

CANNABIS LAW REFORM BILL 2009

Second Reading

Resumed from 14 September.

HON GIZ WATSON (North Metropolitan) [8.07 pm]: The next issue I want to take up in respect of the Cannabis Law Reform Bill 2009 is the level of evidence actually used to inform the decision to introduce this bill. I ask the minister representing the Minister for Police what informed the decision to introduce a bill in this form, because the bill clearly does not conform with the recommendations of the review. It might conform with some aspects of the review, but it certainly does not conform with the overall thrust of the recommendations of the review. Secondly, I ask the minister whether any consultation was carried out with anybody on this bill, including community members and members of that section of the public health sector that deals with drug use and the health aspects of drug addiction. Which groups or community members were consulted when drafting this bill? I seek a response from the minister to those questions. Was there any input from the Department of Health on this bill and its likely implications in terms of dealing with people who use cannabis or who might, indeed, be addicted to cannabis use? I took the time to consult a key non-government organisation that deals with drug and alcohol use in the community of Western Australia, the WA Network of Alcohol and Other Drug Agencies. It is worth looking at the written submission that organisation made on this bill in October last year. In summary, it supported evidence-based recommendations that were in the statutory review of the Cannabis Control Act 2003. WANADA supported only the elements of the Cannabis Law Reform Bill that are consistent with the act. Interestingly enough, it found quite a few elements of this bill that are not consistent with the recommendations. I quote from the written submission WANADA provided to the Legislative Assembly on 14 October 2009 as follows —

WANADA supports strategies that enhance individual and community access to information on cannabis and other drugs.

The Statutory Review Cannabis Control Act 2003 ... recommended 15grams

That is as the cut-off point —

The Review provided statistics supporting the rationale for 15 grams

Reducing this to 10 grams, without evidence/support rationale, will result in an unnecessary increase in individuals having a criminal conviction for minor uses of cannabis.

While the number of convictions for people in possession of 10 – 15 grams may be small, this will contribute to court pressures.

WANADA welcomes the inclusion of Juveniles in the scheme.

That is not something we disagree with. WANADA had concerns about the ability of individuals to access the CIRs in the required 28 days, and noted that considerations are needed for regional, rural and remote individual minority group members or those with communication barriers, generally, to avoid discrimination. WANADA noted also that, while extensions may be granted, this appears to be discretionary within the act. It went on to say —

The cannabis intervention requirement scheme does not consider the current capacity of the alcohol and other drug ... sector to meet this need. This capacity would include increased staff members in the sector and infrastructure and other administration support.

As per above re potential discrimination of some individuals and the capacity of the AOD sector.

That is, to actually deal with the increased demand for counselling. I will say at this point that I am aware that money has been allocated in the budget to deal with the increased demand, but the information I have is that this is likely to be wholly inadequate. The figures I have provided by way of information for the briefing is that the 2010–11 police budget has funds set aside for law reform of \$398 000 for one-off capital expenditure and a number of amounts. These are, in 2010–11, \$575 000; 2011–12, \$646 000; and, 2013–14, \$712 000.

Hon Peter Collier: How much is the total?

Hon GIZ WATSON: The figure I have for capital expenditure is \$398 000. In 2010–11 there is \$575 000; 2011–12, \$646 000; 2013–14, \$712 000. Those figures are from the budget papers. The concerns that have been fed back to me from the sector is that the guesstimate of the costs we have for the additional expense that is likely to be incurred as a result of these changes is at least \$1.6 million based on the number of offenders the government has assumed will be referred in the first 12 months. That is the best estimate that I have as of today from the Western Australian Network of Alcohol and Other Drug Agencies. That amount in the budget will not

be enough, particularly when dealing with remote and regional communities, which are the communities most likely to be impacted by these changes, particularly Aboriginal communities where, unfortunately, the use of cannabis is very high. This area in particular is of great concern to me. The percentage of Aboriginal participants in diversionary programs is about 12 per cent in regional and metropolitan areas. About 78 per cent to 80 per cent of those participants do not pay their fines, nor do they attend any kind of treatment session. Although some money is going towards increasing the capacity of counselling services, the advice from the sector is that it will not go anywhere near meeting the increased number of people who will be required to attend those counselling services.

The other issue that I wish to highlight is that the extension of time to attend sessions in remote areas beyond 28 days has not always been looked at favourably by the police, particularly because of the additional paperwork involved in granting an extension. In some cases, the police attitude towards diversion has not always been favourable. That discretion is potentially problematic, particularly in remote and regional Aboriginal communities.

What else did WANADA say? I think those were the key points. It was concerned about the discretionary aspect, the 28 days to comply and the funding. It also made the point that this bill—and, indeed, the direction that the former government was going to take in responding to the review—was not consistent with the recommendations of the review.

My next point is more general about the legislative responses to complex problems of human behaviour and social dysfunction, which I guess excessive drug use is about in principle. Legislation such as this is actually a cheap option in that it costs nothing to put a bill through Parliament and it looks good. We need to adequately fund the support services and the community education that is required to successfully divert people from further offending. If there is one thing that is acceptable about this bill, it requires that counselling be given for a first offence. I have no problem with counselling people to assist them in reducing their use of harmful drugs or desisting from using harmful drugs. That is not the question at all. It comes down to whether this government has put aside anywhere near sufficient funds in the budget to achieve that outcome in a very difficult environment. The cohort of people who will be affected by this legislation is quite likely to be those in remote and regional communities, particularly Aboriginal people.

I want to touch on some of the comments that have come to me directly from community members regarding their concerns about this bill. I have touched on them before but I think they are worth reiterating. The following comments have been forwarded to me in my office: this bill will force people into contact with dealers. They will no longer be able to control what they get, whereas before they were able to grow plants for their own use and were able to control what they grew. I agree with concerns that have been expressed in this debate about the strength of the cannabis —

Hon Donna Faragher: It is hydroponically grown.

Hon GIZ WATSON: I was going to say the amount of tetrahydrocannabinol that is actually in plants that are grown hydroponically and the strains of cannabis that are grown hydroponically. There is certainly no doubt that they are much more potent than perhaps what was around 30 years ago. That is a concern. If people are growing plants for their own use, they are much more able to control that.

My notes continue: people who buy drugs from dealers will now establish relationships with them and are more likely to buy other drugs as an inevitable follow-on from that contact. Cannabis certainly is a gateway drug in that environment because dealers want to sell something that is a lot more valuable than a bit of dope. This move to remove the capacity for people to grow up to two plants for personal use will do nothing other than drive people into contact with those who wish to profit from the sale of drugs and encourage people to use other more expensive drugs. It is the dealers who will profit from this new law.

Again, this is a submission from community members to my office: most cannabis users are responsible and law-abiding citizens. They should not be made to feel like criminals with a criminal record hanging over their heads if caught and charged. This will affect their ability to gain employment, to receive a police clearance and to gain insurance cover. Cannabis use is a health issue, not a criminal issue. Police resources should not be tied up charging many offenders with minor offences. As I pointed out previously in my contribution to this debate, police do not go out and deliberately target the confiscation of cannabis. Cannabis is confiscated or found incidental to other contacts with police.

I have a short while before my time expires. I will make a couple of comments about where the various political parties stand on this issue and the support for this bill. I note the Labor Party is indicating that it will support this bill. Although I am not surprised, I find it deeply disappointing that the Labor Party is also unwilling to look at evidence-based legislation. After the cannabis legislation review was completed, the former government was

certainly looking at tightening up and including further restrictive measures in laws around cannabis, despite the fact that the review said that the existing provisions were working well. It is one of these areas of legislation about which, in the more basic public debate, it is very easy to make mileage out of a “soft on drugs” simplistic approach to drugs. But, as I say, that ignores the much broader debate about which drugs really do impact on our community. What are the drugs that really cost our society?

If we look at it as a comparator, alcohol is way out there ahead of anything else. In a hearing before the Standing Committee on Estimates and Financial Operations not that long ago—not on a matter particularly related to drugs—the Commissioner of Police was asked what the main drug of concern was in terms of violence in Northbridge and police time and resources. The response was very clearly alcohol. That is where we really need to be focussing our energy and attention, as well as on other very damaging drugs such as amphetamines. Amphetamines have extraordinarily negative impacts on people very quickly and also take up an enormous amount of police time and resources to deal with people who are affected by them. If one talks to people in hospital emergency departments and in the mental health sector, it is evident that the damage that has been caused to people who are amphetamine users is fairly immediate and fairly permanent and is very, very difficult to deal with. My plea is that we have a calm, considered and evidence-based debate about what drugs have the most impact on and significance to the community in Western Australia. Beating our chest about cannabis is not very constructive in the overall debate. We need an overall decision about how we might use public funds to reduce the harm that is caused both to individuals who might choose to use drugs or who are addicted to drugs and to their families and the community. In this I would like to say that I think all other political parties are failing in this arena. I note that the Nationals are giving their support to this bill, even though at their state conference in 1998 they passed a motion that said the Nationals endorsed state council action to accept the proposal that first and second-time offenders found to be in possession of small quantities of cannabis for personal use are issued with an infringement notice rather than face court action —

Hon Max Trenorden: That was 12 years ago!

Hon GIZ WATSON: Yes, I know it was 12 years ago. My point is, where is the Nationals’ current policy on this issue?

Hon Max Trenorden: We lost the election and we have a brand-new policy.

Hon GIZ WATSON: What is the policy, and where do I read it?

Hon Max Trenorden: On our website. If you cannot find it on our website, we haven’t got one.

Hon GIZ WATSON: It is not on the website, and the honourable member knows that very well, so that is totally fatuous! The National Party has no policy.

Hon Max Trenorden: So why are you reading that out?

Hon GIZ WATSON: Because I am telling the member that this policy was passed at the National Party state council —

Hon Max Trenorden: I was there!

Hon GIZ WATSON: Yes, good! Was it ever rescinded?

Hon Max Trenorden: A policy runs for four years. When you lose an election, you start again.

The DEPUTY PRESIDENT (Hon Helen Morton): I am certain that Hon Giz Watson can conduct the debate without this level of interjection.

Hon GIZ WATSON: Suffice to say, I would be most interested if anybody can present the current Nationals policy on drugs.

Hon Donna Faragher: Maybe we should look at the Greens policy.

Hon GIZ WATSON: Our policy is readily available to everybody, and I am more than happy to stand in this place, as I am now, and explain why we have the policy that we have. I think it takes some courage to say that the current policies are not working. In fact, the current policy, which was enacted by the former Labor government, of a cautioning system, which we thoroughly supported and were behind its implementation, was working, and we saw that the level of marijuana use in the state was dropping. I am suggesting to members that we need to be a bit more realistic about the drugs that are impacting on our community and not embark on cheap political point-scoring in an ill-informed debate in the public arena that says we are all going to be killed because people get picked up on a traffic offence and happen to have 10 grams of marijuana in their back pocket. That is not what is causing the impact on our community from addictive behaviour and the actions of people who are self-harming and harming their family and everybody else as a consequence.

Hon Giz Watson; Deputy President; Hon Nick Goiran; Hon Col Holt; Hon Alison Xamon; Hon Simon O'Brien;
Hon Jon Ford

Hon Donna Faragher: Mental illness, schizophrenia and all of those sorts of things, and you will not recognise that! That is an impact.

Hon GIZ WATSON: I know. Honourable member, I do recognise that, as I have said.

Hon Donna Faragher: Well, it doesn't sound like it to me.

Hon GIZ WATSON: How do we deal with that? The government is putting these people into prison. When successive governments, including this government, cannot keep drugs out of prisons, how on earth does the minister suggest that giving people a criminal record is going to make them less likely to use drugs? We know that people who go to prison are more likely to use drugs when they come out. This sort of hysteria about drugs is an absolute indictment when there is still ready access to drugs in supposedly the most secure place in the state—our prisons. Yes, mental health is a significant issue, and my colleague Hon Alison Xamon will speak to that very shortly.

HON NICK GOIRAN (South Metropolitan) [8.29 pm]: I am very pleased to rise this evening to provide a brief contribution to the Cannabis Law Reform Bill 2009. I am even more pleased to do so following the comments of the previous speaker. It is a very good thing for the Greens (WA) to come into this place and show their true colours. I acknowledge that the previous speaker is absolutely correct in that the policy of the Greens is on its website. I took the opportunity yesterday evening to take a brief look at it. I will not say that it is the easiest website to navigate; nevertheless, if members bother to spend the time, they can find it. They will have to wade their way through all these environmental policies and whatnot, but if they look closely enough, they can find it. I understand that this policy is under the social justice umbrella. It is very comprehensive and reads something along the lines of the following —

The regulation of drugs should be moved outside the criminal framework and be based upon known health effects.

That is about the extent of what I could find on the website. I think it is particularly useful to focus on the final portion; that is, the regulation of drugs should be based upon known health effects. One thing I have noted in the speeches that have been delivered over the past couple of days is that there seems to be a reluctance to acknowledge the health effects. There were snippets of acknowledgements, but it seemed almost as though there was great difficulty in muttering the words that there were problems.

As I have said, I am pleased to make a brief contribution to this bill, which in my view is one of the best things that the Barnett government has done since it came to power. I know that that will be very difficult for a couple of members to hear, but that is my view. The beauty of this place is that we have the opportunity to share our views on some of these matters should we desire to do so. I would like to do something that the previous speaker did not do. I flag that at some point I will seek leave to table a comprehensive research paper that sets out the consequences of acute and chronic cannabis use. It is very easy to come into this place and spruik the hard evidence and to say things such as, "I'm not making this up; these are the facts" and words to that effect. If members cannot be bothered to table some of this hard evidence, I question the validity of those comments.

Hon Giz Watson: All my comments were referenced, honourable member, and that goes into *Hansard*.

Hon NICK GOIRAN: I will certainly take the opportunity in due course to seek the leave of the house to table this document.

Hon Ken Travers: And it will have to be the whole house, not just the leader; you will have to convince us all.

Hon NICK GOIRAN: It will be a matter for the house to determine, as has been mentioned by Hon Ken Travers.

This particular document is entitled "Cannabis—suicides, schizophrenia and other ill-effects". It is a review prepared by Drug Free Australia. It is the first edition of March 2009, so I would say that it is fairly current. I will take the opportunity just to read briefly from the foreword, which has been written by Heather Ashton. Members might ask the question: who is Heather Ashton? She is Emeritus Professor of Clinical Psychopharmacology at the University of Newcastle upon Tyne, United Kingdom. Professor Ashton has conducted laboratory research on the effects of smoking cannabis on the brain and performance, and has carried out surveys on the extent of cannabis use in UK university students, including separate surveys on medical students, dentists and junior doctors. She has written extensively in professional journals on the adverse effects of cannabis use. Lest it be misunderstood that Professor Ashton is the sole author of this extensive research, she is far from it; in fact, a vast range of experts in the field have contributed to this document. If the paper is tabled, hopefully, members will have an opportunity to review it. I will take this opportunity to read briefly from the foreword, which reads —

This research paper gives a concise, clear, accurate and logical account of the main mental and physical risks of cannabis consumption, particularly for young users. The aim is to provide information and advice to politicians, decision-makers and researchers in order to ensure that the level of cannabis use in Australia is markedly reduced. The report provides practical recommendations towards this end and makes a valuable contribution to public knowledge and to the framing of government policies.

It is right that the emphasis is on young people since the age of first cannabis use is declining, and children and adolescents are the most vulnerable to the adverse effects. These include severe psychiatric disorders, cognitive impairment, and progression to other illegal drugs. It may be noted that the age of continuing cannabis use is also increasing and contributing to public risks, such as traffic and other accidents. These issues underline the importance of the addictive nature of cannabis, particularly in its increasingly more potent forms—unfortunately nurtured by burgeoning trafficking in hydroponically grown cannabis.

The widespread use of this pervasive and addictive drug demands urgent attention to the problem of quitting in people already cannabis dependent. None of the present methods, which rely mainly on psychological approaches, is highly effective. Further research, perhaps including the judicious use of cannabinoid antagonists combined with psychological therapies, needs to be explored, instigated and financed.

The report is written in a style easily accessible to the layman but is firmly based on hard scientific evidence, carefully selected from the vast amount of literature on cannabis that has accrued over the years. Policy makers would do well to heed its messages and recommendations.

As I say, I will seek leave in due course—I just flag that—to table the document for consideration by the house.

I would like to cover a couple of other areas. I will start by just looking at the landscape that we find ourselves in and how that has changed over time. I make the observation that the desires, the concerns, the pressures and subsequent responses of people today, especially our youth, are so different from what many of us were exposed to when growing up. I will quote from Dr Stuart Fowler, who has written an excellent book on the subject, *Living the Good Life in Today's World*. He writes as follows, according to my notes —

There is no shortage of symptoms that indicate that Western Society is in crisis. Widespread drug abuse, violence, an alarming increase in youth suicide, lack of social cohesion, poverty of cultural creativity, obsession with material values, and a weakening of family and other communal relations are some of the more obvious symptoms.

Dr Fowler writes on the changes to what he describes as a new humanity—society's addiction to immediate gratification, technology and consumerism that have all changed the sociological landscape of what it means to be a human being in Western society. I would say that the challenge for us as legislators is to inquire into how legislation brought before us will manage this change while best protecting the interests of our current populace and future generations. I argue that this is a good example by the Barnett government of such a policy and such a piece of legislation.

Members would be aware that the drug culture has proliferated. In Perth, as in most western societies, drug use has been on the increase, particularly the use of ecstasy and methamphetamines. I will refer to a couple of studies that have been undertaken. In particular some researchers in the US have found that young people who started using cannabis tended to progress to increasingly stronger drugs. This was documented as long ago as 1998—that seems to be the popular year to be quoting today—in a report by Ramstrom entitled “Adverse Health Consequences of Cannabis Use”. A study by Fergusson and Horwood entitled “Does cannabis use encourage other forms of illicit drug use?” found that heavy cannabis users were 60 times more likely than non-users to take other illicit drugs. That study was published in the *New Zealand Herald* in May 2000. According to my notes, a report by the Australian Institute of Health and Welfare on the statistics of drug use in Australia in 2006 states —

Certain groups within our population experience a greater risk of developing harmful drug use behaviours or experiencing drug-related harm. As such, these groups may require a greater level of attention than that given to the general community in terms of education, treatment and prevention programs.

I note that the report goes on to define young people as people aged between 12 and 17 years, and that Aboriginal and Torres Strait Islander people are two of the larger groups. That is interesting because people who are in favour of decriminalising cannabis usually talk about the educated 40-year-old male who enjoys smoking the odd joint. I argue that we are talking about a much larger and more impressionable group of people who should be protected from the emerging drug culture that they are at threat of being swept away by. An article in

Queensland's *The Sunday Mail* of April 2003 said that one in three teenagers who smoke cannabis every week become hooked by their early 20s. A program from the BBC *Panorama* series suggested that cannabis use can cause long-term chemical changes in the human brain, making users more likely to take other drugs. The research findings, combined with anecdotal evidence, such as the excerpt from the article in *The Australian* on 24 April 2007, paint a very distressing picture. That article reports that the continual slide deeper into drug use and the gothic culture ultimately led to a 16-year-old girl savagely murdering her friend, the Perth Children's Court was told. The teenager and her 16-year-old friend pleaded guilty to wilfully murdering Eliza Jane Davis, 15, in the mining town of Collie, 200 kilometres south of Perth in June 2006. The court was told that there was no apparent motive for the killing. In sentencing submissions to the court, one of the girls' lawyers, Michael Clarke, said that his client had begun smoking cannabis at the age of nine before turning to amphetamines, heroin, LSD and ecstasy by the age of 14.

It would be remiss and, perhaps, hypocritical of me if I concluded my comments without making some reference to the health risks to users of cannabis, so I will take that opportunity now. Numerous reports refer to the health findings about, and the consequences of, cannabis use. If members asked themselves whether it would be acceptable to give someone a substance that would lead to psychological distress, respiratory problems, increased cancer risk, abnormalities in reproductive functioning, schizophrenia and an increased incident of psychosis and suicide, members would presumably respond with an emphatic, "Of course not!" I want to note some of the health findings this evening for the purpose of making the point clear.

Firstly, a causal link has been established between schizophrenia and cannabis; secondly, the Fergusson study conducted in New Zealand that I referred to earlier shows a clear increase in the rates of psychotic symptoms after the start of regular use of marijuana; thirdly, a person who smokes three to four joints a day suffers associated health conditions such as bronchitis equivalent to that of a 20-a-day cigarette smoker; and, fourthly, cannabis smoking is associated with an increased risk of cancer of the lung, throat, nodes, tongue and gut. I would like to refer to a very recent 2010 study entitled "Association Between Cannabis Use and Psychosis-Related Outcomes Using Sibling Pair Analysis in a Cohort of Young Adults". That study was undertaken by a gentleman by the name of John McGrath—not to be confused with the member from the other place—from the Queensland Brain Institute, which is part of the University of Queensland. John McGrath and his colleagues studied 3 801 young people who were born between 1981 and 1984, and, from what I understand, this is the most recent study that links cannabis use with psychosis. Amongst all the participants, the longer the period of time since they first used cannabis, the greater the connection with multiple psychosis-related outcomes. I will quote briefly from that study —

Compared with those who have never used cannabis, young adults who had six or more years since first use of cannabis —

That is, those who commenced use when aged 15 years old or younger —

were twice as likely to develop a non-affective psychosis and were four times as likely to have high scores on the Peters et al Delusions Inventory ...

That is a measure of delusion —

There was a 'dose-response' relationship between the variables of interest: the longer the duration since first cannabis use, the higher the risk of psychosis-related outcomes.

These and other scientific findings indicate that early intervention programs are necessary to disconnect users from cannabis use. According to my notes, the Drug Advisory Council of Australia has stated that now is an excellent time to introduce an intensive drug demand reduction campaign for the diversion of identified cannabis users into rehabilitation to get them free of cannabis use.

As I move towards concluding my remarks, I take this opportunity to highlight not only the risks to the user, but also the risks to the non-user, because, in my view, cannabis use is not a victimless crime. A report entitled "The Incidence of Drugs in Drivers Killed in Australian Road Traffic Crashes" by Drummer states that cannabis was detected in the blood of 13.5 per cent of drivers involved in fatal crashes that occurred in Victoria, New South Wales and Western Australia between 1990 and 1999. I think that that 13.5 per cent of fatalities would undoubtedly have devastating and harrowing effects on the lives of innocent people. Many mothers, fathers, children, brothers and sisters would have experienced great grief during those times. The article by Drummer also reported that the prevalence of drugs, particularly cannabis and opioids, detected in fatally injured drivers increased over the decade while the prevalence of alcohol decreased. Cannabis had a larger prevalence in motorcyclists, 22.2 per cent, whereas stimulants had a much larger presence in truckers, 23 per cent.

I also note that drug use tends to have a bit of a domino effect on the community, or perhaps a better metaphor would be that it is octopus-like in the sense that its tentacles weave their way into the fabric of our society. For example, drug use can create increased feelings of aggression in users, which can lead to more aggravated assaults. The dollar costs to maintain a drug habit or addiction can lead to an increased incidence of burglary and in some instances, as we know, an increase in prostitution. There can be increased psychological illness in users, which obviously greatly increases the cost on our already growing health system. The list goes on and it certainly does not require an economist, mathematician or accountant to work out the huge economic burden that encumbers our state as a result of drug use.

Why do we legislate the wearing of seatbelts and bicycle helmets and the use of electrical safety devices and the like? Obviously, it is to protect members of our community from harm, injury and horrible deaths. I firmly believe that harm-minimisation strategies communicate a message condoning drug use, a message that I do not espouse and that I suggest that we, as legislators, should not either. Furthermore, in my view, harm-minimisation strategies have been an abject failure, and examples from countries, such as Sweden, prove this.

I also note that the former mayor of New York, Rudolph Giuliani, enforced a zero-tolerance policy towards all types of crime, including cannabis possession, from 1994 to 2001. New York subsequently experienced an extraordinary 44 per cent drop in overall crime and a 61 per cent drop in murder, giving New York the title, surprisingly enough, of the safest large city in America. I think that it would be a great legacy if this Legislative Council could be remembered for doing what was best to knit the social fibres of a healthy society. Although we are prepared to legislate against drug use, let us also be prepared to do what we can to support those people who are addicted to drugs by supporting rehabilitation to get illicit drug users drug-free. To conclude, I seek leave to table the review that I referred to earlier.

Leave granted. [See paper 2453.]

HON COL HOLT (South West) [8.53 pm]: I will make some brief comments about the Cannabis Law Reform Bill 2009 and ask the minister responsible some questions that back up some of the comments made by Hon Giz Watson and Hon Kate Doust.

Obviously, a lot of the legislation that we deal with in this place is really a very blunt instrument to bring about a change in behaviour. I note that this bill provides for first-time offenders to be directed to mandatory cannabis education programs. Although it is a noble idea, I have to raise some concerns about access to those programs in regional Western Australia and how the government will meet those obligations. If the government is going to introduce mandatory education sessions, it obviously needs to take that to the people who will be affected by it. I would hate to see an instance in which a person in Newman is charged for a first offence and is required to attend an education session in Perth or somewhere else. There is a great challenge in terms of that mandatory requirement and delivering it to regional and remote Western Australia, as Hon Giz Watson spoke about in her address.

There is a budget for this, obviously, as has been pointed out. But we all know the challenges that exist in regional Western Australia. Getting professional people to go into the regions is not always just about money. We talk often in this house about the shortage of professional services in the bush. That includes health services and counselling. Although a lot of money is potentially being offered to people to provide those services, we still cannot find people who are willing to go to the regions and do the work. The more remote the area is, the more challenging the problem becomes. I would, therefore, like to hear from the minister with responsibility for the bill in this chamber how the government intends to overcome those sorts of challenges. Obviously there will need to be a commitment from the government to fulfil that need for mandatory education. It will be interesting to see how the government does that. I will also be interested to see, if we can get a report back about this, how it is going down the track, and how people in remote and regional Western Australia who have committed a first offence are sent to an education program, and how that education program is run. I will also be interested to see whether people who do not attend because of the tyranny of distance or because of the time frame, because there is a time frame in the legislation as well, will be disadvantaged by that part of the legislation. I look forward to some comment about that.

HON ALISON XAMON (East Metropolitan) [8.57 pm]: As has been noted by my colleague Hon Giz Watson, the Greens do not support the Cannabis Law Reform Bill 2009. It has been interesting to hear people's interpretations of what the Greens' policies actually are, not only around the issue of drug use, but overall. Of course, our policies are well advertised and promoted. We certainly do not hide them at all. I am, therefore, a bit surprised that people cannot seem to quite fathom the fact that we are happy to be very public about where we stand on the issue of drugs. Just to reiterate some fundamentals that underpin our drugs policy, we do support criminal penalties for the supply and sale of drugs. We do not support the legalisation of currently illicit drugs. We support an approach of decriminalisation. We absolutely support a harm-minimisation approach. We

approach drug usage primarily from a health perspective. This is an approach that is heavily backed by health experts. It is a policy that is firmly grounded on compassion for human beings and actually recognises that we need to look at the core reasons that people use drugs in the first place and assist people through that process, hopefully to stop them from taking drugs. I am interested in long-term effects. I am interested in genuine effects on people.

To be very clear, I am not of the belief that cannabis is a safe drug, and I am offended by any suggestion by anyone in this place that I think otherwise. If anyone is going to suggest that to me, then, frankly, they are telling a lie. I would really appreciate it if people could be far more careful with those sorts of accusations that they make against people.

A review of the existing act was carried out by the Drug and Alcohol Office in 2007. The review found that there has not been an increase in the use of cannabis resulting from the introduction of the Cannabis Control Act reforms; that the prevalence of cannabis use has been in decline for the past decade; and that there is no evidence to show that the shift to issuing infringements rather than prosecuting minor cannabis offenders has increased the prevalence of cannabis use in the community of Western Australia. The review found that reduction of harm resulting from not prosecuting minor cannabis offenders and the indication that this has not increased cannabis use in the community provided a sound foundation to recommend continuation of the scheme. If this is what the review has found, and we all agree that the endgame is to try to reduce cannabis usage, it really begs the question of why on earth we are moving away from a system that has been demonstrated to work.

I would like to make some comments on the implications of this legislation for people with mental illness. The relationship between cannabis use and mental illness is a complex one; there is a significant connection between cannabis use and mental illness, and there are many facets of this connection that we do not yet fully understand. There is credible research to suggest that the excessive use of cannabis can cause psychosis, particularly schizophrenia, and that this can happen particularly with young people. We also know that many of the risk factors for mental illness are similar to those for substance abuse. They include poor education, lack of occupational and social opportunities, poor economic circumstances and poor family relationships. We know that people with a mental illness use more cannabis more often than people without a mental illness. We also know that some mental health consumers report using cannabis as a form of self-medication. I am not necessarily condoning this and I am not suggesting that this is wise or helps their mental illness in any way, but it is important that we acknowledge that a lot of people who use cannabis are doing so as a form of self-medication to deal with their mental illness.

These findings should have a significant bearing on how we address cannabis use in our society. In my opinion and the opinion of the Greens (WA), the effective addressing of cannabis use cannot and should not be done in isolation from the mental health system. We know that the mental health system is in crisis, and I still frequently hear from people in our community that they or their loved ones are unable to access the mental health treatment that they need, when they need it, and that is happening already, without this legislation having yet proceeded. There are high levels of distress in the community at the absence of services or the inadequacy of the services that are available to people with co-occurring mental illness and substance abuse. A submission from the Mental Health Council of Australia's 2005 report on mental health care in Australia states —

Recognition of cannabis abuse and dependency as a problem that can be treated needs to be heightened. Most people would be able to find a Quit group for smoking quickly and easily, however there is very limited availability of Quit groups for cannabis and no public health messages as to where to find them. Access to inpatient psychiatric care should be much more readily available to those who need it.

This legislation proposes to toughen the approach taken to cannabis use in our society by mandating a one-off counselling session for people caught with less than 10 grams of cannabis in their possession, and to prosecute subsequent possession offences as criminal offences. People who do not attend the intervention can be prosecuted. I have a number of concerns about these provisions. Firstly, evidence suggests that a one-off counselling session is unlikely to be of much use to people with complex issues, including mental illness and other mental health issues. Effective intervention needs to be multifaceted and sustained. Again, as noted by the Mental Health Council of Australia, the evidence shows that the effectiveness of cannabis interventions deteriorate over time, indicating that any response must be sustained to ensure that the benefits from counselling do not erode. Secondly, I do not believe it is in our best interests to deal simplistically with drug possession as a criminal issue, particularly in the case of people with complex conditions, including substance abuse and mental health issues. As such, I do not believe it is helpful to toughen our cannabis laws. Should we really be treating all people who use cannabis as though they are criminals? There are serious consequences to having a criminal conviction. It is estimated—obviously it is very unclear here—that between one in two, and perhaps one in three, people have used cannabis at some point. I do not like to think of good members of our community facing the possibility of the adverse implications of a criminal conviction, including the potential impact on future

employment and travel opportunities, due to possession of cannabis. In the overall scheme of things, I believe that possession of small amounts of cannabis should be treated as a health issue, not as a major criminal undertaking. I simply cannot support pushing more people into our overstretched criminal justice system, particularly those who have an existing mental illness.

I acknowledge the need to minimise the harm that people suffer from the misuse of drugs, particularly in relation to that interaction between mental illness and substance abuse. However, I argue that the very last thing these people need is to be put into the criminal justice system. We can send the message to the community, as I think we should, that cannabis is harmful, in ways that are far more effective, less damaging and less punitive than by criminal convictions, just as we do now on cigarettes and just as we do now on alcohol. Our community responses to drug misuse need to get better. Given the early onset of both mental illness and the initiation into cannabis use, we should be concentrating our prevention and the early intervention efforts on younger age groups. As drug use itself is multilayered —

The DEPUTY PRESIDENT (Hon Michael Mischin): Order, members! I can hear several audible conversations going on in the chamber. I should be able to hear only one person speaking.

Hon ALISON XAMON: Thank you, Mr Deputy President. Drug use itself stems from multilayered issues and involves individuals and their relationships with their peers, their family, their schools and their community as well as broader structural factors, all of which interconnect and impact on a young person's health outcome. In the same way, our responses need to be multifaceted and they need to be targeted and sustained. According to the Mental Health Council of Australia, the principles of effective drug education programs are now well established, and effective implementation depends largely on political will. This will has been lacking, as demonstrated in the failure to achieve the systemic implementation of evidenced-based programs and the failure to install effective accountability mechanisms.

I acknowledge that there has been a limited effort on the part of the government to recognise this and I note that, according to a press release from the Minister for Mental Health, "the state is investing more than \$6 million in cannabis-related prevention and treatment across the next four years, particularly targeted at reaching young people." I am pleased to hear that, but I would like these areas, as opposed to criminal justice, to be the focus of that political will. That amount is just a drop in the bucket; it is nowhere near the sort of money we need to be considering. We need to see more resources of exactly these sorts of initiatives when it comes to dealing with the issue of cannabis use in our community.

I would also like to briefly mention the resource implications of the provisions in this bill. This issue has been raised by a number of members in this place. If we are going to look to the drug and alcohol sector to undertake mandatory counselling sessions, we have to ask whether this sector has the capacity to take on the extra load without impacting on its delivery of other vital services. Also, how will the enactment of this legislation, including the access to proposed therapeutic sessions, work in rural and remote areas, as Hon Col Holt has already asked? We know that there is significant use of cannabis in remote communities and that heavy cannabis use is also significantly more evident in Indigenous populations. Police in rural and remote areas are often under-resourced and face a raft of significant challenges in undertaking their normal duties. Requiring people to attend an intervention session in 28 days may not be practical in a remote location. Furthermore, would these same people then have an option to receive referral for a further treatment if that was needed, or would they just be left?

I am also concerned about the impact of this bill on young people. There is broad understanding, although that does not mean we necessarily need to have acceptance, that young people do experiment and they are often risk takers. I also appreciate that, although drug use is by no means confined to any specific geographical area or segment of the population, the outcome of young people's experimentation with illicit drugs often varies widely depending on their background. Much of this is related to the support they receive and the support mechanisms that surround them. A young person from the western suburbs who begins taking drugs is possibly more likely to be sent off to counselling and has a good chance of a positive outcome. In contrast, many young people, certainly many young people in my electorate, come from extremely difficult home environments. More than 5 000 young people in WA are homeless. That is the Mental Health Council's estimate. Accessing support is virtually impossible for many of these people. This is a complex area. It is not just about providing enough programs. It is about access to the programs and ensuring that there is widespread knowledge about their availability. It is about how we as a society support young people when their families are unwilling or unable to do so. It is about having GPs who are more youth friendly and more aware of the support programs out there and who take drug taking seriously and ensure support is given to the young people who need it.

We do know that cannabis is readily available and it is relatively inexpensive. We know that many young people will experiment and there is nothing to be gained from an overly punitive response to cannabis. In contrast, there

is much to be lost. Personally, I am not a fan of cannabis, and I do not think that marijuana is a harmless drug. I do not want to be falsely accused of sending mixed messages to the community about cannabis. We know that cannabis can be a harmful drug that can damage individuals and families. Some people mistakenly believe that cannabis is not addictive. We know that this is incorrect. According to the Mental Health Council of Australia, about 10 per cent of people who try cannabis will develop dependence at some point in their lives. However, I believe the frameworks used to combat the misuse of drugs in our society should be realistic and based on sound evidence of what actually works. I believe it is really important that we make it a priority to gain more knowledge about the nature of the links between cannabis use and mental illness in order to develop the best strategies for effectively addressing cannabis misuse.

The Minister for Mental Health noted that solutions need to be based on evidence, not driven by popular and often misguided notions of how harm can be reduced. We are talking about people and we are talking about families. Often we are talking about parents and the children of people who have addictions. Research suggests that overly punitive regimes do not work. Directing addicts and young people and people with mental health issues into our criminal justice system does not work to reduce the harm caused by drugs in our society.

As I say, the Greens (WA) want an evidence-based harm minimisation approach to the misuse of all drugs whilst at the same time maintaining penalties for sale and supply. The existing infringement notice system is effective. It has been working; it has been driving cannabis use down. We should not lose sight of that fact. Increased and sustained drug education programs and better resourcing of the mental health sector, including a focus on prevention and early intervention strategies, should be a core strategy of drug harm minimisation in our community, not automatically putting these people into prison.

HON SIMON O'BRIEN (South Metropolitan — Minister for Transport) [9.16 pm]: I will not be recounting what I already have put on the record in this place. At some length during a previous debate in 2003, when we had an extensive debate about the very proposals that there now seems to be broad support for repealing, I opposed, as did the Liberal Party, the then Labor government's proposals to decriminalise cannabis for all the very good reasons that are now being repeated by members in this house who support the Cannabis Law Reform Bill 2009 currently before us. I do not need to go over that again, but I certainly welcome the support of the Labor Party. I am surprised by its support for this bill. It must have taken it some consideration to come to that conclusion.

I want to remind the house of the processes that brought us to this stage and where these current laws came from. There was a very contrived process earlier this decade to try to convince the public of Western Australia that the decriminalisation of cannabis is what they wanted. That is what the then ruling powers set out to do. They tried to promote the idea that there was some sort of overwhelming demand for the view that cannabis needed to be decriminalised; that it would be a very good idea. I had a contrary point of view. I claimed then—I think I was right—that the motivation was quite different. I think I was right then when I claimed that it was a contrivance and that in fact the fundamental view of the Western Australian community taken as a whole is that it is not kindly disposed to the normalisation of drug abuse, whether it be cannabis or any other illicit substance. It is the general view of the vast body of Western Australian community opinion that drug-taking behaviour in the form of cannabis usage, of illicit drug injection or snorting, or whatever the drug of abuse might be, is something that should be discouraged. I am glad to see that at least the mainstream parties in this house have finally come to understand and accept that.

I want to remind members of what happened during this time in an exercise that was embarked upon with all the resources of government to try to convince members of the Western Australian public of something that in their hearts and minds they did not, and would not, agree with. It was a process which became known as the Drug Summit. The Drug Summit was championed by the then Minister for Health —

Hon Max Trenorden: Jim McGinty.

Hon SIMON O'BRIEN: No, it was Hon Bob Kucera. I think the honourable member might recall that Mr McGinty was the Attorney General at that stage, and he remained as such. But "Hamburger Bob" was the health minister who actively promoted the idea of normalisation of drug use through this Drug Summit in pursuit of some agenda that I do not think even he believed in. This was a fake exercise, a fraudulent exercise. I say that because it pretended to be a genuine consultation, a genuine methodical evaluation based on evidence to produce meaningful, reasoned and open outcomes. It was nothing of the sort. It was a contrivance to produce several preordained outcomes to adopt the then government's policy of decriminalisation of cannabis and one or two other things, including the introduction of so-called safe injecting rooms and so on.

At the start of this debate I said that this is what happens when we have a Labor government that does not really know how it is going to do what it wants to do, so what does it have? A summit! In recent history, not so many years before that time, there had been a tax summit run by a federal Labor government when they purported —

Hon Sue Ellery: Fifteen years before, but let's not rewrite history.

Hon SIMON O'BRIEN: No. This is an ongoing tactic that we have seen by Labor governments of both state and federal persuasions. They have a summit at which they purport to get together all the brains, all the representatives of the community, to brainstorm and come up with the solutions that they need. The solutions that are produced by that process must be good and must have merit and must be implemented! As recently as the last federal election just gone we saw them at it again, when they were proposing to have another summit—a mining tax summit, I think it was—with 150 people.

Hon Sue Ellery: Is this government legislation?

Hon SIMON O'BRIEN: This has got everything to do with this legislation.

We will see where that goes, but I would have thought that we just had an election to produce 150 representatives, and that is called the House of Representatives; it is not some appointed group of people. If we go back to the origin of the legislative provisions that we are now by this bill seeking by and large to repeal, we will see that their genesis is relevant. We need to remember how the legislation came about.

The Drug Summit was an interesting exercise for many of the participants, because a lot of them were there in very good faith. They were genuine people with a variety of views and backgrounds who were said to be representative of the community. Indeed, that is what they were held up to be. We had people from the country and from the city, we had gender balances, and we had different age groups—all were represented. Some people there were also known to be strongly opposed to the provisions that the government wanted to put through. The Labor government was trying to make it seem to be a balanced group, but the fact of the matter is that it was not balanced. It was a hand-picked audience intended to be seen as representative, but it was anything but. There is even a formula—I mentioned this some time ago during the 2003 debate—that the Labor Party has for these summits, be it tax, water, drugs or other. Basically, the then Labor government got 100 participants—which is a nice figure because it can produce easy to work out percentages when they ballot—with a ratio of 65 who thought the government's way to 35 who thought the other way. There was a big portion of participants—35—who were its biggest critics, but it invited them to participate just to show how democratic and fair it was. I did the numbers by looking at the people who were involved in this summit on day one and I reckon it was 65 to 35. When the recommendations of this Drug Summit went through, we found that the vast majority of the recommendations that were thrown up after all these days of consideration and expert advice were a range of motherhood statements—apple-pie statements—that predictably were passed by the overwhelming number of delegates because they were reasonable, fair and sensible. As I say, they were motherhood statements.

Hon Helen Morton: Don't you dare put mothers down like that!

Hon SIMON O'BRIEN: No; I believe in the sanctity of motherhood and so do the majority of Western Australians.

Curiously, I do not think any recommendations ever got up by 100–zip. There must have been a few ornery creatures there, because sometimes the vote was 99–1 or 98–2. By and large, all these matters were approved, apart from the controversial ones. There was a prewritten recommendation that, at the insistence of the organisers, had to be considered by several of the relevant groups to put to the plenary session. It was not generated from the floor; it was put in by ministerial staffers. The proposal was for the decriminalisation of cannabis and of growing plants at home. Can members guess what the vote was? It was just about the 65–35 that I had worked out some time prior to that. It was indeed an interesting exercise, but it was a fraudulent exercise. It produced the results that it was engineered to produce and they were without merit, yet the summit was given this veneer of respectability and correctness. For heaven's sake, the government even got its hand-picked so-called representatives to meet in the Assembly chamber as though some representative role had been given to them by the people of Western Australia. They met in our representatives' house, but they were not representatives; it was just a veneer that had been manufactured.

Now, a few years down the track, we are undoing the things that flowed from this improperly conceived exercise. What is the proof of what I am saying? Where is the ultimate reliance in the truth of what I am saying that it was a misconceived exercise, that it was a contrived exercise, that it was done to manufacture an outcome and that, ultimately, it was flawed not only in process but also in intent? Where is my proof that when I assert those things, it is true? The truth of it is that members opposite are now supporting this government's bill to undo their legislation. I have listened to the likes of Hon Kate Doust speak in 2010 about how they support these measures and how the things that are being done away with need to be done away with. They have produced as their argument the experiences that they have had with their own families. Do members know what? I believed Hon Kate Doust when she said it, because I was in this place to hear the tone of her voice when she was part of a team that argued the opposite. I think from what I remember seeing here in this very chamber in 2003, for a lot of members opposite their hearts were not in it. That is the final element of what was ultimately a fraudulent

Hon Giz Watson; Deputy President; Hon Nick Goiran; Hon Col Holt; Hon Alison Xamon; Hon Simon O'Brien;
Hon Jon Ford

exercise. But the ultimate truth is that this Australian Labor Party is now turning around and disowning the legislation that it should never have pushed through back in 2003. I thank both sides of the house for their support.

HON JON FORD (Mining and Pastoral) [9.30 pm]: Hon Simon O'Brien has made an extraordinary contribution on a government bill. For the life of me, I do not quite understand the contribution and why he would do it, because I would have thought that would not be the contribution of the minister who has carriage of the bill. I know that he has a bit of trouble in getting legislation up in the chamber at the moment and he might feel the need to settle it in and fill out the time in this house, but if he is actually dedicated to this bill, I would have thought that he would be trying to push the bill through. There is plenty of time for political point scoring. I noticed that he received a pretty bad score from Mr Taylor, so perhaps this was the minister's contribution to lift himself up on the scorecard. But I will get on with the bill.

Several members interjected.

The DEPUTY PRESIDENT (Hon Michael Mischin): Order, members! I want to hear the honourable member who has the call.

Hon JON FORD: Thank you, Mr Deputy President. The fact of the matter is that the minister is in government. The government sets the agenda in this place and we make decisions in our caucus on priorities. I will touch on priorities. Part of those priorities is whether we oppose, support or try to amend the bill.

Hon Nick Goiran: Drugs are not a priority for the Labor Party.

Hon JON FORD: Drugs are a priority.

Hon Nick Goiran: That is what you just said.

Hon JON FORD: It is the crow on the back fence. I always look forward to his contribution. I realise the mistake I made in walking into the chamber just a bit too early—I had to catch the end of a member's contribution. I was very interested in Hon Col Holt's contribution, because it was along the lines of what I was going to talk about, and that is some practical aspects of this bill, and particularly how one-off counselling sessions are going to work. I cannot see how they will work in Fitzroy Crossing, Jarlmadangah or Balgo; in fact, I cannot even see how they are going to work with many of the fly in, fly out workers from Brisbane or New South Wales. All I can see is a heck of a lot of work for police officers and a heap of grief for young and older people. If people get busted for a bit of cannabis in Broome —

Hon Max Trenorden: Can you remember the 60s?

Hon JON FORD: The 60s? I think I was in primary school or maybe kindergarten. In 1969, I was in the fifth grade at a primary school in Lawson. That was the year when man landed on the moon.

Someone from Jarlmadangah might visit Broome and be frisked for being publicly drunk or being too enthusiastic at a party and could be found to have a bit of cannabis on him and end up in court. He will disappear back into Jarlmadangah and have to find his way back within 28 days to attend a counselling session. You can bet your bottom dollar that there will not be a counsellor in Fitzroy or in Derby—although there might be one in Derby because of the medical centre. That person will have to find his way there, if he remembers.

Hon Max Trenorden: They will have one in Nullagine, don't worry about it.

Hon JON FORD: Yes. There are a number of practical issues. We will see people who should not end up in the front line of the criminal justice system, who will end up in it, again. A number of recent tragedies have involved people getting into the justice system for committing offences that, if they occurred in the city, would never involve them being transported in vehicles over long distances. This will be a big cost to the state, the criminal justice system and individuals. I look forward to hearing the minister's response about how this will work and what resources have been allocated to it.

I heard members talk about mental health issues. I consider substance abuse to be a health issue. When I was working in Norway in the late 1990s, I saw that Norway treated its heroin users and most other drug users as a public health issue. That policy is supported by very strict Criminal Code provisions. Nevertheless, it is considered to be a public health issue. I worked with a number of Norwegians who held senior engineering positions who were heroin addicts. Their addiction was managed by the state through the health system. The result of treating the addiction as a health issue and of having the strong support of the community enabled those people to contribute to their community in a very active way. In fact, I read that two per cent of one per cent of

the whole population was involved in drug-based criminal activity. That is a very low figure. That sovereign state takes a very different approach to drug use from Western Australia.

For the life of me I do not know why, if we are to look at all the options we have to treat substance abuse, alcohol was not considered to be the major issue that we need to address. A prohibitive approach has been taken to the provision of alcohol in certain regional centres in Western Australia. The liquor restrictions have tended to have a bit of an effect at the beginning. However, as questions without notice and questions on notice have shown, initially we have seen a decline in the number of petty crimes committed, such as break-ins, in places like Halls Creek, but over time, the number of crimes has increased to the same level it was prior to the introduction of the liquor restrictions. Different crimes are being committed, but they are still crimes. In some cases, it has increased to more than what it was before the liquor prohibitions were brought in. That has happened because the prohibitive approach works in the short term, but in the long term it does not achieve the desired outcomes. They can be achieved only by investing a lot of time, effort and money, ultimately, into supporting people to make decisions that will get them out of that cycle.

Of all the available drugs, including alcohol, I would have thought that the use of methamphetamines was probably the biggest single challenge. When I talk to police, they talk about the use of alcohol and methamphetamines, which are both bad for people's mental health. I bet most of the unprovoked violent crimes against people reported in the newspaper are associated with methamphetamine abuse. People who are struggling to get out of that cycle encounter all sorts of issues, because methamphetamine affects people's ability to produce dopamine, endorphins and other body chemicals that make people feel good about themselves, and so they slip down into very, very bad mental illness and need strong support and drug supplements to lift them out of that. A high proportion of those users end up either back in the criminal system or killing themselves out of desperation because they do not have the support they need.

I would have thought they would have been the priorities, but the government of the day has chosen to prioritise cannabis. The opposition does not support cannabis use, but I do not know whether the Cannabis Law Reform Bill 2009 will do the job. The government has the right to pursue the priorities that it thinks it needs to pursue, and time will tell if this legislation produces any real benefits for the people of Western Australia. During the third reading debate we will hear whether the opposition has been convinced by the arguments about how regional Western Australia will be dealt with, and how we are going to avoid creating problems for, particularly, young people in regional Western Australia and law enforcement agencies. I feel, not having heard the minister's response, that the law enforcement agencies will have to divert valuable resources into chasing people up for something that I do not think will work. Hon Alison Xamon talked about how one session of counselling will not help people.

I will conclude with those few comments, and I look forward to the minister's response to the good contributions that have been made on the concerns about this bill.

The PRESIDENT: I will give the call to Hon Linda Savage, but noting the time, I think we can go straight to members' statements.

Debate adjourned, pursuant to temporary orders.