

TRANSCRIPT

LAW REFORM, ROAD AND COMMUNITY SAFETY COMMITTEE

Inquiry into drug law reform

Melbourne — 4 September 2017

Members

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**Necessary corrections to be notified to
executive officer of committee**

The CHAIR — Welcome to this hearing of the parliamentary drug law reform inquiry of the Law Reform, Road and Community Safety Committee. As you are aware, we have had over 200 submissions come in to us. We have been holding a number of public hearings in Melbourne and we have been travelling to look at other jurisdictions too. Clearly you have been operating in this area for a number of years now.

Hansard will be recording what is being said and you will get a transcript of that in a couple of weeks time to just check over and see that it is correct, and then it will go into the public domain.

We will hand over to you for a start, Peta, to talk about the areas of particular interest and expertise that you would like to share with us, and then we will enter into a discussion from there.

Dr MALINS — Sure. As I mentioned, I have worked in the field for about 15 years, mostly research and teaching, but also doing some work at the City of Melbourne doing policy and project work around syringe disposal, working in the field of harm reduction, spaces like DanceWize and the FootPatrol needle and syringe program. During that time I have focused mainly on two, now three, research areas, but of course I have developed a wide literature awareness of the field as a whole. My main interest has always been around the kind of unintended or less visible impacts of various sorts of interventions in drug and alcohol spaces — particularly policing interventions has been one of my focuses.

The main areas of my research have been around injecting drug use — that was my earlier research focus, particularly around injecting in the CBD. At the moment Richmond is such a big hotspot for injecting, but back around 1999, 2000, 2001 and 2002 the CBD had a very similar, very visible drug market. So I have looked at the policing practices in urban space and the impacts of what was going on there at the time, particularly for women injectors — that was my focus at the time in my research.

The other research project that I have been doing now for the last year and a half has been looking at the role of drug detection dogs and the impacts, both intended but also unintended, of the drug detection dog operations in generalised contexts, which means not so much drug dog use in airports or in buildings and premises where there is a warrant, but in generalised use where they are taken out into the public or semi-public context and used by police focusing on and homing in on people who might be carrying drugs. I will talk a bit more about that research in a moment.

The third area of research that I have done a little bit of work in is drug education in schools. I did not put that into the submission itself, but I am willing to talk a little bit about drug education too today if I can answer any questions about that.

The main recommendations, as you will know from my submission, are that I do not think police should use drug detection dogs in generalised contexts at all, because I think that there is no real evidence base for their use and their usage is actually counterproductive rather than beneficial. I will talk a bit more about the reasons for that in a moment. The other recommendation of course is that I believe that supervised injecting facilities need to be urgently introduced. If you had asked me 17 years ago, I would have said exactly the same thing — that supervised injecting facilities needed to be introduced urgently. So I will talk a bit more about why I believe that as well.

So focusing on the drug detection dog project, the context as you might know in Victoria is that they are mostly used in the Victorian context in festival spaces and at large-scale dance party events in the city — sometimes at festival settings out in the country and sometimes in the city. It is a little bit different in Sydney. Most of my research, even though it is an Australia-wide project, so far has focused on the Melbourne and Sydney contexts. In Sydney, as you might be aware, they are taken out much more to train stations, on public streets, in bars, clubs, parks, beaches — pretty much anywhere you can think of. Whereas in Victoria that has not been so much the case, although more recently you might be aware that the City of Stonnington had Operation SafeNight, where the dogs were brought out in a much more intensive way in precincts such as Chapel Street and also in Richmond in response to some recent overdose deaths and some controversy in relation to that. I went down to do some research in that context too.

My research project has involved doing extensive literature reviews and doing fieldwork observations of the drug dogs in action at festival sites but also at places in Sydney like train stations and, at the City of Stonnington operations, going out very late at night. I have also conducted interviews with stakeholders, with 10 different stakeholders who work in the field or who manage events, talking about their experiences of the operations, and

also with 20 people who have been searched by the dogs. I use the term ‘search’ fairly broadly, so it was people who felt like they had been searched by the dogs in some way, whether that resulted in an actual physical search by police or an identification or not.

As you can tell, my research is less interested in the broad statistics around this kind of impact, and more interested in the very qualitative kind of effects that they have on people. Pretty much all of my findings supported the literature that already exists, and I should say that there is very limited literature at the moment on the impacts of the drug detection dog operations. There is a fantastic ombudsman’s report that you might be aware of that was done in New South Wales. Some of the key findings from that were that the drug dogs were only leading police to find drugs in about one-third of the times that the dogs would identify people. They found that the dogs were having some negative impacts in terms of health practices around people’s drug use and also finding that they were impacting people in an emotional way — becoming fearful and anxious, and also relations with police were being impacted. Some of my findings reiterated those findings, but through the fieldwork interviews I also developed some other interesting findings.

I will talk first about the findings in relation to some of the health impacts and then talk about some of the other impacts as well. Mainly from the interviews I did, the 20 people I interviewed, none of them talked about stopping drug use, either in response to having experienced the drug dogs being there or knowing that drug dogs would be present at the places they were attending. What I found was that the presence of drug detection dogs was transforming people’s drug use rather than stopping it or preventing it.

People talked about some really interesting different ways that they manage the risks of being caught by drug detection dogs. Some of those included the more widely publicised versions, that people might panic upon seeing the drug dogs and then take all of their stash of drugs at once. Certainly quite a few of the quotes from the interviewees I spoke to had done that at least once when they first encountered the drug dogs.

Other interviewees talked about preloading in future, so if they knew that drug dogs were likely to be present, they would take the drugs at home rather than bringing them with them to an event. Others talked about buying drugs inside rather than carrying them with them, to reduce the impact of being caught. Also changing the types of drugs that they used, so shifting to drugs that they thought were less likely to be detected, to synthetic things or GHB and things like that, or stashing drugs internally.

People talked about doing things that they might not have done before — for example, storing drugs in their vagina or anus in order to get past the dogs or past the police if they were to be searched — and that is because the police of course do not do internal searches without a court order. The police can do a basic body search. They can take people off for strip searching, but not actually the internal searching. So that was one of the other impacts.

Most of the adaptations that people talked about carry with them significant increased risks of harm. The risks of harm from panicked ingestion obviously have a higher likelihood that somebody might overdose or run into some significant health impacts from that panicked ingestion, or simply just feel really sick for that whole weekend that they are away — or the whole day that they are at the festival.

Preloading — similarly the kinds of ways in which the temporality of the drug use affects people means that they might be experiencing peaks — taking more drugs beforehand because they know they are not going to have any inside an event or festival and then already experiencing increased drug effects on the way to an event or lining up for an event or as soon as they get to the event. So it impacts the ways in which people manage their experiences of drug use.

Buying drugs inside is similarly problematic because of the ways in which people’s quality control goes down when they are buying from people that they do not know rather than somebody that they might have already purchased drugs from before. That can impact also on their experiences of knowing how much of a drug to take and those kinds of things. Changing drugs can be a huge risk. If people are taking drugs they are less familiar with and they do not know the effects of, they can run into trouble with that. Stashing drugs internally also runs other particular health risks. Also emerging from my interviews are emotional risks, which are about people’s self-perception and things like that.

My research also showed that there were emotional and social harms emerging from the dog use as well — people are talking about stigma, shame, service avoidance. If they felt that the police really were at an event to

target them and their use rather than to help them, they avoided first-aid services or harm reduction services or avoided going to the police if there was an incident — for violence, safety-related incidents and things like that.

Reduced police relations more broadly — people talk about a lot of anger, especially if they had been searched by the police but were not carrying drugs; that anger about having their time taken away and being publicly searched like that really reducing their sense of trust in the police or willingness to go to the police. And other sorts of just embodied psychological trauma from having gone through that kind of experience.

We are talking about huge numbers. If we look at the numbers in Sydney, they are much more publicised, but the extent to which people are affected by this operation — you have a certain number of people who are actually identified and searched, but proportionally that is only a very small proportion of the number of people who have actually experienced the dogs coming past and sniffing them and the kind of impacts that that can have.

In terms of stigma, there is personal stigma if you are searched by drug detection dogs and experience that public kind of shaming, but there is also that sort of broad stigma that affects groups of people when whole groups of young people or particular subgroups of young people are being searched by drug detection dogs.

The other interesting finding of my research that is worth really noting or focusing on is that there are a lot of assumptions I think about the drug detection dogs being a fairly neutral objective tool that police can use to really focus in and find the presence of drugs. What I found from my observations but also the literature of use is that dogs are really not that neutral objective thing that we think they are because of the way that dogs have evolved over a long period of time to read human cues and very subtle human cues, whether conscious or non-conscious.

There is some literature already published showing that the drug detection dogs are more likely to falsely identify in locations where police believe drugs to be present rather than where, for example, decoys were placed and things like that. So there is a statistical significance of false identifications when police were falsely led to believe, or the handlers were falsely led to believe, that drugs were present in certain circumstances. There definitely is an influence there, but with only one research study done on that it is hard to be really clear on the extent of that influence. But what I was finding in my research was that certainly it seemed as though there was a lot of interesting dynamics going on between handlers and dogs in the context of the operations that I watched and the teams of police that supported the operations. What I found, and I talked about it in my submission, was that often instead of the dogs just being generally led through a crowd randomly trying to locate drugs, police were often directing dogs over to certain people. Operationally there might be good reasons for that, but I think it is interesting to think about the ways in which the dogs are already reading certain cues about certain people, and the extent to which we assume that there is this kind of randomness to the dog operations that might not be as random and autonomous as that.

What I was going to talk a little bit about was the biases at an interpersonal level when one person is being targeted by a drug dog and the kinds of cues that might be given out, but also the ways in which the decision is being made about where to take drug detection dogs is not necessarily a neutral, operationally led decision either. In Sydney we already see that the drug detection dogs are more likely to be taken to Redfern station, for example, even though the rates of finding drugs at that location are far lower than elsewhere. We can see the negative impacts that might have on certain marginalised groups in the community.

Basically what I found was that, as I said, it is not likely to prevent use; it is more likely to transform it. There are some negative health and emotional impacts, and social relational impacts. Many people talked about bluffing their way past the dogs as well, so the extent to which they are actually very effective at getting everybody who is carrying drugs is doubtful. The legal and civil liberty aspects of it are really I think quite concerning as well, particularly in Victoria because the operations that are being undertaken are very legally ambiguous. There is doubt about whether the reasonable suspicion case would be made based solely on a drug dog identification — that has not actually been tested in court — and what the kind of grounds are to go into justifying the reasonable suspicion has not been established very clearly. Basically that it is not evidence-based, as I said before, and not based on or governed by clear guidelines about civil liberties and safeguarding those civil liberties.

In relation to the drug detection dogs, I think they are doing more harm than good. Like many other intensive police operations, they have huge impacts on harm reduction and on health risks. My advice would be — or my

suggestion or recommendation would be — that instead of deploying drug detection dogs in all of those contexts, police should be equipped to better work with the harm reduction services that are already operating in many of those contexts, and that their role should be focused on keeping people safe, whether that is in terms of broader violence or keeping people safe in relation to drugs and their health and things like that, and getting them in touch with the health supports that they need and focusing on that.

I will not talk quite so long about the second recommendation, which is about why we should establish supervised injecting facilities. I am pretty sure quite a few people will have spoken about that already. But the interesting thing I think from my research, which is now fairly old — around 2000, 2001 — and of course was focused on the CBD rather than Richmond, was around the ways in which the women I spoke to were negotiating different risks in public spaces. One of those risks, which is not often very well documented, is around the risk of stigma and identification as a junkie. It had particular gendered connotations for the women I spoke to as well, and the way in which certain spaces — because I was very focused as well on women's use of different sites, whether that was toilets, certain laneways or car parks, and why they chose certain locations over others - that the dirtiness of a place and its connotations as a junkie place was really problematic for women injecting. And when there were intensive policing operations, women would have two priorities — avoiding police over reducing the other risks associated with their use, whether it is to do with overdoses —

Hearing suspended.

The CHAIR — Let us continue before we lose too much more time. Peta, you were just about to talk about the discoveries you had made with injecting facilities and interviewing women in Melbourne.

Dr MALINS — Yes. The main things were that the women I spoke to were all constantly negotiating many, many different risks in urban space when deciding where to go to inject and where not to. All of those had to do with things like obviously proximity to the drug market, so convenience; but also access to water and light; cleanliness; police presence, where they used public shaming; violence and theft; and risk of being found or not found in case of an overdose — that was one of the concerns women talked about.

When there were intensive policing operations, obviously avoiding the police was prioritised, so that meant that often women talked about rushing their injecting because they wanted to avoid getting caught, and not accessing needle and syringe programs — there was a patrol where I used to work — because of that risk of being caught. Women also spoke about injecting in more secluded places, thereby heightening the overdose risk; injecting in dirtier places, which as I was starting to flag before had implications for their self-perception and the sort of social stigma that they experienced; not accessing health services as well; and some of them talked about moving to other areas to buy. Again, none of the women at the time talked about not using drugs because of the intensive policing operations, but some did move to other areas, which of course has health implications for accessing known services or known qualities of drugs and things like that.

As I was saying before, one of the most interesting things about my research there was the aspect of women talking about their social identity and the stigma associated with that sense of themselves as being a dirty junkie and trying to avoid that, if they could, at all costs. Certainly injecting somewhere that was seen to be dirty in that kind of stigmatised junkie way had impacts for their sense of self-worth, their mental health, their willingness to access services and their willingness to see themselves as somebody worthy of being helped as well. Also women said they could tell that other people saw them as a junkie and were less likely to help them if they overdosed and things like that. They had that strong sense of it —

The CHAIR — And so to address that sort of issue, are you suggesting that a supervised injecting room would address all of that?

Dr MALINS — Yes, I am. So the supervised injecting facility, as other people probably would have already talked to you about, has been shown overseas and in Sydney to save lives, to prevent overdose and to decrease any kind of health risk associated with injecting — you know, all the other sorts of viruses and infections and things like that — but it has also been shown to reduce violence and thefts and increase public amenity. But as my research indicates, I think it would also have impacts on people's self-perception. I cannot speak necessarily for all genders, but the women I spoke to talked about wanting to use somewhere like that because they saw that it would not stigmatise them in the same way.

The CHAIR — From your research, the people whom you interviewed, do you believe all of them would go to a supervised injecting facility if it was available, or are there some that would not?

Dr MALINS — Yes. Again it was sort of more qualitative research rather than statistical things that I could say so that I could generalise, but the women that I spoke to predominantly, if not all, would have liked an injecting facility. One of the reasons they would have liked such a facility is that it would be the sort that would not stigmatise them in that kind of way. The design of it would be quite important, though, and that is something that other people have written quite a bit about — a design so that it is not too stigmatising when they enter. It is clean but not so sterile that they feel that it is alienating to them as well, but clean enough so that when they emerge they do not feel like they are a junkie anymore but they feel that it is being treated as a health issue and that they are more a client or a patient.

The CHAIR — Given that it is now a number of years — 15-odd years — since you did that research, do you think any of that has changed now?

Dr MALINS — I doubt it. I think the same kinds of issues are being raised at the moment in and around Richmond but also elsewhere, because Richmond is of course not the only place where these things are happening, even though it is the epicentre at the moment. Not just for women but I think for all injecting drug users, I do not think we can underestimate the negative impacts of stigma and self-perception on shaping people's willingness to get help and also the ways in which other people in society treat them and are willing to help them. I think that is huge. And yes, I can —

The CHAIR — All right. I am just concerned about the time now. I know we have lost some of our time, but do you want to also just talk a bit about what you are doing in education? Then if we have got some questions, we will follow up.

Dr MALINS — Sure. As I just briefly mentioned to you before, I have written one paper on drug education with Deana Leahy, who has worked in drug education and health education for a long time, and I am working on a paper at the moment with her and with Adrian Farrugia at Monash, who has also been writing in the drug education space for quite some time. One of the key things that we are writing about and that we have found from our research — so I have not myself done any empirical research yet, but it has been based on the literature reviews; Deana has done empirical research and so has Adrian — is that the way current drug use is operating, even though it is often framed as harm reduction, is that it is mainly set up in a way to basically give young people the skills to say no. So rather than being like the Reagan era 'Just say no' kind of approach — 'We're going to tell you how bad it is. Just say no' — it is now kind of done in such a way that it is, 'We're going to show you how bad it is, and then we're going to give you the skills to say no', but it still is kind of that same model underpinned by an abstinence approach.

We have reviewed quite a lot of different curriculums. Even the ones that are really framed as being very progressive, very skills based and very focused on progressive pedagogy but also progressive approaches around harm reduction still often boil down to that fundamental idea that we are going to teach people how to say no and not really give that space in the educational framework to actually give very practical, very context-based information about how to actually manage risks if they are using drugs. There is a kind of assumption that is underpinning that, that we are not going to talk about the fact that drugs are pleasurable, the fact that young people do use a range of different substances, that it is not just a few young kids who end up doing it, that it is actually quite widespread. There is this assumption that as long as we paint a negative picture about drugs and give the kids those skills of saying no, that that will solve the problem.

What we are finding is that kids are coming out of schools not at all equipped to actually deal with the situations that they find themselves in. One of the concerns I have is that if current drug education is not actually really preventing drug use — because the research evaluations which we are critiquing at the moment as well do not have that long-term kind of prevention thing — but what it is doing is actually creating a lot of stigma around drugs, which is what we are mapping as well in the curriculum, then what I am concerned about are the kinds of impacts that has for young people who do use drugs but see themselves in very stigmatised ways because of the ways that drug use is being painted, or whose friends use drugs but they do not have the skills to empathise or to help their friends with those drugs.

My advice would be that we do need better curriculum and we need really practical, context-based kinds of information. In an ideal world you might not try these substances, but if someone you know is or if you are, this

is what you need to do to keep yourself safe. And groups like DanceWize could offer that kind of peer education in schools. I know that there is a lot of fear around it and the politics of doing that kind of stuff is fraught, but I think at the moment we are actually potentially doing more harm than good with the kind of drug education that we are delivering.

The CHAIR — Thank you, Peta. I do not know whether anybody has questions.

Ms PATTEN — I have a quick one, and I guess it is exploring the link between increased policing and increased dangerous drug use. I think it was the Burnet Institute that found a link between intensive policing and an increase in drug overdoses. Was that something that you found in your research?

Dr MALINS — This is across the board. I could throw at you probably 50 to 100 research papers that show that increased policing operations increase harm in drug use contexts. Back in 1999 there were a lot of papers showing that sort of intensive context in the CBD, and my research backed that up, that as soon as you throw intensive policing at it — for example, in the lead-up to the Commonwealth Games more police suddenly poured into the CBD cracking down on drug use — harms go up, overdoses go up, fatalities go up, health impacts go up, people avoid services, impacts on neighbouring municipalities increase and all of these sorts of things happen. So my research with the drug dogs as well as the injecting drug use contexts supports that. As I said, I could forward you lots and lots of research papers that show that there is really no good that comes of the intensive policing operations.

Mr GEPP — I have just got one question. Thank you, Peta, for your evidence today. You talked about the reactions that people had when they encountered drug detection dogs. I assume again that, as you say, most of your research was done in that sort of festivals, bars and clubs environment. The other place where people often encounter drug detection dogs, for example, is at airports. I was wondering if there is any research or if you have done any research to gather the reactions of people in that environment as opposed to the ones that your research focused on.

Dr MALINS — I have not specifically. At least one or two of the people I did talk to in the context of the interview brought up the fact that they had seen dogs at the airport before, and one of them talked about how stressed she felt at the airport when being searched by dogs even though she knew she did not have anything and was not carrying anything wrong. But then other people talked about how different it is when they are at the airport being searched by the dogs, because you know why they are there, they are searching everyone's luggage and it is for a range of different reasons, than when they felt targeted, as I think one of the interviewees talked about feeling targeted, going to a festival. Not all festivals are being searched, and not all people in the public are being searched.

Ms PATTEN — They are not looking for fruit, are they?

Dr MALINS — No, they are looking for very different sorts of things. I think they are very, very different contexts. I am interested because I am interested more broadly in people's sense of and experiences with drug detection dogs more broadly. Probably the next area of research that I would look at would be institutions — so in correctional facilities and things like that, rather than at airports specifically.

Mr TILLEY — If I could just continue that conversation with you, when we were talking about alternatives for drug dog detection, at a lot of events and things like that there is an issue in relation to protecting the public at public places and the definition of 'public places'. What flows on from that is risk and who takes the risk. My colleague was talking about, 'Well, if we don't have drug dogs, do people going to public events, public places, submit like they do at an airport to a swab?'. Technology ion scanners — do they all have to pass through a scanner of some sort? We know that, with dogs, there are your explosives dogs, your general duties dogs, your drug dogs — they are all trained in different areas. Whether it is a cost efficiency or what, as public policy makers and politicians and parliamentarians, how do we protect the public? Yes, drug use is one part of the issue, but we have got to protect our community as a whole when they travel and walk into places as the community, so what is the alternative? Everything we do impinges on personal freedoms and liberties, but we have a responsibility to protect our community.

Dr MALINS — I would say that whatever strategy is chosen to protect safety, it should be evidence based, so it should be based on what the actual harms are and what is shown in evidence to actually reduce those harms. For example, I think you are looking at the context of a dance event or a festival event. How do we

reduce the harms associated with that, which could be around drug-related overdose or drug-related violence perhaps — things like that. Then it would be a case of looking at what is actually known to best prevent drug overdose from happening. At the moment the drug dogs are not preventing overdose from happening; they are in fact increasing it. Whether or not swabbing people at the event could be shown to actually decrease that or not would be another matter, but what we do know is that having really good peer education health services and advice and information about reducing overdoses does decrease the risk. You can never get rid of it entirely, but that is actually something that decreases it rather than increases it. That is what I would say.

Mr TILLEY — Yes, sure. Just talking on that, in general terms you do not look at, say, the footy finals any different from a dance party or things like that. You will have a police presence of some sort because you have got a large number of the public going to places together. Extraordinarily we are looking at certain rules around attending, say, the grand final, for example. Should dance parties be any different? In this day and age of heightened risk —

Dr MALINS — Yes, or the horse races, for example.

Mr TILLEY — Yes, horseracing — does not matter. It all becomes a potential target for someone to do harm to people.

Dr MALINS — Yes. My research often shows that what is really important is the context base. If we are thinking about preventing harm, you focus on specific context, because not every context is exactly the same. But in that sense we need to think about, in each of those contexts: what is the actual danger or risk or harm and how do we best reduce it? So as I was saying before, it is about amping up the kind of health access to services, the advice about how people can reduce their own harms and how they can look after their friends in those contexts, but also increasing police capacity to help people in those contexts rather than scare them away, because at the moment what is happening is not preventing drug use, it is not stopping drugs getting into these places and it is actually increasing the harms in those concepts, yes.

Mr TILLEY — So having some sort of visible, secure presence, whether it be police or another agency or whatever. In your research and findings, you see a heightened — without having it diagnosed, but it is like — paranoia if they are carrying a smaller load because there is some sort of security or police presence. If we produce some findings and recommendations that enhance those services for those who are ingesting at rave parties, we also have to provide a public venue that is safe as far as a security aspect goes. How do we balance the views of those who ingest and participate in all kinds of drugs with providing people with a safe environment?

Dr MALINS — I think most people are willing to give up some civil liberties when it is really clear that the benefits of doing so are good, but I think in this context with the drug detection dogs it is not that way at all. People are very angry about the civil liberty infringements of it, given the fact that it is not only not working to do what it does but actually increasing harms. It becomes a very problematic kind of scenario. But people I spoke to did talk about how much they like it when police are present at events when they are there to help them and when they actually feel like they can go to them if they are in trouble, either with their drugs or with somebody being violent or sexually assaulting them — that kind thing. At the moment we have a context where in some places they do not feel safe to do that — to go to police.

Mr TILLEY — Is it just owing to the presence of a dog? If it is a member of the police force without a dog, does that change it? Is it all about the presence of a dog?

Dr MALINS — There is definitely quite a lot of difference. It can be to do with the operational mood of police. Even without dogs sometimes the police are clearly just there to try to catch people — whoever they can — and that can also shape that dynamic. People talked about that. But the dog certainly creates very much that sense that the police are not there to help; they are there to find people with drugs. The presence of the dog, because they can have that kind of intrusive, olfactory, smelling kind of searching, does shift it immediately, yes.

Mr TILLEY — All right.

Ms PATTEN — This is following up from Bill around drug dogs. When we were in Cambridgeshire and were at a music festival there, there were drug dogs there but there were also amnesty bins. This seemed to

change the nature of that interaction, it appeared. There was drug testing when you got inside, and there was a strong police presence, which was very welcome inside the festival. The dogs were at the outside of the festival, but if the dog did indicate that they suspected you had drugs, you had two choices. If you had drugs you could hand them over, they could go in the amnesty bin and you could go into the festival and enjoy the show. If you refused and then you were searched and drugs were found, then you were refused entry into the show. Is there any data that compares responses to those slightly different types of policing?

Dr MALINS — No, I have not seen any qualitative research in relation to that, and that is interesting because here when using amnesty bins has been talked about it has been more like not ‘If you’re caught, then you have the opportunity of using it’. There has been a lot of doubt about whether many people would use it, especially given all of the adaptations in my research shows people do. That would really only solve the problem of those people who turned up not thinking there would be dogs and then panicked and decided to put them in the amnesty bin instead of taking them. But as you can see, most people are doing lots of other things, like taking them beforehand, buying inside, stashing internally. That would not change any of those practices whatsoever. So I think better amnesty bins than not, but much, much better to not have the dogs in those contexts at all.

The CHAIR — Thank you, Peta, for your contribution.

Dr MALINS — You are welcome.

Witness withdrew.