

CANNABIS — RESEARCH

Motion

HON SOPHIA MOERMOND (South West) [10.09 am] — without notice: I move —

That this house notes the tabling in the Victorian Parliament of its Legal and Social Issues Committee report into the use of cannabis in Victoria, and urges the McGowan government to consider undertaking similar research here in Western Australia.

A little less than a month ago, the Victorian Parliament's Legal and Social Issues Committee tabled in its Legislative Council a groundbreaking report on cannabis use in that state.

Hon Alannah MacTiernan: Can you speak up a bit? It is hard to hear.

The PRESIDENT: Honourable member, members are asking whether you are able to speak a little louder so that they can hear, or lean more towards the microphone.

Hon SOPHIA MOERMOND: Sure.

The PRESIDENT: Thank you.

Hon SOPHIA MOERMOND: Having stood here alongside my colleague Hon Dr Brian Walker for some months now, asking questions of government departments and coming to the conclusion, however slowly and reluctantly, that we may not have the answers readily available to us, I wonder what we might learn from the Victorian experience and whether we might benefit here in Western Australia from a similar information-gathering approach.

The Victorian report is built on the back of two simple but far-reaching questions: how do we keep cannabis out of the hands of young people and how do we keep cannabis out of the hands of criminals? Some of the answers that our Victorian colleagues came up with might surprise members and others might not, because much of their approach strikes me as simple common sense. Let us see whether that is the case as we range through their research and conclusions, however. This can be broken up into four key areas: legislative reform; mental health and other health impacts; issues with a criminal justice-based approach; and cannabis and other drug education. Obviously, we do not have the time today to look at all their conclusions, but I would certainly like to take some time to share with members who might not have read the report in its entirety the key recommendations that resulted from it.

Recommendation 1 is particularly interesting from a Western Australian perspective. Let me read it for the benefit of members. It states, in part —

That the Victorian Government investigates the impacts of legalising cannabis for adult personal use in Victoria. This should include:

- possession of a small quantity of cannabis for people over the age of 18 ...
- the use of cannabis for people over the age of 18 in private locations ...
- the cultivation of a small number of cannabis plants per person over the age of 18, at their principal place of residence ... Plants should be grown in an area that is not accessible to the public or people under the age of 18

At the risk of playing down what is being asked here, members will be aware that we had much the same regime in Western Australia 20 years ago. We were ahead of our time. Victoria is now trying to catch up, but it appears that we are moving backwards, or at the very least staying in the same position.

In the mental health space, I note two findings in the report. The first is —

The causal link between cannabis use and some mental illnesses is unclear. Some people with existing mental health issues may be drawn to cannabis use to treat their symptoms and in doing so, exacerbate their mental illness further. For this group, cannabis use is a compounding factor rather than a cause.

The second is —

The population level risk for the development of psychosis and psychotic disorders as a result of cannabis use is very low.

For those members following along, those two findings are on pages 83 and 88 of the report respectively. The second of those findings struck me particularly—the risk of developing psychosis and/or a psychotic disorder as a result of cannabis use is very low. Let us remember that is not simply our fellow elected representatives expressing a personal opinion; that is a finding based upon evidence taken from a range of highly qualified individuals, not

least of which are Professor Dan Lubman from Turning Point and Professor Joe Boden from the University of Otago, both recognised experts in their field.

Leading on from those findings was the one that the risk of neurological damage caused by early onset cannabis use can be mitigated by measures such as education campaigns about the danger of cannabis use for young people and by legalising cannabis and prohibiting its sale to young people. In relation to that, yesterday, I came across a new paper published earlier this month showing that there is no correlation between cannabis use and neurological damage. This should not come as a surprise to any of us. We know how effective campaigns around underage drinking have been in recent years. “Alcohol.Think Again” is a good example. The report suggests nothing new in that sense. It simply suggests that we need to be prepared to use the same tools we already have in our arsenal to tackle underage drinking to similarly tackle underage cannabis use. The answer lies in education.

It is also clear that we need to take cannabis out of the hands of criminals if we are to position ourselves to achieve any real reduction in youth uptake. Finding 8 in the report is perhaps one of the most far reaching and philosophical findings set down. The harms that arise from the criminalisation of cannabis affect a larger number of people and have greater negative impact than the mental health and other harms associated with cannabis use. In other words, we are currently a part of the problem rather than a part of the solution. Our inactivity in some cases and our active mistrust of the research in others is hurting ordinary women and men, certainly in Victoria, and I have no doubt here in Western Australia as well.

When it comes to the criminal justice impacts of our current criminal policies—and they are criminal, in my opinion, though not in the sense that some here might like to use the word—the report is equally damning. It notes that despite a reduction in the number of cannabis offences nationally, there was an 8.4 per cent increase in Victoria between 2017–18 and 2018–19, and in 2018–19, over 94 per cent of cannabis-related arrests in Victoria were for offences related to consumption. If there is one thing that has struck me over the past few months, and it may have struck other members as well as they have listened to us ask question after question of our police and justice ministers, it is the fact that we simply do not keep numbers—or we cannot or will not share them—on these issues here in WA. If it takes an inquiry such as this to reveal those numbers, then, for that reason alone, I would be inclined to support one.

The Victorian report also threw up an interesting gender imbalance. Again, it is impossible to say whether this is the case in WA or not, but in Victoria, at least, both male and female offenders were more likely to receive an imprisonment sentence for possession-related offences compared with use-related offences. Over 25 per cent of male offenders received an imprisonment sentence for cannabis possession offences between 2016 and 2019. Over 15 per cent of female offenders received an imprisonment sentence for cannabis possession offences between 2016 and 2019. Is that the case here as well? Who knows? We have not done the work to inform ourselves, let alone our community.

One finding that I suspect would almost certainly be reflected across jurisdictions is the imbalance in cannabis sentences handed down to our First Nations people. Finding 12 of the report on page 141 states —

Aboriginal and Torres Strait Islander Victorians are significantly overrepresented in sentencing statistics for minor cannabis offences compared to other Victorians. From 2015 to 2020, they accounted for 6% of cannabis offenders, despite only making up 0.8% of Victoria’s population. In addition, they are:

- less likely to receive a caution
- more likely to be required to attend Court proceedings for the offence
- more likely to receive a punitive sentence.

This may not be as shocking as it should be, but it is certainly a sad and sorry state of affairs, and one that I suspect would be reflected in figures Australia-wide if we were to dig a little deeper than we have to date. My friend and colleague Hon Dr Brian Walker will speak in a few moments to the report’s findings about medicinal cannabis and the failings of the regulatory frameworks currently in place. I shall not steal his thunder, for there is more material for me to cover here generally. For example, finding 15, quite unsurprisingly, notes —

A criminal record for a minor cannabis use or possession offence creates barriers to housing, education, and employment for individuals. These barriers are counterproductive to rehabilitation and reintegration, potentially increasing the likelihood of reoffending.

Members do not need to take our Victorian colleagues’ word for that, though; they can look a good deal closer to home. I will even offer a prize for the first amongst us to correctly identify the member speaking in the other place in 2003, when he stated that his government —

... does not want those people in our community who may be small-time users—once or twice or even 10 times—to have a criminal record ... We do not want it to have an impact on young people’s employment prospects or their capacity to travel.

Are there any takers? Members opposite do not recognise the words of their own Premier then. It is a funny world when members of Legalise Cannabis WA find themselves with more in common with the Labor Premier than his own party members, but that is perhaps a debate we can return to at a later date.

Cost to the individual is one thing, but cost to the state is quite another, and the Victorian report does good work breaking it down. It finds —

There are substantial costs involved in policing cannabis use through the criminal justice system, including in:

- police resources
- court expenses
- cost of imprisonment
- community corrections
- legal aid and prosecution

It questions the effectiveness of this massive investment in criminalisation. The report finds that —

Victoria spends millions of dollars annually criminalising cannabis. But criminal organisations are still making millions of dollars cultivating and selling cannabis in Victoria. These funds are being funnelled into other criminal activity including the manufacture of far more dangerous substances.

We know that in our hearts, but we need to grasp the concept with our minds as well. I have absolutely no doubt that we are inflicting the same costs, if not higher costs, on the taxpayers of WA, but if we are to prove that, we need to be willing to investigate and report back here in our own state with our own data. How much might we save here in WA, or how much money might we be able to reallocate from our criminal justice budget across into health and housing, if we simply acknowledged that the war on drugs has failed? Imagine if we had a war on drug harm instead. Where might that take us? As the report so aptly states —

The prohibition of cannabis has had a limited impact on the illicit cannabis market and the use of cannabis generally.

In other words, our money is being wasted. We have ceded control to the criminal fraternity, and it is making hay while we sit here wondering where we went wrong.

Education will certainly be key; there is no doubt that, and the Victorian report makes that clear when it recommends —

That the Victorian Government’s approach to drug education should:

- avoid stigmatising users
- promote help-seeking behaviours
- engage in open and non-judgemental dialogue with people using drugs
- have a greater emphasis on teaching about the risks to young people, and acknowledge that the risks of drug use exist on a continuum.

The committee saw a clear need in this space, and called for the Victorian government to review the effectiveness of school-based education and whether the existing curriculum was achieving its intended outcomes. It said that it should also consider whether the curriculum structure is suitable for a harm minimisation approach to drug education, as intended.

The report, once again based on the testimony of experts, concludes —

School-based drug education is more effective when it is based on a harm-minimisation approach and not abstinence-based messaging.

That is finding 19 on page 203, for those who want to read around it further.

Of course, by its very definition, all of this is Victorian data. But let us not kid ourselves, sitting over here on the other side of the country. If we took the word “Victoria” out in either of those instances and substituted it with the words “Western Australia”, would anyone seriously think that that statement would not still be at least as accurate? Indeed, if we took the word “Victoria” out of the title of the report and substituted almost any other state or territory, I think it would still provide us with a relevant starting point for a discussion on the merits of cannabis reform within a modern Australian setting.

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I am very aware of the clock, President, just as I am aware of the fact that although I have been able to cover some of the major findings and recommendations in this valuable report, I have not really taken readers any further than the executive summary. There are another 250 pages of detailed analysis and study. I hope that I might have piqued members' interest enough that they will read the report in its entirety. We are all busy people but this really is a worthwhile exercise. It is also worth noting that there was broad cross-party support amongst committee members in Victoria to advocate for change. Yes, there are minority reports attached but one of the two, written by the Liberal Democrats member, actually advocates going further than the main report does, while the Liberals and Nationals, sadly, refuse to listen to the medical and social experts, preferring to parrot the police line almost ad nauseam. I hope we might see more genuine discussion and a meeting of minds if we undertook a similar process here in WA. If we did, the ordinary woman and man in the street would be the ultimate beneficiary.

The Victorian public now have a document available to them—a deep dive into cannabis use in their state—that highlights the pathways to change, and the need to go down those pathways with broad community support.

This is a substantial report, of which the Victorian Parliament can be proud. It is a report that the Andrews government can now take on board as it considers reform. It is an example to other states and territories, not least Western Australia, in the research that can and should be undertaken if we are to understand the place of cannabis in society today. I commend the foresight of the Victorian Parliament in commissioning this report. I urge the house to acknowledge it and to consider if we might not usefully do something similar here in Western Australia during the lifetime of this Parliament.

HON PETER COLLIER (North Metropolitan) [10.28 am]: I wish to make some comments about the motion moved by Hon Sophia Moermond. I say at the outset that I am probably one of the most unqualified members of the chamber to comment on this issue because I have never taken an illicit drug in my life, and that includes cannabis.

Several members interjected.

Hon PETER COLLIER: I know I am Saint Peter, but that is a fact.

Hon Alannah MacTiernan interjected.

Hon PETER COLLIER: Yes, it is.

Having said that, I come from an era—I talked about this during the debate on the Arts and Culture Trust Bill a couple of days ago—back in the 1970s, when, quite frankly, smoking cannabis was a hanging offence. Everyone—well, I did not—smoked. Cigarettes were advertised, and it was very socially acceptable. Cannabis was a hanging offence. Go figure! In 2021, smoking is almost a hanging offence and, apparently, it will be in about 10 years, while cannabis is an accepted norm. We have completely moved on.

As far as I am concerned, I will refer to one aspect of the motion that deals with drug education. It is imperative. I thank honourable members for bringing this motion to the chamber. My concern with cannabis is that it not be deemed as an entrance drug, or a soft option, particularly for young people, who then move on to using higher order, illicit drugs. That still remains my concern. Until we have comprehensive education policies throughout our schools, that is still my fear. That is captured in one of the recommendations of the report. If members speak to police or first responders, they will hear daily stories, particularly on the weekends around some of the nightclubs et cetera, of the hideous impact of drug use on young people, in particular, in our community. We have to do whatever we can to prevent the use of higher order, illicit drugs in our community; that is why school drug education is absolutely imperative.

Unfortunately, we are now living in a meth world. I will provide some statistics about this that were provided to the Standing Committee on Estimates and Financial Operations. In 2017, 84 tonnes of methamphetamine came into Western Australia; in 2018, it was 188 tonnes; and in 2019, it was 454 tonnes. This figure plummeted to 122 tonnes in 2020 when the borders were closed. Unfortunately, it has now skyrocketed again and up until August 2021, 365 tonnes have come into Western Australia so far this year. That is having an enormously negative impact on the lives of hundreds upon hundreds of Western Australians. As I said, my aim is not to pass judgement on cannabis use. I have definitely softened in that respect, particularly on the criminalisation of cannabis. But I have not softened my attitude towards the imperative component of school drug education and the implications for students of cannabis use—harm minimisation. I do not have a problem with that and I have some experience with that.

Recommendation 15 of the Victorian report states —

That the Victorian Government reviews the effectiveness of school-based drug education and whether the existing curriculum is achieving its intended outcomes. This should also consider whether the curriculum structure is suitable for a harm minimisation approach to drug education as intended. The review should examine:

- if teachers and schools are receiving appropriate training and resources to deliver drug-education to students
- if it is being taught in the most appropriate subject areas
- its effectiveness on young peoples' understanding of the risks of cannabis/drug use
- what impact it has had on delaying the onset of cannabis use by young people.

I thought that that sounds very, very familiar, and I know why it sounds very familiar. I was part of the National Advisory Committee on School Drug Education back in the 1990s that released the *National school drug education strategy* in May 1999. It states —

The goal of the National School Drug Education Strategy is “no illicit drugs in schools”.

The National School Drug Education Strategy strengthens the provision of educational programmes and supportive environments which contribute to the goal of ‘no illicit drugs in schools’. This goal is based on the belief that illicit and other unsanctioned drug use in schools is unacceptable. The focus will be on educational outcomes. Assisting students with drug related problems and deterring the presence and use of unsanctioned drugs in schools will also be addressed.

The report then lists 15 principles, which are the same as the principles contained in the recommendations of the Victorian report —

- (1) Drug education is best taught in the context of the school health curriculum.
- ...
- (5) Drug education programmes and resources should be selected to complement the role of the classroom teacher, with selected external resources enhancing, not replacing that role.
- ...
- (8) Objectives for drug education in schools should be linked with the overall goal of harm minimisation.

We could just say ditto! Essentially, the recommendations from the committee on which I sat have been replicated in this Victorian report. I stand by that statement. It was a tremendous committee and I sat on it for about four or five years. We did an enormous amount of research on not only the harm of illicit drug use on young people in particular, but also the punitive response and how sanctions against young people will inevitably and unequivocally end in tears. We have to offer comprehensive, effective drug education and harm minimisation to provide students with an understanding of what particularly higher order, illicit drugs can do to not only a person's body but also their mind and their life. As I said, the fact that the report was handed down in May 1999 and here we are 22 years later basically saying the same things is interesting.

There is a program in Western Australia called the School Drug Education and Road Aware Program. It is a little sporadic, but it is there and, ideally, we could still be doing more.

I will finish my contribution with a story that adds a little weight to my argument. I have told this story before but I want to tell it again to explain the punitive versus educative role. When I was a teacher at Scotch College I was also a house head, which is a pastoral role. We used to have house meetings on a Monday. After one of those meetings, a year 8 boy brought a wallet to me and said, “Sir, someone has left this wallet behind.” I went back to my office and opened the wallet to see who it belonged to and found a little sachet of cannabis. I knew the boy who owned the wallet well. About five minutes later, this year 12 boy—who I will call Max—rushed into my office and said, “Sir, sir. I left my wallet!” I said, “Yes, Max. Here it is, mate”, and I gave him the wallet. He was worried. As he turned around and walked off, I said “Hey, Max.” He turned around and said, “Yes, sir?” and I said, “If it happens again, mate, it's not just the two of us who are going to know about it.” He said, “Thanks, sir”, and he walked out. He is a really wonderful young man—a bit of a likeable rogue, but a great young man from a well-to-do family in Dalkeith.

About three years later, he finished school. At that stage, I was in Parliament and I ordered a Chelsea pizza to be delivered. When I opened the door, there was Max with my pizza. I said, “Max, how are you going, mate?” He said he was great and told me he was at the surf club and doing engineering at UWA. We had a bit of a chat and caught up. It was a really poignant moment as we just stood there chatting. He kept on calling me “sir” and I said that he could call me Peter. As he walked away, he stopped and turned around and said, “Thanks, sir.” It was really good because he understood. For those who perhaps have not been in a classroom or in a school and who do not understand the social stigma of having a drug offence, it is profound, particularly for someone from the western suburbs. More than likely, he would have been suspended from the school for at least a week or two, and gone through life with that stigma. I am not telling this story to sound like Gandhi; I am just saying that the punitive reaction to drug use is something to consider, particularly in education. In education it is absolutely imperative to provide all students from all regions, cultures and gender—right across the board—an understanding of what drugs are, their implications and

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then to ask people to make up their minds. If we do that and if there is comprehensive drug education and we adhere to a policy of harm minimisation, I think we can go a long way to alleviating the scourge of higher order drug use.

HON DR BRIAN WALKER (East Metropolitan) [10.38 am]: I thank Hon Peter Collier for that very illuminating explanation. I have only 10 minutes to speak; I had planned for more so I will have to greatly modify my speech. The first thing I want to do is to seek leave to table the Victorian Parliament's Legislative Council Legal and Social Issues Committee report, entitled *Inquiry into the use of cannabis in Victoria* that is referred to in the motion.

[Leave granted. See paper [507](#).]

Hon Dr BRIAN WALKER: The Victorian Legislative Council's report is really fascinating. It is a wonderful report. It does not do much more than look at the issues surrounding the personal use of cannabis, and our party is much more interested in cannabis as a whole plant of which personal use is but one. I could speak all day about this, but in my rather curtailed time I want to mention a couple of things leading on from that. The health aspect of cannabis is pretty much a no-brainer. As a medical practitioner, my first concern is to ensure wellness and that also involves minimising damage and harm. No-one is maintaining the point of view that cannabis is benign. It is a safe drug as far as drugs go—it is far safer than alcohol and certainly safer than tobacco—but it is not a benign drug and there are certainly concerns that can be raised. What I particularly liked about this report was the way it addressed the issues surrounding potential harm. Two things come out of that. Basically, the first is that the amount of harm we perceive can be caused is less than we fear. The other aspect is that we minimise the extent of harm that can be caused by undertaking methods such as education within schools to educate about drugs. One thing we absolutely know with certainty is that cannabis given into the hands of criminals is a great way of causing harm. A multitude of potential harms can be caused. If we maintain the status quo we have now, then we—that is, you and I—will be involved in maintaining the situation in which harm is perpetuated. That is unacceptable. We need to note this and assess this report in its entirety and ask the question: should we in Western Australia undertake something similar? We need to find out for ourselves exactly what we need to be doing because continuing on the path of causing harm is not something that we as legislators ought to be proud of doing.

It has been found that things such as the early onset of use and heavy use of THC-dominant forms of cannabis in those with young, developing brains is absolutely not a good idea. Therefore, we ought to take measures that protect the youngest, weakest and most vulnerable among us. This is something that we as a body should look at more seriously. Yes, harm minimisation must be considered, but I was fascinated to read that Professor Simon Lenton says that we need to take cautious steps. We need to take informed steps forward because if we are not careful, we can go down the path of big tobacco and the alcohol industry, which have the same intent as criminal organisations. They want to increase their profits. To do that, they want to sell as much as possible to make the profits. They do not really care about wellness; they care about shareholder value and how much money they can bank themselves. I take a particularly disgruntled view of this approach. When I see the harm that is caused among my patients, I think it is intolerable as well. We ought to stop that. The concept that we could then give just free slather and allow big companies to put out cannabis in all its forms for their personal monetary gratification is not something we should allow. We need to regulate, do we not, to ensure that what we are doing is healthy for our population in every which way.

I could talk for hours on this and bore all members into submission, but my time is limited. What I really want to speak about here are driving laws and cannabis because that is something that has a lot of concern for the cannabis-using population. By "cannabis-using population" I refer specifically to my patients who were prescribed cannabis and have been told by police officers that they are now criminals. I cannot think of any reason that should be accepted.

Hon Alannah MacTiernan: Can you just repeat that, sorry.

Hon Dr BRIAN WALKER: When my patients who use cannabis are found by the police to have THC in their system, they are now declared to be criminals because they have driven with an illicit substance in their system. The Victorian police have their own concerns, and I can see from where their concerns come.

Hon Alannah MacTiernan: Is that really inconsistent? I mean, it is not illegal to drink alcohol, but it is illegal to drive with alcohol, so why is that inconsistent?

Hon Dr BRIAN WALKER: That is an excellent question; thank you for asking. The answer is that we have not quantified what level is safe. At the moment, we have a .05 limit for alcohol—agreed. But I know people who ought not be driving with a .02 blood alcohol level. More particularly, if the police find that a person has a .02 blood alcohol level, they do not ask whether they are taking an antihistamine together with alcohol, which absolutely makes a person incapable of driving safely because they would be clinically impaired. The police do not test for impairment; they test for the presence of .05 alcohol and beyond. Police test for the presence of tetrahydrocannabinol, full stop; and, in doing so, they then say that it is equivalent to being impaired. The presence of THC alone in a person's system

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is now defined as a measure of impairment. Their licence is taken from them and they have to appear in front of a magistrate and are possibly given a criminal conviction, which they have to carry for the rest of their life. The question I have is: do we want to tolerate that and is it a suitable approach for managing cannabis in the population? Let us look at what is a safe level of THC. That is what the report goes into and there are so many pieces of information that relate directly to safety when driving. It has been asked in some jurisdictions: if we legalise cannabis and people take cannabis as a recreational drug, do accidents increase? That is a sensible and wise question to ask and it is really important to get this clear. Some jurisdictions have recorded an increase, such as in the United States. However, in other jurisdictions, there are conflicting reports—either there is no increase or indeed a decrease in drug-related crashes, injuries and deaths. This is vitally important to understand. What is the limit? As stated in the report, the approach in Norway allows for impairment to be measured and there is a level that can be checked. We could discuss the levels but that, of course, is something entirely different and we can have that discussion down the road perhaps after our own committee, if we are granted one, is given permission to report. As stated on page 174 of the report, and this goes directly into it —

Numerous stakeholders believed that the current approach to cannabis impaired driving is inappropriate because it does not consider the level of impairment. They argued that a detection-based test was not sufficient considering that THC can be present in a driver's system for long periods of time, even after impairment has diminished.

Hon Alannah MacTiernan: Member, are you saying that people who have been prescribed it cannot use it as a defence in the courts? Can they raise the fact that they have a prescription to constitute a defence?

Hon Dr BRIAN WALKER: Indeed, that is so. There is a list of comparable jurisdictions in that regard. I refer to table 4.8 on page 176 of the report. A medical defence can be used in the United Kingdom, Norway, Germany, Ireland and New Zealand. But in Australia, and in Western Australia in particular—I am concerned about WA—people cannot use a medical condition in their defence. Practically, our police force is now required by law to declare a person with the presence of THC in their system, whatever the level, whatever the time, to be impaired. Actually what we are saying to our police force is, “We are empowering you to become professional liars” and that is intolerable as well. We need to make a change. We have to make a change.

The PRESIDENT: Order! Member, the time for your contribution has expired. The question is the motion be agreed.

HON ALANNAH MacTIERNAN (South West — Minister for Regional Development) [10.48 am]: I thank Hon Sophia Moermond for moving the motion. The body of work undertaken by the Victorian Parliament will be a very interesting read and given that our government's policy is harm minimisation, I am sure that all of us on this side of the house will be extremely interested to read the report. We clearly understand that our friends from the Legalise Cannabis WA Party have a mandate to be pressing for these issues. It is an important part of an ongoing debate within our community.

There was some reference to comments made by the Premier. We are all very well aware of those comments made by our —

Hon Matthew Swinbourn interjected.

Hon ALANNAH MacTIERNAN: My colleague here is telling me that is a different part of the motion, but the matter was raised by Hon Sophia Moermond. Obviously, it was while my colleague was out on urgent parliamentary business, and he missed that gem! It is important that we get the record clear. At that time, the member for Rockingham, now the Premier, was very much focusing on the need to protect young people from being caught up in the criminal justice system. The reform bill introduced by Labor at that time included provisions that did that. Even in the Barnett government's repeal, there were elements that were preserved. Those elements that were preserved involved the cannabis intervention requirement scheme that gave juveniles multiple opportunities, and adults one opportunity, not to be brought into the criminal justice system if they were found with very low quantities of cannabis.

The government absolutely supports the notion of harm minimisation. We did not go to the election with a program around this. At this time we have no plans to take the steps forward that I know our friends who have spoken in support of the motion would like. We are always interested in looking at the evidence that has emerged. The member raised an interesting issue. As members well know, the Premier was a very, very strong and early supporter of making medicinal cannabis available. He was probably the first party leader in Australia to come out and strongly advocate for the legalisation of medicinal cannabis, and he stayed true to that.

Hon Dr Brian Walker raised an issue, which I am certainly happy to take back to the Attorney General for comment, that we may have people who have in their system quantities of THC—tetrahydrocannabinol—as a result of perfectly legal activity and that there needs to be some assessment of whether that level of THC actually constitutes an impairment. The proposition put forward by Hon Dr Brian Walker was to allow a medical defence. I will certainly be seeking some comment on that point.

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Hon Peter Collier assures us that he is a man of very few vices; certainly not of the type that the majority of the population has engaged in! He keeps his vices within “The Clan”, and I am sure it is reassuring for the population to know the level of virtue of Hon Peter Collier! I certainly cannot make the same claims that he has made. With that, I will be more typical of the population, and I think that is a useful thing to be in Parliament. I agree with Hon Peter Collier that the community is awash with meth, and one could never underestimate the amount of damage that this widespread availability and use of meth is doing in our community and the degree to which that underpins so much of the domestic violence that we see. The long-term and often seemingly irreversible damage that occurs to big users of meth and the ease with which the meth is able to capture individuals is extremely alarming. Hon Peter Collier talked about drug education, and I think it is very important, but that drug education has to be realistic. It has to be based on really understanding what is going on in the community and what sorts of experiences young people will have.

The ABC program *You Can’t Ask That* had an episode that dealt with methamphetamine use, and it showed these incredibly honest accounts of people who had been in, and some who were still in, the grips of methamphetamine. I think it is important to understand what people’s experiences are because if a drug education program is discordant with the reality and experience of the young people being educated, it will not work. How we do proper drug education requires a great deal of sophistication. A simple “just say no” approach will not necessarily resonate; it will resonate with a certain percentage of the population, but we need to make kids resilient. We need to make them resilient so that if they have a drug experience and they like it, they understand what the pathway might look like going forward. If we are not honest about what that initial experience may feel like, our educational message will be lost. I think it is incredibly important to get ex-meth users very much involved in those educational programs, because they are the ones who can tell the powerful story about how this product can take people in and destroy them.

As I said, the Premier certainly went out on a limb with medical cannabis. We have that legislation in place. I understand that this is a work in progress. I am pleased to see it. I have also been keen to see that we have access to low-dose cannabinal. We have made a certain amount of progress; we have got it from schedule 4 to schedule 3 on the poisons list. I still think some arguments could be made for some opening up, even within schedule 3, to allow a more worthwhile dose and perhaps be less restrictive about the range of products that can be sold by a pharmacist. However, I see that progress is being made. I think the Victorian report will be very interesting. I am sure many of us, certainly many of our health professionals, will be very interested to read it.

It is not something that is among the many, many issues that our government is dealing with. It is certainly not part of our agenda, but I am certainly prepared to take to the Attorney General this important issue that the member has raised around the possibility of a medical defence when a person has been prescribed THC—tetrahydrocannabinol—to get something that is an appropriate way of dealing with that conundrum.

Thank you, members, for the contributions. We will continue with the debate and discussion in our community as we go forward.

HON COLIN de GRUSSA (Agricultural — Deputy Leader of the Opposition) [11.01 am]: I was waiting for others to stand, but I want to talk briefly on this motion. It is a good motion; these are good debates to have here. I know the report from Victoria is quite lengthy, and I have not had the opportunity to read the whole thing; nonetheless, the debate we have around illicit drug use and mechanisms to reduce the harm caused by its use is important. I am sure members who were here in the last Parliament will remember that, in fact Hon Samantha Rowe, who is out of the chamber on urgent parliamentary business, and I are the only surviving members of the Select Committee into Alternate Approaches to Reducing Illicit Drug Use and its Effects on the Community. It was a very interesting committee to be part of. I certainly went into that committee with my eyes wide open wanting to see exactly what other jurisdictions did in their management of illicit drugs and the harms associated with them. There are some very interesting findings and recommendations in that report. I wholeheartedly recommend it to everyone to read.

The select committee obviously looked at cannabis as part of its investigations, as indicated in its report. What was interesting in particular were the effects that criminalisation has on people who are caught up in the justice system as a result of having a criminal record, and the negative consequences that has on their lives, effectively, and the resultant problems that creates for them further down the track. Those debates are interesting as is looking at how other jurisdictions deal with not just cannabis but other drugs and what they found in terms of whether we should treat the use of an amount of a drug—whatever that happens to be—as a health issue rather than a criminal issue. The outcome for the community in that respect is quite interesting. Obviously, as Hon Peter Collier talked about, part of that is absolutely about education. In her response, the minister also talked about making sure that education is realistic. As a dad to five daughters, I wholeheartedly agree with that. I am quite happy to have that conversation very frankly and openly with my kids about what they will probably be exposed to so that they are aware of all the different impacts.

You have to be realistic about it: no sugar-coating, no hiding what can and what may not happen. In a more general sense, that sort of education is a very important part of the whole process. We certainly need to encourage more

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programs within our school system that are open and honest about what illicit drugs may do and what the harms can be to our kids, with the aim of making them more fully informed about the decisions they make. Let us face it: this is the society that we live in. There is every chance that our kids are going to be exposed to these sorts of things, so we are better off having these conversations early on to try to be in the preventive phase rather than responding after they have taken a pill that has landed them in hospital. It is really important that we have those conversations.

Other things the committee looked into during its travels included the various approaches taken by different jurisdictions, from what might be called the prohibitionist approach of countries like Sweden to the more open decriminalisation stance of countries like Portugal. It was very interesting to look at the differences in those approaches and what they mean for those countries. As usual, I think the balance is probably somewhere in the middle, but decriminalisation probably is something to be considered in some circumstances and for some substances. We certainly would not take that approach for substances like methamphetamine, because we know the real harms that it can cause to not just the person using it, but also the people around them.

Interestingly, although Sweden takes a prohibitionist approach, Stockholm has a dedicated drug and alcohol emergency department. I think that is a really good idea, because it provides the most important and necessary services for people who are caught up in alcohol and drug issues. They get the services they need there, but it also takes them out of the traditional emergency departments. We all know the pressure our health system is under at the moment; we also know, as part of that, that drug and alcohol issues take up a considerable amount of emergency department resources, so perhaps that is something we should also consider as a means of taking some pressure off our emergency departments—a dedicated service that can provide those patients with the necessary wraparound services they need to recover from the problems and challenges they face.

Something else the committee found was that alcohol is a very difficult drug to get off; I have to admit, I found it very surprising to discover that alcohol is actually one of the hardest drugs to come off and is very, very dangerous for the patient, yet it is legal. It was actually really confronting talking to some of the people going through recovery from alcohol dependence, and how hard it was in comparison with some of the other substances that people were recovering from. It was very eye-opening that recovery from excessive alcohol consumption is really challenging.

In essence, the whole idea is that we look at ways to effectively minimise the harms caused to our society by illicit substances. Obviously, that will benefit society as a whole. There is a whole host of different approaches, and the select committee's report outlines a number of them from various jurisdictions, from decriminalisation to prohibition, and even some other little ideas like alcohol and other drug emergency departments, which are worthy of consideration. As I said, education is obviously a big part of that. I have seen the work done in many of our regional communities by the School Drug Education and Road Aware program. I wholeheartedly support that entity. The work it does is important for our kids to make sure that they are informed about the choices they make. Again, I agree with the minister that any education needs to be realistic. We need to make sure that kids understand exactly what they may face if they choose a certain pathway.

HON WILSON TUCKER (Mining and Pastoral) [11.10 am]: I rise today to support this sensible motion and offer a few brief remarks on the topic of cannabis reform. I believe this motion represents an opportunity for the McGowan government to take a more progressive stance on the recreational use of cannabis in Western Australia. Typically, as a data-driven person, I like to see the evidence. In support of this motion, I would normally take this opportunity to talk about the health benefits and some of the studies done in other jurisdictions here and around the world where recreational cannabis is legalised. However, I think that argument is best left to my honourable Legalise Cannabis WA Party colleagues.

I will quickly touch on my personal experience of living in Washington state, where the recreational use of cannabis use is legalised. I certainly will not admit to cannabis use in Western Australia and test the limits of parliamentary privilege, but I can go one step further than Hon Peter Collier and admit to personal recreational cannabis use in Washington.

Hon Alannah MacTiernan: In jurisdictions where it was legal.

Hon WILSON TUCKER: Yes, absolutely. That is correct, minister. I emphasise that fact.

Hon Alannah MacTiernan: Are there other places where you might also have done it?

Hon WILSON TUCKER: I am not here to speculate!

I would not classify my cannabis use in Washington state as antisocial or debilitating in any way. In Washington state it is considered socially acceptable. As has been pointed out previously—I am sure there is a body of work to support this—cannabis is less addictive and damaging than alcohol, which is legal. Without going further into my usage of cannabis, I firmly believe that it is a matter of when, not if, recreational cannabis use will be legalised in Australia and in Western Australia. I believe this is an opportunity for WA to start shaking off the wait-a-while and the nanny-state tag and to take a progressive stance and positive steps forward on the road to reforming drug legislation.

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HON DR BRAD PETTITT (South Metropolitan) [11.12 am]: I also rise to speak in support of Hon Sophia Moermond's motion. I want to thank her in particular for tabling the *Inquiry into the use of cannabis in Victoria* report, because it is very timely. I especially appreciate that reports like this offer us some very strong evidence around why the business-as-usual approach that we are taking here is not the best option and that there are far better options before us. It was interesting looking at the inquiry's terms of reference, which are on page ix of the report if members want to see them. They are actually quite conservative. The terms of reference are clearly around harm minimisation and making sure that young people are looked after. The terms of reference approach the issue, I think, through quite a careful, cautious lens. As members can see, the report is very thorough. The committee looked at lots of evidence from around the world. The committee's conclusions are quite progressive. The report talks about the need to shift our focus because what we are currently doing is not working. The type of approach taken of getting the best evidence before us and making decisions based on that evidence is the type of approach that I always appreciate and is the approach that I hope we will take on many issues in this Parliament. The report is pretty clear about the kinds of reforms that need to happen in this space, including harm minimisation, health impacts and the like.

I cannot rise and speak without making the point that the overwhelming majority of the recommendations in the report are consistent with what has been the Greens policy in this space for a long time, which, of course, is good. I often make the point that the Greens ensure our policies are based on the best evidence. I thank Hon Sophia Moermond for bringing this motion and evidence to support it to Parliament. I hope that on the back of that we will see changes in this state. As Hon Wilson Tucker said, we should not wait a while on this; we need to get in front of it. I think there are real benefits around reducing harm and improving quality of life for people in our community.

HON SOPHIA MOERMOND (South West) [11.14 am] — in reply: I thank honourable members for their contributions to this debate. In particular, I acknowledge Hon Alannah MacTiernan's contribution for her recognition of the unfairness of tetrahydrocannabinol presence versus impairment in medical use. I have received quite a few emails from people who have been unable to continue their fly-in fly-out work because they are using medicinal cannabis and would therefore fail any onsite drug testing. Another aspect of that is because it takes such a long time for cannabis to come out of a person's system, people who have used it recreationally in the past have gone to harder drugs like methamphetamine to be able to maintain their FIFO work. It takes about 48 hours for methamphetamine to clear; whereas, with cannabis, THC can take four to six weeks and sometimes longer depending on the person.

It was also noted that some dealers in the illegal cannabis market were adding methamphetamine to the cannabis that they were selling. Cannabis is not addictive and adding something that is addictive makes sense as a business plan for dealers. By regulating the growing and selling of cannabis, we can reduce criminal activity associated with cannabis use.

The Netherlands has recently started a trial of giving out licences to grow cannabis. One of my cousins in Amsterdam rents out entertainment venues, cafes and restaurants. He is all over the legislation there and has talked about the fact that a coffee shop in Amsterdam can have only 500 grams of cannabis material to sell and it cannot grow it, so it has not got rid of the criminal element in that industry. The Netherlands is now starting a trial of getting coffee shops and coffee shop chains to grow their own cannabis to cut out that criminal element further. When that criminal element is cut out, younger people can be safeguarded as well. If there are dedicated places to sell it, people need ID to access it and they cannot buy it from a local dealer around the corner, that safeguards the under 18s.

Education and safeguarding are very important. We see a lack of understanding of dose in younger people experimenting with cannabis and they combine it with alcohol. They do not know their own bodies and they do not know their own limits, and when they combine it with alcohol, they can end up being very sick and presenting to emergency departments.

Another interesting fact to note around mind-altering substances is that it has been shown that people with a higher IQ are much more likely to explore their consciousness. Thank you.

Several members interjected.

The PRESIDENT: Thank you, members. The honourable member's reply closes the debate on that motion.

Motion lapsed, pursuant to standing orders.

The PRESIDENT: Do you want to move to the second motion for 10 minutes, Hon Dr Brian Walker?

Hon Dr BRIAN WALKER: Thank you, President, but in view of the time I would be happy to cede this to the government.

The PRESIDENT: The member is opting not to move the motion on the business program, and therefore that motion lapses.