

CRIME RATES AND METHAMPHETAMINE USE

Motion

MRS M.H. ROBERTS (Midland) [4.13 pm]: I move the motion standing in my name, which I gave notice of yesterday —

That this house condemns the Liberal–National government for its unprecedented increases in crime and the shocking rate of methamphetamine use in Western Australia.

It is sad that after eight years of a Liberal–National government, it has come to this. The Liberal–National government promised to be tough on crime, yet it has an appalling record.

The ACTING SPEAKER: Members, can we take the conversations outside, please.

Mrs M.H. ROBERTS: What is most appalling is the record of the current Minister for Police, who has been in the job for some four years. Since she has become minister, the situation has gone from bad to worse. We are led to believe that somehow this methamphetamine crisis has just emerged. The meth crisis has been around for at least eight or 10 years; it is nothing new. The only thing that has changed is that the situation has gone from bad to worse—significantly worse.

In terms of crime rates that I refer to in the motion, during the 2013 election campaign the Premier and police minister went out and said they would drive down crime, have better response times and more police, and that everything would be great. The problem is that Western Australia has gone from having what were very poor crime figures compared with other states in Australia to having some of the worst crime rates for most crimes in Australia. With that record, this government has made it even worse. Members might ask how things have got so particularly bad in the last couple of years. This increase in crime has been reported widely in *The West Australian*, PerthNow, *The Sunday Times*, TV media and radio and is correctly based on figures provided by Western Australia Police on its own website that crime rose for a period over one year, one month after the next, with a double-digit rise in crime on the year before. Some of those increases, comparing the same month in the previous year, were up by as much as 18 or 19 per cent. This is unprecedented, and the minister admitted this last year. It is unprecedented, particularly in the volume crime area, for something like home burglary or car theft—those kinds of crimes have big numbers—to have a spike of 18 or 19 per cent in crime rates in August one year compared with rates in August the previous year, or those in May one year compared with those in May the previous year. Occasionally, we see spikes in crime rates of smaller volumes, such as murder in which the numbers are low, and if there is some form of multiple killing the statistics blow out in a strange way. That is not the case for volume crime rates. Traditionally, a significant rate increase in a volume crime such as home burglary or car theft would be five, six or seven per cent, which would once have been considered unprecedented. Under this government we have seen increases of 18 and 19 per cent in some months compared with the rates for the same month the previous year. Where did this all start? It is fair to say that we first started seeing these massive rises in crime after this police minister and this government introduced the so-called new policing model that was somehow going to carry out local policing better. All the information we have had on it has shown that the results are worse and that life is tougher for our police officers. It has taken us from a poor situation to an even worse situation. People in the community are bearing the brunt of this. They are suffering from thousands more crimes a year.

I want to take members to a media statement of Hon Liza Harvey, MLA, Deputy Premier; Minister for Police—she probably was not Deputy Premier back then, but that is what it is says on the government's website. She has been promoted since, which is hard to believe. On Sunday, 30 November 2014, the Minister for Police put out a media statement. It is important to look at this. Sunday, 30 November 2014 is not quite two years ago, but it was certainly 18 months—plus ago. The bullet points are —

- **Australian first policing model to be rolled out across the city**
- **New website connects residents directly with their Local Police Teams**
- **Bigger Picture Policing information campaign to help inform the public**

It has cost a lot of money for the public to be better informed about a new policing model that has driven up the rate of crime and increased response times. The press release goes on to state —

The biggest change to policing in Western Australia is about to be rolled out across Perth in what is an Australian first.

Police Minister Liza Harvey returned to her role today to oversee the groundbreaking Frontline 2020 model being implemented across the Central and North West districts, joining the South and South East districts which have been operating under the model.

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“A key plank of the new model is having the community connect with their Local Police Teams and we have encouraged that to happen via mobile phone, community events and social media,” Mrs Harvey said.

The Minister announced the State Government and WA Police had developed a website where residents could type in their suburb and be directed to a page containing a photograph of their local senior officer, the suburbs they were responsible for and a mobile phone number to contact their Local Police Team.

The Government also announced a public information campaign—through TV, print and online—encouraging residents to get to know their local police team and how the new model will help them.

We have paid very dearly for this privilege. This has been nothing more than Liberal propaganda. The press release continues with a quote from the minister. It states —

“During the trial of the new model in the south east suburbs, local officers developed a stronger relationship with small business owners, residents, local community groups and Government departments, working with them to target trouble spots and the results were extremely promising,” she said.

The south east trial saw an 8.4% reduction in crime. Using the new model, police also targeted the 20 worst homes for police callouts. By the end of the trial, the number of callouts had nearly halved.

“Local Police Teams have been given the directive to focus on the crime in their neighbourhoods, while response teams will patrol 24/7 ready to strike when and where they are needed,” Mrs Harvey said.

Each district will have about 550 officers, a 24/7 Control Centre and large detective teams as well as the response and Local Police Teams.

Then there is the usual little fact file at the bottom of the release. The bullet points there are as follows —

- **Model based on successful policing and emergency services from around the world**
- **Malaysian and interstate police have visited to study the new WA Police model**

The third bullet point is about where people can go for more information. Pity help the poor people who have come from interstate and from Malaysia to study this policing model. I hope the minister has been back in touch with them to tell them what a failure this model has been, because pretty much since its rollout, we have seen a massive blowout in crimes—and in the crimes that affect people the most. We have seen not just marked increases in home burglaries and car thefts, but marked increases in assaults and crimes against the person as well. Domestic violence has hit all-time record highs. We really have to wonder. I wanted to read out the first media release that the minister did because it highlights the disparity between what was promised and what has actually been delivered.

There was great fanfare when the new model in the south east metro area, focused principally around the Armadale area, was talked about. During that time, extra police officers were put into that district, with more than 40 extra officers put there. It might be wondered where those officers were obtained from. They were obtained from each of the other metro policing districts—so they were taken out of Midland, Mirrabooka, Joondalup and wherever and put into the south east district. With those extra police officers in the district over the time of the trial, it was measured how that district went compared with all the other districts. The district that had been super-loaded with extra officers for the new model was compared with the districts that had been brought significantly below strength by withdrawing officers from them. The government then said that the new model was great and that it worked. It was said that there had been a reduction in crime, that people in the community were happier, that there was a better police presence and that response times had improved. I questioned at the time whether the improved results were just because more police officers had been put there on the beat doing a frontline role in the south east community—a community that has struggled with very high crime rates. What is happening now? Members will have seen recent reporting that shows Armadale and the south east area is right back to being pretty much the worst area for break-ins and other crimes. Without the additional resources, it has gone back to where it was. Not only has there not been an improvement, but also things have got significantly worse.

All our regions have got significantly worse in a growing crime environment. Under this model, we have seen what were effectively seven policing districts in the metropolitan area contracted to just four. Police in the response teams now have to respond right across four huge districts. The “local” has effectively been taken out of policing. I have had conversations and correspondence with numerous police officers who tell me that under the old model—the way it used to be—they got to know the communities they were responding in. They did foot patrols, they went to the same patch over and again and they effectively got to know the constituency, where the trouble spots were and who was who, and they provided an effective policing presence. Now they are saying that

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being a frontline response officer is a much tougher job and they have to respond across a much broader area. No doubt other members will talk about their experience in their electorates, but my electorate was what once used to be known as the Midland district—one of the metro districts. It was then renamed as the east metro district and is now part of this central east district. It effectively is the central district, which covers the CBD, Northbridge, a little into the western suburbs and a little into the northern suburbs, and the whole eastern district, which includes places like Lockridge, Beechboro, Kiara, going out to Ballajura, Ellenbrook and way up to the hills to Lesmurdie, Kalamunda, Maida Vale and Forrestfield. They are all part of this mega policing district. Officers tell me that they spend way too much time in cars travelling from one place to another. That is one of the faults of the system. They also do not get to know their local patch.

When this new model was rolled out, I attended numerous briefings. I attended the briefing at the Constitution Centre to hear about the new model and how it was going to drive crime down and improve response times. I heard how the “local” was going to be brought back into policing and everyone would be able to call the mobile number of the local cop and see their picture on the computer. I also attended a briefing at the Midland Town Hall, which, sadly, neither the Commissioner of Police nor the Minister for Police was able to attend, but we had Deputy Commissioner Brown and Hon John Day attend as delegates on their behalf. There were probably more officials in the room than actual punters. I think there were probably fewer than 20 punters. There were members of the community who showed up, only 12 or 14, if I discount the City of Swan officials—the counsellors and people employed by the City of Swan—and very many people showed up from the police force, both public servants and sworn officers of varying ranks. Those people from local community groups who did come along were pretty darn impressed with the presentation they got, because they thought they would be able to make contact with police, they would be able to let them know about local problems, they would have direct contact and someone would be on to the job. Down the track now, what do people in the community tell me? More often than not, they cannot get through on the mobile numbers. The calls go unanswered. People leave messages, but it seems to be a bit of a lottery as to whether their message is returned. That element is not working. Do I blame the police for that? No, I do not, because the local police teams are continually being robbed because they are short of officers on the front line. The other thing that was not made clear, especially if we refer to the media statement that the minister gave, is that the LPTs are far from 24/7; they are just a daytime team. They can be contacted only in daytime hours; they are not available at night. If there is some hooning or some event happening in someone’s neighbourhood at night, there is no point in them ringing that mobile number. They can save up the issue and call the next day and say that the event has been happening over the last few nights. That is, if it is possible to get through the next day, or if they return the call.

I again highlight that I am not being critical of the police here. They are overstretched and understaffed, they are working with a model that is very difficult for them, and they have to respond over vast areas. Local people in my community say that they preferred the old model. They say that under the old model they could ring the officer in charge at the Midland Police Station, and I have heard similar stories from many of my colleagues and from people in other communities, who have said that their community groups used to be able to talk directly to the OIC at their local police station and that the OIC was generally pretty responsive; he had the necessary resources at his disposal to be able to deal with their issues. That is now all gone. People say, “Why knock the new model? Give it time.” We were told after the first three or four months to give it time, so we gave it another few months; after six months we were told it was going to deliver, but after 12 months it certainly has not delivered. We know that, across the board, crime figures for 2015—pretty much from a few months after this model started—have increased by double digits on the previous year. We may start to see more and more claims of, “Oh, well, the model’s now working because we’re now only three, four or five per cent up on last year”, but what they will not say is that that is up on the dramatic increase from the year before. In some instances, we will be nearly back to the 2014 figures before we started this debacle.

I am not saying that we have to go back to the old ways and the old days; I am saying that there are significant problems with this model. I am also saying that it has not delivered; it is as simple as that. I am told that senior police are now saying that the model has not worked for the reason that they underestimated the number of police officers they would need in each district to make it work. I think they said that they would need 550 police officers for each district; they now believe that they need a higher number than that. Whether they will ever get to a high enough number, I do not know. Let us keep in mind that this is a model based on policing in Manchester, a densely populated city in the UK, and that model may not really be applicable here. Elements of it may be applicable, but this is the largest policing jurisdiction in the world—a jurisdiction of 2.5 million square kilometres. There is nothing like it anywhere else in the world. I suspect that the second-biggest policing jurisdiction in the world would be Queensland, but even far more densely populated countries and states do not cover the vast jurisdiction that we do in Western Australia.

The government has tried to say, “It’s not really our fault. Don’t blame the new model; it’s eventually going to work. Don’t pick on the police.” Of course, we never pick on the police; we are picking on their political

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masters, the Minister for Police and the Premier, Colin Barnett. We heard in the first instance that there were things other than the policing model driving the huge spike in crime and that somehow the new policing model was just a coincidence. We were told that it was because of tap-and-go cards—that was the real problem. People were stealing tap-and-go cards and accessing them and that was driving crime. What nonsense. That was one of the claims made by the minister and her colleagues. Another claim was that congestion was to blame for poor police response times. Again, it was not the government's fault. It was not because it did not have enough police officers or that the policing model was wrong; it was just that traffic congestion had become much worse. Of course, there is greater traffic congestion in other states and cities of Australia, and just as much, if not more, use of tap-and-go cards. The minister also suggested that it was really the victims' fault; Western Australians were living in an earlier era and still thought it was the 1950s or 60s and were not locking their doors or windows or locking their cars. She came up with some statistic that was very, very wrong and was quoted in the paper—something like 60 or 70 per cent of crimes being the result of doors or windows being left open, or people not appropriately locking up their belongings. That is what we call shooting the messenger, or blaming the victim. Nothing much has changed in that space.

It is about time the government took responsibility because we can see very clearly its attitude towards policing and government generally. It is interested only in the media angle—what it can get out of it, how it can promote itself and how it can con the public into thinking it is doing a good job. It is all about smoke and mirrors. It is all about, "Oh, we've got a new model; it's going to be great. We're doing this and we're doing that. Look over here; it's all part of the bigger picture and everything's going to be brilliant." The problem is that everything has actually gone to mud. The government has spent millions and millions of dollars advertising and implementing this new model, and it has gone to mud. It is not working—not working at all.

I will briefly move on to the issue of methamphetamine. It is as though this has become a new issue for the government; suddenly it is going to do something about it. It has had eight years to do something about it. Again, I will not quote from every article and everything that has been written, but there has been much information from many different sources about the significant meth use in Western Australia, how it is a growing problem and how the rate and level of meth use in Western Australia exceed the rate and level of use in most other Australian states. That is not a new phenomenon; it has been happening for years.

I turn to an article from 4 November 2011 by Aja Styles. We are going back nearly five years, when the government was only three years of age; it is now eight. The article reads —

Methamphetamine use appears to be increasing in Western Australia after new data showed that the number of people being arrested with the drug in their system had gone up significantly.

The Australian Institute of Criminology's national report uses the results of urinalysis from more than 32,700 people around Australia, including from the East Perth lock-up, over 12 years.

So far this year —

This is 2011 —

21 per cent of those tested were positive to methamphetamine —

Members should get that in their heads—one in five of the people at the East Perth lockup —

up from 16 per cent last year and 13 per cent in 2009.

To recap those figures, back in 2009, a year after the government came to power, the urine analysis at Perth lockup showed 13 per cent methamphetamine use; by the next year, 2010, it was 16 per cent; and by 2011, it was 21 per cent. The article continues —

The increase has ended the continuing decline that has been reported since 2004.

Forty-one per cent of those who tested positive this year also reported that methamphetamine was easier to get.

"Overall these data appear to indicate a generalised increase in availability of methamphetamine because not only are more detainees in 2011 reporting that methamphetamine is easier to get, but substantially fewer have reported difficulty in obtaining methamphetamine," the report found.

That is an article based on the Australian Institute of Criminology's national report back in 2011. In 2011—five years ago—we knew that the rates were going up. We knew that it was a driver of time. We knew that one in five people who were getting locked up in the old East Perth lockup were testing positive for methamphetamine. That figure is huge. That is based on urine analyses from the East Perth lockup. If we fast-forward five years, the East Perth lockup is probably no longer doing urine analyses. It is now testing sewage generally out in the community. They now come up with this figure and it is like: "Shit, we've really got a problem; two tonnes of

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methamphetamine is getting consumed in Western Australia every year.” Wakey-wakey! Where has this government been for the last eight years? Where has it been and what has it done?

As I said, the government is more focused on form than content. It is focused on its next media campaign, how it can get itself re-elected and how it can spend public money on advertising so it looks like it is actually doing something. No doubt the government would have formed focus groups and the focus groups and the poor mums and dads and other family members have said, “My kid’s on meth. My relative’s on meth. We want them to get off. They are killing themselves. They are going to harm themselves. They are going to harm someone else. They will end up in jail. They are an accident waiting to happen. They should not be allowed to do this. We must be able to compel them to get treatment.” The government is now thinking of changing the law around that. Although I do not make any comment on that, I understand the frustration and I will say that we should deal with the demand that we have. What about the demand for all those who put their hand up now and say that they want treatment? There are waiting lists just about everywhere for people who want to get treatment, and it is not necessarily free for people. For the people who are well heeled and have private health insurance and whatever, there are some places that they can take their kids or relatives. They are not necessarily easy to get into. Most of them probably have a significant waiting list. There is not much for a lot of people in my electorate, even for those who are volunteering. How about dealing with that? Where are all the beds? Where are all the treatment facilities for the people who are putting their hand up?

One thing we know from all the health experts is that it does not really matter what the issue is; people who want to give up, whether it is smoking, drugs or something else, have come to that point in their life at which they have made an earnest decision, they acknowledge that they have a problem and they want to do something about it. The chance of them succeeding is much higher than that of the conscripts. I am not necessarily opposed to conscripting people for treatment, but surely the first thing we have to do is support the people who are volunteering for treatment to get off this shocking drug. We have seen no plan. This government will be judged very, very harshly because after eight years, it has done precious little. It is now acknowledging that there are problems, which have been around for years. It has done nothing about these problems, but it is now saying that it is going to talk to people about it. It is all smoke and mirrors. We have seen a few little announcements about what the government is going to do some time in the future. It has dropped the ball. The only thing that it has done which has been proactive and which it has taken a lead on and put money into is this new policing model. Based on the evidence, it has been a disaster. I am not criticising the police. The community elects governments to make our community safer and to reduce the level of crime through a range of measures. The community also wants to see drug use reduced. That has not happened under the watch of this government over the last eight years. We have seen drug use on the increase, we have seen lives ruined and we have seen dramatic increases in crime.

MR P. ABETZ (Southern River) [5.24 pm]: Some members would be aware that I was very involved in the drug scene, not as a drug taker, but as a person helping people get off drugs in the mid-1990s through to the early 2000s. I used to run a drug rehabilitation support group in Willetton—one for recovering addicts and one for the families who were affected. I was also involved with people who work in prisons. About 80 per cent of people in our prisons today are there for drug-related issues, not for being in possession of drugs necessarily or dealing. They could be there for theft for the purpose of funding their drug habit or that type of thing. I know some of the groups that do volunteer work in Bandyup Women’s Prison. They tell me that roughly 80 per cent of women in Bandyup prison are there for drug-related issues. It could be social security fraud, which they committed in order to fund their drug habit and so on. We definitely have a major issue with drugs.

One of the things that really struck me when I was running that rehab support group for all those years was that most people—in fact, nearly all of them—who have a drug issue have experienced some significant trauma in their life, whether it is losing a parent early in childhood, seeing some disastrous thing happen or being sexually abused during childhood. Trauma is one of the biggest issues that damages people. Often people feel that they do not have the skills to deal with those issues and they find comfort in the drug world because it dulls their emotional pain. I make those remarks as a preface.

I also want to comment briefly on the police side of things or the crime rate. We heard the member for Midland say that the community policing model has been a failure. In my electorate of Southern River, I have had the opportunity of going out with police. I meet with them fairly regularly. The observation they make is that since the community policing model has been in place, far more crime is being reported. I will give members an example. The statistics for theft in the suburb of Southern River were getting very high, yet I was not hearing any of that from residents. I said to the police, “What’s going on here? I do not hear it from my residents.” They said that it is not theft from houses but from building sites. There was a lot of theft from building sites. In the past, a lot of builders did not bother reporting it because they felt that nothing was being done. The community policing team mounted several operations. They parked themselves in unmarked cars with the lights off at night

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and waited for people to come and then, bingo, they would arrest them. As a result, there were many arrests. The crime rate went up but the builders are saying, “The police are doing something. We now report everything that gets stolen.” All of a sudden, we have a massive increase in crime when, in fact, nothing has changed in the community.

Another example that was given to me was a grocery store in Gosnells at which some people were taking it upon themselves to walk out with a trolley full of groceries every day. Two or three people were doing this, but the security guards were not allowed to apprehend these people, and by the time the security guards had rung the police, the persons had absconded and it was all over. However, community policing teams are now able to deal with these things. So they heard about this problem, and they parked themselves around the corner, and, along with the security guard from the grocery store, who had the mobile phone number of the police officer, they rang that number and the people were arrested when they came out of the store. That resulted in a number of arrests that week, until word got out that that behaviour would not work, and it stopped. However, all of a sudden, a lot more crime was being reported. Therefore, we need to be careful that we are comparing apples with apples and not apples with oranges.

Another example of crime and perceptions is that a couple of years ago, I had a lot of complaints in my office about hooning in Huntingdale. I got the Minister for Police out to Huntingdale, and we met on a Saturday afternoon in a park, along with the police. The interesting thing is that the police checked how many calls they had received in the last 12 months about hooning in Huntingdale, and guess what? They had received only three reports of hooning in Huntingdale—that was the sum total of complaints. Everyone was saying that it was a massive problem, and the police were saying, “Hey, guys; if you don’t report it, we can’t do anything about it.” We now have local community policing teams in the community, and people are now reporting more crimes. We need to allow that system to settle down and see what the results are in the year or two ahead.

I now want to come back to the issue of drugs. We need to address what we are going to do about drugs in the long term. I have read the “Western Australian Meth Strategy 2016”. That is a good starting point for government. The emphasis of that strategy is on addressing the supply and demand side, and rehabilitation. We need a three-pronged attack. If we simply address the supply side, we will never solve the problem. If we only try to rehabilitate people, we will not solve the problem either. I applaud the desire of the government to establish a compulsory rehabilitation program. Common wisdom says that we cannot help a person to recover unless they want to recover. There is an element of truth in that, of course. As I have said in this place previously, when the Education and Health Standing Committee in the last Parliament did its drug and alcohol inquiry, we travelled to Sweden. It is interesting to see how Sweden deals with drugs. Prior to 1984, Sweden had the highest rate of illicit drug use in the western world. Sweden now has the lowest rate of illicit drug use in the western world. What has changed? In 1984, Sweden changed its legislation to make it an offence to be under the influence of an illicit substance. If a person is at school or university or in the workplace and they are considered to be under the influence of an illicit substance, the police would be contacted, and if the police are satisfied that the concern is genuine, the person would be taken not to a police station but to a government-approved rehabilitation facility. If the person tests positive to an illicit drug, they are given a choice. They can either commit to doing rehab at a government-approved facility or be dealt with by the police and will end up with a criminal record for the rest of their life. The result is that over 95 per cent of the people who are apprehended in this way opt for rehab. As part of the rehab, they are tested regularly, and, if they are found to have drugs in their system, they are sent straight to the criminal system. Therefore, people are under enormous pressure to stick with their rehab. Depending on the severity of the person’s addiction, it may be residential rehab or it may be outpatient rehab with several counselling sessions a week. It depends on the situation. The interesting thing is that 70 per cent of the people who start that compulsory rehab never come in touch with the legal system again about drugs.

I believe that model is well worth pursuing. One of the things that I found when I was running drug rehab support groups was that parents, or the husband or wife, would say that their son or daughter is taking drugs and ask what they could do. Sometimes their son or daughter wants to get better, but by the time they contact a rehab facility and go through the motions, their desire to get better has disappeared. Under the Swedish model, parents can say that their child is under the influence of an illicit substance and can have their child committed for testing, and the rehab process then takes place. I believe that is worth pursuing.

An issue has been raised about the waiting lists for people to get into a rehab facility. A number of rehab programs are available in Perth. Some of those programs have significant waiting lists. I want to acknowledge the work of Fresh Start, which was started by Dr George O’Neil many years ago. Most people are probably not aware of how many drug rehab beds Fresh Start has. Fresh Start has 39 beds in Northam, 24 of which are funded by the state government. Fresh Start also has a property called The Hill, at which 23 people are in residence. That facility has a capacity for 96 people. However, that facility was purchased only recently and is a bit run

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down, so the accommodation needs to be improved to get it up to standard, and that is being progressed. Fresh Start also has a six-bed facility in Wembley to which people who have been detoxed at the clinic can go pre and post getting their naltrexone implants. It also has a six-bed facility in Kewdale that is exclusively for women, a six-bed facility in Alexander Heights that is exclusively for men, a six-bed facility in Warwick that provides a transitional housing and support program, and a six-bed facility in Mt Lawley.

It is interesting to note that in the 1990s, when I first got involved with Fresh Start in helping to run rehab support groups and so on, heroin was the big thing. Today, I met with Jeff Cloughton, the chief executive officer of Fresh Start. He told me that it used to be 20 per cent meth. Today, 60 per cent of the people who come for help are on meth. One of the challenges that Fresh Start has is funding its beds. Fresh Start operates over 70 beds in total, but it gets funding from the state government for only 24 beds. That leaves a huge funding gap. Fresh Start is able to stumble along—that is the best way of putting it—through Dr George O’Neil and his own resources, and also through donations from the public, but it regularly runs out of money and is often struggling to pay its bills, because George O’Neil, out of the goodness of his heart, does not like to turn anyone away. Therefore, if anyone has any spare money, donations would be gratefully received by Fresh Start. The challenge for Dr O’Neil is to get naltrexone implants registered with the Therapeutic Goods Administration. It will probably require another \$1.5 million of investment to get to that point. I am trying to assist in facilitating some private funding to make that happen so that that process can move forward.

One of the other things about drug rehabilitation that we need to address as a community is the not-in-my-backyard mentality. We saw that with Shalom House in the Swan Valley. People were not aware that Peter Lyndon-James—I think that was his name—was running that facility. It was humming along nicely, and, all of a sudden, when people became aware of it, they said that they did not want that in their backyard, and they were claiming that under the Swan Valley planning legislation, people could not establish those kinds of facilities. So, there are some issues around that. However, the programs that are available need to be provided somewhere. People need to be willing to have these programs in their area. One of the things that I always say to people is I would much rather have a drug rehab facility next door to my house, because the people who live there desperately want to get off drugs, than live next door to a drug house. If people know what it is like to live next to a drug house where people come and go all day and all night, every day, getting drugs, they may prefer to live next door to a rehabilitation centre. I was out doorknocking in part of my electorate last Friday and I asked whether there were any issues that concerned people locally because a particular section has been added to my electorate as a result of the boundary change. Every second person said, “Oh, that drug house.” In the space of three hours of doorknocking, I was informed of three drug houses in that little area. I can tell members something: I would much rather a rehabilitation facility next to me than one of those drug houses.

Mr M.P. Murray: I have a quick interjection on the attitude of many people. Margaret River rejected a farm rehab centre. It is appalling. They sell all the wine down there and then we have that kind of issue coming up. I just cannot believe it.

Mr P. ABETZ: It is interesting that the member for Collie–Preston mentions that. Khim Harris and his wife, Eugenie, want to establish the Margaret River Private Recovery for Life centre and run it as a private hospital. At the moment, there are very few drug rehabilitation facilities for people who have private health insurance. That is the opportunity to meet the needs of a particular section of the market. A lot of drug addicts obviously do not have private health insurance and, therefore, rely on people such as George O’Neil, or government-funded ones, such as Shalom House, which takes part of their Centrelink benefits, and so on. I was very disappointed that the council rejected the application for the Margaret River Private Recovery for Life centre. But, hopefully, they will go back to the council and continue to move it forward.

Mr M.P. Murray: One of the other issues was that the council also recognised that there is a need for it, but “not in my backyard”.

Mr P. ABETZ: Yes. It is one of those things. I think that we really need to change the attitude of people. I often use the example that if we tried to put a prison in the middle of, say, Nedlands or any suburb, we would have an absolute riot on our hands and people would say, “How dare you devalue our houses” and all that sort of thing. Guess what? In my electorate of Southern River, a prison was built many years ago in Canning Vale and as suburbia has crept out, houses have been built right up to the boundary of the prison, and real estate agents tell me that the houses that back on to the prison are not one cent cheaper than the ones one kilometre away from the prison. If I were a prisoner trying to escape, I do not think I would be staying in a house right next door to the prison. I might want to nick their car and take off, but that is about it. I urge members and the community to bring about a change in attitude in the community so that we have a positive approach to having rehab centres in our suburbs, because that is where people need to be. To have rehabilitation centres in the countryside is also excellent, such as the Northam property that Fresh Start operates at The Hill. It is good to get people away from some of their networks during their recovery time.

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With that, I will conclude my remarks and say that I really believe that the whole drug issue is not one that government can solve in and of itself. Government has a contribution to make, but as a society we need to address the underlying issues and work hard at reducing the trauma that young people experience as they grow up that so often leads to them being vulnerable to drug addiction. Therefore, I do not support the motion.

MR R.H. COOK (Kwinana — Deputy Leader of the Opposition) [5.45 pm]: I think that was one of the member for Southern River's better speeches. All the member's arguments conflicted with the final sentence, which was that he does not support the motion.

Mr W.J. Johnston: He is right; this government will not solve this problem.

Mr R.H. COOK: Thank you, member for Cannington. I rise to support the motion that this house condemns the Liberal–National government for its unprecedented increase in crime and the shocking rate of methamphetamine use in Western Australia. We know that one statistic provides absolute clarity around this debate and that is the statistic presented before us in *The West Australian* recently: Western Australia has the highest rate of methamphetamine use of any state in Australia. In Perth we consume two tonnes of the stuff every year, almost 32 kilograms a week.

Mrs G.J. Godfrey: We do? I do not.

Mr R.H. COOK: We are all part of this society, member for Belmont. As I will explain shortly, if we do not considerate it our problem, as the member for Southern River set out very well, we will continue to struggle to deal with it. I think that what the member for Southern River was trying to say is that we need a comprehensive response to this. Over the last eight years we have seen none of that stuff from the government. The member for Belmont might share with me the incredible privilege of not having had the dreadful impact of an illicit drug impacting on our lives personally or on the people around us. I consider myself incredibly privileged and I am so grateful that I have not had that situation happen to me. I implore all members of Parliament, because I have seen the speakers list from our side, if they do nothing else this evening, be in this place when the member for Collie–Preston gets up to give his speech to provide a personal account of what this stuff does to families, because it wrecks the lives of not only those people who are addicted, but also those people who love that person and are members of their family and all those people associated in the horrible chain.

The member for Southern River pointed out quite correctly that there are three aspects to drug policy. One is controlling the supply, one is demand and the other is rehabilitation or what I call a public health approach. He and I will probably disagree on the balance between those things, but the fact of the matter is that we have comprehensively failed to stem the flow of methamphetamines in our community. We have so poorly policed the supply of these drugs that we now have this problem impacting upon many people and many agencies in our society. Quite frankly, it is capable of crippling our community. It is right to put pressure on this government because here we are eight years after it came into office saying it had the solutions around drug enforcement and law management, and the situation is not only bad; it is as bad as it has ever been. Here we are on the eve of a state election and the situation is at its height. We have had eight years of the Liberal–National government's failed policies around alcohol and other drugs, but it is trying to say to us that it is tough on drugs and it has the solutions. Frankly, we can see that the government does not and it should be condemned for the situation in which our society finds itself.

As the shadow Minister for Health, I am particularly concerned about the impact of this runaway methamphetamine problem on our hospitals. We know that every time an ice addict or a meth addict presents to an emergency department, it puts an incredible strain on our resources and staff, including the doctors and nurses working in those emergency departments. Patients coming in are, quite frankly, deranged and incapable of being responsible for their actions. I am told that up to 12 staff members are involved in managing a single patient who comes in having a psychotic event associated with methamphetamine.

This is a huge problem for not only our law enforcement agencies but also our health agencies. Doctors and nurses do not go to work each day with the expectation that they will be assaulted by a member of the public. To a certain extent, we sort of think that police understand the parameters and dimensions of the sorts of work situations that they find themselves in, but doctors and nurses do not enter the system with a view that they will deal with people who are extremely violent and incapable of understanding the impacts of their actions. This has a very real effect on not only the resources that are available in our hospital emergency departments, but also the staff who work in that area. In volume terms, alcohol remains the biggest problem drug in our emergency departments. We always talk about illicit drugs being a problem for the health system but legal drugs are actually the biggest problem. If someone comes in with alcohol problems, they are usually due to some actions associated with them being drunk; that is, they have fallen over or got into a fight.

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[Quorum formed.]

Mr R.H. COOK: Thank you, Madam Acting Speaker. I am grateful to the member for Girrawheen for drawing your attention to the state of the house because it means that we have at least the responsible minister back in the chamber and we have a few —

Mrs L.M. Harvey: One of the responsible ministers.

Mr R.H. COOK: Yes; there are two of them. Sorry, I was referring to the honourable member behind the minister. Two ministers are here now, which is useful because it shows the seriousness with which the government treats this policy issue. It is a pity that government members do not share the member for Southern River's passion for this policy area because perhaps they would learn a bit.

I recently had the pleasure of visiting a range of health stakeholders in the south west. I spent some time at Bunbury Hospital and with health groups around the Bunbury community. Every single group—whether they were involved with mental health, hospital health or primary health, or were just people whom I spoke to in the street during my time there—mentioned its concerns with the lack of rehabilitation services in the south west. Bunbury is one of the key areas of consumption of ice or methamphetamine in Western Australia. There is a very high level of consumption in the Bunbury community. All the people whom I spoke to asked why was there no rehabilitation service in the area. They asked why they are so starved of the resources and agencies that they need for their kids to get better. They said to me that when someone presents to a medical service—either a general practitioner or any medical service in the area—and they admit their addiction and say that they want to get help for that addiction, all the medical services can do is refer them to government agencies that then place them on a two to three-week waiting list. Of course, by that time, the person has drifted off and often gone back to their lifestyle and the circumstances that led them to their addiction in the first place, so they are lost to the system. We have to have a system that can respond to these people and deliver them help when they need it, at the time when they put up their hands and say, “I’m an addict and I want help.” It is extraordinary that we have, firstly, the state with the highest rate of methamphetamine use and, secondly, a city in that state with the highest rate of methamphetamine use that lacks the very agencies that we need to put downward pressure on demand and reduce the rate of consumption in the community.

The member for Southern River spoke about some of the rehabilitation services out there. I want to mention just one of them. We share a fondness for Dr George O’Neil—a fondness for not only his passion but also his eccentricities, which have been the bane of careful policy practitioners’ lives in the health sector going back even to when Hon Alan Carpenter was Premier. Under George O’Neil’s guidance, the Fresh Start Recovery program provides patients with naltrexone treatment that enables them to get that breathing space—or fresh start, as I am sure George would want us to say—so that they can get the counselling they need. The program is a combination of counselling with housing and a naltrexone drug program. It takes patients on a journey that enables them to shake their addictions to a whole range of opioids. George drives us all mad, if everyone might pardon the expression, because his passion means that he comes back time and again for more money. The member for Southern River and I have perhaps been guilty of going to various Ministers for Health or Mental Health and working together to make sure that they produce resources for George’s clinic. I am sure that the Minister for Mental Health will enter a long line of Ministers for Mental Health or Health who pull out their hair in exasperation with George’s passion and insistence on coming back for more resources. I am sure that we all appreciate the work George does and wish him all the best for getting the naltrexone treatment program and its applicators to the point where it can continue to be marketed in Western Australia under proper Therapeutic Goods Administration licensing. The almost infinite number of people whom George could treat if he had an infinite number of resources is extraordinary. What is so frustrating about George is that if he gets funding for 50 beds, he will treat 150 people; if he gets funding for 150 beds, he will go ahead and treat 200 people. It is very difficult to hold down a man of his sort of passions but it is extraordinary that there is just so much demand for his rehabilitation services. They are all fighting over a very small pot of cash indeed. I wish the newly minted Ministers for Health and Mental Health all the best in their dealings with Fresh Start.

I thought that the member for Southern River’s comment about not in my backyard was pretty instructive. I remember very well when the former Minister for Health, Hon Jim McGinty, wanted to put a community living facility for people with mental health issues in his own electorate, in the heart of Fremantle. He put up his hand and said that he believed in community health services and believed it with such passion that he would have one in his electorate. It is extraordinary that the shadow Minister for Mental Health at the time, Hon Helen Morton, joined all the nimbys that piled in on that debate to oppose that facility in Alma Street. They all said that it would be the ruin of that precinct. I notice that it has since been opened—I think by Hon Helen Morton—and has been an outstanding success and does not bother anyone in that area. We know that community living facilities like this provide an important service. There needs to be a greater commitment to rolling them out so that we can ensure that people with mental health issues get the assistance they need so that they do not move on to drug

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addiction or that they continue to be assisted out of their addiction issues, and also that other drug agencies and community living opportunities are available to continue to provide services to people with drug addiction.

In a glowing endorsement of our motion in all but his last sentence, the member for Southern River said that this is a comprehensive problem and we need comprehensive solutions to it. It is particularly disappointing to have a Premier who for some reason has been advised by the people around him to go back to being nasty and arrogant and to see the ranting at the Liberal Party State Conference on the weekend, which drags this debate from what it is capable of being when we continue to work together to produce solutions to difficult problems down to its lowest common denominator of a ranting, rank political exercise such as that which we saw on the weekend. We need carefully considered responses to the issue of methamphetamine. Contrast the approach of the previous Labor government, which had a drugs forum and brought all the experts into this very room, I think it was, to talk about how we as a society could move forward with a comprehensive plan, with a consensus about how we deal with the issue of illegal drugs.

[Member's time extended.]

Mr R.H. COOK: Contrast that with the rantings of the arrogant and nasty Premier over the weekend. He went so far as to say that the Labor Party described meth as a party drug—as some sort of recreational drug that has our endorsement.

Dr A.D. Buti: Disgraceful. He said it in Parliament again yesterday.

Mr R.H. COOK: It was a pathetic bald-faced rank political effort to try to divert attention from the government's own failed policies by its own inaction.

Several members interjected.

The ACTING SPEAKER (Mr I.M. Britza): Members! Member for Armadale, let the speaker on his feet continue.

Mr R.H. COOK: I spoke to some members of the media about this because they approached me and asked whether I knew that, according to the Premier, the Labor Party thinks that meth is a party drug. I said that, quite frankly, that was bullsh*t. They said that in a press conference afterwards they asked the Premier what proof he had of that. Of course, the Premier had to say, "Well, I don't. It was just in the vibe of what they said at the time." That is, the Labor Party held this drug forum thing and that sort of suggested that some drugs were somehow less worse than others and, therefore, that is the Labor Party describing meth as a party drug.

This is not good enough. Western Australia is the meth capital of Australia.

Mr P. Papalia: Under the Barnett government.

Mr R.H. COOK: Under the Barnett government. We demand a better approach to this. While I am on the subject of that dreadful speech, perhaps matched only in poor quality by the Deputy Premier's speech later in the conference, the Premier actually said that standing up —

Mr P.B. Watson interjected.

Mr R.H. COOK: I saw the member for Albany there—we were there at the back together, both shaking our heads. Perhaps we were not there. Apparently, the Premier also said that to criticise the government's woeful handling of the Perth Children's Hospital is somehow an attack on sick children. Even though this is a hospital that was supposed to be open sometime last year, we are over halfway through this year and we still do not know when it is going to open. Sure we are building it with asbestos-based products —

Mr W.J. Johnston: Roger, you'll get to cut the ribbon!

Mr R.H. COOK: At this rate I possibly will, member for Cannington, and that is not even if we win the next election; it could be the one after, the way we are going.

To criticise what is the most incompetent mismanagement of these hospital projects and to describe to the public how inept this mob is, is somehow siding against sick children! Members can understand the sort of logic we were dealing with on the weekend. It is the same sort of logic and mistruths that suggest that the Labor Party is somehow in favour of methamphetamine because we consider that it is a recreational or party drug. We do not. We believe that this government has failed with its methamphetamine policies. We believe that the very statistics with which we have been confronted—that is, that we have become the meth capital of Australia—are point of fact demonstrably an indication that this government has failed. There is only one way in which we can resolve issues properly around illicit drugs and the impact it has on addicts, the impact it has on our government agencies and the impact it has on families of addicts, and that is to get rid of this rotten mob in government and elect a WA Labor government that can once again bring proper policies to this area.

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DR G.G. JACOBS (Eyre) [6.07 pm]: I thank you for the call, Mr Acting Speaker, to talk on this very important matter in this important motion on the increase in crime and methamphetamine use. I will address some of the involvement I have had in my community with a campaigner, Deleine Congreve, who has a daughter—she has said this publicly so I am not breaching any confidence here—who was severely addicted to methamphetamine, or ice. Ice is 50 per cent of the use of methamphetamine. Ice is the preferred drug and it has become a growing and major scourge in our community and, as the motion implies, a major driver of crime. What has been brought by Deleine and over 1 000 petitions that I have brought to this place is around support for addicts and rehabilitation. By support I mean 24-hour mental health support for detoxification and rehabilitation within the region and the community.

There is no doubt that this drug is ruining lives for those who are hopelessly addicted. The programs to make a difference are obviously threefold: we need to stem the supply; we need to stem demand; and we need to put in measures by which we can restore lives, and that is a big challenge for the community. As the Deputy Leader of the Opposition has said, it is a community problem. Worldwide, there are 13 million ice users, with half a million users in the United States, which is about four per cent of its population. In my town, the figure is 3.8 per cent. In the goldfields–Esperance region of 50 000 people, 3.8 per cent represents about 2 000 people who are addicted to methamphetamine. I once spoke to Michael, who presented to my surgery. Michael was very thin. He was about 40 years old. He had terribly infected skin and terrible teeth. He itched and he scratched himself throughout the consultation. He said, “Doctor, I need to do something about my life.” It had taken 20 years for him to do something about his life. He was a mining engineer, a foreman, and had a group of men under him. He had lost his job and family, and he was penniless. I have spoken to Michael about this and he is happy to share this not only with me but also with members. I asked Michael, “What is it about this drug?” He said, “Doc, it’s highly addictive. I had probably only one dose and I was hooked.” I asked him why he was hooked. He said, “I was hooked because this stuff makes me feel bulletproof. It makes me feel confident. It makes me feel as though I could do a week’s work in half a day. It gives me such a buzz and is such a stimulant. I feel that I work better, think better and I can do a lot more. I feel confident with people and it makes me feel bulletproof.” I suppose, in the sadness of some of his life, he ended up using and now abusing.

Ice is a stimulant and in high doses causes aggression. Long term, it produces the skin creeps, an itch, and what is described as meth mouth—rotting teeth. Five to 10 per cent of users suffer from psychoses. Twenty per cent of people who are detained in police custody have a positive test for methamphetamine. In Western Australia, 5 000 people present to the emergency department suffering from effects that are fuelled by methamphetamine, and there are 50 deaths a year directly related to methamphetamine use.

On the world scene, 500 000 tonnes of methamphetamine are produced. What happens in Western Australia? I thank the Minister for Mental Health for attending a methamphetamine forum that was instigated and promoted by Deleine. About 100 people were there. It was a way of bringing the community together on this, and illustrating some of the matters around detoxification, rehabilitation and treatment, which was best done in a scenario form. We had a policeman, a paramedic, a hospital doctor, a general practitioner, a representative from Hope Community Services, a social worker, and the director of the very famous Teen Challenge rehabilitation centre, Malcolm Smith. Essentially, we ran a scenario by that panel to give people some understanding of the problem and to find out where the gaps are and how we can address those as a community. This is not just a government problem; this is a worldwide scourge. I asked a policeman, Detective Sergeant Noye, where this stuff that Michael gets on the street came from. I asked Michael how he took this drug. He said that he swallowed it, sniffed it and injected it—any which way! I asked Michael what was a hit. A hit is a tenth of a gram. On the street, a tenth of a gram costs \$100. Obviously there are 10 tenths of a gram in a gram, so that is a thousand bucks a gram. There are a thousand grams in a kilogram, so that is a thousand by a thousand, which is \$1 million. That is the street value of methamphetamine, so it has significant commercial drivers around it.

The ACTING SPEAKER (Mr I.M. Britza): Excuse me, member. Members, I can hear your conversation very clearly and it is making it very difficult to concentrate. If you want to take it outside, that is fine; otherwise you need to bring it down to a whisper.

Dr A.D. Buti: It is a good conversation.

The ACTING SPEAKER: I am sure it is, but not in the house.

Dr G.G. JACOBS: Big money can be made by people. I asked the police, the joint task force and people like that where the supply of methamphetamine comes from. In Esperance, it is coming by boat, probably from China. However, homemade stuff is produced in meth labs. The shake-and-bake technique is not difficult. It uses pseudoephedrine, which is found in cold and flu medication, and is combined with red phosphorous and some anhydrous ammonia. This shake-and-bake technique will produce methamphetamine. In Western Australia,

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243 clandestine, illegal meth labs were closed down under this government over the last 18 months to two years. That is 243 of these shake-and-bake labs that were producing this homegrown stuff. There have been 1 703 prosecutions. We have a joint organised crime task force with a permanent investigatory unit. We are trying, understanding that this is a worldwide scourge and a big problem for around four per cent of our population. The National Ice Taskforce has, over the last 12 to 18 months, seized 144 tonnes of this stuff nationally. I have talked about supply issues and, of course, this government recently announced a meth plan. As the Deputy Leader of the Labor Party said, when someone puts up their hand—someone like Michael or Deleine's daughter—and says that they need help, how do we help them to restore their lives?

The doctors at the forum, the GP and the hospital doctor, said there is nothing special about detoxification for methamphetamine. It is not unlike detoxification from alcohol and the program can be instituted and carried out within a hospital setting. The main game and the big game is rehabilitation and where people go. This does not happen overnight. This is a long-term process of at least six weeks, and maybe three to six months. That is the rehabilitation aspect of it, and then there is the restoration of a person's life. How do you break them away from the networks? As Dr Donald the GP said, minister: not everybody wants to put their hand up and not everybody is ready. That is just how it is, but when someone is ready, it is really important that we provide facilities. The government recently announced \$14.9 million for the meth plan; \$9.8 million for rehabilitation and withdrawal beds in Western Australia, which will constitute about 60 beds; and \$2.2 million committed to frontline drug support, with frontline nurses in emergency departments. The minister will remember that we talked about Ross and his mum Raelene. Ross was an 18-year-old man who was a second-year electrical apprentice. Although his drug habit had secretly been going on for some time, on this night he was behaving particularly erratically and violently. We worked through the scenario about what would happen with him through a process to, in fact, show the community. This is often where the problem is.

The ACTING SPEAKER (Mr I.M. Britza): Members, there are a couple of conversations going on. If you need to go out, that is fine, but I am finding it difficult and I want to concentrate on what is being said.

Dr G.G. JACOBS: Thank you, Mr Acting Speaker. Maybe I should take a message from that—that this group over here did not want to listen and that group over there did not want to listen, but I will try to keep it as interesting as I can!

That was the scenario for Ross and the community, whether it be the policeman, the paramedic, the hospital or the relatives, and what sort of follow-up there is. Often there is a co-morbidity, which means that there is often a related mental illness. It may be clinical depression or undiagnosed clinical depression, and there can often be the phenomenon of self-medication—using this illegal drug basically as self-treatment for a variety of mental health conditions, to make the person feel better.

It is a dangerous path, however, and we as a community have a serious, serious challenge. There is no one answer; there is the demand arm, the supply arm and the rehabilitation and restoration arm, and it is not easy. It is not just a government fix; this will not just be fixed by a government, and that is why it is important to discuss this motion. The attitude that it is the government's problem and it is a government issue, that we are here because the government has not done something and we need to condemn the government because of this problem, I think is very unfair and not helpful. This is a worldwide scourge, as I have illustrated. It is a community issue.

Ms M.M. Quirk interjected.

Dr G.G. JACOBS: Member for Girrawheen, it is four per cent of the population of the US. There are half a million users in the US and 13 million users in the world. Five hundred thousand metric tonnes of this stuff is produced every year, member for Girrawheen. This is not an opt-out; this is the reality of the significant and wide-ranging nature of this problem.

There are some measures being taken by the Joint Organised Crime Taskforce, the permanent investigatory unit. Two hundred and forty-three meth labs that have been closed over the last 18 months and 1 703 apprehensions have been made on the supply side. But then there is the demand side, and what is driving that demand. That must be looked at too. There are significant commercial drivers promoting this drug in our community. Then there is the issue of our young people saying no, and the education. How do we get this into the schools? I recognise that the government has put some funding into a meth kit for schools, under the school drug education and road awareness program, on the issue of these drugs and how to say no.

I understand this is a very important issue. It is far from an issue just for the government. We will do everything we can, but let us be real—this is a significant community problem for us all.

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MR M.P. MURRAY (Collie–Preston) [6.26 pm]: Despite the deputy Leader of the House saying that I will be one of the obvious speakers, I find it just a little difficult. Firstly, I will say that if people have not lived this problem, and know a little bit about it, they should multiply it by 10. That is the impact on the family of living with a person who is an addict. I know that I am not the only one in this house who has, or has had, this problem. Other members have, thankfully, supported me. For 15 years it was a problem in my house. At first, as husband and wife and sister, we denied it to a degree and thought it was only a phase—a young person going out and playing up and then coming back. But then it just got worse and worse, and living with that is extremely hard, when we did not know where our daughter was for maybe three months at a time. We did not know what her social habits were. She would not answer the phone, and we would get odd messages from other people saying what was going on. It was very difficult. How we treat it is the issue that we have to come to.

At first, I would have followed the same line as the minister is talking about—compulsory rehabilitation. I can tell members that we can lock a person up in a room for two weeks and it does not work. Unless there is assistance in a mental capacity, it is never going to work; it is just not a physical issue. It is a mental issue and, to quote the words of my daughter, it is when the body overrides the mind. That means we have to work on the psychological side of this issue. In saying that, I will refer to a column by Tom Percy, which is probably the best I have seen for some time, not that I think that he is the greatest columnist. He said that we worked away at cigarette smoking, and over 15 years we have succeeded to a very large degree. We took it from there down to there. The greatest thing is that when we travel away and sit down in restaurants and find that everyone is smoking around us we think it is terrible, because people in other countries are still smoking very heavily. I am not sure of this, but I would say that Western Australia would have one of the lowest rates of people smoking in any state or country in the world, but we must look at why this is the case. There is an example here that we can use—education, peer pressure, and getting into the schools before it starts, right back at the beginning. Dropping a \$300 000 ad campaign on Channel 7 is just bloody hopeless; we may as well have gone out there and bought the drug for the people ourselves. That is how much impact that had—absolutely none. It was laughed at by those people.

The other thing that we must do is get drug treatment into the health system. We will work that into the health system. Why should someone have to walk into an emergency department to get treatment? There should be what I call in my little world a white door. The gaps are so small. When an addict comes in to get treatment, saying that they want to get off, sometimes they have to wait half an hour, an hour or even a day if they are lucky. If they do not get that moment, they have missed it. I believe that clinics need to be available so that people can walk straight in, be seen, be talked into detox and then get rehab. It sounds simple but it is not. The process can break down many times along the way. Sometimes a person can go into the emergency department and be sitting there with their friend, daughter or whatever and victims of a car crash come in so there is no-one to help that person in that half hour that they have. They are told, “Just sit over there. We will deal with you shortly.” That case in Fremantle was so awful. Those people went to the clinic but it was shut. They went to the outpatient clinic and were told that they would be booked in for Tuesday. Unfortunately for that family, the mother was killed by the stepson on the weekend. That has stuck with me. I have been lucky.

When the decision to get treatment is made, we have to start by working with the person. Again, I will use examples. We have been discussing this in our house many times. The answer I get is, “Dad, don’t be so silly.” People are sent to the rehab centre and then jail. They are told that if they get to rehab, they will not have to go to jail. Some of these people cause trouble in the rehab centres so they can go to jail. Do members know why? It is because drugs are in the jails. To quote Billy Connolly from one of his tapes, “The police minister said he was going to get drugs off the street but how the effing hell can he do that when he can’t keep it out of the jails?” That is what Billy Connolly said back in the 1980s, I think, and it is so true today. When people in Bunbury Regional Prison were tested, three-quarters of them tested positive to drugs. The routine down there has changed, which I think has fixed things up.

We must look at the drug problem from go to whoa. It is far too late to talk to kids when they are in high school. We have to talk to them in the primary schools—in years 4, 5 and 6, when impressions are made nowadays. We have put kids into school earlier but we have not changed some of the regimes about where we start to work because we are still looking up this end. We have to move it back and say that it is no good for them. People need to see what can happen. We can achieve success, though not totally. We will never be totally successful. But we can achieve lower rates if we put our minds to it. At the moment I do not believe that is happening. There is too much gossip and too much talk about what we are going to do. I feel disappointed that I never took on this issue when I first came to Parliament. I am not directing my remarks at anyone in particular; I am aiming at the system itself. If we can get out there and work, the crime rates will come down and the hospital rates will come down. That will give us more money to put back into the system to assist those people who need help in rehab facilities. It is no easy task.

When people go into rehabilitation, they are not allowed to talk to their friends or whatever for the first three weeks. No phone calls are allowed. They just go in and they are dealt with. That is still not talked about in our house because I do not know what impact that cut-off has. When they come out, if they are very lucky they are placed in a facility. At first, my daughter went into a facility for 16 weeks. She believed she was not ready to come out after 16 weeks. The rules are very, very strict. No fraternising with the opposite sex is allowed and they have to take their turn helping out in the kitchen, cleaning and those sorts of things. They learn to cook. My daughter was not a bad cook anyway. They work at coming back into a normal lifestyle.

When people are on this drug, it is hard to imagine, but they can sleep for three days without getting off the bed because their body has been going for so long. That is how burnt out they become through the use of this drug. The unfortunate part is that after this they say that they are all right and start to function reasonably normally, and then all of a sudden they will be awake for six days. Imagine what it is doing to the mind and the body when a person is awake for six days on a chemical—that is what it is—and then all of a sudden they run into a wall; bang! Then the question is: how do they pay for it? It is easy to get. In country towns it is easier because someone knows someone. In a city it is just that little bit harder to find someone. There might be a nod and a wink but you do not know. It could be an undercover cop, and by gee do they get paranoid about that. In a country town a person can walk down to the corner and get back on the drug again; it is very easy to do. Another thing that really shocked me was that when my daughter came out of jail, within hours people were on the phone offering her drugs. The network is just amazing. It has been said that we have to break down the networks.

My daughter has been clean now for 14 or 15 months and it is a pleasure to talk to her because the brain does repair itself. When talking to her previously, I may as well have been talking to a—I do not know. They are off. They are on another level. They can walk into a room and look around and for some reason know who is on the drug. It is like they are putting up their hand. There is no signal; there is nothing. They can walk up to that person in a crowded room and talk to them, but they cannot talk to you because their mindset, or the chemical imbalance, I suppose—I am not really sure—allows them to identify each other. As I say, it is just amazing. Their health then deteriorates and there are the physical aspects. They get sores all over them, including on their face. Of course, on the legs it is put down to sandfly bites or whatever excuse they have. They drop away physically. They lose a lot of weight and they have psychoses, I suppose. They pick at things that they think are on their face but are not, such as ingrown hairs, until there are holes as big as your thumbnail on their face. I mean that with all honesty. It is terrible to see. To survive, they have to steal, whether it be from mum and dad or anyone else, and then it becomes a racket that goes around. A person can buy anything they like off a drug user because that person can order it. If they want a flat-screen television, a grinder or a welder, they can have one within two days because they jump the fence and steal from their own and others, and then it moves on. Males become very aggressive and violent. We have seen that when people have been belted in the street for no particular reason. The drug user is just walking along when something is said and then suddenly there is no control whatsoever over their mental aspect—bang! They kick people, jump on their heads and do things that normally they would not do. After one night here I was walking home to a unit down by the Perth Arena and I bumped into a young Collie kid I had known quite some time back through coaching him at football. What a mess! If I did not know him, I reckon he would have mugged me that night. I just said his name—I will not mention it—and he was back. He told me how he had descended. I took him into Fast Eddys Cafe and bought him a hamburger. He did not want the hamburger; he asked for the money. That is the sort of thing that we see, descending—going down and down. This kid played reasonable football. We talked about football games. However, if I moved my hand quickly, his head would snap, because these people react to movement, and of course they also have a lot of reaction to music and those sorts of things. To see people wind down into that state is just unbelievable. It is unbelievable to see the physical and mental despair that these people feel about themselves. It is not all about having fun. It is about how they want to change, but they cannot get off drugs. The gaps are too small. I have heard that many times. If the rehab facilities are not available, we will not succeed. I am very, very concerned that we are still being superficial about much of this problem. The kids in the schools are good. However, where is the person who goes into the schools and tells the real story? We can pick up a show bag anywhere and, yes, it will resonate with some of those children. The counsellors who do the work are excellent. However, they are underpaid and overworked and on call 24 hours a day. They are the people who should be supported. We are now looking at two groups of people—those who do not want to use, and those who are using. We need to work towards making sure that we bring up that group to be non-users, if that is the right word. We have a long, long way to go. Sometimes we wonder whether we will ever get to the one or two per cent that many other western countries have. We are at four per cent.

We only need to look at the results from the sewerage testing. Bunbury rated very highly. I once met with a group that was doing needle exchange in Bunbury. They were using the old 10-gallon plastic rubbish bin. In one car park in one night, the used needles filled that 10-gallon rubbish bin. So, think about how many people

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are using drugs in one night. Thank goodness the needle exchange people are out there, because there is also the risk of hepatitis and other issues, which is another cost. This was in the suburbs of Bunbury, not in the middle of Bunbury. Hundreds of needles are also discarded in parks and other places, and that is also causing problems. The police and other people are working very hard to try to suppress the rate of drug use. However, I do not think we will ever win that war. We are talking about billions of dollars for the illicit drug trade. We will never be able to combat the amount of drug money that is out there. We have a budget deficit of that much. Weekend warriors who sell drugs can make \$10 000 on a weekend, and they are not taxed. They are using someone else's money. How many times do we read that the police pull them up and find a bag of money in the back of the car, \$5 000 here or there, or they lift the bonnet and find \$10 000? We are not going to win this battle by just throwing money at it. We need to be strategic. We need to understand it.

We also need to have open doors so that people who are addicted to drugs can get the treatment that they need. We have talked about many of these facilities. In my last couple of minutes, I want to talk about Margaret River. They have just knocked back a private health facility for drug and alcohol addicts. How hypocritical is that, when Margaret River provides most of the wine that is sold in Western Australia? That says it all about the attitude that we need to change within society. Every time we mention that we are going to provide a facility that may help people who have a health problem, there is a reaction. We should not call it a rehab centre. We should call it a health centre. We should change our attitude. People pay thousands of dollars to go to a wellness or health centre. Let us change our attitude to what we call these facilities.

I certainly have said thanks to the people in this house who have helped me. I would also like to say thanks to Cyrenian House and the Rick Hammersley Centre.

[Member's time extended.]

Mr M.P. MURRAY: I want to explain about the centre itself. When people think of a drug addict, they think of people who are down on their luck, have sores and are ratshit and mentally wrecked. The first time I went to the centre, there was a BMW and a Mercedes parked there. This is a publicly funded centre; it certainly was not privately funded. I started to think, "Hang on; am I in the right place?" The cars that I saw parked there proves that there are no borders whatsoever with this drug. It was surprising. The people there talked about their different problems, including paranoia and doctor shopping. One young lass was open about it. She said that she could talk a chemist into giving her a drug within five minutes because of her knowledge about the background. She would chemist shop. Her dad was like me—distracted. We talked, as that is another thing that people can do at the centre—talk with other parents. She said that within five minutes she could get what she wanted from a chemist. Doctor shoppers are starting to get known. The sooner we have a national system with the health information of different people, the better. We need to stop the doctor shopping; we need to stop people going from one area to another. Those are the sorts of things that can be done on a national scale.

Some of the programs astound me, to say the least, but these people develop a resistance. I feel guilty now if I have a beer while my daughter is home. I do not smoke, but she used to smoke. The program has been that good that she does not drink alcohol, smoke or take drugs. I might want to have a beer or a glass of wine, but I will say, "She'll be right" and she will say, "No, Dad. You've got to realise I've got to run my own program. You don't have to fit in with mine. Mine is like this because that's what we do." In the first three months after she came out of the rehabilitation centre, she had to go to something like 50 meetings because she did not have enough strength then not to go to them. That has now eased off and things are changing. She was accepted into university recently and is moving on with her life, but others have failed. She was telling me that only about 10 per cent of people get there. A young person from Perth Glory who was going to be one of the best soccer players in Western Australia was in the rehab centre. There were people who had achieved. I have said in this place before that my daughter played for Australia in the under 21s in hockey. It was about health, and how that happens astounded me. When we think about the achievements that those people have to make, even though only about 10 per cent of them make it, we can see that there is a long way to go.

I disagree with the minister on many things. As I said earlier, at one stage I would have agreed about the lockup provision to get people off the drug. Parents would be absolutely delighted to have three weeks of respite if the user were locked up for six weeks or eight weeks. I can tell members that they would sleep for the first time in years, but when they came out, what would happen? That is the real problem. Some will succeed. I wish the minister well in what she is doing. I am not trying to be critical of that. But my experience is that the person has to want to do it. They hit the bottom and then they have to come up. That was very much a theme with the 30 people at the Rick Hammersley Centre. Through locking them up, yes, there is respite from getting belted because they cannot pay their bills, and getting away from the drugs allows the body to repair itself a bit, but it comes back to the fact that mental health is the area that we will have to work on very hard.

I think I have said enough. I have done a bit better than I thought I would. It is very, very difficult. I would have had I do not know how many phone calls—it still averages out to maybe one or two a week—of people asking

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for help, because I have been quite public out there. There are many funny stories, but many sad ones to go with them. There are more sad ones than funny ones about the different things they have tried, such as belting them, locking them up, putting them in the boot of the car and saying that they will take them for a drive and throw them off a bridge. All those things do not work. It has to come back to mental health as the focus. The focus should be in schools and working with groups and giving them some funding so that they can work with the “fringies”, the ones who are right on the border, and we may get somewhere. But I can tell members that we have a long way to go.

MS M.M. QUIRK (Girrawheen) [6.51 pm]: Sometimes politicians are criticised for being removed from the real world and the real problems that confront our community and I want to personally thank the member for Collie–Preston for keeping us grounded on not only this issue but many others. I think we all appreciate his courage in recounting his personal story for us this evening.

I want to read from a quote —

... the scourge of illicit amphetamines use, including ‘ice’, is still a severe problem for Western Australia.

...

“It is not just the ‘ice’ addict that suffers,” he told the summit.

“Their loved ones, including children, suffer. The health care system suffers, our police resources become stretched and our community suffers.

“It is an issue we cannot afford to ignore.”

Those quotes are from Premier Alan Carpenter on 3 July 2007. The government has engaged in some revisionism, some rewriting of history and some attempt to convey to the public that ice is an emerging problem. It is not an emerging problem. It was a problem that was certainly identified in 2007 by the previous government, which held an ice summit. I think the member for Kwinana has talked about the Premier describing the Labor Party as saying that ice was a party drug. That was about the Premier confusing two separate summits. There was a general drug summit and there was an ice summit. The ice summit brought together experts in drug prevention treatment and law enforcement to develop a strategy that would strengthen the fight against illegal drugs in Western Australia. That summit in July 2007 identified the following key areas —

1. Specialist drug and alcohol worker to cover tertiary hospital emergency departments to provide assessment, appropriate intervention and engagement in treatment.
2. Expansion of drug and alcohol treatment services that are effectively engaging amphetamine users across the state.
3. Expansion of residential treatment programs particularly for women and children.
4. Expansion of prevention campaigns targeting young people who may use amphetamines.
5. Proceeds of crime.
 1. Streamline the systems between the DPP and WA Police.
 2. Expand capacity in a multidisciplinary environment targeting unexplained wealth investigations.
6. Implement a drug diversion system for offenders on bail and a juvenile diversion (education) stream involving family support and additional bail restrictions for recidivist offenders and improved offender management.

I note that at the conclusion of that summit, Commissioner O’Callaghan said —

...the recommendations provided the foundations for change, although some would require further consideration ...

“What’s pleasing is that we’ve had some very interesting and forthright debate today that we believe has produced a positive and constructive way forward in tackling the amphetamine problem in WA,”

I repeat, that is July 2007. When probably on the next occasion I compare those recommendations with the methamphetamine plan released by the government in May this year, I will refer to many very common features.

Again, I think the criticism has been made that we failed to do anything about the plan. Three weeks later, Premier Alan Carpenter announced the government’s first initiative and that mothers addicted to amphetamines would be the targets of the first initiative arising out of the Illicit Amphetamine Summit in Perth. The announcement was made at Cyrenian House, as we heard the member for Collie–Preston talk about, which is

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a facility that plays a vital role in alcohol and drug rehabilitation. An extra \$808 000 over four years in annual funding was allocated to help more mothers addicted to amphetamines gain access to rehabilitation services. That money was to employ three additional counselling and welfare workers for Cyrenian Houses' Saranna Program and, as the then Premier said, this initiative is the first arising from a recent ice summit and more measures would be unveiled in the coming months. I quote that because, there was a framework and there had been consultation with experts. When this government was elected in 2008, the signs were there for what was needed to be done.

This is not just anecdotal evidence. At the same time, research was undertaken into amphetamine use and crime in Western Australia by Natalie Gately, Jennifer Fleming, Robyn Morris and Catherine McGregor. It is reported in "Trends and Issues in crime and criminal justice 2012" where they describe amphetamine use at that time, "Of the Australian states and territories, Western Australia has the highest prevalence of amphetamine use." That was for that period. "It also has the highest prevalence of amphetamine use among police detainees." As an aside, in 2008, I was Minister for Corrective Services and we were certainly grappling with the problem of people being admitted to prison who were ice addicts. It was a major problem for prison officers at the time. The report also states —

Of all the illicit drugs, amphetamines are of particular concern to crime prevention bodies because of the illicit and harmful natures of the manufacturer, possession and trafficking of these drugs.

For the criminal justice system, amphetamines are associated with a range of criminal justice and public safety issues, including organised crime, illicit drug markets, clandestine drug laboratories ... illegal importation and precursor drug access. There is also the potential for an increase in identity fraud to obtain precursor chemicals used in the manufacture of amphetamines.

That is the basis and what was known when this government came to power. One must infer that it was not high on the agenda and was not an important priority. As I said and as we have heard, it continues to be a problem today. On the next occasion I will talk about law enforcement but to contextualise things and get them up to date, the Australian Crime Commission's report on illicit drug data contains a graph with a terrible revelation—figure 9 on page 39, for those who want to look at the report.

Debate adjourned, pursuant standing orders.

House adjourned at 7.00 pm
