

MISUSE OF DRUGS (METHYLAMPHETAMINE) AMENDMENT BILL 2007

Second Reading

MR M.J. COWPER (Murray) [6.20 pm]: I move -

That the bill be now read a second time.

The nub of this bill is that we have a situation in Western Australia in which methylamphetamine use is at an all-time high. In fact, we have heard in recent times of the dreadful assaults that are occurring in our society, which has prompted the government to have a summit on methylamphetamines. We are yet to see the government produce any tangible outcomes in relation to that matter. Many reports have been published on this issue, and the one I have in my hand is by the Australian Crime Commission entitled "Illicit Drug Data Report 2004-05". If anyone is suffering from insomnia, I recommend that they read it because it would cure them of sleep deprivation. I will refer to some of the key findings in the report shortly.

This bill very simply seeks to make the minutest of amendments to a schedule of the Misuse of Drugs Act. Simply, I am asking members to support a reduction in the amount of amphetamines that people must have in their possession that determines the court of jurisdiction. Currently, schedule III of the Misuse of Drugs Act provides the amounts of prohibited drugs that determine the court of trial. A person who is in possession of four grams of amphetamine will be dealt with in the District Court. A person who is in possession of six grams of methylamphetamine will be dealt with in the District Court. A person who is in possession of 5.9 grams of methylamphetamine can potentially be dealt with summarily, which is a third greater than it is for amphetamine. Members may or may not understand the difference between amphetamine and methylamphetamine, and I will touch on that shortly.

The ACTING SPEAKER (Dr S.C. Thomas): Members, there are too many conversations occurring in the chamber. It is difficult for me to hear the member and it is obviously difficult for the Hansard reporter. If members cannot maintain a level of silence, I ask them to take their conversations outside.

Mr M.J. COWPER: The importance of this amendment bill is that it will also apply to the penalties that may be imposed on a drug dealer for possession of methylamphetamine. For example, a person who is convicted of a simple offence under section 5(1), other than a simple offence under various bits and pieces, is liable to a fine not exceeding \$3 000 or to imprisonment for a term not exceeding three years. I want members to keep that in mind after I explain the significance of that point.

I will now go into the history of amphetamine use in Western Australia. I have made some notes on this matter and if members will abide by me, I will quickly refer to them. Drug use and abuse knows no social boundaries. Primitive and modern societies have long sought the mood-altering effects of natural and synthetic drugs. The distillation process whereby drugs could be synthesised was invented in the ninth century. Up until recent modern times, the absorption of drugs into the body involved them being taken orally, inhaled or rubbed onto the skin. The hypodermic syringe was invented in 1834, giving mankind a method by which drugs could be administered directly into the bloodstream. Drugs were discovered naturally or were synthesised with the initial view of being used as a tool by mankind to aid in the recovery process, to promote health and lifestyles and to provide longevity of life. However, as is man's weakness, some drugs are increasingly being used for the side effects which were not initially recognised and for which purpose they were not initially intended. In fact, in today's society some drugs are specifically illegally manufactured purely for their euphoric mind-altering nature. Amphetamines and its related group of drugs are one such example. Amphetamines are produced through chemical synthesis by the pharmaceutical industry and by illicit, clandestine laboratories. Amphetamines can come in many forms - capsules, tablets, liquids, powders and crystals. The term "amphetamine" refers to three closely related chemical substances - benzedrine, dexedrine and methylamphetamine. They are a powerful synthetic stimulant drug that acts upon the central nervous system. In the same family of chemical compounds with amphetamines are dextroamphetamine; methylamphetamine; and 3,4-methylenedioxy-N, alpha-dimethylphenylethylamine, which is commonly known as MDMA or ecstasy. Ephedrine and pseudoephedrine also are chemically related to amphetamines and have a similar, although less potent, stimulant effect on the central nervous system. The effect of the drug can depend on the user, the environment in which it is taken, the dose and the method of administration. The short-term effects of amphetamine use on the central nervous system include increased blood pressure, increased pulse rate, increased breathing rate, reduced appetite, enlarged pupils, feeling of wellbeing, increased self-confidence, increased energy, sense of power or superiority, inability to sleep, hyperactivity, talkativeness, anxiety, irritability and panic attacks. The long-term, high-dose effects of amphetamine use on the central nervous system include amphetamine psychosis, which is a severe mental emotional disturbance; violent tendencies; mood swings; aggressiveness; hostility; less resistance to infections; irregular heartbeat; liver damage; fatal kidney and lung disorders; brain damage; depression; severe schizophrenia; body odour; speed soars; stroke or death; irregular heartbeat; tremors; loss of coordination; and

hallucinations. Amphetamines act on the central nervous system to arouse the user in much the same way as the body's naturally occurring adrenaline. The prevailing theory is that they trigger the release of and block the uptake of central nervous system neurotransmitters, dopamine and noradrenaline, which are two chemicals found naturally in the human brain. Amphetamines are a type of drug known as psycho-stimulants in that they artificially stimulate the brain. Put simply, they do not do anything on their own other than increase the effect and actions of those two chemicals in the brain.

Historically, the first amphetamine was prepared in 1887 by a German scientist, Edeleano, but the stimulating properties were not observed until much later. As a result of this, amphetamines received little attention from researchers at that time, who were more interested in ephedrine. As it became increasingly difficult to obtain ephedrine from natural resources, researchers began looking at methods that characterised ephedrine so that it could be synthesised. In 1919 Ogata, in an effort to determine the structure of ephedrine, refluxed L-ephedrine with hydrochloric acid in the presence of red phosphorous producing D-amphetamine. In 1927, the San Francisco chemist Alles synthesised an amphetamine, benzedrine, and learnt of its stimulatory action, which duplicated the action of the sympathetic nervous system. Originally, it was intended as a substitute for ephedrine, a mild, naturally occurring stimulant.

Amphetamine was first marketed for pharmaceutical use in the United States in 1932 as a benzedrine inhaler. It was sold over the counter as an inhaler for the relief of nasal congestion. The benzedrine inhaler was introduced by Smith Kline and French Laboratories of Philadelphia. The inhaler was later removed from the market due to its abuse in the 1950s. Other amphetamines were soon developed. The most well-known members of this group include dexamphetamine, which was originally marketed as dexedrine, and methylamphetamine, which was originally marketed as methedrine. The cocaine-like stimulatory properties of amphetamines were the primary characteristics leading to their widespread use.

The first large-scale use of amphetamine for other than medical reasons came during World War II when German scientists observed the central nervous system stimulatory activity of D-methamphetamine, and they began producing it to keep their troops alert, counteract fatigue, elevate mood and increase endurance. The drug was also used by the Allies, with approximately 72 million tablets consumed by American servicemen to maintain alertness during critical manoeuvres. In Japan, methylamphetamine was consumed in almost toxic quantities by Kamikaze pilots prior to departing on their fatal missions. Substantial quantities of the unused drugs found their way onto the civilian market, where they were commonly used on a non-medical basis for their mood-altering effects, to avoid sleep while studying or driving, to improve athletic performance, or to counter the effects of depressant drugs. The availability of the drug caused a rapid spread of its abuse. The demand for amphetamines increased alarmingly when the military stores ran out. This demand was met for the most part by diversion to other legitimate sources.

Amphetamines were used widely in Australia in the 1960s for both medical and non-medical purposes. They were prescribed for hyperkinesis, which is hyperactivity in children; narcolepsy, which is uncontrollable sleeping episodes; obesity; and disorders involving depression. People were taking them primarily to increase energy, decrease the need for sleep and elevate their moods. Athletes, truck drivers and students were using the drug to enhance performance and endurance. However, since the introduction of urine tests in a number of sports, use by athletes has decreased.

Chronic high-dose use of amphetamines by injection became a serious social, medical and legal problem, and stringent restrictions on the use of amphetamines were introduced in Australia back in the 1960s. In the 1970s, stringent controls were placed on drug manufacturers. This made the diversion more difficult. Unable to meet diversion in this way, some operators were able to produce amphetamines in clandestine laboratories. Through the 1980s and into the 1990s, the use of amphetamines escalated to new levels. After marijuana, amphetamine is now the most commonly used illicit drug throughout Australia. Common street names for amphetamines include speed, go, goey, whiz, quick, fast, uppers, hearts, drivers, ice, eye openers and crystal meth. They are commonly administered orally or by intravenous injection. Amphetamines can also be sniffed or poured onto food or into drinks. Chronic high-dose abusers prefer to inject the drug intravenously. Its effects can take place almost immediately and last up to six hours. It has also become very cheap when compared with other illicit drugs; for example, heroin, which was rampant in Western Australia in the late 1990s and into early 2000, and cocaine, at about \$500 a gram. This is another reason for its growing popularity.

Methylenedioxymethamphetamine appealed to the nightclub, rave-dance party, trendy user as the drug of the 1990s, and its widespread abuse has grown, particularly in the late teens and early 20s age bracket. Common street names for this drug include ecstasy, E, eckies and Adam. Ecstasy is most commonly found in tablet or capsule form. It enhances the power of the senses, creates a feeling of euphoria and heightens general awareness. It is often called the love drug or hug drug, and retails between \$50 and \$70 a tablet here in Western Australia. The short-term effects of ecstasy include increased blood pressure, increased pulse rate, increased

breathing rate, increased confidence, increased alertness, feeling of closeness with other people, sweating, jaw clenching, grinding of teeth, feeling of wellbeing, nausea, anxiety and paranoia.

What happens as a result of all this? We have seen a vast increase in the number of clandestine drug laboratories throughout the world and in Australia. Of the clandestine laboratories located by police in this country, nearly a third were located here in Western Australia. That is a significant number. I have some other details with me that I will get to in a second.

Mr R.C. Kucera: That's because the coppers here are better than anywhere else in Australia.

Mr M.J. COWPER: I agree with that, member. However, notwithstanding that, Western Australia has one of the highest number of users. I will get to those statistics also. They are contained in the key findings of that Australian Crime Commission report.

Each clandestine laboratory is unique, and such laboratories vary appreciably in terms of the type of drug manufactured, the selected location for manufacture, the heat and water requirements, the manufacturing process selected, the scale of operation, the selection of manufacturing equipment, the expertise of the operator, the hazardous nature of the process and the security precautions taken by the operators.

Although members of the organised crime squad are generally involved in planning operations regarding clandestine labs, other policing units are more prone to accidentally come across a lab as a result of some other inquiry or investigation. As such, it is important that these police can clearly recognise a potential clandestine laboratory. They need to know that these labs can present health and safety risks to the investigators, and they also need to know where to obtain the essential assistance required should they come across these labs. They are all matters that are now standard, run-of-the-mill operating procedures for police officers.

Members may be questioning why there was a need for this little history lesson. I think it is important to understand that out there in society, amphetamine and methylamphetamine are often confused. When police officers seize a stash of amphetamine, they confront a problem. They take the drugs back to the station and weigh them. They establish that it is a drug that is covered by the provisions of the Misuse of Drugs Act. They then charge the offender. For instance, if someone was in possession of 5.5 grams of amphetamine, that person would be charged, and the court of jurisdiction would be the District Court. The police subsequently prepare their brief and put forward the drugs for analysis. Following the analysis, if the drugs are identified as methylamphetamine, it puts the police in a difficult position. They must then redo the brief, and the matter is sent to a lower court to be dealt with summarily, and of course it is a lesser charge.

What has happened over a period is that the purity of methylamphetamine has gone through the roof. The key findings of the report to which I have referred contain details of the purity of the drug here in Western Australia. I will give the house some key statistics on what is happening in Western Australia. First, in 2005, 39 per cent of females and 25 per cent of males tested positive to methylamphetamine. Voluntary urine samples were taken from detainees at seven police watch-houses across Australia.

Mr M.P. Whitely: Sorry; did you say tested positive to methylamphetamine or for -

Mr M.J. COWPER: I will read it. It states -

As part of the Drug Use Monitoring in Australia (DUMA) Project, the Australian Institute of Criminology . . . conducts analysis on voluntarily provided urine samples from detainees at police watch houses at seven sites around Australia. In 2005, 39 percent of females and 25 percent of males tested positive to methylamphetamine, with higher rates of detainees testing positive at the two sites in South Australia. The study noted that following 2000-01 there was an increase in methylamphetamine use, however, since 2003, the levels of detection amongst police detainees appear to have stabilised across all jurisdictions . . .

That is, with the exception of Western Australia. The report lists the number of clandestine laboratories detected in the states and territories from 1996 to 2005-06. In 2005-06, 58 laboratories were detected in Western Australia. Across Australia, 390 clandestine laboratories were detected. All jurisdictions with the exception of Western Australia recorded a decrease in amphetamines. In 2004-05, 19 602 grams of methylamphetamines were detected in Western Australia. The figure jumped from 19 000 grams in 2004-05 to 25 165 grams in 2005-06. I will make this report available to members. In 2004-05, there were 2 045 arrests for amphetamines or ATS, which is amphetamine-type stimulants. That is right across the spectrum, including ecstasy, methylamphetamines and amphetamines. In 2005-06, there were 1 903 arrests, so there has been a slight decrease in Western Australia of six per cent, which is not a great deal.

Mr R.C. Kucera: Does it provide a correlated usage for heroin for that same period?

Mr M.J. COWPER: It is in the report. It is a comprehensive report, because it refers to heroin and marijuana. Marijuana is still the number one drug that is detected.

In 2005-06, the Western Australian police seized 23 255 grams of amphetamine-type stimulants. The seizure numbers equate to 2 665. I do not know what the average would be, but 10 grams is the going rate at any given time.

A better way of doing this is to read out a statement that would be given by a police officer in a court. The member for Yokine will remember this.

Mr R.C. Kucera: I done it!

Mr M.J. COWPER: Sorry?

Mr R.C. Kucera: I done it!

Mr M.J. COWPER: The statement will reveal the type of evidence that is generally given in court. It will give members an insight into the type of evidence that must be produced. It also has relevance because it sheds light on what is happening on our streets. It is fine to refer to academic reports, but the document from which I am about to read states what occurs in a normal court setting. The statement, by Constable Joe Blow, reads -

I am a Detective Sergeant presently attached to Organised Crime Squad, Perth.

I am currently attached to the Amphetamine/Clandestine Laboratory Investigation Team within Organised Crime Squad, formerly known as the Drug Squad.

I have been a Police Officer for the last 14 years and I have been a Detective for 10 years.

During my career as a Police Officer I have had dealings with numerous illicit drugs, including Amphetamine, Methylamphetamine L.S.D., Heroin, Ecstasy, Cannabis and Steroids.

I have also acquired considerable knowledge in relation to the sale and supply of illicit drugs by speaking with informants, undercover operatives, questioning suspects and reading literature.

I have completed a nationally accredited Drug Investigators course.

I have completed a Western Australia Clandestine Laboratory Safety and Investigation Course and a Queensland Clandestine Laboratory Investigation Course.

I have attended an International Drug Profiling Conference attended by scientists, chemists and drug investigators from around the world.

Mr R.C. Kucera interjected.

Mr M.J. COWPER: I do not think it belongs to the member for Yokine. They used to call the member for Yokine the Gurkha, did they not? The member for Yokine never took prisoners.

Mr R.C. Kucera: I never took prisoners! I took more prisoners in a day than the member for Murray got in his entire career!

Several members interjected.

The ACTING SPEAKER (Dr S.C. Thomas): Order, members!

Mr M.J. COWPER: How long was the member for Yokine stationed at Halls Creek?

Mr R.C. Kucera: A lot longer than you!

Mr M.J. COWPER: Crikey! And Fitzroy Crossing before that. The statement continues -

I have attended the scene of numerous Clandestine Drug Laboratories producing Amphetamines, G.H.B. and home bake heroin.

Methylamphetamine is the most common form of Amphetamine found in Western Australia. It is most commonly used by injection, but can also be smoked and inhaled, eaten or mixed with liquid and taken orally.

Common street names for Amphetamines include "speed", "goey", "whiz", "fast" and "uppers".

At street level the Amphetamines are generally sold as a "street gram" which is approximately 0.7 grams.

The individual use bags are usually around 0.2 grams. These are usually supplied in small clip seal plastic bags or wrapped in small pieces of plastic.

The purity of the Amphetamine powder can vary greatly from over 80% at the time of manufacture to a normal purity of approximately 7-10% at the time of use.

The pure amphetamine is diluted with an innocuous substance, most commonly Glucose, to reduce the purity to street level. Other substances such as Epsom salts, fructose, MSM and milk powder have also been used.

The dilution not only prepares the Amphetamine for use, it also increases the weight, which in turn increases the amount of profit at street level.

A dealer will mix the Amphetamines to increase the weight for sale. This is commonly referred to as “cutting”, “jumping” or “bulking”.

Drugs are sold in varying quantities referring to both imperial and metric systems and slang names. They are as follows;

A point = 0.1 gram

A street gram = 0.7 gram

A weight = 1.0 gram

An eight ball = 3.5 gram (1/8 of an ounce approx)

A quart = 7 grams (1/4 of an ounce approx)

A half = 14 grams (1/2 of an ounce approx)

An ounce = (28 grams approx)

A pound = (454 grams approx)

A kilogram.

A heavy user would use a street gram (0.7 grams) a day by injecting approximately 0.2 grams at a time.

The price of the Amphetamine powder varies depending upon supply and purity.

I have researched the intelligence holdings of Organised Crime Squad and found that during the period April to June 2006 a “street” gram of Amphetamines of less than 10% purity was worth approximately \$200. A full gram was worth \$250. An ounce (approximately 28 grams) was worth approximately \$5,000 - \$6,000.

During the same period, a point (0.1 of a gram) of over 20% purity was worth \$50 to \$80, a street gram (0.7 grams) was worth \$300 -, a full gram \$300, and an ounce was worth approximately \$700.

My opinion of a seizure of 41.8 grams at 21 percent is that this quantity is consistent with a trade quantity and not personal use. This quantity would be referred to as an ounce and a half.

The drug could be bulked by double by adding the same amount of a cutting agent to give 10.5 percent purity. This would in turn double the weight and value and prepare the drug for use.

I am advised by drug users that maximum drug usage would be 1.4 grams (2 x street grams) per day.

The schedule indicates that six grams of methylamphetamine is traditionally higher in purity than amphetamine because it is a more synthesised and comes in a purer form. The report to which I referred earlier details the countries that methylamphetamine comes from and how it is manufactured in Western Australia. It also refers to the use of precursor drugs and the chemicals that are required. The member for Roe would be familiar with the fact that when a person buys cold and flu medication at a pharmacy, he or she has to provide a driver’s licence. If police officers grab a suspect who has in his possession 0.59 grams of methylamphetamine, that person will have to go to a summary court where he could be handed down a minimal punishment, which I mentioned before. However, if a suspect has in his possession four grams of the older style of amphetamine, which is not as commonly used, he will get off scot-free. What I am seeking from members, given the history of -

Mr R.C. Kucera: Look, this is only a deeming provision. A person is only deemed to be in possession of a trafficable amount. You still need to have all the evidence.

Mr M.J. COWPER: I think the member is confused.

Mr R.C. Kucera: With those kinds of borderline amounts, the judges tend to lean towards the user rather than the dealer end. This is no different.

Mr M.J. COWPER: I am not referring to the schedule - which the member would be familiar with - that deems it to be trafficking, or possession with intent to sell or supply. I am referring to the jurisdiction of the court. That is in a different schedule. I want to get some continuity between amphetamine and methylamphetamine. One could argue, given the facts and figures I have provided, that the possession limit for methylamphetamine

should be less than for amphetamine, because potentially methylamphetamine comes in a purer form. The other problem with methylamphetamine, particularly when it appears in the form of crystal or ice, or whatever we want to call it, is that it is harder to jump or bulk than it would be if it was in powder form. That, in essence, is the problem we have. Also, in our society, almost on a nightly basis people who have managed to get hold of some methylamphetamine that is way and above what is safe to use are brought into hospital, and half a dozen police officers and nursing staff have to try to calm them down, because they have gone right off their trolley. The doctors in this place would probably be able to refer to the different tolerances that people have to certain drugs. Because of the different ways in which this drug is manufactured, it varies in quality and purity.

Mr R.C. Kucera: I have heard your argument, but what is the thrust of your amendment? Is the thrust of your amendment that these people should be dealt with in a different court?

Mr M.J. COWPER: I want some continuity between methylamphetamine and amphetamine, because it does not matter whether it is methylamphetamine or amphetamine; they are both from the same family.

Mr R.C. Kucera: With such small amounts, I would tend to leave it to the Magistrates Court, because magistrates are usually harsher than judges.

Mr M.J. COWPER: That is a notion that I do not subscribe to. We do not have continuity, and that is making it harder for the police. I have introduced this bill so that we can help our police officers on the streets, and also assist in trying to resolve this vast problem. This is not going to solve the drug problem in Western Australia. I do not believe that for a second. We need a wide-ranging raft of initiatives to be able to achieve anything like that. What we have here is an anomaly for our police officers, because when a person is caught in possession of a quantity of drugs, the police first have to complete some sort of analysis of the purity and origin of those drugs, and that may take some time.

Mr M.P. Whitely: Member for Murray, if I can just paraphrase what you say you are trying to achieve with this amendment, you are saying that for methylamphetamine, people need to be caught in possession of a higher amount to get into a higher jurisdiction - that is, six grams - as opposed to four grams for amphetamine. For instance, diverted prescription amphetamine is only four grams, and methylamphetamine is six grams. Are you saying that is what the situation is currently, and you want to standardise it?

Mr M.J. COWPER: That is correct. I will read from the explanatory memorandum, because that may help to define it for the member.

Mr R.C. Kucera: I am just wondering whether the member has gone back to the original formulation of the schedule to the act to see what the intention is, and why there is a difference. Maybe there is a pharmacological difference. Maybe there has been a change in what happens. There must have been an intention on the part of the original legislators.

Mr M.J. COWPER: What has happened, member, to the best of my knowledge, and from what I have been able to establish from research, is that over a period, new ways have been found of synthesising methylamphetamine so that it is in a purer form. Methylamphetamine is of a higher potency than amphetamine, notwithstanding the fact that on the streets, these drugs have many different names, which also confuses the end user. That is another good reason that we should put these two drugs on the same level. I will read from the explanatory memorandum -

The proposed amendment would simply change Schedule III of the *Misuse of Drugs Act 1981*, which deals with the amount of prohibited drugs determining court of trial. Specifically, Item 80, which relates to Methylamphetamine.

Currently, if one is in possession of an amount of less than 6.0 grams of Methylamphetamine, the matter can be determined summarily in a Magistrates Court. This is in contrast to Item 11 of Schedule III, which determines that if one is in possession of an amount less than 4.0 grams of Amphetamines the matter can be determined summarily in a Magistrates Court.

Methylamphetamine is now much more potent than it has been in recent years, with new era drugs evolving onto our streets in the form of "Ice", "Crystal Meth" and "Rock" with a purity of somewhere between 80-90%, and in the case of "Crystal Meth" or "Rock", it is harder to cut and has significant effects on users.

Amphetamine has a much lower purity rate and is far less volatile than these "new era" drugs.

Methylamphetamine is a scourge, accounting for a vast number of crimes being committed in our society.

The intent of this bill is to have continuity between the possession of Amphetamine and Methylamphetamine, so that our Law Enforcement Officers dealing with drug offenders can charge

without having to differentiate the weight of the two prohibited drugs before processing offenders to the appropriate Court.

Potentially, an Offender in possession of 5.9 grams of Methylamphetamine would be dealt with summarily in a Magistrates Court and face a significantly reduced sentence.

Whereas if that same offender was in possession of 5.9 grams of Amphetamine they would be liable, if sentenced by a District Court, to a fine of up to \$100,000 or to imprisonment for a term not exceeding 25 years or both.

Mr R.C. Kucera: The point I am making is that there may be a pharmacological reason for that.

Mr M.J. COWPER: The explanatory memorandum states, as I have said -

Whereas if that same offender was in possession of 5.9 grams of Amphetamine they would be liable, if sentenced by a District Court, to a fine of up to \$100,000 or to imprisonment for a term not exceeding 25 years or both.

We can see from that that there is a significant penalty when it comes to these matters. The explanatory memorandum continues -

Therefore, I propose that this matter be given serious consideration by members in the fight against drugs.

Financial Impact

The proposed amendments are not expected to have any impact on Government expenditure, therefore not requiring an appropriation.

Notes on clauses

Clause 1 - Provides that the proposed Act is to be cited as *Misuse of Drugs(Methylamphetamine) Amendment Act 2007*.

Clause 2 - Provides for the commencement of the proposed Act.

Clause 3 - Amendments are made to the *Misuse of Drugs Act 1981*.

Clause 4 - Schedule III is amended at item 80 by deleting "6" and inserting "4".

It is that simple. This is not a complicated bill, and I would not expect that members would have a great deal of difficulty grasping the intent of this bill. I could go on in relation to other issues pertaining to the bill, but if members do not by now have an understanding of what my intention is, they probably never will.

Mr M.P. Murray: Is there anything in your bill about people who have in their possession the chemicals, but not actually amphetamines?

Mr M.J. COWPER: That is covered in other parts of the act. I am not seeking to amend the provisions for possession of precursor drugs or anything like that. It depends on what provision the person is charged under. If a person is charged under section 6(1) or 7(1) of the act, the person is liable to a fine not exceeding \$10 000, and imprisonment for 25 years. If it is a simple offence, it is a fine of \$3 000, and imprisonment for three years. As the member can see, there is a vast difference. The member for Yokine has made the point that the judge who happens to be presiding on the particular day will determine, on the weight of evidence, what the penalty should be. Is the member talking about precursor drugs for the manufacture of these drugs? It is an offence for a person to be in possession of any drug that is listed in the schedule to the act unless the person is licensed to do so; that is, unless the person is otherwise authorised. I am not casting any shadow over the provisions on precursor drugs. I am simply saying that an anomaly has evolved over a period of time, whereby amphetamine and methylamphetamine are treated differently, and I want to fix that anomaly.

Mr M.P. Whitely: Member for Murray, I commend you on the work you have done. You have posed a very obvious question. However, there is just one point I want to pick you up on. When you were doing that mock presentation by the prosecuting police, there is one thing that, on the face of the evidence available, you actually got wrong. The major source of amphetamine abuse in Western Australia, certainly among 12 to 17-year-olds, is actually prescription amphetamines - dexamphetamine, primarily, or Ritalin. The 2005 Australian Secondary Students' Alcohol and Drug Survey identified that 6.5 per cent of 12 to 17-year-olds had abused amphetamines in some form, and of that 6.5 per cent, 5.5 per cent - or 84 per cent - had actually abused prescription amphetamines. I do not want to detract from your argument, and am not saying that is within the scope of your legislation, but that is one point that is worthy of note.

Debate interrupted, pursuant to standing orders.

House adjourned at 7.00 pm
