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, 5 AUGUST 2019

SESSION ONE

Members

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

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Hearing commenced at 2.57 pm

Mr JOE PANAIA
President, Students for Sensible Drug Policy, sworn and examined:

Miss REBECCA BLACK
Vice President, Students for Sensible Drug Policy, sworn and examined:

Ms NATALIA HAZELL
Treasurer, Students for Sensible Drug Policy, sworn and examined:

The CHAIR: My name is Alison Xamon—I think I have met you anyway—and I am the Chair of this inquiry. This is Hon Colin de Grussa and Ms Lisa Penman, who is providing expert assistance to the committee.

On behalf of the committee, I would like to welcome you to the hearing. Today's hearing is going to be broadcast. Before we go live, I would just like to remind you that if you have any private documents with you, you need to keep them flat on the desk so it avoids being read by the cameras. Could we please begin the broadcast?

[Witnesses took the affirmation.]

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

The WITNESSES: Yes.

The CHAIR: These proceedings are being recorded by Hansard and broadcast on the internet. Please note that the broadcast will also be available for viewing online after the hearing, so please advise the committee if you object to the broadcast being made available in this way.

Mr PANAIA: That is fine.

The CHAIR: Okay. A transcript of your evidence will be provided to you. To assist the committee and Hansard, could you please quote the full title of any document that you refer to during the course of this hearing for the record, please be aware of the microphones and try to talk into them, ensuring that you do not cover them with any papers or make noise near them. Also, could you try to make sure that you speak one at a time for Hansard. I remind you that your transcript will be made public. If any of you wish to provide the committee with details of personal experiences during today's proceedings, you should request that the evidence be taken in private session. If the committee grants this request, any public and media in attendance will be excluded from the hearing. Until such time as the transcript of you public evidence is finalised, it should not go public. I advise you that publication or disclosure of the uncorrected transcript of evidence may constitute a contempt of Parliament and may mean that the material published or disclosed is not subject to parliamentary privilege.

Would you like to begin by making an opening statement to the committee?

[3.00 pm]

Mr PANAIA: I would like to open by stating that Students for Sensible Drug Policy is an international grassroots network of students and young people. We educate and advocate for an evidence-based approach towards better drug policy for all. We acknowledge that young people aged between 20

and 30 are the largest group of people who use drugs in our society, while minority groups such as the LGBTQI community and Indigenous Australians also carry a heightened propensity towards drug use. These groups are seriously disaffected by the current drug policies of Western Australia and are largely left out of the drug policy debate. Why is it that the people who are affected most by such draconian laws are not considered or consulted when it comes to drug policy? This is why SSDP exists: to give a voice to those who have none about a topic whereby speaking out may be incriminating.

SSDP believes in the abolishment of prohibition, though we recognise that there are several steps that need to be taken to reach this end goal. Humanity has tried prohibition before in America, with alcohol. Such policy gave rise to huge criminal enterprises, gangsters, speak-easies and illicit manufacture—outcomes which have been mirrored in the ongoing war on drugs that has raged for almost 50 years. Like with alcohol, these outcomes have increased the level of harm that consumers face, whether it be dealing with criminals in order to source product, or simply not knowing exactly what product or how pure and concentrated that product is once obtained. As a toxicologist once told me, "Drug dealers don't provide product information on baggies." Problems relating to these phenomena have been presenting themselves for many years in the form of deaths at music festivals, increases in methamphetamine use—which is a more harmful and concentrated form of amphetamine or speed—and even overcrowding in prisons. A pragmatic approach to amend these laws is rarely taken; instead, our governments tighten their grip on current punitive measures and focus spending on a temporary fix of punishing those affected, rather than investing in effective support through demand and harm reduction strategies. One only needs to look towards Portugal for evidence of how a decriminalised approach towards substance use can be more effective.

In addition, SSDP acknowledges the role that certain illicit substances may have to play in the treatment of mental health. Namely, the class of drugs known as hallucinogens or psychedelics have seen a resurgence in research in the last 20 years or so, and with good reason. DMT, LSD, psilocybin, or magic mushrooms, and even the popular party drug MDMA, or ecstasy, have all been proving their worth in the treatment of PTSD, depression, anxiety and even addiction. These substances differ from current medications in that they are administered only once or twice, with success rates usually over 50 per cent, and among people who have not responded to existing treatments. The effects are almost immediate and are maintained for six to 12 months. Traditional medications such as antidepressants can take up to six weeks or more to become effective, are administered daily and may require the consumer to try a plethora of different brands before finding the right one that works for them. Despite showing promise elsewhere in the world, research into psychedelic substances in Australia is severely limited. Only one medical trial is planned in Victoria with psylocibin. We feel that the prohibition and the stigma it creates for drugs and people who use drugs has greatly contributed to the lack of homegrown science in this area.

To conclude, the war on drugs has been waged for longer than any other war in recent history, with no end in sight. For as long as humans have existed, they have sought altered states of consciousness regardless of what the laws dictate or the risk of harm. Instead of working against this natural phenomenon, we should be working to better understand it and work with its natural flow in the most economical, safe and humane way possible. Thank you.

The CHAIR: Thank you very much. There are a lot of law reform possibilities in this space. What would you consider to be the priorities? If you were given the authority to be able to make some change, but only limited, what would you say is the most pressing?

Mr PANAIA: In light of the events in the eastern states with a few deaths at music festivals over the summer, pill testing has taken priority with Students for Sensible Drug Policy Australia wide. It is our

main focus of our Be Heard, Not Harmed campaign. But in a lot of our views, such a policy or such a scheme will not actually gain much attention. People will not actually buy into it unless there is a level of decriminalisation around the substances people are going to test. For example, in the UK they hold amnesty areas around pill testing sites so that people who use the pill testing services will not be pursued by police or any of that type of thing.

The CHAIR: Can I confirm that what you are describing is not a decriminalisation; what you are describing is the creation of a particular regime that enables testing to occur without fear of criminalisation, but it is not decriminalisation. The substances themselves are still illegal but you are describing a regime where people can safely pursue testing without fear of being picked up by the police.

Mr PANAIA: Correct. It definitely depends on what type of pill testing we decide to implement. Front-of-house pill testing at festivals and that type of thing is what has taken the forefront in the debate at the moment in Australia. For fixed-site pill testing services, such as a shopfront somewhere in the city or somewhere central for everyone to use, I think, may require a bit more of a decriminalised approach across the board. Whereas, if it were a roving type of service, you could kind of get away with amnesty zones or amnesty areas.

The CHAIR: The committee has heard evidence that where we have drug checking opportunities, it can also provide a really good opportunity to provide information and, potentially, brief interventions where there is considered to be concerns. How would you see such a service operating? What would you think would be best practice? Can you describe to us what you think would most appeal to the people you know who are taking this particular class of drugs?

Mr PANAIA: It would need to be peer led. We have peer-based harm reduction services around heroin and syringe exchange programs. They are all peer-based services. People who have been using heroin in the past, or who know a bit about how to use clean needles and all that sort of stuff are the people who run that service. I think for pill testing, it would need to be a similar thing. People who have been in the party scene for X number of years, have come out the end of it and want to impart some things they have learnt back to the younger generation who are coming up. That would allow the younger generation to have a level of trust with the people providing that service as well.

The CHAIR: Let us talk about, potentially, a pill-testing regime that has an amnesty zone at a music festival. Can you describe to us what you think would be the best practice in terms of what that physically looks like? You said it needs to be peer led; that is part of it. What would it look like if you could talk it through, bearing in mind other members are not here and will read the transcript to get an idea of what it would look like.

Mr PANAIA: Consumers of the service would initially be required to sign a waiver to ensure they understand the services and deeming the activity to be safe, and any core outcomes would kind of be waived in that document as well. From there, the sample of whatever drugs used would be given to a chemist and put through an FTIR machine, which uses infrared waves to figure out what is actually in the substance.

While that process is happening, an alcohol and other drug counsellor would be basically having an impromptu chat with the person, making sure that they understand the weight and the gravity of the situation that they are getting themselves into, and making sure they understand what the substance is, what it can do, what a safe dosage is, what is too much, what is not enough, what to do if you have a bad time and all that sort of thing. And then at the end of it, the results would come up, the person would be able to decide if it is too much for them to ingest at one time, if it is not the right substance they could chuck it out, or, if it is what they wanted, then it is up to the person to go away and take the drugs.

[3.10 pm]

The CHAIR: You have not said this, but I am going to presume that in this scenario there are also no sniffer dogs?

Mr PANAIA: Yes.

Ms HAZELL: That is the amnesty section there, yes.

The CHAIR: I just thought I would confirm that that was the case. People are turning up though, ready to have a good time at music festivals. What you have just described sounds like it would be pretty lengthy. I mean, really, what would be the attraction to people to do that, when they could just basically go in and start the party?

Mr PANAIA: For people that have been doing this sort of thing for quite a while, they might see it as a bit of a novelty to actually have their substances tested, but the service is mostly for novice users who are first foraying into this experience. That is really where such a service becomes so important, because first-time users have no idea what they are getting themselves into. I think for the two different groups of people, different things will call them in to use the service. Some people use the service because they just do not know and they want that expert opinion, and some people use the service to find out what it is they have got from the person who they took the drugs off.

The CHAIR: We have received quite a bit of evidence from people concerned that such a regime is going to be sending entirely the wrong message to young people and that as a result they will get a false sense of security, possibly think that they have been given the imprimatur to undertake this level of drug taking and therefore there is a significant risk of people taking more drugs. What would be your response to that?

Mr PANAIA: More often than not, people are going to take drugs anyway. We do not have this service in place at the moment, but people are still going out and taking drugs and taking more than they should be or taking X amount. We are just saying the whole approach has not really done much to quell that as of yet. I think the introduction of this type of service, as long as it is branded right, should not come across as we are giving the green light to this. I think the seatbelt analogy has been used before. If you are driving in a car and you do not have seatbelts and you get into a crash, you are more often than not going to come away with quite a serious injury, but if you have a seatbelt in there and you put the seatbelt on, you can minimise that risk of harm.

Ms HAZELL: It is an opportunity also to actually firsthand talk to some people about the risk associated with drug use as well, because a lot of them do go in there quite blind. It does provide—I would call it a brief intervention. You say it sounds like a lengthy process. I do not think it is as lengthy as it maybe sounds. Even with the testing itself, you are probably looking no more than 10 minutes, which is not a lot when you are talking about saving people's lives, potentially; it is not a long time. Some people do not mind. Ten minutes is nothing for them to understand—a lot of people are looking to understand the substances that they are taking, especially people that are first trying drug use. They want to know what is going on, but there is a lot of stigma that kind of puts a big wall up for the people who are using drugs.

Hon COLIN de GRUSSA: You talked about having alcohol and other drugs education, I guess, as part of this whole service.

Mr PANAIA: It is actually the main focus of it.

Hon COLIN de GRUSSA: Yes, that is the main focus, but who would you see—it is peer led, but who is going to be providing the information? Do you see it as being an NGO that is running it, or as a government? Because there could be some quite conflicting —

Ms HAZELL: It would be nice to have the government support behind it.

Mr PANAIA: That is a good question. In the eastern states they have an organisation called DanceWize. They started off in the early 90s as a peer-based harm reduction group that goes out to raves and parties and that sort of thing and provides this sort of a service—without the pill testing—chill-out zones, safe spaces and roving counsellors who go out into the crowd and find these type of people. After 10 years or so they ended up getting government funding. We just do not have that sort of thing in WA at the moment around that sort of festival environment. It is something that Students for Sensible Drug Policy is looking into. We are developing a bit of a team around this and we are hoping to have a team put together and well-practiced enough that should an opportunity come up where pill testing is on the table, then we can take that team and put them straight into the environment of working around pill testing.

The CHAIR: It strikes me that you would really have to have up-front cooperation from the police to be able to undertake this sort of initiative.

Mr PANAIA: Yes, very much so.

Ms HAZELL: Absolutely.

The CHAIR: Would you think that perhaps there is use in getting the police to potentially sit down with health experts to talk about what a model might look like?

Mr PANAIA: Yes, very much so. That would be very good.

The CHAIR: But would you agree that it would be otherwise extraordinarily difficult to be able to implement this without the police agreeing to be part of that process?

Mr PANAIA: Yes.

Ms HAZELL: It would be difficult if the police were not on the same page, yes.

Mr PANAIA: It would be difficult but not impossible. If you did not have police involvement, cooperation even, then you would be operating outside of the law and they could come and just shut it down, so yes.

The CHAIR: I want to stretch this one out a little bit. You actually picked up on the issue of drug checking outside of music festivals, and I note that Switzerland has also got exactly the sort of regime that you are talking about. Could you talk a little bit more about what that might look like, because that is obviously very intensive, particularly if you are looking at a regime that would be ongoing. Tell me what you think an ongoing drug checking regime would look like, where it would potentially be located and also how would you assist people living in the regions?

Mr PANAIA: I think the facilities would probably have to be somewhere in line with the Peer Based Harm Reduction group in East Perth. They have medical facilities as well as facilities to exchange syringes and that sort of thing. It would probably have to be either out of that venue or somewhere similar, and consumers could either come in and present their product there, or the other option, if people wanted to remain anonymous, they could send it in through the mail and have whatever the findings are uploaded to the internet and people could find the product that way. I believe it is Energy Conservation—I cannot remember the last part of the name; there is one in Spain that operates that way. The name escapes me, but there is a service in Spain that operates under that guise.

The CHAIR: Do people actually use it though? I mean why would you send your drugs off in the post? I am trying to get my head around it.

Mr PANAIA: Curiosity.

The CHAIR: But surely, if you purchased the drugs you just want to take it, you are not going to send it off in the post and worry about losing it, especially with Australia Post.

Mr PANAIA: Yes.

Ms HAZELL: That is why implementing it at festivals and stuff where people are actually undergoing and we know are partaking in a lot more drug use there is probably better. Having onsite services somewhere in the city would be a great thing for people to go in and check it as well.

The CHAIR: Would that be particularly helpful for areas like Northbridge? Is that the sort of thing you have done—like the party districts?

Ms HAZELL: Yes, absolutely. That is definitely where you find that there is higher drug use.

Mr PANAIA: And it is every weekend as well, not so much dedicated to festival season or this weekend or that weekend in particular. It is ongoing, yes.

Hon COLIN de GRUSSA: And those results then from that service or even the ones at festivals would be made available online as well?

Ms HAZELL: They should be, yes.

Hon COLIN de GRUSSA: Like, if there is an alert, you would imagine that you would want to get that information out pretty quickly so that there is a system to do that as well?

Ms HAZELL: Absolutely, if they identify something that is hazardous, for sure.

The CHAIR: It has been suggested to us that even with this alert system though, it does give a false confidence that if a drug has not been subject to an alert, that therefore it must be completely safe. What would be your response to that?

Ms HAZELL: No drug use is completely safe. It is not. There is always going to be risk associated. There is risk associated with alcohol and other legal drugs, you know, but we still need to take a more harm-reduction approach and give people the information and the education they need to be able to take it with informed consent, basically.

The CHAIR: Where do people get their information now?

Ms HAZELL: Usually word of mouth. There is a lot of stigma. Some people might go out of their way to research on the internet and things, but a lot of it comes, you know, they might have a mate that goes, "You're okay to take that" and they might actually take that as gospel. But if we educate a lot more and the stigma is removed, so, more advertisement, more open discussions about what drugs are, what sort of harms are associated with it, and then people might not just listen to their mate. They might actually take the necessary steps to protect themselves, which is a part of knowing what you are taking in the first place.

[3.20 pm]

The CHAIR: I would just like to welcome Hon Samantha Rowe, who is the Deputy Chair of this inquiry.

Hon SAMANTHA ROWE: Hi. My apologies for being so late.

The CHAIR: That is okay. We have explained; it is all fine.

Miss BLACK: I would just like to add to that. Online, there is pill reporting as well. I think it is called "Pillreports". On there, that is where everyone is self-reporting, which can also be a danger at the same time because it is a very subjective experience. It is not the safest way to provide the information, so we need to provide a safer way to do that.

The CHAIR: Of course, it has been well reported that the concern with sniffer dogs is that what happens is that people panic and take all of their drugs at once. What would be your experience? What would be your advice as to how people respond to sniffer dogs?

Mr PANAIA: I have seen that type of behaviour before, waiting to get into a festival.

The CHAIR: You have seen it yourself?

Mr PANAIA: Yes. People were panicking because the cops were starting to do their rounds of walking up and down the entry lines and that sort of thing. I do not really know what the best way to combat that would be, apart from having a reduced police presence at these types of events, as opposed to them going in to catch people with small amounts of drugs. If the punters knew that the cops were there for their protection, as opposed to trying to catch them out, I think that would kind of reduce that type of behaviour a lot.

Ms HAZELL: It almost brings it back to the decriminalisation side of things. I mean, why are we criminalising these people for seeking —

Mr PANAIA: Personal choice, essentially.

Ms HAZELL: Yes, for their personal choices. Medical services are there for alcohol and other things as well. We should provide the same kind of protection without fear of criminalisation, no matter what choice they make.

The CHAIR: If I can just elaborate a little on that. In your very helpful opening statement, you talked about prohibition and how that is not helpful, but we also know that outside of prohibition there is a number of particular responses from various types of decriminalisation with penalty, which is the Portuguese model, which people often misunderstand. They seem to think it is a free-for-all and it certainly is not. That is opposed to legalisation—"Go crazy; do whatever you like". In terms of the criminalisation of drugs at the moment, how effective do you think it is in terms of stopping people or limiting people from taking drugs? The big argument always moved against any form of relaxation of the criminalisation of drugs is that it is going to lead to more people taking drugs. What would be your response to that?

Mr PANAIA: I think that for everyone who is brought up in the current education system, most people already know that drug use is bad and that it has bad outcomes—there is harm associated with it. I do not think that is going to change just because we loosen the laws around people that get caught using.

Ms HAZELL: I think our current policies on it actually compound the effects of drug use. People find themselves with a criminal record—it is harder to get work, things get tougher, they like to self-medicate for lack of a better word, and that kind of stuff. I think it puts them in a tougher situation. If we took it out of the hands of the law and made it a more medical model, we can then look at providing—we are not saying do not look at people that are using drugs and that kind of stuff, but what are we providing for them? Are we making their lives tougher or are we providing a better model to work with them? We cannot stop them taking it.

Hon COLIN de GRUSSA: Would you say that that would be the approach for different substances? Would you have sort of a continuum, where you might actually have criminal sanctions for some drugs as opposed to others?

Ms HAZELL: I think the way people behave under the influence of drugs is perhaps a different activity, then that is —

Mr PANAIA: If there is criminal activity involved with drug use, then, sure, people should be punished for the criminal side of things, but for simply using drugs, I do not think anyone should be punished for being a drug user.

Hon COLIN de GRUSSA: No matter what the drug is?

Mr PANAIA: No matter what the drug. I like the fact that you brought up a class system. On the topic of legalisation and the varying levels of legalisation, I think you probably should have some sort of a class system. For example, cannabis should be somewhere on par with beer, in that people can brew it themselves if they want to, and if they want to start selling that product, then they need to acquire a licence and go through all that red tape that way. With things like methamphetamine, I think if anyone is caught manufacturing methamphetamine, then that is probably something that should carry a criminal penalty.

Hon COLIN de GRUSSA: That is in terms of production or supply. In terms of use, you do not think there should be any —

Mr PANAIA: Criminal penalties—no.

The CHAIR: It has been suggested in evidence to this committee that drugs like methamphetamine, of which we have received a lot of evidence around associated harms to both individuals, families and the community, should never be relaxed around criminalisation at all because of the severity of the drug. What would be your response to that?

Ms HAZELL: What are we going to be doing with these people? You know, they will have to come out and be with their families at some point if they have been put into jail. What kind of services are we providing for them? Would we not be better providing more health services and more harm reduction strategies for these people and trying to help them understand why they are taking those sorts of drugs in the first place? Those kinds of services, I think, even in our prisons, are very much overlooked. You send somebody to prison; the rehabilitation side of things could probably be improved.

The CHAIR: We have also received evidence that most people do not tend to go to prison just for using drugs; usually, they end up in prison because of behaviours that have arisen as a result of their drug taking, where other offences have been committed. The argument has also been put that, therefore, really what harm is there? If they are using terrible drugs like methamphetamine but they are not going to prison for it, really what harm is there? What would be your response to that?

Mr PANAIA: What harm is there from?

The CHAIR: From the fact that it is still criminal.

Mr PANAIA: Becoming a criminal for simply using a substance. Myself and Nat work as alcohol and other drug counsellors for Cyrenian House. I cannot speak for Nat, but I have worked with a number of people who have been to jail for methamphetamine use. It really is that revolving door of people being committed to prison for a minor offence—perhaps they were selling or something like that—then they get out, spend a bit of time outside, recommit and they are back in. I have had people spend the majority of their twenties going in and out of jail for methamphetamine use or being involved in that sort of a scene. For some people, they do benefit from that structure and that routine, but for other people, there is also an abundance of drugs that get used in jail. People can source product if they want to. It is timeout in the naughty corner but it is not actually timeout in the naughty corner; it is go and chill with your friends who you have on the outside who have got caught, and then maybe when you come out, you can reconnect with them on the outside.

Ms HAZELL: Then when they come out, they have no structure still. They might have the structure when they are in prison, but then they come out and they have no skills still. Most of the people who do find themselves in jail around drug-related things, they kind of, for lack of a better word, may lack the skills they need to not get themselves in that trouble in the first place. What are we doing in the prison? Are we actually teaching them in the prisons? What are we actually doing? Diverting our services to a place where that is what we are targeting, that is what we could provide for drug users, would be much more beneficial.

The CHAIR: I suppose one of the challenges which has been put to us is that, ultimately, notwithstanding your evidence to this committee that people are going to take drugs anyway, there seems to be a broad consensus that if you are going to take drugs, please let it not be meth. How do you achieve that particular outcome? It does seem to cause such a disproportionate level of harm.

Ms HAZELL: Education; we need a lot more education.

The CHAIR: Education where? When and where?

Ms HAZELL: Education in the general public as well, especially generationally as well.

The CHAIR: We have also heard evidence that fear campaigns do not help, because what happens is that people will then take meth and go, "Oh, actually, I really quite enjoyed that and my life hasn't fallen apart, so what other lies are being told to me?"

[3.30 pm]

Ms HAZELL: Perhaps it is not so much whether your life is falling apart but the harms and risks associated with that drug as well. People might not see the harms associated with it immediately; perhaps more realistic, rather than an exaggeration of the harms that can happen. A more realistic approach for someone who uses meth is that they can end up with a criminal conviction that can interfere with their work; it is not —

The CHAIR: But conversely, if you then remove the criminal penalty, you have just removed one of the downsides to people taking meth, so —

Mr PANAIA: That still does not stop people from using meth. I would like to just backtrack to the levels approach we had to legalisation or anything like that. For example, if cannabis was legal, I think a lot of people who turn to meth might use that as an alternative for their coping mechanisms or whatever else it may be. I think you can look at it like that as well, in terms of if we loosen the drug policy around these drugs, we might not experience so many societal harms around these other, more harmful drugs, because —

The CHAIR: We have been told the opposite. We have been told that if there is any relaxation of drug laws around marijuana, that it is a gateway drug.

Mr PANAIA: The old gateway drug argument, yes.

The CHAIR: What is your response to that?

Ms HAZELL: I think alcohol would be a better gateway drug than most.

Mr PANAIA: Yes, or even coffee. I think the gateway myth is —

Hon SAMANTHA ROWE: Did you say coffee?

Mr PANAIA: Yes, coffee is a drug—caffeine.

Hon SAMANTHA ROWE: I am in big trouble!

Mr PANAIA: It is a good comparison to make. If you look at how much people use caffeine in coffee or tea or whatever it is, sure, the harms associated with drugs like methamphetamine are much higher, but they kind of both have similar sorts of results. Would you rather people use caffeine, or would you rather people use methamphetamine? One drug is legal, the other is illegal. It kind of carries that sort of —

The CHAIR: It is not quite the same. I enjoy coffee as much as the next person, but I am not quite sure it would be the same as methamphetamine.

Mr PANAIA: No, but they are both stimulants. They both provide the same sort of effect on —

The CHAIR: A delicious stimulant!

Mr PANAIA: I know some people who use meth who would think that meth is quite a delicious stimulant, as well!

The CHAIR: Your submission is a lengthy submission, and thank you for the work you put into that. It also points to the low harm potential associated with drugs like LSD and mushrooms, which we were talking about earlier on. When we talk about drug law reform, do you think the conversations about drug law reform for these particular drugs get lost? We have certainly received a lot of evidence around marijuana and methamphetamine, but not so much about these sorts of drugs.

Mr PANAIA: Yes, I think the discourse around psilocybin, LSD and all the psychedelics is not as prominent in Australia as it is in, say, America, for example, or even Europe. Again, I think this would be wholly to do with our outlook towards all illicit substances in Australia. We have a very—I do not want to use the term "nanny state"—but we are very kind of conservative: "This is what the government says, this is how you should do it." I think our opportunity for opening up a discourse around these drugs has been quite severely limited. The potential for psychedelics in Australia is quite high, and we should be doing a lot more research into potential avenues for using these substances. It is happening already; people are using psychedelics with psychotherapy in underground settings—unsanctioned and everything like that. I have seen a couple of news reports and articles on that type of —

The CHAIR: In Western Australia?

Mr PANAIA: In Australia, across the board. There are backyard Ayahuasca ceremonies happening; I am not sure if you are familiar with that.

The CHAIR: Yes, I am familiar with that. I do not think it was that backyard, actually; I thought it was being promoted. No? Okay, that was just me!

Mr PANAIA: Very much backyard, yes. Even MDMA-assisted psychotherapy or mushroom-assisted psychotherapy is all happening in Australia, it is just all underground and unsanctioned, and it should come above-board. It should be something we promote and —

The CHAIR: It sounds like it should be regulated, to be perfectly honest. If it is part of a mental health program, then I am concerned to hear that any sort of psychoactive substances are happening underground.

Mr PANAIA: It is dangerous; I know where you are coming from. It is the same with drug use. People who use drugs are going to be using drugs in society regardless of the laws, and —

The CHAIR: I know, but if it is being put forward by people purporting to be professionals, you would want it to be regulated like any other pharmaceutical, I would imagine.

Mr PANAIA: Yes.

Ms HAZELL: All drugs that people are using are actually underground, though. This is, I guess, the whole topic of drug reform: why are drugs underground? I get it that some are more useful than others and some are providing a service, but why should any drugs be underground? By putting something underground, it becomes dangerous, so why do we not regulate?

The CHAIR: But sometimes drugs are just dangerous on their own terms. I notice with horror the emergence of Krokodil here in Western Australia, which is horrific.

Mr PANAIA: In Western Australia?

The CHAIR: Yes, it has just started to be discovered in this state. What would be your commentary about the emergence of those types of drugs?

Ms HAZELL: Buying drugs underground leads to coming across substances that you would not normally come across if things were regulated. We are creating a situation where black-market drugs are something that people seek out, and they do not necessarily get a choice in what they are asking for and what is being handed over to them.

Mr PANAIA: Not only that, it is a by-product of prohibition. In America when the prohibition of alcohol was a thing, people stopped making wine and beer and that sort of stuff—less concentrated forms of alcohol—and started making moonshine, which made people blind; no-one knew how much alcohol content it had. That is pretty much what we are seeing happening in the drug war: people cannot get their hands on heroin or meth if they want it, or whatever their drug of choice is, so people start manufacturing things like Krokodil, which is quite similar or on a par with the product that they want, but is not quite the thing that they want, so they take what they can get. It is not a good thing that we are seeing Krokodil appear in WA.

The CHAIR: It is horrendous.

Mr PANAIA: The last I heard about Krokodil was it turning up in the eastern states. Krokodil is more of a label given to a manufacturing process as opposed to any one drug in particular. I think it is very specific to Russia, so again I think that whole —

The CHAIR: Hence the fact that it is now in Australia is alarming.

Mr PANAIA: Yes.

Ms HAZELL: I think that is where the whole keeping drugs underground becomes dangerous—no regulation. Krokodil is a perfect example of having that underground world.

The CHAIR: But you would never look to manufacture Krokodil of any sort.

Mr PANAIA: From a pharmacy, no.

Ms HAZELL: No, there are certain drugs that you would not provide. If people are going to go out and seek those drugs, they are going to do it regardless.

The CHAIR: Which comes back to the earlier statement we had about methamphetamine. When you talk about the relative harm of drugs, we have talked about various psychedelic drugs, we have talked about marijuana, we have talked about a whole range of drugs. But Krokodil and meth are dangerous drugs, so that is why you would never regulate them in production, ever.

Mr PANAIA: Krokodil is an opiate; it is meant to mimic heroin. For people who are attracted to that type of drug, we already have peer-based harm reduction, which gives clean needles out, but even beyond that, to prevent harm from Krokodil, if heroin—or diacetylmorphine I think is the pharmaceutical term for it, the chemical name—were given out in safe injecting rooms as opposed to people going off and sourcing their own Krokodil off the streets, you would definitely see a reduction in harms associated with that type of injecting drug use.

The CHAIR: Can I pick up on this: you are supportive of the establishment of a safe injecting room here in Western Australia?

Mr PANAIA: Yes, for sure.

The CHAIR: Would you also see something similar happening in the regions; and, if so, where would you prioritise? Drug use, of course, is not limited to Perth. Where would you prioritise?

Mr PANAIA: Probably the next biggest spot would be maybe Kalgoorlie, but I might have to get back to you on that one. We are not sure exactly where —

The CHAIR: I am happy to take that on notice, if you would like to come back with subsequent information. I would be interested to know your priority areas.

Mr PANAIA: Yes, we could take that on notice.

The CHAIR: You will get notification of that as well. That is supplementary information A1.

We are getting to the point where we are running out of time. Can I talk about marijuana, if that is okay? Straight out, what is your preferred regime for how we deal with marijuana? You started talking about it earlier, but you talked about it in comparison with brewing beer and getting licenses.

[3.40 pm]

Mr PANAIA: I think that is probably the best approach in terms of drug-related harm, in terms of people out there who are already growing for their own supply or even to distribute it. In our submission, we mentioned cannabis clubs.

The CHAIR: Yes, and I was hoping you could give me a bit more information about why that particular model appeals.

Mr PANAIA: It pretty much operates under the model that the market is operating under already. I am sure that there are groups of people who get together and buy this house or that house, set it up as a grow spot and just operate it under the black market. This essentially takes it out of the black market and puts it into the white market. It would be an easy fix for the people already operating in this area, and it would take them out of the path of criminality. It would be a better way forward, as opposed to trying to set up a government-regulated market. It would take a lot less time; it would be down to the people who are already doing it and a lot less red tape.

Hon COLIN de GRUSSA: Just quickly on the cannabis clubs idea, what effects do you think there would be on other drug use if something like cannabis clubs were started?

Mr PANAIA: I think it would reduce drug—perhaps not initially, but I think if cannabis was more freely available to people, there would not be so much of a leaning towards methamphetamine use. It is already going down, but I do not think it would affect it too much. You might even see it plateau. It is difficult to say.

Miss BLACK: Similar to Portugal—how they saw drug use increase and then it declined.

The CHAIR: It decreased again, yes.

Miss BLACK: Yes.

The CHAIR: Because of the time, unfortunately, I am sorry—apologies that we started late. Thank you for attending today. It is really appreciated. Could we please end the broadcast?

A transcript of this hearing will be forwarded to you for correction. If you believe that any correction should be made because of typographical or transcription errors, please indicate these corrections on the transcript. Errors of fact or substance must be corrected in a formal letter to the committee. So if you have reviewed it and gone, “I got that wrong”, you have an opportunity to correct the

record. When you receive your transcript of evidence, the committee will also advise you when to provide your answers to questions, which have been taken on notice. If you want to provide additional information or elaborate on particular points—when you go through your *Hansard*, you will often think, "I should have said this"—you will get a chance to do that. You may provide supplementary evidence for the committee's consideration when you return your corrected transcript of evidence. You will get another bite of the cherry on that one. Thank you very much for coming in today. It is much appreciated.

Hearing concluded at 3.42 pm

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