

MISUSE OF DRUGS AMENDMENT BILL 2011

Second Reading

Resumed from an earlier stage of the sitting.

DR J.M. WOOLLARD (Alfred Cove) [2.51 pm]: As I said prior to the lunch break, I am very pleased to see this bill brought to the house. As the Minister for Police said in his second reading speech, this bill follows from a Liberal Party commitment at the last state election to address the problems apparent in the Cannabis Control Act 2003. The Cannabis Law Reform Bill 2009 was assented to last month, and it has been very good to see that Hon Helen Morton has commenced a campaign to educate the community about the dangers associated with cannabis. Cannabis is still a problem, and we know from the national household survey that it is an increasing problem. Unfortunately, many people think that this is not a major issue; however, it remains a major issue and we need to get the message out to the community that the use of cannabis results in not only mental illness but also the same health problems associated with smoking tobacco. Cannabis has all the toxic chemicals that tobacco has, so we really need to get that message out to the community. It is a problem with younger people as well, so we need to continue to highlight the dangers in smoking cannabis.

One of the other three initiatives that the Liberal Party said it would address was a crackdown on drug dealers who sell or supply illicit drugs to children. This is such a serious problem, because we know that —

The SPEAKER: There are numerous conversations going on, members. I know some of you are interested in seeking the call next. If you are having conversations that are not relevant to the bill before the house and you want to pursue them, I ask that you please pursue them outside so that Hansard and I can hear the member for Alfred Cove.

Dr J.M. WOOLLARD: We know that there are drug dealers waiting near schools when children finish school in the afternoon. We know that there is a big problem of drug dealers supplying illicit drugs to children, so we have to do all we can to get the message to the people in the community who are selling these drugs that this will not be tolerated. We have to stop that type of behaviour happening; many of us have children, and we know that they sometimes have good days and bad days, and it is when children have bad days that they might be tempted to buy and use those illicit drugs. If they have used them once, they are then more likely to purchase them again and to develop a dependency.

Another area the government said it would look at is the tightening of sentencing for exposing children to harm as a result of the manufacture of prohibited drugs. In his second reading speech, the minister talked about the storage of category 1 and 2 items that can be dangerous. He stated —

Category 1 and 2 items include an array of chemicals, commonly referred to as precursors, including pseudoephedrine, chromic acid, hydrobromic acid and benzyl bromide. These chemicals are dangerous on their own, and even more so if mixed with other chemicals. The possession and storage of these items can potentially endanger or harm children, even if the person manufacturing prohibited drugs has not yet commenced the manufacturing process.

I ask whether the minister could, as part of his reply to the second reading debate or during consideration in detail, advise the house as to whether the government is willing to consider, as part of the regulations, having some of these substances, which can sometimes be bought in hardware stores, locked behind cages to make it that much more difficult to purchase them. I also ask whether the minister could identify over-the-counter medications that could be diverted for use in the manufacture of illicit drugs. I am not sure what the percentage is, but I have been informed that a lot of the amphetamines that are being made and used illegally at the moment are actually being made from Codral Cold and Flu tablets, or the 20 or 30 pharmacy derivatives of that type of drug, containing pseudoephedrine, such as Sudafed. In relation to those products, yes, pharmacies ask to see a person's driver's licence and can see whether someone has purchased these medications recently at another pharmacy. However, if a lot of the drug labs are using these tablets, maybe we should consider similar initiatives to those that have been taken up in New Zealand and Oregon, where they have basically made these drugs prescription only. In some ways, making these drugs prescription only would mean that the 99 per cent of the community who use these medications in a safe manner would be excluded from purchasing and using them; however, that is why I ask the minister whether we have forensic reports and whether we know, from the 140 drug labs that have been closed down this year, what was being used to make illicit amphetamines. Whether these drugs be Codral, Sudafed or the trademarked generic pharmacy equivalent, perhaps we need to move to the way other countries have moved and make these drugs available by prescription only. This is why I ask the minister whether he has the forensic reports from these laboratories. Do we know which drugs are being used? If the minister knows which drugs are being used and they are not these drugs, we need not worry about them.

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However, we know that pharmacies in some areas are repeatedly broken into for these medications and that some pharmacies now refuse to keep them on their premises because they have had so very many break-ins.

Mr R.F. Johnson: I think we are trying to encourage pharmacies to put those particular drugs in a safe overnight to save them from being broken into, and stolen obviously.

Dr J.M. WOOLLARD: But does the minister have the information on which drugs those clandestine labs are using?

Mr R.F. Johnson: Yes, we do. The forensic experts that go in can analyse exactly which chemicals are being used in those clandestine labs. They know which ones are being used, yes.

Dr J.M. WOOLLARD: I certainly do not want tabled in the house any report on chemicals that will enable or encourage people to make drugs. However, if the list of chemicals is not tabled in the house, I hope the minister will take into consideration the issue of how these drugs are managed in the community.

The third area the minister is considering is a ban on the sale of all illicit drug-use paraphernalia. The member for Girrawheen raised the issue of Fitpacks.

Mr R.F. Johnson: Hookahs and shishas, I think, they are called.

Dr J.M. WOOLLARD: Apart from discussing the “hookers and shookahs” —

Mr R.F. Johnson: Shishas!

Dr A.D. Buti: No, that’s in the prostitution bill!

Dr J.M. WOOLLARD: I know that often people refer to them as hookers!

Apart from the sale of hookahs and other drug-use paraphernalia, the member for Girrawheen mentioned Fitpacks. The minister in his second reading speech said that the regulations would detail the people who could officially sell items such as Fitpacks. Currently, Fitpacks cost \$10. I am not sure whether that includes water, but they are roughly \$10, which includes a needle, a syringe and a swab. It might be a little more if it comes with an ampoule of water. Currently, a Fitpack can be sold to adults and children for \$10. When the minister is considering the regulations, I ask that he also consider that aspect. I checked with a pharmacy today to ask whether that was still the case, as the issue of children buying these Fitpacks for \$10 was brought to my attention a while back. They still can buy them and there is nothing to prevent them from buying them. I ask the minister, when he considers the regulations in this legislation for the sale of drug-use paraphernalia, to consider addressing the question of who should be legally allowed to sell Fitpacks. I hope he will also consider the question of selling these Fitpacks to children. Personally I do not believe it is a good idea for 14 and 15-year-olds to be able to buy these packs and I hope the minister will address that issue in the regulations.

I am pleased to see this bill on the table. I think there will be a lot of discussion over many of the proposed amendments to the legislation. I hope that this bill goes through Parliament speedily so that some of the harm being done in the community at the moment because of these clandestine labs, particularly the harm being done to children who are able to buy these illicit drugs, can be prevented.

MR J.C. KOBELKE (Balcatta) [3.04 pm]: I wish to make a few comments in support of the Misuse of Drugs Amendment Bill 2011. It is clearly taking up Liberal Party election commitments to toughening up the sale of drugs to children and to the prohibition of the sale of drug paraphernalia. It also contains a very important issue relating to the exposure of children to drug manufacture and cultivation. This legislation has been driven by the explosion—I use that word meaningfully—in the number of drug laboratories that have been uncovered. This is causing great concern in the community, and it is obviously a matter about which the minister needs to do something. This legislation is, in part, an attempt to deal with this growing problem. Although the bill is a good bill insofar as the objectives it is trying to achieve, I suspect that unless it has a whole lot of other provisions around it, it will not be effective. I will say a bit more about that later.

The issue of people trying to make methamphetamines and other like drugs in their kitchens or backyard sheds has been going on now for four or five years and involves the use of quite dangerous chemicals. Some of the chemicals themselves are dangerous, but when they are mixed together and chemical reactions take place, they produce even more dangerous drugs. Some of those drugs then go through to becoming the drugs that people wish to inflict on themselves and to abuse their bodies with, but other drugs continue to pose a fire risk and an explosion risk to them, to other people who may be using their property and to their neighbours.

The minister’s first media statement related to this matter was released on 6 April 2009 when he was asked a question by *The West Australian* about these drug labs. The question put to him was about the minister’s reaction to the high number of drug labs uncovered in Western Australia. The minister’s response was that drugs are a

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scourge in our society, but that he was heartened to see police appearing to be doing a good job of uncovering more of these illegal laboratories.

I totally back the minister in his statement that drugs are a scourge in our society. However, the second part of that very brief statement could lead one to believe that the police were actually out there tracking down organised crime and doing a good job in locating those drug laboratories. That is not really the fact. The fact is that drug laboratories are exploding! Police do not have to go out looking for them; they are literally exploding and causing great concern. The police are called because neighbours either witness the explosion, or, if it has not got to the point of explosion, they smell substances that cause them great concern and they ring the police and the police simply turn up. That is not to say that police intelligence does not find some of these drug laboratories early. Through following up on investigations that they do, they actually find some of them and close them down. However, we are well aware that many of these labs are happening and that the police respond to the emergency created by people producing or attempting to produce illegal drugs through these backyard or kitchen laboratories.

The minister in his second reading speech indicated that in 2010 a total of 133 clandestine laboratories were uncovered in Western Australia, and that 110 of those, or 82 per cent, were in the metropolitan area. Again, this bill seeks to address the fact that in 34 of those cases, or 34 per cent, children were present at or in close vicinity of those clandestine drug laboratories. The minister in his second reading speech indicated that 46 individual children were present or resident at those properties where clandestine laboratories were detected. That is certainly very, very concerning. We now know—because other members have already mentioned it—that with only eight and a bit months of 2011 gone, we have already passed the total number of laboratories that were identified or located in 2010. It is certainly a very serious problem, and a growing problem.

The minister then put out a media statement on 14 August this year. I will quote one sentence from that statement —

“We have reached a point in this State where the number of clandestine drug laboratories uncovered by WA Police has spiralled out of control.” ...

We have a minister here who very often simply fudges the truth—gets it half right or half wrong. In this case I think that particular statement by the minister is 100 per cent correct; that is, the number of clandestine drug laboratories has spiralled out of control. Under this minister’s watch he has totally lost control of it, and he acknowledges that in the press release. I welcome for once a statement by the minister which is supported by the facts and shows that this minister and this government has absolutely failed when it comes to controlling clandestine drug laboratories.

I do not underestimate the problem; it is a very difficult problem. We need to tackle it. This legislation is part of that attempt. But it is a social problem, it is a drug addiction problem, and such problems, unfortunately, often do not have a single simple solution. If it was simply a matter of passing a law, we would have the most law-abiding and peaceful community anywhere in the world. This government has passed law after law saying it is tough on crime and it is about law and order. Do our people feel any safer? People are invading homes with guns and discharging them. People are being seriously assaulted on our streets. We see it night after night on our TVs. If the government conducted a proper survey, it will clearly see that people do not feel any safer, yet the government has passed umpteen laws to try to convince people that it is serious about law and order. I do not think the government is believed. It is not that some of these laws are not good; some of them are necessary. But the point I make is that if the government thinks that passing tough laws actually solves problems, the government that is doing that is the problem. It will simply not find meaningful solutions. Although we need to change the law—we need to toughen up the law in a number of areas—a lot of other things need to be done if we are to effectively tackle the problem and try to make our streets safer and make our communities safe from a range of issues, particularly, with this bill, clandestine drug laboratories.

Again, in the media release of the Minister for Police; Emergency Services of 14 August 2011, it is stated —

Mr Johnson said the laws were aimed at protecting children from the insidious drug trade, as well as the dangers posed by clandestine drug laboratories.

Again, I am sure the intentions of the minister are fully behind that, but achieving the outcome takes more than just a piece of legislation—it actually requires good legislation. This legislation could be a lot better. It also requires a whole lot of programs to be put in place to deal with social problems and to give police the resources to be more effective. I will not get into an argument with the minister on whether police resources are adequate. They can always use more, but it is about how those resources are provided and how they are marshalled and applied, as well as a range of other social issues. The minister says the laws are aimed at protecting children. Clearly that is his intention—I accept that—but whether these laws will be effective in protecting our children is

a totally different matter. There might be some minor aspects of the bill, and they are quite minor, that will drive more children to be involved in drugs. I will come to that later. I know that is clearly not the intention; we are dealing with difficult issues here. Simply making a tough law does not necessarily solve the problem.

The change between the minister's statement in April 2009 and his statement of August this year about the legislation, I suspect, is informed by the fact that the earlier view that drug labs were being run by organised crime has been largely dispelled. The view I have, and the minister might like to make comment, is that most drug laboratories are being run by addicts who simply want to get the drugs they need to feed their addictions. We are not generally dealing with clandestine drug laboratories being run by organised crime organisations that are professional and produce large volumes, although I suspect there are some of them there; the hundreds that we are now dealing with, in most cases, are run by addicts who are simply making drugs for their own use. If I am right in that advice I have received, does the minister accept that that is now a change, and that a lot more of these laboratories now comprise addicts making drugs for themselves?

Mr R.F. Johnson: There are quite a few of them, certainly.

Mr J.C. KOBELKE: The point is: does the minister have any measure of whether it is more than 50 per cent, less than 50 per cent, or the majority?

Mr R.F. Johnson: I do not know, but there is no doubt that a lot of these people are making drugs not only for their own use, member for Balcatta, but also to sell on to other people to feed other drug habits. I am told there is an influence of organised crime in some of these drug labs, particularly the more commercial ones that produce a lot more drugs. I will get further information for the member on that.

Mr J.C. KOBELKE: Thank you. The issue is very important, minister. If we actually want to solve the problem, we have to clearly identify it. If we do not understand the nature of the problem and the drivers of the problem, we will not craft a process to tackle the problem because we will be tackling the wrong part of the problem.

If the issue is organised crime, there is a range of tougher penalties. Within the legislation we already have, such as that dealing with proceeds of crime and all the rest, there is a whole armoury of weapons that we can use. There are also the powers that are available to police, the Corruption and Crime Commission and national crime-fighting bodies, including the Australian Federal Police. Organised crime, obviously, is a national and international thing, not just local to Perth. We have all those areas. I know police are working there—that is not a debate for today—but all of those things are paramount, along with increased penalties, if we are to deal with organised crime organisations as the main instigators of clandestine drug laboratories. If, on the other hand, the larger part of the problem is addicts cooking up their own drugs, that is a very different issue. That is when the particular provisions in this bill, I suspect, will fail, and fail spectacularly. These people are addicts; they will not be worried about the fact there are heavy penalties—they are addicts.

I will come briefly to some components in the bill before I come back to that more general approach. If a person who is an adult at the time an offence was committed is convicted of manufacturing or preparing a prohibited drug, and the offence was committed in circumstances that endangered the life, health or safety of a child under the age of 16, the court must use only one of the following sentence options, according to the minister's second reading speech. I believe that is what the bill does. Those options are, firstly, suspended imprisonment; secondly, conditional suspended imprisonment; or, thirdly, a term of imprisonment. There is a graduation of penalties, all of which involve imprisonment. I have great sympathy for addicts, if we are trying to deal with drug addicts, because the court can actually impose a sentence of imprisonment, suspend it or make it conditional upon the person going into rehab and trying to get their life together. Those provisions have great strength as part of a bigger program of trying to deal with the issue, if we assume the issue is mainly drug addicts. I am leaving aside organised crime, which is clearly an important part, but if we are just looking at addicts who bake their own drugs, that approach has a lot of strength to it when put together with a lot of other programs to try to offer rehabilitation, if people take it up. If they do not, they will go to jail, but opportunities are available. Those provisions apply only when the circumstances might endanger the life, health or safety of a child. If the child is injured, we are mandating imprisonment, which is totally contrary to the approach taken when dealing with drug addicts. There is a dichotomy—a total split—between organised crime and addicts. Of course, it is not as clear-cut as that; there are people in between. If we really want to deal with the addicts who are making their own drugs—it would appear that they are behind a great a number of these clandestine drug laboratories—simply mandating imprisonment for a first offence when a child is harmed, perhaps in a minor way, will not help. They will take no notice of that; they are addicts. They will not worry about the toughness of the penalty; they need their drugs and they do not think they will get caught—until the place blows up.

Mr P. Abetz: They need rehab.

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Mr J.C. KOBELKE: Exactly; I thank the member for his interjection. That is the point I am making; this law will have very little effect if it does not also include measures for enforcement, proper process through the courts and rehabilitation. We need to offer support to some of these people to get them away from drugs. If we do not do that, the suggestion that these tougher laws will somehow fix the problem is a total nonsense. The legislation will not do what the minister wants and what we want, which is to try to reduce the scourge of drugs. I would like to eliminate it, but let us be realistic. Let us try to reduce it. Drug use is a major problem in Western Australia and people are aware of the flow-on problems. Figures released just a week or two ago—I cannot quote them exactly—show that the number of children who are wards of the state or in care across Western Australia has doubled. A lot of that relates to drug addiction. Their parents were unable to care for them adequately and some of those children were in dangerous situations. Having parents cook up drugs at home is just one of those dangerous situations to which this bill directly relates, but there are a range of other situations in which children are in danger and are not being cared for properly because their parents are drug addicts. That is all part of the mix. We will perpetuate the problem and get another generation of delinquents who are likely to be on drugs if we do not deal with all aspects of it.

[Member's time extended.]

Mr J.C. KOBELKE: We need to take a broader view than seeing this as a tough law that will somehow produce the effect we want. Tough laws without all the necessary measures to go with them will not deliver what we want.

I am concerned that the minister may be more interested in fulfilling an election commitment, which is certainly commendable, than he is in taking a more integrated, holistic view of what he and his other ministerial colleagues need to do to tackle this problem. The minister has already admitted that the problem is out of control and that he has lost control of it. That is causing great concern in the community; people know that.

Mr R.F. Johnson: I never said that. You are putting words in my mouth.

Mr J.C. KOBELKE: The problem with this minister is that he tries to make ignorance a virtue. Day after day, he tries to say that his ignorance is a virtue and that he can say whatever he likes because he does not know what is happening. That is the view of this minister. He must have not been paying attention, because in his media statement of Sunday, 14 August 2011, he stated —

“We have reached a point in this State where the number of clandestine drug laboratories uncovered by WA Police has spiralled out of control.”

Mr R.F. Johnson: I thought you said I was out of control. I'm sorry; I misheard you.

Mr J.C. KOBELKE: Again, the minister does not believe that the truth is important. Knowledge and truth are absolute strangers to this minister. He likes to think that ignorance is somehow a virtue. Perhaps I am more old school than the minister, but, to me, knowledge and truth are virtues, not ignorance. The minister continually tries to promote his ignorance. He did it today earlier when the member for Girrawheen asked him a question without notice. She asked the minister whether he could provide an update on the number of clandestine laboratories uncovered in 2011. The minister with the bill before the house said that he did not know. Again his ignorance is his virtue. It took one of the government members to tell the minister the number.

Mr R.F. Johnson: I think he got it wrong actually; it was 142.

Mr J.C. KOBELKE: I did not say a number. Yes, but he had a go at it and he was close. The minister could not even say that as of a day or two days ago it was such and such.

Mr R.F. Johnson: I knew that it was 139 a few days ago.

Mr J.C. KOBELKE: Yes, but you did not give that answer to the member for Girrawheen.

Mr R.F. Johnson: That is because I wanted to give her an exact answer.

Mr J.C. KOBELKE: No, it is because the minister does not like to deal in facts. He finds the truth and facts abhorrent to the way he wants to operate. The same applies to the minister's statement about meeting with the Fire and Emergency Services Authority board. He met with the FESA board, but not at a board meeting. This is beautiful! He actually met them fishing on the North Mole! He was down there fishing on the North Mole and he had all the FESA board members lined up and met them! He did not want to meet them at an actual board meeting.

Mr W.J. Johnston: It is impossible to meet a board if it does not exist!

Mr J.C. KOBELKE: I thank the member for Cannington for his interjection.

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The ACTING SPEAKER (Ms A.R. Mitchell): Member for Balcatta, I suggest that you come back to the legislation.

Mr J.C. KOBELKE: The issue with the legislation is that if one does not have a commitment to put the law into place with the services and the backup around it, it will be a total failure. If one addresses the changes to the law for political purposes rather than deals with the underlying issue, the legislation is set up for failure. This minister has a track record of simply wanting to play games. The allusion to the FESA board and the untruths he was telling is a prime example, which happened within the last hour. This minister simply does not want to deal with the truth, be factual or show that he understands key issues within his portfolio. If a minister does not understand the functional operation of his portfolio in these issues, the law will not be applied in a way that will give effect to the desire that we all have—that is, to provide greater protection for our children from this insidious drug trade. We all agree on that and we all understand the consequences of drug use and the havoc it wreaks on individuals and their families. It is no good to just beat the drum about how bad the problem is and to say that we will be tough on it.

The minister likes to beat the drum on cannabis. Again he put out a media statement in the last week or so about the problems with cannabis under Labor and how Labor was soft on crime and soft on cannabis. That reflects the minister's ignorance and unwillingness to deal with the truth, because the surveys have quite clearly shown that under that Labor regime, cannabis use fell markedly. It is wonderful to try to have fewer people using it.

Mr P. Abetz: The last National Drug Strategy Household Survey indicated that in the previous two years cannabis use has gone up.

Mr J.C. KOBELKE: I thank the member for his interjection; I saw those same reports. The minister attacks the last government because it reduced cannabis use in the community. Under this minister, cannabis use has gone up since 2008.

Mr P. Abetz: That was the effect of your laws, though, that it went up.

Mr J.C. KOBELKE: No, the member is wrong.

Mr R.F. Johnson: Why did Jim McGinty admit that it had?

Mr J.C. KOBELKE: Again, we know that this minister does not want to deal with the truth. The truth is that there was an informal cannabis infringement system under the Court government. When the Labor Party came into government, we formalised that system. It was basically the same system; it still kept the use of cannabis as a crime. It did not decriminalise cannabis use; it was still a crime. The method to the system was to try to reduce cannabis use and get people off drugs, and it was successful. The review that was done during the last Labor government suggested that changes needed to be made to toughen up the system, which we agreed to and which this minister largely picked up. That is good. He picked them up and brought them in largely from the report which was done during the Labor period in government and which we were committed to. But now he wants to play politics with it. He has already been responsible for driving up the use of cannabis in our community. It is the Liberal government that has talked up cannabis use by saying things about it that are totally false. When people are told false things about cannabis use, in my view, it encourages its use, and that is the basis of my accusation that this government encourages cannabis use, because it talks about it in ways that are false and dishonest. If the government talks about it in false and dishonest ways, it is encouraging people to use it. Look at the change in the usage; it has gone up under this government. According to the survey that the member also alluded to, cannabis usage has gone up under this government.

Dr J.M. Woollard: It is because people don't know how damaging it is, and that's why we need a good educational campaign to let the community know, and particularly to let children know, how harmful cannabis is.

Mr J.C. KOBELKE: I accept the last part of the member's interjection; that is, that cannabis use is dangerous and that we need to do more to educate people to try to dissuade them from embarking on the use of cannabis and the addiction that that may lead to. The first part suggests that because of that, its usage has gone up. I am not sure whether that is true. We need to make sure that the problems associated with cannabis use are more widely known and that we do more to deter people. But we have to recognise that it is in wide usage, and if we do not treat the people using it as people with a health problem, a drug addiction, we will not solve the problem.

Mr R.F. Johnson: But you didn't do that. All you did was fine them.

Mr J.C. KOBELKE: The numbers went down.

Mr R.F. Johnson: Hardly anybody took the counselling sessions; they all paid the fine. Jim McGinty acknowledged that. Give him his credit.

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Mr J.C. KOBELKE: Again, this is the minister for ignorance and untruths. The fact is that there were clearly ways of improving the law under our government. I am not saying that it worked perfectly; I am saying that it delivered a reduction in cannabis use. A review showed that it could be improved. The Liberal government came in and did most of those improvements, and I thank it for that, but Labor was already committed to those improvements. The current government did it; it can claim the glory. That is good, because, hopefully, it will improve the system and convince more people to actually —

Mr R.F. Johnson: You were gunna do a lot of things. You were a gunna government.

Mr J.C. KOBELKE: The minister should look at his track record. He is seen as a joke in the community—an absolute joke. I do not have to tell jokes when I go to a public function. I just say “Rob Johnson” and I get a laugh before I say anything else. So the fact is out there. The minister is seen as a failure because he does not deal with the facts of the issue. He comes in here and wants to talk tough, but he is too lazy or not competent enough to get across the details of the issue. What I am pointing out to the minister is that in some respects the minister has not handled this legislation well. He is not going to take account of the full complexities of the issue.

Banning drug paraphernalia is something that is quite good. Previous Liberal governments had a problem because one of their members and ministers, Mike Board, used to run Joynt Venture and sell drug paraphernalia. So we have seen a bit of a change in the Liberal Party. It no longer wants to sell drug paraphernalia; it actually wants to ban it, and that is absolutely good. I fully support the Liberal Party in that. But we need to make sure that we have in place the support services and an understanding of the cause of these problems if we are to be successful. The community does not feel safer under this minister. All the tough law and order bills have not made us feel safer, and this particular tough approach to clandestine drug laboratories, which we support, will not of itself reduce the number of laboratories. Along with this legislation, we need a range of other steps to try to get people away from drugs, to reduce drug addiction and to make sure we can get people away from having to bake their own drugs because they are addicts. The issue of organised crime being involved with some of the drug laboratories is quite separate. I think this law will deal with that in a very positive way, but, again, it is a question of enforcement and removing the proceeds of the ill-gotten gains from people involved in the drug trade.

Dr J.M. Woollard: So, member, would you support some of the chemicals being used to make these drugs being kept in locked areas in hardware stores and maybe looking at what drugs are being sold over the counter?

Mr J.C. KOBELKE: I am running out of time. But a whole range of those issues can be taken up. We need to be careful that we are not impinging too much on the community as a whole, but the community will have to have restrictions imposed on it to try to remove these drugs. But that is a balancing act. Four years ago the pharmacies in Queensland were all on a web-based system, so they would know if the same person had bought those drugs somewhere else. I think that has been rolled out here, but I have not seen any judgement of how effective it is. Locking up the drugs and making them hard to get is clearly one part of the solution. But there is not a single thing, and we need a competent minister who will bring all the parts together; otherwise this legislation will not be effective.

MR P. PAPALIA (Warnbro) [3.35 pm]: I rise to address the Misuse of Drugs Amendment Bill 2011, and I want to focus specifically on one of the areas just touched on by the member for Balcatta. I feel that the Minister for Police does not approach this problem or many other problems in his portfolio from the point of view of wanting to gather information prior to constructing his response. The part of this legislation that I particularly want to refer to is the component that suggests mandatory sentencing in response to people who endanger children by exposing them to harm, or the danger of serious harm, as a result of their manufacturing prohibited drugs and cultivating prohibited plants. That indicates to me that the minister’s intent is to be seen to be doing something. It does not appear as though the minister has looked at the problem, attempted to identify what the challenge actually is and then constructed a solution in conjunction with other ministers. It is without doubt a fact that the minister is incapable on his own and his department is incapable on its own of responding to this problem. They cannot, in isolation from assistance from other departments and other ministers, deal with this issue. The evidence lies within the minister’s desire to introduce mandatory sentencing as a response.

We know from the questions that were posed to the minister earlier by the member for Girrawheen that the minister has no idea how many clandestine laboratories have been discovered this year, but I suggest also that the minister has no idea of the make-up of the people who have been responsible for those clan labs. We know that the member for Balcatta asked how many of them were just drug addicts as opposed to organised crime figures. The minister was incapable of answering that question. I find that absolutely incredible. Members on the other side who are interested in this matter—I know that many members are interested—would, I think, also be a

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little shocked that their minister, who has walked into this place with part of the supposed solution to the problem, cannot answer that question.

Mr P. Abetz: What question?

Mr P. PAPALIA: The question of how many of those clan labs that have been discovered were operated by drug users who were manufacturing for their own use as opposed to commercially manufacturing for sale to others as part of an organised crime operation. I would imagine that any police officer responsible —

Mr P. Abetz: But you don't know that because —

Mr P. PAPALIA: No, hang on; hang on. Is the member telling me that an organised crime figure cannot be differentiated from an individual such as the police commissioner's son? Is the member suggesting to me that our police—bearing in mind that I have a brother who is a senior police officer—are incapable of differentiating between users who are operating on a small scale and those who are operating as part of an organised crime operation? Does the member know what these clan labs are? Predominantly, there are a few bottles and household containers and household goods that are manufactured and comprise —

The ACTING SPEAKER (Ms A.R. Mitchell): Member, I suggest you direct your comments through the Chair.

Mr P. PAPALIA: I am sorry; I beg your pardon, Madam Chair.

Predominantly these things are on a small scale. I suggest that by virtue of the increasing rate of discovery of these clan labs, which reflects the increasing usage of drugs and the desperation of minor drug addicts to prepare their own drugs for usage, they are predominantly people who are preparing, on a small scale, drugs for their own use, and possibly for distribution to a couple of friends, but they are not operating on a commercial scale as part of an organised crime outfit. That is what I am talking about. If the minister is suggesting it is impossible for the police to determine that, I am really disappointed. I think that is disparaging of WA Police.

Dr J.M. Woollard: Member for Wambo, from *The West Australian* of 26 June this year —

Mr O'Callaghan told a parliamentary estimates hearing yesterday that the WA laboratories were all “addiction-based”, generating small amounts of drugs, and they were not organised crime operations.

Mr P. PAPALIA: Thank you, member. Therefore, would the member not agree with me that our minister should know that when he is asked about it by someone on this side of the house?

Dr J.M. Woollard: I am sure that he knows that.

Mr P. PAPALIA: That being the case, does any member think that imposing a mandatory jail sentence as a first response without determining whether it will be effective might not be the best course of action?

I am trying to be reasonable about this. Information is available to the minister; I reference a 2007 study by the UK Matrix Knowledge Group. The minister can look it up on the web. That group undertook a comparative analysis of the effectiveness of drug treatment programs in prison versus secure residential facility treatments in the community. Its comparative analysis determined that a secure residential treatment facility was 2.3 times more likely to reduce offending at one-fifth of the cost of prison treatment. Comparing it from only those points of view, I would expect that the police minister would have consulted the corrective services minister prior to bringing in this legislation to consider whether the two of them, in conjunction with the health department and other agencies, might have been able to construct a better, more effective and cheaper response. Beyond that, what does the minister think will happen to these people if his mandatory sentencing is imposed and they enter the prison system? Does the minister know how many of those individuals will receive drug treatment in the prison system? I ask the minister, through you, Madam Acting Speaker.

Mr R.F. Johnson: You give your speech and I will give a response.

Mr P. PAPALIA: Okay. I will expect the minister to respond. When he stands to respond, I will expect him to tell me the current percentage of drug offenders who are receiving treatment in our prisons; I refer to those who require treatment. I asked the question when I had the shadow portfolio in 2009. I am hoping that the now Attorney General, the former Minister for Corrective Services, was correct when he said that he had improved the rate of delivery. However, in 2009, 54 per cent of the adults who went to the prison system and were identified as requiring drug treatment or substance abuse programs were not getting treatment. The Minister for Police might find it interesting to note that those programs are split into three categories; namely, low intensity, medium intensity and high intensity. Will the minister impose mandatory sentences on individuals knowing full well that they are minor offenders; that is, drug addicts producing the substance for their own use? Will the minister impose mandatory sentences knowing full well that in 2009, 54 per cent of those in prison identified as

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needing, and as eligible for, treatment did not get treatment? How does the minister justify doing that? How does the minister say to Western Australians that these people will have to go to jail, that the judge will not have a choice, because the minister thinks it will result in a better outcome for Western Australia? The minister does not know how many will get treatment in jail. If he had bothered to do some research, he would have found proof of more effective treatment programs—the sort conducted by Dr George O’Neil; that is, the 24-hour, seven-day-a-week treatment programs. I do not wish to debate Dr O’Neil’s treatment program—I am a supporter of his. That aside, the types of residential facility that he runs in which addicts are supervised have been proved to be a massively more effective drug treatment program than has sending them to prison—let alone sending them to prison without a drug treatment program. What does the minister think will happen to these people when they go to prison without a drug treatment program? They are going to network. They will still get their drugs. There are plenty of drugs inside the prison system. They will network with other crims and end up, when they come out, being capable of even worse behaviours. They will have a bigger criminal network than the one they had before they went in.

I know that the minister does not want to listen because he thinks the only solution is to impose a prison sentence on these types of people. He has been an abject failure as a minister. His incapacity to do a bit of research and link to other —

Mr R.F. Johnson: So you don’t think that somebody who harms a child should go to prison? That is what you’re saying, my friend! That is what you’re saying! It will come back to bite you. You wait and see. You should be ashamed of yourself.

Mr P. PAPALIA: There is nothing in here about harming a child.

Mr R.F. Johnson: Isn’t there? You’d better have a good read of it. You obviously haven’t read it!

Mr P. PAPALIA: No; it refers to exposing a child to harm.

Mr R.F. Johnson: And harming. Read it carefully before you stand up.

Mr P. PAPALIA: Karl O’Callaghan’s son exposed a child to harm. He is an addict. Does the minister think he will be better off for going to jail or, as Karl said when the offence first occurred, that he should receive treatment? Does the minister think it is better for him to go to jail to be one of the 54 per cent —

Mr A.P. Jacob: Are the two mutually exclusive?

Mr P. PAPALIA: The member for Ocean Reef was not present and has missed half of what I have said. I have just presented evidence that, the last time I had the figures, 54 per cent of people in the prison system who were identified as requiring substance-abuse programs did not receive those programs. I am asking the minister whether Karl O’Callaghan’s son will be better off in jail if he is one of those 54 per cent. What will be the outcome? Will it be better or worse? Is it better for him to go to jail? Yes, we achieve our objective if it is simply to punish him, but —

Mr A.P. Jacob: He will do less harm in there.

Mr P. PAPALIA: If we want to do less harm, is it a better option? Is it reducing harm? Is it reducing harm, member for Ocean Reef? It does not reduce harm after he comes out of prison. He will be in there for only a short period of time, but it will be long enough for him to go to “Crime University” and meet some serious crims and better deliverers of drugs for him and his colleagues. He will network, but will he be better when he comes out and less likely to reoffend? The studies and the analysis do not back up what members opposite are claiming. There is no evidence that says putting him into prison without treatment, which is a high likelihood noting our prison system and its overcrowding and under-resourcing, will make things better. There is a high likelihood that when he comes out he will reoffend at a worse rate than before he went in. What is the benefit, other than the minister being able to walk out the front of Parliament House and say that he has done something? That is the only benefit of this headline feature of mandatory sentencing.

I cannot for the life of me understand why the minister included the cultivation of prohibited plants under the mandatory sentencing component of the act, but that is the minister’s decision.

My objective today was to place on the record the observation that I find it incredible that a minister of the Crown could come into the Parliament of Western Australia and propose mandatory sentencing as a solution, without having considered what the outcomes may be. The minister has no idea about the people he is talking about; he has no idea about the seriousness of the crimes they have committed or the nature of their personalities and whether they are indeed a drug addict or not a drug addict. We have heard that these people are drug addicts. However, the minister has constructed a response on behalf of the government that could result in these individuals coming out and reoffending at a higher rate. Therefore, the objective of this bill will completely fail to be met, and all the minister will do is add to the cost. Treatment in a supervised secure facility outside of

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prison is 2.3 times more effective and only one-fifth of the cost than treatment in prison. I do not understand how in the current economic climate that can be justified, when people right across the state are suffering at the hands of this government by virtue of its massive increases in utility costs.

MR P. ABETZ (Southern River) [3.50 pm]: The issue of drugs is obviously one that goes very close to my heart, having run a drug rehabilitation support group for a number of years in my previous role in the community. The reality is that drug addicts are people who have a serious problem. Often they do not recognise the seriousness of their problem and the difficulty is that something like 95 per cent of drug addicts definitely want to give up their drugs; the only problem is that they want to use drugs just that little bit more than they want to give them up. Often it is not until a crisis occurs that they are actually ready to take that important step of seeking help. Many drug addicts are people who have a very broken past. They are people who self-medicate; they have issues from their past that are psychologically very difficult for them to deal with. We say that people may drown their sorrows with alcohol; many drug addicts self-medicate in the same kind of way. There are of course also others who come from a fairly solid kind of background, who are introduced to drugs and then become addicted, and that then takes over their lives. The tragedy is that so often people talk about so-called recreational drug use. I refuse to use that term because there is no such thing as recreational drug use. It is the beginning of drug use; people think that they have it under control and then they realise that they are no longer in control, and it is all too late.

This legislation is only one part of the strategy that the government has to deal with the drug issue. As the member for Warnbro indicated, if this bill was the only thing in our strategy for dealing with drugs, I would agree with him that it is a waste of time. This government recognises that rehabilitation is absolutely important and that it needs to be funded well. I draw the attention of the house to the fact that in the last budget the government gave a 25 per cent across-the-board increase to the non-government organisations that run programs for the government, including those organisations that run drug rehabilitation support groups or rehab establishments. There has been a 25 per cent increase in funding for drug rehabilitation by this government; let us not overlook that.

But by the same token, we need to address the issue of clandestine drug labs. Pharmacists face a problem with people breaking in and stealing drugs. My daughter is a pharmacist and she has had a break-in at her pharmacy. Someone broke into the pharmacy in the middle of the night and they went in and were out within two minutes. They did not touch money, they did not touch the till; they went in and grabbed every bit of Sudafed. They were probably a customer who knew exactly where it was in the shop and grabbed it off the shelves and ran. It was as simple as that; it is not uncommon. Depending on what sort of manufacturing system the drug addict has for manufacturing the particular brand of drug they want to use, they grab different medications off the shelf. I think it was the member for Balcatta who mentioned that Queensland had a web-based registration system for purchasers of medication. That is something that some pharmacists have been advocating for in this state, but unfortunately because of so-called privacy issues, it has not been done. I believe that that would be a tremendous step forward because the issue at the moment is that to buy, say, Sudafed a person needs to show their driver's licence, the details of which are written down somewhere, and at the end of the month those details are sent to, I think, the Department of Health, or wherever they go. However, people can buy Sudafed from 17 different pharmacies in the space of a day and then go ahead and do their manufacturing. By the time it is realised that this one person has done all that, they have probably moved on to another address anyway. It is very, very difficult to track them down. If we had a web-based system, it would be far superior and would prevent or at least reduce the number of people in a legal way, without breaking in, getting hold of those medications.

Dr J.M. Woollard: Member, I believe some pharmacies have a web-based program run amongst their pharmacies and so we just need to extend it; I know it happens. When I went to get these drugs for the chamber for this presentation, they told me that I had bought a packet of Codral in 2009. They checked that and they could see that I had bought it elsewhere in the area.

Mr P. ABETZ: That is interesting. I will have to chase that up with my daughter.

The other issue I take the opportunity to draw to the attention of the house is that although this legislation certainly addresses the important issue of clandestine labs, the member for Warnbro raised the issue of treatment for drug addicts, particularly in prison. One of the interesting things is that Dr George O'Neil has sought to provide naltrexone implants for prisoners but unfortunately that treatment is not available. Part of the reason that it is not available is that the commonwealth government, under the watch of Nicola Roxon, as Minister for Health, has made it much more difficult to work with naltrexone implants. In fact, Professor Gary Hulse from the University of Western Australia, an addictions specialist who has done a lot of clinical trials with naltrexone implants, presented a paper at the Fresh Start conference that I attended at UWA, last month or the month before, and he documented how there has been interference by the National Medical Health and Research Council in the

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ability of Dr O'Neil to make available his naltrexone implants. Although naltrexone implants are not registered at this time with the Therapeutic Goods Administration, they are available under the special access scheme. The special access scheme allows them to be available if the medication reduces the risk of premature death. There is no question that naltrexone implants have a massive impact on reducing the deaths of people addicted to opioids.

Mr P. Papalia: Would you approach the current Minister for Corrective Services and ask that he allow George's program to be given to prisoners who are nearing the end of their sentences, with a view to having them be supported as they leave?

Mr P. ABETZ: I believe that would be a very valuable step because I have had people who have been imprisoned and released tell me that they used their time in prison to become drug-free and yet the parole board required them, as a condition of parole, to get onto the methadone program. Methadone is harder to get off than heroin. It is absolutely absurd; it is an amazing situation. These guys, if they did not meet the condition of taking their methadone, would lose their parole, but once they had finished that parole time they could have gone to George O'Neil, got a naltrexone implant and got on with their lives. I certainly think a naltrexone implant is a much better way to go. But unfortunately, the drug legalising brigade, which is very strong in Sydney with Dr Alex Wodak as doyen, is very powerful and very influential. It had a literature review posted on the NHMRC website that did not go through the normal procedures of a literature review, and now it has been posted in the guidelines section. It has not gone through any of the consultative processes and when questions are asked of the CEO of the National Health and Medical Research Council about who wrote this, all of a sudden the scientists want to be anonymous. Scientists want their names out there—it is a case of publish or perish—because it builds their credibility, but all of a sudden nobody wants to own up to who put this document together. It is in the guidelines section and actually states that naltrexone implants should not be used under the special access scheme anymore, which has resulted in the naltrexone clinic in Melbourne being closed. That has led to people from Melbourne flying to Perth and putting extra pressure on the clinic here. That is totally unacceptable, and I am still awaiting a reply from the CEO of the National Health and Medical Research Council. I know that other people have also asked questions about this.

We need to recognise that the Misuse of Drugs Amendment Bill 2011 is part of the government's overall strategy for dealing with drugs. I certainly believe that it is a very valuable contribution to dealing with drugs. It is not a panacea; it will not solve all the problems. However, as I mentioned earlier—I will conclude with this—the government's 25 per cent increase in funding for the non-government sector has meant that most of the drug rehabilitation groups have had a 25 per cent increase in funding, which will hopefully enable them to expand their services and continue their good work. Let us be very clear that if the places that run the rehab facilities, such as Teen Challenge, Cyrenian House and the Salvation Army, can help people get off drugs with the small amount of money that we provide, that is so much more effective for the community than eventually having to lock people up. There is no question about that. It costs about \$25 000 for a person to go through Teen Challenge's one-year program in Esperance and I think it costs about \$100 000 to have someone in prison for a year. Therefore, we need to divert people and provide help when they are ready for that help so that we can reduce this drug problem. I support the bill and I believe that the increased penalties, particularly for offences when children are present, are very, very appropriate.

MS L.L. BAKER (Maylands) [4.02 pm]: This is an opportunity for me to comment on the work of the Education and Health Standing Committee, of which I am a member, and to refer specifically to two reports that we have produced over the past 12 to 18 months. As a new member of Parliament, one of the great joys has been to understand that committees offer so many opportunities to learn about particular subjects. It has been quite a remarkable learning curve for me and I am sure for some of my colleagues too, particularly the reports on illicit drugs and alcohol and the report on illicit drug use in the Kimberley. These reports provided a great insight into and bear direct relevance on the changes proposed in the Misuse of Drugs Amendment Bill 2011.

I will start by echoing the concerns I have heard expressed by many members from both sides of the house that the most important aspects of dealing with illicit drug use is to prevent the causes that drive people to use illicit drugs and to find alternative ways of dealing with drug addiction. There is absolutely no doubt in my mind, and I am sure there is none in my parliamentary colleagues' minds, that this legislation clearly attempts to sheet home the message very strongly to people who are involved in the production of illicit drugs that it is simply not acceptable to have children anywhere near these clandestine laboratories. My concern is that this legislation draws the conclusion that by increasing penalties we will necessarily get that outcome. Clearly, we are talking about people who are involved in illicit drug production either as an economic pursuit or for their own personal drug use. We have debated that and a little earlier this afternoon we heard that the Commissioner of Police has said that most of these labs are for personal, private production and use. I am not at all clear from any of the research that we have been privy to that mandatory sentencing will have the necessary outcome that is sought;

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that is, increasing the criminal punishment in this instance will lead to people being less inclined to have children around when —

Mr R.F. Johnson: What about harming a child? You're all on about keeping people out of jail —

Ms L.L. BAKER: The minister was not listening; I mentioned that no-one in this house disputes the fact for a second that —

Several members interjected.

The ACTING SPEAKER (Mr A.P. O'Gorman): Members, only one person has the call; there is no opportunity for other members to have discussions across the chamber. The member for Maylands is the only voice I wish to hear at the moment.

Ms L.L. BAKER: As I said earlier—if members had been listening—no-one in this house disputes that children should not be involved in or be around these kinds of pursuits. My point is that it is absolutely unclear to me how these mandatory provisions to jail people for having children on the premises will have a net decreasing effect on the crime of illicit drug production. Some people who produce drugs are clearly economically driven; therefore, I question whether they really care about who is around their house, particularly if they are other people's children, at the time. Are they going to cringe in fear at the thought of a mandatory sentence? I am not sure that I have seen anything in the research and information presented to my committee over the past 18 months that would make me think that sentencing someone to jail will necessarily make them more concerned about whether a child is present when they undertake illicit activities. That is my concern.

I refer to the inquiry that my committee was involved in that dealt with the issue of illicit drug use in the Kimberley. It was very clear to all committee members that co-morbidity is the biggest issue that must be dealt with—that is, the combination of illicit drugs, licit drugs and alcohol. A combination of one, two or three of those factors can be fatal. I think that when we talk about drug use in the community, the huge missing area in this debate is the biggest drug in our community—namely, the abuse of alcohol, which of course is a legal drug. It was interesting to read in the minister's media release on this issue and, indeed, in the bill that it is about requiring mandatory jail sentences for drug offences. I understand that "drug offences" is sort of a populist term and probably a legal term that automatically means "illicit drug offences". It is not clear, again, why the government would not use the term "tough new illicit drug laws", because we are not dealing with alcohol or pseudoephedrine or the other drugs that many members of this house referred to this afternoon as matters of concern to them.

The big issue is: where is the government's equal commitment to prevention and education? I heard mention of the government releasing funding to non-government organisations. Again, I applaud the government for that funding release. However, when the cannabis intervention program and the cannabis interventions were being debated in this house earlier this year, the non-government sector made a great deal of contact with me personally to say that the funding being provided to implement the cannabis intervention program would in no way meet the demand. The reality for these NGOs was that they already had their hands full trying to deal with offenders who were being released and who needed to go into programs, and they were doing that without additional funds. I am not at all convinced that any additional effort is being put in by this government to make sure that the non-government organisations on the ground have the capacity to deliver the interventions that might help stop people continuing on or, indeed, starting down the path to drug addiction.

The three big As of alcohol are availability, affordability and advertising, and it would be remiss of me to not mention that availability, affordability and advertising issues are very close to my heart in my electorate at the moment. We have seen the emergence of enormous destination liquor outlets that are applying for licences to open new premises. As recently as last week, the Liquor Commission knocked back the application of the Woolworths liquor chain, Dan Murphy's, for a destination retail liquor outlet that would have been about 1 200 square metres in size. It was knocked back on the grounds that there was no proven demand for it.

One of the great concerns that has priority over many of this government's attempts to stem the spread of drugs and alcohol is that we are not spending enough time looking at the kind of legislative reform that needs to take place. I am speaking in particular about the balancing act that seems to be failing in the objects of the Liquor Act. It is not at all clear how public interest can be balanced against the industry's interests. These applications for destination liquor outlets are being referred to the Liquor Commission for hearings because it is simply not clear in the legislation, and it should be; it should be an issue of priority for this government to sort out. At the moment I am waiting for a new hearing date to be set for a Coles First Choice liquor store application in my electorate. The planning approval has lapsed, but it is to be 1 200 square metres in size, with a turnover of \$7.5 million in the first 12 months. The site is within half a kilometre of a number of Aboriginal hostels that every day treat people for renal dialysis, alcohol-related diseases and other dreadful illnesses. People are brought in

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from the country for treatment, and this huge destination liquor retail outlet is proposed to be built within 500 metres of one of those hostels, and within one kilometre of three of them. With 15 liquor outlets already within a one square kilometre radius of where this destination outlet is to be built, my community regards it as an unacceptable proposal.

These are the kinds of things that relate back to the issues of availability, affordability and advertising for this drug that is endemic in our society. I started this discussion by acknowledging the fact that everyone in this house sees the need to protect children from these destructive environments. I end this discussion by saying that I am not convinced that slapping mandatory sentences on people will necessarily protect children.

MR M.P. WHITELEY (Bassendean) [4.13 pm]: I will pick up on a point that was made by the previous speaker, the member for Maylands; that is, the title of this bill, the Misuse of Drugs Amendment Bill, really does not accurately describe what the bill deals with. The title should really be the “Misuse of Illicit Drugs Amendment Bill”, because we have a huge problem with the abuse of licit drugs and licitly obtained drugs that are illegally diverted. The member for Maylands spoke about the problems of alcohol abuse, and we are all familiar with that. Some work was done by the Education and Health Standing Committee on the problems of alcohol abuse, but we have an enormous and growing problem with the abuse of prescription drugs.

I have spoken at length on this issue and published detailed information on my website about the history of the problem of the abuse of dexamphetamine in Western Australia, and I do not intend to go back over that again in detail, but I will just highlight what we should learn from that. When we had a massive downturn in child prescribing rates of dexamphetamine, we had a massive downturn in the abuse rates of amphetamines by teenagers. Because we stopped giving kids amphetamines, they stopped getting a government-subsidised supply of amphetamines. We dried up the market and prevented kids from using amphetamines. When there was a massive decline in prescribing rates in the order of 60 to 70 per cent—I will not go through the details again—we saw a greater than 50 per cent decrease in the rate of amphetamine abuse by teenagers. That did not cost money; it required a bit of intellect. It required a realisation, in some ways, of the blindingly obvious: if we give away free abusable drugs to children, we will have a problem with drug abuse.

We have a growing problem, and not just with amphetamines. I obviously know much more about the problem of dexamphetamine abuse and the growing problem of methylphenidate, or Ritalin, abuse because I have made the issue of ADHD a centrepiece of my parliamentary work. However, what I say is equally applicable to other prescription drugs. A range of prescription drugs are being abused, and the frustration, from my perspective, is that the solution is so simple. This has been identified by people like me and Lenette Mullen, who was the WA branch president of the Pharmacy Guild of Australia. We need to have pharmacists with a central database that actually collects information about who has been prescribed what drugs, and when they have been dispensed, so that we can actually stop the problem of the diversion of prescription drugs. That would address the problem of doctor shopping, indirectly, because the collection point for dispensed drugs would be cut off. This is something that is absolutely missing from this debate, and it is so disappointing to see the debate being driven by someone like the Minister for Police. I feel sympathy for him at the moment, because he is obviously doing a job in which he is way out of his depth; he has been promoted way beyond his abilities and he is being humiliated publicly. That is very sad for him personally, but it is even sadder for the people of Western Australia, because we actually need people who are bright enough to grasp these issues. I had hoped that the Deputy Premier would be in the chamber, because I know this is going to go floating over the head of the Minister for Police and that he will not get any of this stuff, but the Deputy Premier has the intellect to understand; there are some other members in the chamber who might comprehend what I am on about.

Dr J.M. Woollard: I don’t know if you saw the article in *The West Australian* in June, but it talked about pseudoephedrine and it said that the US introduced a regime in 2003 in which pseudoephedrine was only available by prescription, and after the legislation was introduced, the number of illicit drug laboratories dropped from 473 in 2003 to 21 in 2008.

Mr M.P. WHITELEY: That is the sort of information that is useful to this debate.

Dr J.M. Woollard: It’s very useful, and that’s why we have to look at prevention first, so we can stop those drugs being made in the community and then passed on to children.

Mr M.P. WHITELEY: There are even other products that are actually usable in the form that that they are prescribed in; drugs like Stilnox have a high potential for abuse, as do other drugs, and I am going to talk about that in a little more detail in a moment. We need a greater in-depth debate along the lines of bringing in facts as the member for Alfred Cove has just drawn in. However, there is a very simple solution for stopping the problem of the illicit use of licitly prescribed drugs, and that is by using pharmacists as a central control point—by having a computer database through which pharmacists’ computers can all talk to each other. They would know how much has been dispensed. If a person got a six-month supply of a certain drug from a pharmacy 50 kilometres

down the road three weeks ago, they cannot get another supply today. It is really simple to do. It requires some cooperation from the federal government and it requires some cooperation from the state government, but it would be relatively inexpensive and it would go a long way to end the problem of prescription drug abuse.

The problem with criminalising and putting penalties on drugs such as cannabis is the potential to divert people from them to what they consider a legally safer—by “legally safer” I mean safer from legal prosecution—form of drug abuse, and that may encourage them to use other drugs that are in fact more dangerous to use. That is how prescription drugs fit that category, because it is quite easy to get a prescription drug. If someone is caught with prescription drugs on their person, it is a lot easier to make a plausible excuse as to why they are carrying those prescription drugs than it is with illicit drugs. If someone is caught with cannabis in their possession, they are obviously doing something that is against the law. If someone is caught with licitly prescribed but illicitly used drugs on their person that they are abusing, it is much easier to explain them away. Even if they are not prescribed to that person, they may say that they are carrying them for a friend or delivering them to a friend and it therefore gives legal protection to the people abusing those drugs. The statistics indicate that the abuse of cannabis is almost mainstream behaviour. I am not condoning the use of cannabis; it is a concern and it does have mental health impacts, but criminalising that behaviour is inviting people to take less legally risky approaches with often more dangerous drugs than cannabis.

We therefore need to take a more intelligent approach to the problem of drug abuse. We need to recognise that certain incentives push people towards the illicit use of prescription medications. Not only do they have that legal protection—in other words, a legal excuse for having the drugs in their possession—but also they have a subsidised source because these drugs are typically subsidised via the pharmaceutical benefits scheme. Be it dexamphetamine, Stilnox or any other legally prescribed drug, including opioids, they are funded through the PBS, and an incredible amount of diversion goes on.

I will return to talk about dexamphetamine and attention deficit hyperactivity disorder drugs because I know so much about them. The “2005 Australian Secondary School Students’ Alcohol and Drug Survey” of 12 to 17-year-old high school children found that 47 per cent of those who had used ADHD drugs—just under half—had never been diagnosed with ADHD. They had actually diverted and used ADHD drugs. Almost half the people in the 12 to 17 years age group who had taken those drugs did not actually have a diagnosis. That even understates it, because some kids who were diagnosed were actually abusing their own medication. The exact number is not available, but certainly more than half the kids in that 12 to 17 years age group who had taken ADHD medications—that is, a form of amphetamine; either the amphetamine dexamphetamine or the near amphetamine Ritalin—were not taking them for ADHD. We therefore have a huge problem here, and it is not just with ADHD drugs.

Over two years ago I was approached by a constituent—although not a constituent of my electorate—who had concerns about prescription drug abuse in their own family. The person approached me back in 2008 and provided me with evidence of prescription drug abuse, notably dexamphetamine and Stilnox in great numbers. Family members had been going around from pharmacist to pharmacist day after day getting scripts filled and then abusing the drugs. This particular case got some publicity early this year when a de-identified article on the case was published in *The West Australian*. I will not mention the names. The article referred to a video of a mother who was high on a range of prescription drugs. I have seen the video. It was described in *The West* and it referred to a little baby having been found neglected on the floor of the home. The father had come home from work, mum was sitting on the bed as high as a kite and the baby was asleep in a mess of a house along with stuff strewn on the floor. The kid was suffering from severe neglect because mum had a prescription drug problem. That constituent, who does not live in my electorate but came to me because of my advocacy in the area, first approached me in 2008. We tried to get something done about the problem, and I must say even at that time I could not get any media to buy into the case. The constituent warned that this problem was a disaster in waiting. He was right. It turned out that another family member—I will not name names—tragically died of prescription drug abuse.

I have a letter with me from the State Coroner in response to a letter I wrote to the coroner about the death of this particular individual, who died just over a year ago, in September 2010. The constituent detailed his concerns to me in a letter, highlighting the fact that he had not been able to get any attention paid to the issue. I forwarded his letter to the coroner as part of the information process by which the coroner came to a determination. I will read some excerpts from the letter but I will not identify the person concerned. The constituent identified in his letter that he thought Stilnox might have been the problem. He was aware that the individual had a particular problem with the abuse of Stilnox and also with the abuse of dexamphetamine. I will read a few paragraphs of the letter of 15 August from the coroner to my constituent that was sent to him via me. The coroner states —

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For your information the stillnox tablets were not a significant contributing factor in the death. Methadone was found at fatal levels and promethazine was found at toxic levels. Promethazine is a sedating antihistamine, commonly found in medications such as fenurgen.

This woman, therefore, died from having a fatal dose of methadone in her system. The coroner elsewhere in the letter states —

I do propose to forward a copy of your letter to WA Police as I understand that there is a current investigation into inappropriate prescription of medications to addicted persons.

The letter goes on —

For your information the investigation obtained a comprehensive letter from ...

The deceased's —

general practitioner in Geraldton who advised that he was alert to the fact that she was addicted to over the counter codeine preparations when he first began treating her. She was also dependent on diazepam (valium) and zolpidem (stillnox).

The letter refers to the doctor's response and that the deceased —

... was put on the methadone program with a view to harm reduction and efforts were made to limit her access to drugs through her pharmacy.

In other words, she was put on a methadone program to deal with her problem of prescription drug abuse, and it was methadone that killed her! This shows just how out of control this problem is.

Let me recap the history I have just given. Over two years ago this person comes to me and goes to a whole bunch of other people trying to get some attention paid to this issue of prescription drug abuse. I do the best that I can for him but we run up against brick walls because people will not take this problem seriously. I do not hear from him for about 18 months and he comes back and says that there has been a death in the family. Prescription drug abuse is widespread within the family. Kids have suffered through the loss of parents and through neglect from this prescription drug abuse. The system responds by putting this person on a methadone program. It is recognised by the general practitioner that this person has a prescription drug abuse problem and is put on a methadone program. There are insufficient controls in place to save the person's life and they go on to abuse methadone. As the coroner's letter said —

Methadone was found at fatal levels and promethazine was found at toxic levels.

It just shows how out of control this problem is. When we reduce the debate to “We're tougher than you on drugs; you were soft on cannabis”, it does an enormous disservice to the people of Western Australia. The problems of drug abuse are complex and they require intellect. They require a bipartisan approach. They require us to use our combined intellect to actually make things better. We hear, “We're tougher than you; you could grow two plants”, despite the fact that the evidence is that those reforms were associated—whether they caused it or whether they were just associated with it, we do not know—with a fall in cannabis abuse. Cannabis is harmful—I acknowledge that—but it is probably not as dangerous as amphetamines and many other prescription drugs.

[Member's time extended.]

Mr M.P. WHITELY: If we push down on cannabis, we may push people towards another sphere. People have this thirst to abuse drugs. If we push them towards a safer, cheaper option—when I say “safer”, I mean safer in terms of legally safer; less likely to be prosecuted and less likely to face jail time because a plausible excuse for possession of these drugs can be found—and we push them towards a government-subsidised form of drug abuse via the pharmaceutical benefits scheme, that is where they will go. The economics and the legal risk will drive them towards that. We need to have a far more informed debate.

I think the first time I said this was in about 2006: in effect, the federal government—it was a conservative federal government at that time, and it is equally valid of the current federal government—is a major sponsor of illicit drug abuse in Australia. It sponsors these drugs through the pharmaceutical benefits scheme —

Mr P. Abetz interjected.

Mr M.P. WHITELY: All of them—a whole range of prescription drugs are abused; and it sponsors them. I understand it requires a degree of cooperation between the state and federal governments, but they will not collectively take a step that is really quite easy to take; that is, to use the pharmacist as the clearing house, as the bottleneck by which we can control the rate at which these drugs are dispensed. If people cannot get their scripts

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filled because they were filled the other day—except perhaps through identity fraud, if that is the only way a person can get around it—and if we make it a lot harder for people to do it, it will not stop “doctor shopping” but it will not allow scripts to be filled. It is really simple. People do not seem to grasp it and do not seem to want to do anything about it.

It is really tragic that when we come in here to debate serious issues such as problems with drug abuse, we get dross, frankly. We get a dumbing down of the debate to, “I’m tougher on drugs than you are.” It is a great disservice to young people and it is a great disservice to potential drug abusers. It is a great disservice to the constituent who came and saw me with these concerns a couple of years ago, who could not be taken seriously, and now there has been a death in the family. What rammed home to me just how out of control this is, is that this person died from the prescription of a drug that was supposed to save her life. In other words, she died abusing a drug that was supposed to prevent prescription drug abuse. If that does not highlight how absurd this situation is, I do not know what does. I have previously got up and said it, and as long I have a voice in this chamber I will continue to say these sorts of things. Sometimes the simplest things that do not cost a lot of money are actually the most effective. In 2003 when we took away block authorisation for dexamphetamine prescriptions, it effectively led to a halving of the rate of amphetamine abuse amongst kids. I have spoken about this at length, and I have also written about it in my blog. If members want to google “Perth’s Dexamphetamine Hangover”, they can read about a generation of 20 and early 30-somethings who have an amphetamine abuse problem. The information is there. It is time that people took it seriously. I wish that one of the heavy hitters from the government was in here. I think the Minister for Health has the capability to understand the sorts of issues I am talking about, and perhaps could be a driver of this, or the Premier. Unfortunately, I am saddled with the Minister for Police! I know it will not go anywhere because it is beyond his wit and wisdom. If that sounds elitist, I think we actually should have people in here with sufficient intellect to carry these sorts of debates. If that is cruel, so be it.

Nonetheless, one last plea—no, it is not; it will not be a last plea because I will keep pleading for as long as I have a breath—we need an intelligent debate about drug abuse. We need to understand the complexities of the issues. What scares me about this tough-on-drugs and tough-on-cannabis approach is that if we push people, we will make them go somewhere else. It is much easier and cheaper, and legally much safer, to abuse prescription drugs. Nothing could demonstrate that problem more, of how out of control the system is, than the death of an individual from the abuse of a prescription drug that is prescribed to prevent abuse of other prescription drugs. If this death is to have any meaning and lead to systemic changes, it is up to all of us to lift the quality of the debate, frankly, and address the real problems of drug abuse in our society.

MR R.F. JOHNSON (Hillarys — Minister for Police) [4.36 pm] — in reply: I have just witnessed nothing but a torrent of abuse and the typical insults I get from members opposite, particularly the member for Bassendean. He has never said a good word about hardly anybody on this side of the house, particularly me. I take offence at a lot of the comments he makes. I would not say those things to somebody like him. But, nevertheless, when one is a minister one has to take abuse, vitriol, insulting remarks and all the rest of it.

Apart from the last speaker, there were some genuine requests for information on statistics and the number of clandestine laboratories that organised crime organisations are or are not involved in. There is quite a lot of detail that members want to know. I would like to do justice to the comments, particularly of the member for Girrawheen, who has a genuine interest in this area. I actually respect her knowledge in this area; there is no question about that. I will look very seriously at her proposed amendments. To be able to do justice to that information, I sent my advisers home, because, once I realised what was going on, there was no point in them remaining here. They will read *Hansard*; they will advise me properly. I would like to bring in the information that members are seeking.

[Leave granted for the minister’s speech to be continued at a later stage.]

Debate thus adjourned.