

# **SELECT COMMITTEE INTO ALTERNATE APPROACHES TO REDUCING ILLICIT DRUG USE AND ITS EFFECTS ON THE COMMUNITY**

**INQUIRY INTO ALTERNATE APPROACHES TO REDUCING ILLICIT DRUG USE  
AND ITS EFFECTS ON THE COMMUNITY**



**TRANSCRIPT OF EVIDENCE  
TAKEN AT PERTH  
MONDAY, 17 JUNE 2019**

**SESSION FIVE**

## **Members**

**Hon Alison Xamon (Chair)  
Hon Samantha Rowe (Deputy Chair)  
Hon Aaron Stonehouse  
Hon Michael Mischin  
Hon Colin de Grussa**

---

**Mr BRENDAN HUGHES**

**Principal Scientist, Drug Legislation, European Monitoring Centre for Drugs and Drug Addiction, examined:**

**The CHAIR:** On behalf of the committee, I would like to welcome you to the hearing. Today's hearing will be broadcast. Please begin the broadcast. As we are videoconferencing today, I would like to advise you that present with me at this end of the link-up are reporting and committee staff and the following members of the committee who you met before: Hon Michael Mischin; obviously myself, Hon Alison Xamon, Chair of the inquiry; Hon Samantha Rowe, who is the Deputy Chair; and Hon Aaron Stonehouse. Hon Colin de Grussa, who you also met, is not able to be here at the moment; he is at another inquiry. It looks as though you are on your own. Can I confirm that that is the case?

**Mr Hughes:** Correct.

**The CHAIR:** You will have signed a document entitled "Information for Witnesses". Have you read and understood that document?

**Mr Hughes:** I have.

**The CHAIR:** If, for some reason, you wish to make a confidential statement during today's discussion or if your evidence will include any sensitive or controversial material such as allegations about another person, you should request that the evidence be taken in private session. If the committee grants your request, it may defer receipt of the confidential evidence and make arrangements to receive that evidence from you in person or by way of written submission. This is to ensure that the evidence will be received in secure conditions.

A transcript of your evidence will be provided to you. To assist the committee, it would be great if you could please quote the full title of any document you refer to during the course of the meeting for the record. I remind you that the transcript of today's discussions will be made public. Until the transcript of your public evidence is finalised, it should not be made public. Of course, we started hearing from you when we last met, and we never got to hear enough. Is there an opening statement that you would like to make to the committee, because there is a reason we made a point of following up our discussions with you?

[3.40 pm]

**Mr Hughes:** I did not prepare an opening statement.

**The CHAIR:** We have lots of questions for you!

**Mr Hughes:** I have looked at what a couple of the other witnesses have said, and the one thing I would like to add, which I have not seen in a couple of them, is talking about the objective of whatever it is that you or the Parliament plan to do. There is often a lot of discussion about statistics, and do things work and the details of them, but I would really emphasise maintaining at the back of your mind what is the overall objective, because I think that has been quite unclear in several of the systems that we have looked at, and this is where the systems can fall down between design, implementation and evaluation—that the overall objective has been lost as it has travelled from one to the other.

**Hon MICHAEL MISCHIN:** Can you give us some examples of that sort of a fallacy?

**Mr Hughes:** For example, if your objective is to unblock your court system, then it does not make sense that the alternative can only be delivered at the sentencing stage of the court system. If your

objective was to get heroin users into treatment, then it does not really make sense that you only accept heroin users who have no criminal record. There are a few other examples like that.

**Hon MICHAEL MISCHIN:** If I may just float this as a possibility, if you are looking at administrative diversion, even, you have still got to work out whether problematic drug use is your objective or whether just drug use is your objective as a diversion?

**Mr Hughes:** Or both.

**The CHAIR:** Because you could potentially be looking at both?

**Mr Hughes:** You could potentially be looking at both. One of the main lessons that we have seen is that the response needs to be targeted to a particular offender. If you wish to divert only problematic users, then you design your program accordingly. If you wish to divert all users, you will need to have different responses from the occasional cannabis users to the serious problematic users.

**The CHAIR:** In relation to offenders who use drugs, why is it important to distinguish between alternatives to prison and alternatives to punishment?

**Mr Hughes:** In terms of consistency of response among the different actors, alternatives to prison is referring to the place that the response happens, but it is not referring to the aim of the response. The classic law enforcement–health dichotomy would suggest that law enforcement understand alternatives to prison would be some kind of punishment measure that takes place outside prison, whereas the health professionals may understand it differently. They may understand it, “Fine, you’re not going to prison; you’re going to receive a health response.” So you have this aspect of inconsistency of understanding—I come back to what I said before—of the objective of the measure. Whereas if you use the expression “alternatives to punishment”, then I would like to think at least that that is clear for all different members. You are talking about what is the aim of the response, and the aim is to deliver an alternative to punishment. From what I have seen over the last 10 years, it allows a more consistent message to pass among all the different actors, and therefore you are more likely to get a more consistent implementation.

**Hon MICHAEL MISCHIN:** Have you noticed any particular model in the European community that has clearly defined objectives that are being met and achieves what I would say is the ultimate sort of aim, which is to reduce drug dependency and the harm to both the person and the community from drug use or misuse?

**Mr Hughes:** There are several different models available. Certainly we describe the Portuguese model as being consistent and coherent for those similar reasons, in that they have managed to address all different types of drug users. I think in the original plan of the model, they used the word “humanistic response”, and the idea was that by creating an entire national network of drug dissuasion commissions, and eventually putting them under the Ministry of Health rather than under the Ministry of Justice, you have a very solid, consistent and coherent response, and it is quite clear what is the main aim of the state. When you have other responses, for example, which say we wish to maintain the criminal status of the offence to send a clear message that drug use is unacceptable, and we will maintain the penalty of one, two or three years in prison for a personal possession offence, yet we will enable a national police directive to say not to arrest and to divert, then an inconsistent message is being delivered.

The Portuguese are a particular case. The reason they decriminalised was actually not because it was compulsory; you could have very similar results without the decriminalisation. They could have left a prison sentence there, but in Portugal’s case, they had come out of 50 years of fascism and people were afraid of the police. I am British. The British generally believe that the police are to be

trusted and that you can go to them for help. The Portuguese do not believe that, because that is not what they are used to. In their case, they had to provide a state situation where the police could be trusted and drug users would not necessarily run away from them. This is an idea of thinking of the different elements of the alternatives and trying to line them all up, so that they become, as I said, consistent and coherent.

[3.50 pm]

**Hon MICHAEL MISCHIN:** Just on that point, you are from a common law background with concepts of the state interfering with personal liberties only as a consequence of clear statutory authority to do so, and generally through the avenue of the criminal law as the trigger to some imposition on a person's freedoms of action. Likewise, Australia and other countries have that heritage. The European background is somewhat different. We have heard about the alternatives by way of an administrative diversion, the dissuasion committees, the ability to set limits on how people behave if they are considered to be problematic with their drug use, and criminal consequences flowing from the failure to comply with orders that are imposed in that way. To your mind, is there a way of adapting that, in a sensible fashion, to a common law background of the type we are used to, as opposed to a European civil law background, or are there conflicts there that need to be resolved?

**Mr Hughes:** That is an extremely difficult question to answer. I am dealing with 28 member states, and probably a lot more jurisdictions, because some have multiple jurisdictions within them. Scottish law is not the same as English law.

**Hon MICHAEL MISCHIN:** If I am off the beam, by all means point me out there. If it is not a problem, I am happy to hear about it, too.

**Mr Hughes:** There are ways of doing it. The usual thing that I have found is that the common law countries can and do use diversion at the police level, whereas in the code law countries, it is more considered that the police do not have that power of discretion; therefore, that will be delayed until the next stage, when it goes to the prosecutor, and the prosecutors have the power of discretion. It is a question of at which stage it takes place. The Portuguese completely rebuilt their system. As you can guess, that is extremely rare. Nearly all other countries have modified their existing systems, so they can bring forward that power of decision-making, whether it was originally for the judge at the sentencing stage, whether it comes forward to the trial stage, or whether it is advanced back towards the prosecutor and then it is up to the prosecutor to take that decision. Germany, Austria and Poland have quite similar responses in that the prosecutor has the ability to close a case if he or she considers it relatively minor. The interpretation of "minor" I think is provided in guidelines—there is a small quantity of substance involved; there is not a lot of chance that somebody will commit the offence again. So they do all have these different mechanisms to respond that they have worked out within their systems. The Portuguese is obviously the most fundamental change. They could do that in this country where it is a relatively small population and it is quite a centralised system of government. I can well believe that in other countries, that would be more difficult. At the same time, we see, for example, drug courts have been set up in just a few areas of Europe. I am not aware of any country that has a national network of drug courts; they are usually in one or two or more cities. There, again, they have tried to find a local solution within their national legal framework.

**Hon MICHAEL MISCHIN:** The reason I asked was because one of our witnesses in Portugal suggested that the transition to an administrative alternative run by these dissuasion committees and the like was a lot easier for them because, I suppose, of their code background. Do you not see that as a significant factor in being able to craft the laws?

---

**Mr Hughes:** That is a detail I have never looked into. I would like to think that where there is a will, there is a way, but I have never heard of objections from countries saying that that is legally impossible under their law.

**Hon MICHAEL MISCHIN:** I am not suggesting it is impossible; I am just wondering if the mindset might be different because of the manner in which code countries work.

**Mr Hughes:** I am quite sure that is the case.

**The CHAIR:** We know that the legislation can be either a barrier or a facilitator. Can you provide an example of where an alternative to punishment is rarely used because the legislative provisions have simply been crafted too restrictively?

**Mr Hughes:** The quote I gave earlier about heroin users without a criminal record came from the Polish law.

**The CHAIR:** Okay. It strikes me as an extraordinary thing to have in place.

**Mr Hughes:** I have seen some strange things in my time in the design and wording of laws. I conclude, rightly or wrongly, that these things are partly done for political, broad-based appeal, and the fact that if people have considered drug users to be deviants for the last 30 years, it is very difficult to change the mindset in three months and suddenly accept that they should be cared for and receive a health response. Sometimes these things can appear in the compromises within Parliaments as debates take place about phrasing of the law. In order for one side to achieve their objective and get something passed, they have to compromise on something. Sometimes I wonder whether an opposition politician says, "I will only vote for this if", and so that is accepted in order to get the law through.

**The CHAIR:** I am pretty sure that happens!

**Mr Hughes:** You are more expert at that than I am. I strongly suspect that that is the case. I can tell you that in Greece, where the original plan was for total decriminalisation, the final law that was agreed says under subsection (1) that there is a maximum penalty of five months in prison, but under subsection (2), this will not be entered on your criminal record.

**The CHAIR:** So you can go to prison without a criminal record?

[4.00 pm]

**Mr Hughes:** Maybe somebody just has a long holiday. It was suggested to me by one or two Greek experts that this was one of the things where they got so close to getting their decriminalisation through and then finally one political party said, "We do not accept total decriminalisation", and therefore the change was made.

**The CHAIR:** Can you provide an example of when legislation has enabled the greater use of an alternative to punishment?

**Mr Hughes:** The one that jumps to my mind is Poland, which is slightly different, and not just about criminal records, although I am pretty sure that was taken away. I recall one where it said that the judge or the prosecutor had the power to order an examination of the offender to determine, I think, their level of drug use, which would probably also mean their level of addiction. I believe it was found in an evaluation that, in fact, this power was never used. So rather than stating that the judge or the prosecutor had the option to examine, I think it was then stated that the person must be examined. I believe that was one of the changes that then increased the use of alternatives.

A similar one would be in Austria, where over 15 years or so the idea of closing a case following a reference to health authorities was expanded over time. So originally this could be only for

---

occasional cannabis users. Then it was for more cannabis users. Then it was for more drugs, not just cannabis. Eventually, the person did not go to the police to be referred to the health authority but the person was sent from the police directly to the health authority, and only if they struggled with compliance there would they then go back to criminal justice. They ended up with a very similar model to the Portuguese, except that the Austrians maintained the power of a prison sentence in the law, but they were taken in steps over about 10 or 15 years rather than all at once.

**Hon MICHAEL MISCHIN:** How effectively do these diversions work without a criminal sanction at the end of them? How does one know the best place to impose that criminal element if one's objective is to deal with drug use as a health objective?

**Mr Hughes:** Probably one of the most frustrating things about working as a legal scientist in Europe is the lack of data that we have on this topic. The European Commission contracted around Europe to examine this question in detail. They published a report in 2016. Eventually, amongst the 28 countries, they found 108 options for what they defined as alternatives to coercive sanctions. There are 108 options in the law —

**The CHAIR:** Good grief!

**Mr Hughes:** — amongst 28 countries, so some countries would have two and some countries would have five et cetera. Seventy-eight of those options had some data on the amount of times that they were used. So that is already nearly 30 where they had absolutely no idea how many times these things were used. That is 78 that had some data. This is not exhaustive or comprehensive data. For example, they might have said, "We can tell you that in four regions out of eight" — data collection is regional — "78 had some data." To me, the key thing is that out of 108 alternatives, 19 had some data on success rates. I repeat: they had some data. Once again, we received something like "we can tell you that in a certain region" or "we can tell you that amongst a certain group of users but not others". This is where we really struggle to talk about best practice, scientifically, where something has been evaluated to a rigorous standard because the countries themselves are not actually collecting the data.

I would add one further point to that, which is the definition of success. When I have seen these models and talked to people, the idea of the definition of success seems to be very, very difficult to pin down. If somebody is a heroin addict and after six months or one year of treatment, they are no longer using heroin but they insist on smoking cannabis four times a day to harm themselves, is that a success or is it a failure? A doctor trying to treat addiction would probably say it is a success. If you look at it from a law enforcement point of view, they are still breaking the law four times a day, so they probably consider it a failure.

There was another one involving heroin addiction, because this is Europe's main drug problem really—an acquisitive crime, so dependents will be stealing in order to gain money to buy more drugs. I think it was a British program that found out that six months before the course started, this person had committed, or the average was, something like 400 offences in the six months before. Six months after, the average was down to something like 30. So it is the same question: do you consider that a success because you have absolutely slashed the offending rate of this person, or do you consider it a failure because they are still offending? Once again, this comes from the philosophy of the person viewing this and making their judgement—the usual classic dichotomy between health and law enforcement. It is not always that simple, but that is the simplest way of presenting it. Somebody with a more social or medical background would probably say this is a success. Somebody with a view on criminal law and the severity of recidivism would probably declare that a failure. I think this is one of the difficulties of evaluating these programs, which is why I come back to the

---

very beginning: what is your original objective? You need everybody on board to agree with that objective.

**The CHAIR:** The committee has obviously, as you know, been looking at the practicalities of moving from treating drug use and possession as a criminal justice issue to a health issue, which is precisely why we came to you in Portugal. You mentioned that Austria gradually shifted the focus over time. How was this developed and implemented? Rather than having it overnight almost like they did in Portugal, it would happen gradually.

**Mr Hughes:** I might struggle to remember the details exactly, but I can tell you that we have something called “Drug Policy Profile: Austria” and I believe it is set out there. Austria made a series of legal changes. The main Austrian drug laws were implemented in 1998. Eventually, they made a change in 2008. I think they made another change in 2015. So it was incremental. I cannot necessarily say that this was planned, because I suspect there were maybe one or two governments in between each change. I do not think it was a strategic decision. It shows that there is the option to make one change and then, perhaps once society feels comfortable with it and once your institutions are adjusted and have the capacity to deal with it, you can make another change.

[4.10 pm]

**The CHAIR:** A number of member states have removed criminal penalties for use and possession. How have outcomes differed, for example, between Portugal and Spain?

**Mr Hughes:** The main difference between the two that I can remember is simply the mechanism for dealing with things. The Portuguese have formalised this network of CDTs, whereas the Spanish will still use the idea of an administrative offence and then I think they will use their general public health law, which is often implemented at local level, so you divert person off to treatment. The Portuguese mechanism is much more formalised, possibly dedicated, but I would not like to say that. Spain, remember, is effectively a federal country, so there you have regional variations. The Portuguese is more centralised.

**The CHAIR:** Are there any European countries where the offence of drug use exists but where it is not enforced in practice—so, almost a de facto approach to decriminalisation?

**Mr Hughes:** Do you mean drug use or do you mean possession for personal use, or both?

**The CHAIR:** I would be interested to know either.

**Mr Hughes:** Not enforced?

**The CHAIR:** But it is still on the record as —

**Mr Hughes:** What happens is pretty much all countries in Europe treat either drug use or drug personal possession as an offence. The thing to understand there is that if you are found with drugs by the police, you will be stopped and the drugs will be confiscated. This is the big difference between, for example, decriminalisation, depenalisation and legalisation. There is no tolerance. They do not say, “Okay; keep your drugs and off you go.” Then what happens in the entire criminal justice funnel, whether there is an aspect of note-taking by the police for informal warning, whether there is a charge, whether the charge is passed to the prosecutor, or whether the prosecutor deals with it or passes it to the judge, there are all these different stages at which they can filter the person out and not continue.

In 2007–08, we asked for statistics. We asked countries, “Please send us all the statistics you have on how you respond to drug use and personal possession offences”, because we wanted to understand what really happens in countries. What we found, once again, was that the statistical collection mechanisms were not sensitive enough. Here I have already given you the example of

how many countries collect statistics on their diversion to treatment or re-immersive mechanisms. They do not all keep statistics. The countries will only keep centralised statistics where they consider it—I do not know—necessary, beneficial or something like that. So, in many cases, they just say, “If the local police are dealing with it and they’re happy with it, that’s good enough for us.” At the EMCDDA, our connections are with the central level, and the central level are not necessarily able to give us those statistics. We ended up with a rather surprising graph where it looked like the Dutch send the most drug users directly to prison.

**The CHAIR:** That is odd!

**Mr Hughes:** The reason was because it was the reported statistics. The very simple answer was most of them they do not report, so the only thing we could gain from these statistics was of the people reported, many of them go to prison. But this was in no way representative.

**The CHAIR:** When you think of tough on crime, you do not think of Amsterdam. What legislative advice do you have if we are considering making a move to a health-based approach? You started to give us some before.

**Mr Hughes:** As I say, consistency. Ultimately, what is the view? If it is a health-based approach, you will need the health philosophy running all the way through it, and the health philosophy is if one thing does not work, try another. You do not go to a doctor a second time and say, “My knee still hurts” and the doctor says, “You’ve already come once, go away.”

**The CHAIR:** That is an interesting one, because one of the things that we are trying to grapple with is if part of diversion is sending people into health services, what do you do if they just refuse to comply? What do you do if they just refuse to turn up?

**Mr Hughes:** The Portuguese told me they try again. Others I have not heard. What are you dealing with? If you are dealing with student cannabis users, that is one thing. If you are dealing with problematic heroin users or real dependence, then what is your alternative? Why do you default back to the punishment model, because many countries do? Several countries will say, “You are permitted this diversion to treatment once, and then if you use that and you get caught again in the next year, or two years or three years, then it will be prosecution.” But surely this system is not adapted for the complexity of drug addiction. This system is still running, as I said, with the philosophy of the criminal justice model—punish once; and, if that does not work, punish harder. It is not the philosophy of health.

A very interesting thing was stated by João Goulão, the Portuguese drug coordinator, in one presentation that I watched where he said, “We don’t think of our system as a justice response; we think of it as primary prevention. We have a way of accessing the drug user and we use that opportunity to talk to them and to try to get them to change their ways. If they do not do it the first time, we try it another way.” But it was not ‘we throw it out and go back to the old criminal justice model’. I think one of the best quotes I have ever heard, which I wrote in the EMCDDA paper on alternatives to punishment, is from a drug court judge in Brooklyn who said, “The only reason this drug court is allowed to continue is because I’m constantly sending drug test statistics, recidivism statistics, reporting statistics, how many times these people are coming back in, and progress statistics on how they are doing with their responses.” She said, “When I was just locking people up, nobody asked me for any of those.” I think this is really telling that when you try to implement a health-oriented response towards drug users, many people question the science of it. When you try to use the criminal justice response to drug users, I do not know anyone who questions the science of it, not at least in the policy world.

[4.20 pm]

---



**Hon MICHAEL MISCHIN:** Just on that subject, if I can just float something to you and see whether there is any substance to it, because of the paucity of statistics of any reliability that are available, are we able to make judgements as to whether the current approaches are better or worse than the alternative ones? We are told that we are not winning the “war on drugs”, and leaving aside the emotive elements of that, but the assumption that possession and use of drugs is bad and ought to be deterred is what underpins our criminal justice system in that regard.

The alternative it is said is that there ought to be diversion from the criminal justice system but the assumption there still is that personal use of drugs, even if it is not problematic to the user or to others, is a bad thing and ought to be discouraged. Are we able to say that the current system is bad or worse than what the alternatives are in any objective fashion; that drug use is actually increasing under these alternatives rather than decreasing; and that because these alternatives are in place, we are shifting the problem or making more obvious the solutions in one area but not in others?

**Mr Hughes:** I will answer your question. I would really like to make just one comment before I forget it because you mentioned the word “statistics”. I would like to observe that whenever you are evaluating any of these responses, please do not limit yourselves just to statistics, which is the quantitative method of evaluation but please also consider qualitative evaluation. There will be some aspects that the statistics do not show but if you interview the different people involved, whether it is the police, whether it is the users, whether it is the court staff, the doctors et cetera, you will you also find a lot of interesting information that can help you adjust, refine et cetera, your programs. I just wanted to say that before I forgot.

**Hon MICHAEL MISCHIN:** I understand.

**Mr Hughes:** This comment about winning the war on drugs and assuming it is a bad thing; the first issue with that is this word “drugs”. Drugs means many things to many people and obviously chemically and pharmacologically it means many things. Drug set and setting I believe is my colleagues in treatment refer to it: what is the drug, how is it being administered and what is the setting in which it is being administered? All of these things obviously can massively vary the threat to personal health and the threat to public health. It is perhaps for this reason that we have some countries that do not treat drug use itself as an offence because they consider that if somebody is doing something behind closed doors in their own home and not harming anybody else, that is their own problem.

There are different reasons to control drug use. It is not healthy, despite the fact that many advocates these days will say that cannabis is harmless. I do not think that is true at all, especially with potency increases and the emphasis on THC content rather than CBD content. The link to psychosis is not proven but there are a lot of indicators out there. I do not know—possibly your questioning is the logic of legalisation of cannabis. I do not think I have really ever seen any requests for legalisation of anything other than cannabis.

**Hon MICHAEL MISCHIN:** I am not suggesting legalisation but I am just looking at whether we are able to compare the merits of what is currently being done with criminalisation in the manner that it is set up as opposed to alternatives and any objectives in an objective way.

**Mr Hughes:** The trouble with science is you can only really compare what you see and if nobody has done the alternative, it is difficult to make a comparison.

**Hon Michael Mischin:** Sure.

**Mr Hughes:** In terms of a health response to a criminal justice response, obviously, you have seen the Portuguese system. Other countries have formally decriminalised and they are trying to emphasise the health response. Malta is one that very few people talk about but there it has

---

changed from going to a criminal court to going to, I think, a law commissioner who can give a quick minor penalty for cannabis use but also has the power to turn the court into a drug court and then deliver instructions for treatment. We will be able to see these things more when more jurisdictions do them. Once again, we will have to watch exactly how they are done, how the systems are designed, how they are implemented and how they are evaluated. Certainly the Portuguese rather shocked the international community when they did theirs in 2001 but by 2015 the president of the International Narcotics Control Board was stating that it was a model of best practice. Sometimes it is a question of what we are used to.

The public do not want to experience the negative effects of somebody's drug use. How much the public are really concerned with what somebody does behind closed doors, I am not so sure, as long as it does not affect them. I suspect that some 50 years ago or something there was this aspect of moral condemnation of immoral behaviour. We have seen in 50 years that the aspects of many of these have changed, so you have the rise of the individual power of human rights as a counter point to the state's top-down intervention. Gradually, it is believed that more and more people have human rights that can be used to compare against the state's intervention and therefore you have this balance: how far can the state go before individual rights are infringed? This is why I reported on three Supreme or Constitutional Court judgements last year from Mexico, Georgia and South Africa, which said with the rise of individual human rights it is no longer the state's role to intervene behind closed doors and in private. This is also, I think, the philosophy behind Spain's response to cannabis use and growing, which is that if it takes place in public, it is an offence, and the implication of that is that if it takes place in private, it is not worth our police kicking doors down.

**Hon AARON STONEHOUSE:** What was the name of that report you just mentioned when you mentioned Mexico, Georgia and one other jurisdictions?

**Mr Hughes:** I am sorry it is not in a report, but EMCDDA runs a cannabis policy news service. Originally, it was an email list but now it comes out on our website as well. There is a 300-word or 400-word word article just mentioning these three judgements. Personally, I found it very interesting.

**Hon MICHAEL MISCHIN:** They are law reports that have reported on a summary of those judgements.

**Hon AARON STONEHOUSE:** Was that last month? When was that?

**Mr Hughes:** I think that was somewhere around the beginning of this year.

**Hon AARON STONEHOUSE:** Okay, thank you.

**The CHAIR:** We are very conscious that we have run out of time. We have a few more questions that we were hoping to ask of you. Would you be okay if we wrote to you and if you are interested in responding, you would be happy to do so?

**Mr Hughes:** Yes, I think so.

**The CHAIR:** That would be wonderful. Thank you so much again for giving us your time today. You have been so generous with the previous meeting and again today. It is much appreciated.

Could you please end the broadcast.

A transcript of this hearing will be forwarded to you for correction, if you believe that any corrections should be made because of typographical or transcription errors, please indicate the corrections on the transcript. Errors of fact or substance must be corrected in a formal letter to the committee. If you want to provide additional information, or elaborate on particular points, you may provide

supplementary evidence for the committee's consideration when you return your corrected transcript of evidence.

Thank you so much. As I said, we were pretty keen to make sure we spoke to you again after we got such a small contribution from you last time and realised that pretty much you were one of the reasons we had gone all the way to Portugal. We really do appreciate you making yourself available and your expertise. It is very much appreciated. Thank you so much.

**Mr Hughes:** You are very welcome. I am rather flattered and honoured to be invited. Thank you also from my side. What I did not say—I say this sometimes but not all the time—is that I think sometimes people come to me expecting the answers to their problems and I simply cannot give the answers, as gradually people learn after talking to me. I can only give different points of view and a whole load of examples where some countries have tried to do things, usually with the best intentions, but not always with the best results. But if we could all learn from that, then gradually I think everyone could refine their systems accordingly. Ultimately, you are very well aware that, finally, these things are political decisions to represent what the voters want. Science does not prove everything and there is always a set of values that you have to put on top of them but that is your job not mine.

**The CHAIR:** Indeed.

**Hon MICHAEL MISCHIN:** Thank you and please pass on our best wishes to the others we met there on that occasion.

**Hearing concluded at 4.31 pm**

---