy area of health. We had the new Mental Health Bill and we have today debated the Declared Places (Mentally Impaired Accused) Bill, which relates, in part, to intellectual disabilities and mental health. We are now dealing with this bill, which seeks to bring the Drug and Alcohol Office into the jurisdiction of the Mental Health Commission. The government has solid reasons for pursuing this, but the outcome of this amalgamation will be more important.

When I spoke about drugs and alcohol in society, there is no doubt that the biggest curse is alcohol. I am not a teetotaller; I do like to have a drink, but I have never had a cigarette. I have never had a smoke of any substance, member for Eyre!

Dr G.G. Jacobs: I didn't say you did.

Dr A.D. BUTI: He implied that everyone on this side was soft on drugs, and we are not. We do not need to go back to the 1980s and 1990s; I am talking about 2014, so please do not generalise and label us all under the one umbrella.

Dr G.G. Jacobs: I came here in 2005, and that attitude prevailed on your side.

Dr A.D. BUTI: Yes, in 2005 maybe it did, but it does not now. I was not here in 2005. I am actually surprised at a medical practitioner adopting this sort of attitude; I thought the member for Eyre would be more responsible and more considered in his comments—much more considered. He can take it the way he wishes to take it.

As the Premier said in his response to the second reading debate and during consideration in detail, an internal structure within the Mental Health Commission basically will be a drug and alcohol authority. We debated whether that should be part of the title, and I understand the government's view that it should not because we then would be highlighting and expressly connecting mental health with drug and alcohol consumption. There is no doubt that there is a link, unfortunately, for many people with mental health issues, but not everyone who has a mental health issue also has a substance abuse problem. However, the comorbidity is very high between mental health problems and drug and alcohol dependency.

As I said earlier, the most important thing is service delivery. The Australian Institute for Primary Care and Ageing carried out an evaluation on comorbidity treatment services. It received submissions from 17 service delivery organisations throughout the country. Some dealt only with drugs and alcohol, some only with mental health, and some with both drugs and alcohol and mental health. The important point that emerged from that report was that the regulatory system that the state implements for alcohol and drug consumption and regulation of the mental health services is the most important thing for ensuring quality service delivery in this area. Funding for infrastructure and the range of services offered is also very important. The report highlighted that it was important to not duplicate services. It will be interesting to find out whether this new entity will contribute to a reduction in the duplication of services. It is often the case that when NGOs are established, it results in a duplication of services, but, as the saying goes, never put a bucket of money between —what is the saying about a bucket of money?

Several members interjected.

Dr A.D. BUTI: Someone must know! The Premier must have heard it; it was one of Paul Keating's sayings.

[Quorum formed.]

The ACTING SPEAKER (Mr P. Abetz): Member for Armadale, before you recommence your speech, just remember that this is a third reading speech. Although what you are telling us about is very, very interesting, I am not sure that it is fully germane to the third reading. I will be lenient, but I just wanted to advise you on that.

Mr R.H. Cook: Member, it was actually, "Never get between a Premier and a bucket of money"!

Dr A.D. BUTI: That is what it was, yes! I knew it was related to Treasurers.

It is often very difficult to try to reduce the duplication of services provided by many NGOs, and maybe we need to look at amalgamating NGOs.

I am hopeful that the delivery of services that will come about as a result of this new entity—the incorporation of the Drug and Alcohol Authority within the Mental Health Commission—will cover issues such as rehabilitation; counselling; support; information provision; assessment; case management; community education in schools and other community agencies; community development; family support; day programs; supported accommodation; referrals; secondary consultation; clinical psychology; housing support; needle and syringe programs; and medical and psychiatric services. We can debate and pass legislation that sets up a new bureaucratic structure but that becomes superfluous to requirements or superfluous to the purpose of the bill. I am sure that the government is seeking to ensure that its funding of mental health services provides results. That is why in some respects it has considered it necessary to bring into the jurisdiction of the Mental Health Commission the issue of drugs and alcohol because of the link between the two.

The structure that has been established as a result of this authority is nothing radical; we will have pretty standard bureaucratic structures, with the board and the ministerial advisory committee and so forth. The really important person in mental health in Western Australia under this new structure is the Mental Health Commissioner. In the bureaucratic system, the government and the minister are probably more important. The Mental Health Commissioner is really that conduit between the government and the sector. The Mental Health Commissioner already has an incredibly important role and will now also have an important role in implementing government policy relating to alcohol and drugs. We witnessed earlier a tantrum from the member for Eyre that I had not seen before; I was quite surprised. It is a complex area. As a medical practitioner, he will know the complexities involved in alcohol and drug dependency and comorbidity with mental illness. That is why we have to remain open. This side of the house has remained open and accommodating about this bill. Although we had some concerns, we have supported the passage of this bill and raised some issues that we thought needed to be raised. This debate has not further developed the whole area of alcohol and drug policy in mental health, although the member for Maylands made an incredibly important contribution to the second reading debate when she spoke about alcohol.

If one wants to look at the complexities that governments face in this area, one has to look only to the sports industry and how it is dealing with drugs in sport. It is not soft on drugs. Even its very hardline approach to drugs is failing in many regards because athletes still take drugs for various reasons. It is different from the alcohol and drug dependency issue in broader society; athletes are taking drugs for a particular purpose.

The member for Eyre got excited when the member for Kwinana raised the issue of marijuana. He will be interested in a little story that I would like to relay to him. Once upon a time in the distant 1980s and early 1990s, the major sponsor of New South Wales Rugby League, which is now National Rugby League, was Winfield. That would not be the case anymore, as we know. It received a lot of flak because its major sponsor was a tobacco company. It developed an anti-doping policy. It banned the consumption of marijuana, which was quite surprising because it is very rare for marijuana to be considered a performance-enhancing drug. It is considered to be a performance-enhancing drug by shooters because it can steady the hand. I am not joking; that is the case. Back in the late 1980s and early 1990s, marijuana was not considered to be a performance-enhancing drug but it was banned by NSW Rugby League as a counter to the criticism it was receiving about tobacco advertising. It was trying to be seen as being tough on drugs.

As members may also remember, in the early 1990s, Western Australia had a team in NSW Rugby League called the Western Reds. Part of the condition for Western Australia to have a team in the NSW Rugby League competition was that it had to adopt the NSW Rugby League anti-doping policy in the domestic rugby league competition. This was around 1994. I was chair of the Western Australian rugby league drug judiciary tribunal. Every week a player would test positive for marijuana and they would be banned for one, two, three or four weeks. It was the only sport in Australia whose athletes would test positive for marijuana, aside from the racing industry and jockeys. We could understand why jockeys would be tested for marijuana; it would be quite unsafe for a jockey under the influence to ride a horse. In one particular case a rugby player came before us for returning a positive sample for marijuana. He had had a going away party in Queensland midweek and had smoked some dope. He arrived in Perth on Thursday morning or Thursday lunchtime and attended the training

session of the local rugby club with his brother. They were just on the sidelines. He was given a random test and he tested positive for marijuana even though he had not commenced playing. He was banned for two or three games. I very much doubt whether that had any effect on rugby players taking marijuana.

This bill will go through the other house. It sets up a new bureaucratic structure. It may be important. Hopefully, it will assist in the bureaucratic delivery of mental health and drug and alcohol services. What becomes more important is the service delivery that is funded by the government and the policies that the government puts in place for alcohol and drugs and mental health. I urge the government to remain level-headed with this bill and base its policy on empirical evidence. I am sure that the medical practitioner, who is obviously a scientist, puts great value on empirical evidence. That is what we should be judging public policy on. I say to the member for Eyre that I make no judgement on what the public policy should be, but we should base our public policy in this area on empirical evidence more than on some preconceived ideological position. We should look at the empirical evidence. We should try what has worked and we should not try what has not worked. We can find evidence to back anyone's ideological claim and that is the way it works, but I hope scientists will generally look at empirical evidence without any ideological bent. I know that that will not always happen. I hope that is what this government does once this bill is passed.

DR G.G. JACOBS (Eyre) [8.38 pm]: I was not going to talk tonight.

Mr R.H. Cook: Yes, you were.

Dr G.G. JACOBS: I was not. I wanted to make some contribution in and around the drug and alcohol issues in the state of Western Australia, particularly as they relate to the Alcohol and Drug Authority Amendment Bill 2014, and the amalgamation of the Western Australian Alcohol and Drug Authority with the Mental Health Commission. I appreciate the stand that members on the member for Armadale's side have taken on particular issues surrounding drugs and alcohol in the community. I recognise the member for Armadale's contributions to tribunals in his previous life. I recognise the member for Maylands and her stand on alcohol. We understand, she will understand and the member for Armadale will understand that the issue of drugs and alcohol in the community is probably predicated on what I call the four As: obviously, the accessibility of the drug, the availability, the affordability and, as the member for Armadale touched on in his speech, the issue of advertising, an issue also understood by the member for Kwinana. I am not denouncing any of that effort by any opposition members. I have not been a member for a very long time, but I have been here longer than the member for Kwinana. I do not boast about that. It is not necessarily anything to brag about; it is just a fact. I have had two stints at trying to get to this place. The first stint was in 1989 and the second was in 2005. My first attempt at getting into politics did not end very well. Essentially, my wife had her fifth baby when Peter Dowding called the election. I left the hospital to go onto the hustings for six weeks. She had four kids other than Julian.

Mr R.H. Cook: Not while the member was on the hustings? That is an awfully quick gestation!

Dr G.G. JACOBS: No, that had all been done, member for Kwinana!

When I married her, she said, "I will marry you provided we have six children." We did not get six children, we had five children; unfortunately, she had a miscarriage.

Mr C.J. Barnett: She had you.

Dr G.G. JACOBS: A very poor substitute, Premier! However, we do our best.

The point of this story is that obviously there was a lot of pressure on the family with four young children and a baby, and in 2005 the opportunity came to me again.

Mr D.A. Templeman: When was the first one?

Dr G.G. JACOBS: It was 1989.

In 2005, I told my wife I thought the opportunity had come again and asked her what she would you say if we—essentially I—had another go at politics. My wife said one very important thing to me that probably brought me to this place. I do not want opposition members to be offended, but she said, "I don't like what the Labor Party is doing with its social programs in this state, particularly the soft-on-drugs policy. Whatever you decide, I will give you my support." She made that very point. When I got to this place in 2005—the member for Kwinana might say that is history because it was years and years ago and that attitudes change—I distinctly remember having in my head my wife's words about the drugs policy, and in particular the two-plant marijuana policy and the litany of unfollowed-up infringement notices that went into the thousands. The government sent people the message that it was okay that they infringed, because the notices were not followed up.

Mr R.H. Cook: Member, that is the point that I was making. There is an acceptance that that policy did not work.

Dr G.G. JACOBS: No. We are talking about 2005.

The ACTING SPEAKER: Members, through the Chair, please.

Point of Order

Mr R.H. COOK: On a number of occasions during my speech, I was drawn back to the very purpose of the debate by the Acting Speaker. I am happy to let the member go on, but the Acting Speaker has already ruled on this particular matter. I will ask for the member to be brought back to order.

The ACTING SPEAKER (Mr P. Abetz): I was about to speak when you spoke. When you got to your feet, I was going to remind the member for Eyre that this is the third reading debate and therefore he needs to address himself to some of the clauses that have been passed, or perhaps not passed, and wrap it up in that way.

Mr R.H. COOK: What does rugby league have to do with it, Mr Acting Speaker?

The ACTING SPEAKER: I had some doubts about that as well.

Debate Resumed

Dr G.G. JACOBS: It is really important to focus on that part of the debate because the second part of what I am going to say is that it was not only my wife's advice and comments that led to me getting here, but also the experience I had in the 16 years between 1989 and 2005. During that time, a significant number of young people believed that the drug tetrahydrocannabinol—THC—was a recreational drug and was not harmful or a gateway to anything else. I saw in my medical practice a litany of young people who went down that track. I can introduce to members today people who are now not so young—they are in their 30s or whatever—who have been permanently seriously affected. In particular, the schizoid and schizophrenic parts of their condition make their lives and those of their loved ones and parents difficult. That experience and the comments from my wife led me to being here. I heard in the debate today that I am going over the top and that that experience was some years back and the opposition has changed its attitude. I believe those attitudes led to some of the issues that we are seeing today. I know that it is very easy to be wise after the event, member for Kwinana, but I am recounting the situation that I found when I got to this place and what led me to be here.

The member said that subsuming the Drug and Alcohol Office into the Mental Health Commission is around the wrong way and that it is a reversal because DAO is the bigger organisation than the Mental Health Commission. DAO employs 199 full-time equivalents. The Mental Health Commission employs a total of about 100 FTEs for accommodation support services, specialised community services, specialised admitted patients services and promotion and prevention services. However, what is really important is that the Mental Health Commission has a budget of around $620 million and DAO has a budget of around $80 million. I wanted to pick the member up on that point, although I do not think that it is a biggie. It is really important that we have heard about all the issues of comorbidity and the reason why DAO is being subsumed into the Mental Health Commission. It is a nice fit that will work well. It is a functioning fit. This government and the Mental Health Commission, right from the commissioner down, are very serious about drug and alcohol issues and the comorbidities related to mental illness.

This is a good move and I support the bill. I will put out a challenge to the opposition. There is a lot of debate about medical marijuana and I will say a few points about it. Although we are hearing a lot about the medical use of marijuana—the member for Armadale talked about a scientific approach—I suggest that we really have to look at the armamentarium and the choices of drugs that we have today to treat things such as, obviously, severe pain, epilepsy and other conditions. We should be very clear about where this is going because there could be a question about whether this is just another wedge that allows leverage and sends a message to the community that could reintroduce some of the soft-on-drugs historical attitudes, mores and approaches that we have been talking about.

The other important point that would call this into focus is that if there really is some scientific benefit for tetrahydrocannabinol in these conditions that is not provided by any other traditional medication that we have, then sure as heck people do not need to smoke it. If the drug's active constituent is that good, it can be applied topically or intranasally. I suggest that people think about those scientific methods by which it can be administered and not smoke it, because we know that smoking, whether of tobacco or THC, causes all the effects of emphysema and predisposition to lung cancer. That is really important. Mr Acting Speaker (Mr P. Abetz), thank you for allowing me that bit of leeway. I support the bill.

MS L.L. BAKER (Maylands) [8.35 pm]: I have a few comments to make on the third reading of the Alcohol and Drug Authority Amendment Bill 2014. A few issues have occurred to me in consultation with the sector and others since the second reading debate, and I want to put them on the record.

I start by saying I am a great supporter of this bill. It will be very good to bring together the resources and focus around the critical issues of mental illness. I should say "mental health illness", as that is how it is described in the long title of the bill. It is important to note that when we talk about drugs and alcohol, it is the illicit use of

drugs and overconsumption and abuse of alcohol; it is not about having a drink on Friday night, or a glass of champagne or, indeed, a glass of red with dinner. It is the use of drugs and alcohol in a different context and what is increasingly becoming a very difficult social issue for our community. When we look at the work done by the Commissioner of Police in recent years around individual case management with families that have severe repetitive ongoing problems with the justice system, antisocial behaviour and crime, a lot of the commissioner's findings are directly attributable to the overuse of alcohol or the use of illicit drugs.

I turn now to the Commissioner for Children and Young People. One of my roles is as Chair of the Joint Standing Committee on the Commissioner for Children and Young People. In April 2011, the then Commissioner for Children and Young People, Michelle Scott, released a really stand-up piece of research titled "Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia". I will start by putting a few facts on the record. I note in this bill that the functions of the CEO of the Mental Health Commission are to provide assessment, treatment, management, care and rehabilitation of people experiencing alcohol and other drug problems. This will tie my comments into the functions of the Mental Health Commission. The report states —

> The facts are that the largest single burden of disease affecting the 0 to 14 year age group, 23 per cent of all disease burdens, is from mental disorders. One in six children and young people between the ages of four and 17 years in Western Australia experiences a mental health problem.

The important point is that children—even very young children aged from zero to three years—can and do suffer from mental illness, and the commissioner made this comment in her report several years ago. The report continues —

> Increasingly, research is beginning to tell a clearer story about the prevalence of mental illness among children and young people. Western Australian studies have shown that more than 11 per cent of children aged two years and 20 per cent of children aged five years have clinically significant behavioural problems. They have also found that more than one in six children aged four to 17 in Western Australia have a mental health problem.

I do not think that before the commissioner released this report we had any idea about the prevalence of mental health issues and how they affect young people. I know that I and many other members have spoken in this house on issues such as the digital enhancement of images of women and men in magazines and how that impacts on the psychology of a growing child, reflects on their self-image as they grow and may push them into eating disorders and other psychological problems. We are probably familiar with that side of mental health issues, but the prevalence of mental illness in young people in this state is a severe concern. The commissioner went on in that 2011 report to say —

> The overwhelming evidence … was that the mental health needs of children and young people have not been afforded sufficient priority and there is an urgent need for reform …

That report was produced when the Mental Health Commission started its work. I hope that the Commissioner for Children and Young People will repeat this research in coming years.

When this government established the Mental Health Commission, I thought it was an absolutely fantastic strategy and the best thing I could have seen in the mental health area. Having worked in the non-government sector for many years, I have watched mental health being generally ignored by successive governments. "Ignored" is probably too harsh, but it has been underfunded and under-resourced. I recall when the first Mental Health Commissioner was appointed. I have said in this place that our new Mental Health Commissioner is a fantastic individual. I have great hope that the commission will address directly the needs of children and young people in this state because, as far as I can see, that is one of the best, most economically rational and sound investments that we can make.

The full cost of mental health problems and disorders in children and young people extends far beyond specialist mental health services. It includes such things as the emotional and psychological cost to the child or the young person and their families, friends and carers; the cost to schools; the cost to the general health system, the drug and alcohol sector, the child protection system, and the police and justice systems; and, where the problems and disorders extend into adulthood, the loss of productive capacity and the cost to the social security system.

The ACTING SPEAKER (Mr P. Abetz): Member for Maylands, just remember it is the third reading debate, so focus.

Ms L.L. BAKER: Mr Acting Speaker, I am. I repeat that the functions of the CEO contain a very clear description that the aim is to coordinate, promote and subsidise Western Australian research into education on the causation, prevention, reduction and treatment of alcohol and other drug use and mental health issues. As far as I can see, there is nothing closer to this bill than the impact on young people.

In my final remarks I refer to comments by the community health sector and the mental health non-government sector that they have been deeply concerned about losing the title "drug and alcohol" from the Mental Health Commission. I understand and have every sympathy for that. I heard the Premier say that this will be okay because it changes the focus and that is not a bad thing. However, I reiterate that comorbidity is an issue in only 30 to 50 per cent of cases of mental illness and drug and alcohol abuse. That leaves a huge number of people who do not relate to the terms "mental health issue" or "mental illness". They do not think that is their problem or challenge in life, and their problem is with drugs or alcohol. If someone with those issues is seeking help, it makes sense that we ensure that this new role for the Mental Health Commission is clearly identified in the focus that it will carry forward on drugs and alcohol. When the Premier referred to the purpose of the bill as being to transfer the Drug and Alcohol Office into the Mental Health Commission, those fairly casual and probably unintended words sent some shudders through the drug and alcohol sector. The sector is sensitive to being submerged and overtaken by mental health as an issue. It would be very sad to lose the focus on drugs and alcohol. I suspect that the Premier did not mean to imply that, but that is certainly the message the sector received.

Mr C.J. Barnett: I'm not that deep.

Ms L.L. BAKER: I did tell them that.

Mr C.J. Barnett: Thank you.

Ms L.L. BAKER: That is my pleasure! It is therefore very important that we do not lose that focus.

The final comments I want to make in my last two or three minutes on this bill have to do with a visit from two women I had yesterday in my office. I will not mention their names for reasons that will become obvious. They were there to talk to me about the medical use of marijuana. They are a mother and her daughter-in-law and are two really wonderful women in the public relations industry. The young woman is vibrant and fabulous. They are both really wonderful people. They sat down in my office and the young woman said to me that she has stage 4 bowel cancer. When someone sits in front of you and tells you that—I am sure some members have been through this themselves—it is fairly confronting. She said to me that when she was diagnosed in May, she was put on 11 different drugs—hard-core, heavy-duty, full-on chemical interventions—which rendered her in an almost vegetative state for the first few months. She could not think straight and she could not speak or move properly. In addition to coping with a terminal illness, she lost all control of herself and her capacity to be a human being in this world and to have a relationship with her husband and her family. After some help from her family, they thought they would try marijuana in dealing with the impact of the chemicals that she had been using and the chemotherapy she was undergoing. She said that within minutes of smoking marijuana she found immediate relief from the pain of the chemotherapy—immediately, within just minutes! She said that none of the drugs she had been given came anywhere near to being able to address the pain from the chemotherapy and from her cancer. She said she understood that WA Labor has made a commitment to allow the medical use of cannabis in tablets or spray form for patients in pain with a terminal or chronic illness provided that the medication is prescribed by a general practitioner, but that smoking is the best delivery mechanism for her. She is dying, so she does not care about emphysema or about any of the things that go with smoking. I really wanted to tell her story because it is so recent—it was yesterday that she came to my office. I told her that there was not much point in spending a lot of time in my office because I agreed with everything she was saying and because I support entirely the medical use of marijuana in these cases. I therefore referred her to some of my colleagues on the other side of the house to try to convince them of the sanity of this argument.

That is the final word I wanted to make on this bill. I look forward to seeing the resource focus that I hope will now be given to drugs and alcohol, because certainly all our communities need every possible resource they can get to combat this growing social epidemic in our communities.

MR C.J. BARNETT (Cottesloe — Premier) [9.03 pm] — in reply: I thank members for their comments on the third reading of the Alcohol and Drug Authority Amendment Bill 2014 and for their support of the bill. I will not re-canvass the issues that have been covered. We had a discussion about some of the recent history of policies on drugs and a restatement of the issue that the government spent some time thinking about—the name of the organisation to bring mental health and alcohol and drugs under one umbrella. I think it is the right decision for the title of the entity to remain as the Mental Health Commission, but there will be an identity of specialist alcohol and drugs services within it in brochures and the like, as members opposite said.

I think it is logical, particularly in a state such as WA, to have these services integrated. I think it will give better delivery of services and better integration, particularly in regional areas. I hope that the professional staff and the support staff in those areas take it in that way and work together, because the coincidence of mental health and alcohol and drug issues is quite prevalent. I think that people who work on alcohol abuse, for example, can work with people whether or not they also have a mental health condition; so I look forward to that. I think it is a sensible machinery-of-government reform but, more importantly, it is a sensible reform for the treatment of

mental health issues, whatever the causation might be, and also in the treatment of drug and alcohol abuse. I thank members for their support for the bill, and we shall send it to the other place.

Question put and passed.

Bill read a third time and transmitted to the Council.

House adjourned at 9.05 pm