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Official Committee Hansard

JOINT COMMITTEE ON THE AUSTRALIAN CRIME COMMISSION

Reference: Amphetamines and other synthetic drugs

THURSDAY, 4 MAY 2006

PERTH

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JOINT STATUTORY COMMITTEE ON THE

AUSTRALIAN CRIME COMMISSION

Thursday, 4 May 2006

Members: Senator Ian Macdonald *(Chair)*, Mr Kerr *(Deputy Chair)*, Senators Ferris, Ludwig and Polley and Mrs Gash, Mr Hayes, Mr Richardson and Mr Wood

Members in attendance: Senators Ian Macdonald and Polley and Mr Richardson

Terms of reference for the inquiry:

To inquire into and report on:

The manufacture, importation and use of Amphetamines and Other Synthetic Drugs (AOSD) in Australia.

In particular:

a. Trends in the production and consumption of AOSD in Australia and overseas.

b. Strategies to reduce the AOSD market in Australia.

c. The extent and nature of organised crime involvement.

d. The nature of Australian law enforcement response.

e. The adequacy of existing legislation and administrative arrangements between Commonwealth and State agencies in addressing the importation, manufacture, and distribution of AOSDs, precursor chemicals and equipment used in their manufacture.

f. An assessment of the adequacy of the response by Australian law enforcement agencies, including the ACC.

WITNESSES

CARRUTHERS, Dr Susan, Research Fellow, National Drug Research Institute, Curtin University 19

COSTELLO, Miss Eleanor Jane, Manager, Drug Programs Branch, Prevention and Practice Development Directorate, Drug and Alcohol Office, Government of Western Australia 30

McMURTRIE, Detective Senior Sergeant Paul James, Officer in Charge, Organised Crime Squad, Western Australia Police 2

MURPHY, Mr Terry, Acting Executive Director, Drug and Alcohol Office, Government of Western Australia 30

PORTER, Detective Superintendent Kim Douglas, Divisional Superintendent, Organised Crime Division, Western Australia Police 2

SCUPHAM, Detective Inspector Frederick Miles, Assistant Divisional Officer, Organised Crime Division, Western Australia Police 2

WILSON, Sergeant Gill, Drug Education Officer, Alcohol and Drug Coordination Section, Western Australia Police 2

Committee met at 10.37 am

CHAIR (Senator Ian Macdonald)—I declare open this public meeting of the parliamentary Joint Committee on the Australian Crime Commission. Our committee is inquiring into amphetamines and other synthetic drugs. This is the second hearing; we started yesterday in Perth. The review is being conducted under section 55(1)(d) of the Australian Crime Commission Act 2002, which requires the committee:

> ... to examine trends and changes in criminal activities, practices and methods and report to both Houses of the Parliament any change which the Committee thinks desirable to the functions, structure, powers and procedures of the ACC.

The terms of reference require the committee to examine the manufacture, importation and use of amphetamines and other synthetic drugs—AOSD—in Australia and, in particular: trends in the production and consumption of AOSD in Australia and overseas; strategies to reduce the AOSD market in Australia; the extent and nature of organised crime involvement; the nature of Australian law enforcement response; and the adequacy of existing legislation and administrative arrangements between Commonwealth and state agencies in addressing the importation, manufacture, and distribution of AOSD, precursor chemicals and equipment used in their manufacture.

The committee will make an assessment of the adequacy of the response by Australian law enforcement agencies, including the Australian Crime Commission. In recent times the effect of amphetamines and their derivatives has been the subject of intense publicity. Through its inquiry the committee hopes to shed some light on how this expanding issue might be dealt with effectively. The national parliament and the government are obviously concerned about amphetamines and other synthetic drugs, and in doing that I think we mirror the concern of the wider thinking community. There has been a noticeable increase in the use of amphetamines and other synthetic drugs in recent times, and how to deal with that is complex and requires a lot of careful consideration. We hope that our committee, drawing on the evidence that people like you give, may be able to make some helpful suggestions to both the Australian government and the state and the territory governments that may help in the fight against these drugs.

[10.41 am]

McMURTRIE, Detective Senior Sergeant Paul James, Officer in Charge, Organised Crime Squad, Western Australia Police

PORTER, Detective Superintendent Kim Douglas, Divisional Superintendent, Organised Crime Division, Western Australia Police

SCUPHAM, Detective Inspector Frederick Miles, Assistant Divisional Officer, Organised Crime Division, Western Australia Police

WILSON, Sergeant Gill, Drug Education Officer, Alcohol and Drug Coordination Section, Western Australia Police

CHAIR—I welcome Superintendent Porter and his team for coming along. We appreciate that you are all very busy people and to put together a submission and to come along and give evidence does impose upon your time and resources, so we are particularly mindful of that and grateful for it. Our committee comprises several members and senators, some of whom have other commitments. With us today are Senator Polley, who is a Tasmanian, and Mr Kym Richardson, who is an MP from South Australia and a former distinguished policeman, so he more than most will understand what you are talking about. I am from North Queensland, as opposed to Queensland, and many years ago was a small-town country solicitor.

You are reminded that you are not required to answer questions relating to policy matters, and will be given the opportunity to refer such questions to either your minister or superior officers. Information on parliamentary privilege and the protection of witnesses and evidence has already been provided to you, and I am sure you are aware of those. These proceedings are public hearings so anything you say will become public property, unless there is something you particularly want us to go in camera for. Superintendent Porter, would you like to make an opening statement, after which we will move into general discussions.

Det. Supt Porter—Thank you. We intend to rely on our written submission made in January rather than make any formal presentation here today. We have taken the liberty of bringing along three layers of management from the organised crime division: me; the assistant divisional officer who has under his control the organised crime squad, the gang crime squad and the proceeds of crime squad; and Paul McMurtrie, who is running the organised crime squad itself. Gill has come along because he has a wealth of knowledge about the proactive side of things. We are very much involved in the reactive and the investigative side; Gill has a lot of knowledge about the harms caused by drugs, and statistics in relation to the use of drugs. That is something we do not have an expertise in. Our plan was to allow you to direct questions to any of us and to try to satisfy any of the inquiries you might have.

CHAIR—Gill, what is your official designation?

Sgt Wilson—I am the drug education officer with the alcohol and drug coordination section. This is a section within the WA Police set up to coordinate any strategies and/or policies that are

brought in dealing with either alcohol or drug issues in the state. As you would probably be aware, there is a unit or a section like this in each state and territory in Australia, and we speak to one another on a very regular basis so that we are able to keep up with the current trends and issues.

CHAIR—We have had the opportunity of a private discussion with the superintendent and the acting commissioner earlier, which we will try not to repeat, though some of it of course we will repeat. Superintendent, in your submission you mention that amphetamines continue to be the dominant choice of illicit drug users in Western Australia and you indicate that that is demonstrated by both seizure statistics and the increasing incidence of clandestine laboratories. Do you have a feel for how amphetamines and other synthetic drugs compare with other drug usage in Western Australia—say, with marijuana and heroin?

Det. Supt Porter—Bear in mind that the information comes from our operational environment, Gill would be the man who would have a little more information from the wider surveys that are done throughout the community and from the health department et cetera. The information that we are getting back is that amphetamines are becoming the drug of choice, I suppose you could say, in the community. If you go back 10 or 15 years or perhaps a little bit longer, heroin was a major problem. Heroin seems to be declining to some extent or at least remaining static at a fairly low level and amphet seems to be much more popular. The reasons for that I think are probably availability, the ease of manufacture and also the fact that rather than being a depressant amphetamines hype people up and can be used to get a high and to extend their social activities. It seems to be very much used by people to extend their social activities over the weekend to keep them going 24 hours a day when partying. It is now appealing to a much wider group of people than it was 10 or 15 years ago. I would suggest that the people who are using drugs, particularly amphet, are now people in the middle-income area—professional people.

CHAIR—So perhaps it is an older age group than you have experienced in the past?

Det. Supt Porter—As the population is getting older drug users are getting older as well. But I think that you have a widening of the spectrum of users. Traditionally, drugs were thought to be used by people who were criminals or in a lower socioeconomic area, for whatever reason, but I do not think that that is the case now. I think that drugs are unfortunately becoming more acceptable amongst members of the public. Indeed, there is a term 'recreational use', which I do not like and which we fight against because it tends to legitimise or at least minimise the harm and unlawfulness of this use of drugs. But there is a group of people out there who use drugs purely as a social extension of themselves to extend the amount of time that they can stay awake on the weekends and to reduce their inhibitions et cetera. So there is a whole range of people now using drugs who probably were not 10 or 15 years ago.

CHAIR—That has obviously required a whole new approach by the law enforcement agencies to try to combat this. Have you any particular initiatives or strategies for dealing with AOSDs as opposed to other drugs? Have you found anything that is particularly useful in the Western Australian context?

Det. Supt Porter—I think it is an educational process generally across-the-board, which Gill has a greater knowledge of.

Sgt Wilson—From a statewide perspective, I think that we have to look broadly across the whole range of drugs. Although policing has a pivotal role under the banner of supply reduction, and that is important, I think that police have to be aware that we have to move into the other areas, as outlined in the National Drug Strategy. They are, of course, demand reduction, and harm reduction itself. We have to get much more involved. WAPOL in recent times has become very much involved in harm reduction strategies, such as drug diversion. All drug diversion has been in place since 1 January 2004. This allows us to deal with the small-time user in a different way. Rather than putting them before the judiciary we have the opportunity now of putting them into counselling. At the end of the day it may even go as far as putting them into treatment. In the case of these particular drugs that we are talking about this morning we have to realise that there are some very serious issues in dealing with these people. I will go into that perhaps a little bit later when we start talking about statistics.

Senator POLLEY—I would like to continue along that line. How does your drug unit actually measure its success?

Sgt Wilson—We have been a little criticised in respect to how we measure our success. From a policing perspective you have to understand that we are somewhat limited. If we are looking at KPIs and we are looking at identifying issues that we can actually report on with some degree of accuracy, we rely heavily on the number of seizures that we have on a quarterly basis. We also look at some of the other research that is running alongside of that—statistics such as the DUMA project, which we rely heavily on to give us an understanding or a quick picture of where we are at in any given three-month period.

We are somewhat restricted in respect to what issues we can report on with some degree of accuracy. We can only rely on what we do as police officers and our core business. Our core business is obviously supply reduction. Although we can say, 'Yes, we have had so many people involved in our diversion strategies,' it relates back to policing; it does not relate to what successes there may be in other areas, such as health and education.

Senator POLLEY—We had evidence given to us yesterday in South Australia that there is some concern that there is not uniformity with legislation dealing with drugs across the country. Is that the experience of the WA Police?

Det. Insp. Scupham—It certainly is. One of the biggest issues that we have found operationally is that the state police forces are constrained by borders, but the criminals are not these days—they are working on a national basis. A recent operation between the WA Police, the Australian Crime Commission and New South Wales Police was Operation Schumacher. Without going into a lot of the operational side of things, it was very evident that the criminal element were in fact working on a national basis. In that particular operation we were able to police them nationally. It was really only because of the facility under the ACC Act that enabled us to do that without having restrictions or borders. It does not matter how closely you work with another state agency, there are still restrictions in law once you cross the border in relation to special projects and the like. And of course the legislation in each state is different—the weight presumption is different. For instance, the assets seizure legislation in Western Australia is a big advantage to us. That legislation allows us to charge people as though the offence was committed in this state, even though part of it was committed in another state. Some other states

do not have that legislation. So there is a bit of disjointedness throughout working with state legislation.

Senator POLLEY—Your submission identifies the fact that amphetamines are increasing in WA. Is that because the of rate of manufacturing in this state or is it because it is easy place to get things internationally as well as across state borders?

Det. Insp. Scupham—It may be a little bit of both. Clandestine laboratories in this state have increased up by around 30-odd per cent—certainly 25 per cent—on an annual basis. Some of this can be attributed to some operations by law enforcement agencies stopping importations. Therefore it makes the commodity worth making in an alternate way by the extraction of pseudoephedrine and then going through the process. It becomes a matter of risk against gain. If the payment at the end of the day is worth the risk then obviously there is more likelihood that the criminal element will try that. Having said that, the established criminal networks do not get hands-on; they get the 'bunnies', if you like, to do all these cooks for them and then reap the benefits. They manipulate that scene.

CHAIR—You do not give anything away on an operation in a public hearing, of course, but how do you find these illicit manufacturing places? A lot of them are backyard kitchen operations, aren't they?

Sgt Wilson—Yes, they are.

CHAIR—What techniques do you use?

Det. Insp. Scupham—There are a variety of techniques. Crime Stoppers is one thing. Just the other night police were on patrol and saw a car parked in a suspicious location. A couple of blokes were asleep in the car, but in the boot there was a little lab cooking away nicely.

CHAIR—In the boot?

Det. Insp. Scupham—In the boot, yes. They were asleep in the car. It was just so dangerous. It is a variety of ways.

CHAIR—So you can do this in a very confined space?

Det. Insp. Scupham—Yes. People can walk into a motel room with a briefcase.

Sgt Wilson—It is very important also to realise and to get a handle on the fact that police have been very proactive in forming some very worthwhile partnerships. This is not unique to Western Australia. Just recently we have introduced a strategy whereby we have brought the situation to the attention of REIWA—the real estate industry organisation here. This strategy is very worthwhile, if you think about what Inspector Scupham has just said and identified, you can understand that real estate agencies through their property management teams can become realistically the third policeman. They have the opportunity of inspecting premises and may come across situations that they can report through Crime Stoppers—in this state, anyway. This is a brochure outlining that particular strategy which we have implemented.

CHAIR—Do you need electricity or a pressure cooker or water?

Det. Insp. Scupham—It depends on the method you are using. For the ones that need a heat source you can use gas. So you can do it very remotely and with pretty much a basic amount of glassware. You usually need water, because there needs to be a cooling process, but it can be done by convection. A basic laboratory can be taken out into the middle of the bush and set up to produce.

CHAIR—Is there any piece of equipment that is standard and unusual that you would need?

Det. Insp. Scupham—The glassware is the sort of glassware you would find in the laboratory. So in that sense, yes, it is specialised equipment, because it is not something you would probably have in your home. That is probably the biggest tell-tale sign. We do have a code of conduct in this state where there is reporting for end-line users in relation to glassware and chemicals. That also assists in pointing us in the right direction.

Senator POLLEY—Is that uniform across the country?

Det. Insp. Scupham—No.

Senator POLLEY—So, once again, somebody could go to South Australia or the Northern Territory, buy the equipment they need and come back into WA?

Det. Insp. Scupham—Yes.

CHAIR—They were telling us in South Australia yesterday that they used to have a voluntary code that has now become a mandatory legislative requirement.

Det. Insp. Scupham—That is actually growing around Australia and will become Australia wide ultimately.

CHAIR—What is happening in WA?

Det. Insp. Scupham—We have got it. It is legislated that they do actually identify end users.

CHAIR—So it is not just a voluntary code of conduct?

Det. Insp. Scupham—No. It was here and it was fairly successful—probably 94 per cent or 96 per cent successful—but you will always get the one or two that do not comply. They are easier to target, but now it is actually legislated. We went from a voluntary to a legislative requirement.

Det. Supt Porter—We actually pioneered it in this state. Other states are taking it up. South Australia and Queensland are looking at it. There is a plan through the precursor working group nationally to get similar codes or legislation throughout Australia.

Mr RICHARDSON—Yesterday a senior police official said that we were struggling to keep up with the fight against a AOSD as a result of a number of things. One was legislation

frustration, and I would invite you to comment in relation to that arena, another was pseudoephedrine transporting and the regulations in relation to that, but it was more so in relation to resources. We touched on that earlier, Superintendent, where there is a joint task force sometimes, such as with the ACC, and resources are taken away to do a major task and it therefore restricts the numbers you are left with within state policing. Yes, that is budget oriented. The proactive measures that are being done are fantastic. What is your comment on whether you are keeping up with the fight? Are there frustrations there? Can you share with us your thoughts on all those issues I just mentioned?

Det. Supt Porter—All the issues you just mentioned are quite relevant. There is absolutely no doubt we would like more resources, but it is like the home budget—there is only a certain amount of money to go around and we do the best with what we have. I think we are reasonably well resourced. We can always do a lot more. But anywhere in policing, whether it be drugs or anywhere else, you could pour buckets of money into it—you could do the same with health—and there would always be something else that requires attention. Governments probably sit down and work out the portion of the pie they can allocate to the area and we do the best we can with that.

Mr RICHARDSON—Is it the money or the personnel that there is a lack of?

Det. Supt Porter—In our area at the moment it is certainly the personnel. As we discussed previously informally, the accountability factor that is being foisted upon not only the police but the court system requires much greater effort to do the same job we did 10 years ago. Consequently, that takes up a lot more resources, whether they be human resources or dollars or vehicles or any other form of resource that we are allocated with. It takes a lot more resources to do the same job we were doing 10 years ago, because it is now required to a much higher standard. Whilst there is nothing wrong with that, the issue is that, if you are going to have a much higher standard required, you have to fund to that level and provide the resources to do that on an ongoing basis.

Det. Insp. Scupham—The equipment becomes a different issue because of occ health issues. Our detectives are walking around now in fully encapsulated suits because of the danger of what is being omitted.

Mr RICHARDSON—Every time you go into a clandestine lab?

Det. Insp. Scupham—Exactly. We have actually had the occasion where officers unknowingly or unwittingly have gone into an area which is contaminated with ammonias and all that sort of stuff and end up with lung problems. So occ health has become a big issue and that requires specialised equipment. Because we are getting more laboratories we need more people who are trained and equipped. We also have the geographical nature of Western Australia—it being so big. We could fly 3,000 kilometres to Kununurra to do the same things as a two-hour drive to Bunbury. So at times we become quite thin on the ground, because we have to take chemists from our chemistry laboratory at the same time and we have the fire brigade and ambulance attend in case there is an explosion, because they are very volatile. Another concern about being able to walk into a hotel room with a briefcase and start a cook is if there is explosion in a highly populated area. Of course there is the remediation of that room, because

there is contamination once it has been there. The issue of a cook having happened in a particular place, whether it is in a house or a motel room, is going to grow and grow.

Mr RICHARDSON—What are the legislative changes you would like to see?

Det. Supt Porter—We are working on some at the moment on remediation and safety for the community. That is a major issue and that is being looked at by the national precursor working group. They have a subcommittee looking at how we deal with issues after you have found the lab, after you have dismantled it and after you have charged the offenders or conducted your inquiry—what happens to the scene? We need some legislation in relation to that and we are working on that.

In terms of the investigative the process, I think we have some very good legislation. It is probably more about the issue you talked about in resourcing. Perhaps legislation is required to allow the exchange of information between government departments and police jurisdictions across Australia generally. That is another issue. Information is very important in an intelligence lead function, which we are involved in in policing.

Mr RICHARDSON—Would you like to elaborate on the sharing of information and state to state intel branch liaison?

Det. Supt Porter—We do share information, but very often when individual police organisations are looking for information from other government departments to assist them to locate or track people, the other government departments are precluded by legislation from providing information, whether it be for privacy reasons or legislation specific to their particular government department.

Mr RICHARDSON—You would like to see that opened up?

Det. Supt Porter—Yes, opened up so we have an ability to tap into a lot more information about people generally, because tracking these people is about getting information on their last point of contact with a government department or a service or whatever. Because people are paranoid about civil liberties and privacy, those things are not open to the police. It makes it much harder to locate the people you want. In the longer run the community could be satisfied that that information would be in safe hands, provided we put in the checks and balances that are required. At the moment the paranoia about privacy and civil liberties forces governments not to release that information. We need a balance.

Mr RICHARDSON—For sure. Before we get into the actual prime movers and shakers—probably Paul's area is the major catchment area for this—I am very keen to hear whether you have rave parties similar to those in South Australia, where pill testing has become an issue that a certain doctor would like to proceed with? What is the Western Australian stance on that, has it been happening here and have you being asked to consider an application for pill testing?

Det. Insp. Scupham—Gill can comment on the rave parties. On pill testing, we have not had any direct approach operationally for that sort of thing. We see a few problems with that aspect of it, because there is inconsistency and there is a lack of continuity if there is illicit substances

found. At the end the day, if there is a mistake made in the pill testing and it is returned to the person, the ramifications could be quite horrific.

Mr RICHARDSON—At the end of the day it is illegal to be in possession of amphetamines.

Det. Insp. Scupham—Of a drug, yes.

Sgt Wilson—There are a couple of issues here. I know where the good doctor is coming from. He is coming purely from a harm reduction perspective. The ideal behind that train of thought, of course, is that if young people know what they are taking then it is going to reduce the possible harms associated with the use of that particular tablet or drug. In saying this, you have to understand that the WA Police have been for many years now very heavily involved in harm reduction strategies and in principle agree with the terminology and the principles of harm reduction. However, a very important part of this, of course, is that the person presenting the pill is in possession of an illegal drug. So there is an issue there.

Secondly, and I think far more importantly, even though we have technology racing ahead at unbelievable speed, the testing kits available presently do not go in any way near far enough for me to be satisfied that they could be recognised as a true harm reduction strategy in this area. Yes, the testing kits that are available today will tell you that the pill in question may have a substantial amount of MDMA in it or whatever, but it does not tell you about any of the other substances that may be also involved. So there are real health concerns there from my perspective. At the end of the day, if these testing kits were any good, we would have them. That is something we must keep in perspective. It is okay for the good doctor to say this from a harm reduction perspective, and I understand where he is coming from, but I do not think that at this point in time these testing kits go anywhere near far enough.

CHAIR—But he was suggesting that for $50,000 you could buy a super-duper model.

Senator POLLEY—The Europeans are already using them.

CHAIR—So he said.

Sgt Wilson—Once again, I have issues with that particular machine.

CHAIR—He also indicated to us that very often it is an educative process too. He gave the example that people who spend a lot of money buying these drugs get very annoyed if they find that they do not have what they thought they were buying. He used a figure of 17 per cent. He said that, of the pills they tested and found something wrong with, in only 17 per cent of cases did the owners then consume the pills. The other 83 per cent obviously threw them away.

Sgt Wilson—It is an interesting statistic. You do not have to look any further than the internet to get some very good statistics on pill testings. Europol and Interpol release a report biannually that I get, and the latest one that I have indicates that there are over 1,190 ecstasy tablets on the worldwide market. In saying that, that does not allow for the copies. Within four to six months of a quality tablet arriving on the streets of LA, Sydney, Perth or wherever, you can just about guarantee that there will be as many as three or four copies of that original tablet. They may be completely different to the original tablet in their make-up.

CHAIR—Are they copies in appearance?

Sgt Wilson—They may look identical in colour and size. They may have the same motto on the tablet but the ingredients may be completely different.

Det. Insp. Scupham—The other ramification of this, certainly with the legislation in this state, is that if I was to go into a nightclub and approach someone with the intention of purchasing an ecstasy tablet and that person sold me a Codral tablet which they said was an ecstasy tablet, I could still be charged with attempting to purchase an illicit drug and that person could be charged with fraud by selling it to me. So there are other legal ramifications right across the board.

Senator POLLEY—Is there much usage difference between urban and regional WA and between male and females?

Sgt Wilson—That is a very good question. In recent times we have seen an increase in regional areas, certainly as far as amphetamines are concerned. We have known from a policing perspective that anywhere there is a fishing industry, such as crayfishing or prawning—and I am not picking on the fishing industry for one moment—it is pretty certain that there are going to be amphetamines around the place. In recent times in Western Australia we have seen an amphetamine increase in Kalgoorlie—the goldfields—and anywhere where there is money. I think the superintendent clarified that a bit better than I did earlier when he said that there is a difference between the people using this particular drug and those years ago who were just using, for example, heroin.

Senator POLLEY—You obviously do alcohol road tests on drivers. Do you test them for drugs? In Tasmania at the moment they are trialling it, and fortunately it is catching people who have illegal drugs in their system.

Sgt Wilson—That is a very good question. It is coming in Western Australia. In the fourth quarter of 2005, the DUMA research that we are conducting at the East Perth watch-house showed that 42 per cent of the people brought into the East Perth lockup on various charges—just picked at random—tested positive to amphetamines. We saw a slight decline in that in the first quarter of 2006, where it was at 30 per cent. So 30 per cent of the people brought in to the East Perth lockup are testing positive through urine analysis to amphetamines. That is just amphetamines. If we are talking about methamphetamines, it was 40 per cent in 2005 and is currently 27 per cent in 2006. If you add to that MDMA or ecstasy then it is slightly higher. These figures have been high like this basically since way back in 2000. When we identified the decline in heroin we saw the massive increase in amphetamines.

CHAIR—Is urine testing simple and accurate?

Sgt Wilson—Urine analysis is a very quick and simple process. The DUMA project asks a series of questions and, at the end of the questionnaire, people are asked to supply a sample of urine to back up what they have just told the researchers. Surprisingly we are having a very good result in that respect, in that a number of people are saying, ‘Sure; if you want me to back it up with a urine test, that’s fine.’

Senator POLLEY—We touched earlier on the fact that the rate of heroin use is declining, generally speaking. But there is also an increase in aggressive behaviour from the use of amphetamines and other drugs. That causes concern for the community, not only in terms of resources for policing but also in terms of the health and safety of people working in the emergency departments of hospitals.

Sgt Wilson—Absolutely.

Senator POLLEY—Have you got any comments about the increase in violence or the nature of mental illness?

Sgt Wilson—As part of the role that I play, I do a lot of training for different organisations, including the two psych teams that we have here in WA. I spoke to them this morning about this issue and they said that up to 70 per cent of all their call-outs at the moment are amphetamine related. If you think about that for a moment and then think about the pressures and dangers involved for our emergency services right across the board—police and ambulance officers, FESA people, the emergency departments at our public hospitals and our mental health institutions and so forth—there is a huge problem at the moment. It is so much of a problem for police that we have adopted here the national guidelines that were released through the National Drug Strategy. I have just developed a training program for our own people here that is designed to minimise the problems associated with dealing with people affected by psychostimulants. This is before the commissioner at the moment and hopefully that will be signed off on within the next week so we can get that training out to our own people. This has been made available to not just police throughout the country but also ambulance officers and other emergency personnel.

Senator POLLEY—Can we get a copy of the document *Psychostimulants: management of acute behavioural disturbances*?

Sgt Wilson—You can have that one.

Senator POLLEY—Thank you. I will table that.

CHAIR—Is that available around Australia?

Sgt Wilson—Tasmania have taken it on board or are about to take it on board. Queensland have taken it on board, because they were very instrumental in the development of the guidelines, generally speaking.

CHAIR—I am talking about this document, *Keeping illegal drugs out of rental properties*.

Sgt Wilson—That one? Certainly in Victoria and Western Australia it is. I do not know about the other states at the present time.

CHAIR—It is very good. We should make sure others know about it.

Mr RICHARDSON—I want to bring you back to the policing methodology with respect to rave parties, or Enchanted parties. If you have information that there is going to be one, will you do any policing at it? Also, on Dr Caldicott's comments in relation to education and harm

minimisation, I should say that, although his intentions significantly are honourable, for me there is still a message that is possibly being provided to young people in the community. I am interested in your comments on that. I support that by saying that not every young person's biochemistry is the same. The pill testing may be provided back to a young person and your son or daughter or my son or daughter could have a schizophrenia attack or OD from just that one tablet. That is quite possible. Is there a duty of care there as well?

Det. Supt Porter—I think we have seen a decline in the number of rave parties—

Det. Insp. Scupham—We have, yes.

Det. Supt Porter—that have been going on here, in terms of actual rave parties designated as that.

Mr RICHARDSON—Do you attend them with a police contingent?

Det. Insp. Scupham—The biggest problem is the secrecy around them, because they do it at the last minute with SMS phone calls and usually by the time we find out about that and rally the troops it is a done event or they have moved or something else. If we know it is happening and we can program it, we will, but of late there has not been a lot of information that they have even occurred. They do not seem to be a popular event here.

Sgt Wilson—We are also very lucky in this state, though, in that we have some very good regulatory legislation in respect of public buildings and so forth, as other states would have too. We have a very powerful piece of legislation in our Liquor Licensing Act over here as well. This goes a long way towards explaining why we have seen a decline in the number of rave parties here as opposed to other states. The legislation that we have here is very powerful and the fines are very substantial. I know this from personal experience—because of the charges that I have led and so on. Of course our local governments here are brought into the equation through the environmental health officers. Any fines that are brought about through the public building regulations go to the local government, so they are very proactive in working with police to prevent the types of raves that you are talking about.

CHAIR—We are running out of time. Can we briefly get onto who you see as the groups in Western Australia that are most heavily involved in the drug trade, particularly the amphetamine trade.

Det. Snr Sgt McMurtrie—Without doubt, the outlaw motorcycle gangs are the predominant organisations involved in the distribution of methamphetamine. Probably at a slightly lower level are the street gangs, like the Scorpion Boys, the Sword Boys and such.

We talked about figures before. We are an agency that is very much driven by results—seizures and arrests. But it is interesting to note that, in tackling organised crime, we may target a network for a week, six months, two years. We may not get many arrests but we certainly dismantle and disrupt that network's ability to supply methamphetamine and other drugs. So sometimes the statistics do not paint the true story of how effective we really are being behind the scenes.

Mr RICHARDSON—As a deterrent, for sure.

Senator POLLEY—Are there also concerns about the infiltration of the transport industry and the security industry in Western Australia—as there is in other states—by organised gangs and other groups to facilitate their trade?

Det. Insp. Scupham—It is a well-known fact that, even now, motorcycle gangs in just about every state are tied up somewhere in the transport industry—certainly in South Australia with the Finks, and in Queensland, and we have them here. So they are already in it, they are in it for a reason and there is no doubt that they use the industry as a method of transport for illicit drugs.

CHAIR—Is there evidence that they are users as well as transporters?

Det. Insp. Scupham—Users as in using the—

CHAIR—Amphetamines.

Det. Insp. Scupham—They are more into cocaine than amphetamines for their own use, in the main. But they certainly do use illicit drugs.

CHAIR—You are talking about bikies?

Det. Insp. Scupham—Yes.

CHAIR—I was more or less talking about the transport industry.

Det. Insp. Scupham—Oh. In general terms?

CHAIR—Yes.

Det. Insp. Scupham—I do not know. Apart from truck drivers using substances to keep awake and all that sort of stuff, I am not sure that we—

CHAIR—It is not on your radar.

Det. Insp. Scupham—Not really; we are targeting the upper-echelon drug distributor rather than that type of thing. That is probably more of a local policing issue and part of traffic control measures.

CHAIR—Your submission referred to motorcycle gangs and ethnic street gangs.

Det. Insp. Scupham—Yes.

CHAIR—We had a bit of a chat about this privately, but perhaps for the record you could talk more about the ethnic street gangs: what are they about, who are they, how recent are they, what is their part in the process? That is recognising, as we do with all of these things, that of course

these criminals are a very small part of the community and we do not lump everyone under broad descriptions. I know that is how you treat it, and we accept that.

Det. Insp. Scupham—Certain groups will form a gang—whether it is a Vietnamese gang or a Romanian gang or a South African game, and it is usually by ethnic background—and by their mere nature they tend to deal in either stolen property for illicit drugs.

CHAIR—In the distribution, or are they into the manufacture of drugs?

Det. Insp. Scupham—More in the distribution than the manufacture. Although we have established that sometimes in these ethnic groups they will produce a cook that is utilised by the OMCGs to do the actual cook and then they use the gangs as a distribution point at a lower level for the commodity. There is an inextricable link between certain street gangs and some of the outlawed motor cycle gangs.

Det. Supt Porter—To elaborate on that in line with our discussion earlier: we see motor cycle gangs as being major players in the distribution of amphet and probably other drugs and they are usually involved in the manufacture if they cannot import it. They then use other street gangs to sell it. We have major groups such as Asian street gangs and Middle Eastern gangs and we have got other gangs who are loosely formed who do not have any particular ethnic background associated with the group. So there are also street gangs in general. Because of our size in Western Australia—particularly the size of Perth—a lot of these people are related or known to each other and are intimately involved in their illicit business activities. That is how they come to do business. Whereas, if you go to larger cities—and we talked before the fact that I have been to America and noticed that in LA and places like that there are some differences—they have territory fights, gangs brawling over the territory to do their illicit business. We do not have a big problem here in the state in relation to that. Because we are so small these people know each other and they work together to evade us and to ply their trade.

Getting back to an issue that Senator Polley raised earlier, I think that you were looking for the reasons for the increase in the use of amphetamines. It is actually marketed by these people. They are like any other retailer: they are out there pushing the product. And they do push the product; they actually encourage people into it. I know for a fact that they do because I have had some personal involvement with a friend who has come to me and said, 'I have a daughter who is a model and she is being sought by a number of well-known people around town. They have taken her to parties and have encouraged her to get into the drug scene. What do I do?' We have tried to give them some help. That is a very common theme when you talk to parents. Their children have been brought into this by other people and many of the people who bring them into it are the suppliers, who are non-users themselves.

Senator POLLEY—It is not perceived as something that is down at the lower end of society anymore. It is trendy. It is peer pressure. They say that you must be a part of it; it is not harmful; you are not injecting; most people just pop a pill; it is not that bad for you. So we have to re-educate people.

Det. Insp. Scupham—With respect to ice, they actually smoke it and that is very well accepted.

Sgt Wilson—There is no stigma attached to it as there was with heroin. This is seen as very much an extension of the social scene, as has been mentioned before.

Senator POLLEY—But still the social and health problems are just the same. As you said before, these drugs do change how people behave and therefore there are other complications with health issues such as STDs. There is also rape and abuse—it is endless. Is there anything else that you want to get on the record? This is your opportunity to send a message back to the Commonwealth government about things that need to happen.

Sgt Wilson—I think that the proposed national action plan on amphetamines and other synthetic drugs is a very positive attitude taken by the government. Just looking at the first or second draft, I think that it is a move in the right direction. It gives us some very good direction as to what is, hopefully, going to be achieved and by working together and continuing to strengthen those working relationships—not just for police services throughout the country but also with other agencies such as health and education—it may not happen overnight but it will happen if we just remain focused on it.

CHAIR—One of the things we have picked up in this hearing that could be addressed is better availability of information between agencies. Apart from more money and better budgets is there any other thing that, if money and legislative change were not a constraint, you would really like to see happen in the fight against illegal drugs? Perhaps these questions are a bit unfair to ask you in a public hearing but, if you were running the government what would you do that would make the law enforcement agencies' jobs easier in discovering and addressing serious crime concerning amphetamines and other synthetic drugs?

Det. Supt Porter—You should have asked me this question at the beginning—

Det. Snr Sgt McMurtrie—I think the challenge for the government is to change the perception of drug use among children and the wider community. It is like smoking: kids do not go there because it is not cool. So that is the challenge.

CHAIR—Do you think that the parents of young people on drugs are aware that they are on drugs?

Det. Snr Sgt McMurtrie—No, definitely not.

Det. Insp. Scupham—Ultimately they do, but what do they do about it? It is a no-win situation. I think that we seen a decline in discipline and toeing the line over the last few years among the younger group with parents, police officers and schoolteachers generally. I think that parental control of younger kids is not as it was.

Senator POLLEY—Are amphetamines going into the Aboriginal rural communities?

Sgt Wilson—That is a very good question. There is some—just some—indication that it is coming especially in our Kimberley region, but at the moment it is not seen as being a massive problem.

Det. Insp. Scupham—The more remote communities are still into solvent abuse—

Senator POLLEY—There was the inquiry into petrol and I know that alcohol and cannabis are there, and other drugs—

Det. Insp. Scupham—Cannabis is very big but I do not think that synthetic drugs are right up there at this stage.

Det. Snr Sgt McMurtrie—Certainly not in Aboriginal communities but it is different in some other towns. I have just spent three years in Geraldton where amphetamines are a big problem in the Aboriginal community. It is the second drug of choice after cannabis and that feeds the volume of crimes in that community.

CHAIR—Just on that, is there any appreciable difference that you are aware of between drug manufacture, distribution and use in Perth as opposed to the rest of WA?

Det. Snr Sgt McMurtrie—I guess it gets back to what we were talking about with the outlaw motor cycle gangs. If you look at the Coffin Cheaters in this state they have got outposts in just about every major community in this state—Broome, Karratha, Bunbury, Geraldton, and Albany with their association with the Gods Garbage group. They are pretty much everywhere and the only reason they are there is to distribute drugs.

Det. Insp. Scupham—There probably needs to be some consistency in laws across the states, if that is possible. I know that it is difficult for federal bodies to control a state body but if the state bodies could get more consistency it would be helpful. The other thing that I would like to see considered is that anyone involved in the manufacture of amphetamines or synthetic drugs be declared a drug trafficker.

CHAIR—With what result?

Det. Insp. Scupham—In our legislation a drug trafficker loses assets. Once a court declares them a drug trafficker then all their assets are seized and forfeited to the Crown. It is a fairly big penalty. It is taking the profit out of crime—

CHAIR—But that does not apply to amphetamines manufacture, you are saying?

Det. Insp. Scupham—No, not unless the end product is specifically over a commercial weight. It is controlled by weight: it has to be over 28 grams before someone is declared a drug trafficker. If it were across-the-board that anybody manufacturing even 10 grams of amphetamines could be considered a drug trafficker, that may take the profit out of doing the cook in the first place.

Mr RICHARDSON—What would be a good recommendation—minimum term versus maximum term as well?

Det. Insp. Scupham—Well, yes—

Mr RICHARDSON—Maybe?

Det. Insp. Scupham—That is a different argument.

Mr RICHARDSON—For another day.

Det. Insp. Scupham—Yes.

Senator POLLEY—Is the increase in use due to not only availability but also the cost factor? Is it a relatively inexpensive drug?

Det. Insp. Scupham—It is very inexpensive to make.

Senator POLLEY—But there are huge profit from what is—

Det. Insp. Scupham—Yes. That is what it is. The risk of making it is worth it because of the financial gain at the end.

Senator POLLEY—So what do you pay—is it $40 for a tablet?

Det. Insp. Scupham—Are you talking about ecstasy?

Senator POLLEY—Yes.

Det. Insp. Scupham—Yes, $40 or $50.

Senator POLLEY—I am sorry; I am very ignorant. How many tablets would you take during an evening? If these young people are using it to extend their social lives, do they need to take two or three tablets a night?

Det. Insp. Scupham—It depends on the usage and the percentage of active illicit drug in the tablet. In the drug trade people jump on the drugs. Amphetamines might be manufactured at 80 per cent and it may be 12 per cent or 15 per cent by the time it gets onto the street. That is the problem with overdoses. If they cut that line and use the same amount of one that is half way down the junk train, they will overdose because they are actually taking two or three times as much as they think they are.

CHAIR—I must call it to a halt there. I am sorry we did not have another couple of hours—

Det. Supt Porter—Can I add something. We have all touched on this but I think the single most important thing is demand reduction when we are talking about what governments can do. It is about getting out and educating our people, starting in primary school, in relation to every drug. We need to try to educate our kids away from it. We fight a good fight as law enforcement people, but we are never going to win unless we reduce the demand. That comes back to the question that was raised by Senator Polley about why it is so prevalent here. It is because the demand is there. The people who make it actually market their product well. They get out there and make sure they have clientele. They keep fostering that situation. You need to go back to the point of convincing people not to use it. The only way to do that is to start with our kids in school and work our way through that process. That really is the only way that we are going to stop it or at least curtail it despite all of the other things that we do in relation to law enforcement. I am sorry to cut you off, but I just thought that was a very important point.

CHAIR—That is a very good point to make. We might finish on that.

Sergeant Wilson—I will leave some documents with you. They are the current WA state strategy and a copy of our agency action plan as well, which comes out of that other document.

CHAIR—Again, thank you all for your time and information. We probably could have gone for another couple of hours but you are busy. Thank you very much for your contribution. Good luck with the fight and I hope that we can help.

Senator POLLEY—If there is anything else you wanted to send it we could still accept any further submissions leading out of today.

CHAIR—Thank you.

[11.43 am]

CARRUTHERS, Dr Susan, Research Fellow, National Drug Research Institute, Curtin University

CHAIR—Dr Carruthers, thanks very much for coming along to help us in our inquiry into amphetamines and other synthetic drugs. This is the second day of hearings, and we are trying, as a parliamentary committee, to understand a bit more about amphetamines and other synthetic drugs—trends, strategies and the extent and nature of related crime. I guess you have read the terms of reference. It is our job to try and make some suggestions that might be useful to the federal government, to the federal parliament and also to the states, through the Australian Crime Commission—for which we are the parliamentary joint committee. We are particularly grateful to you for writing your submission, which is always time consuming and another burden on the very exhaustive schedule that I know you would have. If you would like to make a few comments about the submission you have made, we will ask you some questions after that.

Dr Carruthers—Thank you. I welcome this opportunity to present our submission and also to answer questions you might have about amphetamine and other synthetic and stimulant drugs. I really just want to summarise our submission and get across a few salient points. All the available data—the consumption data, the crime data, the hospital data and the drug treatment data—indicate that there is an increase in amphetamine use and that there is a changing pattern of amphetamine use with the increased availability of crystal meth, or ice. It is only in the last few years that this has been measured, but we are seeing ice account for a greater proportion of total amphetamine use across the board.

I would like to point that the use of amphetamines is concentrated in the 20- to 29-year-old age group. There are younger users of course, and there are people in older age groups who are using it. But the figures state categorically that people in the 20- to 29-year-old age group are the most likely to use amphetamines and that males use it more than females. So we are looking at a population of younger men.

I would also like to point out that the use of amphetamine is very clearly a part of polydrug use. There are very few people who use any sort of illicit drug who stick to only one illicit drug. You will very rarely find a person who uses only amphetamine and nothing else. You will not find a heroin user who uses only heroin and no other drugs. Australia very much has a culture of polydrug use amongst its drug users. So most people are using at least two, if not three, types of drugs in their drug-using career.

CHAIR—Is that at the same time?

Dr Carruthers—Yes, it is at the same time. They will use them for different reasons.

CHAIR—Are those trends similar to trends overseas, or is Australia different in this respect?

Dr Carruthers—Australia tends to be more of a polydrug-using community. I have not looked that closely at other countries but it is particularly noticeable in Australia that we have polydrug users.

Senator POLLEY—Is that because of a lack of availability sometimes? If they cannot get one they will go for something else?

Dr Carruthers—No. I think it is much more strategic than that. I think people are choosing the situation in which they want to find themselves and then choosing the right drug. If you want to go to a party, you obviously do not use heroin because heroin is—

Senator POLLEY—A downer.

Dr Carruthers—a depressant, so you will not be lively and be able to stay awake for hours. Similarly, if you want to go to a party and to stay awake for hours or if you want to go to a rave, obviously you would be using amphetamines. If you are looking for more of a quiet time, then maybe if you are a heroin user you would be using heroin. So I think it is very much situational.

As I am sure you know, ecstasy use has increased dramatically in Australia over the last decade. The use of other synthetic drugs, such as ketamine and GHB, is much lower and has been stable over a number of years. So it really is the crystal meth that seems to be one of the major problems, but there has been an increase in amphetamine use across the board. Part of the reason is that we did have such a decrease in the availability of heroin between 1999 and 2000. The reasons for that decrease are still not clear. They may have had something to do with increased seizures or it may have had something to do with overseas markets, which are completely out of our control. But we did see that, as heroin use decreased, amphetamine use increased.

That does not mean to say that heroin users stopped using heroin and took up using amphetamines. The drugs are so different that I do not believe that they would substitute. A lot of heroin users actually stopped using and got themselves into treatment. Whether after that treatment episode they then used amphetamines, I do not know; that is something that we really have not investigated very well.

There is a normalisation of speed use. There are a couple of good papers written. Although it is illegal and everyone knows that it is illegal, it is no longer seen as the big bad wolf like it used to be. It is associated much more with party use and recreational use. By ‘recreational use’ I mean many of these people are studying at university or they are working. They use this drug recreationally on the weekend and on Monday morning they go back to work and work their five days. So it is not huge criminal behaviour. While it is criminal, these people still carry on with everyday life—some without any consequences whatsoever.

The final point I wish to make is that treatment options for amphetamine use are very limited. While we see an increase in amphetamine use and an increase in hospitalisations because of acute problems to do with amphetamines and psychosis, unlike heroin, for which we have at least two or three very good and proven treatments, we do not have such treatments for amphetamines. It is an area which needs a lot more work and a lot more study, because, as the

rate of mental illness and everything else goes up with amphetamine use, we are going to be in major trouble if we cannot provide good treatments.

CHAIR—Would that be treatment for acute use? From what you have said and from what we understand, people are thinking that they can use it on the weekend and go and do a good days work next week. I am not sure what the health authorities would say. That might be okay for that week, but if they do that every day of their lives for the next 10 years there would be an impact?

Dr Carruthers—Definitely.

CHAIR—They would not be able to go to work the next week.? It will eventually fry their brains?

Dr Carruthers—Yes. Heavy amphetamine use is associated with major acute illnesses, with psychosis and people needing to be hospitalised—people needing to be restrained because they are psychotic. I do not include that in treatment; that is acute management. Really the only way you can manage those people is to confine them and give them drugs which counteract the psychosis. But if you are talking about a person who has been using for six months or twelve months who decides that they no longer want to use but find that they crave the drugs—and they do; amphetamines affect the neural pathways that and they will crave those drugs—

CHAIR—It is a craving rather than just wanting to be the life of the party the next party?

Dr Carruthers—At a certain level, yes. If you are only using once a month or once every six months, you could probably do that for the next 20 years and do yourself no harm whatsoever. But if you are going to use it and escalate your use so that it becomes more than a weekend recreational thing—so you are starting to use every day—

CHAIR—Is their evidence that people do it once every six months, then two every six months, then it might be three, then three a week and then three a day—is there evidence to show that that happens?

Dr Carruthers—There is no statistical evidence that I know of. I do not think those questions are asked. We do have groups of people who stay on recreational use and because they have other commitments in their lives it does not occur to them ever to start using in the middle of the week. But you do have a core of people who will start off using recreationally and it will escalate to regularly use. Those are the people who end up with problems.

CHAIR—I do not want to be misunderstood by Hansard or any media in suggesting I am promoting this, but from what you are saying one might say, 'Why bother if someone is only having it once a month? No problem. Go your hardest for once a month.' Is that a worry? Is that right? Why are we discouraging people from having one a month?

Dr Carruthers—Because of the legal ramifications. Whichever way you look at it, amphetamine is an illicit drug and that can result in ramifications if you are arrested for possession.

CHAIR—Yes, but hopefully laws are there for the right reason and not just laws for laws sake. I am not sure whether these are fair questions to you, Doctor—they are perhaps going into other policy areas.

Mr RICHARDSON—But it can also result in psychosis like schizophrenia. That is what we are trying to get to.

Senator POLLEY—One tablet could send you into an episode. If I was to take a tablet now, being an individual, it would have a different effect on me than it would have on my fellow committee members. I could go into some sort of psychosis episode—is that not right?

Mr RICHARDSON—In your opinion is that true or not?

Dr Carruthers—It is always a possibility, but if you look at the hospital data and you look at the consumption data and the number of young people and people who are taking drugs, a very small minority of those end up with any sort of psychotic episode. If you are looking at the numbers of people all over Australia who are taking amphetamines on a particular day, you could probably count on one hand the number of people who end up at the hospital with a psychotic episode. It can cause psychosis but it tends to only cause psychosis when you are using it at very heavy levels or if you are predisposed to some sort of psychosis. If you have an underlying mental health illness, if you have an underlying predisposition to schizophrenia, then, yes, you may trigger an attack. When you look at the overall numbers of people who are using amphetamines and the number that end up with a psychotic episode in hospital or under arrest, the chances are minimal.

CHAIR—I should have asked this question first, Doctor, and after this I will invite my colleagues to pose some questions to you: can you tell us a little bit about the National Drug Research Institute, particularly in relation to amphetamines and other synthetic drugs, and what your role in that is—I see that you are a senior research fellow?

Dr Carruthers—The National Drug Research Institute is the sister centre to National Drug and Alcohol Research Centre in Sydney. Our role is to conduct nationally relevant research into the use and policies and practices around alcohol and illicit drugs. I would say that the majority of our workers are in the area of alcohol but we do have a team of people and a number of major studies funded by NHMRC and the ARC at the moment looking at party drug use and amphetamine use. They are looking not only at the numbers of people and the quantitative data about who is using and when they are using but also at the qualitative data of what benefits there are in the use of amphetamines for those people who do use it in the party scene and in the rave scene, looking at—

CHAIR—What are the benefits?

Dr Carruthers—There are always benefits in illicit drugs; otherwise people would not use them.

CHAIR—By that you mean benefits in their own mind?

Dr Carruthers—We can only look as it from their point of view—benefits for them in living their life. There must be benefits; otherwise people would not use these substances.

CHAIR—I guess if you are the life of the party and you are on an ego trip as opposed to any other trip, that may seem to be a benefit. But if tomorrow you are in hospital, of course, it is a pretty short-term benefit.

Dr Carruthers—It is, but the majority of people who are using to party tonight do not end up in hospital. Those that do become an adjunct group. They are the ones we need to be offering treatment to. I cannot stress enough that the majority of people who use amphetamines do not suffer the major effects of psychosis and other health problems.

CHAIR—Is this leading to a situation where we could say, 'If you're tested and found that you don't react badly to these, we would encourage you into taking amphetamines rather than getting drunk on OP rum or something'?

Dr Carruthers—No.

CHAIR—You would not go to that?

Dr Carruthers—Definitely not. This is not about condoning drug use; this is not about saying that it is okay for some people to use drugs, but I want to stress that the majority of the problems are caused by a minority of people who are using. It is the same with cannabis use, and it is certainly the same with alcohol use. The majority of the problems are caused by a minority of people who end up in trouble with it. I think that we have to be realistic when we are talking about campaigns on television which are supposed to educate young people about the use of drugs and how dangerous they can be. Yes, they can be very dangerous, but the reality is that most of the people who use these drugs do not experience any of these negative effects in terms of health. Therefore, a lot of these advertising campaigns become non-believable because people think, 'I know lots of people who use them and they don't end up in that situation.' It is a matter of being realistic. I agree with the previous people who were presenting that we definitely need some very good education for young people.

Senator POLLEY—So how do we tackle the exercise of education? Don't we also have to educate people to be responsible not only for themselves but for the impact on the community? It is not just about taking an illegal substance but also about aiding and abetting organised crime.

Dr Carruthers—At one level, yes. I do not know how you would get that across. Young people actually think very differently from that. They probably do not take that on board. I do not really know how to answer that.

Senator POLLEY—Has your institute done any research into prevention and education?

Dr Carruthers—That is one of our major aims and that is why we do research to inform the type of prevention that we promote. We do not actually design the preventions. We provide the evidence base for other organisations whose responsibility it is to design the resources, the curriculums and the prevention. We do need to be realistic. If we keep saying to people, 'All

drug use is really bad and will cause you major harm,' then we lose a lot of our audience because they know—or they think they know—differently.

Senator POLLEY—It is just like alcohol, isn't it?

Dr Carruthers—It is, yes.

Senator POLLEY—Is there any evidence to suggest that people who use cannabis go on to use amphetamines and other drugs?

Dr Carruthers—There is no major support for the gateway theory that you start off with the softer drugs and, considering cannabis as being a softer drug, you then escalate to other use. Some people will but the vast majority will not. It has never been proven. There has been a lot of research on trying to prove the gateway theory. We have got back to the fact that a lot of drug users smoke cigarettes; therefore, is nicotine a gateway to cannabis, which is a gateway to amphetamines? It has not been proven either way, and I think the jury is still out.

Mr RICHARDSON—You have been extremely active in this arena over the last 10 or 15 years. I am interested in your personal thoughts on the common use of marijuana by young people over the last 10 or 15 years. Is the level of mental disorders and psychotic episodes in our communities Australia-wide a direct result of so many more young people perhaps having experimented with or having used cannabis? Is there any validity in that? I am trying to find out why we have got such a large number of people in the community across Australia now—the first was 15 years ago, say—with psychotic disorders.

Dr Carruthers—Psychotic disorders or mental health illness?

Mr RICHARDSON—Mental health issues.

Dr Carruthers—I cannot answer that. I have not read any literature on whether there is any direct causal inference between the use of cannabis and the increase in mental illness. I think it is probably a multifactorial thing, and I cannot answer that question. However, it is an interesting point.

Mr RICHARDSON—Thank you—I just wondered whether you had any comments to make on it. I noticed that, as you said, a lot of your studies are on alcohol related problems. Again, with the young people today versus those of my vintage—and we are going back some time—people probably had alcohol at 16 or 17 when I was a 16-year-old lad, but it now appears to be 14 or 15, and on occasions as young as 12. Are you finding that through your studies? Do you know why it is occurring?

Dr Carruthers—I am not finding it in my studies, but we did find that when the legal drinking age was 21 then there was the creep forward, so people were using at 17 or 18, before they turned 21. Now that the legal age is 18, it is easier to procure alcohol—there are a lot of 16-year-olds who can pass for 18-years-olds. So it is easier to procure, and so the age does tend to creep down again. If you raised the age to 21 again, I doubt that it would stop that 16- to 17-year-old drinking, because it is such an acceptable part of our culture.

Mr RICHARDSON—Is an ADHD sufferer more liable to have a reaction to amphetamine use?

Dr Carruthers—Not that I would think, considering that we actually treat them with amphetamine type drugs. There is, of course, also a problem with the diversion of ADHD drugs. But I have seen no evidence to say that they would either be more likely to consume amphetamine type drugs or have a different reaction to them.

Mr RICHARDSON—Or have an adverse reaction.

Senator POLLEY—We had someone talk to us in South Australia—and you may be aware of their view—about the use of pill-testing devices at rave parties and such places. Do you have a view about whether or not that is something that should be looked at?

Dr Carruthers—In terms of harm reduction, it possibly has a positive aspect to it. At the moment my knowledge of pill testing is quite minimal, but I understand from Gill that the current mechanisms that they use are nowhere near sensitive enough to be able to say with any certainty whether or not there are any harmful substances in a pill, or even the percentage of MDMA that might be in it. However, I think it is one avenue, and it is a harm reduction measure. We have to understand that harm reduction, while not condoning drug use, does take the view that we have a duty of care to these people until such time as they either desire to go into treatment or stop drug use of their own accord.

Mr RICHARDSON—Do you have a comment on the message that it may portray to the community and young people?

Dr Carruthers—I think it would portray to the users of the drugs that there is somebody out there who is concerned about what adulterants might be in these drugs and that there is a way of testing them. The view of the general community might be less positive. We might be seen to be actually encouraging people to use these drugs. But somebody who has already purchased a pill is going to take it whether there is a pill tester there or not, so I do not see that it is actually encouraging drug use. I see it as more somebody taking at least some responsibility for their behaviour.

Mr RICHARDSON—I agree with your comment that if someone has purchased a tablet to take it to the party, they are probably going to take it. The ones that I am concerned about are the sons and daughters that have gone along without tablets but someone has either sold them something at that location or something has been provided to them.

Dr Carruthers—In terms of pill testing?

Mr RICHARDSON—In terms of the message again and then of course the subsequent reaction that that person may have.

CHAIR—You are saying that because someone official is there testing them that the people who do not come with the drugs might be more inclined while they are there to say, ‘It must be okay, yes, I’ll have one.’ Is that what you mean?

Mr RICHARDSON—Yes, in a general sense. As you said Doctor Caruthers, I would imagine a large proportion of the community would say the message is that it is okay to take the pill because there is pill testing being done. My concern, and you mentioned the duty of care, is that there are still some significant issues in that it is illegal to be in possession. We cannot get past that. There is the duty of care, say, on the people who do the test and then provide it back to the young person. They still do not know, as you said, whether that person has an underlying psychotic or mental condition that maybe activated as a result of that tablet. Those are my concerns.

CHAIR—But you are almost then getting to the stage where if you go to your doctor for any manufactured pill, he will test you and say, 'Don't have that one, but you can have this one and that'll fix whatever ailment you've got.' You are almost getting to the stage that, when you are going to a party, you could go to a doctor and say, 'Test me,' and the answer would come back, 'Yes, you can have that pill and it won't affect you.' It is almost party drugs by prescription.

Mr RICHARDSON—A prescription pill however is a legal commodity. The most adverse effect is, more often than not, a rash.

Dr Carruthers—It is a very interesting area and it is one that does need to be studied much more closely—not only the attitudes of the community but also the people who are actually using these substances. This brings me to something which is actually a little bit different. One of the areas of concern for me is that we are talking about illicit drugs, but how often are we actually involving the people who are using these drugs and how often are we talking to them about what their needs might be and what they actually think. It is one thing to ask me what I think about pill testing, but it would be very different to ask somebody who is actually using these drugs what they think about pill testing—whether it is an advantage, whether they would make use of it and whether, if the test said that there was no MDMA in it but it was a combination of amphetamines and a little bit of ketamine and a little bit of something else, they would still take it. I think the input from the users themselves is going to be pretty important.

CHAIR—Where would we go to find those sorts of people?

Dr Carruthers—There are many organisations. Each state and territory has a community user group and there are other organisations right around Australia. You would start with the Australian Illicit and Intravenous Drug Users League, which is a national organisation based in Canberra and funded by the government. It is responsible for education and prevention. Its brief used to be mostly around injected drug use, but it has broadened that and now addresses prevention and designs resources which inform users about drugs, including safe use and their rights in law. These are critical groups around Australia.

CHAIR—Perhaps we should invite them to appear before the committee.

Dr Carruthers—There is another organisation called Enlighten Harm Reduction based in Melbourne.

CHAIR—They will appear before the committee in Brisbane.

Dr Carruthers—I think it is critical that these people are spoken to and their opinions canvassed, because they are more likely to be in touch with users. While they may not be users themselves, they have avenues into groups of people who are using. When you take the illegality aspect out of it, you are left with health and other problems associated with drug use. We really need to be in close contact with the people whom these drugs most affect.

Mr RICHARDSON—Dr Caldicott, who appeared yesterday, would also be able to provide those details to us. He went to schoolies week and to rave parties and surveyed young people.

CHAIR—He has invited us to go along to the next rave party. We thought we might be a bit out of place!

Mr RICHARDSON—Those figures showed, and it was probably to be expected, that a large percentage of young people said that they would utilise the pill-testing mechanism if it were available. It was interesting: a percentage also said that, having found out more about the tablet—particularly if it were a bodgie one—and/or an education component, they would not take it. You could probably expect those sorts of results from that sector; however, the larger community probably has not been canvassed as yet.

Dr Carruthers—No.

Senator POLLEY—Isn't there a much broader community issue here? If we remove the legal ramifications of taking these drugs, isn't there something wrong with our society when our young people feel they have to take drugs to party all weekend? Doesn't that reflect on us?

Dr Carruthers—I would counter that by raising problems around alcohol use.

Senator POLLEY—Yes, it is the same thing.

Dr Carruthers—Yes. I do not want you to misunderstand me: I am not talking about legalising these drugs; I am just saying that, if you put to one side the effects of the law, my concern mostly is with health effects. I do not know why people feel that they need to be inebriated by some such substances.

Senator POLLEY—We see it on television every night: in most American sitcoms the first thing they do is walk in and have a drink. That is what our children see from 7.30 at night. When things are tough, people come home and have a drink straightaway. All young people are doing is moving from alcohol, about which I think messages as to its health detriments have gotten through, to another substance. But underlying that there has to be a reason why people feel that they have to pop a pill to make themselves feel better or feel good about themselves.

Dr Carruthers—It is still a minority. Of the whole population of young people, a fairly large percentage have tried an illicit drug, but, if you look at the number of people using them on a regular basis, it is extremely small. Not all young people drink alcohol; many start off by experimenting and then, with other commitments in their lives, will go on to quite reasonable use like the majority of the population.

CHAIR—Your submission has a lot of very interesting statistics about that and we thank you for it. You have given us a lot of good messages, but particularly the one you just raised. Are there any other points you would like to put across?

Dr Carruthers—I would like to stress the need for much more research and investigation into the treatment of amphetamine use, regarding not only detoxification from an acute attack but also cognitive behavioural interventions and a whole range of things that we could use to target people who are having problems with their amphetamine use. The final thing I would like to say is that, while there has been an increase in amphetamine use and I do not see that that is going to decrease, heroin use could come back at any time. We should not put all the eggs into one basket just because heroin is relatively unavailable at the moment. We do not know when that will change. There are signs that the availability of heroin is increasing. Will that then result in a decrease in amphetamine use? We do not know. But it is a situation that we need to keep a handle on all the time.

Mr RICHARDSON—You listened to what Gill said about the diversion method.

Dr Carruthers—Yes.

Mr RICHARDSON—Do you want to make any comments, particularly in relation to picking up the treatment once someone has been identified? Do you think that is achieving anything? Should it be enhanced?

Dr Carruthers—I do not know a lot of detail about the court diversion scheme, but I think it is something that needs to be expanded. When people are getting into trouble with the law with their drug use, that is an excellent time to divert them—rather than having them face juvenile justice or incarceration, move them forward into treatment, as long as we have some reasonable treatments. But we also need to address the underlying issues of poverty, ethnic background, why they got into drug use to start with and what sorts of strategies we will put into place so that they can then become employed and housed so that they do not slip back into that.

Mr RICHARDSON—You have identified that. My previous experience is that we would do a referral. There are two things about that: the young person had to attend, which was a bonus; and, secondly, of course they had to want to be assisted with those other areas of concern. What was happening then, and it is still happening, is that the other resources and/or recommendations—not so much just recommendations but a commitment by the person to go to the next appointment—were never followed up and therefore the young person would slip back. I think that is an area that each state needs to rectify. Would you agree?

Dr Carruthers—Yes, definitely.

Mr RICHARDSON—Thank you.

CHAIR—Thank you very much for your time and your comments and the benefit of your research. We very much appreciate that.

Dr Carruthers—Thank you very much.

CHAIR—If we think of something else, we might get in touch with you.

Dr Carruthers—Feel free.

CHAIR—Thank you very much.

[12.24 pm]

COSTELLO, Miss Eleanor Jane, Manager, Drug Programs Branch, Prevention and Practice Development Directorate, Drug and Alcohol Office, Government of Western Australia

MURPHY, Mr Terry, Acting Executive Director, Drug and Alcohol Office, Government of Western Australia

CHAIR—Welcome. This is the second day of our hearings into the very important issue of amphetamines and other synthetic drugs. The role of the committee is to take evidence, come to some conclusions and make some recommendations, through the federal parliament, to the government. Through the Australian Crime Commission, which the committee is oversighting, we will involve the states in the matters as well. We very much appreciate your time and the effort you have put into making submissions. We understand that you are very busy people, and we really appreciate your making yourself available to come and speak to us today. As you have probably worked out, Senator Polley is from Tasmania. Mr Richardson is from South Australia and is a former member of the law enforcement agencies. I am from North Queensland and I was formerly a country solicitor. I now invite you to make an opening statement, after which we will ask some questions.

Mr Murphy—Thank you. It is a pleasure to be here. We see this as an opportunity to share our experience by showing you some of the things we have been doing here and to share our ideas. I will keep my opening statement brief because much of the information is in the submission. I should highlight that amphetamine use in Western Australia is about one-third greater than the national average and the overall usage rate is around 4½ per cent. The latest national survey indicates that 13.3 per cent of 18- to 34-year-olds and 10.3 per cent of 12- to 17-year-olds use amphetamines. The positive news is that those figures are down by a percentage point or two from previous surveys. It may be that use has plateaued and is in fact starting to go down.

It is worth commenting on why we think WA might have higher use rates than other states. There are a couple of hypotheses. First, the WA population is, on the whole, younger than the national population. While that probably feeds into the overarching number, it does not differentiate the age group specific numbers. The rate of prescription of dexamphetamine and Ritalin for ADHD , which I heard you discussing with a previous witness, is significantly higher in WA than in other states. To the extent that we have been able to investigate it through the national survey, we think most of that usage in the 12- to 17-year-olds age group is due to the diversion of ADHD drugs.

Senator POLLEY—Is there a concern in relation to the prescribing doctors?

Mr Murphy—It is a serious concern. In 2003, WA, through the department of health, released new guidelines and processes for the approval of the prescription of dexamphetamine. While that has had some impact, it has not had a fundamental impact on the rate of prescription in

comparison to the national rate. The difficulty is that it takes very few paediatricians to prescribe a lot of this drug in the community. It is a serious concern.

WA's specialist drug and alcohol treatment services have responded quite well to the shift from cannabis to amphetamines as the major illicit drug after heroin. Around one-quarter of treatment episodes can be ascribed to amphetamine use. Using information from the national minimum dataset, that compares to a figure of about 11 per cent nationally.

Noteworthy, too, though not directly related to amphetamines, is that we are starting to achieve quite a high rate of Aboriginal engagement in treatment services as well. Some 16.8 per cent of episodes were by Aboriginal people, and that is up from 12½ per cent in the previous year—that is 2005 compared to 2004. From anecdotes, we would think that the representation of amphetamines among Aboriginal people would parallel the general community.

From the early indicators we have, our best estimate would be that amphetamine use is at its peak, if not starting to decline. Those indicators for us are: the Illicit Drug Reporting System, which is in place all around the country and has separate state reports looking at the hard-edge drug users and intravenous drug users; the Alcohol and Drug Information Service, which is a telephone information and advice service—that is quite a good lead indicator of trends and would seem to indicate plateauing; together with the Drug Use Monitoring in Australia system—the DUMA system. That is still showing quite high levels—around 29 per cent—but is, once again, plateauing. So we are cautiously optimistic that the next national surveys should reinforce the view that it has either plateaued or is declining. It is still at very high rates.

Senator POLLEY—What is causing the decline, in your view?

CHAIR—Or the plateauing?

Mr Murphy—As with all drug strategies, it is probably a combination of factors. The national crime report was released yesterday, and I thought it showed an extraordinary number of clandestine laboratories that had been identified and closed down. The rates of seizure of amphetamine are quite high, so I think it is quite clear that we are making a dint in the production and importation of the drug. Obviously, it is not wiping out supply, but it is making a dint in it. The 25 per cent of amphetamine users we are getting into treatment is significant. It shows on the one hand that those people are being successfully engaged, but on the other hand it also shows that people do get sick enough to present at treatment. The last factor, I think, is that there is a degree to which amphetamine use is self-limiting. Unlike heroin, where you can maintain an addiction for decades and keep on using at the same rate, amphetamine sends you crazy. If you use amphetamine constantly, you go mad and have to stop. You cannot use the drug 24 hours a day seven days a week, month in and month out, year in and year out, as you can with heroin.

Senator POLLEY—You were here when the previous witness suggested only a small minority of users have psychotic episodes. What is your view on that?

Mr Murphy—It still is the case. If you go back a step, we would expect most of the 13½ per cent of 18- to 34-year-olds who used in the last year to have used once or twice, or maybe monthly or weekly. That rate of use will not lead to psychosis. It is the constant, day in and day

out, binge use combined with a lack of sleep that will lead users into psychosis. I think this was captured fairly well on the recent *Four Corners* documentary.

CHAIR—That would apply to marijuana and alcohol as well, wouldn't it? Constant binge use of both of those will send you—

Miss Costello—No. People who use amphetamine tend to binge and then crash afterwards. Because of the nature of the drug, it keeps you up, you do not eat properly and you do not sleep; whereas, if you were using cannabis, you would still sleep. You can imagine the drain that something like that would put on any human being. That does stress your body and also your mind, which is why you see these people coming to that situation probably a lot more quickly than somebody who is using cannabis regularly.

Mr Murphy—The number of people with amphetamine-induced psychosis appearing at our mental health services has risen fivefold since 1999. It accounts for 10½ per cent of all drug related admissions to mental health services. That is a big increase but it is still behind alcohol. The mechanisms to get there are bit different for people using alcohol. However, there is a significant increase in the use of amphetamines but it still rates behind alcohol. In terms of illicit drugs, I suppose it is the big story with mental health services as opposed to cannabis. I suspect you may want to come back to those issues.

There are a couple more points to make about treatment. Given that linkage with mental health, the big system challenge we have before us with drug and alcohol services and mental health services is to effectively link those services so that for a patient the journey between them is seamless and does not have a big chasm between them into which people drop. That is proceeding reasonably well in WA. We have some areas where the services are linked very well, but we are embarking on a formal process of making sure those services are formally linked. The linkages are spelt out and agreed formally throughout the state at a local level. It sounds a bit tedious and bureaucratic. Why doesn't it just happen anyway? It is because we are all people and the systems grow and evolve in their own way.

We are doing a couple of interesting research things in this state with respect to treatment and comorbidity. First is the neuropsychology of amphetamine users who come into our treatment services, which is showing strong comorbidity of mental health issues—largely depression and anxiety rather than psychosis—and a lot of correlation with ADHD. This is a difficult one to tease out, and people have some very strong views on it, but it is certainly the case that there is some correlation with adult ADHD.

The other interesting thing we are doing is using a drug called Metazepam, which is an antidepressant, as a detoxification drug. We are doing that together with New South Wales, as I recall. That shows some real promise from an initial—

CHAIR—Is that happening, or are you just looking into it?

Senator POLLEY—Detox for what?

Mr Murphy—When amphetamine users come in for detoxification, they do not go through the same withdrawal syndrome as heroin users coming off the drug, but they are agitated and a

bit aggressive. They will be showing some mental health disturbance, certainly sleep disturbance and so on. Up to now the standard treatment has been with valium—benzodiazepines—and that essentially calms them down, it relaxes them a bit and they maybe get some sleep. Metazepam is indicating that it is quite superior to valium. The better treatment you have, the more people you will get in and the better you will retain them and so on.

CHAIR—Do you have much to do with the National Drug Research Institute?

Mr Murphy—A fair bit.

CHAIR—What you were saying there seemed to be a little bit at odds with what the doctor was saying—

Mr Murphy—It could be. There are a range of views.

CHAIR—She was just saying that there was not enough work being done on detoxification. I thought that was what she was saying. You are obviously doing quite a bit of work into it?

Mr Murphy—Yes, because the dominant drugs of concern to the people entering our detoxification services are alcohol and amphetamines. We have a small clinical research unit that concentrates on those people. The Metazepam study, as I said, is in conjunction, from memory, with Langton Clinic in New South Wales. The National Drug Research Institute in Perth has been traditionally oriented towards prevention and harm reduction rather than treatment, whereas the National Drug Research Centre in New South Wales has been more oriented towards treatment. It has blurred over the years, and that is why there may not have been that awareness.

CHAIR—Are people who enter the treatment programs principally voluntary?

Mr Murphy—Principally. The diversion number is not as big as we would like. I think it is fair to say that our diversion programs have developed slowly. Between 2001 and 2005 the actual number of people who came into treatment as a result of diversion programs for amphetamines was 881. There is room for that number to increase, both through police referred diversion and court referred diversion and that is happening in a number of ways.

CHAIR—You said 881 people came through that. How many would come voluntarily?

Mr Murphy—When you are talking about a quarter of episodes in a year, that is about 5,000 people and about 6,000 episodes. You are talking about 20,000 people and about 24,000 episodes a year. We have brought along a number of bits and pieces that you may want to look at, as we discussed.

CHAIR—Sure.

Mr Murphy—The first of those posters refers to treatment of these clinical guidelines for the management of acute amphetamine issues. We launched those the day before yesterday. These are a great little product to help mental health services and hospital emergency departments have basic knowledge, guidelines and steps to manage acute episodes.

Senator POLLEY—The Perth one have just done one as well that they are about to release. Have you worked with them on their training package?

Miss Costello—Yes. You may be aware that there was the national cost shift funding project that produced a whole range of resources for front-line workers, one of which was for police. Gill has worked with that to develop a training package that we have been consulted on—it is quite a good package—just to assist police initially with the type of person that you are dealing with and how best to approach them and deal with the person who is referring. I believe he has done some trial training on it, but it is just about to be implemented.

Mr Murphy—A national roll out. These are very specifically targeted at doctors, nurses and in-health settings. This is saying we will be making them available nationally, and the states tend to share this sort of resource quite well and pick up each other's stuff.

CHAIR—You have actually done this also on behalf of your counterparts Australia wide?

Mr Murphy—No, we have done it as a state and now we will share the information interstate. What tends to happen between the states—and I think it is a virtue of our federal system—is that some things are developed independently and then other states pick them up and we do not charge. The diversity and slight competitive nature of it actually works quite well in this field. There are others that do not, and I think we touched on those—the petrol sniffing and Aboriginal health.

Senator POLLEY—Do you say then that there is pretty good communications across Commonwealth and state organisations in dealing with this issue?

Mr Murphy—Pretty good. I am saying that from a sort of intergovernmental committee formal liaison perspective and the network of connections that that provides.

Miss Costello—From a program delivery level, I guess we could be doing a bit more. We share a lot of our resources. Probably what inhibits that most is dependent on where each of the states are up to as far as the issues they are addressing are concerned and also where the government is up to on how it wants to address those particular issues. For instance, we ran a parent campaign around drugs—almost 10 years ago—and the Commonwealth used a lot of those materials in developing their illicit drug program, the one that was run not that long ago and, similarly, in developing their youth one. So a lot of the resources will get shared and, because of time, they will be further adapted to suit that particular time. The work we produce has to be really on the mark for young people, otherwise it is immediately discredited. We are constantly tweaking, but I think it is fair to say that every state would also like to put their own little twist on their resources and programs.

Senator POLLEY—In the evidence we have heard this morning in relation to the use of amphetamines it has been suggested that, if you were to take a drug a couple of times a month to go out partying, there is no real impact on your health. That could be okay for a lot of people, but there are always going to be exceptions. How do you structure an education program that is going to target younger people and capture their imagination so that they understand there are real dangers?

Miss Costello—Firstly, it is very difficult, because you have to pitch it in a way that is going to be credible amongst all people who are going to see it. We use the Drug Aware program. We have a range of strategies. There is obviously a public education component, but that is broken down into a range of different things that will target different people, depending upon where they are at. Obviously we have material that will be used in school drug education, which starts at a very early stage. But when we get to the young people who are going out already and may be exposed to drugs or at risk of drug use, we look at prevention based material.

First of all, they need to be aware of the risks, and those risks have to be backed up with fact. We have run a lot of focus groups over the years with Drug Aware, and every time young people come back and say: 'Don't try to scare us into not using drugs. Don't make it sound worse than it is. We just want to know the facts.' Certainly, any piece of work that we have done that has focused on facts has been much better received than something that says, 'This is going to cause all these problems for you.' In work that we have done we have focused initially on the consequences. Terry is going to show you some of our previous work for Drug Aware. At the moment we are redeveloping it.

Mr Murphy—These are posters and print advertisements in youth magazines that we have used in the past. As El said, we are just about to launch another one.

Miss Costello—As education materials, they will be used in youth street press. They are very targeted. The key thing is that you put out that kind of message to those who need to see it. Obviously there is the broader prevention message that is suitable for the whole community, but the message for young people needs to be along the lines of the stuff that they are used to seeing when they go out. It has to be very credible. Our messages there are quite factual. We are redeveloping them at the moment in a similar way, based on fact. There are lot of facts around at the moment around amphetamines, and young people are quite interested in them.

Senator POLLEY—Are they concerned about getting a cocktail of other substances, or do they tend to trust the dealers?

Miss Costello—The particular advert that you are looking at had a believability of 83 per cent. It is the highest result we have ever had for an ad that we have done. It focused on the facts. That tactic has certainly been useful in other arenas as well. We did one for heroin using a similar concept. That looks at the prevention type information, and that will be put out through a number of different outlets but also on a community level. That is more general and is for most young people who are at risk. We have another message that we use for those who perhaps might already be using and may be experiencing a few problems with their use. They may be the people you were talking about before—those who go out at the weekend and then may be a bit 'snippy' towards the weekend and cranky with mum or dad or with their girlfriend or boyfriend. So drug use has started to impact on their life and their relationships. We have developed another ad, and I notice that Dr Carruthers—

CHAIR—Are you giving these to us?

Miss Costello—Yes, they are for you to keep.

CHAIR—Thank you. They are very good.

Miss Costello—Dr Carruthers actually mentioned that it was very important to involve young people who use drugs or who are exposed to them. All of the work we produce here is always run past a reasonable number of young people, from the regular users that we access through user groups right through to young people who go out and have friends who use. That particular ad you are looking at might look quite bizarre to you, but the alternative apparently looked like a government agency trying to look cool. This one has been well received by venues across Perth. A lot of our nightclubs and pubs have included these ads in their venues. It is a great medium, because you get to select which venues it goes into and you can work out in which venues drug use may be a risk and be more selective. You can pick the age group that goes to those particular venues, so it is a very cost-effective way of educating young people.

CHAIR—Can you tell me about this again. This is about to be launched?

Miss Costello—No, it has been used already. We ran it last year, in August. It went out through a lot of the nightclubs in Perth. It went out in a very targeted way to nightclubs that may have had more young people who had already started using and also to nightclubs where dance parties were held.

Mr Murphy—The key thing is that this is clearly aimed at people who are already using speed. It is a harm reduction resource, and you do not put that out to the general public. Some questions you asked Susan earlier would reflect that. Getting that sort of message out to the general public does risk creating the impression that everybody is using, and that is one of the things that does encourage use. The messages are important. We have a prevention message that goes out more widely—

Miss Costello—Such as the previous ones.

Mr Murphy—but a harm reduction message that is targeted far more narrowly.

Senator POLLEY—From your research and experience, have those using amphetamines changed from those who, say 10 to 15 years ago, were using heroin and other drugs, in terms of where these people see themselves? We have heard evidence that it relates more to people who hold down jobs and have got the income to be able to support this and who do not see it as an issue. Is that your experience?

Mr Murphy—Certainly. I think the numbers bear that out because the number of heroin users never reached the proportion and number of amphetamine users—notwithstanding that, since the severe reduction in heroin supply in the late 1990s, a substantial proportion of addicted heroin users transferred to become addicted amphetamine users. But they are a small proportion of the overall number of users who are far more infrequent users.

Miss Costello—On the second advertisement that you were looking at: a lot of young people do not see themselves as being users. As far as they are concerned, they will use occasionally when they go out, maybe to a dance party or over to a friend's house. It might be something they do with other people and they do not see many problems in their use. But then, occasionally, for some people—and I think you were saying this before—things will change over time. It is trying to pick up those changes so that they recognise that their use might be starting to impact on their

families and their relationships—the social element. Often people will say to us in the focus groups we run, 'I didn't realise that it was starting to impact on me.'

Senator POLLEY—It can be a gradual thing, can't it?

Miss Costello—Yes, absolutely.

Senator POLLEY—There is also the risk that any individual taking their first tablet—even assuming it is reasonable quality—can have an adverse episode from that.

Miss Costello—Absolutely.

Mr Murphy—Certainly with ecstasy, where the contents are a lot more predictable, that is the case. With any drug, there is the risk of having a bad psychological reaction and possibly the precipitation of psychosis, although it is a fairly small risk. One of the less fortunate things about the trends in amphetamines, that I am sure you will have heard about from the police, is that an estimated 60 to 80 per cent of the amphetamine use in Australia is of methamphetamine, which is a much more pure, refined version of the drug. It is not always good quality, so to speak, but amphetamines tend to be amphetamines.

Senator POLLEY—The other issue related to young people, and it is the same whether you are talking about this or skincare and the damage that the sun can do—and we have all been young; it was a long time ago but I was young once—is the idea, 'It won't happen to me.'

Mr Murphy—Absolutely.

Senator POLLEY—That is really hard to overcome.

Miss Costello—I think that is why that pill ad that you looked at before was really quite factual about what was in it. We are starting to get some good statistics around amphetamines and young people are quite interested in them. We are looking at a new work that looks at providing young people with facts. That is a very good prevention message with people who are already using—a message that picks up on some of the experiences they may be having that are negative, that they do not like. It is something that we have used quite successfully with cannabis in the past. It is a good way of getting them to look for some support and then connecting those people with the services that can help them. For young people who have not quite reached that spot yet, it is really about proving to them that it could be a risk so that maybe they think twice before they get into doing it. I think Terry was making that point before: we need to be very cautious about the kind of information we give to people, depending on where they are at in their period of use.

CHAIR—Tell me again: where did you use these?

Miss Costello—All across Perth in venues. That is a very good prevention message; it is not really a harm reduction message. That has been used in *X-Press*, which is our youth street press magazine. It has a readership of 80,000. We have also used radio ad versions of that ad.

Senator POLLEY—Would you put those up in colleges and high schools?

Miss Costello—Yes, and universities.

CHAIR—Mr Richardson will no doubt ask about this, and you have heard that Dr Caldicott gave some evidence about this in a relatively impromptu way yesterday. The committee have some concerns that once people like doctors in gowns go in in an official capacity to test people's drugs nonusers might say: 'There's some old people there who look like doctors and they're testing it. It can't be too bad as long as we get it tested.' There is some concern about that. Would this ad not be treated the same way? Although the ad does not say it is a government ad, it is obviously a production of someone, some old person, in authority. Would this make users say, 'People know we do it and they think it's okay as long as we drink some water'?

Miss Costello—We did quite a lot of formative research on that particular ad because it was quite important to get it right for that very reason—so that it did not just get discredited because a government agency put it out. The user groups have been the ones who have promoted that particular resource. It is similar in all states. They do produce a lot of information for their members and other people. When something is put out by a user group it will often gain a lot more credibility. We provide a lot of information for users and also for people who are not using at this stage through our Drug Aware website. Quite a few of the questions that we get are from regular users.

CHAIR—I do not want to cut you off, but what I am really interested in is your view on Dr Caldicott's program and testing, which does not happen in Western Australia, as I understand it.

Mr Murphy—Yes. Pill testing and the unintended consequences of this sort of message, which are suggesting, 'You are already using; therefore'—

Miss Costello—Certainly in the prevention monograph, which I believe you have been sent a copy of, pill testing was flagged as something that required further research. I do not think at this stage we know enough about it and its consequences to know the sort of impact it might have on users. When it has been a discussion point in focus groups, young people have said things like, 'If I found out that there was something very dangerous in the pill, I probably wouldn't take it.' I suspect if a pill contained something like amphetamines, some caffeine and a bit of ketamine they would possibly take it anyway. If it was something dangerous that would make them sick, they might stop doing it. I think young people who use might actually think it is quite a positive thing, not that it is okay.

Particularly with amphetamines at the moment, young people are hearing a lot of stuff in the media about the risks. In the nineties there was the issue around Anna Woods, who died from ecstasy, which is quite a well-publicised issue. The problem with that was that young people were not seeing the same problems with their friends. I think it is safe to say that a lot of people have friends at the moment who are experiencing some sort of problem, even from one episode of use of amphetamines. That shows through the calls we get to ADIS and the emails to Drug Aware.

Mr Murphy—To pick up on that point, I will confess to quite a conservative view on this issue. Drug policy is always a balancing act between the consequences of an unfettered focus on reducing harm versus an exclusive focus on prevention. We try and do both, but every effort at harm reduction has to be targeted as narrowly as possible so that it only reaches those people

who are already using drugs. If there is a perception among young people particularly that everybody is doing it or that, as you say, if you drink enough water it will be okay, that has negative unintended consequences. In all our policies to do with prevention and harm reduction, we have to guard against that. We think we strike the balance quite well in WA, but it is always a live question to be asked about any initiative or material.

With specific respect to pill testing, interestingly, the intergovernmental committee on drugs has said that they have considered the issue and the evidence sufficiently and it is of no foreseeable benefit to pursue the issue further. That is a fair way of characterising the position they have taken.

CHAIR—So it is not that there is too much liability? That is the other angle. If you say to kids, 'This pill's okay,' it might not be okay for that person.

Miss Costello—That assumes that it is a guarantee that it will be all right.

CHAIR—Yes. There is civil liability, and then there is criminal liability in aiding and abetting the taking of what are currently illegal drugs. There are those issues. But you are saying that the decision was made on the basis that there is no perceivable benefit to doing it.

Mr Murphy—Any benefit would be outweighed by the potential risks, such as the inadvertent message and the consequences of those, and issues like civil liability. It is not worth pursuing. That seems to be a reasonable reading of the evidence from overseas. To be frank, it is a case of, 'If in doubt, take the conservative route.'

Miss Costello—That would match the feedback that we get through focus groups. Most young people—those who are risk takers—would as a general rule say that unless it is going to hurt them they will probably do it anyway.

Senator POLLEY—From your focus groups, why do young people feel the need to have to take a drug to have a good time?

Miss Costello—'Why do people drink alcohol to have a good time?' is probably the question that they would ask us in return.

CHAIR—With alcohol, you have something in your hand so if you are a bit embarrassed you can do something. If you pop the pill beforehand, then you do not—although I suppose if you pop the pill beforehand you will not be embarrassed. When I was growing up, alcohol—

Miss Costello—It is part of the culture.

CHAIR—People used to smoke cigarettes so that they had something to do so that they did not feel alone if they were alone. You give cigarettes away and then you go on to alcohol—'I'm doing something; I'm not standing in the corner like a nerd by myself.' But pill popping happens perhaps an hour previously.

Senator POLLEY—Once again, alcohol is something that you can have in reasonable amounts and it does not cause a problem. To some extent, that message has been delivered to the

community. If you drink excessively you are going to have health problems and other social problems, but is still not illegal. However, drugs are illegal. Is it the thrill of breaking the law?

Mr Murphy—We are in the realms of some serious speculation here. There are a run of issues, whether you want to go back to the 1960s or 1970s or—

CHAIR—Or go back to the 1930s and prohibit alcohol.

Senator POLLEY—Yes.

Mr Murphy—That is right. One overarching point: drugs have been with us for millennia—all sorts of drugs, whether hallucinogenic drugs used in ritualistic ways or alcohol used widely socially—

Senator POLLEY—To ones that are overprescribed.

Mr Murphy—and a minority of people will always get into trouble with drugs, which is why we have the restrictive policies that we do. What has driven the increase in illicit drug use since the 1960s? I think you have to look at the whole range of factors: sheer availability, the cultural shifts that have occurred and—I am hesitant to say—the cultural shifts that have become embedded. So we had the cultural revolutions, if you like, in the sixties and seventies, but there are a number of cultural factors that have been embedded, whether it is individualism, hedonism, thrill seeking or a breakdown in some of the more restrictive cultural mores that held deviant behaviour in check. They are really big questions, those ones, and that whole run of issues has to be considered—which, unfortunately, just leads to the point, 'Gosh, no easy answers on tackling these issues,' but there are a run of strategies that are necessary to impact on each of those factors.

Senator POLLEY—Do have a message, then, for the committee to take back to both houses of parliament on this issue, as to what more needs to be done?

Mr Murphy—Very simply, the National Drug Strategy has got it right when it talks in terms of demand reduction, supply reduction and harm reduction. Each of these things has to occur. In terms of what we actually do, there is the discussion we have had and the materials we have shown you—and there is a little bit more material, in terms of our facts about drugs here and what our drug and alcohol sector is doing, that we will leave you with. Prevention works; prevention that is aimed at delaying or stopping the onset of drug use works. There are not mountains of evidence but there is sufficient evidence to say that, if we educate and deliver public health campaigns right, we can have an effect on young people's behaviour in particular.

Treatment works, and so making sure that our treatment services have sufficient capacity to meet the demand from people seeking treatment is really important. Part of that is diversion, too: making sure that we are taking every opportunity to divert people into treatment. I will put it more bluntly—to coerce people into treatment when they come to the attention of the legal system, the welfare system or the like. So I think the big messages from us would be that it is worth investing in prevention and treatment with respect to this drug. And I am sure you have heard from police that you need to keep supporting supply reduction initiatives as well, because

they are fundamental. We do not have magic answers, but some wise expansion of what we are doing will yield results.

Miss Costello—The comprehensive approach really does work, too. We are also starting to work across the sector. We have a program we have not actually talked to you about, our nightly news and entertainment events project, which is a way of police working on prevention with industry to create safer environments when young people go out, especially environments that do not necessarily encourage drug use. There is a cultural issue that you talked about before: you used to smoke because that was what you did amongst subgroups that went out and that is what your group of friends did. It is the same thing; that is what drug users tell us. It is the same issue for them. They see it the same way. You asked, 'Why do they do it?' It is because of that cultural thing. It is for a number of other reasons as well, but it makes them feel like they belong.

Mr Murphy—Certainly, the bottom line is that we have to try to develop a culture—and this is perhaps where your previous witnesses' evidence and ours might be at odds, but I think it is important—that is less tolerant of illicit drug use, while at the same time balancing that with compassion, respect, and pragmatism that targets reducing harm. But, as a culture per se, it is important that there is a strong degree of intolerance about illicit drug use. It keeps some cap on it. It does not stop it.

CHAIR—This situation has been around for a long time, from alcohol to marijuana and perhaps heroin in my day and now to amphetamines. The comment from Dr Carruthers—and I am not blaming her for saying it; she is saying what she sees as the facts—was that a large percentage of the people who use it, use it on the weekend and perhaps for the rest of the week do not bother with it. It has an immediate impact. Young people would, no doubt, say: 'It's not going to affect me. It's not going to lead me into heavier drugs. It's not going to do anything but give me a good time tonight.' That is obviously how a lot of young people think about it. What is the counter to that?

Miss Costello—That is a hard one.

Mr Murphy—The next campaign we will be running on amphetamines, which will hopefully be out this month, emphasises the legal consequences. A proportion of people will have legal consequences if not from the direct use then perhaps from the antisocial behaviour that tends to be associated with use. A number of people will get into aggressive social situations and might end up in emergency departments and a number of people will develop mental illnesses as a result. All of these are small proportions of total users but, as Eleanor said before, with the time that this drug has been around, very few young people who use the drug or who are considering using it would not have seen some of those negative consequences among their peers. Like all good advertising, we will magnify and reflect that back to the potential users.

Miss Costello—It is based on fact, too, which is what they like. It is a strong campaign, and I am quite excited about it.

CHAIR—When you say that it could have this effect—

Miss Costello—It is not 'could'; it does.

CHAIR—they say, 'It doesn't have that effect on me, but I've seen my friend go like that.'

Miss Costello—Or they say, 'Remember so-and-so's brother had that problem and it happened.' Or they know somebody who has got into a fight and they all got kicked out of a venue, or something like that has happened that has impacted on them.

CHAIR—Would most young people who are using it say: 'I have seen this happen. I know it's bad, but the benefits of having a good time tonight outweigh the possibility that that might happen to me.'

Miss Costello—It is about changing that view over time. We have had similar cultural changes with other drugs. Tobacco is one where we have had great success. We also have to change the culture around drink driving and make people understand that that behaviour is not okay, that using that drug and behaving like that is not okay. Over time we will hopefully change young people's views. We have seen changes around which drugs are in and out. Hopefully, with amphetamines, we will be able to build up the barriers against using it and give young people more reasons why they will not want to use it or perhaps, initially, they will not make the decision to use it and get into it. And, if they are using it, perhaps they will reconsider their use.

CHAIR—So the message would be, 'That person is making a real arse of himself by being aggressive or loud, and that is not acceptable.'

Miss Costello—And also, 'Amphetamines might be more harmful than you think.' We are backing that up with good facts.

Senator POLLEY—It is a bit like drink driving, especially in smaller communities. It is embarrassing to be caught for drink driving, so that has an impact on the community. We are trialling drug testing as well, and that is having an impact. Sometimes just the fact that your name goes in the paper and it can bring shame on you and those sorts of things can be useful tools as well.

Mr Murphy—Yes. They drive a culture of intolerance for sure. One of the keys to understanding this area is that nothing works for everyone. We are always playing the percentages. Its use has come down from 14½ per cent to 13½ per cent amongst people in their 20s. If we can get that down another percentage point, that is a number of lives we are affecting, and so on. Pushing the percentage in the right direction is what we are trying to do.

Senator POLLEY—It is a bit like smokers now. They are the minority, aren't they?

Mr Murphy—Quite.

Senator POLLEY—There are still some there, but—

Mr Murphy—So it builds up momentum with success.

CHAIR—Mainly women, you might note, too.

Senator POLLEY—Yes. Look at the advertising. That is a whole new issue.

CHAIR—Thank you very much for that.

Miss Costello—But overall, with the work that we are doing with police and industry at the moment, it is about everybody addressing the issue so that, when young people go out, it is not an environment that encourages drug use. The police are working in closely with venues, and the police have a presence there as well, because we know that police presence, targeted enforcement, does work. We know it works. All of these things will overall make a difference.

Senator POLLEY—But, as the dealers and the organised crime people behind them market the drugs, we have to also be very conscious and continue to make sure that we match them in how we market the downside.

Miss Costello—Yes.

Mr Murphy—Absolutely, and keep up those law enforcement efforts to squeeze supply.

Senator POLLEY—It takes a long time to get a message through, through advertising. If you look at how many billions of dollars Coca-Cola spends on advertising and if you look at political parties and how long it takes to get a political message, you will see that it is the same in these sorts of issues.

Mr Murphy—Quite. I think one of the mistakes we make is stop-start efforts.

Senator POLLEY—It has to be a continual thing.

Miss Costello—Yes. And, in that, continual support to do it is very important as well. If you would like any more of any of these resources, we can certainly provide them.

CHAIR—The committee might, because I am confiscating these couple of things!

Miss Costello—If you could give us some details, that would be fantastic. We have a set of materials that go with those. We will send over a couple of packs full of them.

CHAIR—Was there anything else?

Senator POLLEY—No, we could be here all day, as we could with all witnesses. We appreciate your time, your expertise and your frankness.

CHAIR—As I say, this is the second day of our hearings. Particularly for me, and Senator Polley has indicated the same thing, it is all a bit new and different. Are there people in every state doing what you guys are doing?

Mr Murphy—To greater or lesser extents, yes. We are reasonably fortunate in this state that the Drug and Alcohol Office brings together policy, prevention, treatment, contracting non-government services, and whole-of-government coordination into one organisation.

Senator POLLEY—There seems to be a very good focus up here in the state government in terms of their resources and the interdepartmental communications, not only on this issue but, I

recall too, on the petrol sniffing. When they came to the hearing, we had every department—there were people lined up everywhere and a second row—wanting to engage and participate. So I think that should be commended as far as this government is concerned.

Mr Murphy—Thank you. It is a strength.

Miss Costello—A lot of our strength comes from our regional support as well. We have a very big network of non-government and government agencies and community groups like our local drug action groups that really support us on the ground level.

CHAIR—You did say—and I know it was a throwaway line—that 'some are doing it better or worse than we are'. Who would you think is doing it better than you are? You seem to be doing pretty well. Or was it just a throwaway line? Are you really doing it the best?

Mr Murphy—Of course! Absolutely! It is different issues, I think. Each state has different strengths. I look a bit jealously at how Victoria has organised its treatment services. I think South Australia has excellent clinical research. We have a lot to learn from some of Queensland's efforts in Aboriginal health on this issue, but led from the community, perhaps, not necessarily government. It is really more a matter of looking around at who does what. With respect to amphetamines, prevention and treatment, I think WA is right up there with the amount of people we get into treatment and our efforts in prevention. They are our main responsibilities.

Senator POLLEY—But you need to as well, on the figures.

Mr Murphy—Quite. That is exactly right, which is why we do not get complacent.

Senator POLLEY—No. But also your explanation as to perhaps, to some degree, why that is so is the younger population. You do have a lot of transient young people who come up here to work as well.

Mr Murphy—Yes.

Miss Costello—Some who stay here.

Mr Murphy—Yes, that is right! Particularly from a lot of the southern states.

CHAIR—Again, thank you very much.

Senator POLLEY—It has been very useful.

CHAIR—Well done for what you are doing. It does seem that you are doing well. We are not experts to say it, but it is very impressive work you are doing.

Miss Costello—We will send you through some sets of the resources and also the new campaign materials when they are ready.

Mr Murphy—Yes, when they are released, because they could be interesting.

CHAIR—Did we ask you—we certainly asked the police—whether the Western Australian government or your agency is considering this pill-testing thing?

Mr Murphy—We will not be.

CHAIR—You will not be?

Mr Murphy—No.

CHAIR—Did we ask you that before?

Senator POLLEY—Yes, we spoke about—

Mr Murphy—Pills in general and our views.

Senator POLLEY—their views on that.

Mr Murphy—We definitely would not be considering that.

CHAIR—You are quite definite about that.

Miss Costello—For the reasons that we discussed that will be in the transcript.

Mr Murphy—Of course, I am the employed representative. Political things may change that. But, no, it is not under consideration at all.

CHAIR—You are saying that that is more of a government policy decision rather than a clinical—

Mr Murphy—I am very confident that the government and the bureaucracy share the same view—that we will not be pursuing that.

CHAIR—Thank you.

Mr Murphy—Thank you. We appreciate the opportunity.

Committee adjourned at 1.21 pm