

TRANSCRIPT

LAW REFORM, ROAD AND COMMUNITY SAFETY COMMITTEE

Inquiry into drug law reform

Melbourne — 13 November 2017

Members

Mr Geoff Howard — Chair

Mr Bill Tilley — Deputy Chair

Mr Martin Dixon

Mr Mark Gepp

Ms Fiona Patten

Ms Natalie Suleyman

Mr Murray Thompson

Witnesses

Deputy Commissioner Wendy Steendam, Deputy Commissioner Capability,
Assistant Commissioner Rick Nugent,

Ms Catherine Quinn, Assistant Director, Analytical Services, Forensic Services Department,

Ms Geraldine Green, Manager, Drug And Alcohol Strategy Unit, and

Detective Inspector Phil Harrison, Drug Task Force, Organised Crime Division, Crime Command, Victoria
Police.

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

The CHAIR — I welcome members of Victoria Police, the first presenters at this afternoon's hearing of the Law Reform, Road and Community Safety Committee, which has been looking at issues of drug law reform. You would be aware that Hansard is recording what is being said today so that we have a full transcript of the discussion. That will come back to you for correcting of any technicalities in a couple of weeks, but after that it will go on the public record. You would also be aware that we have been holding inquiries for a long period of time now, and today is the last of the public hearings. We also travelled overseas, as Rick would attest, to a number of countries where we learned a lot about what is happening in those jurisdictions. On top of that, we have had 220 written submissions.

Whether it was overseas or here, the issues we have heard about clearly have a policing context in many cases, so we are certainly interested to hear what you have to share with us today. I note that there was a problem in that we have been waiting for a submission from you that has not yet come forward, but I will allow you to speak to that and say what you can. You are certainly attracting a lot of people along to our hearing today too. It is good to have so many people in attendance, and we certainly welcome having people in the gallery who are interested in our hearing. I will hand over to you, Wendy, to introduce the team and to share with us your views as a group, and then we will enter into some dialogue beyond that.

Deputy Comm. STEENDAM — Thank you and good afternoon. We welcome the opportunity and thank you for inviting Victoria Police to make a submission and give evidence before the committee. By way of introduction, my name is Deputy Commissioner Wendy Steendam, and I am responsible for the oversight and management of the Capability Portfolios for Victoria Police, which encompasses our drug and alcohol strategy unit. With me today are: Assistant Commissioner Rick Nugent, who leads the eastern region and has responsibility for our drugs portfolio; Ms Cate Quinn, who is the assistant director for analytical services at the forensic services department; Ms Geraldine Green, who is the manager of the drug and alcohol strategy unit; and Detective Inspector Phil Harrison, who is the officer in charge of the drug task force.

Victoria Police's role is to serve the Victorian community and uphold the law so as to promote a safe, secure and orderly society. Victoria Police members are firsthand witnesses to a wide range of health and community safety harms caused and enabled by illicit drugs. Illicit drugs are a key contributor to many widespread societal harms and impact on many aspects of policing.

At the individual level we see health and mental health impacts and comorbidity issues, injury and overdoses, suicide, homelessness and poverty, marginalisation and disadvantage, and engagement with the criminal justice system. At the family harm level we see family violence incidents, family and relationship breakdowns and institutional trauma that occurs. At the community harm level we see property crime, violence and crimes against the person that are drug related, drug driving and road trauma. Economic harm consists of organised crime, the black economy, decreased productivity, health care and also law enforcement costs.

At the environmental harm level we see the issues that come from crop houses and clandestine laboratories. From members' perspective there is also a risk and an impact on them from the exposure to those operational incidents and some vicarious trauma and injuries that occur for our members. Throughout my career and those of my colleagues we have witnessed firsthand the harm and the impacts and devastation that drugs can cause on individuals, families and the community. Victoria Police is committed to a harm minimisation and harm reduction principle. Just to address obviously our submission, which is on its way — it is just working its way through the approval processes — I will talk to some of the content that is actually contained in that submission during the course of this initial introduction.

Victoria Police's responses are predominantly focused on strategies to prevent and reduce illicit drug availability and accessibility as Victoria Police is responsible for supply reduction. This work is undertaken at a national, state, regional and local level. In chapter 2 of our submission, which will be provided obviously in due course, we provide more detail in relation to some of those strategies. But the range of strategies focus on targeting drug supply as part of standard operations; specialised task forces and investigations targeting the production and supply of illicit drugs; community engagement initiatives aimed at increasing our connection to the community, such as local drug action teams and local community safety strategies, our cannabis cautioning program and our drug diversion program to address harm at the individual level for users.

Harm minimisation, however, is not as straightforward as it seems. There are different types of harm, different groups that experience harm, and displacement of harm across time, place and categories. Strategies that reduce one type of harm can increase other types of harm. Victoria Police recognises that it cannot tackle drug-related

harm alone. It works closely in partnership with the government, industry and community service providers to develop a multi-pillar and collaborative response.

The illicit drug market continues to evolve and diversify and over recent years there has been growth of synthetic drugs and new psychoactive substances; an increase in the use of postal systems and the online environment, which has changed the way in which transactions take place; an increase in poly-drug trafficking; an increase in the transnational nature of drug-related criminal offending; increased harm associated with the use of ice and methylamphetamine; and re-emergence of heroin-related harm. Consistent through this has been the resilience of serious and organised crime in illicit drug markets. These groups are generating significant profits for the sale of illicit drugs, with the cost of illicit drugs in Australia being one of the highest in the world.

These changes present new and unique challenges for Victoria Police and an opportunity to assess and identify whether there are ways in which we can improve our responses across our structures, performance and also the tools that we use in policing at the strategic level and considering what are the good outcomes from drug policing. From our perspective, creating a hostile environment for drug traffickers, prevention, disruption and dismantling activities as well as high-level drug investigations are critical in reducing drug supply to victims, as well as making sure that we provide support and referral and treatment options for victims and their families; and at the tactical level, considering what are the best ways to achieve those outcomes.

Victoria Police is currently developing a drug response plan, which will enhance our strategic and operational responses to drugs and reduce drug-related harm within the Victorian community. The drug response plan will also identify and explore new approaches and operating models for managing drug investigations. The drug response will focus on our supply reduction efforts alongside opportunities to enhance partnerships to reduce demand and reduce harm in the community, so treatment and prevention as well.

We are working with key academics to help us to review our operational models and to consider the evidence base to inform the development of that work. Key findings from the initial work that we should focus on in that drug response plan are across four key outcome areas: creating and maintaining a hostile environment for drug traffickers in Victoria through a combination of disruption and drug investigations; enhancing and maintaining our focus on stronger partnerships through engagement with industry, government departments and agencies, focusing on prevention and co-production; disruption and prevention of participation in the illicit drug labour market through continued development of tools, approaches and our partnerships; and maintaining our strategic alignment between policy and practice with a focus on disruption. This work will help us to continue to prioritise our efforts around drug policing on serious offenders and the drug-related harm.

Victoria Police acknowledges in our submission that there are potentially many areas in which positive law reforms could be adopted. We welcome the opportunity to consider recommendations for reform across each of the three key pillars and how Victoria Police can work in partnership with other agencies and bodies to implement these recommendations.

Victoria Police in chapter 3 of the submission has identified opportunities that may assist in supporting and advancing our work in law enforcement and supply reduction strategies. The proposals in that area relate to the issues identified by Victoria Police in developing the submission, such as that large quantities of illicit drugs are regularly being trafficked across and within Victorian borders using intrastate and interstate transit routes. In response to that Victoria Police suggests that consideration be given to the introduction of legislation that allows for the declaration by a senior officer of an area as a drug transit route. We also identified that the easy access to hydroponic equipment is helping to facilitate the illicit cannabis cultivation industry. Victoria Police suggests that consideration be given to the introduction of a regulatory regime in respect of the hydroponics industry.

Drug trafficking laws no longer reflect the reality of the drug trade and loopholes are being identified and used to mask the extent of an accused's criminality. In response to that Victoria Police suggests that consideration be given to amendments in section 71 and 71AA of the Drugs, Poisons and Controlled Substances Act 1981 to impose absolute liability as to the circumstance of 'large commercial quantity' and 'commercial quantity' respectively.

The storage of drug exhibits is also posing a serious threat and safety risk for Victoria Police staff as well as resulting in excessive storage and resourcing costs. In response to that issue Victoria Police suggests that consideration be given to the introduction of legislation that allows for the automatic destruction of drug

exhibits without a court order and the introduction of legislation that allows for approved couriers to transport drug exhibits for the purpose of forensic analysis, storage and destruction.

If this inquiry makes numerous recommendations for law reform, Victoria Police also notes that this may necessitate a broader review of Victoria's drug legislative framework to ensure it is coherent, contemporary and continues to meet its purpose and objective. If that is the case, Victoria Police suggests that consideration be given to a body such as the Victorian Law Reform Commission conducting a review of Victoria's drug legislative framework to ensure those issues are attended to.

Victoria Police has also identified that recently there have been renewed calls for drug checking by a number of attendees here in some of their submissions, but also there has been public discourse about this issue. Our current position is that we do not support drug checking for a number of reasons. We believe it may blur the community's understanding of the illegality of illicit drugs and appear to guarantee the safety of some drugs once they are tested. Unsafe drugs may also be on-trafficked, sparking further illegal behaviour that could result in harm to the new buyer. Victoria Police notes that there is currently no proposed legislative framework to provide the legal protections required by drug checkers in the event of a trial or a full implementation of drug checking, and this is an issue that would need to be addressed. There is also the issue of the normalisation of illicit drugs and the potential impacts of that if we are to have this as a policy position.

Thank you again for inviting Victoria Police to make a submission and address the public hearing. We would all now be pleased to answer any questions that you might have, and we will stream those questions based on who we think is the most appropriate person to respond to that from the subject area or expertise.

The CHAIR — Thank you, Wendy. I might just start by asking whether there has been a change in policing procedure perhaps in regard to dealing with drugs over the last, say, 10 years.

Deputy Comm. STEENDAM — Rick will probably answer this as well as me. I think we have a range of responses in place. We have our drug task force and the area and the focus that they have, which is on high-end drug traffickers — transnational and working obviously with our joint partners and federal partners. There are key focuses on that. That has been enhanced over the past 10 years, and Phil may be in a position to talk to that if you want some more detail.

We have a number of joint task forces where we work with the Australian Federal Police and border security that focus on particular access areas where we have drugs coming into Victoria. We also have really tried to focus our efforts on that high-end drug trafficking as well as obviously our policy positions and our response in relation to drug diversion and cautioning programs where it is appropriate to do that and where they fit the eligibility criteria. There has been a commitment and a focus to these issues.

Ice has been an emerging issue over those 10 years, and obviously some of the issues that manifest in terms of community safety have been quite significant and we have had to focus our efforts and our policing efforts to disrupt that and to try and attend to some of the effects of that from a general community policing perspective — the crime that comes from that and some of the other behaviours that impact on the community in general that I talked about earlier.

I do not know if you want to mention or respond to anything else in relation to that, Rick. Our strategies have been fairly consistent but they continue to evolve. On I suppose an annual basis we review and look at operational response models and how we are targeting and tasking our resources.

Asst Comm. NUGENT — From a strategic position the policy has not changed necessarily in terms of what we do and how we do it. What has changed is the environment, the way in which trafficking occurs and the harm. Certainly around about 2000 ice really started have a big impact, and as a result of that then we were tasking more to the harm and the trafficking on those more serious drugs than we had done before.

The CHAIR — Just to follow on from that, you are saying that there has been a stronger focus on dealing with the high-volume perhaps traffickers. At what you might call the lower level, those who are using drugs for personal use, has there been a change in the way police have been directed to pursue those people, and arrest rates or that part of the processing?

Deputy Comm. STEENDAM — I think you will see in the crime statistics that we have been pretty stable or there has been a slight reduction in some of our drug crime. But it has been fairly consistent; the past six years, I think, is the time horizon that is looked at. But our focus is not generally on the users. Our focus and our policy position is focused on those that actually traffic and the criminality that comes and is associated with drug trafficking.

When we deal with people that are committing crime we will have incidental people that will have possession of drugs and/or are using drugs. Where there are community harms occurring we will police and run operations that deal with the amenity issues that come from use and possess and those that are actually in that street environment. In different operational areas those operations will be specific to the issue that is manifesting itself in that area, and it is quite distinct for different PSAs and for different areas as to what those operating models need to attend to because it will be different drug types and different behaviours that are occurring in those environments. So we task and our operations are focused on those events, but I think it is clear that the emergence of ice and the impact of that on individuals and communities is quite significant.

Ms PATTEN — Just following on from Geoff's comments — and thank you for the introduction and a little glimpse of what we are going to receive in the submission — I was looking at the statistics, and it still seems to be that there is an increase in people being charged and arrested for use and possession. I take your point — and I know that Rick has also spoken to us — that sometimes it is an ancillary crime.

Deputy Comm. STEENDAM — Yes.

Ms PATTEN — But still looking at your statistics, there seems to be an increase in charges purely on use and possession. Would I speculate that that is a way of dealing with people on ice — that arresting them is getting them off the street and that that is actually what some of the different areas are doing? I know we have spoken about it, but the stats just keep showing that there is a consistent increase.

Deputy Comm. STEENDAM — There is no doubt that there are people that we deal with for behavioural issues that might actually not meet a criminal threshold, but when we are actually dealing with them we find they are in possession of illicit drugs and/or have been using, so that will be part of the answer to that question. Some of it will be ancillary charges that come with other forms of criminality. The reality is that if we find someone in possession or using, depending on obviously the amount and circumstances, then it is illegal to actually possess drugs and we will deal with that accordingly. Depending on the individual, their circumstances and whether they are eligible for the drug diversion program or the cannabis cautioning program, then they will be dealt with through that way. Those figures will contain those stats as well — the cautioning, the drug diversion.

Ms PATTEN — Yes, we have got that. What Fitzroy Legal Service pointed out to us with the diversion was that that is all very well but that is only for first offenders. It is not just for first offenders?

Ms GREEN — No. Part of the eligibility means that priors are not an exclusion to the program.

Ms PATTEN — Okay. So someone down at North Richmond, for example, that obviously has —

The CHAIR — Sorry, could you just use the microphone so that Geraldine has the microphone directed to her.

Ms PATTEN — Thanks. So for somebody who may have an opioid issue, it would not matter that they had been picked up a number of times. They could still go through the diversion program.

Ms GREEN — That is correct. You can have a total of two diversions for an individual, so they can be diverted twice through the program, but their priors are not an exclusion category. If they had been picked up for other offending earlier on, then that does not exclude them from being eligible for a drug diversion.

Deputy Comm. STEENDAM — There are other criteria. I will send through that criteria if you do not have it about the eligibility criteria by which we assess who is eligible and who is not.

Ms PATTEN — Thanks.

Mr DIXON — The three pillars are demand, supply and harm reduction, and obviously supply reduction is a big part of your job.

Deputy Comm. STEENDAM — Yes.

Mr DIXON — What do you see as the key areas that you are working on in demand reduction and then also harm reduction? They are peripheral but they are integrated with what you do, I suppose.

Deputy Comm. STEENDAM — We see that we still have a strong role in demand reduction as well. We work very closely, and there are some of the partnerships we have in terms of community engagement and those community forums that I talked about, where we engage with industry, with local areas to actually help them be aware, to attend to the issues that they are seeing. There are a range of forums that exist in each PSA, where police engage and actually do preventative work, not only in relation to drug-related harm but also in relation to other crime-related issues. Equally we also participate in schools and other environments in community education forums, where we are very active in actually assisting and working with key partners to inform community, to assist in raising awareness about the issues that the community, families and other people need to be aware of — those issues that are around drugs.

Mr DIXON — In those community forums what is the message you are saying in terms of helping to reduce demand?

Deputy Comm. STEENDAM — I might turn to Rick, because he speaks quite regularly at those forums. He can probably go into some detail about that.

Asst Comm. NUGENT — Certainly. It occurs at the various levels within our organisation from frontline, local police stations working with the local community — so a local senior sergeant or sergeant being involved — right through to divisional superintendents working with their regional counterparts in health and education, so looking at ensuring that it is integrated at all levels. There are different approaches for different communities. Wangaratta has a local drug action team that is very active with police, and I have been up there and sat with them. They look at: what are the preventative activities they can undertake locally and how do they reduce harm from drugs?

So working collaboratively occurs right across the board through to youth resource officers. Each division across the state — we have 21 divisions — has a youth resource officer. They also work within the school programs and work in with our agencies. The most important part for us is that we are integrated with other agencies, that we are integrated with Health and Human Services, that we are integrated with Education, that we are integrated with the council, really thinking through what is the particular harm they have in their area and tailoring some of this work to the harms.

Deputy Comm. STEENDAM — And at the strategic level we participate in national forums and a range of other forums with other law enforcement agencies to look for opportunities for prevention as well.

Mr THOMPSON — In North Richmond there have been proposals to introduce a safe injecting room. The committee has visited the room in Kings Cross and taken informal insights on its operations. There have been a number of drug deaths on the streets around North Richmond. What has been the policing focus historically in that precinct, noting that there is distribution of drugs in small quantities, and how far can that be traced back through the supply chain to where there might be larger crime syndicates which are distributing heroin on the streets to supply the Richmond area?

Asst Comm. NUGENT — I might start at the more local level and then Detective Inspector Phil Harrison might then talk from a drug task force perspective about the higher level heroin. At a local level what is important firstly, in terms of the supply reduction, is some analysis and intelligence work to understand the traffickers, the type of traffickers that exist, and they will be at various levels. Commonly you will see that a consumer who has chronic addiction, for example, may well be dealing to fund his or her own habit, so you have it at a really low level, a lower level, there, through to a person who is profiting on the harm that is being caused to others.

The first important component for us is to ensure that we understand the drug network that exists there. Then we have got various ways in which we will target those traffickers. If it is impacting on the amenity of the area and

you have the consumer/trafficker, then you will look at disrupting that. We do referrals for treatment when we come across people who have problematic drug use, through to then targeted operations and covert operations, looking at the heroin dealers that might exist in the area. So it is tiered all the way through.

We have undertaken a lot of covert operations in that area. For a range of reasons it is an area of choice for a heroin trafficker, and for a range of reasons we end up with the overdoses that we have seen there as well, both fatal and non-fatal. So that is at that police station level and up to a divisional level, covert level. Certainly the re-emergence of heroin has contributed to that. But I might ask if Phil wants to talk then further about the top end in terms of heroin traffickers and importation.

Det. Insp. HARRISON — Firstly, we conduct intelligence-led investigations, and that intelligence is a combination of our own intelligence collection plus commonwealth and overseas intelligence. That leads us to identify people who are at the top end of the supply chain in Victoria. We work by ourselves and also with other agencies in relation to the disruption. What we are seeing is that, as Assistant Commissioner Nugent has highlighted, heroin is returning to Victoria in purities that we have not seen for a period of time, and we are currently conducting operations for those people who are in possession of heroin that has arrived in the country.

Ms QUINN — I think it is fair to say that at the moment we are seeing a slight emergence or an emergence of higher grade heroin in more reasonable seizures, so we are seeing that in the 100-gram sort of seizure. You are really looking at that trafficking point. That obviously ends up getting distributed to the street. The issue of the overdoses has been interesting, because I think at the commencement of the overdoses we probably did not have the evidence of the high-level purity, but we are certainly starting to see that emerging. As you cycle through the drug environment, that is a good pointer that there is an emerging issue here.

Mr THOMPSON — Does Victoria Police support the safe injecting room in Richmond?

Deputy Comm. STEENDAM — I think we are on the record as not having a policy position on this at all. The government has obviously made a policy decision around this and we are working collaboratively on a range of working groups around how we implement that initiative that has been announced based on that policy position. We will work, from a local perspective, on how we police in and around that facility when that is set up. We do not support it or otherwise. We actually support government policy of the day. There has been a decision made, and we are working through how we coexist and actually operationally police in that area whilst that facility is in place.

The CHAIR — On that issue, I presume Victoria Police may have had some people go to Kings Cross to see how things operate there. Certainly we had the case of a member of Victoria Police coming with us on our international investigation, which was a first for a parliamentary committee. I presume you have been looking at how these work in other places and how the policing works —

Deputy Comm. STEENDAM — We are, and that will inform us, which is why we have representatives on the working groups that are working through the policy arrangements about how that will be operationalised.

Asst Comm. NUGENT — I have visited the Kings Cross centre. I have had a look at that. I have met with the local police up there and discussed with them how, over history as well, it came to be and what some of the challenges were initially. I am also involved in a working group at the moment — since the government's announcement — with the Department of Health and Human Services and North Richmond Community Health in terms of what are some of the issues and challenges associated with the introduction of one in Richmond. We will continue to be involved at various levels there.

Mr THOMPSON — Just one final point if I may, Chair. I note, Deputy Commissioner, that in your introduction you indicated that a focus of Victoria Police was to maintain a hostile environment towards drugs —

Deputy Comm. STEENDAM — Drug traffickers.

Mr THOMPSON — Drug traffickers. Is the safe injecting room consistent with that approach? Can there be a comfortable juxtaposition with that policy focus at the same time as facilitating the distribution of drugs for use within the safe injecting room?

Deputy Comm. STEENDAM — I think in the context of policy positions such as the needle exchange program and now the government announcement about the trial, we have policy positions and ways in which we actually operationalise our policing responses around those types of facilities, and we have coexisted with the needle exchange program and found ways to actually make that effective. We can still police the environment in the way that we need to, but those facilities can coexist.

The CHAIR — You mentioned the new drug response plan that Victoria Police are developing. What is the time line on that, and can you give us a bit more of an outline on what it might look like in practice?

Deputy Comm. STEENDAM — It still is a work in progress. We are working through that as part of a commitment in our annual plan this year. The time line for that work to be completed is by the end of the next financial year. It may well be earlier than that, but we are really looking and just reassessing and making sure that everything that we do is evidence based and that we are continuing to evolve our operational responses to make sure that they are contemporary and that our capabilities are what they need to be to actually deal with the emerging issues and the changes in the policing environment. So it will still be focusing on obviously supply reduction, a hostile environment and making sure that all of our operating models are fit for purpose. So with that, it would be inappropriate, because it has not gone through any approval process, to actually talk about the content of that, but it is making sure that our efforts with the resources that we have are focused in the right and most effective way.

The CHAIR — Okay. I will just go a little bit further, then. You said it is going to be evidence based. Does that mean on statistics, or are you also speaking with people who have expertise in that area — Penington Institute or other bodies that have been doing a lot of work in that area?

Deputy Comm. STEENDAM — Rick may also wish to talk about this because he is working closely with the strategy area on this piece of work. We are working with some key academics. We have reference groups of key stakeholders that actually have helped inform some of the work and some of our thinking, and we continuously do that not just for drug-related crime but also for a lot of our other key crime strategies.

Asst Comm. NUGENT — I am — I met with the Penington Institute last week. I have met with them a number of times, and others — St Vincent's Hospital and so on. What has been particularly helpful and has broadened our thinking was the opportunity to attend overseas with the delegation, to be honest. Some really good initiatives, some good policies being trialled in various areas, and all of that has been brought back to VicPol as well to help inform our thinking, to challenge our thinking and to really look at a contemporary way in which we can target the harms from drugs in the community.

Mr DIXON — We have received a bit of evidence where people have indicated we need to really strengthen the intelligence sharing on substances that are unusual, that are doing great harm or where overdose events are happening. Obviously you have a lot of forensics on that. What are your views in general on sharing that information and the importance of recognising these events and facilitating the knowledge getting out there to potential users in the general public?

Deputy Comm. STEENDAM — Can I just seek clarity: are you talking about early warning systems?

Mr DIXON — Yes.

Deputy Comm. STEENDAM — So we have already embarked upon conversations with the Department of Health and Human Services. You will recall that earlier this year there was a particular incident, and while we have got collaborative sharing arrangements around strategy and strategic policy and we work at a national and state level and have a number of key committees, that incident really highlighted an opportunity to continue to improve how we put out public alerts and what needs to be done and how we actually share information. So there is some work being done collectively between Victoria Police and the Department of Health and Human Services about how we share that information. We are not the only agency that would perhaps have the first indicator — it can be the ambulance service, it can be event organisers and other areas that may in fact have that information — so it is making sure that there is a process to actually capture that information and to, where it is going to cause great harm to the community, get that information out as early as we can, and we are committed to that.

Ms PATTEN — That is great to hear, because I think certainly some terrible harm could have been avoided if that information had got out in a more timely way. We certainly — and Rick would have seen it — saw some of those mechanisms in place in other jurisdictions. I just want to go back to what the statistics are saying: there is an increase in use and possession arrests and charges, yet the statistics are not showing any increase, particularly, in drug use in Victoria. The number of people using drugs has remained relatively stable from the statistics that we have received. Looking at that, do you have any view around decriminalising the use and possession of illicit substances, as certainly Rick would have seen in other jurisdictions?

Deputy Comm. STEENDAM — Rick might want to talk about his experience of and his observations on the overseas models, but I think we are on the record saying we support the current position and legislative environment in terms of use, possession and trafficking. We are on the record that that is our position, we support the current environment.

Ms PATTEN — We sort of speculated I think earlier that the reason that we have seen an increase in use and possession charges and arrests might be due to the chaotic nature of some users in certain circumstances. Are there any other reasons why it does seem to have just continued to increase?

Asst Comm. NUGENT — I think one of the things we have seen is the harm from ice is quite significant. When I am out in the region and visiting stations and criminal investigation units and so on, I talk to our members and I will ask the question, ‘So of all the jobs you attend, what percentage in your view is drug-related or in what percentage are drugs the driver of this?’, and commonly it is 70 per cent of what we come across — so seven out of 10 that we come across have got an ice pipe. What we have seen is that there is increased ice in the community. It seems to have plateaued a bit in the last little while, but over time with that increase and that harm — it is people committing acquisition crimes, there is some violence associated with it, there is the family violence, the road trauma — commonly we are seeing the drug, and commonly people are charged with a use and possess when they are apprehended on some other matter. That is the most common.

When you look at the volume here, you see the volume of our police are actually out in the police stations and not out in the community, so they come across it. That is why you will see that there. It is always hard with these types of offences, particularly trafficking offences, in terms of the percentage increase or decrease, because you can actually invest a lot of resources into a smaller syndicate over a period of time to get greater gains than you might from a whole lot of street-level dealers, for example, that will give you the numbers of the increase. So you have got to look at that a little carefully, but certainly ice and the impact of ice in the community — you see this particularly in the rural and regional areas, where it has an impact on the use and possess stuff.

The CHAIR — And can I follow up — you mentioned, Wendy, that sometimes police might pick up or apprehend somebody whose antisocial behaviour perhaps is drawn to police attention, and then in picking them up police might sense that they are either addicted to a drug or have drugs in their possession. To what extent are police then able to direct them to a diversionary health program or some form of diversion rather than charging and sending them via the court system?

Deputy Comm. STEENDAM — It will depend on the amount. It will depend on the —

The CHAIR — And is the amount specifically written, or is there a discretion —

Deputy Comm. STEENDAM — No. Well, for cannabis it is — for cannabis cautioning there is a specific quantity. I think it is 50 grams — someone correct me if it is not 50 grams. For drug diversion it is slightly different. There is no set amount, but it is small quantities. It will also depend on the individual’s willingness to participate in those programs — their consent and also their willingness to actually engage — because if they do not, then the matter reverts back to us and actually streams back through the criminal justice process, so there are some mutual obligations there if we make that referral into that drug diversion around the individual and their participation. So if it does not, it does then revert back to us to make decisions about whether or not we proceed into the criminal justice system.

The CHAIR — And so the follow-up question from that is: if police have sensed that diversion might be the more appropriate way, do you have access to enough of the health systems, or are those connections easy to make or are they sometimes difficult to make?

Deputy Comm. STEENDAM — So we have a system, which is an electronic e-referral system. We have a range of service providers that we use that system for. It is an electronic-based system that our police use. In the period of January to October 2016 we made 3860 referrals to those drug and alcohol services. Now, not all of those are the diversion ones; there is also a specific program that is around the diversion and the cautioning program, but these are people that we are engaging with in the community where either they or their family identify that they need some support and assistance and we make those connections for them.

The CHAIR — You mentioned that it is 50 grams for cannabis, but for other drugs there seems to be a discretionary figure that various police can determine was a personal use amount. Would it be more helpful if that figure was stipulated to enable police to act with greater consistency? When we went to Portugal we saw a model there where that was stipulated legally.

Deputy Comm. STEENDAM — There are other criteria. It is not just the amount that is part of that criteria about whether someone is eligible for drug diversion. Even if they have small amounts, if there is other offending behaviour and they do not meet the criteria, then they would not be able to go in through that drug diversion program. So it is not necessarily the amount that is the issue; it is actually about whether they meet all the other eligibility criteria.

Through some of the drug response plan, there will be some active work about encouraging and making sure that we are using diversion programs where it is appropriate to do so, that our members understand the value of the diversion program and the cautioning program and that they are utilised to their full effectiveness.

Ms PATTEN — Does that mean you think you could increase the use of the diversion program? I note that that is part of the review — looking at the diversion program. Someone can be on diversion twice, did you say?

Ms GREEN — Yes.

Ms PATTEN — So I guess going back to the North Richmond image of people, where it is once, twice — it is possibly not going to put them on that path to recovery immediately. Is there thought of allowing a greater number of diversions for people? I suppose, what is in your mind when you are thinking about reviewing the diversion program?

Deputy Comm. STEENDAM — There is a piece of policy work being done to set up the framework around our diversion models. We are trialling some different diversion models. For instance there is a particular diversion program that we are trialling in Melton that is related to ice-affected individuals. We are testing that. So we are continuously looking at different models and opportunities to actually enhance that. Again, there are a whole range of factors. It is not just about whether it is once or twice; it really is about the willingness of the individual to engage in that process, and that there is no other offending behaviour that sits with that, that is actually causing community harm. It is not black-and-white about how many times would you be given the opportunity; it is what other behaviour is actually occurring that is either criminal behaviour or causing harm to the community that we have to take into account as well in making some of those decisions about what pathway they stream.

Mr THOMPSON — In the last couple of years I have been aware of two people who have been adversely impacted as a result of the use of synthetic cannabis. In the case of one person it caused loss of life to a constituent's brother, and in another case a family is of the view that it caused the 'frying of the brain' in that person through a very powerful substance. What is the understanding of Victoria Police in terms of the impact of synthetic cannabis on the wellbeing of members of the Victorian community? As a result of recent legal changes that proscribe synthetic cannabis distribution without it being first approved — those products that were perhaps illegally packaged — what advantage would result from changes in the law to Victoria Police?

Ms QUINN — I think we have to be careful in how we describe synthetic cannabis. Synthetic cannabis — correct me if I am wrong, Geraldine — in the medical trial is actually an extract of cannabis. You are not giving them the plant; it is an extract.

Ms GREEN — Medicinal cannabis?

Ms QUINN — Yes.

Mr THOMPSON — I am not referring to medicinal cannabis. I am referring to material that is marketed perhaps as incense.

Ms QUINN — Yes, so those are not always synthetic cannabis. Sometimes they are analogues in other drugs, but they loosely get grouped together as synthetic cannabis. It is an interesting term, really, because it is called synthetic cannabis mostly because it is presented as a vegetable material, but usually the drug is a powder and it is infiltrated onto the substance. So the drug is a chemical not similar to cannabis, which is actually a plant material. They have that term synthetic cannabis because some of the early emerging ones had similar effects to cannabis but much more at the severe end of that. There are a range of other drugs that come in — the bath salts and those substances that are other analogue drugs that will get grouped into that group.

It is very complex area of drug chemistry, an extremely wide area of drug chemistry, and it is a constantly emerging and changing area of drug chemistry. Because really all they are doing in designing those is looking to create a substance that will have an effect. The effect may be unknown until people actually consume it, and this is why we have some of those terrible events, because they are not tested in any way. They do not necessarily come through pharmaceutical patterns et cetera. So it is quite a diverse area to look at; hence the legislation is difficult when you look at the umbrella legislation that we have, and that is because of the ability to constantly change those materials.

I would say across all of those substances, they are in some cases a lot more dangerous than many of the other substances that we have had for years on our plate, certainly a lot more dangerous than cannabis in itself. A lot of that is because of the untested nature of them, and their toxicity is much higher so you need less to have the same kind of effect.

Ms PATTEN — So by legalising cannabis we could get rid of those substances?

Ms QUINN — It depends on what people are looking for really, because it can be a completely different effect to what you are getting with cannabis that you will find in the synthetics, and that is all about what people look for and what people need. The markets have a similar name, but I actually do not think they are the same market to be perfectly honest in terms of the users.

Mr THOMPSON — Are there enforcement mechanisms being undertaken by Victoria Police in relation to those products in light of the recent changes to the law?

Asst Comm. NUGENT — Yes, there is. For operational reasons we cannot go into that, but I know there is. They are dangerous.

Deputy Comm. STEENDAM — And that recent legislation does fill a gap.

Ms PATTEN — What would happen if someone was to get their product tested and it did not meet the test of a significant psychoactive effect?

Ms QUINN — It is a very difficult question to answer. If I was going to be really blunt, I would say that if it had no psychoactive effect, it would never end up on the market. The fact that it is on the market is because it does have an effect. The definition of a psychoactive effect in the current legislation is very broad. It is very broad, so there are a lot of things that can occur to that. It is not just a particular type of effect — a hallucination or whatever — it is the broad range of effects that a drug could have.

Really the fact that they are sold is because they have been demonstrated to have an effect, and that is what people are going to look for. The evidence of psychoactivity will be interesting. From a scientific point of view for us, and probably more for the forensic medical people, they will be talking about the nature of those drugs in relation to similar drugs and similar effects that they have on the body, because that is what a drug is: it has an effect. So there will always be some form of effect, but as we say these are new substances. Having literature, having long-term testing — none of that stuff exists.

Ms PATTEN — No.

Ms QUINN — The reason they exist on the market is because they have an effect.

Ms PATTEN — Yes.

Mr DIXON — What is Victoria Police’s view on pill testing? Some members, Assistant Commissioner, unlike me went to a music festival and saw it firsthand. We have certainly received evidence that in terms of harm reduction it is a pretty powerful tool, but in lots of people’s minds it is a big step to take. What is your view on it?

Deputy Comm. STEENDAM — I think I said in my opening statement that we do not support pill testing because we think there is a range of unintended consequences from that. I went through those, and in our submission we expand upon that. Rick, you got to see it firsthand and have some dialogue. I do not know if you want to expand on what you observed overseas or not.

Asst Comm. NUGENT — Yes, it was interesting. It was interesting to see how the police coexist with the testing over there. They still run a drug dog at the entrance to the festival. They seized a lot of drugs, yet there were still a lot of drugs that made their way into the festival, and they were being tested. I think we were there on day two or day three of the five-day music festival. I think they tested or were testing 420-odd at that point in time, which was a significant increase on the year before.

Is that confidence of the consumer to use the facility also a bit of encouraging other people to come along where they can have drugs tested? There is the harm that can be potentially reduced by testing at the facility and identifying what is already an unsafe drug but another potentially more harmful ingredient versus the wider narrative in the community about drugs — weighing all that up and assessing the risk and the long-term harm that might occur from that narrative. It is a tricky one. Organisationally we then come up with a policy position on that.

I think in some ways as well I am not quite certain it is right up there in the evidence hierarchy in terms of determining whether or not it does reduce harm in the long term or the broader issue of harm. Cate might be able to talk a bit more about testing.

Ms QUINN — The science of it. The interesting thing with pill testing is that you can do a lot of things with modern-day science. I think there is a lot of discussion in different media around pill testing and the types of technology that you can apply. There is field-based testing. There are all these sorts of issues. We are across all of those, and people still say to me, ‘It takes you forever to do a drug analysis’. That is because we have to do an analysis to a point where we affect somebody’s liberty, if you like. So we have to be sure about the result and we have to be sure about how it complies — all of those issues.

The 20-minute pill test for somebody’s safety in taking it does raise questions with me about the science that can be applied, because I can spend a lot of time analysing an illicit substance and never determine everything that is in it. That is after 32 years in that. So I think there is always that question when you do it. You might analyse it in that 20-minute analysis, and depending on the degree of technology that you apply to that you might find a particular substance like an NBOMe, which is dangerous — yes, that is a dangerous substance — but you may not identify other things in there. Or you may identify MDMA in there and not identify the PMA because of the level or purity, and that has an effect.

So I think the complexity in our market is very complex. It is not as straightforward as ‘there is methamphetamine’, ‘there is ecstasy’ or ‘there is whatever’. It is very poly drug — often in the same substance, in the same presentation. So I think there is a lot to be considered in saying that it is a positive step, only from the point of view that if it does give that impression that people have a greater level of safety, to what degree is that? I look at it from our perspective and say, ‘We go to the nth degree because we might send you to prison. This is something that you are going to take that is going to reverberate on your life’. So I think there is a lot I would still like to see in the science, if we ever went down that path, as to what they would do. I think you are never going to be sure. I know they are the messages that they are delivering et cetera, but if you find ecstasy in there and the person is happy with that — people die from ecstasy. So how you deliver that message I think is difficult.

Deputy Comm. STEENDAM — You also do not know for an individual, which is that point, about how they are going to interact with that drug and/or the personal health effects but more importantly also potentially some community harm or behaviours that they then exhibit as a result of taking that and how you actually manage the environment with those behaviours and manage that harm as well, which is one of the other reasons why we have that position at the moment.

The CHAIR — In following on, though, from Martin’s question about an early warning system, clearly the police have some capacity for testing drugs that you come into connection with. Do you see that there are other opportunities, whether it be some form of pill testing at a festival or some other means by which people could bring drugs to public point, which would also add to an early warning system or speed up opportunities for identifying drugs that may be a problem in the community?

Deputy Comm. Steendam — I was going to say, ‘Can you repeat that question?’, because it was quite long.

Ms PATTEN — In a different way.

The CHAIR — I suppose the question is: can we see some benefits in extending testing in some form that might help with an early warning system?

Deputy Comm. Steendam — We will often see the presentations through the emergency departments, through the ambulance system. That will not be about obviously the testing regime; that will be about how the individuals are actually interacting with it or what is actually occurring. So I suppose there are multiple places to inform and give us those early warning signals, or it might just be that the event organiser or the security working in that event actually sees something.

For us, when we talk about early warning systems at the moment it is actually about where we gather the intelligence and where it is actually sitting. People are seeing things, not necessarily through the pill testing and through the analysis but actually through the behaviours or the incidents that are actually occurring in the environment that would inform that early warning system. In terms of other types of environments, I do not think it is a government policy position to determine whether or not there is appetite to inform that. Our position at the moment is that if it was used to give people confidence that they could take a particular drug, we do not support that policy position because we think there are other inherent harms that you cannot manage.

Ms PATTEN — Is there any policing reason for why you would not very quickly put out an early warning system? I am thinking about this summer, where we do not want to see another Chapel Street incident. Obviously from your intelligence from working with the hospitals, working with event organisers and your own intelligence, is there some operational reason why you would not want to see that information go out as quickly as possible?

Deputy Comm. Steendam — No. We are working with health and human services to actually trial a warning system, and that will be in the near future, not necessarily with us being the prime driver. Health, we think, are the people in terms of community messaging about public warnings, but we would work with them and I suppose collaborate about how we do that. Our information will be important in informing that.

Ms PATTEN — Can I ask just ask another question? It is probably more towards Phil. We have certainly been hearing about the emergence of a purer, higher quality heroin coming onto the market, and we also were hearing from the AFP — I am being facetious — that our methamphetamine is of a purity that you are not seeing in other jurisdictions, so we have actually got a much higher purity of it. Is there some reason that you see this kind of emergence of higher purities in Australia?

Mr HARRISON — In relation to the methamphetamine or ice market, I think there was a projection done by the ACIC a number of years ago that within three to five years our country would see saturation. Rick actually said that there has been a bit of a levelling off. I think if you look at price, the price has come down for methamphetamine over the past couple of years, and purity is at the highest. In essence, what we are seeing is that it is either imported from the manufacturing point or being manufactured here. So I guess with the market in relation to methamphetamine, it would be reasonable to say that, if we are not at saturation point, we may be close to it.

Ms PATTEN — Right. So what does that mean?

The CHAIR — Is this a question about the meaning of life?

Ms PATTEN — I think it is: just do not get into that market. It is full. So saturation just means the market is —

Asst Comm. NUGENT — I think in some ways we have peaked in terms of the significant amount of ice use. The purity is high.

Ms PATTEN — The price is low.

Asst Comm. NUGENT — Yes. The laws of supply and demand — you have a lot of people targeting this country because we pay more for high-purity methylamphetamine than they do elsewhere. You get to a point where — more and more suppliers — the price can drop. And we are down to \$40 to \$50 a point now. We were a fair bit higher than that. Hopefully the impact of some education awareness programs and the investment by governments, both at a state level and nationally, are making a difference and people are actually making informed choices now. I really hope so. It is a hideous drug and it is causing significant harm, so I think that that is there. But as we saw from overseas, other countries are not suffering the issues with ice that we are.

Ms PATTEN — Why do we get such bad cocaine but good methamphetamine?

Mr HARRISON — All I can talk about is the availability of cocaine, not its quality. We are seeing reasonably pure cocaine. It fluctuates. It comes from a number of different markets, as Rick said. We have a number of organised crime groups from different parts of the world that target Australia because we pay a lot of money for it. It is adulterated in different ways of course as it passes hands. The purity drops.

Ms PATTEN — Is that by the time it gets here?

Mr HARRISON — Absolutely. Again it would depend on at what point you are talking about, but we have seen very high purities to some pretty ordinary purities as well. And again that is due to individuals involved in the dilution of it or using adulterants along the way.

Ms PATTEN — Sorry, Rick. I interrupted you, because I think that is what we heard in Switzerland. They just said they did not get meth because they had good cocaine.

Asst Comm. NUGENT — That is right. Cocaine is flooding the market in Europe, and the quality and the price is a bit different. It is just such a different demographic, but as we saw from country to country it even changed. Whereas clearly in Australia and New Zealand — in New Zealand they call it ‘P’ for pure — it is a significant issue in the community as well.

Mr DIXON — Just in the general sense, is Australia as a whole, when you look at all the state jurisdictions, fairly homogenous in drug issues? Or are there differences in Victoria?

Deputy Comm. STEENDAM — No. Cate will be able to talk to this, as well as Rick, but it is different for different states and territories. If you look at those with big distances like the Northern Territory and Western Australia, their greatest harm is probably alcohol as opposed to drugs. But equally it is different for each jurisdiction. We are probably most similar to New South Wales and there are some other similarities to some other states, but there are distinct nuances for each state.

The CHAIR — In regard to detection, can I just follow up? We spoke to two members of the federal police this morning, and we did ask a question. We know drugs have been coming and police have been focusing on normal sources of trafficking, but the opportunities through using Australia Post and the internet or other services have been of concern of late. Can you make some comments in regard to — I suppose it is a question for Bill or Wendy; I do not know — how we are following up or whether we are seeing this as a growing area of concern?

Deputy Comm. STEENDAM — The short answer to that is yes, which is why we have a number of joint task forces where we work with the Australian Border Force and the AFP around those distribution points. Task force Trident is one of those task forces which works around, I suppose, the maritime area and importation, and equally there has been Task Force Icarus, where we actually had a very specific focus on some of those pathways and where we worked jointly with them. The other, I suppose, distribution point is also through the internet and some of the arrangements that are set up now through the darknet and other ways in which people actually communicate. You might want to expand upon that, Phil.

Mr HARRISON — This was identified a number of years ago — a methodology where people were deployed in a country. A scattergun approach for drugs was then mailed into the country to a number of

predetermined addresses. But one of the evolutions of law enforcement is that we have worked together closely with our commonwealth partners in relation to identifying this and some indicators, and we have had some success around disrupting these markets.

Ms PATTEN — You mentioned the Melton diversion program, particularly for ice. Could you speak a little bit more about how that works in practice?

Deputy Comm. STEENDAM — Geraldine is probably the best person to give a bit of detail around that.

Ms GREEN — Yes, sure. The Melton pilot ran from June 2015 to December 2016. It was aimed at diverting offenders whose non-violent offending was being driven by their methylamphetamine use and diverting those offenders into treatment. Victoria Police partnered with ACSO COATS on this initiative. In the 18 months of operation we did not reach the expected numbers of participants in the program that we had anticipated. Over that course of time there were only 12 people who entered into the pilot. We undertook quite a lot of work to expand the eligibility. Initially it was focused on first-time offenders, which was later expanded to allow for priors where they were non-violent or non-sexual offences. Even with that change, there still was not a massive increase in the offenders coming forward. It was also expanded to Bacchus Marsh police station as well as Melton police station. That pilot then ceased at the end of December 2016. We have kind of used that as part of our evidence base on the different types of initiatives that we can operate, but unfortunately the eligibility criteria did not lead to the volume of people coming in.

Deputy Comm. STEENDAM — Part of the problem with that is that there is often a long history of criminal offending or the behaviour is actually violent criminal behaviour and offending that actually coexists with the individual, which actually precludes them from diversion versus criminal justice pathways, where they may still then end up in the Drug Court environment but they would not actually be in that precharge diversion. There is a distinction between precharge diversion and diversion that actually occurs through the charge and courts. We just need to be clear that that is what we are talking about — those types of diversion pathways.

Ms PATTEN — What numbers were you hoping for?

Ms GREEN — We had originally anticipated around two a week, so we were aiming for 50 to 100 people, but then, as I say, the eligibility just considered it and unfortunately did not get the volume through. That is right in the sense that the original concept around the first-time offenders just really did not hit the mark, and precharge diversion was not an appropriate response for the offenders that were coming through.

Mr THOMPSON — Just going back to the North Richmond proposed safe injecting room, what is your response to concerns raised that a medically supervised injecting room will serve as a honey pot in the area?

Asst Comm. NUGENT — The evidence from the facility at Kings Cross is that that did not occur, and the data as well, in terms of crime data, did not suggest that they ended up with an increased number of consumers who may commit crime to fund their addiction. That has been evidence from other places around the world as well. Obviously that is something that we will be monitoring really closely, and we will be setting up some ways to measure the impact of it when it commences but certainly doing some work initially as well. We will be monitoring closely and will adjust our policing response if we do see, for example, an increase in either (a) the consumer or (b) a dealer who then chooses an areas of focus, thinking that they are going to be able to make more money by going down there. It will be important as we work with the other agencies in the development of our operating model — for police, that is — how we coexist with the facility, continuing to do what we do to disrupt the drug market but at the same time supporting the intent of the facility and having, for people who are chronically dependent, somewhere to go and then get referrals and pathways into other treatment.

Mr THOMPSON — Were Victoria Police consulted before the government announced that there would be a trial of a medically supervised injection room?

Deputy Comm. STEENDAM — As per any legislative development, we obviously as an organisation participated in that pathway and that process with the department of justice. So we get consulted on draft legislation and processes. I cannot answer that. I would have to take on notice a response to that, because I am not sure I was around at the time that was actually done. I do not want to mislead the committee in my response to that, but we participate and we often provide advice around lots of different legislative —

Mr THOMPSON — Look, I understand that in relation to the legislation. My question related to the announcement.

Deputy Comm. STEENDAM — I cannot answer that because I certainly was not around when that announcement was made. I cannot answer that part of the —

Ms PATTEN — They were there for the announcement.

The CHAIR — One of the other issues that we have looked at as a committee is roadside drug testing. We have heard from some people who have advised that they got caught because they had a small amount of cannabis in their bloodstream and they lost their licence, and they talked about the challenges that has caused for them. We have also heard from others who have looked at the issues of variability of people's capability in terms of driving that does not necessarily get picked up by a 'yes or no'-type test. Has Victoria Police looked at any other forms of roadside drug testing practice anywhere else in the world that has different effects or that might be more effective in determining people's ability to drive?

Deputy Comm. STEENDAM — In the context of road policing, I might share some stats with you — I will just go to them. What we are seeing is that in the serious injury collisions that occurred in the last financial year, 19 per cent of those serious injury collisions actually involved an individual having the presence of illicit drugs. So it is quite a substantial issue for us from a policing perspective. The evidence base that actually informed our current position, which is about just having the presence of those illicit drugs versus an impairment, is quite strong, and we look at this on an ongoing basis.

We have a whole area in road policing that constantly reviews current academic research and operating models. We are seen often — and we go regularly to talk in terms of our road policing responses — as being the leaders across the globe in terms of how we respond to road policing. So the reason that we actually have presence versus impairment is because the evidence is very clear from a risk perspective that with the presence of those illicit drugs, you are at greater risk of having an accident and/or or causing community harm. It is a really strong evidence base that informs that position.

Ms PATTEN — I guess when you look at the use of illicit drugs, we know it is that 20 to 30-year-old male that is more likely to be have used an illicit drug in the last 12 months. I suspect that is also one of the cohorts that are more likely to have a car accident as well.

Deputy Comm. STEENDAM — I do not have a breakdown of the 'who'. If you want to know some of that information, I could take that on notice in terms of some of the statistics, but we are also happy to provide the evidence base that actually informed that policy position and that legislative arrangement, and we can send that through.

Ms PATTEN — That leads to the fact that merely the presence of an illicit substance actually creates an impairment.

Deputy Comm. STEENDAM — From a risk-based perspective —

Ms PATTEN — Or the person that uses illicit drugs is more risky in their behaviour and that would include their driving behaviour.

Deputy Comm. STEENDAM — The evidence base from a risk perspective says that the presence increases the likelihood of them actually having a serious accident.

Ms PATTEN — And that is taking into account age and all of those things as well?

Deputy Comm. STEENDAM — Yes, it was a very strong evidence base when that policy position was developed.

Ms PATTEN — Yes, it does not mean that they are impaired. It just means that —

Deputy Comm. STEENDAM — The mere presence actually creates the risk.

Ms PATTEN — Because that is in their lifestyle.

I have just one more. So fentanyl and carfentanil: obviously we saw firsthand the extraordinary effects that it is having in North America. The AFP seemed to — I could not quite work out they were saying, but they were suggesting that we may not see that issue. They were likening it to crack cocaine: we did not see the crack cocaine come here so we may not see the fentanyl. I just wondered if you guys have got an opinion or a concern about that.

Ms QUINN — That certainly seems to be the case. It has been said a couple of times that the drug market is very particular to certain areas and certain trends. So we did not see crack cocaine, and we do not really see cocaine as a large street drug. We have ice; a lot of other areas do not have as much. We have not really seen any significant evidence that says that carfentanil and fentanyl are going to be an emerging problem. We will get random pieces of it — there is no doubt that that will occur. But as actual emerging substances, there is no real strength to that at the moment. That may very well be because of the nature of that drug community — in that drug user community, it is just not favoured, it just does not happen; we do not have the connectivity to that. There is much larger heroin use in the population, I think, in Canada than here.

Asst Comm. NUGENT — Yes.

Ms PATTEN — I thought we were larger than them.

Ms QUINN — I think our stimulant base is, but I do not think our heroin base is.

Asst Comm. NUGENT — It was really horrific, what we saw, and I really hope and pray that we do not see anything like that here. We know that we have issues with prescription medication here. We know that 80-odd per cent of overdoses from the Coroners Court are from prescription medication. It is a different drug market here. It is really hard to say, but at the same time part of our planning and the development of our response plan is thinking through what that would mean for us.

Ms PATTEN — We have got the real-time prescription monitoring system coming into place in January. There is a concern that that will pick up a whole bunch of people — well, the reason we are doing it is to make sure that people are not subverting the system — and that that may push them into the illicit market and then you have got prescription drug users in the illicit market. What we were seeing in Canada was counterfeit OxyContin, and that was where the fentanyl was first emerging, then it was going into the heroin market and, just through the sheer messiness of the deal, it was moving into accidentally being put into MDMA and amphetamines as well. Is that on your radar — the real-time prescription monitoring coming in?

Asst Comm. NUGENT — I am certainly aware of some thinking and discussion with health and other agencies about the potential risks there — that all of a sudden a person who does not get access to that prescription medication through that doctor shopping does then end up elsewhere. That is something we need to think about as well, and we need to monitor to see the effect of that.

Ms PATTEN — Are you seeing many counterfeit prescription drugs coming in to be sold on the illicit market?

Mr HARRISON — Not at our level.

Ms QUINN — A bit of counterfeit steroids, but not really counterfeit pharmaceuticals, no.

The CHAIR — Okay, a last issue that has come before the committee that I would appreciate your comments on relates to sniffer dogs. We have had some people who have presented to us questioning the effectiveness of sniffer dogs to actually be able to do what they are supposed to do but also saying that they cause distress to people in the area — whether it is festivals, whether it is airports or other venues where the sniffer dogs are. Certainly a few have recommended or suggested that we should recommend that sniffer dogs be used less rather than more. I am wondering whether Victoria Police have reviewed the use of sniffer dogs, and in what sort of direction you see it going.

Deputy Comm. STEENDAM — We constantly look at obviously our operating models. We see what we call our PAD dogs as a key component of our operational response and critical to part of our policing of the supply of illicit drugs. You saw the coexistence of that in some of the overseas models that you looked at that seem to coexist quite effectively. We see them as effective. We have looked at this. It has been raised; it is not a new issue. It is listed on the national drug committees at different levels across the organisation. It has been an

issue that has been raised for a significant period of time. Particularly the support services often have views about that because they have a view that in those music environments it will cause people to actually consume, and that may be an affect of it. But there is also the affect of actually allowing a drug trafficker into those environments and the harm that can actually occur. So they are an important part of our response model.

Ms PATTEN — We saw overseas that where sniffer dogs were used amnesty bins were also in place. So at the festival we went to, the person had a few choices. If the sniffer dog stopped them, they had the choice of voluntarily handing over any illicit substance that they had and then going into the festival and enjoying themselves, or being searched and if any illicit substance was found, having that substance seized and not going into the festival. Has there been a consideration of the amnesty bin, because we have certainly heard that the use of those bins stops people from engaging in that kind of dangerous behaviour to avoid detection?

Deputy Comm. STEENDAM — I am not aware of us actually having a look at that from a policy perspective, and I do not like to do policy on the run so I will take that on notice and give you a view back on that if you do not mind.

Ms PATTEN — Yes, thank you.

Deputy Comm. STEENDAM — Otherwise you will get just a commentary versus actually an informed position.

Ms PATTEN — Yes.

The CHAIR — Are you all done?

Ms PATTEN — Yes. Looking forward to seeing their recommendations.

The CHAIR — We are. We are looking forward to seeing your submission when it is available. But in the meantime, thank you for coming along today, all of you. You have brought quite a big team, Wendy, and that has been much appreciated. We have certainly gone through a lot of issues in that time.

Deputy Comm. STEENDAM — Thank you.

Witnesses withdrew.