

Ms Libby Mettam; Mr Shane Love; Dr David Honey; Ms Mia Davies; Mr Peter Rundle; Ms Merome Beard; Mr Paul Papalia; Ms Sabine Winton; Mr Simon Millman

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## METHAMPHETAMINE — USE

### *Motion*

**MS L. METTAM (Vasse — Leader of the Liberal Party)** [4.00 pm]: I move —

That this house condemns the Cook Labor government for failing to stem the tide of methamphetamine use in Western Australia, which is made worse by its dangerous inability to manage policing and public health systems.

There is considerable community concern about the effects and impact of methamphetamine use in Western Australia. It is astounding that, in 2024, drug use continues to soar despite claims by the Cook Labor government that it is tackling this issue head-on. After seven Labor budgets and the methamphetamine action plan, with \$377 million allocated to combat methamphetamine usage, WA still experiences the highest average regional consumption of meth in Australia. Our meth consumption rate has surged by 40 per cent over the past 12 months. It is the biggest increase in the country over that period. The latest results from the national wastewater drug monitoring program have revealed that 1.3 tonnes of the drug were consumed in WA in 2022–23, which is up from 944 kilograms the previous year. That is a clear indication that the Cook government has its head in the sand on this issue or that this government does not know what it is doing.

I think it is important to remind members of this place that in 2017 this government apparently had a plan. But before it was a government with a plan, it was an opposition that had expressed outrage over the extent of the meth problem in Western Australia. You may remember, Acting Speaker (Mrs M.R. Marshall), even though you were not a member of Parliament at that time, that the former shadow Minister for Police in this place expressed total outrage at an Australian Institute of Criminology study that had found that 21 per cent of detainees in the East Perth lock-up had tested positive for meth use. I quote the shadow Minister for Police at that time. The shadow for police stated the figure is huge and, further, stated —

Wakey-wakey! Where has this government been for the last eight years? Where has it been and what has it done?

That is a former Labor shadow minister. The Australian Institute of Criminology repeated that study in 2021, four years after this government had come to power, and the figure was 48 per cent, when apparently 21 per cent was huge.

In 2017, in response to the pressing issue of methamphetamine use—that was when one in five detainees in the East Perth lock-up was testing positive to meth, as opposed to now, when nearly one in two is testing positive—WA Labor carried on about a comprehensive methamphetamine plan spanning 10 detailed pages. The Premier, with firm conviction, declared that this plan was the most exhaustive and most far-reaching strategy ever unveiled in Western Australia to tackle methamphetamine abuse. Labor told anyone who would listen that this action plan stated that reducing the level of methamphetamine use in the community would be one of the KPIs that the new government would be measured on. It raises the question about how that KPI is going. I think the Australian Institute of Criminology's figures answer that fairly succinctly.

Let us look at some of the comments from the government about what it believes it has accomplished, as it is quite different from what the media and the community are saying. I refer to the comments of the Premier on 13 March 2024, when he said —

... overall, we have seen a dramatic reduction. Sure, meth usage continues to grow as a result of the fact that we continue to have the fastest growing population in the country. Of course, as we move into a post-COVID period we can see an uptick, but we can also see WA Labor's—my government's—laws in action, putting significant downward pressure on meth usage, which has always been lower than when you were in government. As a result of that, Western Australians are much safer.

The former Minister for Police in November 2020 stated —

The fact of the matter is that on 29 October the Australian Criminal Intelligence Commission released its national wastewater results. As people may know, the ACIC takes results from seven sites in Western Australia, three metropolitan and four regional. I can say to the house that based on those wastewater results, the consumption of methamphetamine in our community is the lowest on record. The reduction in meth consumption equates to over 290 000 fewer doses per day since the peak in 2016. That is around 93 000 fewer doses per day than there were in December 2019.

That last quote is interesting as it clearly demonstrates that the government has claimed that the reduction in meth usage came from one factor that was completely out of their control. That was the outbreak of the COVID pandemic in 2020, which brought about unprecedented changes to the way in which we live our lives. The implementation

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of some strict COVID restrictions had an obvious and significant impact. The closures of national and interstate borders led to a decrease in the supply of drugs, particularly those that are imported from other countries. With restrictions in place, obviously, it became increasingly challenging for drug traffickers to smuggle illegal substances across our borders. Was it the work of great policy from government that delivered such a positive outcome? No, it was simply a positive effect that occurred in dealing with the pandemic. It is essential to acknowledge that, although the reduction in methamphetamine usage during this period was a welcome development, it is not indicative of a comprehensive solution to the underlying issues of addiction and substance abuse, which are very concerning across the WA community. Unsurprisingly, given that the government had not done anything to deal with meth usage, a significant increase over the last 12 months in particular in meth and drug consumption has occurred since the state's borders have reopened at the end of the pandemic.

Let us now run through a few of the headlines since that time to get an accurate understanding of the extent of the problems and how the media has viewed them. An article in *WAtoday* of 30 June 2022 with the headline “The west reigns for meth as testing unveils states’ drugs of choice” states —

Australia has topped a list of 25 countries for methamphetamine use uncovered through wastewater testing, with Western Australia leading the nation for the highest average capital city consumption of the drug.

An article in *The West Australian* of 12 July 2023 with the headline “WA using more meth than anywhere in Australia—with the regions hitting the pipe hardest” reads —

Western Australia is consuming more meth than any other part of the country—with addicts in the state’s regions the biggest users of all.

An article in *The West Australian* of 12 March 2024 with the headline “ACIC report reveals West Aussies among the biggest meth users in the nation” states —

Meth consumption in regional WA is among the highest in the nation. The alarming find, contained in a new report from the Australian Criminal Intelligence Commission, has prompted fears the State is being flooded with high levels of the drug not seen since before the COVID pandemic.

At this point, it is important to note that the national wastewater drug monitoring program is an essential tool for authorities in Australia to understand drug-use patterns in different regions. The program takes samples from unidentified wastewater plants across the country to determine which drugs are being consumed and how much is being taken and where. The most recent report from the program reveals a significant surge in methamphetamine use here in Western Australia, marking the largest increase among all states and territories in Australia. This increase in methamphetamine consumption has been attributed to the previous slowdown in its importation caused by the pandemic-induced border closures. Over the past year alone, methamphetamine use has surged by an alarming 40 per cent, while cocaine consumption has seen a staggering 55 per cent rise.

What is more concerning, however, is that the unveiling of these latest statistics follows the implementation of 22 new permanent search areas by the Western Australian government. These areas are strategically placed around airports, ports and various road and rail border crossings into the state and were introduced by drawing inspiration from the successful COVID-19 border closures. The objective of these measures was to intensify efforts against drug trafficking and make it increasingly difficult for organised crime syndicates to smuggle drugs into Western Australia. Our former Premier Mark McGowan emphasised the necessity of these measures, stating that they would heighten the barriers against the illicit drug trade in the region. However, despite proactive steps taken by the government, the newly released data paints a concerning picture. Methamphetamine use in Western Australia has reached its highest point in four years, indicating a persistent challenge despite enforcement efforts. This is coupled with a troubling trend of increased cocaine usage; it has tripled since the initiation of data collection in 2016. Answers to parliamentary questions also indicate that laws to give police power to conduct regular drug searches at these 22 entry points into our state have failed to make any dent at all in consumption.

At the time of the introduction of these measures, the former Premier stated —

We know there is a direct link between meth and violent crime in our community. That’s why my Government has put more police on the streets than ever before, and why we continue to give our hard-working officers what they need to keep our community safe. This new law is going to make it tougher than ever for organised crime to bring drugs into Western Australia. Hardworking Western Australian families should not have to put up with crime linked to meth use and hard drugs. That’s why we are not just talking tough—we are taking action which will make it tougher than ever for the drug dealers and pushers.

I referred to that quote in question time today. The government had to admit last week that only five grams of cannabis had been found after 70 border search area, BSA, searches over the eight months covered by the wastewater monitoring program—just five grams of cannabis.

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The ramifications of this upsurge in drug use are profound and far reaching. Methamphetamine, often referred to as “meth” or “ice”, exacts a heavy toll on individuals, both physically and mentally. It is highly addictive as a substance and ravages lives. We have heard much from our frontline officers about what they have to deal with when it comes to those affected by meth. Beyond the individual level, it is quite clear that the effects are significant and extend to increased crime rates, strained health systems and a burden on law enforcement resources. It is a significant burden on our frontline officers as well. The impact of methamphetamine abuse extends beyond statistics; it manifests in human suffering, shattered families and communities grappling with addiction fallout.

We know that behind every statistic is a tragic story of pain, loss, hopelessness and neglect. This is highlighted in stories of violent crime that result from meth usage in our community. These include Manning Lee Fahey, who was only 19 years old when he and other alleged accomplices broke into four separate homes in the middle of the night and subjected occupants to terrifying attacks—holding guns, tomahawks and an axe to threaten them while demanding cash, electronics and jewellery. The now 21-year-old admitted his involvement and told police some of the assaults were carried out with his drug dealer to repay a drug debt he had accrued after a several-month meth binge.

Glen Miller is another example. He was having a “rest” from his regular multi-day drug binging in 2021 when he went to his best friend’s house and murdered him in a meth-fuelled psychosis, believing the victim was selling illicit substances to teenagers and had “lost his moral compass”. In fact, members, 22 986 drug-related offences were recorded last year, an increase of 16 per cent on the year before.

Addressing the scourge of methamphetamine abuse requires a multifaceted approach—one that encompasses prevention, treatment and enforcement. We must invest in education and outreach programs aimed at preventing substance abuse before it takes root. Equally important is ensuring access to quality treatment and rehabilitation services for those who are battling addiction. Offering them a pathway to recovery is absolutely essential. The earlier that that can be provided, the better; it is vitally important.

The absence of any substantive action by this government to address methamphetamine usage underscores the need for a holistic approach that encompasses prevention, treatment and rehabilitation efforts. Merely relying on external factors or temporary disruptions to curb drug consumption is insufficient for effecting lasting change. The devastating effects of drug addiction are felt by countless families around WA. Every day we hear heart-wrenching stories of parents, siblings and spouses who are desperately seeking help to deal with loved ones who have fallen prey to this insidious drug.

We know that addiction is a complex disease that affects not only individuals but also their family and friends. It can tear families apart, leaving them feeling helpless and hopeless as they watch their loved ones spiral out of control. The toll that addiction takes on families is immeasurable, with many experiencing financial strain, emotional distress and even physical harm. Despite the challenges, families continue to reach out for help, determined to support their loved ones on their journey to recovery. They seek out treatment programs, support programs and counselling services. Like many members of this house, I have heard from desperate families seeking help on behalf of their loved ones.

This includes parents like Murray Kinnane, who has given a voice to the suffering of many parents in this state—the suffering and frustration of the many Western Australians who wrestle with the trauma of having a child addicted to methamphetamine. In 2018 Murray, stated, according to my notes —

No one cares about drug addict rehabilitation in Perth. The system is designed to handball them from one department to another and then give them back to the parents.

Murray’s son Jaxon tried voluntary rehabilitation at least 15 times; unfortunately, all attempts failed. As soon as the initial crisis was over, Jaxon, like so many addicts, left rehab to feed his habit. Tragically, Jaxon lost his battle with meth in 2020. Following this, Murray simply stated, according to my notes —

There is hope for others, like Jaxon, if the health system is adequately resourced and individual’s needs are recognised and acted upon appropriately.

But the road to recovery is never easy, and families often face many obstacles along the way. They encounter resistance from their loved ones, struggle to find the right treatment options, and often experience a number of setbacks and relapses on that path. Despite these challenges, they remain steadfast in their commitment to support their loved ones.

Unfortunately, organisations tasked with helping families are not receiving the support they deserve and need from the government. Doors Wide Open, a not-for-profit organisation based in Bunbury that supports people struggling with drugs, has called for more investment in rehabilitation. Acting manager Michelle Holzknacht said that more funding was needed to help those grappling with addiction and more beds are needed for rehab centres. A lot of

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people coming to Doors Wide Open are simply trying to find out how to get into rehab, but excessive wait times make this task impossible; people cannot just make an appointment and go in. Ms Holzknacht has said that it is crucial to be able to provide support to people as soon as they reach out.

She stated, according to my notes —

If you don't act, when they're ready to go to rehab, we find that a lot will just go back and hide until they're ready again.

Another mother, in what was once dubbed Western Australia's methamphetamine capital, Kalgoorlie, fears that her son and others could lose their lives to this destructive drug before they even turn 18. She is calling for more specialised youth residential services in regional areas.

The Cook Labor government's claim that meth usage has gone down under its administration is farcical. Despite the government's attempt to paint a rosy picture, the reality is that meth usage has only increased in recent years. The alarming rise of meth usage has become a cause for concern among lawmakers, health officials and the public alike. The use of methamphetamine, a highly addictive stimulant drug, is on the rise, and the significant increase in the last 12 months is deeply concerning. The drug is cheap and easily accessible, which has contributed to its widespread use. The Cook Labor government's claim that it has been able to curb meth usage is nothing but a political response to the COVID border, but since then we have seen a methamphetamine action plan that is clearly not working.

The devastating effects of meth addiction are well documented. Meth use can cause severe physical and psychological harm, and it can be incredibly difficult to overcome addiction. The government's failure to properly address the issue of meth addiction is not only putting the health and wellbeing of its citizens at risk, but also contributing to the rise of other social problems, such as crime, homelessness and issues around child protection. It is high time for the Cook Labor government to stop making false claims, take real action to combat this epidemic and take these issues seriously. We have the highest rate in regional Western Australia, and a 40 per cent rise as well. We seek a comprehensive approach that includes increased funding for addiction treatment programs, better education and prevention initiatives, and a stronger law enforcement approach to help crack down on meth production and distribution.

Only through a concerted effort can we hope to make a real difference in this fight against meth addiction. I have touched on a few families, but there are many right across Western Australia who are being rocked by addiction to this substance. It also has an impact on our frontline public sector officers. The Premier has either forgotten about the meth action plan or he simply does not care about our community, which has been so significantly impacted by what is happening on our streets. It is quite apparent his government has failed to meet its own meth reduction key performance indicators.

I appreciate that other members would like to speak to this motion, so I will leave my comments there. The Leader of the Opposition and my colleagues will now contribute to this debate. Thank you, Acting Speaker.

**MR R.S. LOVE (Moore — Leader of the Opposition)** [4.28 pm]: I congratulate you, Acting Speaker (Mrs M.R. Marshall), on your new role; I think it is the first time I have been in the chamber while you have been in control, so well done. I also thank the member for Vasse for moving this motion —

That this house condemns the Cook Labor government for failing to stem the tide of methamphetamine use in Western Australia, made worse by its dangerous inability to manage policing and public health systems.

Before I talk about the motion, I thought that the disregard that the Minister for Police has for some of the issues in his portfolios was starkly illustrated in question time. He did not want to take responsibility for the fact that we have 28 police prosecutor roles that are not filled. His response was, "Well, it is down to the police commissioner to determine the priorities." I would have thought that if resources were made available to the police commissioner, then he would have the full complement of police prosecutors. People who work in that role have told me that they are inundated with work and are under enormous pressure; they feel unsupported and they do not feel that they have the necessary number of people to get the work done.

**Mr P. Papalia:** When?

**Mr R.S. LOVE:** I am not going to tell you who I am talking to.

**Mr P. PAPALIA:** I asked, "When?"

**Mr R.S. LOVE:** In the last month or so—not very long. Not years ago, minister! I am not going to say who was talking to me because I do not think that is fair to them.

Another portfolio for which he has control was illustrated in question time, and the member for Central Wheatbelt asked a question about the situation at Hakea Prison. Again, the response was a dismissal. The response was,

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“There is nothing to see here; everything is fine.” There was a super-short reply to my question about the shocking situation that has emerged in the youth justice system, with allegations I outlined around the tragedy of the death of Cleveland Dodd and similar situations. There was not a blip from the minister. He did not take the opportunity to come out strongly and rule out the culture that should not be in the organisation for which he has administrative responsibility. He did not take that opportunity, which I think is indicative of someone who is disconnecting from the tasks. It is clear that he has not been able to achieve his targets in police. I know the member for Cottesloe will probably say more about that later on. We know that the recruitment targets, which we have been promised for so long, shifted before the weekend. Of course, we never saw the result get to the point that he had promised. Now, that target is gone; however, we know that the rise of crime and methamphetamine continues.

We heard in this place that the methamphetamine situation settled down somewhat during COVID, when there was less opportunity for its importation into the state. Even at that point, in May 2021, there were reports in the press around a methamphetamine surge, which was ravaging the Kimberley and regional Western Australia. That was at a time when we were still inundated with COVID. If there was a reduction in the amount coming into the state, it was not having an effect in some of our regional areas.

Now, we understand that methamphetamine is coming in in greater numbers. We know that testing is being done. Last week the annual Australian Criminal Intelligence Commission’s *National wastewater drug monitoring program: Report 21* was released, which showed the levels of meth use in Western Australia were up 40 per cent from the previous year. That is a fact. That is the figure released from the Australian Criminal Intelligence Commission.

Incredibly, though, we heard the Labor government try to convince the house that meth use had somehow not increased to that level; in fact, I think some had indicated that it had gone down. “Nothing to see! There is no problem!” That is not what we are hearing across the state. The member for Vasse outlined that there was great concern around meth and rising crime; there is rising violence around our hospitals and, of course, we know that there is a rising trend of shocking criminal and violent behaviour in Western Australia, in a way that we would not have expected a decade ago.

What we have seen under this government is community violence issues getting out of hand in line with a rise in the use of methamphetamine. There is no doubt that there is a link between violence and the prevalence of drugs, especially those drugs in the community. Every community feels that—I am sure. I am sure there are many city areas in which the situation is obvious, and it is also not always so obvious. I know communities in which there are people who think it is okay to use meth recreationally, but that is a one-way ticket to a very sticky end. Although, at this stage they may not be exhibiting violent behaviour, they are on a path towards that. Unfortunately, in some of the communities that I represent, that is becoming quite a common phenomenon. That is something of great concern.

We know that the often-lambasted previous government, the Liberal–National government, launched the Western Australia methamphetamine strategy, and that strategy outlined a two-pronged approach to the methamphetamine crisis. It targeted the supply chain by strengthening law-enforcement measures to reduce the production, importation and distribution of meth. It also played a part in reducing demand for the drug through early intervention programs and individual and community support.

In 2015, dedicated police meth transport teams were formed to target supply routes in Western Australia. It was part of the state government’s wider enforcement plan, which the then Commissioner of Police, Karl O’Callaghan, called, “The greatest effort on one single drug we’ve ever had as WA Police”. This led to increasing tonnages of the drug being seized, year on year. According to the Mental Health Commission website, the use of methamphetamine in Western Australia has declined from 4.2 per cent of the population in 2007, under the Carpenter Labor government, to 2.7 per cent in 2016.

That is a measurable impact and a measurable result. I wonder what the Labor party is doing about the methamphetamine action plan it introduced, and where that is at the moment. What are the performance indicators that it is measured against? Where is that reported and what is being done to correct things if the forecast targets are not met? I could ask how that plan stacks up against the background of the figures we see from the Australian Criminal Intelligence Commission. It is not a good key performance indicator when we see a 40 per cent rise in the prevalence of meth through the wastewater program. We know that regional WA is particularly affected, and I am sure there are many communities where there is not a testing program because there is not a sufficient wastewater treatment system to test.

**Dr D.J. Honey:** Testing all the septic systems would be a bit hard!

**Mr R.S. LOVE:** Yes—if all the communities were tested! It is an interesting question that we will have to follow up at some point to see where there are holes in the data. I am sure there are communities, such as those highlighted in an article from 2021 in the Kimberley, that are perhaps not being tested in this way. There are probably small

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communities in the electorate I represent that are also not subject to that testing. I do not know whether we will ever really understand the full use of the drug in the state, but we know that the figures we have received are worrying.

I return to the methamphetamine action plan. The only time that plan appeared in the last budget was in relation to the south west alcohol and other drugs residential rehabilitation and treatment service. I do not have the final expenditure figure for the methamphetamine plan line item. I could find it in only one place in the state budget. Obviously, there is a problem tracking how that program is going. Budget paper No 2, volume 1, of the 2022–23 state budget states —

It is expected the reopening of the Western Australian border will lead to an increase in the availability of methamphetamine, including an expected increase in purity and decrease in price. In 2022, the Government's Immediate Drug Assistance Coordination Centre election commitment will be operational and will provide immediate assistance for individuals and families experiencing social crisis related to methamphetamine and other drug use.

Here is the opportunity for the government to put on record how that immediate drug assistance coordination centre went and how it has helped in that area to address the methamphetamine scourge. The opposition would like to know how the methamphetamine plan is going, what the indicators are for its performance, and who is in charge of making sure that statewide it is being coordinated and is continuing its stated objectives.

The further away people in Western Australia are from Perth, the more difficult it is to get access to public health services, rehabilitation and a range of matters. This government has proven that it is not listening to regional communities and not ensuring it has in place mental health services, rehabilitation programs and a workforce in this field. We know from the Treasurer's Advance Authorisation Bill 2024, which went through this place on Tuesday, that the WA Country Health Service is desperately under-resourced and had to be propped up with hundreds of millions of dollars just to keep its centres open. Oftentimes people do not get a choice of service, and the only service available in an area will be what is available at the emergency department of the local health centre or Silver Chain posts, which are now becoming WACHS centres anyway. For many in country areas, that service and support does not exist as it does for people in the city.

In many areas of the state, meth is used as a recreational drug. That has become increasingly problematic as other workplaces test for other drugs and alcohol, and workers cannot have those in their system if they want to go on site to work. Alcohol stays in the system longer than methamphetamine. An interesting situation around Dongara at the moment is that one of the local industry groups outside town used to run a bus from the camp into town once a week so that people could have a meal at the hotel, do a bit of shopping or have a swim, and have a day off from the gas plant or wherever they worked. Due to changes in the testing regime, the group has stopped doing that. It told the assemblage that they could not have so much as one can of beer on a Sunday; otherwise, they would be unable to work on the Monday. There is basically now no being let out of the pen for those people. They do not get the trip into town once a week, because they were not able to go to what is pretty much the only thing that is open in town on the weekend, the local tavern or hotel, where they would have a meal and do what other people do on a weekend. However, were they to come into town in the morning and use meth, they would show up to work the next day with most likely nothing in their system. That is the problem we face. The nature of employment in our state has made it problematic. I do not know why the government has not looked more at bespoke solutions for Western Australia and considered its unique demographic—its workforces and the fact that we know from reports over the years into people who work in fly-in fly-out industries that there are stresses on them. It is a uniquely stressful situation. Inquiries have been conducted by this place into the effect of that on the level of suicide and sexual violence and a range of other things. Our state faces these unique circumstances; however, we do not see any acceptance by the government that it needs to do something extra to ensure that we cover the issues we face.

Nobody is saying that it is easy. This is a huge state geographically and populations in the thousands fly in and out of the state every day, and populations fly within the state to their workplace every day. In some communities, there is an absence of any government service of any type. There are communities where there is no police station or health centre within the bounds of that community. It is not easy to make sure that we have a better health system and one that is tackling the methamphetamine situation, but I am not seeing anything from this government to indicate that it is looking at it afresh and it will tackle this problem. By tackling the problem, it may begin to see a solution. What we have seen from the minister with his dismissive remarks today in answers to questions is that he is not accepting that there is a problem. He is not questioning his department when there is a problem. One has to ask what he is telling the department. The government does not have a right to the operational status of an organisation, but it certainly has a right to talk about the culture of any organisation in the government to ensure there are safe workplaces—workplaces in which people strive to achieve great outcomes. For instance, we know that in the health system there is not always a safe workplace, and we know that more needs to be done. I point to the fact that people of Western Australia are crying out for help.

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[Member's time extended.]

**Mr R.S. LOVE:** I will conclude with this comment. We talk about negative things in the community and the negative situation at unit 18, Banksia Hill and with the police. This morning I was at Langley Park with many other members of Parliament to see students come together for the Clontarf Foundation carnival. It was inspiring to see both the alumni of Clontarf and current students and to observe the positive impact of that program on people from the remote communities I have been talking about, and also communities within the metropolitan area.

I think it would be a matter of pride for any community to have within it those wonderful young men whom I was talking to this morning. I congratulate the Clontarf Foundation on the excellent work that it does in communities right across the state by making sure that people who often come from disadvantaged circumstances are given an opportunity. I commend Clontarf for that. With that, I will wind up my contribution.

**DR D.J. HONEY (Cottesloe)** [4.50 pm]: We get an Acting Speaker—plus in the new position; congratulations, again, on your elevation to that role, Acting Speaker (Mrs M.R. Marshall).

I am glad that the Leader of the Liberal Party has brought this topic before the Parliament. There is broad concern about methamphetamine in the community at some level, but I do not think that concern actually reflects the problem that methamphetamine represents to our community. In fact, I think there is almost a bit of a nod to it and that people think it is a bit of fun and just a bit of recreation. When I was speaking to a group of year 12 school students, the topic of methylamphetamine and methamphetamine use came up. The students talked about the recreational use of the drug at their school. I pointed out to them that that was illegal. I said, “Surely you know that that is illegal activity.” I thought their response to me was quite profound. They said, “It can't be illegal because no-one ever gets picked up for using it.” The Minister for Police and others sit in this place and say that it is illegal, but it is the old saying that I have used before and will probably use a few more times—the behaviour that we walk past is the standard that we accept. They were smart kids. They were not vague kids who were not otherwise engaged in the world. Their firm view on the use of methylamphetamine and its distribution amongst their mates was that it could not be illegal because nothing was ever done about it. That is really profound.

As I have said in other debates and will say again in this debate, I am not a lock-them-up-and-throw-away-the-key person; I do not promote more and more strident penalties. For the great majority of crimes, very few people actually contemplate the sentence when they commit the crime. That is one of the issues with increasing sentences. I recognise that it is a knee-jerk reaction on both sides. I am not trying to criticise the government for this; both sides go down the path of saying that there should be stronger and stronger sentences for particular crimes. However, in many cases, when people commit crimes, they do not think about that. If they do not think that there is any policing of it because that is not their experience, why would they alter their behaviour? For example, the single largest impact on road safety is the visibility of police on the roads. There is lots and lots of evidence around that. The minister will remember a trial that involved putting a cardboard cutout of a police officer on the side of the road. That modified driver behaviour, not only when drivers saw the cutout but also afterwards. It reminded people. Even a cutout of a police officer on the road was enough for people to respond. I think there is a fundamental issue with policing.

I will focus a bit on the effects of methylamphetamine. Again, I think even in this place there is a bit of a relaxed attitude to recreational drug use. We see this with a number of drugs, including methylamphetamine. Methylamphetamine is not just an ordinary drug; it is a dreadful drug. It is a scourge on our community. It is obviously an amphetamine. Methamphetamine works by increasing the level of neurotransmitters in the brain, such as dopamine—that is the one people often talk about—but to a far greater degree than any other activity or drug. The reported effects of methamphetamine—the reasons people take it—are intense pleasure, momentary clarity, enhanced confidence and energy, sexual stimulation, increased concentration, reduced appetite and feelings of general satisfaction. I can understand why someone might think they are desirable effects. The impact is profound. For equivalent dosages, the dopamine increase in the brain for methamphetamine is around three times that of cocaine. The general movie industry seems to love to popularise the use of cocaine, but methamphetamine provides three times the dopamine—the hit or buzz that people get from that drug. That is what makes it so addictive.

The problem with methamphetamine is that it is highly addictive. More particularly, regular use has profound impacts on people. That is what the police and hospitals see. Over time, the continual stimulation of dopamine production means that users get less and less of a buzz and there is more and more of a drive to use it. Prolonged regular meth consumption leaves users unable to feel normal without methamphetamine, which then leads to chronic abuse. There are health risks. As with all things, there can be a variety of responses, but the health risks and health impacts can be quite dramatic. Ongoing or heavy use leads to much more serious physical impacts, such as strokes, seizures, cardiovascular problems and kidney failure. It also has profound effects on the activity and structure of the brain. There are serious mental health consequences from heavy use of methamphetamine, including sleep disorders, psychosis, paranoid hallucinations, agitation, confusion, severe panic, anxiety and depression. Police officers and health service workers are the ones who see people experiencing psychotic behaviour, paranoid

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behaviour or delusions. When people experience psychotic effects, they can become extremely violent. We have genuinely seen an increase in serious and violent crime in our community. I know that the police minister has assured the house that we are winning on general crime, but I wonder whether the increase in extreme violent crime that we are seeing is a direct reflection of the increased use of methamphetamine.

I reiterate the point that methamphetamine is not an ordinary drug. It is not just another drug; it is an extraordinarily addictive drug. Chronic use and abuse of methamphetamine has the most dangerous effects on people's behaviour. We hear from hospital emergency departments that people who are experiencing psychosis from methamphetamine either present themselves or, more typically, are brought in by desperate relatives. Those people come in and are extraordinarily violent towards staff, to the extent that emergency departments now have to employ extra staff. Doctors, nurses and security staff face a dreadful risk from these violent attacks.

Of course, addiction can lead to criminal behaviour. Obviously, there is a high probability that drug use will have a deleterious effect on a person's life and ability to work. More particularly, people can be led into a life of crime. Drug abusers especially end up being drug dealers and getting mixed up in crime, as the minister has pointed out before. Biekie gangs are a critical part of that supply chain. Suddenly, people are moving to a life of crime. This is not being dramatic; this is the simple reality of using this drug, and why we are so concerned that there appears to be a substantial increase in the use of methamphetamine.

The minister made the point that this is a problem everywhere. That is true; it is a problem right across Australia. Australia proportionately uses more methamphetamine than almost any other country in the world. It may be that we are more distant from the source of other drugs like cocaine and heroin, and that methamphetamine is so readily manufactured from base materials. I read that a large amount of methamphetamine comes into Australia from countries to the north that perhaps have less strict controls over the precursor drugs, so drugs are manufactured there and brought into Western Australia. The minister defended, if you like, the performance of the Western Australia Police Force under his auspices by saying that, "Well, look at all these drugs we have interdicted." The minister mentioned something like 300 kilograms of drugs, but the reality is that if we look at the estimate in *Report 21: National wastewater drug monitoring program*, from which a number of us have quoted and I am sure will quote again, 1.3 tonnes of the drug has come into the state. I did a little calculation. If members look at the amount of methamphetamine coming into the different states per million people, New South Wales has 403 kilograms per million people, Victoria has 418 kilograms, Queensland has 377 kilograms and Western Australia has 495 kilograms. Western Australia's figure is substantially more than the other states. When we think about it, Western Australia has, effectively, a road to the north—there might be some minor roads in the middle—a road in the south, a railway line, an airport and some ports. One of the reasons we were able to do so well during COVID was that it was relatively easy to isolate the state from the rest of Australia. Yet, we are seeing this massive rise in meth use. After the COVID pandemic passed, and perhaps it was because of that isolation, we saw a massive 40 per cent rise in meth consumption from 2022 to 2023. The levels of drug coming into the state are very high.

I reinforce the point made by the Leader of the Opposition and the Leader of the Liberal Party about the impact of that drug in regional areas in particular. I do not have firsthand knowledge of the drug issue in those remote Aboriginal communities, but I am told that during COVID, and in particular post COVID, methamphetamine was and is now the drug of choice in many remote Aboriginal communities. Its impact has been absolutely devastating and catastrophic in those communities. It has become so readily available in many remote Aboriginal communities that leaders are absolutely distraught at what the drug is doing to their community and the young people in them. Most of those Aboriginal communities have quite restricted access, so it should be possible to interdict that movement of drugs. When the Minister for Police says that the police are stepping up their efforts, and we hear about that large quantity of drugs that have been interdicted, I do not think we are seeing any effective effort, if you like—not any effective effort. I do not mean that, minister. I know there is effective effort, but I do not think there is enough effective effort to stop that drug from coming into the state.

The most recent Drug Use Monitoring in Australia analysis in 2021 reported a significant drop in drug users' assessment of meth availability, which is in line with all the comments made. Interestingly enough, the consumption of methamphetamine during the COVID period stayed high. Yes, it was lower and it was a drop, but it was still high. Either there were significant stored amounts of the drug in the state or there was a significant supply into the state. We have a substantial issue in terms of the drug coming into the state.

There was an expectation that the new search laws that the minister has talked about would make a difference and make it harder to bring drugs into the state, but, as we have seen, under the new search laws that were brought in, we hear that five grams of cannabis has been seized. The whole point of bringing in those new stop-and-search laws at the border points was that the COVID effect, if you like, of stopping drugs from coming into the state would continue. Quite clearly, either that is not where the drugs are coming in or the efficacy of those searches is wanting. If that is not the case, we would be interdicting more drugs. That is a serious question for the minister. I know that he says he does not have operational control of the police and/or control over operational matters, but that is

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a question that the minister should be asking the Commissioner of Police. It is definitely the police minister's right to say to the Commissioner of Police, "I have given you these new powers. Why am I seeing little effect?" I am not saying that the police are not using those powers as intended, but does something else have to be done? Do they need additional powers? Are we not able to detect those drugs because something is wanting?

[Member's time extended.]

**Dr D.J. HONEY:** It is an embarrassment. As I have indicated, there is an enormously strong association between drugs and crime, in particular between methamphetamine use and crime. Some people might think that they can safely occasionally use methamphetamine, but I do not think that that is the case. It is an extraordinarily dangerous drug. I know that it has a clinical use for a certain part of the population, but for the great majority of the population, it is not some idle, recreational pastime; it is extremely dangerous. There is no doubt whatsoever that methamphetamine is fuelling crime so that people can fuel their habits. As I have pointed out, it is a reasonable hypothesis that the increased use of methamphetamine is fuelling violent crime, especially when people are suffering from paranoia and delusions and believe things that are not true. We hear this from families. We hear of meth-addicted children violently attacking their parents who are trying to assist them. In fact, on some occasions, it has resulted in the death of a parent or a loved one who was trying to help that person. It is a drug that affects people's judgement. They are not subject to normal direction by police and the like.

In the government's 2018 *Methamphetamine action plan taskforce: Final report*, disturbingly, 63 per cent of detainees tested positive for methamphetamine in the third quarter of 2018. Again, it seems like a massive over-representation for the cohort of people who are detained by the police. I do not believe that 63 per cent of the population have methamphetamine in their system, yet in that period, 63 per cent of detainees were affected by methamphetamine. I know we have to be careful about assigning causation, but that gives a strong hint that methamphetamine plays a serious role in affecting people's behaviour. It leads them to attract the attention of the police to the extent that they are detained, and police do not detain people lightly. They only do it when people are a threat to themselves or others, or have otherwise committed a crime. There are a range of statistics on that. It would be worthwhile for the minister to look at the report. It was a good attempt at the time to try to understand this. As the minister has pointed out, there was a crisis before, and it is quite clear that we are back in a crisis now.

There is a report titled *Comparative rates of violent crime amongst methamphetamine and opioid users*, which was from the National Drug and Alcohol Research Centre at the University of New South Wales. It was based on a sample of 400 regular methamphetamine and heroin users from the greater Sydney region. The prevalence of violent offending was extremely high, with 82 per cent having committed a violent crime and approximately two in five having violently offended in the past 12 months. This is perhaps labouring the point, but I am trying to reinforce the point that methamphetamine is not an idle thing. It has profound negative impacts on people and it has a profound negative impact on causing crime. That is why the government has to do much more. It is evident from the data that use is increasing. We can see it very clearly. I would like to cover more of this information, but for the sake of my colleagues making their contributions I will not carry on with it.

I want to talk about the fight against drugs. At the end of the day, drug use reflects consumer demand. One thing I find profoundly disturbing is that I do not see anything done to reduce consumer demand. Western Australia is a poster child globally for the substantial reduction in the use and abuse of tobacco, to the extent that we are a world leader in reducing that. That was done through some laws, but those laws were about making sure that people were informed of the impact of tobacco. A person cannot go to a shop that sells tobacco or buy a packet of tobacco without seeing information that tells them that this is a bad thing and this is how it harms. There was an enormous campaign to alter social behaviour to make smoking unacceptable. That is largely the case. I see nothing of that with drugs. I cannot recall the last time I saw any public information about the things I have talked about regarding methamphetamine—of the dreadful health impacts, of the terrible mind-altering impacts, of the preponderance of heavy users towards violence, violent behaviour and psychosis. I do not see any of that. That is profoundly lacking in the government's program. Everything has to be done to stop the importation of drugs, and more needs to be done, but, equally, if we do not reduce demand for the drug, we will not see a reduction. Criminals are criminals. If there is demand, they will fuel the supply. We have seen it again and again.

I do not mean the cliché that I think I saw in an episode of *South Park* of the drug session in the school and the teacher singing "drugs are bad" in which they were a very banal thing, but there needs to be a whole social and information campaign. Year 12 high school kids should know that using and distributing methamphetamine is an illegal activity with serious consequences of jail time. I do not think most school students even know that. I definitely do not think they have any idea whatsoever of the severe mental health impacts of drug use—of the clinically documented effects of psychosis, paranoia and the like, and what results of that. I do not think they have any idea. These things go beyond partisan politics. The whole of society, with the support of all sides of Parliament, needs to have much more focus on reducing demand for methamphetamine, and I simply do not see it. I see nothing of

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it. I am being serious. I cannot recollect when I last saw any public information on this at all. This is a crisis and I think it is getting worse. I think it is fuelling the dramatic increase in violent crime in our society.

This is not Liberal Party policy. This is me talking. We need to have a discussion about compulsory detention and the rehabilitation of recidivist offenders involved in drug abuse where we see that behaviour. As I said, I do not see any point to just locking people up without proper rehabilitation. At the end of the day, it achieves nothing other than keeping someone off the streets for a time, although some people might say that is a benefit. How many stories have we heard of families being at their wits' end because there is nothing they can do to stop their child from abusing the drug, getting into crime, ending up in the court system and going through it? At the end of the day, they might get a fine or the like, but then they go into a rehab program, they pop out of it and they are back on the streets using the drug and getting into trouble again. Detention is always a last resort, but I think we need to have a mature discussion about whether there should be compulsory detention and rehabilitation for repeat offenders. There has to be some way of dealing with people who are already into drug abuse and addicted.

We all know the terrible story of the late Phillip Walsh, who was coach of the Adelaide Crows who was murdered by his addicted son. That was a son who those parents, dear Mr Walsh and his family, were trying to deal with and could not, which led to that awful outcome. As I said, we should never take compulsory detention idly, but this is such a crisis that it is something we must seriously consider.

**MS M.J. DAVIES (Central Wheatbelt)** [5.17 pm]: I rise to support the motion moved by the Leader of the Liberal Party —

That this house condemns the Cook Labor government for failing to stem the tide of methamphetamine use in Western Australia, which is made worse by its dangerous inability to manage policing and public health systems.

Perhaps the order we are speaking in is useful. The member of Cottesloe spoke about the challenges that many families face when they seek support for family members or friends at a point of crisis. I will focus on the work we have to do to make sure there are appropriate rehabilitation centres or options available in Western Australia, from my perspective particularly in regional Western Australia, so we do not have those types of stories. Too often we find community members or individuals who have become addicted. It is an illness and it can happen to anyone. Unfortunately, it is just all too common right across the community. I did not get time to delve into the report that the member Cottesloe mentioned, but a *National drug strategy household survey* is done pretty regularly. There was obviously a break during COVID so the data is not continuous, but we can see the trends. The last one that was completed was for the 2022–23 period. There is some interesting information there for members who might have an interest in trends of illicit drug use, prescription drug use and alcohol use. We should include alcohol. I know we are talking about methamphetamine, but none of these things happen in isolation.

I can see the Acting Speaker (Mrs L.A. Munday) nodding her head as a former ambulance officer and paramedic. All of these things are comingled. An addiction is truly a terrible thing and, sadly, we lose too many in the community as a result of people not having avenues to access rehabilitation.

I probably have a slightly different view from the member for Cottesloe, although he did not say one way or the other whether he fully supports compulsory detention. I know a committee looked into alternative pathways in, I think, the 2017 Parliament. I know Hon Colin De Grussa was one of the members of that committee. It may have been the Parliament before that. But there was a significant challenge in dealing with methamphetamine in the state so a parliamentary committee was constituted to look at alternative pathways and how we should treat it. Do we treat it as a criminal issue or as a health issue? We know that debate happens on a global basis. Some good information was captured by that committee. I recommend members who have not familiarised themselves with it, if they are interested in this issue, to read the report as it lays out what other jurisdictions have done.

I wanted to start very close to home. I live in Northam. I have a drug and alcohol rehabilitation facility literally at the end of my street. I am not a “not in my backyard” kind of gal. I am fully supportive of, and always have been, having facilities like this in our communities, particularly in regional communities, because we need to ensure that when somebody identifies that they want and are ready for help, something is available for them. This facility is run by Fresh Start with Dr George O’Neil. It is quite a unique program. I go to its graduations every year. It deals only with men. There are alternative pathways for women, but Fresh Start deals with men in particular. I listen to the journey that not only the men but also their families have been on to get themselves to a stable point in their life. Sitting in the room and listening to some of these stories is life changing—and heartbreaking. I see the devastation on the faces of these men and their families—and the joy. Anyone who has been through an addiction journey knows that, sadly, relapse is quite often a part of it. People need ongoing wraparound support. They do not pop out the end like a shiny new person and that is it; we are done. That would be a unique individual.

I have great faith in Fresh Start and I offer my support to it as an organisation that works in the community; it does a whole raft of things in addition to the work that the individuals do on their own sober journeys, including a lot

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of community involvement and engagement. It really does take a village to get to that point. Sadly, there are not enough of these facilities in Western Australia.

**Mr P. Papalia:** Is George still using Naltrexone or he is not allowed to?

**Ms M.J. DAVIES:** Yes. I did note that it is quite unique the pathway that he has taken, but if we listen to Dr O'Neil talk about how he approaches the issue, if someone presents, they will be vetted to see whether they are truly ready to do it. Quite often they come out of the prison system. My previous neighbours in Northam were a couple that went into the prison system and worked with individuals on a pathway to leaving prison and making sure they could transition. Unfortunately, it is a very complex issue.

When we meet some of these fellas, we see that they are people from all walks of life. We are talking everyone from chefs to people who work on St Georges Terrace and people from the eastern states who come to Western Australia to access this facility. It does not matter how wealthy your family is. It does not matter where you originate from. Sadly, we see people from all walks of life needing rehabilitation. That is why it is everybody's business when we talk about how we can address the scourge of drugs. We have heard other members talk about the challenges that methamphetamine in particular presents because it is immediately addictive.

I am supportive of residential rehabilitation facilities. When I was the Leader of the Nationals and visited many of the places around our state, I was a fairly regular visitor to the City of Albany and I had many conversations with community groups that are involved in rehabilitation and support a residential rehabilitation facility for the great southern. This has been on the agenda for many years. It was identified in the Barnett–Grylls government's *Western Australian mental health, alcohol and other drug services plan 2015–2025* that there needed to be additional beds for the great southern. I am a little bit conscious of who is sitting in the Speaker's chair. I am not allowed to canvass the Acting Speaker (Ms R.S. Stephens), but I want to raise this issue because it has been on the agenda for that community for some time and, unfortunately, does not get a lot of traction. In the run-in to the last election, the Nationals made a commitment to at least put some funding towards that, should we have been in a position to deliver on that, at least to commence plans and identify locations and work with service providers.

The constant feedback we get from places such as Southern Aboriginal Corporation, Palmerston Association and others that are involved in those discussions is that they are advised by government that because there is no planning, they cannot get any funding. It is difficult to present those types of plans for government to consider when they come from an individual provider. I think government has a role to drive these processes. A counterpoint is that for some time, the Southern Aboriginal Corporation has had a proposal for a facility on which it has not been able to get traction with government. Again, it simply gave up asking for the government to progress it and put together its own plans to see whether it could secure funding for additional residential beds in the area. A petition was run by the Nationals WA prior to the last election. Delma Baesjou, who was our candidate, collected over 600 signatures to say that we desperately understand the need for this. Commitments were made to individual groups that were supportive of families and community members. I think Ice Breakers was one that received funding very early in the piece. None of it went to the actual substantive issue, which is that the great southern is the only area in the state that does not have a residential rehabilitation facility. Having seen the benefits of having a residential rehabilitation facility—it is not a government-funded one—in my own electorate, I can understand why the community is so passionate about this. I encourage the government, in advance of this state budget, where we know significant funds are available, to make sure that that is part of the considerations.

Back in 2020, prior to the last election, the Penington Institute's *Australia's annual overdose report*—it is dreadful we even have reports of this nature—which had been released in that year, September, showed that the great southern had suffered the most drastic increase in drug overdose deaths in WA outside of Mandurah. It is not as though the community is asking for something for which there is not a demonstrated need. If we cannot address the issue by cutting off the product and reducing the amount in the community, we surely need to be making facilities available to address what comes next, which is that people find themselves in the grip of addiction. I have a strong commitment to seeing that appear on our election platform going into the next election. I do not think that the need has diminished, but sadly, I do not think that this government has identified it as a priority. I cannot find any reference to rehabilitation beds in the current iteration of the *Western Australian mental health, alcohol and other drug services plan 2015–2025* or the WA priorities plan. That is very disappointing. I urge the community to continue to advocate and make sure it knows who is backing it to get the services and facilities that it deserves.

I refer to an article from 24 November 2023 that appeared on ABC Great Southern. A fellow called Sam Turton, aged 28, has struggled with drug addiction for nine years and is set to move into a residential rehabilitation facility. However, he will have to travel more than 300 kilometres to access the facility in the south west. As he describes it, it means he will be separated from his 19-month-old son, which will make it very difficult. Although he is willing to travel, having made the decision to address his addiction issues, it will be challenging to be separated from his support network. People have opportunities to address their addiction issues in residential facilities, where there

**Extract from Hansard**

[ASSEMBLY — Wednesday, 20 March 2024]

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are intensive, structured 24-hour supports to address some of the other issues that feed into their addictions. That is one of the benefits of being able to access an intensive rehabilitation service rather than nine-to-five service provision from very well meaning, usually under-resourced, community groups that possibly have funding contracts with the state government. In the same article, a Palmerston Association spokesperson noted that there are 100 people in the region needing residential treatment who did not want to leave their communities. That means that they choose to go without treatment, and we can imagine the flow-on impact that that would have on the local economies, families and relationships within those communities.

I urge the government to include funds for a facility that has been long campaigned for. There is plenty of science supporting and, sadly, plenty of demand for, the creation of a residential rehabilitation facility in the great southern. If someone from the government comes back to me on that during this debate or down the track to say, “Yes, that’s on the agenda”, that will be a great outcome. I do not think that issue is going to go away. Even if there were a dramatic decrease in the amount of methamphetamine in our community—we heard from other members that there was a suppression of those drugs during the COVID period but that we are now starting to see them creep back again—these facilities will still be necessary.

I think that is all I will say, at the risk of canvassing the Acting Speaker (Ms R.S. Stephens); I had some comments for her, but she cannot respond, so it would be very poor form to do that! But I am putting that on the agenda. It is something that I have had passionate conversations about with a number of organisations in my previous role as Leader of the Nationals WA. I had the opportunity and privilege of being able to travel around the state and meet with organisations like the Southern Aboriginal Corporation and Palmerston Association. Asha Bhat is an amazing advocate for the region.

From a very localised perspective, I want to talk about the Regional Men’s Health Initiative. When we first came to government in 2008, we immediately supported it.

[Member’s time extended.]

**Ms M.J. DAVIES:** It was born out of a time of situational distress due to poor seasonal conditions. There was, sadly, an increase in suicide and alcohol and drug use—the sorts of things that particularly affect men in the wheatbelt. This organisation was founded to try to address some of those issues and to make sure that blokes knew how to address their mental and physical health and wellbeing. That organisation has grown and, happily, it has been supported by both sides of politics, because it is an amazing program. I want to again say that its contract will come to an end shortly; I think it has four-year contract cycles. I think we were reasonably strategic in making sure that the contract renewals did not fall around the time of elections, so that they could stay outside that hurly-burly. However, when something comes to an end, there is always a risk that a government will choose to spend the funds allocated to it elsewhere. That would be incredibly disappointing. That organisation’s interventions and discussions are saving people’s lives in the wheatbelt and across the state. This debate is about drugs, and that organisation has self-referrals, is situated within the community and is trusted. Drugs and alcohol tend to exist together, to which we can add mental ill health, and this is a very important program.

Sadly, there is a lack of services that deal with acute drug addiction issues, particularly in our small regional centres, in the wheatbelt and across the electorates of the members for Roe, Moore and North West Central. There are small, isolated communities where those sorts of things are very difficult to manage and people are a very long way away from even a GP or an emergency department. We need to make sure that we do the proactive work to keep people mentally and physically well; that is as important as coming at it from the other end, which is stemming the tide of drugs that exist and, sadly, seem to be increasing throughout our communities. We also need to support our police to make sure that they are able to do their job appropriately, and we need to make sure that they are funded. I hope the government will not mess about with that and will give that organisation the opportunity to continue.

What we did in government and our record sometimes comes up in debate. There was absolutely a meth strategy when we were in government and funding, particularly through royalties for regions, for facilities in the north west. The funding was in the millions for the Kimberley, Pilbara and goldfields. I have a couple of statements sitting in front of me. There was a significant investment in increasing the capacity of services that were already on the ground, delivering vital drug rehabilitation. We also increased the number of beds in the goldfields, Kimberley and north west.

One of these statements touches on the Carnarvon sobering-up centre. We funded that. I have not been there for probably 12 months, but, sadly, that centre has been underfunded and neglected and no longer does the job that it was designed to do. That is not because there is no demand for it or that the people on the ground do not want to deliver those services. The government needs to make sure that there is appropriate funding; there was no shortage of dollars in the last budget surplus. This is about priorities, keeping our communities safe, addressing some of the challenges we see, resourcing our police and making sure that we have support services when we see people

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succumbing to addiction and the horrific health outcomes that follow. With that, I will sit down and let the member for Roe speak.

**MR P.J. RUNDLE (Roe — Deputy Leader of the Opposition)** [5.39 pm]: I, too, support the motion —

That this house condemns the Cook Labor government for failing to stem the tide of methamphetamine use in Western Australia, which is made worse by its dangerous inability to manage policing and public health systems.

I will firstly start on the meth scenario and then flow on to some public health issues.

I want to give a short story about either the week after I was first elected or the last week of being a candidate. I recall that a resident from Esperance way rang me to tell me that he was involved in the meth scenario and he was worried that he was going to be killed in the next week or two. Of course, being a newly or about-to-be elected member, I was fairly horrified. The reason he wanted to tell me was to let someone know in case his body was found and then, maybe, the people responsible could be brought to order. I was horrified and not quite sure what to do. I rang former police minister Hon Liza Harvey and asked her advice about where I should go and what I should do. She put me onto the appropriate police at the time. That was one of my first interactions as a newly elected or about-to-be elected member.

I also clearly remember the example the member for Cottesloe spoke about—the death of Adelaide Crows coach Phil Walsh. That was obviously a very sad thing. We now see families in which the parents are trying to help out children who are addicted. In some cases, which we see more and more on the night-time news, a family member or grandparents—as happened the other week—are randomly stabbed to death. I am sure that probably 90 per cent of those cases are related to methamphetamine use.

I remember going to the Katanning Town Hall six or seven years ago. There were probably 180 people there and meth was only just coming into the picture at the time. A guy got up on stage and explained how meth works in the brain. He explained, as the member for Cottesloe explained, how it seems to be able to cut through the neural pathways in a different way from other drugs, the effect it has on people and how addictive it is. To some extent, that woke me up to what meth was about.

Back in 2022, I spoke to one of the officers in charge in one of my towns. His alarming comment was not only that meth use was out of control, but also that the police now look at it as a health and mental health issue and not a policing issue. That was concerning and goes to show the challenges facing our police in the regions and in the city. Whether it is St John Ambulance staff, nurses, doctors or community members who are out there trying to help, I congratulate them all because dealing with meth is a real challenge.

The other comment the member for Cottesloe made that I thought was very interesting was that the schoolchildren he had been talking to did not realise that meth was illegal. It is very concerning that this sort of mode is coming to our school society. If I get a short chance, I will talk about school violence as well, which I spoke about in private members' business last week. It seems to be becoming more prevalent.

I will provide a few statistics from the National Drug Strategy Household Survey 2022–2023. The Australian Institute of Health and Welfare states —

People experiencing High and Very high levels of psychological distress were 4.8 times as likely to have used methamphetamine and amphetamine in the previous 12 months ...

People who reported having been diagnosed with, or treated for, a mental illness in the previous 12 months were 3.9 times as likely to have used methamphetamine and amphetamine in the previous 12 months ...

According to the survey, almost one in five people in Australia—that is 17.9 per cent—had used an illicit drug in the previous 12 months. This equates to 3.9 million people in Australia in that category in the last 12 months.

A summary of methamphetamine and amphetamine use among people aged 14 years and over in 2022–23 shows that lifetime use was 7.5 per cent, or 1.6 million people; recent use was one per cent, which equates to 200 000 people; and the opportunity to use in the last 12 months was 3.8 per cent. The two age groups most likely to use methamphetamine were 20 to 29 years and 40 to 49 years. The average age of first use is 22.2 years. These are very interesting statistics of meth use among people who had used it in the previous 12 months during the 2022–23 period. There is no doubt about it—there is a real issue.

It is concerning when we see the stats for Bunbury, which is one of the leading meth use destinations, if not the leading meth use destination, in regional Australia. The 2022–23 budget papers included the methamphetamine action plan and the south west residential rehabilitation and treatment service. It was good to see that that was in the budget, but I agree with the member for Central Wheatbelt; we would also like to see a treatment facility in the

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great southern. As the member for Central Wheatbelt pointed out, in the previous election period, the Nationals WA committed \$5 million for that centre. I look forward to that appearing in years to come.

I want to talk a little bit about the electorate of Roe and a couple of facilities, especially what is called the Adult and Teen Challenge WA program in Esperance. It offers rehabilitation and support services for substance abuse. It is a fantastic facility. If they are ever near Esperance, I urge members in this place to take the opportunity to go for a drive about 20 kilometres out of Esperance. It is near a lake and has fantastic buildings and good boarding facilities. The centre does a fantastic job in rehabilitating many people, not just from Esperance but also from right around the state. I want to take this opportunity to congratulate them for the work the centre does in bringing some people back from a place they would rather not be.

Another feature in that local vicinity is Wongutha Christian Aboriginal Parent-Directed School, which is a school that brings in students from as far away as the Kimberley. They come down each term. It is a fantastic school in that locality. I congratulate the staff for the work that they do educating many Indigenous students from throughout Western Australia, with a real emphasis on the Kimberley. I enjoy it when I get the opportunity to go out there for the end-of-year concert.

I also want to talk about Shalom House. I recall going to the yacht club in Esperance one Saturday for an event organised by four or five groups of parents who had children who were addicted to meth. It was very interesting. There were probably over 200 people there listening to Peter Lyndon-James. The work that Shalom House does—at times with adversity from various governments and local governments—helps those families, and when those people are committed, Shalom House can quite often bring them back. That was another feature in Esperance when we had that seminar.

The member for Central Wheatbelt mentioned Palmerston. It does some great work around the upper great southern, around Katanning. For those who are under 18, there are no regionally based centres, and centres that are available in the city are extremely expensive. There are online drug support services, but regional support centres are few and far between. That is where the cracks are, especially for mental health support in that 16-to-18-year-old age group. It seems that if someone is in that age group, they are in no man's land. I think this is an area that the state government really needs to focus on—backup services for all age groups, especially the 16-to-18-year age group. Mental health services are very important. I refer to a press release from Hon Martin Aldridge in the other place —

The State Government must guarantee and reinforce emergency mental health crisis support ...

'For almost twenty years the State Government has delivered an emergency response line to support patients and families in mental health crisis.

'It is unacceptable and places lives at risk when twice in two months that service was unavailable', Mr Aldridge said.

The Mental Health Emergency Response Line (MHERL) and the regional equivalent Rurallink provides service 24/7 in Perth and Peel and an after-hours service in regional WA.

'We know that one in five people in any given year will experience a mental illness and almost one in two Australians in their lifetime.

...

MHERL receives over 27,000 calls per annum or an average of 70 calls per day ...

...

'It is unacceptable that on two occasions callers were met with an answering machine directing them to call 000' ...

I support Hon Martin Aldridge on that. That is an absolutely essential service. As we know, whether people are meth addicted or have mental health issues, it is absolutely essential that they have support on hand.

Before I talk about public health, I will briefly branch out into what I spoke about last week, which is the increase in school violence. I am sure it is related in many ways to families that are having troubles with meth usage and the like. A week or two back, we saw an excellent quote from a teacher in *The Sunday Times*, who is reported as stating —

"There is no shortage of teachers in WA," ... "Rather, there is a shortage of teachers who are willing to work in WA."

That teacher was alluding to the violence that teachers are facing. There was a year 2 student who came to school with a knife the other week and today we saw reports of a 13-year-old student at Shenton College who terrorised their peer group and canteen staff. I understand they took the canteen cash register. Those are the things that are contributing to our teachers not wanting to teach. They want to teach, but they do not want to go to a place where

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they are facing violence, and it is increasing daily. I am sure meth and other drugs are contributing to it, as is family background.

More than ever, this state government needs to recognise the problems and support our teachers in the workforce. I have said many times that the Minister for Education stands up at the start of every school year and says, “Look at this! There is a teacher in front of every class in Western Australia”. I can assure everyone that there are many methods for putting teachers in front of every class, including merging classrooms, providing a limited authority to teach and using people who are still studying. I understand that some people who are in their second year of study are in front of the classroom. They would have challenges with behaviour management in that particular time frame, when they have been studying for only a year or a year and a half. Those are the challenges.

There are many other things that I would like to talk about. Mental health is a real issue and it is a flow-on effect from our shortage of staff in the public health system. We have had some feedback and we can understand when people who are drug affected or mentally unstable are left in the corridor in our public hospitals and sometimes there are eight or nine mental health patients waiting for a mental health bed.

[Member’s time extended.]

**Mr P.J. RUNDLE:** Staff are working at capacity and we are seeing shortages—not a storm in a teacup, but a volcano already erupting. I would love our nurses and doctors and all health professionals working in WA to hear again what the Minister for Health said yesterday in question time. She said —

Our system has a good staffing profile for medical, nursing and allied health, and different models of care assist with that staffing profile. Of course, there are times of pressure and winter surges when people are sick and unwell and so on and so forth, as happens in every system and every public service that is in demand, but we have been absolutely committed to recruiting into our health system, and the results are clear, because Health’s FTE has gone up by 30 per cent.

That is not the case. We can talk to those doctors and to the nurses in EDs, where mental health patients are lined up in the corridor—it is not good enough. This government needs to lift its game—whether it is on this methamphetamine scourge or in providing the mental health services that are appropriate for our system. I congratulate all our doctors and nurses and our police out there on the frontline, working hard while under-resourced. It is something that this state government absolutely needs to focus on.

**MS M. BEARD (North West Central) [5.59 pm]:** I rise to make a short contribution. Members who have spoken today on the motion about methamphetamine have covered a lot of territory. We all know that it is an enormously difficult challenge. Methamphetamine is a menace. It is silently infiltrating our communities. It is corroding the social fabric and shattering the lives of many people, some of whom we would never even suspect. It knows no bounds. It affects individuals regardless of age, gender, race or socio-economic status. It does not affect just one part of society. I will focus on something the member for Central Wheatbelt touched on and that I think is incredibly true; this is a vicious cycle.

I asked the Minister for Police a question earlier in the week about wraparound services. As he mentioned at that time, that is not in his portfolio, but the intention of my question was to highlight what I see as a deficit in the help available on the ground to police. The police do an incredible job and need the help of really strong wraparound services to support what they are doing and remove some of the pressure from them.

I learnt about drugs from a 15-year-old; she told me all about drugs. She told me about her life. She told me that her job, when her mother was not in jail—she was in jail at the time—was that when someone knocked on the door, she was to take the drugs from wherever they were and hide them under the house. She was quite blasé about the whole process. To her credit, she has been able to extract herself from that situation and has done very well, but a lot of kids do not manage to do that.

Substance abuse is a cycle. Drugs come into town, people start abusing them and then they start to engage in crime. It becomes a vicious cycle. The solution is to not just get the drugs off the streets; as the member for Central Wheatbelt mentioned, it is about helping those who are on drugs and, at the other end, trying to stem the flow of drugs into town. These are small towns. Children are growing up in an environment that is plagued with neglect and abuse, and this is being normalised in their lives.

The member for Roe mentioned schools. I speak with teachers all the time, as do a lot of members. When I was home two weekends ago, the lights were flashing across the road at the supermarket. I found out later that two 13-year-olds had pulled scissors on a security guard and held them to his throat and the throat of a cleaning lady. They then smashed the door and set off the security alarms. Kids really struggle when they live in environments in which this activity is going on. There is no excuse for it—there need to be consequences—but this is real and it is happening on the ground.

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Someone talked today about advertising campaigns. In my day, it was the Marlboro man campaign. He was pretty cool. He smoked cigarettes. Everyone thought that was great. That all changed with the campaign that had the image of someone wringing out some lungs. All my children have now left school and none of them smokes—three out of three do not smoke. They talk about that advert all the time. I believe there is a lot of merit to those campaigns, but it might take more than one generation. We started with something that we thought was good and then it changed. That needs to be worked on with schools.

I also agree that it takes a village to solve these problems. Having wraparound services and support would definitely be a way to help. Those who live in small communities often know who those people are. We are all happy to help them. People are happy to provide help, but they cannot if they do not have wraparound mental health services or a drug and alcohol centre that is up and running and fully functional. As the member for Central Wheatbelt said, there is a perfectly good facility in Carnarvon, but it is not fully functioning. I believe that we need to take a village approach, but we need wraparound services in towns and communities, including in the metropolitan area, to make a change. When somebody comes back from rehab, they would then have somewhere to go and would not end up back on the streets. Also, it is important that people are reintegrated into their communities. They will need housing assistance and peer support groups. An enormous suite of wraparound services and help will be needed to combat this problem. We need to provide rehabilitation pathways, particularly in the regions. The more geographically challenged an area, the more difficult that is to achieve. Unfortunately, or fortunately, a lot of that comes down to funding. At the moment, there is a lack of funding in some of these spaces, but if we do not do something soon, this will continue to escalate and get out of whack.

Some hospitals in our regions are obviously in a dilapidated state. If we get this right, it will take pressure off nurses, because people will not present at hospital; they will have alternatives, like a drug and alcohol centre. The police will not be under as much pressure because they will have additional resources—the wraparound services—to help them. There will be help for people at schools—mental health help and referrals for people who are affected. We need to be realistic. Kids are growing up in environments in which they think this is normal. They have no problem with it. I urge the government to prioritise services and facilities that will help our incredibly hardworking volunteer ambulance drivers, nurses, doctors, teachers and police, who are all at the coalface.

I will finish because I think everyone has covered a lot of what needed to be said. However, I reiterate that I believe that we need to do more and that the government needs to make sure that services and facilities are funded. We need some form of mapping of what is missing at a regional level and in communities, and we need to try to plug those gaps. We all know that that will not happen overnight. We are all aware that this is an enormous problem, but we need to find solutions and take steps so that this does not become an ever-escalating problem.

**MR P. PAPALIA (Warnbro — Minister for Police)** [6.06 pm]: I say at the outset that I am not the lead speaker from our side on this motion, but I want to make a brief contribution. The first observation I will make is that there is a bit of similarity between this week's private members' business and last week's. That is probably indicative of the fact that part of the opposition will move a motion or proposal one week, and then the next week the other side of the opposition will do the exact same thing. They do not talk to each other very much.

I should not be disparaging, because the observation I want to make is that there were some quite refreshing contributions from some members of the opposition this evening, amongst the usual disparaging comments about the government and its failure. I refer to some of the observations made by the members for Cottesloe, Central Wheatbelt and North West Central. I commend them for recognising the complexity of this challenge, the deep impact that methylamphetamine abuse is having on the community and the threat it represents. A stark observation was made that it is not something that we can police our way out of. I appreciated the fact that everyone was at pains to commend and recognise the efforts of the police in doing their part of the job.

I will go down the list rapidly. I will reflect on what led to the amendment of the Misuse of Drugs Act under the border search area legislation. I remind the member for Vasse that the response was not made in isolation, although it was probably reported that way by the media because it did not link some of the legislation that preceded it that was all part of a response requested by the police. The member may recall that in 2021, after I got the role as Minister for Police, the then Premier, the Attorney General and I met with the then Commissioner of Police and deputy commissioner at their request. They put to us that the effect of COVID on meth consumption and the resultant crime had been extraordinary. They requested of us a range of measures to try to replicate that effect. I will correct the member for Cottesloe on one thing. He said that during COVID, there was a change in crime, but not a consumption change in meth; is that not correct?

**Dr D.J. Honey:** I said it was a reduction, but we didn't see an elimination.

**Mr P. PAPALIA:** It was massive. At the time, the police testing that the member referred to that had happened across Western Australia indicated a 53 per cent reduction in meth consumption. In some locations, it was far higher. According to the then police commissioner, there was also a commensurate 40 per cent reduction in crime.

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Presentations at hospitals were also impacted and the price of meth doubled. All those things confirmed that the effect was real, and that is why they asked whether we could implement a range of measures to assist them in trying to replicate that effect, not just the border search areas.

The first measure that was ready and pretty much introduced that year by the Attorney General was the anti-consorting legislation. That focused on the people who distribute the drug in the state, such as outlaw motorcycle gangs and organised criminals who bring in the drugs from outside Australia and use the gangs in their distribution techniques. The police wanted to focus on those gangs. We also had the consorting orders, the dispersal notices and, most notably, the thing that got everyone's attention, the insignia legislation. All that was part of a package that was very effective and gave police greater powers.

The next year we amended the Firearms Act to create, amongst other things, a range of a measures that tripled the penalty for stealing and the illegal use and manufacturing of firearms, but we also created a prohibition order. That order, together with that legislation, effectively gave police the power of a warrant-free search of people who received an order to confirm that they were not carrying a firearm, and they were not in a place where there might be a firearm or they might expect there to be a firearm. That was pretty powerful legislation. It has been used sparingly by police, which one would hope is the case.

Similar to the use of those powers, the police have also been very sparing with the use of the consorting notices. These are very onerous laws that the police have been provided with to target individuals. Most recently, the amendment to the Misuse of Drugs Act created 22 search areas. All the locations that the member for Cottesloe referred to are the entry points specifically requested by police.

All those things are in play. It is tempting, and the member fell for the temptation, to declare that those laws have failed, most notably, the amendment to the Misuse of Drugs Act, because the most recent use of that law, as it has only been in place for about six months, indicates that police have not been successful in the search areas in which that law has been activated and resulted in seizures. The other day I said that the member should be aware—I think all members are, it is just of benefit politically to ignore the fact—that police will use these powers of search activations and the search areas to build their intelligence and shape the environment. It may very well be that police have employed those search areas, identified people of interest and then exploited that knowledge at a later date in a different location because, as I said earlier today, 314 kilograms of methamphetamine and \$22 million has been seized from organised criminals in this financial year. I do not know, but it may be that they implemented those search areas and utilised them for that outcome. It may also be that it is based on intelligence and that intelligence may not have been as fruitful as they anticipated. It also might be that by acting on that intelligence, they are also proving up the system, because these are new powers and strategies and they have to confirm that everyone in the regions is capable of implementing them at short notice, but it would have been done based on intelligence.

That aside, I, like the member, commend the police. I think they are doing an excellent job. Methamphetamine is a scourge. That is true. The member for Cottesloe referred to the violence associated with methylamphetamine abuse, and that is true too.

I want to push on to the criticism I received from the Leader of the Opposition regarding unit 18. I get that he will do that. With regard to that issue in today's question, it is not appropriate that we talk about something that is before the Coroner's Court. The reports to which the member referred about unit 18 are based on claims made by a third party that is allegedly reporting claims made by individuals from unit 18. By definition, if a juvenile is in unit 18, they have done some pretty bad stuff and their character, their word and the claims that they make about activities, issues or incidents, might be subject to question. That aside, those sorts of reports are investigated. I can guarantee the member that things are being investigated, but I will leave that as an operational matter for the Commissioner of Corrective Services, Brad Royce, who is an excellent officer and in whom I have great confidence.

In response to the member's questions about what is happening in unit 18 and Banksia Hill Detention Centre, Banksia Hill is incredibly improved from where it was about eight months ago in terms of out-of-cell hours, delivery of services and interventions. An elders' program has commenced there and an Aboriginal services unit is operating in both Banksia Hill and unit 18. The inmates are receiving services, exercising, going to school, getting interventions and getting on average more than 11 out-of-cell hours a day. In unit 18, although that same measure has vastly improved, it is lower than Banksia Hill with about four and a half out-of-cell hours on average—some get higher, some get lower—and, increasingly, they are getting more services and better program delivery inside unit 18 too, but it is, by virtue of the cohort there, a challenging environment and it will always be. It is not the desired location. We have committed \$1 million to doing a business case for a future facility that will be suitable for that cohort. People know that and we are focused on delivering better outcomes.

I want to reflect a little on what is being done inside our adult prison system for the types of measures that the members for Cottesloe and Central Wheatbelt in particular, but others also, have suggested are required. Inside the prison system under our government—this did not exist before—we created a women's alcohol and other drug prison

at Wandoo Rehabilitation Prison. It has been running for more than five years now and it has been incredibly effective. It is recognised across the country as a cutting-edge response. It is essentially a secure residential facility for group-based therapy. More than 270 women have graduated from that 28-week program. A woman voluntarily goes there and is tested constantly and dogs are run through the place to ensure that it is drug free. Our external providers provide support programs inside there, and, on release, those women are supported for 12 months. It has been an extraordinary initiative of this government and a men's version has now been replicated inside the Mallee wing of Casuarina Prison. That has been running for a couple of years. It is early days in terms of being able to measure the outcomes, but, anecdotally, it has been very successful. It is isolated from the other parts of the prison in that the people who go there are volunteers. They are tested and the dogs are run through the place more frequently than they might be elsewhere. That started a couple of years ago. Just last year, Bunbury Regional Prison commenced an alcohol and other drug intervention program in the regions. It is the first time we have had one in Bunbury. The program is in its very early days. Those three programs are a really significant change to service delivery and are focused on drug intervention in our corrective services system. It is a significant initiative and worthy of recognition. It is worth remembering that it has been implemented under this government, and it had not been prior to now.

I make an observation about what the member for Central Wheatbelt said. She referred to the fact the Dr George O'Neill is in her patch. I went to Fresh Start in Shenton Park when he used to be there. When I was in opposition, I used to go there. George, and naltrexone implants, are controversial and probably not supported by the conventional, mainstream mental health services or hierarchy. I do not know what the latest view is. I know when I was in opposition and advocating a little for George, there was a lot of pushback and people were not very supportive. I do not know whether that is still the case. I hold the view that if good things are happening and people are achieving good outcomes, they are worth considering and having a look at. They could be an opportunity for volunteers who want to adopt a different pathway that might be successful for them.

I finish my brief contribution by making an observation. I join the member for North West Central and others in making and agreeing with the observation that this is an intractable problem that can be dealt with only through a village-type response—a lot of measures across a lot of parts of the community, not just government. But within government there needs to be a joined up and collective response. That is the only means we have with the likelihood of success. The police do an extraordinary job. We will keep giving them the powers and resources they need to do their job well, but, as has been identified, this is a big health problem. I concur with the member for Cottesloe's suggestion that we need a much bigger public education program. Things are a bit more challenging than when we were young and smoking was the thing. Members know how difficult it is to communicate with this generation in the first place. Connecting and achieving that outcome will not be as simple as that, but I encourage any additional effort that might be made. A lot of things are happening, but I support any additional effort that might be made in that regard.

**MS S.E. WINTON (Wanneroo — Minister for Prevention of Family and Domestic Violence)** [6.23 pm]: I will make a brief five-minute contribution, if I can. I thank the minister and members opposite for their contributions. This government is absolutely committed to keeping the community safe. There is no question about the fact that alcohol and other drug abuse gets its tentacles into all sectors of society. At the outset, I point out that it is a problem for all communities, and potentially all families, around Western Australia. I am sure many of us, like me, could recount anecdotes of drugs, and methamphetamine in particular, capturing young people from all walks of life, whether they live in Cottesloe, Balga or any regional town around the state. There is no question that those who peddle this insidious drug target vulnerable communities and areas in Western Australia. The police response, and the Cook government's response, to disrupt the supply of this drug into Western Australia is absolutely critical and has made a difference overall to not only the consumption of the drug, but also the damage it causes throughout the community.

I will make a couple of comments in terms of my portfolio for the prevention of family and domestic violence. I have had the privilege of meeting with many organisations that provide important support to victim-survivors of family and domestic violence and to its perpetrators. In many instances, a contributing factor to that violence is alcohol or other drugs or mental illness. I say at the outset that there is no excuse for violence. Drugs and meth can contribute, but they are no excuse. The results of research tell us some key things about drug use and its link to family and domestic violence. When I have talked to victim-survivors of perpetrators who used methamphetamine, they have told me that the violence is much more extreme than that of drunk perpetrators. That is not just in the family and domestic violence space. People tell me that violence perpetrated by people on methamphetamine is much more severe and intense than those affected by alcohol or other drugs. That impacts on those experiencing family and domestic violence. Of course, it also impacts victims personally when there is the potential for intense acts of violence to be perpetrated against them and the likelihood that they will go to the authorities and report the violence. That intersection with the authorities might have consequences on intimate partners. Another thing that can happen is that victims turn to drugs as a response to the violence that has been perpetrated on them.

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The government is aware of that. Built into much of the crisis accommodation and support services for victim-survivors is support for women dealing with their own drug use. I particularly mention one service doing an incredible job, which is the Peel therapeutic refuge. It is focused on not only supporting women who escape family and domestic violence, but also providing wraparound services for victim-survivors with mental health concerns or harm from alcohol and other drugs. It is a really important service that holistically supports victim-survivors.

There is a second organisation I want to briefly touch on. I had a most extraordinary experience. I got the opportunity to go to Breathing Space, which is a program for family and domestic violence perpetrators in Maylands. It is a residential program run by Communicare for men who have committed violence against women. I got the opportunity to sit with three men for over one hour to talk about their experiences as perpetrators. It was a great privilege for them to be so open with me. The Breathing Space program run by Communicare is a 12-week residential program around behaviour change, particularly around drug and alcohol use. In speaking to some of those men, I found that they were absolutely honest that meth use was at the heart of them being unable to change their ways. That Breathing Program has at its heart a support mechanism through which those men can deal with their addictions. We need to highlight that all those organisations out there that provide the service for people to deal with their drug addiction do not always work the first time. For two of those men, that was their third term into the program. These programs that support people with drug and alcohol problems are good, but they do not always work the first time. Addiction is a wicked beast that for many people is a lifelong journey.

I also want to mention other services that provide incredible supports for those with drug abuse problems. One is the Patricia Giles Centre for Non-Violence. I had the opportunity to visit that centre, I think back in November, with the Attorney General and to hear about the partnership with Holyoake, a drug and alcohol services provider. The joint project is also funded through the national partnership with the federal government around family, domestic and sexual violence responses. Importantly, we need to provide and strengthen the safe-at-home services and provide the alcohol and drug and mental health therapeutic support that victims need to bring their lives back together.

I am going to leave my remarks there because I know our lead speaker wants to make a contribution, but I say this: as has been recognised by those opposite, methamphetamine use is a wicked and evil problem that exists in our community, gets its tentacles through all sections of the community and impacts people's lives at all levels. But I reinforce the Minister for Police's point: police play a critical part, as do various agencies within government that provide a holistic response to what are really, really wicked issues in our community. It is about a whole-of-government response together with partnering, backing and supporting community sector organisations, which do the actual work of engaging with people. Importantly, we should not start from a deficit point of view within communities but build that collective in terms of making long-term differences in each town and region across Western Australia.

**MR S.A. MILLMAN (Mount Lawley — Parliamentary Secretary) [6.32 pm]:** I am the lead speaker for the government in response to the motion that has been moved by the Leader of the Liberal Party. I want members to imagine, if you will, a complete circle. A couple of members have already addressed this. The response to the intractable scourge of methamphetamine, and the devastating effect it can have on individuals, families and communities, needs to be a complete circle. Some members have touched on this. Once again, we have had solid contributions from the member for Cottesloe and the member for Central Wheatbelt and happily, for me, given it is my portfolio responsibility, they came at this issue from a health perspective. They identified quite clearly that drug addiction and drug use is materially and significantly a health problem. Other members tried to characterise it as a law and order problem, which I anticipated from the conservative parties, but even those who tried to characterise it as a law and order problem conceded it was also a health issue that needs health attention.

The member for Cottesloe mentioned community education and referenced the previous public health campaigns for which Western Australia is renowned, and he referred to tobacco. Within the circle that I have asked members to consider, I want members to think about the importance of health and education. I also want members to think about the economic aspect and, quite simply, the question of supply and demand. How do we tackle supply and demand? What are those social, economic, cultural and environmental factors that people are experiencing? Maybe it is employment or, as the minister has just said, family and domestic issues that are driving demand. How do we influence supply and demand? Then I want members to think about the justice response, the police response, how police tackle the supply side, what we do with meth dealers that we have caught and how we drive down supply so that we can eradicate, to the best of our ability, what is permeating our community and imposing such devastating consequences.

As she often does, the member for North West Central has said that we need a whole bunch of services around this and, again, I do not disagree with the member. I will highlight that only the McGowan and Cook Labor governments have had a cabinet working collaboratively within the whole purview of that circle that we have formulated, and then deployed a meth action plan that takes into account the fact that alcohol and drug dependence is a health issue. It looks at the ways in which we can resource our police force to tackle drug dealing and outlaw motorcycle gangs

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and bikies in our community who are profiting off the misery of drug addicts. It is only the McGowan government that has put in place the health infrastructure and supports that are necessary and it is the McGowan government that put in place the education as part of a coordinated and comprehensive and whole-of-government approach to the problem we are presented with.

I also want members to imagine, if you will, a circle outside that original circle and think about the members of the community. I want members to think about the media and our schools and our community service providers. In the area of health, one of the most important services that is provided by community organisations is alcohol and drug rehabilitation services. This organisation has already been mentioned, but I was honoured to undertake a tour of Palmerston Association farm and the Mallee unit in Casuarina Prison last year. This was a great demonstration of how the community sector works in collaboration and in concert with the Department of Justice and corrective services to make sure that people who are participating in rehabilitation have a pathway.

I am just going to interrupt to pick up something that the member for Cottesloe said about rehabilitation. The science, as I understand it, of rehabilitation programs is that they are much more effective when they are voluntary. I am glad the member is nodding. We want as many people as possible to engage in the rehabilitation pathway. I saw the Solid Steps graduation at the Mallee unit at Casuarina Prison, which was the first maximum-security prison in Australia to deploy a Solid Steps alcohol and other drug rehabilitation program. It was the first therapeutic, community-based AOD rehabilitation program in a male maximum-security prison in Australia. This nation-leading initiative was dependent upon the Department of Health and the Minister for Health taking an interest. It was dependent on the Minister for Corrective Services taking an interest. It was dependent on the community organisations taking an interest. It was dependent upon the prisoners recognising that unless they could break the cycle of addiction, offence, conviction, custodial term, release, addiction, offence, conviction, custodial term, they would be stuck in this cycle—perhaps the third circle I will get members to visualise—whereby they could not be freed from the oppression that this drug had on their lives.

What I saw at Casuarina was, frankly, incredible. For those who have not been to Casuarina Prison, I have been to a couple of prisons, but Casuarina was confronting. It is a maximum-security prison. You are escorted all the way in and you put all your personal effects into a locker, and then you meet these guys. These guys looked tough; they looked like solid guys, and there was a diverse mix of the community. We went in and a band was performing and artists were painting. There was a sense of personal pride and personal fulfilment with these inmates who were also students, or participants in the program, and it was incredible. The Solid Steps organisers brought back to Casuarina people who had finished their term of imprisonment to talk to their peers—their fellow inmates from when they were serving their time. Those who were still in prison, going through this program, and perhaps struggling a bit with the program's requirements, could then see what the future could hold. That provided them with hope and enough motivation to continue the work they were doing.

This is a well-supported, well-patronised, well-resourced program that really unpicks the Gordian knot that is meth addiction, and does so in a way that does not condemn these men—it is a male prison, so they were all men—or judge or criticise them. It recognises that this is an intractable problem that is hard to resolve, and that all the elements of it need to be worked through. That means wrapping around all the support and encouragement that we can.

Another great thing that that program demonstrates is that this government knows that the role of government in society is important, but not ubiquitous. We know we have a role to play, but government cannot do everything. We need to work with partner organisations and community groups, because with their lived experience and peer workforce they bring a level of expertise that the government just does not have access to. They bring a level of enlightenment and new perspectives that makes us better at delivering the services we seek to provide.

From there we went to Palmerston, which people have talked about, Cyrenian House, Holyoake and numerous other organisations within the community, and that just builds on the goodwill in the community and the experience in the community of people who have taken the terrible path through addiction but have then gone through rehabilitation and come out the other side.

In late 2014, before I was elected to Parliament, *The West Australian* ran a series of articles titled “Meth City”. The subheading was —

WA is in the grip of a methamphetamine epidemic. This series investigates the addiction, the family trauma, the crimes and the health consequences.

The journalists responsible were Cathy O’Leary, Gabrielle Knowles, Katherine Fleming and Steve Ferrier. The articles provided an overview perspective of the addicts, the justice system, the case studies, the violence, the health system, the community, the dealers, the syndicates and the meth labs.

I will refer to the article dealing with an addict called Heath. It states —

Today, Heath is a charming, charismatic fitness instructor. But before rehab, he spent years hooked on methamphetamine and came close to losing everything. Here, he gives other addicts a powerful message of hope.

There is that message of hope. One of the things I recall from before the 2017 election, as the member for Mount Lawley, is the relatively frequent meth lab explosions in apartment blocks. There were a few in Highgate, a couple in Northbridge and one or two in Maylands. We do not have that now. When I look back at the circumstances in the early teens—the 2010s through to about 2016—it seemed that all the meth that was entering the market in Western Australia was cooked locally. The problem we had then was all the meth lab explosions. The response from the police at that time was to go after the event to the people who had suffered horrendous burns and so forth, to say nothing of the deleterious impact it had on the residents in the community. I think the reporting of the wastewater data that came out last week prompted the opposition to bring this motion forward. Meth labs—touch wood—are, by and large, not a significant part of the equation today. They are definitely not as much of the equation as they were when the opposition was in government. Unfortunately, locally produced meth has been replaced by outlaw motorcycle gangs—bikie gangs—and criminal syndicates, as the Minister for Police said, that are attempting to flood the Western Australian market with meth that is produced elsewhere. It is undeniable that there was a significant drop in 2018 in response to the implementation of the government’s meth action plan in 2017 introduced by the current Speaker, the former Minister for Police. It was reported in 2018 —

Perth’s previous unwanted title of the meth capital of Australia is now a distant memory, with the Australian Criminal Intelligence Commission revealing ice use in the WA capital is at its lowest since wastewater testing began in August 2016.

...

... the average number of hits in Perth per 1000 people a day is 30—half the level it was in December 2017, and below comparative figures in Victoria, South Australia and the Northern Territory.

“These latest results show meth use in Perth has dropped significantly since its peak in 2016,” Police Minister Michelle Roberts said.

“They are promising, but we all know there is still much work to do and we cannot rest while this scourge continues to afflict our community.”

Members opposite have not said this in previous comments they made in private members’ business and matters of public interest, so I was very grateful to hear them talk clearly and unambiguously about the effect of COVID. It was nice to have that front and centre in this debate. It would be good if it was similarly front and centre in other debates, particularly about the workforce and so on and so forth. Unquestionably, meth use peaked in 2016. After the election of the McGowan government, wastewater testing under the then Minister for Police, Michelle Roberts, showed that it had come well off its peak. Western Australia dropped below the other jurisdictions I mentioned—Victoria, South Australia and the Northern Territory—because we had a reduction in meth use. As the Minister for Police said in his contribution in response to the motion this evening, during COVID we had a 50 per cent reduction in meth use and a 40 per cent reduction in crime. Again, picking up the member for Cottesloe’s point—I am not an expert in criminology—there is a correlation between meth use and crime. We saw both of those go down in the midst of COVID. I think the minister appropriately said that it is not correct to say the only cause of that reduction was the border closure. A range of societal, economic and domestic factors affected the way people interacted with one another, the activities they were undertaking, the work they were doing and the stresses, the suffering and the mental health issues they were experiencing. There was a range of factors. Undoubtedly, the border closures were part of that equation, and that is why this government has been thoughtful and responsive when the Commissioner of Police has come to it with suggestions for how to tackle crime in the community and, in particular in this instance, how to tackle the importation of meth. Again, the government relied on the expert advice and evidence and it put in place mechanisms to give best effect to what had worked during the COVID pandemic. The implementation of those policy provisions is only part of the answer.

Returning to my original circle, with all members of cabinet cooperating, the next thing that I want to come back to is the work of the Attorney General. Since 2017, he has been laser focused in ensuring that he does what he can to disrupt, discredit and destroy the operations of outlaw motorcycle gangs in Western Australia. That is something that the former Barnett Liberal–National government attempted when it was in office, but the legislation that it introduced was completely ineffectual. When we came to government, the Attorney General worked with his department, the Parliamentary Counsel’s Office, the then Minister for Police, Michelle Roberts, and government members to ensure that the legislation that was brought before this place was fit for purpose—that it was the right legislation for the unique Western Australian circumstances and would provide us with the necessary response. That is in stark contrast to both the Barnett government’s legislation, which was ineffectual, and other legislation

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from other jurisdictions around Australia, some of which had even been struck down by the High Court. Again, we are doing similarly with the Minister for Police and the firearms legislation.

These requests have been brought to us by the police to improve community safety in Western Australia. Everyone in this chamber says that they support the work of the WA police, but this government, having had expert advice from the WA police about the measures that needed to be put in place legislatively and operationally and from a resources perspective, is practised in bringing legislation to the chamber and having it debated and passed, and having the resources allocated. As I say, we can look at the runs on the board. There is another article that I want to quote.

**Dr D.J. Honey:** You need an iPad.

**Mr S.A. MILLMAN:** I know. Both my wife and I are working today, and my father-in-law is picking the boys up from school, so the iPad is at home.

An article dated 21 April 2023 by Joanna Menagh headed “Decades-long jail terms for four men snared in billion-dollar Geraldton meth bust” states —

Four men have been sentenced to decades in jail for their roles in a “sophisticated” drug importation that saw 1.2 tonnes of methamphetamine—with an estimated worth of up to \$1.1 billion dollars—smuggled into Western Australia.

The key points were —

The drugs were loaded on to a boat in a late night, mid-ocean rendezvous

I think people will remember this —

They were then taken ashore in Geraldton where police pounced

The methamphetamine was estimated to be 80 per cent pure

In addition to the 314 kilograms of meth seized this year that the police minister referenced, there is also 1.2 tonnes of methamphetamine. The coordinated and extensive police response faces significant challenges. WA is a vast state. Our coastline is immense, but when South-East Asian criminal syndicates exploit that, the response that we need has to be commensurate with the challenges that we face. The police response is there.

In the time I have remaining, the next point I want to raise, when dealing with a coordinated, collaborative, wraparound, whole-of-government response that incorporates the role of the community, is how important it is to have a cohesive and stable cabinet whose members work collaboratively and know each other’s objectives and the role that each department and portfolio plays in delivering the overall circle. We are blessed to have had an incredibly stable cabinet during the McGowan and Cook eras. We have had one Attorney General, John Quigley. We have had two Ministers for Police, Michelle Roberts and Paul Papalia, and there was a seamless transition between them. We have had two Ministers for Health, Roger Cook and Amber-Jade Sanderson. For the first time in the history of Western Australia, the Minister for Health became the Premier and the cabinet secretary became the Minister for Health. Premier Cook, when he was the Minister for Health —

**Mr R.S. Love:** It was a seamless transition, was it? It seemed a bit clunky at the time.

**Mr S.A. MILLMAN:** It was a seamless transition. Hang on. I did not make any interjections.

**Mr R.S. Love** interjected.

**The ACTING SPEAKER (Ms M.M. Quirk):** Leader of the Opposition!

**Mr S.A. MILLMAN:** I will not take any interjections because I only have a couple of minutes left. I do not know whether that particular interjection was the right one to make when we are talking about the cohesion, unity and stability of the opposition.

**Dr D.J. Honey** interjected.

**The ACTING SPEAKER:** Member for Cottesloe!

**Mr S.A. MILLMAN:** I thought there would be another interjection, but that one was exactly what we wanted. There is no cohesion, stability or unity of purpose.

We had Ministers for Corrective Services from Fran Logan to Bill Johnston and Minister Papalia. I have to say that when it comes to the allocation of portfolio responsibilities, having Minister Papalia in the police and corrective services portfolios gives him the opportunity to have a line of sight over what will tackle the scourge of meth,

**Extract from *Hansard***

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whether it be through the actions of the police in seizing 1.2 tonnes of meth off the coast of Geraldton last year or the 370 kilograms of meth this year, or through the other work that has been done.

Wandoo Rehabilitation Prison, the alcohol and other drug treatment prison for women, has had 270 graduates from its voluntary program, like the Solid Steps program in the Mallee wing of Casuarina Prison. This minister has a line of sight all the way through on how the justice element of the government's response to the scourge of meth is being effected.

With the stability in the health portfolio; having one minister for both police and corrective services; the stability in the Attorney General's portfolio, whose law reform and legislative agenda match those other elements; the public health emphasis through my minister, the Minister for Health, which was mentioned by the member for Cottesloe; and the work of the director general of the Department of Health, we have the necessary building blocks in place to deploy our meth action plan so we can continue to tackle the scourge.

I do not have very long left, but I want to finish with some important statistics. This comes to my final point, which is about resourcing, because all the mechanisms and levers that have been deployed by the then McGowan and now Cook governments are underpinned by dollars. We need to spend money to get these resources into the community so we can support our meth action plan. The state government is committed to addressing the harms related to alcohol and other drugs. Since 2017, the state government has allocated \$377 million to specifically address methamphetamine issues as part of our Western Australian alcohol and drug interagency strategy and methamphetamine action plan. This includes an increase in funding for prevention programs and community services for those who require additional support. Key elements include funding for methamphetamine treatment beds and community alcohol and other drug services; the establishment of 21 residential rehabilitation beds in the south west region, in Brunswick Junction and Nannup—that came up in a couple of contributions; the establishment of low medical detox services in the Kimberley region, which are due to commence shortly; the continuation of funding for school drug education programs, which aim to help school-age children make smarter choices by providing a resilience approach to alcohol and drugs education; and the delivery of training to frontline workers on how to recognise and respond to amphetamine intoxication and toxicity. As I mentioned before, there is also the opening of dedicated AOD rehabilitation services in prisons, funded by the Department of Justice, including the Wandoo Rehabilitation Prison for women and the Mallee rehabilitation centre at Casuarina Prison.

The only way we can respond to the scourge of meth is to have a coordinated, collaborative, whole-of-cabinet response, and that is exactly what the Cook Labor government is doing. We remain best placed to continue to protect the community safety of the citizens of Western Australia.

Debate adjourned, pursuant to standing orders.