

MEDICAL CANNABIS — RIO TINTO POLICY

Motion

HON SOPHIA MOERMOND (South West) [10.26 am] — without notice: I move —

That this house —

- (a) condemns the recent decision by Rio Tinto to stipulate that none of its employees, regardless of their role or location, may continue in their employment if they are found to be taking legally prescribed medicinal cannabis; and
- (b) reaffirms the principle that workers across Western Australia have the right to receive the very best standards of medical care, which should be guided by qualified medical professionals and not by corporate CEOs.

Recently, Rio Tinto changed its testing regime for the presence of tetrahydrocannabinol from a swab test to a urine test. The urine test is much more sensitive than the swab test, and that means that people who are taking medicinal cannabis will test positive even five or six weeks after their last use. Obviously, that can cause problems for people who are taking cannabis medicinally. The reason Rio Tinto gave for this was that, unlike for other medications, there are no reliable methods to determine a safe dosage of medicinal cannabis in a high-risk workplace.

This led Rio Tinto to state that its employees must first declare their use of all medicinal cannabis products and inform the company whether they are using cannabidiol-only preparations. CBD-only preparations do not have a psychoactive effect, as such. They can help people to regulate anxiety, are very useful for pain in general and can help with sleep, but they do not alter the way people experience the world in any way. The reasons people might use CBD-only preparations products are numerous. One reason people choose to go down that path may well be that THC is not allowed at their workplace. It was quite surprising that Rio Tinto decided to not allow CBD products. I am not quite sure what Rio Tinto is basing that decision on because we have not been able to find any decent science to support the exclusion of CBD. If workplace screening and confirmatory testing indicates the presence of THC, the worker may be subjected to disciplinary action, which can include termination of employment. That person may also be requested to work from home for a while.

I want to make it absolutely clear that the Legalise Cannabis Party as a whole, and its members here today, do not want individuals who are impaired in any way to be in a high-risk situation. We do not want them on the roads, in factories or in the mines. Safety is important. No-one should ever be put at risk. The issue here is that the testing method used is incredibly sensitive. Since THC is a fat-soluble chemical, it can last in fat cells in the body for quite a long time—for up to months afterwards. Even if someone had not had cannabis for a while and they were on a diet at the time of testing, the THC stored in their fat cells could have been released and they could test positive. The other way to test for cannabis, or any drug for that matter, is with a hair analysis test. The root from the hair is often tested as well. Once again, that test can pick up a wide variety of substances quite a long time after use, as well as a person's nutritional status. It can pick up THC months after the effects of taking cannabis in any form have subsided. I read one example in which it was picked up years afterwards. That does not seem to be a logical way to test for that. If someone is really concerned about the level of THC present in a person because they have no idea whether they are impaired, which would be quite bizarre, instead of using urine analysis, they should use hair testing for ultimate results and accuracy.

What has been found, in general, is that when people use cannabis—if they smoke or vape it—the effects last for about four to six hours. For instance, people can use it when they go to bed and they will hopefully have a really good night's sleep. They will then wake up in the morning six to eight hours later and it may then be another hour or two before they get to work and deal with heavy machinery. That puts it up to 10 hours after use, way past the time frame of four to six hours. Prior to using urine testing, Rio used swab tests—the same sort of test that is used by WA police and also on mine sites and in other occupational health and safety environments. Swab tests show recent use. It picks up use in the four to six-hour window in which someone may still feel the effects of THC. That means that if someone took it for sleep and then went to work the next day, they would be able to pass that test. At that stage, there would not be any obvious leftover effects relating to cannabis use; all the effects would have worn off by then. The tests are also quite easy and non-invasive, which is why they are used by the WA Police Force. If it is good enough for our road users to be considered unimpaired when they pass one of those tests, I would have thought that that same level of care would be sufficient for a mining company. There is plenty of research out there to support what we are talking about today. The Lambert initiative and other reports from overseas all refer to that four to six-hour window, depending on the method of consumption. We are talking about medicinal cannabis here; we are not talking about a recreational drug that people might use. This is a legally prescribed medicine. Patients will be given instructions by their doctor on how to use it. The healthcare practitioner will know that if it is taken at the dosage prescribed and according to instructions, that person will not be a danger to society by being impaired

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on the roads or in a factory. In the end, we all want to have a good night's sleep. I can see the benefit of using medicinal cannabis in a mining situation because the hours that people work can be disruptive to their normal sleeping patterns.

Rio Tinto, the company that I am talking about today, tests for opioids as well, but it is more stringent in its testing for cannabis than for opioids. If someone tests positive to opioids, Rio will stand them down and the sample will be sent to a laboratory to test. If it is below a certain level, that person can continue with their work. This would be easy to implement for cannabis as well. Impairment could be tested through the *Druid* app, which tests memory, task switching, reaction speed and balance. If someone were taking medicinal cannabis, they could do that test every day when they come to work. That would clearly pick up whether they were impaired. The current method chosen by Rio Tinto goes beyond the Mines Safety and Inspection Regulations 1995. Other mining companies obviously find those guidelines to be sufficient, but Rio Tinto has gone beyond them.

A lot of things that also cause impairment in people are not tested for. I am talking about stress, sleep deprivation and even physiological conditions like colds, pain, menopause symptoms for women and andropause symptoms for men. Those conditions can affect cognition as well. Other drugs that are commonly available and may affect function are stimulants like nicotine and caffeine. Imagine a surgeon who is doing some work on the inner ear of someone—very fine work—and they have just had three cups of coffee. They may very well have a slight tremor. I wonder whether Rio Tinto is watching what its employees drink in the morning before they go to work. Stimulants can make a person's heart beat faster and blood pressure go up. It can affect a person's body temperature and can lead to heat exhaustion or even heat stroke. That is obviously pertinent to the mining industry. Once again, it can cause sleeplessness, but tremors are the main thing that could affect someone functioning in that environment. Sedative substances can also simply be bought over the counter. *Phenergan* and *Doxylamine* are two antihistamines that cross the blood–brain barrier and can cause sleepiness, drowsiness, dizziness and overall sedation. A lot of pain medications can also affect function. Obviously, opioids are tested for, but they are also commonly available. The issue with the use of some opioids as painkillers is that they are addictive and people may need more and more of them to help manage their pain. Medicinal cannabis is not addictive and people do not necessarily need more and more of it. I feel that taking away choice from people about the medicine they want to use is against their human rights. We should have a choice about what medicine we want to use. We should not be forced to use medicines that can have negative side effects.

Some other drugs can affect function, with statins being a common one. Statins help lower cholesterol. What is interesting about that is that the human brain is about 25 per cent cholesterol. It is well documented that people can have memory problems when they start to take statins. I saw this happen with both my parents and I have also treated quite a few patients who came to me stating that they had started on a statin for their cholesterol and had found that their cognition had declined because of that. Excellent research has been done by a lovely woman named *Maryanne Demasi*. She spoke about the negative effects of statins on people. Cognition is one thing that statins interfere with; the other is muscular function. Statins interfere with the production of coenzyme Q10, which is what muscles run on for energy. People who start statins often have a lot of pain in their legs, which obviously they could then take opioids for. I am sure that would really benefit their health in the long term!

Other medications that can have rapid effects and that are easily available are nonsteroidal anti-inflammatory drugs, of which *ibuprofen* is one. They can increase the risk of bleeding, affect blood pressure and kidneys, and worsen heart failure, yet they are quite common. Medicinal cannabis might be a much more useful and less dangerous substance to take to help manage pain. An interesting fact is that drug-related deaths from prescribed drugs are more common than those from illegal drugs. Unfortunately, when that statement was first made cannabis was still illegal, but nobody has died from cannabis.

The reason given by Rio Tinto for moving to urine analysis was to ensure it was using the highest level of testing available; however, it interferes with the personal freedoms of its employees. It is interesting to note that all its staff are being tested. Even if someone has a job for which they sit down at a desk—they drive to work, come in to work and sit down at a desk—and are not doing any high-level security work, they could be fired. There is a double standard there because we do not apply the same rules to tradies such as electricians or plumbers—people who might come into our house—who may work in a high-risk situation installing air conditioners or electricity into bathrooms or wherever else it is needed in the house.

It has been noted that employees in the mining industry have a good income. They go home for their week off and they party. One of the drugs they party with is methamphetamine. Methamphetamine clears from the blood and saliva in about two days. Those people party hard and their sleep is interrupted. They go back to site and are fatigued and they go through a mini withdrawal. Several people in the mining industry have told me that they have observed that in the first couple of days their colleagues are back from the break they are fatigued and other workers need to pick up the slack. It will make a big difference. I have spoken to people who use methamphetamine and they also would like to be able to simply use cannabis while they are at home to party with—not that I am saying all of that

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is necessarily a good thing, but just that this is what is happening out there. Those who come back to site who are tired and sleep deprived and go through a mini withdrawal are a high security risk, but blood and urine tests will not pick up any of that. I thought that a company such as Rio Tinto would be interested in maintaining safety on its site, but this is something it is not picking up on.

If I were to go on holiday to a country where it was legal to use cannabis recreationally and then come back to work, I could lose my job. I do not think employers should be able to regulate what their staff do or do not do on their holidays, especially if it is a legal activity in the country they visit.

Impairment testing is the gold standard in occupational health and safety and, as I said earlier, that involves memory, speed, task switching and balance; peripheral vision can be part of that as well. That would ensure a very safe workplace and also a high level of safety on our roads. I am not sure why Rio Tinto has decided to go the way it has. There is a lot of research out there and employees should have the right to use the medication that they think will work best for them.

HON DR BRIAN WALKER (East Metropolitan) [10.44 am]: I rise in support of my colleague Hon Sophia Moermond. I would like to give some perspective from a medical practitioner. I think we would all agree that allowing people in a high-risk profession onto a mine site while impaired is not a good idea. If people who are impaired enter a mine site but are not detected, the risk of accidents and, indeed, fatalities is heightened. If that is not recognised, we ought to be cognisant of that because action needs to be taken. What we are seeing just now is opening up to public vision that this may be the case. We do not know whether the company is testing for impairment because, clearly, if one form of testing is being used as a proxy for impairment and it fails to detect impairment, there may well be other areas in which impairment is missed. Anyone who suggests that risks should be increased should not have a place at this table. We need to have safety for our workers. We need to have an accurate measurement of impairment. I note that part of the reason for Rio Tinto zinc's approach is ascribed to its adherence to the Road Traffic Act 1974 under which the presence of measurable tetrahydrocannabinol is equivalent to impairment. Of course, we know that this is entirely wrong—it is false. It is provably false yet it is being used as a measure of risk of impairment.

The act goes even further and suggests that cannabidiol is also to be refused because that might affect impairment. But by the same Road Traffic Act, when looking at driving with CBD, individual drivers were tested to see whether CBD caused impairment. In medical terms, I would prescribe 10 or 20 milligrams, or maybe 200 milligrams, of CBD. People who had up to 1 500 milligrams of CBD were tested and no measurable impairment was found by the tests the police were comfortable with. There was zero impairment, yet Rio Tinto zinc is saying that people may be impaired and it is going to stop CBD use as well. It is almost as bad as Hong Kong that has banned CBD because it considers it to be a narcotic, which is a complete lie; it is scientifically false.

Rio Tinto zinc is not a small company. It is a very professionally managed company—it must be well managed—so there has to be medical advice on this point of view. Indeed, it has sought medical advice. I wonder how much training has been done. You see, most doctors in this country have not learnt about cannabis. The endocannabinoid system is not taught in medical schools. One could argue that if one has not been trained in the endocannabinoid system, one is not competent to prescribe cannabis. One is not competent to discuss cannabis because they are unaware of the science. Less than five per cent of doctors prescribe medicinal cannabis. Of those five per cent, some prescribe a lot and others hardly any at all. I wonder whether it is possible that the advice the company got has been from doctors who do not know about cannabis and do not prescribe cannabis. It is a question I put to the chamber: Perhaps Rio Tinto, an honourable company, is receiving advice from people who may be less than qualified, maybe even completely unqualified. I would love to be in discussion with those advising doctors to see how much information they have. I could be very happy in my assumption that there may well be deficiencies in knowledge and if that is then passed on to a company like Rio Tinto zinc, it may cause harm. Is it possible that harm may be caused because of incompetence or inappropriate advice?

If someone is seriously suggesting to test urine for the risk of impairment, they are seriously inaccurate, inadequate and, I would put it, incompetent. Is that a problem? Yes, it is a problem because then people will make their own choices on how they manage their own health problems such as, for example, their insomnia and the resulting tiredness. Are they not going to use medications that would assist with that that might have more deleterious side effects? As my colleague pointed out, that is what is being done. In fact, as a result of the actions of Rio Tinto and similar companies, we are not only the state with the highest use of methamphetamine, we are the city with the most use of methamphetamine—a totally inappropriate drug; one that causes serious harm and ought to be despised at every level. Yet we are allowing companies to take action, which results in us becoming the recipients of a methamphetamine-addicted society. It causes harm to society and physical harm to the individual. Individuals who are actively impaired are able to enter the mine site cleared of any presence of the drug.

How do I know this? I know this because, as a doctor, I listen to people who work on site. This is evidence passed on to me as a prescribing doctor, direct from the individual. More evidence can be sought. When we give cannabis to people who have, for example, insomnia or anxiety, firstly, we find that there is not only no impairment, and

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secondly, there is an enhancement of the capacity for physical and mental work. Their ability to perform is enhanced; and yet, they are described as incompetent for work. The unintended consequences we have from a company trying to follow the best advice, albeit advice that may be inappropriate or incompetent, or plainly wrong, causes physical harm in the community. Of more importance to the political side, there are financial consequences to society in loss of earnings and loss of revenue to the government and, indeed, loss of lives on site.

I have approached unions to see whether we can get a measure of action to protect workers whose health is improving, and I find that unions would like help that work; however, they are fighting against a company that has a large clout in our business here because of the funds they provide. Indeed, we look at the balance we have got here, \$6 billion, in no small amount derived from our mining communities. It would be a careless government that threatened that because of the threat of economic sanctions that may be applied by companies that want to control, albeit in a false and inappropriate manner. What we see here is the need for us as a Parliament and us as people to rise in support, not only of safety on site, but for people to be allowed to work on site when not impaired and banned when they are impaired.

There is a deeper thing here as well. I am a medical practitioner with a lot of experience. I suggest that if people doubt that, they can simply chat to me behind the chair or chat with other experienced doctors; indeed, people can speak to those who have studied the biochemistry and biology and biochemistry of cannabis and are able to give scientific answers that are represented internationally through a variety of studies. Ask us what the facts are. When our patients turn up on site, they are dealt with as if they were inappropriately treated. The qualified medical advice, the experience and the appropriate medical advice are being rejected by a company that is not medically qualified and advised by doctors who are possibly not medically competent to have an opinion about cannabis.

Thereby, we as a Parliament, if we are unable to take any action, we are basically, tacitly saying that the company has the power to declare a qualified doctor's decisions and recommendations to be inappropriate. I have yet to see a member of the board of Rio Tinto possessing anything in the way of medical qualifications. I would like to see that the quality of the doctors who give advice has been checked for their ability to hold their own in a debate with a doctor who is appropriately qualified and experienced in prescribing a healthy healing herb, which can at times cause impairment if used improperly. Used properly, under medical direction, it enhances wellness and enhances the ability to work unimpaired. A doctor's opinion is being overruled by red tape and blind adherence to HR rules created by people who do not possess the information required.

HON MATTHEW SWINBOURN (East Metropolitan — Parliamentary Secretary) [10.54 am]: I stand on behalf of the government to give the government response to Hon Sophia Moermond's motion regarding medicinal cannabis and the recent decision by Rio Tinto, as described in the motion.

The members have not provided us much context to work with. They talked about a decision made by Rio Tinto, but provided no material to Parliament regarding that particular thing. That makes it very hard for other members to make a contribution based on what is described as "the decision", and also to understand the providence of where this is coming from. They both spoke quite passionately, as they always do regarding this matter; however, what is not before the Parliament is the material that they relied on to condemn the decision of Rio Tinto.

I was a member of the Select Committee into Cannabis and Hemp, along with Hon Dr Brian Walker, and I still stand by the recommendations of the committee, particularly recommendations 9 and 10. Recommendation 9 states —

The Department of Mines, Industry Regulation and Safety review its publication 'Alcohol and Other Drugs in the Workplace Guidance Note' with a view to developing and publishing more comprehensive and contemporary guidance.

Recommendation 10 states —

The Department of Mines, Industry Regulation and Safety, and peak industry bodies develop printed and online resources for employers, aimed at:

- explaining the difference between medicinal cannabis and recreational marijuana;
- providing information about how tetrahydrocannabinol does and does not affect impairment; and
- recommending that medicinal cannabis be treated in the same manner as other potentially impairing prescription drugs.

I do not resile from the recommendations that I put my name to when that report was published. I can update the house to some degree about the work of Department of Energy, Mines, Industry Regulation and Safety in relation to the guidance note. That is a matter that DEMIRS and WorkSafe are working on. It has not yet been finalised; therefore, I cannot give an indication of when it will be published. However, the original document that was referred to was published in 2008 and addresses cannabis only as a recreational drug. I think it is acknowledged

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that that was well outdated, given that in 2016 medicinal cannabis became a lawful, prescribable medication in this jurisdiction and that people seeing their GP, or a specialist at that time, could get a prescription for a medicinal cannabis product. The report, as I said, made a recommendation to update that guidance. I confirm that DEMIRS continues to work on that. There is a train of work underway and I expect that guidance note to be published in the not-too-distant future.

Hon Dr Brian Walker made a number of assertions regarding the potential experience and expertise of the people who provided advice to Rio Tinto regarding this matter. I do not know what the member has done to ask Rio Tinto to engage with him on this issue. In my experience, its government relations branch is quite active. I remember being involved in a motion with Hon Kyle McGinn in the last Parliament about automation. We had a call for a briefing not long after that by Rio Tinto to tell us all about its automation and how good it was. If I can give members gratuitous and unsolicited advice, I would get in contact with Rio Tinto to discuss any concerns with its policies. I do not know that this is the best forum to debate those things.

It is certainly permissible to put the kind of motion the member has put up before this house; however, one of the things that happens in the course of that is that the subject of the motion, Rio Tinto, does not have a right of reply. It cannot address its own concerns. It is not my job to defend the actions of Rio Tinto in terms of this particular matter; however, I think it behoves both Hon Sophia Moermond and Hon Dr Brian Walker to reach out to Rio Tinto if they have not already done so, and raise their concerns and address the matters they have raised here directly with Rio Tinto.

Rio Tinto is a very large company. It has an important place in the economic health of the state and engages many people on its worksites, which benefits people across all our electorates. Therefore, it is an important company in that regard. Rio Tinto has a responsibility, as does every person conducting a business undertaking, which is what it is, for the work health and safety of all the people who work on and interact with its worksites. Yes, it has a responsibility to individual workers who might use medicinal cannabis products under the guidance of their doctor, but Rio Tinto needs to ensure that when those particular workers interact with its workplaces, they do so in a safe manner. The member can take issue with where Rio Tinto has drawn the line, but I would not take issue with its motives. I think Rio Tinto is trying to ensure that it meets its responsibility to have a safe workplace. As I say, with a lack of further context to understand where Rio Tinto is with all these matters, all the government can do in response to the member's motion is to make some general statements about this government's position on medicinal cannabis.

The government's position has been to support the legalisation and access to medicinal cannabis. The original decision in 2016 was made by the former government. Obviously, since that time, further decisions were made by the McGowan Labor government in support of making medicinal cannabis available to people. This government is also extremely concerned about and has made a number of legislative reforms in the work health and safety space. We are very focused on ensuring the basic tenet that every worker who goes to work should be able to come home in the same state that they left. I think that is key in this context. We want employers to take their responsibilities for work health and safety seriously. We want them to make sure that they put in place practices and policies that give effect to that. Those practices and policies should of course be fair and lawful. As I say, I am not sure whether Rio Tinto has met the benchmark the member has set for it in terms of condemning it for its actions on this issue.

We also want people to listen to medical practitioners who prescribe them a course of medication, and they should be free from unlawful discrimination in their workplace for following their doctor's advice. However, we must recognise that all medications can impact a person's capacity to perform their work safely, and if there is a circumstance in which that arises, it is incumbent upon the individual worker to raise that with their employer, discuss it with their treating doctors and ensure that the workplace that they go into is safe. Therefore, members, we cannot support the motion in the way that it is drafted. We certainly have some sympathy for elements of what the members have put forward—certainly the bit about the house reaffirming the principle that workers across Western Australia have the right to receive the very best standards of medical care, which should be guided by qualified medical professionals. I do not think anybody would take any issue with that part of the motion. But in totality, we cannot support what the members have done here. Again, I encourage the members to reach out to Rio Tinto to have a discussion; and, if they have not already done so, raise their particular concerns.

Tabling of Paper

Hon Dr BRIAN WALKER: The honourable member has reminded me of my inability to follow standing order 20(2). I had promised to table the Rio Tinto medical cannabis guidance note, and I have failed to do that. I seek leave to table that paper, albeit belatedly.

[Leave granted. See paper [3044](#).]

Debate Resumed

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HON KYLE MCGINN (Mining and Pastoral — Parliamentary Secretary) [11.03 am]: It was pretty obvious before we even got the motion yesterday what we were going to be talking about today. I have to say that I appreciate that the two members of the Legalise Cannabis WA Party have stuck very true to the name of their party and have managed to talk about cannabis in almost every single debate in this Parliament! It really got me when they tried to introduce cannabidiol into a debate on fishing, which I thought was spectacular. This is quite an interesting motion. Funnily enough, I have quite a connection to the subject from my past employment as a union official for the Maritime Union of Australia in the Pilbara.

A member interjected.

Hon KYLE MCGINN: Not usage, member.

We have come a long way. From my experience as a union official, I was commonly engaged in disciplinary meetings for breaches of drug policies, particularly in the Pilbara region. I discovered very early, and I agree with Hon Sophia Moermond on this, that a lot of people who joined the resources sector had engaged in the recreational use of cannabis, on whatever scale that was. As Hon Sophia Moermond would say, that was what they did to party or socialise or however one wants to put it. What I saw when I was representing members was a higher uptake of the use of methamphetamine after 2014, and that was because urine testing came in at all the sites across the Pilbara. Hon Sophia Moermond is very right to state that urine testing is very invasive and does not accurately reflect impairment. I would also say that the eye and hair testing is very much worse than urine testing.

At the time, we as a union, solely to protect workers, entered into negotiations for enterprise bargaining agreements that ensured employers switched to swab testing. We did that for the health and safety of the workers. It was very evident that there was a switch from cannabis use to methamphetamine. I cannot tell members how many people who I represented told me that they had had a positive urine test for methamphetamines but did not have a track record for that prior to starting their employment. As a union and as a bunch of workers negotiating an EBA, they were honest about it. That was the reason we wanted swab testing. It was not to fool the company into being able to be high at work; it was to say, “What I do in my off time is what I do in my off time, and if I am not impaired when I get to work, what is it to do with you?” We were quite successful as a union to get that testing across the majority of our sites, but I will say that they came to it kicking and screaming. One employer did not lead the chase. No employer voluntarily went ahead and did swab testing straightaway. Employers gave all the excuses under the sun, such as it is too expensive, it is inaccurate, or not even the police have accurate swab testing—that was a famous excuse—even though police were genuinely prosecuting people with their swab tests. We can expect that swab testing has a high likelihood of accuracy. It was acceptable to use to prosecute someone, but not acceptable to go to work; that does not make sense.

We were very successful in getting swab testing put into the EBA, and I definitely found across workplaces a little bit of a reduction in calls to represent people for methamphetamine use. I do not think that that rolled out across the mining industry. The mining industry traditionally, since the 1980s and 1990s, has quite a low union density. It is getting better, but without that body fighting for an enterprise agreement and getting it in the work conditions, I do not think relying on an employer to introduce a policy that softens any type of drug testing will ever come forward.

I have also taken quite an interest in, due to having to work around these types of situations quite a lot, the world standard. What is happening around the world? Unfortunately, I have been unable to find any test of impairment for cannabis that is being used on a workplace to allow somebody, with or without medical issues, to enter the workplace. Although I have condemned Rio Tinto many times in this place—unfortunately—I will not do that today because I think this applies to all employers. I do not think it is specifically Rio Tinto that is on this path of not accepting medical cannabis use.

The story in the United States is quite intriguing. It set out on a path of medical cannabis use that to start with was similar to where Australia is heading, but it was for very heavy medical conditions. Then it loosened up to allow treatment of knee pain or back pain. There were plenty of stories of people lining up to get medical cards. Then it went to recreational use, as we know, not federally, but in some states. In the United States now it is pretty common to see, smell or hear about marijuana somewhere. But the United States still does not have an impairment test on worksites. The US has huge engagement with cannabis as a whole, but its workplaces are not at a point at which they can do impairment testing either. I am very intrigued to see when the United States gets there. For example, there is what is called the sobriety test for drivers in America. I think it is similar for cannabis. When someone gets taken back to a police station, they are tested, and if the drug is in their system, it is in their system. It would be very similar to our standard of testing.

As far as the world experience outside of Rio Tinto goes, no-one has got it right. No-one has in their own processes the ability to allow for medicinal cannabis use. Some companies do allow it, but not many, and I think they do it through their own policies and procedures; they accept that a doctor has decided that medicinal cannabis will not impair the person if they stick to what they have been prescribed. The other problem is how we know whether

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a person is sticking to the dosage of the prescription. They could always store it and potentially use heavier amounts. There will always be speculation about that until we get to what an impairment test looks like. It is not as simple as a person looking left and looking right, testing reflexes et cetera.

I also acknowledge that Hon Sophia Moermond's position on fatigue and other things that can impair a person at work is great. I do not think we have that right either. When a mine worker works 12-hour shifts and travels one hour and 10 minutes each way to site, at Cape Preston for example, that is a 14-hour day consistently for two weeks. We have a major issue with fatigue management. Even worse, workers do not get paid for that travel. Not only is the 12-hour shift rule being breached, workers are not getting paid for it. That stuff does not sit right for me whatsoever.

Going down the rabbit hole of other prescribed drugs was interesting. I know people have been assigned light duties when they have been prescribed opiates, with employers saying to employees that due to their injury they are unfit for work but they can do light duties in the administration building. Employers accept employees taking the medication for that time, but once employees go back to the heavy machinery world, they no longer accept it. Other prescribed drugs have that same basis, and until the level of impairment can be pinpointed, it will be next to impossible to determine.

I appreciate the motion. I think this conversation has to be brought up. I do not think it is specific to Rio Tinto. It is a broader conversation we have to have about impairment at work as a whole, not just about cannabis. This was a really good motion for us to debate in the house today but I cannot support it.

HON TJORN SIBMA (North Metropolitan) [11.13 am]: Points are to be awarded to Hon Dr Brian Walker and Hon Sophia Moermond for their three years of absolute consistency on this topic and related matters. In a charitable sense, I provide some sympathy. It is very difficult for a minor party when there is a limited allocation of opportunities for non-government business or motions on notice to maximise the limited time available to advocate for its political cause. The debate today exemplifies the fact that it is possible to condense too much information into the limited and available time. That is absolutely not a criticism of the movers of the motion but a reflection on the capacity to provide an intelligent and considered response to a matter that has been brought to the chamber's attention. A range of issues probably merit far more extensive contributions than I will be able to provide in this abbreviated envelope of time.

It is probably orderly for me to work in reverse. The conversation has focused on the third part of the debate on cannabis today, which is the motion, not the second reading speeches for the two private members' bills. I will deal with the third aspect first. I absolutely concur with the sentiments expressed by Hon Matthew Swinbourn and Hon Kyle McGinn in that it is very difficult to have a focused and reasonable conversation about a perceived issue apparently—I do not mean that in a pejorative sense—with Rio Tinto's health and safety guidance when I have not seen evidence of the problem, nor has the quantum of workers to which this matter is problematic been explained. That is not to say that if there were only two or three people involved, it is not a problem, but it would be good to quantify the extent of the problem or perceived issue. I have absolutely no issue with the very reasonable statement that the house reaffirms the principle that workers across Western Australia have the right to receive the very best standard of medical care, which should be guided by qualified medical professions. No reasonable person in this chamber could possibly disagree with that. But I have a problem with the categorisation or demonisation of CEOs as being arbiters of evil when they are in fact responsible for the entire operation of their company. They are responsible not only to the workforce but also the shareholders, and they are obliged to make decisions in the best interests of the company, its shareholders and its employees.

Hon Kyle McGinn: What about when they don't?

Hon TJORN SIBMA: That is another issue. There is this sense that these invidious CEOs can dispense with or disregard all medical knowledge and just belligerently apply a rule that they have conjured up themselves. I do not think that that is an adequate or fair reflection of the situation. I thought the contribution by Hon Matthew Swinbourn was excellent in that it reminded the house of the good work of the Select Committee into Cannabis and Hemp, whose report was tabled in September last year, from memory, and which made a recommendation that the Department of Energy, Mines, Industry Regulation and Safety revise or reconsider these issues in an orderly way. I am reassured because I found Hon Matthew Swinbourn to be an honest member and the government is doing that. In the absence of an outcome of that work, with all fairness, I do not think we can have a reasonable and informed discussion. That is probably where I want to leave that dimension.

I do not mean to come across as unfair, but if the Legalise Cannabis WA Party had its way, it would lead to its extinguishment. The purpose of the party is to extinguish itself by the achievement of its stated objectives. Generally speaking, this is probably consistent with single issue parties. That is not a criticism, just an observation. It is a very interesting political motive to work towards one's own erosion. That is what the Legalise Cannabis WA Party would do.

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If I may say, though, that is not entirely the objective. The second part of this is interesting. I think there is a view to there being perhaps a perpetuation of the party in some other form through the call for a referendum on the issue. Forgive me for being a bit cynical, but I can only imagine that the Legalise Cannabis Party calling for a referendum on the legalisation of cannabis at the same time as the next state general election would work to the advantage of only one party in this chamber—the member’s party. I think it is novel, but I do not think it is a reasonable or supportable view. Largely speaking, I find it very difficult to justify referendums on any issue because of the expense. I think the threshold for the conduct of a referendum, particularly at a state level, has to be exceedingly high. In recent times, I think that threshold has been set far too low. This motion would lower it even further in my view.

I enjoyed the debate. I think the issues are worth discussing, but for the record, the opposition cannot find any reason to support the business brought forward by you lovely people today.

HON PETER FOSTER (Mining and Pastoral) [11.21 am]: I know there is only a short time left, but I just wanted to make some comments on the motion moved by Hon Sophia Moermond this morning. I want to make it clear that I do not join her in condemning Rio Tinto. It is a bit of a personal thing for me, because my partner has worked for Rio Tinto for 16 years up in Tom Price on the mine site. We are like many families in WA who say goodbye to their partners who go off to the mine. At the mine site, there are explosives, machinery, trains and myriad risks. Like many, I worry whether my partner will come home safely each night. As someone with a partner who works in the mining industry, I am particularly worried that colleagues around him might be using substances that affect their impairment and that they might make a decision that then affects the health and wellbeing of my partner. I will not be joining the member in condemning Rio Tinto. I want to make sure that my partner comes home safe every evening.

I take great pride in the fact that Rio Tinto is taking measures at its worksite to ensure that everybody does come home safe. It does things like “Take 5”, in which it assesses risks, and has regular state of the nation addresses, in which there is an open platform with management and workers can bring up any concerns. If the member knows of a particular worker at Rio Tinto who is enduring some difficulty at work, I encourage them to talk to management. I have certainly found Rio Tinto to be very open. I know that during his contribution, Hon Matthew Swinbourn encouraged the member to talk to Rio Tinto. I also encourage the member to talk to Rio Tinto. I know it does a lot of measures at work to keep its employees safe. I am grateful for that on a personal level, but I am also grateful that a company out there is doing what it can to keep its workers safe.

I had the privilege to attend the mining industry summit that was held here in WA last year. I think a number of members attended that summit. It was great to be in a room with all the mining companies. There were union representatives and all levels of management there to really talk about the culture at work and measures that could be taken to keep people safe at work. I know that people are having very serious conversations about keeping workers safe.

In her contribution, Hon Sophia Moermond talked about whether someone who operates high-risk machinery should be held to a higher standard than someone who perhaps works in an office. I do not know whether the member has visited a mine site, but not all mine sites have buses that take their staff to work each day. A lot of mine site employees drive themselves. If they are taking medication for a condition, they need to be careful that they are safe to even drive to work and home again. I think it is a little irrelevant whether they are in an office because they could still be driving to work and home again. Also, managers in the office make decisions that affect people’s lives. I do not think we can really say that people working on heavy machinery should be held to a higher standard than someone working in an office, because they all are ultimately responsible for themselves and others around them.

I remember an issue a number of years ago with synthetic drugs. Rio Tinto does regular drug testing, which has been discussed today, but people were ordering synthetic drugs through the post. They knew that they could not take the real thing because it would show up in a test, so they took a synthetic version to try to get around the rules. That was really worrying for me personally because people working on the mine site were taking synthetic drugs to try to get past the testing. It was quite nefarious. Thankfully, Rio Tinto adjusted its testing to be able to pick up synthetic drugs.

People were so creative. I heard stories of people purchasing urine through the post and getting it delivered to work. They would have it under their shirt and, when it was time for a drug test, they would squirt the urine into the jar. It is really disgusting, but those were the sorts of creative things that people would do to pass the drug tests. I leave my contribution there. I thank Rio Tinto for all its actions to keep workers safe, including my partner.

HON SANDRA CARR (Agricultural) [11.26 am]: I obviously rise not to support the motion, but to thank Hon Sophia Moermond for raising it and providing an opportunity for debate and discussion. I think members on both sides of the chamber have explained some of the issues and challenges regarding supporting such a motion. However, I thought it was important to make a couple of points. For one, the appreciation of the subject matter has been reflected in the calm and considered nature of the debate today. That is unusual for a Thursday, I should add!

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I recognise some of the issues and challenges the mining industry faces with the management of workers and caring for their wellbeing.

I note that when we advocate for workers to be housed in regional locations, one of the arguments that I often hear from various industry bodies, particularly mining, is that they like to have their worker housing on site to manage alcohol consumption. If workers are in the community, they visit pubs and that kind of thing. I find it an interesting and challenging conversation. It really concerns me when people are self-medicating in that way. What is the reason for doing that? What is it about fly-in fly-out work that makes this such a substantive topic and requires mining companies to adapt their behaviour? Perhaps we need to step even further back and look at the way that mining companies are providing opportunities for workers. When I was young, workers used to live up in those communities and were able to play sport and bring their families with them. Interestingly, I was listening to a post this morning that caught my attention. It said, “Do you want to live to be 100? If you want to live to 100, have a look at the people around you and your connections.” It is that human connection and social network that provides a strong indicator of longevity and wellbeing. It got me thinking about this motion today, which is why I jumped to my feet. People who do FIFO are disconnected from their communities. Perhaps we need to think about the cause of people self-medicating in those circumstances. What can we do better as a whole community to make sure that people who work in those industries are able to engage in the full spectrum of opportunities in life? How can we make sure that they are really engaged with their community and do not feel the need to self-medicate to make themselves feel better or to deal with a very challenging lifestyle? They are part of a community for a moment, or part of their family for one or two weeks, and then they go on again, living in a whole different world. When they come back home again, they cannot really deeply embed themselves and connect with all the beautiful human relationships in their homes and communities that those of us who are really, really lucky enjoy, by playing sport, sitting on boards or committees, or by engaging in the social activities that people can schedule into their weekly calendar. Perhaps we can step even further back and look at why we have this issue, particularly in the mining industry, and what it is that is pushing people to feel that they need to self-medicate in that way.

HON SOPHIA MOERMOND (South West) [11.30 am] — in reply: I would like to thank honourable members for their considered responses; I very much appreciate it. I thought it was very interesting to hear about the history of the union movement from Hon Kyle McGinn, and from Hon Sandra Carr about how the mining industry and fly-in fly-out work, in particular, affects the wellbeing of employees. I would also like to state that I have been told that a third of our tax dollars come from the mining industry. It is very hard to imagine our lives with one-third less of the infrastructure and benefits that provides us with.

Motion lapsed, pursuant to standing orders.