

**METHAMPHETAMINE — USAGE**

*Motion*

**HON MARTIN PRITCHARD (North Metropolitan)** [11.27 am] — without notice: I move —

That the Legislative Council notes the declining rates of use of methamphetamine, ice, in Western Australia, particularly in the metropolitan area, and commends the minister and congratulates the frontline officers in their war against this scourge to our society.

Madam President, can I ask for clarification regarding the timer; is it one bell for two minutes?

**The PRESIDENT:** It is one bell two minutes prior to finishing and two bells when you are done.

**Hon MARTIN PRITCHARD:** Thank you very much, Madam President. Before I move to the substantial part of the reason behind this motion, I want to give a few personal views on methamphetamine or ice. I know we spend a lot of time talking about ice in this place and a number of motions have been moved and debated. In my view, the use of ice in our society, particularly in Western Australia, is probably the biggest challenge for our society and for us as legislators to try to get to the other side of this difficult situation. I have personal experience, not with the use of ice, but with people within my extended family using ice. I imagine, given how prevalent it is, that most members in this chamber would probably have had some dealings with it. Ice is probably the purest form of methamphetamine. The users of ice tend to present in a very euphoric, excited and alert state. They are also very confident, which makes it difficult to deal with them. We recognise them as competent and alert and ready for work and play and think that is a good thing. However, when it comes to the use of ice, of course that is a facade. People who are using ice experience paranoia and hallucinations. They tend to gravitate towards violent behaviour. One of the side effects is that they tend to demonstrate a strength far beyond what they would normally possess. They may also become highly unpredictable. Ice users cause great damage to themselves. They do not sleep or eat. Their hallucinations may cause them to believe they have bugs and such on their skin, so they pick at their skin. They generally do a lot of self-harm, which has a long-term impact. Another impact is that when they come off ice, they present as very depressed and anxious.

Ice also has a major impact on the families of users. People who know me would know how important my family is to me. I am almost ashamed to admit that for many years I have not allowed a certain member of my extended family to visit, even though he has indicated that he has stopped using ice. I have two daughters, and I was very concerned about them, particularly when they were younger. I was also worried about whether he would steal from me—not that if he ever asked me for anything, I would not give it to him, but because in order to feed their addiction, ice users will steal from family or anybody else. They also demonstrate wily ways of trying to extort money from people. That obviously affects their family. It also affects first responders such as paramedics, nurses and medical practitioners. My thoughts go out to the first responders, because they put themselves in harm's way by having to deal with what can only be described as very scary behaviour by people who are high on ice. Ice users also impact on the community at large because of the increase in crime to feed their habit and the cost of mitigating all the other things that ice users do to the community. What is particularly deplorable is the fact that it is very easy to get hooked on ice. A person only needs to use ice one or two times, or maybe three, to get hooked, and the impact on themselves, their family and the community is enormous.

I want to congratulate all those who collaborated to put together the “National Drug Strategy 2017–2026”. The report refers to the many forms of licit and illicit drugs, and to alcohol and nicotine. It refers also to the three pillars of harm minimisation. I raise this because of what Hon Simon O’Brien talked about yesterday and the fact that my motion refers almost exclusively to the impact of trying to disrupt supply. I want to acknowledge that there are other arms to the strategy that also need to be used in the war against drugs. The first pillar of harm minimisation is demand reduction, which is described as preventing the uptake of and/or delaying the onset of use of alcohol, tobacco and other drugs. The second is harm reduction, which is described as reducing the adverse health, social and economic consequences of the use of drugs for the user, their family and the wider community. The third pillar, which is what I want to talk about today, is supply reduction, which is described as preventing, stopping, disrupting or otherwise reducing the production and supply of illegal drugs and controlling, managing or regulating the availability of legal drugs. My motion deals with that third issue, but I wanted to address and acknowledge that there are other issues.

The national drug strategy sets out a three-pronged approach to trying to reduce the impact on the different parts of our community that interface with and are affected by the problem of ice use. One example is that the emergency departments of hospitals are now looking at trying to separate people who are on illicit drugs, particularly ice, from other patients who are seeking assistance. That is a very good thing. I indicated in a previous speech that I was once in the emergency department late at night with my mother-in-law, and in the next cubicle was a young gentleman who presented under the influence of ice. I was nothing short of absolutely terrified for myself and for

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my wife and mother-in-law law at being exposed to that. I cannot imagine the difficulty that people who work in emergency departments face on a daily and nightly basis.

My motion is focused on trying to disrupt the supply of ice. A previous employer of mine once said that praise is a commodity that is best shared and never seems to run out, and it should be used. I hope my contribution is also about praising the frontline officers, and both the previous government and, of course, the current government, for the different strategies that they have put in place. In doing that, I want to go through a time line with regard to the war on not only ice but also, more generally, illicit drugs. In doing my research into this issue, I was pleased to learn that between 1996 and 2014, the use of illicit drugs took a markedly downward turn. That obviously predated the use of ice in this state. That information was garnered through surveys of the exposure of schoolchildren to drugs. Therefore, although the data is credible, it cannot be relied upon in all circumstances. As I have said, the trend was heading down. I then looked at some articles in the paper and government statements about the fight against illicit drugs, particularly ice. I want to refer to an article in June 2015 by Andrew O'Connor. It reads, in part —

A joint taskforce of West Australian and Commonwealth law enforcement agencies is spearheading a renewed campaign to cut the use of crystal methamphetamine in WA.

The taskforce has conducted a range of operations and seized 15 kilograms of crystal meth, also known as ice, since April.

This article appeared in June. It continues —

The joint effort was unveiled in Perth by Federal Justice Minister Michael Keenan and WA Police Minister Liza Harvey.

The taskforce has 15 officers permanently stationed at an AFP operations building at Perth Airport and uses the staff and resources of WA Police, the AFP, the Australian Crime Commission, and Customs and Border Protection Service.

...

Mr Keenan said the taskforce was an important element of the broader national fight to cut the supply of the drug.

...

Neither Mr Keenan and Ms Harvey could give a clear indication of the scale of meth trafficking at a national or state level.

But they were confident they would be able to judge whether the campaign was a success, despite the absence of hard statistics or even indicative estimates about the extent of the ice trade.

“Because we are seizing more than ever before, we know there’s a significant problem—that’s why we want to do something about it,” Mr Keenan said.

This is part of the fight against the distribution of ice in Western Australia.

I commend those members for that. Ice was just becoming a major problem at that time. One problem was that the data they relied upon was not as firm as could be hoped, so the responses were also probably a little haphazard, but those were just the initial stages of the war, in my view.

**The ACTING PRESIDENT (Hon Dr Steve Thomas):** You have two minutes remaining, member.

**Hon MARTIN PRITCHARD:** Two minutes? Wow. That went very quickly, Mr Acting President, and I have not been able to touch on most of the stuff I wanted to deal with, but that obviously means I have spoken too much.

We now have the National Wastewater Drug Monitoring Program, which, although not comprehensive, certainly sets a trend and gives us feedback. I think most people would understand how that monitoring is done. It has been running for the past couple of years and it is planned for it to continue through to 2019. It should provide us with the data we need to fight this war. Many other initiatives have been introduced since the McGowan government came to office that will help this fight.

It seems I have run out of time, so I cannot talk about those many good programs. I want to very briefly talk about the fact that the most recent information we have received from the National Wastewater Drug Monitoring Program shows a significant improvement in the metropolitan area—a reduction in usage of, I think, about 60 per cent—and about an 11 per cent reduction in usage in the regions. Obviously, the figure for the regions is still particularly high, but otherwise that is absolutely good news. However, it is not the end of the war and, indeed, usage may still go back up and vary for different reasons. We need to fight this epidemic. I think it is a campaign that, as

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legislators, we should all work together on. I would particularly like to extend praise to the frontline officers who have achieved these results.

**HON ALANNA CLOHESY (East Metropolitan — Parliamentary Secretary)** [11.43 am]: I will be very brief, recognising the number of members who want to make a contribution to debate on this motion. I refer members to my contribution to Hon Alison Xamon's motion on the establishment of a select committee into drug use, because much of what I said in that contribution relates to this motion as well. I acknowledge Hon Martin Pritchard's concern about this issue and I thank him for bringing it to the house.

I want to say two things. This is a particularly insidious drug and, as a consequence, there are very high levels of addiction, but there is also a very high degree of stigma attached to the use of this drug. The member pointed out that there has been some good news in respect of a reduction in the use of this illegal substance, and that is good news. It points to the success of some of the strategies the government has put in place, but we cannot be complacent—in part because of the insidious nature and widespread use of the drug, and also because a good, professional approach requires us to learn how things work and how we can do better.

Before the election, the government set out exactly what we would do to address this, particularly concerning social problems, and we have gone straight into doing that. As I said, it is a good achievement, but there is room for a lot more improvement. We have put in place the methamphetamine action plan and the Methamphetamine Action Plan Taskforce. We are looking forward to receiving the task force report before the end of the year. We have committed \$171 million over four years to implement the meth action plan.

Things we are doing right now that are having some positive impacts and will have even better impacts in the future include the commitment to a further 60 residential rehabilitation and medical withdrawal beds across the state. This is a really important initiative—although not one to celebrate in any great way, because it is not an issue that sells well in social media circles—that will make a real difference to people's lives. We are also funding up to 33 beds in the south west, and I hope those beds will come online in the very near future. We have committed to and are now undertaking consultation in the Kimberley about what alcohol and drug services are needed in that region because of the unique nature of the ways in which people access and use alcohol and drugs there. We look forward to getting some feedback on that consultation in the very near future, so we can plan better and more appropriate services in that region. We have established a mental health observation area at Royal Perth Hospital, and I am sure other members will talk about the two alcohol and other drug rehabilitation services in prisons, with the Wandoo Rehabilitation Prison service starting recently and the Casuarina Prison service perhaps commencing in late 2019.

We are also doing a lot of work in the area of prevention. As members might understand, preventing people from accessing drugs is important, but helping people make the decision to not use drugs is particularly important. Just the other day the Meth Helpline was launched to help people who use meth reflect on their meth use and to provide them with information and advice on how to make changes and how to access help. That is a really important part of the Drug Aware website. The Drug Aware website is particularly important and has seen a significant increase in use over the last 12 months.

I would like to quickly say something about the stigma of drug use. It is a kind of mark of disgrace associated with someone in a particular circumstance—in this case, people who use illicit drugs, particularly meth. People who are stigmatised as drug users are treated differently, as if they are somehow less than other people. When people are treated that way, two things happen. One is that the person who is stigmatised becomes isolated and ashamed and is less likely to seek the support and help they need, because of their shame. The other thing that happens is that the person is excluded—from their own families and from the community in general—and that in itself can lead to significant deterioration in that person. We need to be really careful about how it affects the way we view people but also the services that we provide. That was identified very strongly in the meth action task force in consultations with people in the community. The stigma associated with methamphetamine is stopping people accessing the services they need. We need to address that through general community awareness and support for people who are already addicted to this insidious drug. I will leave time for other members to contribute to this debate and thank the member for bringing this motion to the house.

**HON ALISON XAMON (North Metropolitan)** [11.50 am]: I rise to indicate my disappointment in this motion and the wording of it. The reason for that is that it is highly inappropriate for us to be commending or in any sense congratulating anyone around what is happening with the methamphetamine issue at this point. It is spectacularly premature. I think that if those families and people who are at the moment struggling with issues around meth were to see that members of Parliament in this place were patting themselves on the back for anything around this issue, they would probably feel quite betrayed. It is really important that we talk about this issue in this place. I note the quality of the contributions that people gave in the four hours we debated the issue of the select committee, and here we are now talking about commending ministers.

**Extract from Hansard**

[COUNCIL — Thursday, 18 October 2018]

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I want to give members a bit of perspective, if you like, on the latest figures that have come out. The Australian Criminal Intelligence Commission's fifth report of the national wastewater drug monitoring program was released a couple of weeks ago and it showed a decrease in the average meth consumption in Perth and regional sites. The average number of hits in Perth per 1 000 people a day is 30, which is half the level it was in December 2017, but in the regions, the average number of hits is 57 per 1 000 people a day, down from 64 hits a day in December 2017. The regional figures are still higher than country counterparts anywhere else in Australia. We have a long way to go. Although there has been a notable drop in consumption in Perth, I would like to remind members that Western Australia remains overrepresented in meth use. We have 11 per cent of Australia's population but we still make up 18 per cent of consumption figures. The figures are still astronomically high and deeply concerning. Meth remains the illicit drug of choice in Western Australia. The report shows that WA still has the highest consumption of meth in Australia as a proportion of illicit drug consumption. To give an idea of the figures around that, out of meth, cocaine, MDMA and heroin, 89.1 per cent of consumption is meth, while 2.5 per cent is cocaine, 5.9 per cent is MDMA and 2.5 per cent is heroin. Although there is variation in consumption levels within both, and across states and territories, there has been an overall decrease in the population weighted average consumption of many of the drugs measured by the program from December 2017 to April 2018. This points to other factors at play outside what is happening in individual states and territories. Let us not start congratulating anyone just yet. We cannot point to anything that is specifically happening in Western Australia that is giving us any sort of unique advantage. In the 12 months to June 2018, nearly 6 600 people on meth ended up in our emergency departments in Western Australia. The Royal Perth Hospital emergency department, in particular, which tends to be a significant hospital for receiving a lot of these people, dealt with five people on ice a day. That is the most of any hospital.

There is, of course, a great push to try to deal with the issue of meth nationally, and we need to make sure that we are prioritising it in Western Australia because we have such a serious issue here disproportionate to everywhere else in the country. I want to be very clear that while we are talking about finally getting more beds on line, which is well and truly overdue and very welcomed, and has also been happening in other states, at the same time the Meth Helpline has had a funding cut of \$154 000. That has happened under this government and it has had quite a detrimental impact on people. The funding cuts have resulted in the scaling back of counselling shifts from 75 to 65 a fortnight. I heard the contribution from the previous speaker that there is now an online component—there is no substitute for making sure that when a person is ringing through that they are able to speak to a qualified drug and alcohol counsellor about what is happening for them and their family. We already know that before the cuts came through, 24 per cent of callers were unable to get through to the Meth Helpline, 19 per cent were unable to get through to the Parent and Family Drug Support Line and 24 per cent were unable to get through to the Alcohol and Drug Support Line. This helpline was already under extraordinary demand and was not able to meet the need, yet the decision was made to scale back the scope of that particular helpline to assist people. This was a really important helpline. It was often the first port of call for people and particularly families. I have spoken about the Meth Helpline in this place on quite a number of occasions. I remind members that some of the people who were ringing the Meth Helpline for assistance were general practitioners. This was their first port of call. Some of the people who were ringing were the clinicians themselves within the emergency departments who needed to get advice, who needed to know about referral pathways, and needed to make sure that they were able to deal with people who were presenting to them in deep crisis. It was a very poor decision to wind back the capacity. We should have been looking at increasing the capacity of the Meth Helpline. I also remind members that when that was established, money was also put aside specifically for promoting the Meth Helpline so that people would know where they could go and who they could ring to get support, advice and referral pathways. Again, I want to remind members that some of the people who ring that Meth Helpline are children whose family members are in the grip of meth addiction and who are seeking support. These are people who are not going to rock up to an emergency department or GP to get their support; they were getting that phone number, they were ringing and they were trying to ensure that they got the support they needed then and there. This is really critical. I also point out that the alcohol and drug support service budget has been reduced from \$1 551 664 in 2017–18 to \$1 397 664 in 2018–19. That is a reduction, members. This is not a step in the right direction. I will talk again about the "Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025", which made it quite clear that we needed to ensure that we were increasing investment in early intervention, prevention and community services. We have not put the investment into those services that we so critically need.

I want to be very clear that I certainly agree with the sense of the motion that wants to congratulate frontline officers for the work that they are doing. I recognise that; it is a hard job to do and by no means do I want to take away from the work that they are doing. We absolutely recognise that dealing with the issue of supply is a fundamental tranche to dealing with the issue of meth. But we are in no position to start getting smug or start feeling good about and congratulating ourselves. Meth is a terrible, terrible scourge within this community. It is

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hurting individuals, families and communities. We have so far to go. We do not have all the solutions yet, yet the ones that are working are either losing funding or are simply not given enough funding to keep up with demand.

Let us all keep our eye on the ball and recognise that this is an issue for which every single person in this chamber has a responsibility to try to ensure that we are pulling together to make sure that we are giving it the deep attention it needs. But for the sake of those people who are so deeply affected by this at the moment, let us be very, very careful in this place not to start feeling too complacent or good about ourselves because, frankly, it is a mess and we still have so much work to do.

**The ACTING PRESIDENT (Hon Dr Steve Thomas):** Honourable members, I make the point once again that this is an extremely time-limited debate. As the President has said on a couple of occasions, in her view private members' business is an opportunity for Labor Party backbenchers in particular, who get very few other opportunities, to make a contribution. If all members could take that into account and make sure, if possible, that they keep their contributions fairly brief, there would be the opportunity for a number of members to contribute. But in this particular instance, because of the will of the President, I am going to give the call to Hon Laurie Graham.

**HON LAURIE GRAHAM (Agricultural) [12.01 pm]:** I am pleased to stand today to support the motion of Hon Martin Pritchard. In my view it is a very timely motion, and I am disappointed Hon Alison Xamon believes it is premature. The government should take every opportunity to talk up improvements in this critical area of drugs, particularly meth.

But before I discuss meth in detail, I would like to go back to the past. I am also disappointed with the acceptance there seems to be in the community that marijuana is a soft drug. I grew up in the era when marijuana was rife—it was the hard drug of that time. Many, many of my colleagues of that time who saw no problem in taking marijuana are sadly not with us today or are not functioning as fully as they should be. It is most disappointing. During that same era, about 28 years ago, my son came home one day and I was giving him a lecture on drugs and why he should not be taking them, and he asked me what I wanted to buy because he could get it behind the shed at the school. That was a real eye-opener for me; he quoted the price and what was available. Things have moved on. I have been touched by drugs, as have we all. It has affected my extended family, and I watched a cousin lose a partner to drugs. It does not go away. The form of drug, hard or soft, does not matter; it is a real problem in this era.

Returning to the motion in relation to the meth problem —

**Hon Colin Tincknell:** Member, would you take an interjection?

**Hon LAURIE GRAHAM:** No, I will not, because I want to be brief so that everyone gets a chance to speak.

The Australian Criminal Intelligence Commission released a report earlier this month. It was good to see that it found there had been a substantial reduction in meth use in the Perth metropolitan area, where it is down 50 per cent from October 2016, and in the regional areas it is down 11 per cent. Hon Alison Xamon said that we should not get any real joy from the percentage of drug use in the regions being lower; I accept that, because as I drive around regional WA, I see the effect it has on many people's lives. At targeted roadblocks for drug testing in the midwest something like three out of four drivers stopped test positive to some form of drugs. That is a real worry. I do not believe that statistic changed in the ACIC report. The implementation of targeted roadblocks is something a little different.

Drug seizures of 1.56 tonnes during the last financial year affected the statistics. That is the equivalent of the total drug consumption in Western Australia, and not all the drugs seized were destined for the WA market. The National Wastewater Drug Monitoring Program's report covers 47 locations within Australia, and quotes a reduction in meth use of 11 per cent in regional WA. Western Australia did reasonably well in comparison with the Australian average, but we cannot yet put our hand up and say we have solved the problem.

In addition to the reduction in meth use, there were good reductions in the use of MDMA, oxycodone, heroin and fentanyl. That is great to see. Governments have invested something like \$100 million into things like the WA meth border force, and we expect to see the results of that. I think the government has every right to be proud of its achievement in that area. It seized 1.56 tonnes of meth, charged 185 offenders with drug-related offences, and froze nearly \$30 million in assets, including bank accounts, real estate and vehicles. Those statistics are all very high.

Obviously, rehabilitation programs in prisons like Casuarina Prison and Wandoo Rehabilitation Prison are a great government initiative. Casuarina will not be operational until the end of 2019 or early 2020; however, the program in Wandoo women's prison is showing results after only a few months. Plenty of prisoners have volunteered to enter the programs with a view to trying to improve their situation. If we have similar outcomes when the men's prison program becomes available, that will be a great result.

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I move on to the health perspective of this issue. Despite talking about the good things, meth is still of significant concern to hospitals. Earlier speakers commented on the impact it has on hospitals. The state government recognises that preventing and reducing alcohol and other drug-related harm will be achieved only through the combined efforts of government, the non-government sector and the community, and particularly community members being willing to do in those who deal in drugs or who they suspect may be dealing in drugs. The recent decline in meth use suggests that the measures outlined in the government's 2017 election platform are working.

I will move on to some of the detail of the wastewater drug testing results, which included a very high statistic. It is estimated that 1 548 kilograms of methylamphetamine is consumed in Western Australia each year, as well as 43 kilograms of cocaine, 101 kilograms of MDMA and 42 kilograms of heroin. Although they are not the highest statistics in the country, the drug of choice in WA in recent times has been meth. Claims have been made that WA is no longer the meth capital of Australia, and that now seems to be fairly well accepted.

I will make a couple of comments about Aboriginal communities. The original discussion was around whether someone from an Aboriginal community was on meth; it is now around the few who are not, which is very alarming. People in regional communities do not want to leave their community to get help in Perth. We obviously need to provide a lot more help for these people in regional Western Australia. The mining sector needs to collaborate better with us all on what is happening with drug consumption so that the community gets a better picture. I think that flying people off mine sites and not saying what is going on is a problem. The waitlist for services in regional areas is obviously long and people sometimes miss the opportunity to get off drugs because no services at all are available to them. With those few words, I close.

**HON COLIN HOLT (South West)** [12.10 pm]: I firstly thank Hon Martin Pritchard for bringing this debate to the house. I will focus quickly on the second part of the motion, which congratulates the frontline officers in their war against this scourge on our society. That is not just police officers; it is also frontline support workers and counsellors, who do a magnificent job. Ice Breakers in Albany is showing how to do it in the regions and Doors Wide Open in Bunbury is opening its doors to help those who are addicted to meth.

However, I was really curious about the first part of the motion, which notes the declining rates of use of methamphetamine. I was disappointed that the Parliamentary Secretary to the Minister for Health jumped up to seek the second call because I had hoped to pose some questions for the government about that part of the motion. I appreciate Hon Martin Pritchard bringing his personal stories to the house—I think they always add great value—but I did not hear much about the declining rates of drug use. We heard some quotes about wastewater treatment measurements, but even the Parliamentary Secretary to the Minister for Health did not offer one bit of evidence that noted the declining rates of drug use. She said the rates were declining and then went on in great detail about what the government is doing in this space, but I did not hear any evidence.

It was left to Hon Alison Xamon to provide some information to the house that addressed the first part of the motion to note the declining rates of use. I came to this debate hoping that Hon Martin Pritchard or the Parliamentary Secretary to the Minister for Health, who obviously knew that this motion was coming, would reveal something from the Methamphetamine Action Plan Taskforce and maybe give us an update on what was happening with it. We did not get that, except that the government is looking forward to its report. I thought that maybe we would get some rigorous analysis of the wastewater treatment measurements. I was really interested to hear this debate because I do not know enough about it. Having interacted with some people in the south west, when the wastewater treatment measurements come out, I suspect that some meth users change their bathroom habits. I suggest that they may not use the normal sewer outlets for some activities. However, I do not know the rigour behind those figures. I probably need to do the research myself, but I thought that this debate might enlighten us about what is really happening. Then we could have commended the government on the great strategies it is implementing. I have to tell members that in that sense it was a very disappointing contribution by the mover. I thought the Parliamentary Secretary to the Minister for Health seeking the call was very untimely. She did not hear anything —

**Hon Alanna Clohesy** interjected.

**The ACTING PRESIDENT:** Member! Hon Colin Holt has the call.

**Hon COLIN HOLT:** The parliamentary secretary should have been here a few minutes ago. I know she was on urgent parliamentary business —

**The ACTING PRESIDENT:** Hon Colin Holt, I was speaking.

**Hon COLIN HOLT:** Sorry, sir.

**The ACTING PRESIDENT:** Hon Colin Holt has the call. Please continue.

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**Hon COLIN HOLT:** The parliamentary secretary should have been here a little earlier. I know that she was out on urgent parliamentary business, but I posed some questions about the first part of the motion. If she had sought the call later in the debate, she may have been able to address some things that I or others in the debate are raising. Several members interjected.

**The ACTING PRESIDENT:** Members!

**Hon COLIN HOLT:** Although I appreciate the sentiments, I would like further information about the declining rate of drug use and how those strategies —

**Hon Martin Pritchard:** In members' statements.

**Hon COLIN HOLT:** That would be great.

I would like to hear how the strategies are contributing to falling rates and how we might strengthen them in the future. What particular parts are working well? The member mentioned a 60 per cent reduction in metropolitan Perth and an 11 per cent reduction in regional Western Australia. Why is there a disparity? If a debate of this nature is going to come from the government benches, I would appreciate more information so that we can support future policies in this direction. I am thankful for getting the call. I will leave some time for other members to contribute.

**HON PIERRE YANG (South Metropolitan)** [12.16 pm]: I have the pleasure to make a few comments about this motion in front of us. I wanted to link my speech to the debate we had on the select committee to alternative approaches to illicit drugs, but I was acutely aware of standing order 41, "Reflections on Vote of Council". I was worried that I would be called out for a point of order on that. I consulted the rulings of the Council and I am satisfied that I am able to make some positive reflections on the discussion we had on the very important motion that was brought by Hon Alison Xamon.

I have known Hon Alison Xamon for a little while. Back in 2008, we were in the same cohort when I was going through my articulated clerk training program. I vividly remember asking Hon Alison Xamon about her job and she informed me that she had been elected to the Legislative Council in the 2008 election. I congratulated her at that point. I tend to agree with Hon Alison Xamon more often than not, and I had the pleasure of supporting her motion yesterday and voting with the rest of the honourable members of this place to support her motion. I congratulate her for that select committee being endorsed by the Council. It will embark upon a very important project to look at alternative approaches to illicit drugs.

However, I unfortunately do not share her view or her disappointment with the current motion in front of us. It is important for us to note that, from the research, there has been a 60 per cent decrease in meth use in metropolitan Perth and an 11 per cent reduction in regional Western Australia. It is important to recognise that and look at why it has reduced. I think it can be attributed to the tough stance of the McGowan Labor government in establishing the meth border force, having a meth action plan and, maybe to a lesser extent, having 24/7 police stations in Armadale, Ellenbrook and Cockburn and extending operating hours in Canning Vale, Belmont and Forrestfield.

At the same time, it is important that we support rehabilitation with more facilities to help people who want to get off drugs like meth. The police budget was increased in the 2017–18 state budget and \$83.5 million was allocated to the meth border force for 100 additional police officers and 20 additional support officers and other support staff.

I think these important initiatives have positively contributed to the significant reduction in meth use in Western Australia, and it is important that we, as a legislature, acknowledge that and support the policies that are clearly working to reduce drug addiction and drug use in this state. We all know that illicit drugs can have a significant and devastating impact on people's lives—on their health and their families. Why would we not support the government's policies that at this stage are clearly working? Why would we not want to stand together with Hon Martin Pritchard to note this significant change and to congratulate the government and the minister for this great result that has been achieved in just 18 months since the government came to power? I vividly remember —

**Hon Simon O'Brien** interjected.

**Hon PIERRE YANG:** I will not take any interjections, by the way.

**Hon Alanna Clohesy:** That's possibly wise.

**Hon PIERRE YANG:** I agree, Hon Alanna Clohesy.

I remember quite clearly during the 2017 state election campaign that when the McGowan Labor team put forward the idea of the meth border force, we were ridiculed. The idea of a meth border force was categorised by some honourable members opposite as a thought bubble. But the truth is that the meth border force is clearly working,

Hon Martin Pritchard; Hon Alanna Clohesy; Hon Alison Xamon; Hon Laurie Graham; Hon Colin Holt; Hon Pierre Yang; Hon Charles Smith

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and the results show that. Let us not forget that in 2016 Western Australia was the meth capital of Australia. It is a title that no Western Australian would like to have. Thanks to a combination of factors, and, dare I say, to a large extent the government's positive policies on meth, we have seen a reduction in meth use and we are no longer the largest consumers of meth in Australia. Who would not want to stand together on this?

**Hon Alison Xamon:** But we are the largest users.

**Hon PIERRE YANG:** In terms of percentage.

**Hon Alison Xamon:** We're 16 per cent of the population and have 18 per cent of the use.

**Hon PIERRE YANG:** We were back in 2016.

**Hon Alison Xamon:** We still are!

**Hon PIERRE YANG:** I apologise if I have that information wrong. But there is a significant reduction of 60 per cent, and it is important that we recognise that and congratulate the government for its policies. With that, I conclude my remarks, Mr Acting President.

**HON CHARLES SMITH (East Metropolitan)** [12.24 pm]: Before I begin my contribution to the debate on this motion, I want to rebut what Hon Pierre Yang said about policing resources and 24-hour police stations. What the member said is absolute nonsense—the government is moving police around the district; it is not increasing numbers of police. The 24-hour police stations are not real. If two people are manning a police station, it can stay open for 24 hours, but the cars still come from other police stations. The government is conning people!

There is debatable evidence about what is happening in connection with methamphetamine usage in regional Western Australia. We have reports that say that usage has decreased and some that say that it is stabilising. I would like to say a few words about what I have learnt from my experience dealing with methamphetamine users. Methamphetamine is not a drug that people can take once and move on; it is the most singularly addictive illicit drug available. Observing somebody in a state of what is called "excited delirium" or in psychosis from meth withdrawal is like watching a rabid animal. In order to experience this, members have to see for themselves the behaviour of people in this state. Again, I encourage government members to witness this for themselves so they can get a real handle on what is happening in the real world.

I have noticed an increase in not only methamphetamine-related calls for help to helplines and drug and alcohol treatment centres, but also hospital admissions relating to drug abuse, dependence, meth-induced psychosis and other associated mental health problems. Available data from surveys, such as the National Drug Strategy Household Survey, suggest that overall rates of usage remain stable or are declining. In terms of the wording of this motion, I cannot "note the declining use of methamphetamine". There is a greater challenge out bush to deal with this. I congratulate members of the Western Australia Police Force for their high level of persistence in and dedication to working to achieve results with limited resources. I do not commend the Minister for Police, because she is overseeing the largest decline in police morale ever seen. I will leave members with a quote from a conversation I had with a high-ranking police officer. Months ago, I asked whether this police officer thought there was a low morale problem in the WA Police Force. He replied, "No, there is no low morale situation with police. There is no morale in police."

**HON MARTIN PRITCHARD (North Metropolitan)** [12.27 pm] — in reply: Very quickly, I do not want to make the same mistake that I did the first time I spoke, when I spent too much time trying to encapsulate this motion because I wanted to get away from the area we seem to have gone into. I am trying to say that we gave the WA Police Force the job of trying to disrupt the use of ice and the resources to do the job. In my view, on the evidence provided to me, the police have done a good job in the last year. That is the issue I wanted people to talk about: the WA Police Force has done the job that we asked it to do. Does that mean that the ice problem is fixed? I hope people focus on the intent of the motion.

Motion lapsed, pursuant to standing orders.