T R A N S C R I P T

LAW REFORM, ROAD AND COMMUNITY SAFETY COMMITTEE

Inquiry into drug law reform

Melbourne — 19 June 2017

Members

Mr Geoff Howard — Chair
Mr Bill Tilley — Deputy Chair
Mr Martin Dixon
Mr Khalil Eideh
Ms Fiona Patten
Ms Natalie Suleyman
Mr Murray Thompson

Witnesses

Mr John Rogerson, Chief Executive Officer, and
Mr Geoff Munro, National Policy Manager, Alcohol and Drug Foundation.

Necessary corrections to be notified to executive officer of committee

The CHAIR — I formally declare open today's hearing of the parliamentary Law Reform, Road and Community Safety Committee. We are continuing public hearings on our inquiry into drug law reform. We are first hearing from representatives from the Alcohol and Drug Foundation — John Rogerson and Geoff Munro. You may be aware we have had many written submissions — something like 220 written submissions — then over the last month and a half we have been carrying out public hearings, this being the third in Melbourne, so we are pleased to hear from you today.

You will be aware that Hansard is here recording our discussion. After a couple of weeks you will get a draft of the discussion. You will be able to check any technicalities in it, and then it will become part of the public record. You are aware that you are covered by parliamentary privilege when you are speaking at a parliamentary hearing — I do not know whether that is relevant to you or not. We are pleased that you are here today. We thank you for the submission you have presented to us in writing ahead of time. What we would like to do over the time that is available to us is for you to speak to your submission for 10 to 15 minutes and then we will have some discussion beyond that. I will hand over to John first, and then we will go from there.

Mr ROGERSON — Thanks, Geoff. Firstly, thanks for the opportunity to be here today and say a few words. What I thought I would do initially is not talk too much about our submission but open up with a couple of comments. I want to hand this out if I can: this is two pages out of the National Ice Taskforce report. I want to talk about figure 2.7, but before I do can I say that the ice task force report is one of the most important reports on drugs released in the last 10 years in Australia. It did three things. It led to significant additional funding for the country around treatment, some funding for prevention, and it provided no extra dollars for law enforcement. I think that was a very interesting statement that the government and the task force talked about. We had a number of people talk about how we cannot arrest our way out of this issue. It is time to do some things differently in this country, and that is what I want to spend some time on before we open up for questions.

I particularly want to refer to figure 2.7 here, which is from page 21 of the report. It looks at the reasons for continued illicit drug use by Australians aged over the age of 14. It shows that 10 per cent of people using illicit drugs use drugs to enhance their mood, 17 per cent are trying to do something that is more exciting by using illicit drugs and 32 per cent use drugs because they want to enhance their experience. Only 7.5 per cent of people who use illicit drugs are using drugs because they are dependent.

The point I am trying to make here is that, if you look at the work that the Alcohol and Drug Foundation does, it is around prevention. A lot of it is focused around primary prevention and those 60 per cent of people who are using drugs. They are not people who are dependent; they are people trying to have a good experience. I think there is a need for us to try and get some perspective around why people use illicit drugs in this country so we can then tackle it in a much more constructive way than we have in the past.

Certainly my organisation's focus is around primary prevention, so either trying to stop people using drugs or delaying when they start using drugs. Inevitably some people are going to use drugs and they are going to get into trouble, so how do we help those people when they do get into trouble? We certainly need ways of reducing harm, and clearly when people become dependent then there are a whole range of other processes we need to put in place to care for those people.

I think one of the most important things that this committee could look at it is the whole issue of the decriminalisation of drugs, and I know that as soon as you mention the word 'decriminalisation' people get very anxious. When I talk about decriminalisation I am not talking about the legalisation of drugs; I am talking about making sure we treat this issue as a health issue and not as a criminal issue. Of course that is only for possession of a small amount of the drug for personal use. I am not talking about people who sell drugs or the like.

I think the other thing that is absolutely critical is that we start dealing with the causes of drug use, not the symptoms. We saw a very good example of that on the front page of the *Herald Sun* this morning. We need to have much more in-depth conversations about why people use drugs and the causes rather than keep responding to the symptoms of drug use, and it would be good to talk to you some more about that.

I think what is most important is that we have different conversations with the community, because we have actually done some really good work around mental health in this country and started to change how the community looks at this issue. It is time that politicians right across this country started to do more on this issue. If we have been able to do it with mental health, we must be able to do it with illicit drugs as well, because with

the stigmatisation of people who use drugs, particularly those people who are dependent, what sits behind their drug use is generally either some factor associated with trauma or something to do with socio-economic disadvantage. They are the issues really as a conversation that we need to start having with the community.

We have got used to hearing in our community, 'I'll have a pill with this'. We will have a pill with anything if it is going to help us change our mood or deal with pain, and that is just the way our community responds. So is it therefore surprising that young people want to go to a music festival and enhance their experience with a pill? So there are a whole range of different conversations in the community that we could have.

It is just fascinating that if you look at what are the most common illicit drugs, the top five common illicit drugs used in Australia are cannabis, number one; painkillers, number two; cocaine, number three; ecstasy, number four; and tranquillisers, number five. So of the top five illicit drugs in this country, two of them are legal drugs. That is the conversation we keep missing. Meth then is number six.

So that is all I would like to say, Chair, and certainly Geoff and I are very happy to have a conversation with you about some of those issues and also what is in our submission.

The CHAIR — Okay. I do not necessarily need to lead off.

Ms PATTEN — Thanks, Geoff; thanks, John. Nice to see you again, Geoff. I just want to go to the front page of the *Herald Sun* today and get your comments on that. If the police were given greater powers to search at festivals and things like that, can you speculate on what would happen? Do you think that is going to stop young people from enhancing their experience at a festival?

Mr ROGERSON — We have been trying the same technique of trying to stop drugs coming across our borders. How is it going? It is going really well for us, isn't it! So kids are absolutely inventive. They will think of another way of dealing with the issue. They want to use drugs. That is the problem we have got. If you talk to the police, they want us to do something about reducing demand, so that is where primary prevention comes in, because they know that you cannot arrest your way out of this problem.

Ms PATTEN — But we keep trying.

Mr ROGERSON — Yes, when you look at statements from the minister such as, 'This is about protecting lives and ensuring music festivals are great places for young people' — young people think music festivals are great places, that is why they go — then we talk about protecting lives, that has actually got nothing to do with protecting lives. It is about protecting politicians. Let us have some honest conversations about this, because this rhetoric — and we will get it from every side of politics — is not doing our country any good. We need another way of dealing with this drug issue. The way we are dealing with it is not actually having any impact.

Mr MUNRO — Could I just add that obviously we cannot keep drugs out of prisons. If we cannot keep drugs out of prisons, then we are not going to keep them out of music festivals. One of the dangers is that young people who go to music festivals, as John implied, see drug taking as an enhancement of that experience. They may take the drugs before they go. They may take a larger amount because it has to last a longer time, so we may in fact be increasing the chance of overdosing. Of course young people probably can buy alcohol there, so they may be mixing alcohol on top of whatever they have taken beforehand. So I think we can be confident in saying that this is unlikely to change or do very much to reduce drug use at music festivals.

Ms PATTEN — It is just going to increase risk.

Mr MUNRO — Yes.

Mr ROGERSON — The other thing to say, though, is that I understand why the minister said what she said, because that is the game of politics. I think that is the challenge for all of us: how do we have a different conversation so we can actually shift what is going on around this debate on illicit drugs in our country? Because at the moment it is actually not working. I think that is the difficulty. We put a political overlay on this, and we all get that, but it is actually not helping to deal with this issue.

The CHAIR — Can I follow on in terms of this issue? You have suggested in your report to us that we should look at a trial for pill testing. Have you seen examples of how that might work, or can you suggest how a trial might run and give us some suggestions as to how in practice that could be followed through?

Mr ROGERSON — Again the keywords are 'a trial'. We are not saying to bring it in — I think that is the challenge around all the issues now with illicit drugs in this country. We have to try some different ways of dealing with them because what we are actually doing at the moment is not working. That is why it was pleasing to see with the ice task force report and the government's Ice Action Plan that they actually allocated some funds to do things quite differently. We need to be evidence based; we do not want to keep dragging up things that sound like good ideas. Let us try a few things and then evaluate them.

Pill testing is now accepted in a number of European countries. It is done in a number of places around the world. Again it is a pre-emptive strike to enable young people to get information. It is not saying, as the minister said in the press release yesterday, 'This is about saying drugs are safe'.

There is no illicit drug that is safe. It is about giving information to young people to help them make better-informed decisions. At the end of the day it is their call; it is not my call, our call or your call. This is about providing them with information to help them at least make a decision. We know that a lot of young people, when they get information from the evidence that says, 'There's something in this pill that's a major concern', will not use it. At the end of the day we cannot decide for them, but we can actually give them better information.

I think it is quite telling that there was a problem earlier this year with a drug at a music festival — I think it was at the Myer Music Bowl — and after the event the police analysed the drugs to see what was in them. They were quite alarmed at what they found. That information would have been a lot more helpful to people before they went to the music festival, and it would have probably saved a number of those overdoses that occurred.

I understand how difficult this is for politicians. We go down the route where we are talking about how this sends the wrong message, but at the end of the day we are trying to save people's lives, we are trying to stop our young people getting into harm, and it is a very practical tool that is definitely worth having a crack at.

Mr MUNRO — I might add, Chair, that right now drug testing is taking place in the community. Young people are buying commercial kits — reagent kits, as they are known — and they are not very effective. They do not always pick up all of the constituents of a pill or a substance, and they do not tell the person how strong that particular substance is. There are much better, higher grade tests that are used in Europe, mostly at music festivals and raves, but in some cities in Europe they have established them as permanent fixtures where people can take an illicit substance to get it tested and can be told what the constituents are and how strong or potent the substance is.

The research I have read indicates that up to half of the people who are told, 'This pill or substance doesn't contain what you think it contains' dispose of it without taking it, so they recognise that the substance may be — may be — more dangerous than they expected. So there are good models overseas to do this.

I suppose one choice or one trial would be to set up a properly staffed, professional testing kit or equipment at a particular festival or a range of festivals over a period of time to test both the response of the people who take drugs to those places and to see what the effects are. But one of the collateral benefits from overseas is that law enforcement find out exactly what is circulating in the environment so they have a better idea of what is being taken, and people working in health and emergency services have a better idea of what they might expect to happen when an overdose or an adverse reaction occurs because they know what people are taking.

The CHAIR — Can you give an example or a couple of examples of countries that you have looked at that have the pill testing regimes that you have talked about?

Mr MUNRO — Germany, the Netherlands.

Mr ROGERSON — The UK.

Mr MUNRO — There is quite a range in Europe. We could provide that. We can provide further detail as a follow-up.

Mr ROGERSON — I think we also have got to be careful that this is not the panacea for sorting out the issue with music festivals. It is just one thing that can be done that would certainly reduce risk and harm for young people.

The CHAIR — I should note that Bill Tilley, the deputy chair of the committee, has now arrived — his plane has landed. Good to have you here, Bill.

Mr TILLEY — Good morning, gentlemen.

Mr DIXON — Just on the pill testing, when we went up to the injecting facility at Kings Cross we noted that one of the positives of it is that users are exposed to a whole range of support services and what have you. Is pill testing just a yes, no, it is bad, and there is nothing else? It is a different environment: people want to get on and enjoy themselves and they are not sitting around or anything like that. Are there any sorts of added advantages, or is it just purely a pill test?

Mr MUNRO — Thank you for that question. That is a very good question because the rigorous testing takes up to 20 minutes, so it gives health staff or nursing staff that are on hand an opportunity to talk with the person about the particular drug they are taking or what they think they are taking and why they may be taking it. So yes, it does give an opportunity for that sort of intervention with people who are taking a drug. I think that is a really nice point, that it is similar to the injection centres in that regard. It puts people in touch with people who may know more about the drugs and people who can refer them onto assessment or treatment if that is required.

Mr DIXON — Is there any sort of work that has been done longitudinally where people who are confronted with what is actually in their pill have started saying, 'I don't think I really want to do this at all' — not just on that occasion? Has it changed attitudes or behaviours at all?

Mr MUNRO — I think I would have to take that on advisement, but we can get back to you on that point.

Mr DIXON — It is interesting.

Mr MUNRO — One report I have seen is that particular drugs were taken out of circulation in the Netherlands as a response. When it became clear that a particular pill or substance was contaminated and quite dangerous, that drug quickly dropped out of circulation. Others may have replaced it, but it was a particularly nasty substance.

Mr ROGERSON — Your question also raises that whole issue around stigmatisation and what impact that has on people who are using drugs but also family members of people who are using drugs and how often that just stops them getting in contact with other services because of the way they think they are going to be viewed. So I think it is a very significant issue around stigmatisation and how we can actually do something constructive around that. It is exactly the same issue that we had with mental health, and we have actually been able to shift that. What that does then is it enables families to actually get advice around strategies they can use to support the person using and hopefully move them to a point where they will seek treatment and then hopefully some sort of support, and even get off drugs if that is possible for them. I think this issue of stigmatisation is a very big one for us.

Mr THOMPSON — Might you be of the view that pill testing could increase the usage of an illegal product?

Mr ROGERSON — Look, it is definitely possible. I think the evidence we have seen, though, is it does not do that. I think what you find is that there is a possibility, if the drug is not a good drug, that it is actually going to decrease use. So it is going to take those drugs out of the system, and I think that is what we need to see happen much more. I think the evidence from overseas would show that it does not do that.

Mr THOMPSON — Can you cite a study?

Mr ROGERSON — I cannot give you a study here, but I can certainly get you that research.

Mr THOMPSON — Thank you. Secondly, to what extent might a sample tablet reflect what is in an aggregate batch of tablets. If the sample is tested but the ingredients in the sample do not reflect the X hundred or X thousand other tablets in the batch?

Mr ROGERSON — Again that is a technical question around how batches are identified. That is not my expertise, but certainly my understanding is that users clearly see the way individual batches are identified, and that is the whole purpose of doing it — that you can actually then tell people to look for this particular identifier,

and that will then tell them not to use that batch. That is certainly the way the market works. There are clear identifiers on particular batches of drugs.

Mr THOMPSON — If there were to be a pill testing facility in Victoria, what would be the liability of the state if there was an ingredient in a tablet that caused death?

Mr ROGERSON — Again it comes back to this point around what you are trying to do by testing drugs through pill checking. You are actually not saying to a user, 'This drug is safe'. No-one is trying to suggest that. The message has to be to anyone using illicit drugs — it is often with legal drugs, by the way; there is a risk with any drug that we take — we are not saying there is zero risk. We are just helping them understand that the product they are thinking of using has got some ingredients in it which are high risk for them. So I think in terms of the state, these are some of the issues that have certainly been covered overseas, but there is no suggestion the risk is then taken by the state if something happens to that person.

Mr THOMPSON — Is there not an indirect promotion of the taking of the tablet if there is a bill of clearance for the ingredients to the tablet if death ensued? How would the state get around its liability?

Mr ROGERSON — The state would have to change its legislation around that. But at the end of the day we either do this to reduce the potential harm and risk to young people, or we do not do it. And if we do not do it, then we just keep going with the harder and harder approach around law enforcement, which we know does not have an impact.

Mr THOMPSON — Could it increase harm though if a cohort of 18-year-olds leaving school went to a concert and there was a pill testing facility available, and it lead to people, instead of a reliance upon fresh air, cups of tea or alcohol, endeavouring to try a drug that then leads to engagement and experimentation?

Mr ROGERSON — The answer is yes, it could. But the evidence would show that it does not do that. And again that is exactly why we do a pilot on it — to see what the impact is on all the players that are involved in illicit drugs. Particularly if people are contemplating drug use or are using drugs, there is some connection point back to having a conversation with them about that. Yes, the answer is it could. But unless we pilot it and try it we are actually not going to know what the consequences are. Certainly the evidence from overseas is quite positive.

Mr MUNRO — Can I just say, Murray, that we share each of these concerns. They were our concerns when we began to investigate this notion. I might just cite a conversation with a single person I had just a few months ago, a young woman of about 30. I was talking with her about this issue. We were talking about the issue of pill testing at festivals. She said to me, 'I have been going to festivals for 20 years, and this is just part of the background'. For her it is almost not an issue because drug use has been part of the festivals since she started attending them. So the broader community might see this as something else, but for people who attend them it is just ordinary practice. We share your concerns, and that is why we have taken some time to come to our position. The drug testing, pill testing regimes have been taking place in Europe for many years now, and they have not led to the particular outcomes that we and you have been concerned about.

Mr THOMPSON — What are the impurities in tablets that can cause harm? Say, in an ecstasy tablet, is it the ecstasy that causes the harm or are there other ingredients that lead to hospitalisation and death?

Mr MUNRO — Generally it is not ecstasy itself, although ecstasy can produce an adverse reaction in some people, particularly if they combine it with excessive activity and drinking a lot of water. But often it is other drugs mixed with ecstasy, such as ketamine, or it may be methamphetamine or it might be adulterants, which can be almost any chemical that has been mixed with the substance. So it is very hard to give the full range, but the problems are usually caused by a larger concentration of a particular drug that the person thinks they are taking or a mixture of drugs or a mixture of the drug and contaminants, which could be almost any chemical at all.

Mr ROGERSON — So if you look at what is happening in the US at the moment, one of the contaminants is fentanyl. Fentanyl is 100 times stronger than morphine. It is a massive problem overseas. So that is the sort of advice that you would want to be giving young people is: keep away from that because of the strength and potency of that drug.

As Geoff rightly points out, it is also about if there is a new batch around where the potency of the drug is increasing and you are not actually used to taking that drug, then again you are placing yourself at high risk. So there are a whole range of factors that contribute to this issue that young people need to be advised about.

Mr THOMPSON — Chair, I have more questions, but I will share the opportunity.

Ms PATTEN — I want to go back to the depenalisation of drug use and drug possession. In your submission you mention that that would have to be alongside increased drug treatment programs and education, but you consider that the cost of that would be defrayed by the reduced costs to our justice system. Do you know if anyone has done any economic research in this area? I am not even sure whether we have seen economic research with the Portuguese model. Portugal obviously has had over a decade of experience here. Do you know if anyone has done it?

Mr MUNRO — I think we did cite a couple of studies that showed that there were potential savings via the Drug Court. I am not sure if it is going to meet exactly your requirements, but the Drug Court research, I think, showed that people who went through the Drug Court rather than being incarcerated, they stayed in the community and they had a higher employment rate following the cessation of their drug use. So in a sense that is an economic benefit, and it is an economic benefit if people are not incarcerated because incarceration is very expensive.

Ms PATTEN — You are right. You used Donald Weatherburn's study. I might go back and have a look at the pros and cons. He might have put some figures in that.

Mr MUNRO — Yes, and he might point you to some other studies.

Ms PATTEN — You also mentioned our opioid replacement and substitution therapy and that you were looking at a project in Tasmania. We have had a lot of evidence saying that our substitution program is getting old and that the people who are prescribing it are moving on, so we are hitting some points where the doctors are not there to provide it and that pharmacies are not there to dispense it. Is that what you were getting at in your submission?

Mr MUNRO — Yes. I think that is an element of the stigmatisation that John referred to earlier. I think among some pharmacists there is an element of stigmatisation in that pharmacists do not want to be involved in opioid substitution treatment, because having drug dependent people attend the service is not seen as something that they want to be involved with.

Ms PATTEN — Is Tasmania doing something different to us? I think it was on page 22 of your submission that you mentioned or touched on something from Tasmania — that the national opioid substitution treatment project has been completed in Tasmania. I am not quite sure what that means.

Mr MUNRO — I think I would have to take that under advisement to provide more details. I could do that.

Ms PATTEN — That would be great, thank you.

Mr MUNRO — I am sorry that it is not as clear as it should be.

Ms PATTEN — It looks like it might be something interesting for us to look at.

The CHAIR — I just want to get you to perhaps focus on some of the primary prevention activities that we have not already talked about in our discussion that you think would be worth trialling. I know you have suggested we should be trialling a medically supervised injecting facility, but are there other primary prevention activities that your research shows have worked very effectively?

Mr MUNRO — There is a good deal of research all around the world about primary prevention, because we know that the people who are most at risk of using drugs in the first place and developing drug problems are people who use drugs early. So the earlier people use drugs, the greater the risk there is of immediate or acute problems, and using drugs early, say, in the early teenage years, increases the risk that people will become a regular drug user and then develop a drug dependency. We know that those people are people who are alienated, who do not feel that they have a place in the community. They are people who are often at loggerheads with their parents. Sometimes they are not well cared for; they may be abused, they may be

neglected. They often are struggling at school. This builds up into a situation where people do not feel loved or nurtured.

We know that the better the relationships children have with their parents is number one. Whatever we can do to improve parent-child relationships, particularly at an early time when there are signs that a young person is struggling or is not doing well, is where we need to be putting more resources into those early childhood years. I think that is number one. I think that is shown around the world. I think it is Norway that commits most of its social welfare funding to the zero to five years, because they say, 'If you get those early five years right, young people have a much better chance of developing into mature adults with fewer problems'.

We know that schools can do a lot to compensate for young people who are having a difficult time in those early years by identifying young people who may be struggling and helping them stay at school. Leaving school early, particularly when young people do not have a job or an apprenticeship, is certainly hazardous for their long-term future. We can do a heck of a lot in making sure young people are well connected to their families and know they have a place in the community. I might just point out that Iceland is getting a lot of recognition now because they identified — —

Mr THOMPSON — Iceland the country?

Mr MUNRO — Yes. Iceland the country — good point, Mr Thompson. They have moved from a situation where in the early 1990s they had one of the highest drug use rate among teenagers in Europe. They now have almost the lowest drug use rate in Europe. They undertook a number of activities. One was they banned tobacco and alcohol advertising, they established a curfew for teenagers during the week and they poured resources into recreational activities so that young people are involved in sport or artistic pursuits or similar pursuits. Plus they put a lot of resources into parent-child relationships and communication in the early years. It meant that young people have better relationships at home, they have a range of activities to do outside the home, they are connected to adults, and they are engaged in worthwhile pursuits that meet their interests and not simply that adults think are good for them. They have a much more integrated community, and their drug use is extremely low.

The Iceland approach is now being taken up by other countries in Europe. In a sense there is nothing new there that we do not know, except that Iceland have put it all together, and it is bearing out that if people have a secure place in the community, they have worthwhile things to do, they are cared for, there is less reason to use drugs. Essentially what they say is that they are providing natural highs for people. They are getting their kicks in other ways, and they are being cared for.

Ms PATTEN — Fresh air and cups of tea?

Mr ROGERSON — Can I just talk about one prevention program the Liberal government funded here in 2014, which is now being rolled out across the country? That is a program through sport, around helping the sport community understand illicit drugs, particularly for sporting clubs to have a policy and then to think through what they do with someone in their club who may be at risk, or who they think may be using drugs. Understanding how to have a conversation with someone you are concerned about, and what are the things that you need to have a conversation about that leads to some response from the person that is positive. It is also about what resources exist in the community to connect that person to and what resources exist in the community for the club to actually get some advice around how to work with a young person or connect with a young person like that. Also important is not to have the knee jerk where if they find that someone is actually using drugs to boot them out of the club. It is important to have a strategy around that and a policy around that which is much more nuanced about understanding that if you throw a person out of a club or a school or wherever, that increases the risks for that young person. How do you then have integrity around that and not impact negatively on the other people in the club? There is a whole lot of work that was started by the Liberal government here, and it is being rolled out at the moment.

Mr TILLEY — Gentlemen, I apologise for missing the first part of your evidence before the committee.

Mr ROGERSON — No worries.

Mr TILLEY — I may have missed it, but just remind me. In relation to the Drug Court, in your submission you made some comments in relation to extending drug courts to regional areas and rural areas, and you talked

about what resources should go into those. Can you give us some indication of what resources are needed to go into the drug courts?

Mr MUNRO — Our understanding is that one of the problems, one of the barriers, to extending the Drug Court system to rural areas is a lack of support services. That would be a lack of people like psychologists and social workers who are able to work with the offender in the community while they are on the program. That is a crucial part of the system so that the person is checking in with a trained person who can assist them and can talk through the sorts of issues they might be having while they are in the drug treatment program and also trying to re-establish themselves in the community. From our reading that is a necessary part of the program, and it is a hurdle for rural and remote areas where those professionals are thin on the ground.

Mr TILLEY — The federal government has rolled organisations out like Headspace. Are there partnerships that can be organised with psychiatrists or psychologists through Headspace and other partnerships with the federal government?

Mr MUNRO — I do not think we can say that it could be done, but I think it is certainly worth exploring. Yes, that is the sort of integration that is required to make the best use of the resources that are there.

Mr TILLEY — I just want to go back and pick up on a conversation with a couple of my colleagues in relation to the party environment, pill testing and those things. Obviously this committee will come up with a number of findings and will make a number of recommendations to government, but what has not been covered off is that in other jurisdictions you acknowledge in your research the willingness to pay. Who pays for it?

Mr MUNRO — That is a good question. I am not sure what the models overseas — just off the top of my head — actually say about that. I suspect the state might be responsible for the cost, but there is possibly a user-pay option as well. I imagine it would have to be fairly small if there was a user-pay option. That is something we could take on advice and get back to you about, Mr Tilley.

Mr TILLEY — If you could give us something back.

Mr ROGERSON — I think there are some models in the UK where there are not-for-profit organisations providing some sort of service around that. My response would be that there is going to be a cost benefit. If you can reduce the harm at some of these places — it does not matter whether it is at music festivals or anywhere — you are going to save resources in policing and a whole lot of areas like that.

Mr TILLEY — Yes. I absolutely understand and appreciate that. It is just about finding what is happening in other jurisdictions and how it is working. Does it go to the added price of an entrance fee? Is it borne by the taxpayer? I understand the issue as a whole, but then it extends to risk. In a litigious society where someone drops, they all of a sudden might get cranky about it all and want to sue the state. How do we avoid that when people are ingesting a chemical?

Mr MUNRO — I suspect it is handled overseas so as to avoid the state being responsible, and perhaps the person having something tested might have to sign a document saying that they understand that, regardless of the result, this is still a potentially hazardous thing to do, because a person can have an adverse reaction to any substance, whether it is legal or illicit drugs. No-one would be suggesting that taking the substance would be entirely safe.

Mr TILLEY — You are talking about signing off on complete waivers and that sort of thing?

Mr MUNRO — Yes.

Mr ROGERSON — We will do a bit more work on it and come back to you.

Mr TILLEY — Thank you.

Ms PATTEN — I want to move on to the waiver. Do we get people to sign a waiver when we give them a script for codeine or for other prescription drugs that obviously are killing far more people than illicit drugs. Going on from that, there has been talk about prescription monitoring systems, and obviously we are in the process of rolling that out. Dr Alex Wodak gave evidence in Sydney. He questioned the efficacy of the prescription monitoring system and whether it was going to achieve everything that people hoped it would. I

know you mention in your submission that Tasmania has rolled out the scheme. Is there any information that it has reduced harm or it has stopped doctor shopping or the like?

Mr MUNRO — I am not aware of any evidence to this point, but I would be happy to seek it —

Ms PATTEN — I have given you a big list.

Mr MUNRO — if it is available, and to get back to you on that. We agree that that is an important point. I think our submission notes that more people die from pharmaceutical overdoses in Victoria than die on the roads, which just shows the fact that as a community we are not talking about pharmaceutical misuse as an issue, whereas we focus on illicit drugs that are used by a relatively small minority of people. The bigger issue is our misuse and our overuse of pharmaceuticals. We support the real-time monitoring of that, and it is good that Tasmania and Victoria are leading the way in that respect. We are not aware of the results to date, but we are happy to seek them out for you.

Mr ROGERSON — This picks up on one of the points about the conversation we need to have with Victorians and Australians to get the illicit drug issue into perspective. We have got a very serious issue, but we have got a much more serious issue with the legal drugs. But the average person in the community does not have a clue about that.

Ms PATTEN — No.

Mr ROGERSON — I think that is the challenge for all of us. How do we have a different conversation with the community that enables them to understand and become much more aware of what the issues around drugs are?

Ms PATTEN — You are rolling something out on this, are you not?

Mr ROGERSON — We are doing something with pharmaceuticals at the moment, trying to start a conversation around that. But, look, it is being done on the smell of an oily rag. Again it is trying to demonstrate the sorts of approaches we need to have to encourage conversations.

Ms PATTEN — Where would I find some examples of that campaign?

Mr ROGERSON — I will send it to you.

Ms PATTEN — Thanks, John.

Mr ROGERSON — So do you want me to send it to you or to the committee?

Ms PATTEN — Probably send it to Yuki.

Mr ROGERSON — Send it to Yuki. No worries.

Ms PATTEN — It looks interesting. It is 'Are you at risk?', is it not, and targeting women — —

Mr ROGERSON — It is targeting a whole range of people including men.

Ms PATTEN — Men in their thirties and women in their forties or something, I think I saw.

Mr DIXON — Men in their what?

Ms PATTEN — Men in their thirties. That is why you have not seen it, Martin. I have not seen it either. It is women in their forties.

Mr ROGERSON — I think that really then picks up another interesting issue around the latest results from the national household survey on drug use, which showed that drug use in our community is moving away from young people into being a significant issue for those people over 30. We keep making drug use in our community a young person's problem. It is actually now becoming a problem for older people, and a very significant problem. You would have got the latest results from the national household drug survey, and I think it identifies that we have got to be much more nuanced now around who we are targeting with these programs.

I think if I can, Chair, I will just talk about one other thing, and that is the whole issue of socio-economic disadvantage in our community. One of the problems as a community we have also got is that we keep dealing with a whole range of health and social issues as separate issues. When you join them up there are a whole lot of factors that are the cause of a lot of these problems in our community. Underlying a lot of problems around alcohol and other drug use is social and economic disadvantage, so if we could do something about that, you would have a very positive impact, not only on alcohol and drug use or misuse in our community, but on a whole range of other health and social issues.

Mr THOMPSON — Just very briefly, in relation to on non-pharmacological solutions I am interested if you have got any other comments on those as a way forward.

Mr MUNRO — I think what we are pointing at there is that we would like to see a greater emphasis on people being referred to non-pharmacological treatments when they visit their medical doctors and they are feeling stressed out or mildly depressed or unwell, rather than ourselves always seeking a script to deal with that, and that we are referred to other forms of relaxation — you know, various stress management techniques.

Mr THOMPSON — Are you of the view that the medical profession overprescribes in a 6-minute consultation?

Mr MUNRO — I think we are aware that the medical profession is under a lot of pressure to overprescribe. I think there is a shared responsibility from the person attending the medical professional and the medical professional too, because I think our submission points to the fact that benzodiazepines, which are often given to people who are feeling unwell temporarily, are not suited for long-term use, so people can become dependent upon them very quickly. That means that they find it very hard to come off them, and the benzodiazepines are not very effective in dealing with the symptoms a person is seeking help for. So yes, we would like to see that, and that is why we are running our campaign on pharmaceuticals to alert people to the risks they are running and to have them look for alternatives and perhaps to ask their doctor, 'What else could I do other than taking a pill?'.

Mr THOMPSON — Just finally, there are a number of social determinants of health alluded to on page 12 of your submission, and you say that people who experience a severe difficulty or trauma in their life may be most at risk of problematic drug use. Then there is a list of four bullet points, where circumstances are defined where people who might be disengaged from society through employment or mental health, disengaged from the school system, lacking role models or who grow up with drug use in their family. Is there a correlation between that cohort of people that might be drug reliant and those that might seek to use a tablet at a rave party, or is it a different social grouping where people might seek to mask their pain and trauma?

Mr ROGERSON — It is different but it is not different. Some of the people at a rave party are going to self-medicate because that is the way they cope with life — so life could be due to trauma or it could be socio-economic issues — but the majority of people at rave parties are having fun, they are wanting to have a good time, they are wanting to enhance their experience. That is part of the point I was making right at the start. If you look at why people use drugs, 60 per cent of people using drugs at the moment are using them to enhance their experience. They are using them to have a good time. Only 10 per cent of people are using drugs because they are dependent.

The issue I talk a lot about with my staff is the whole issue of stigma and how we judge as a community. We make a judgement about someone who is using illicit drugs, but we know nothing about them. So we never get their backstory, and the backstory usually involves trauma or it involves socio-economic issues that they are trying to cope with. I think if we could change society's issue with people who are using illicit drugs to try to understand what sits in behind the use, then we would have some very different conversations and a different result around some of this illicit drug activity.

Mr MUNRO — I think the 20-80 rule applies too — that 20 per cent of drug users are using 80 per cent of the drugs by and large, and they are the people at risk of drug dependency. Can I also say Mr Thompson that the four bullet points you pointed out are the issues that the Iceland program addresses exactly — people who are disengaged, not having a great future for those reasons — and I thank you for picking that up.

The CHAIR — Thank you, John and Geoff. As you are aware, we are on a bit of time constraint this morning, and clearly the submission you have presented to us is very detailed and extensive. We appreciate that

and we have given you a little bit of homework to come back to us with, so we look forward to getting that further information too. Thank you for coming along.

Witnesses withdrew.