

COMMUNITY DRUG SUMMIT

FIRST SESSION

**HELD AT PARLIAMENT HOUSE
PERTH**

FRIDAY, 17 AUGUST 2001

**CORRECTED COPY
10 September, 2001**

Summit met at 9.00 am

The CHAIR (Hon Fred Chaney): Group 6 has advised that it has submitted six recommendations. That is an error, and the recommendation relating to information is not one of the priorities; therefore, delegates should deal with the five recommendations other than the recommendation on information. The chairman of group 4 wishes to raise a matter with regard to that group's recommendations.

Mr CRAWFORD: There are some typing errors in recommendation 1, and I apologise for that. I am raising this matter because those typing errors affect the grammatical flow of the recommendations. However, they do not change the intent of the recommendations. At the end of the first line of recommendation 1, after the words "is supported and", the word "must" has been omitted and should be inserted. At the beginning of line 4, the word "Have" has been omitted and should be inserted; so it would then read, "Have direct reporting". At the beginning of line 5, the word "That" has been omitted and should be inserted; so it would then read, "That funding". In the second last line, the words "Resource provision" should be deleted and the words "Have sufficient resources" should be substituted; so it would then read, "Have sufficient resources to appoint . . .". That is all for recommendation 1.

Recommendation 4, line 5, after the word "paid", include the word "to". I must apologise - there is another amendment before that one. The whole of line 3 is to be removed, and in line 4, the words "the school curriculum however" are to be removed. I will read that the way it would be after the corrections, starting from the top -

There is strong support for the programs and material of the School Drug Education Project.
Attention must be paid to:

The CHAIR (Hon Fred Chaney): Do you think it may be better to leave the word "however" in?

Mr CRAWFORD: Okay.

The CHAIR (Hon Fred Chaney): So we will leave the wording as -

. . . however attention must be paid to:

Mr CRAWFORD: In recommendation 5, there is a typing error in the last line of the first paragraph. The word is not "monitoring", it is "mentoring".

The CHAIR: Thank you, Ian, is that all?

I am about to have a further piece of paper distributed. Delegates will recall that yesterday, a number of amendments were moved to a number of resolutions, adding to the inclusiveness of a number of the recommendations. In each case, those additions were approved. Some suggestion was then made that perhaps some more general statement might minimise the need for further amendments of that sort. A number of delegates last night drafted a preamble which essentially brings out that point of inclusiveness. I will not read it out, because I do not wish to delay our work further. I am suggesting that this be distributed, and delegates have a look at it over morning tea, since I am sure you will be engrossed in the discussion between now and morning tea, and I will seek an indication of whether it is the wish of the summit, by a very substantial majority, to include words of that sort. It will almost be a matter of requiring leave. I am in the hands of the summit here. The idea would be to avoid the need to pick over every recommendation to see that these issues are dealt with. I think that the people have tried to do a job which does not raise controversial issues, and is in the spirit of the summit, but that is for delegates to judge, and I will simply ask you, after morning tea, whether it is the wish of the summit to go down this track. If it is not the wish of the summit, then of course we will simply deal with the nine sets of recommendations in accordance with the agenda, and make such amendments on the way through as people think are needed.

I now advise delegates of the results of the voting on the recommendations of working group 2 : Recommendation 1 - 95 yes, 3 no; recommendation 2 - 96 yes, 1 no, 1 abstention; recommendation 3 - 96 yes, 1 abstention, 1 spoiled paper. A spoiled paper is the equivalent of an abstention, effectively. Someone chose not to vote. Delegates will know how I have been spoiling the papers which have not been used, because a couple of delegates have been absent. Apparently a paper was simply spoiled, and was not marked "abstain" and there was not vote. Recommendation 4 - 85 yes, 10 no, 3 abstentions; recommendation 5 - 84 yes, 13 no, 1 abstention.

Due to the cooperative approach taken by members of the summit, consideration of the first three papers was done in a way that enabled appropriate changes to be made and for consideration to be given. The next paper, which is on Aboriginal matters, involves a small number of amendments and we can deal with those in much the same way. If we get to papers that are more contentious and in which significant amendments are sought, I will give priority to amendments of substance. Although the correction of drafting errors may improve the recommendations, if there are real issues among members of the summit, those issues should take precedence for debate and voting. Some delegates might want to talk to me about that during morning tea. However, I think it is an appropriate way to ensure that the views of the summit on important issues are determined, and time is not taken up on minor word issues. That will be the priority I will pursue.

I have asked the timekeeper to follow a different process today. When group members made their presentations yesterday, the timekeeper showed the amount of time the group had left. The object is not to have any delegate, in a sense, hog the debate, and nobody did yesterday. However, it will be more helpful, and in accordance with the program, if the first person to speak has a five-minute time limit and subsequent speakers have a three-minute time limit. Individual times will be shown on the clock, so that the speaker has some guidance. A separate tally of the time the proponent group has remaining will be kept and its members will be kept informed of that, as will the summit from time to time. We are still following the same rules, but for the assistance of speakers, the clock will show individual time limits and not that of the group. I now call working group 3.

Ms MAXTED: Good morning, Mr Chair, and good morning delegates. I thank my co-chair and the facilitator, Mr Shane Houston, for their help, and working group members for their valuable input. I will ask Mr David Drewett to address the forum, but before he begins, I inform summit delegates that the group reached a consensus about how this format should be presented. After David makes his speech, we will speak to each of the recommendations. Once all have been discussed, we will consider any amendments from summit delegates. The topic was addressing illicit drug use among Aboriginal people, including the provision of treatment programs for drug dependent Aboriginal people. We have deliberated on those issues and these are our recommendations, which I am sure all delegates have in front of them. Different people will speak on them.

Mr DREWETT: As a WASP - a white Anglo-Saxon protestant - I come before the summit today to highlight a few of the issues that have come through our group over the past four days of deliberation. For 40 000 years, the Aboriginal people managed the environment, flora and fauna of this great continent. They did not need groups like the Environmental Protection Authority or the Department of Conservation and Land Management to manage this great country. In less than 200 years, we have seen the systematic breakdown of Aboriginal culture and systems to a point where even through legislation, we have basically tried to eliminate these people.

I have been lucky and privileged to be involved this week with a group that is so diverse, it is hard to fathom. The members of the group come from far and wide - the Kimberley, the goldfields, the south west, the metropolitan area and all over Western Australia. They come from a wide-ranging diversity of professions - the legal and medical professions, teachers, carers and people who are basically concerned.

I would like to point out that our deliberations have been brutal, honest and above all else there has been respect for the point of view raised by all people. We knew, when formulating our recommendations, that sections of the summit may label this group as trying to get its own way; that is not true. We have tried to reflect the fact that the Aboriginal community has been decimated by us.

Today I would like to leave the summit with one thought. As a Marksist - that meaning having the late Jack Marks as my mentor and friend - I learnt early in the piece that the best way to achieve results was to show respect. When our new town was formed, Jack Marks walked into the council chamber, removed the picture of the monarch and put up the Aboriginal flag. Jack showed respect and from that day on in our chamber we respected the Aboriginal culture. Ladies and gentlemen, show respect today and take on board the recommendations of this group with the nature of honesty and a bit of love in your hearts for what these people have tried to achieve. Thank you.

Ms MAXTED: I will now ask each person to speak to the recommendations and we will now have recommendation 1.

Ms RUSSO: Aboriginal social exclusion and drugs: Aboriginal people have for many years been telling Australians that if the bonds, trust and confidence that hold families and communities together are destroyed, people will get ill. The strengths of families and communities slip away when social norms and standards erode. Aboriginal people have spoken about the need to spend time in building up these standards if people are to get healthy. When one listens to Aboriginal people, they say they need these things so that families and communities can be whole again. International evidence increasingly supports that view. Building up trust and strong social bonds is, as Professor Fiona Stanley told us on day one, extremely important. It is also important to understand that clear evidence indicates the pushing aside and marginalising of one group of people in society because they have a different culture or language will contribute to ill health. Excluding people makes people sick.

Ms MAXTED: We will now have recommendation 2.

Ms WEST: My view does not necessarily reflect the view of the agency for which I work. I want to talk about the fact that Aboriginal people are marginalised in the basic areas of need. On 7 June this year, I was involved in a domestic violence workshop with Aboriginal women - 48 in my community. When we referred to Maslow's hierarchy of needs the penny dropped. We cannot move on and achieve better health or self-realisation unless we have decent housing, good water and good nutrition. In my experience that is not available to all indigenous communities with which I work.

I also want to promote Aboriginal language in schools. If Aboriginal people were able to speak their own language and attend bilingual schools at the beginning of their education, by the time they were in year 4 they would have better outcomes. Their outcomes in education are not good. We need to focus on improving outcomes for Aboriginal people in our community, which are now lower than those of any other section of the community.

Mr EGGINGTON: Recommendation 3 is very simple. We have talked about the fact that this country still has a penal colony attitude towards law and justice, although I am glad to see it is changing a little. Aboriginal people make up a considerable part of the prison population. The pathways that lead to drug abuse and related activities are prevalent and some times deliberately caused. We, therefore, consider that there is a great need for work in the prisons. Recommendation 3 is an attempt to address the fact that at any time many of our people are locked up with these problems. We hope the group will consider recommendation 3.

Ms MORAN: In recommendation 4, I am taking a youth perspective and looking at addressing the lack of resources available to serve Aboriginal needs. In response to the increasing alienation of indigenous children from the existing education curriculum resulting in truancy, bullying and

underachievement, there is a need for alternative methods of inclusion in the education process as a primary prevention against future substance abuse. Two examples recommended are, firstly, the increase in the number of indigenous schools catering for the social educational and cultural needs specific to the needs of indigenous students and, secondly, the establishment of an experiential cultural school camp designed to reconnect indigenous youth with their ancestral ways of knowing and doing. Such a school could be residential in nature, not compete with mainstream timetables and provide services similar to Dreamtime studies, traditional music and ceremonial activities, self-discovery adventures, leadership development, problem solving, traditional art and sports skills. These programs should be high-stimulus aimed at engaging all students and run by members of the indigenous community. This experiential cultural school idea is viewed as a significant preventive measure for reducing the incidence of substance abuse in indigenous youth, many of whom are alienated from main-school participation early in life. An equivalent activity in the general community that has been incredibly successful is the cadet program. There is a need for an indigenous sort of cadet residential program in order to provide a safety net for young indigenous youth.

Mr HAYWARD: I refer to lack of resources in the Aboriginal community. Having worked in this system for a number of years, I am aware that the resources available to Aboriginal people are very scarce at a community level, particularly in relation to alcohol and drug services. Over a number of years we have endeavoured to try to build-up resources for our people, particularly clinical services for rehabilitation purposes.

Through this summit, we have heard comments from people about the services provided in the mainstream community. People have talked about the number of beds available in various services. Unfortunately, I cannot say the same about our Aboriginal community resources, particularly in the metropolitan area, as no beds are available for our people. This is the dilemma we face. I urge the summit to support the recommendation that appropriate resources be developed for Aboriginal people. We are a people of different culture. Some of our people fit into the system; a big percentage do not. Those are the people we need to cater for. We are privileged to be able to sit in this Chamber as Aboriginal people and be part of the decision-making process. I hope this summit will support us in our endeavours to do we have to do.

Mr EGGINGTON: Recommendation 5 aims to show that our community is a community of people who care for one other. By that, we mean the wider community; not only Aboriginal people. We are slowly losing the value system that encourages us to care for one another. The group has taken on board what other people have said. We want to show compassion, and we urge the summit to do that. This recommendation is about catching the international crooks, syndicates and big dealers. We are not worried about those people who deal because they have drug problems. Those people need to be shown compassion. Recommendation 5 is about giving our Police Force the directive to catch the syndicates and international drug dealers.

Mr FORD: As the group looking at Aboriginal issues, we are happy to have a voice at this summit. We are aware that marginalised groups such as Aboriginal people often miss out on provisional services. That is one of the reasons we are insisting that the word "Aboriginal" be highlighted in the other recommendations. We want to improve outcomes and the position of Aboriginal people on the social indicators. We win the ones we should not win and lose the ones we should not lose. We are at the wrong end of the scale in the social indicators. We want strong Aboriginal families and healthy Aboriginal communities. I remind my brothers and sisters here today of a number of widely documented important facts. Aboriginal people in Australia die 15 to 20 years earlier than non-Aboriginal Australians. Aboriginal mortality - the rate at which people die - is 300 per cent higher than that of non-Aboriginal Australians. Aboriginal infant mortality is more than double that of the non-Aboriginal community. Indigenous men are 13 times more likely to die from pneumonia than non-indigenous men. Indigenous people are two to three times more likely to be admitted to hospital than non-indigenous people. The birth rate of Aboriginals

continues to be double that of the non-Aboriginal community. Of every 99 notified cases of hepatitis C in Western Australia, 68 come from Aboriginal communities. The death rate for women in some of the most remote Aboriginal communities in Western Australia is nine times higher than the state average. People may have seen the front page of today's *The West Australian*, which contains an article about death from domestic violence. Of the six people mentioned, four were Aboriginal women. These are just some of the nationally available irrefutable statistics on Aboriginal health.

Despite the severity of these statistics, Australia spends the same amount of money on health in the Aboriginal community as it does in the non-Aboriginal community. Most Australians enjoy access to Medicare-funded services at an annual per-person rate of \$390; however, Aboriginal Western Australians receive only \$80 worth of Medicare-funded services each year. Less than one per cent of Aboriginal people in hospital are admitted as private patients.

Ms ROSENBERG: Yesterday we discussed the remoteness of communities in Western Australia, the fact that Western Australia is such a big State compared to the other States of Australia and that the majority of Aboriginals live in those remote communities. We also discussed the fact that lack of access to counselling, health and school facilities is a major issue. Those of us who live in big country towns and cities take those services for granted. Regular supplies of fresh fruit and even legal prescription drugs are difficult to achieve. That impacts on health and leads to drug abuse, suicide and high mortality rates among young children.

The CHAIR (Hon Fred Chaney): The group has only four and a half minutes left. Since there are amendments, it will need to conserve that time. The delegates might want to reserve their right to speak later in the debate in response to matters that arise. I do not want to see them without a voice on important issues.

I ask delegates to direct their attention to the amendment to recommendation 1, which is to change the word "guarantee" in line two to "enables". If the amendment were agreed to, a further amendment would be required to shift the word "to" after "access" to follow the word "communities"; that is, the recommendation would read "structures that enable Aboriginal families and communities to access the economic and cultural resources".

Ms STAATS: This amendment was drafted very quickly last night. My difficulty is with the words "guarantees" and "ensure". I commend the fact that the group thinks a Government can make a promise and keep it. I struggle with those words because, once we obtain a promise and include the word "ensure", if a child in a remote area has problems with, for example, otitis media and needs grommets, the Government will be able to remove that child from its community because it has promised to ensure proper care. It concerns me that the wording is not helpful or empowering to Aboriginal people. The word "enable" might not be the correct word; perhaps "enhance" would be better. However, the word "enable" suggests empowerment of Aboriginal people and choosing to access services.

The CHAIR (Hon Fred Chaney): Does the group accept that amendment? This is the sort of amendment to which I would not give priority if major issues of principle were being discussed. We are dealing with a matter of degree. The group accepts the amendment.

Amendment agreed to.

The CHAIR (Hon Fred Chaney): The next two amendments relate to recommendation 5. The first, moved by Rosie Carnes and seconded by Janette Rowe, suggests that the word "eradicate" in line two should read "target". Has the group had a chance to consider whether "target" is an adequate response?

Mr FORD: Yes.

The CHAIR (Hon Fred Chaney): That is accepted, so unless there is some objection from the summit the word “eradicate” becomes “target”.

Amendment agreed to.

The CHAIR (Hon Fred Chaney): A further amendment is proposed to that clause which is slightly more complex. It is moved by Alice Staats and seconded. If the amendment was passed and everything on the first line after “Government” was deleted, it would read “that Government increases law enforcement efforts to”, and then instead of “complementing these enforcement efforts” it would be “in order to complement”. Since that is a longer amendment I will give Alice a chance to speak to it.

Ms STAATS: Dennis has already explained the amendment, so I am not that worried about it. It was in the spirit of Aboriginal and non-Aboriginal people. My concern was only that by giving operational priority it was directed only towards Aboriginal communities. Dennis has explained it, so I am happy if he wants to keep it that way.

The CHAIR (Hon Fred Chaney): Does the group accept the amendment or does it want to insist on its own wording? Does anyone wish to speak against the amendment or for the amendment?

Mr BAXTER: I would like to speak in favour of the amendment. The drug problem is a major problem but not the only problem, especially in a lot of the Aboriginal communities I have seen. By doing that, it is almost selling yourselves short on a lot of the other problems, and it allows police to give less priority to equally important issues. The increased law enforcement would be a better method.

The CHAIR (Hon Fred Chaney): Is there a speaker against? If there is no comment from the group, I will put that amendment to a vote. I will give the group an opportunity to explain, if they do not wish to support the amendment.

Mr EGGINGTON: We have heard that a large percentage of the law enforcement money that goes into the drugs issue is ineffective, and that there are better ways to deal with the problem than targeting those individuals who buy a small amount of marijuana to cut up and give to their friends so that they can have a supply. We want to concentrate the law enforcement effort into the top end of the problem. That is the reason for that recommendation, and why we want it to remain.

The CHAIR (Hon Fred Chaney): Dennis, you have put a slightly different interpretation on this. Are saying that in the law enforcement efforts against drugs, operational priority should be given to the networks rather than to the individuals? I think that is slightly different from the concerns expressed by the mover. Without further discussion, I will put the amendment that is on the board behind me, which is to replace “gives operational priority to law enforcement efforts” with “increases law enforcement efforts” and also “in order to complement these enforcement efforts”.

Ms ROSENBERG: As there are two parts to the amendment, can we split the vote on the amendment?

The CHAIR (Hon Fred Chaney): I am happy to split the vote. This vote relates to the first part of the amendment, which is the amendment to line 1.

The CHAIR (Hon Fred Chaney): The first amendment is carried with 56 in favour.

Amendment agreed to.

The CHAIR (Hon Fred Chaney): The second part of the amendment to line 2 is also clearly carried.

Amendment agreed to.

The CHAIR (Hon Fred Chaney): The motion is now amended in the three respects that have been discussed. Are there any speakers who wish to speak against or who would like to add to anything that has been said about any of the recommendations of group 3?

Ms CASEY: When you read out the amendment you said “priority”. However, on the screen, the word “priority” has been crossed out. I was confused in that vote. It is sometimes difficult to interpret the amendment when one compares what you have read out with what is on the screen. I do not know if that is just me.

The CHAIR (Hon Fred Chaney): We have time to go back. We need to ensure that in the more divisive issues our processes are clear. The words crossed out are the words proposed to be omitted.

Ms CASEY: When you read out the amendment you included the word “priority”.

The CHAIR (Hon Fred Chaney): What I read out was to take out the words “gives operational priority to law enforcement efforts” and replace that with “increases law enforcement efforts”.

Ms CASEY: I misunderstood; I am sorry.

The CHAIR (Hon Fred Chaney): That is important. I apologise if I misled the summit.

Are you all now clear that the words crossed out on the screen are the words in the original motion that the amendment is proposing to take out and replace with the words that are underlined? I will call for another vote. All those in favour of the amendment to the first line, which is to delete certain words and replace them with other words? Those against? That is clearly carried.

Amendment agreed to.

The CHAIR (Hon Fred Chaney): The convention being followed is that when someone moves an amendment to take words out, those words are being shown on the screen as still there and crossed out, and the new words are being put up and underlined. I hope that is clear. Wendy, are you comfortable with that?

Ms CASEY: Yes.

The CHAIR (Hon Fred Chaney): Does anybody else wish to make any comment on this?

Mr EASTWOOD: Is there another amendment?

The CHAIR (Hon Fred Chaney): Yes, it was not spoken to. I will ask for a show of hands from those in favour of the addition of those words. All those in favour? Against? They are part of Alice’s amendment.

Amendment agreed to.

The CHAIR (Hon Fred Chaney): Does anybody else wish to make any comment on any of the recommendations?

Ms WOODS: I am very concerned that the recommendation has no teeth. It is very vague and has nothing to measure performance. It has no absolute direction. Are you prepared to allow that the Government may be able to totally ignore this recommendation because there is no substance to it?

The CHAIR (Hon Fred Chaney): That question can be replied to at the end of the debate during the summing up.

Ms ADAMS: I commend the working group on recommendation 5. I will very quickly give an example from the Katanning Police Service of how successful the policy has been of involving the primary school and the police in a truancy program. There has been a lot of daylight breaking and entering and shoplifting. The program works by the police having several officers working with the school. The school advises the police which children are playing truant. The next day police officers go to the homes of those children and take them to school. They are given a breakfast at school and a shower if necessary. This is encouraging the kids to stay at school and not play truant, not go shoplifting, not go breaking and entering and not take drugs. Over a six-week period the program has considerably reduced shoplifting and day-time crime. The end result is that drug arrests in Katanning in two months have gone from six arrests a month to 36 arrests. Through the

program, children have advised police where the supplies are coming from and the police are getting to the bigger people. That is a really good example of interagency efforts from group 4.

Ms WEST: I am from Katanning. The town breakfast program is only available for students who have been at school the day before. That is how we work our program.

The CHAIR (Hon Fred Chaney): No further debate. I invite Dennis Eggington to speak.

Mr EGGINGTON: Our esteemed chairman, Danny Ford, will do that.

The CHAIR (Hon Fred Chaney): I invite Danny Ford to close the debate on behalf of group 3.

Mr FORD: In reference to my WASP colleague, I as a BN, which is a black Nyoongar, want to thank people for the enormous goodwill that has been shown throughout the five days. I take on board the fact that one or two recommendations do not have the teeth that we would like, but the intent and spirit of the recommendations are very clear. I reiterate that our recommendations are about trying to build strong families and healthy communities that enable the Aboriginal community to tackle a whole range of issues of which drugs is but one. We said earlier that, in a holistic way, drugs cannot be isolated from the things that are happening to the Aboriginal community. It is our belief that our recommendations are attempting to support the initiatives of the Aboriginal community in tackling all those issues. People can make up their own minds but we would like people to support the process that we have gone through.

The CHAIR (Hon Fred Chaney): Thank you, Danny. I invite the staff to distribute the ballot papers.

[A ballot was conducted.]

The CHAIR (Hon Fred Chaney): Would delegates please complete their ballots as soon as possible. Are all of the ballot papers in? Could I have the indulgence of the summit? A large number of amendments have been suggested for the recommendations of group 4 that I must understand before we debate them. I want to hear what group 4 has to say in order to understand the debate. I ask that delegates remain in their places in the Chamber while the new chairs consider the amendments and get across them. There are a large number of amendments of which we have not had any prior notice. I want an orderly discussion. At ease, I think, is the military expression.

The next hour will be a little more of a challenge, because a substantial number of amendments are to be considered, and some issues of principle raised by amendments will need full discussion. For that reason, I want to maximise the time for substantive discussion. So that Ian will not have to advise delegates, I advise that the first time-saving matter is that the group has five recommendations, not six as stated in the papers. Delegates may discard recommendation 6 as a priority recommendation. Therefore, the group will proceed with the first five recommendations.

There is a total of 14 amendments. In many cases, those amendments are not simply word changes. Therefore, the rationing of time will be important. The working group has a carefully prepared approach, so I am not speaking to the group but to other delegates. I will endeavour to ensure that we maximise the time for discussing the major issues. The choice is, of course, to spend all the time on one or two issues, or to spread it a bit. Given that there are a number of significant amendments, I think that I should spread the debate and call for a vote on these amendments in time to allow consideration of other issues. That is the broad pattern I will try to follow in this, and I am just giving delegates notice so that they understand. The hour will now start to run. I invite the Chair, or such person as he nominates, to speak to these recommendations.

Mr CRAWFORD: The policy we will adopt is that I will give delegates a very brief introductory overview of the group's recommendations. Then, if one particular recommendation appears to be controversial, we will address that immediately.

Ladies and gentlemen, I am sure you will agree with us that our topic, prevention and early intervention strategies, including schools, parents, public education, and action in local

communities, has given the summit a golden opportunity to lay the foundation for a better future for our children and the community in general.

Because we are aware that government funding is finite, we resolved that, rather than try to reinvent the wheel, we would use existing facilities better, simplify the cross-agency boundaries that tend to inhibit the best cooperative outcomes from all resources, identify the major stakeholders and strengthen the need for accountability and reporting procedures within bureaucracies because of their traditional culture of self-preservation.

We are conscious of the fact that government would appreciate clear directives, rather than what could be referred to as motherhood statements, particularly for this subject. Therefore, there are a number of specifics in our submission.

Delegates will notice that our recommendations are structured in such a way that we first strengthen the existing overarching authority of the Western Australian drug and alcohol strategy office. We then diminish bureaucratic hurdles and enhance the schools drug education program. Next, we empower the major stakeholders to take ownership of new and existing programs. This, in turn, generates an increasing number of protective factors, and at the same time it reduces the likely presence of risk factors. We have targeted this shift in causal factors because research indicates that if risk factors are removed and replaced with protective factors, there is less likelihood that young people will become victims of uncontrolled consumption of licit and illicit drugs. I stress that our group has focused on the urgent need to strengthen coordination and integration rather than have fragmentation of prevention and early intervention strategies. In essence, we have produced a package for your consideration and support.

Mr COE: With regard to this summit, we need to look at why we have been here for the past five days. We have been here because we want to improve and look forward, not backwards. Recommendation 1 is a way of looking forward and improving, and, more importantly, once we have improved, of maintaining that improved status. Many of the issues papers highlight significant problems in management, coordination, funding, etc. This recommendation is not about shifting the power to one particular agency or organisation. As I said earlier, this recommendation is about improving and maintaining the quality of the services that are provided. This recommendation is about better progressing the issue of drugs, and, more importantly, having one coordinated body. There is duplication of services and agencies, and we need to consolidate them all under the one umbrella. This recommendation is about ensuring that the priority about which we have all become very passionate is given its just deserts. It is about ensuring that proper funding is given, and that funds are not gobbled up by other areas. The health portfolio, particularly in the current political climate, is under threat, and, regardless of what we think, the bureaucrats and the politicians take no prisoners when it comes to setting their priorities about the issues in the community. Many of the recommendations from the summit revolve around funding. If the peak body, the Western Australian Drug Abuse Strategy Office, or whatever we wish to call it, is not given independent status, we will run the risk that many of the priorities and recommendations will be placed in jeopardy; and when I say "in jeopardy", I mean in the sense of priority setting. This recommendation will ensure that the improvements that delegates have told the Government they want to have implemented are given a better chance by being implemented by being in a stand-alone organisation that will have direct access to the appropriate minister. The Government has made a strong commitment to deal with the issue of drugs, and this summit demonstrates that commitment. I urge delegates to keep that momentum going.

Mr CRAWFORD: Those are our comments about that recommendation. Mr Chairman, do you want to deal with that recommendation now?

The CHAIR (Hon Fred Chaney): I do not wish to dictate that we do that. I have four amendments that I have been puzzling over, one of which I do not think I will accept, because it is substantially a

direct reversal of your proposal. I am happy to explain it, but that will take some time, and you may think it strategic to at least get in a quick word on the other recommendations.

Mr CRAWFORD: Recommendation 2, I feel, does not need addressing. Judith Adams will address recommendation 3.

The CHAIR (Hon Fred Chaney): No amendments are proposed to recommendation 3, if that is any guidance.

Ms ADAMS: This recommendation has already been mentioned in the opening address, and reads -

That the State Government develop a common standardised regional boundary structure for all State service agencies to achieve integration across government strategic planning, reporting and service delivery.

This structure to be used to address the key risk and protective factors related to licit and illicit drug use for individuals, families and communities throughout Western Australia.

This seems to be one of the biggest problems - boundaries. They are administrative boundaries, and cannot be seen, but they cause problems as far as what we are trying to do with our prevention strategies, involving many agencies supporting our communities, their families and those with problems within them. I know it is really going outside the box, but we feel very strongly that these boundaries are inhibiting progress. In the area I come from, we have the education, police and health boundaries. They are all different, and it is very difficult. We have a lot of agencies working together for the betterment of our communities and really trying to improve literacy, reduce the crime rate and the drug abuse levels - all those family issues - and we are stopped, because this particular funding is only for use within that boundary, that funding is only for another, and so it goes. The way that we have been able to work is by using the health boundary in my area, and there has been some terrific initiatives that have come out of it, with the Education Department working together with the Police Department, Family and Children's Services, and the Disability Services Commission. We are asking for this to be looked at. I know it is also a problem for local government and the electoral boundaries further complicate matters. We just do not know where we are going. It is just something that is really impeding what we are trying to do overall in a strategic direction.

Mr GARNAUT: In terms of recommendation 4, the group was strongly supportive of the school drug education project, but there were some areas of identified need that require progressing. Those areas have been picked up in the recommendation.

Firstly, excellent evaluation takes place of the inputs into project management and operations, but there is little evaluation of the outcomes, particularly the behavioural outcomes for children, and of schools' success in implementing the project. This group recommends improving the evaluation of the project.

Secondly, we commented on community input, and some weaknesses observed in the program. Although the program advocates community input into planning and parent education, this group observed weaknesses in those two areas, and they need to be enhanced.

Thirdly, in years 11 and 12, less school drug education occurs than in the other years of schooling. This group recommends that attention be paid to drug education programs in those years of schooling.

Fourthly, the group recommends that attention be paid by tertiary institutions to the inclusion of drug education in pre-service teacher training programs for all teachers in all schools.

Finally, this group is very keen for the issue of drug education to be on the agenda of every school community in Western Australia, in the near future, and to ensure that, this group recommends that every school council in Western Australia puts drug education squarely on its agenda, and discusses

it thoroughly with the community to determine whether there is a need in that community for a comprehensive approach to school drug education.

Mr CRAWFORD: As a very brief introduction to recommendation 5, delegates will notice that we have approached the two major stakeholders, parents and children, and we have done this in response to the fact that the difficulty of involving parents in the loop has been clearly indicated to us during this summit. At the same time, one of the cries that we detected from children is that, at that time of crisis, when asked who they turn to, and what they need, they said, quite emphatically, they need somebody to speak to. In this recommendation, we are asking the Government to direct funding to the organisations listed - it is not an exclusive list - in order to mobilise the community to embrace those two stakeholders.

The CHAIR (Hon Fred Chaney): I will quickly indicate to delegates the nature of the amendments that have been moved to recommendation 1. An amendment was moved by Mike Hatton, which, as I read it, would deal with dot point 3 and would say that decisions on government funding to non-government organisations should lie with the Minister for Health and not the Western Australian Drug Abuse Strategy Office. However, that is an amendment to the second dot point. It would probably either take it out or replace "WADASO" with the "Minister for Health".

Michelle Rosenberg put a more substantial amendment forward, which I think is probably a reversal of the proposal. She wishes to delete "coordination" from the first line, so that only the role of WADASO is supported; to delete the first two dot points; and to replace "WADASO" with the "Department of Health". Her amendments are a reversal of this proposition and are properly advanced by voting against this resolution, so I will not entertain her amendments.

I will accept an amendment from Janette Rowe and Rose Carnes which proposes the creation of an overall coordinating body to coordinate, prioritise and so on, but which would not have as much power. I think there are a series of amendments and they should be dealt with in an orderly way. Broadly, there is one that I think is a complete reversal of the recommendation and, in line with standing orders, I will not put it as an amendment. I think that we should try to deal with a more substantial amendment first in order to test the views of the summit, and for that reason we might look at the amendment moved by Janette Rowe and Rose Carnes. Can that please be displayed? Although this amendment involves substantial rewriting, it seems to me that it is in the same spirit and is not a reversal of the recommendation, although it does make a significant change.

Dr MARSH: I thought about putting forward an amendment to this recommendation, but I had a real problem with how to amend it. My concern is about where this recommendation came from? There has been a lot of discussion about prevention and early intervention activities, but there has been nothing on this matter in any of our plenary talks, panels or anything. This is a matter about structures of government, not about issues. I do not see how delegates can comment on that.

The CHAIR (Hon Fred Chaney): That is a speaker against. Ali, I will not ask you to prolong those comments at the moment. I propose to invite Janette to please explain what she is seeking to achieve with the amendment.

Ms ROWE: It is from the perspective of keeping options open and not mentioning an organisation specifically. This came up earlier with the communities that care program. It is about maintaining diversity and not limiting options. It is about not mentioning specific programs, so that it does not narrow the options. I feel that there is a danger in a monopoly of any kind, although I do not think I have eliminated that in the rewriting. I have a fear that it would result in further funding for infrastructure and less for programs.

I wanted to draw delegates' attention to the last dot point that I changed. It said -

- Resource provision to appoint coordinators in major regional areas

That does not provide for consultation with the regional areas to find out what they want. It does not take into account local government and community drug service teams that are already in many

regional areas and could fulfil that role. It does not take into account that all regional and remote communities are different and could come up with models to suit their community, which may or may not involve appointing a coordinator.

Although I have watered down the recommendation, I have maintained the spirit of the group's needs. However, it is less specific, in that it does not mention an organisation and allows for more community consultation in areas that have fewer services.

The CHAIR (Hon Fred Chaney): Does the seconder, Rose Carnes, wish to speak?

Ms CARNES: Yes, I reserve that right.

The CHAIR (Hon Fred Chaney): Is there a speaker against the amendment? This group has 8 minutes 57 seconds left.

Mr EASTWOOD: Which amendment are you referring to, Mr Chairman?

The CHAIR (Hon Fred Chaney): It is Janette Rowe's amendment.

Ms ROWE: I have basically rewritten it.

The CHAIR (Hon Fred Chaney): The amendment was explained on the basis that the nomination of a specific bureaucratic or government organisation to play a coordinating role be left open, and that the summit be non-specific about investing such a role in the Western Australian Drug Abuse Strategy Office.

Mr CRAWFORD: The major reason for naming an existing organisation, as I said in my introduction, was to prevent the creation of another body. The consensus of my committee around the table is that we are happy with the feel and thrust of this amendment. However, we caution the summit about the difficulties and other problems associated with creating another body.

The CHAIR (Hon Fred Chaney): Are you indicating that you are accepting this amendment?

Mr CRAWFORD: Yes, we are.

The CHAIR (Hon Fred Chaney): Is that satisfactory to the summit? If there is no objection, the resolution has become the amendment moved by Janette Rowe. An additional amendment may still be relevant.

Amendment agreed to.

Ms WOODS: I am sorry but I do not understand that amendment. What we saw on the screen has nothing to do with the document we have in front of us. Can you read the amendment from start to finish, please?

The CHAIR (Hon Fred Chaney): The amendment is that the Government create an overall coordinating body to coordinate responses to related issues, identified needs and program development, report directly to the relevant minister, assist organisations to access funding for the prevention of problematic drug use and provide support to regional, remote and rural areas in ways designed by active consultation with those communities.

Hon DAVID MALCOLM: The dot point relating to coordinated responses is missing and should be inserted.

The CHAIR (Hon Fred Chaney): Thank you. The recommendation relating to coordination has become non-organisation specific. An amendment of Francis Lynch's may still be relevant; that is, to add an additional dot point -

- supporting and funding a diverse range of prevention and treatment options

Ms GRIFFITHS: Should the dot point relating to coordinating responses to drug-related issues and identified needs read "and program development"?

The CHAIR (Hon Fred Chaney): The Francis Lynch suggestion of supporting and funding a diverse range of prevention and treatment options is not specifically picked up and, therefore, is potentially an additional matter to be considered. Is the addition of Francis Lynch's amendment acceptable?

Mr CRAWFORD: Yes.

The CHAIR (Hon Fred Chaney): If we need to make grammatical changes to fit in with the other motion it would need to read "support and fund". Notwithstanding the reservations of one delegate, there may well be grammatical points that need to be addressed later when amendments are made in a plenary like this. It is called the "slip rule" I believe.

Mr CRAWFORD: My group has drawn to my attention, with due respect to the amendment, that the first dot point "becoming an independently funded body" seems to have dropped out of the recommendation. We are not happy with that. Is the person who put the amendment happy with those criteria?

The CHAIR (Hon Fred Chaney): We will deal with the amendment before the chair and come back to that.

Mr CRAWFORD: I am not sure whether it is still in the recommendation.

The CHAIR (Hon Fred Chaney): No, it is not. We will come back to that point. Is there support in the group for adding the Francis Lynch amendment to the motion?

WORKING GROUP 5: Yes.

The CHAIR (Hon Fred Chaney): Ian Crawford indicated that the words in the original resolution, "that it be an independently funded body" have been deleted. That is the effect of the summit's acceptance and of its decision.

Mr CRAWFORD: We are not happy with that. The group has agreed to this replacement but it does not include that element of the resolution.

Mr COE: That was more related to what we were trying to see on the board. It was not a question of letting the issue go.

The CHAIR (Hon Fred Chaney): I will allow a vote on the inclusion or the exclusion of the notion that this should be an independently funded body after I have heard one speaker for and one against. Who would like to speak to it?

Mr CRAWFORD: We will have a right of reply?

The CHAIR (Hon Fred Chaney): You must argue for the inclusion of those words.

Mr COE: I reiterate the point we were making earlier that if it is not an independently funded body - that is, if it does not stand alone but stays within a government department or organisation such as the Department of Health - it will be under threat. For example, if there is a priority in change of policy direction by the Government or it puts this body under the microscope with other agencies, funds can be easily taken from anywhere else to support whatever policy or direction the Government took. By including the words "independently funded", it will stand alone and report directly to the minister. That is a key issue in the light of the bureaucratic system.

The CHAIR (Hon Fred Chaney): It is important to understand that point. From where would the independent funding come?

Mr COE: It would come direct from the budget.

The CHAIR (Hon Fred Chaney): I want a speaker on this proposition to move to insert in the motion before us that the overall coordinating body should become an independently funded body.

Mr EASTWOOD: Has any information been distributed?

The CHAIR (Hon Fred Chaney): The words “independently funded” are not in the replacement motion that has been agreed to. That dot point was not included, and the group is asking for it to be returned. I am asking for a speaker against that proposition.

Mr BOYLE: I do not necessarily speak against the motion. The words “independently funded” could mean that the Western Australian Drug Abuse Strategy Office becomes a corporate authority or receives private sponsorship. I think the group’s intention is for a dedicated line item in the budget. If that is right, it should note that somewhere so that we are clear whether we are voting for an individual budget line item rather than a quango or independent authority.

The CHAIR (Hon Fred Chaney): I thought the group indicated that it wanted a body funded by government through a budget line item. Delegates are voting on whether that should be the case. I would still like to hear a speaker against the proposition, as we have had a speaker support it.

Dr MARSH: I have a problem with it. Any coordinated body should comprise members of a number of organisations. If the Western Australian Drug Abuse Strategy Office were to be set up as an independently funded autonomous body, there would be a danger that a particular area could take over and make decisions without the necessary input. WADASO needs funding, but we must be careful about how we word the recommendation. Maybe we should specify that the body must comprise representatives from all relevant organisations.

Mr HINDS: The chairman said we had accepted the amendment.

The CHAIR (Hon Fred Chaney): Yes, the amendment moved by Janette Rowe.

Mr HINDS: I am not sure of the process for accepting the amendment, because I cannot remember the amendment.

Ms ADAMS: The group accepted it; then it realised one part was missing.

Mr HINDS: Will our vote be on the new change?

The CHAIR (Hon Fred Chaney): That is right.

Mr TOON: I have been involved with the Alcohol and other Drugs Council of Australia for a long time, and am a member of the Australian National Council on Drugs, which gives me a national perspective on the provision of drug treatment and services in a wide range of jurisdictions. I strongly favour funding for the Drug Abuse Strategy Office appearing in the budget as a separate line item. The experience in many other places is that when drug issues are subsumed into larger departments, especially health departments, they become marginalised and priorities are lost. In those situations, they are a small proportion of departmental budgets and have very little chance of survival. One of Western Australia’s great achievements has been to define a specific organisation to coordinate drug and alcohol issues. That is envied by service providers in other parts of Australia. This summit would be very foolish to cast away the gains that have been made and allow drug and alcohol issues to be subsumed into a larger department.

The CHAIR (Hon Fred Chaney): I will allow one speaker against the proposition, and then I will put the motion. Is there a speaker against?

Amendment agreed to.

The CHAIR (Hon Fred Chaney): We have a new recommendation as moved by Janette Rowe and accepted by the working group.

Mr MEOTTI: I understand that the working group agreed to the amendment to the recommendation. However, before we voted on that amendment, we started debating an amendment to an amendment we had not resolved.

The CHAIR (Hon Fred Chaney): On each occasion I have asked the summit whether an amendment is accepted. As there was no demur, a new recommendation was put. The

recommendation has now had two additions. We have exhausted the amendments before the Chair to recommendation 1.

Mr McLEOD: I have a problem with the third point, which states “funding from all government sources for the prevention of problematic drug use and treatment”. It appears that the words “and treatment” have been dropped off the end. Is that correct?

The CHAIR (Hon Fred Chaney): Does the summit agree that “and treatment” should be reinserted at the end of the line?

The words “and treatment” reinserted by leave of the summit.

The CHAIR (Hon Fred Chaney): I refer delegates to recommendation 2. Michelle Rosenberg has submitted an amendment to delete the words “relevant agencies” and replace them with the words “government and non-government agencies”. That is acceptable to the working group and the summit.

Amendment agreed to.

The CHAIR (Hon Fred Chaney): The next amendment, submitted by Janette Rowe, relates to the last paragraph.

Ms ROWE: This amendment will add the words “and report to the appropriate minister”. This recommendation needs more clout. It must require the Government to provide adequate funding for the development of the strategic approach, otherwise it will be a pointless exercise.

Mr CRAWFORD: We are happy with that.

The CHAIR (Hon Fred Chaney): The working group regards that as an acceptable amendment. Is it acceptable to the summit?

Mr MACKAAY: No. I am concerned that it gives Government extra power over non-government agencies. I do not know why non-government agencies should be required to report to the minister in terms of this recommendation.

The CHAIR (Hon Fred Chaney): I take that as opposition to this amendment.

Ms ROWE: I do not think this is against my amendment. I think it is against the original sentence which is still in my amendment. It is an alteration to the original recommendation.

Ms MILLER: This might be an unintended implication of the amendment. I am sure Trinity Youth Options will not report to the minister under any circumstances. I am sure that other agencies that do not receive government funding will not report to the minister. Is that the intent?

Ms ROWE: No, it is not the intent.

The CHAIR (Hon Fred Chaney): Would it be acceptable if it was noted that it was not the intent that non-funded government agencies should have to report on their activities?

Mr LOVETT: The working group never intended any part of that to be reporting back to the minister. The funding part is a great addition, and we like that, but we never intended that it be reported to the minister. We were talking about a position where we would go into the wording of this recommendation. There is considerable research when the planning is put in place and the reporting back would be to the funding body with the gains received from it. It was never about reporting back to the minister. I would not want to report back to Mr Kucera, with due respect, in a million years. This is more about accountability and making sure things that we have put funds to are working and that there is a position whereby we can evaluate that.

Ms ROWE: In view of the discussion, I think I should withdraw the amendment. I am happy to do that.

The CHAIR (Hon Fred Chaney): Is that acceptable to the working group?

Mr CRAWFORD: Yes.

The CHAIR (Hon Fred Chaney): There are no amendments to recommendation 3. Recommendation 4: there is an amendment by Ali Marsh, which relates to not referring to a specific program, rather to the principle, and is strongly in support of comprehensive school-based drug education. That is really the point of the amendment. Is that acceptable to the working group?

Mr CRAWFORD: That is fine.

The CHAIR (Hon Fred Chaney): Is it acceptable to the summit?

Dr MARSH: The whole of that first part should be crossed out. My amendment started with “where there is strong support for”. The words highlighted on the screen at the moment should be struck out. Basically, it is about referring to specific programs. The programs are really good programs. They are not perfect - as has already been explained - and making that program compulsory would limit our ability to incorporate other programs.

Mr CRAWFORD: I think there is some confusion, because at the beginning of the day’s proceedings I removed the words “and we recommend the compulsory inclusion into the school curriculum”. Everybody took note of that. Do you withdraw?

Dr MARSH: That little bit can come out.

The CHAIR (Hon Fred Chaney): It is replacing the proper noun with a description of function. Can you take out “and we recommend the compulsory inclusion into the school curriculum”?

Dr MARSH: Can you remove the words “and we recommend the compulsory inclusion of this sort of drug education into the school curriculum”?

The CHAIR (Hon Fred Chaney): Those words should be removed from both places, as the group removed the words at the beginning of the meeting today

Hon DAVID MALCOLM: After the words “evidence based” the words “and we recommend” must also be deleted, otherwise the amendment does not make sense.

The CHAIR (Hon Fred Chaney): We will tidy up the grammar later. Is that acceptable to the group?

Mr CRAWFORD: Could we have a few minutes?

The CHAIR (Hon Fred Chaney): Okay.

Mr EGAN: I have some concern that removing the specific reference to an existing program would make the impact of the further points about research and evaluation a whole lot fuzzier. It would mean that we would have some sort of school programs with some sort of research and evaluation down the track, whereas the original recommendation of the group refers to a school drug education project, which exists now. The recommendation is to make sure that the research and evaluation of that project is carried out. We would be replacing a concrete recommendation with a very fuzzy one.

Mr LOVETT: I understand where you are coming from with the amendment, Ali. Well done to Hansard, because the staff chopped it out so quickly that we did not have a chance to go at it properly. We asked earlier today if we could get rid of the word “compulsory”. We would like to see the recommendation amended to read “and we recommend its inclusion into the school curriculum”. It would mean that all the wording is there and we simply take out “compulsory”.

The CHAIR (Hon Fred Chaney): The only amendment under discussion at the moment is whether we refer to a school-based drug education project or a comprehensive school-based drug education project. It is the particular as against the general. Richard Egan has made a comment about leaving the wording as it is. Is everyone clear on the choice?

Mr HINDS: You made a remark about tidying up the grammar later, Mr Chairman. In any meeting that I attend, and this is a very important one, I have great concern about voting on a motion and having its grammar tidied up later. There are implications with that.

The CHAIR (Hon Fred Chaney): In that case we will not tidy up the grammar; let us not waste time on that. Are delegates quite clear about what we are voting on? The question is whether we want to include a reference to a specific program or to comprehensive school-based drug education. All those in favour of the amendment, which is to remove reference to a specific program and insert the words, please raise your hands. Those against?

The amendment is carried by 46 to 39 votes.

Amendment agreed to.

The CHAIR (Hon Fred Chaney): We have limited time. Laurie Eastwood has moved that at the beginning of recommendation 4 the word “compulsory” be deleted. It has already been deleted in the preamble so we do not need to worry about that.

Mr EASTWOOD: There is already a very successful school drug education program operating that is a cooperative effort between the Catholic Education Commission and the Department of Education. In his preamble, John Garnaut recommended that attention be paid to “the inclusion of”. I am not happy with that, and to say that it should be “compulsory” is directing people as to what should happen in teacher training.

The CHAIR (Hon Fred Chaney): I ask the working group its attitude to that. In the absence of a view I will put that motion.

Mr CRAWFORD: Hang on.

The CHAIR (Hon Fred Chaney): I am sorry but I am trying to move on to deal with some other amendments.

Mr CRAWFORD: We are aware of that but this is a particularly important point.

Ms DIMITRIJEVICH: We want all teachers in universities and teacher training institutions to have some health education and drug education before they start teaching in classrooms. Currently, some university and teacher training students are getting only three hours of health education training in their three or four years of training. We want it included in all teacher training institutions.

The CHAIR (Hon Fred Chaney): That is the last amendment we will deal with. All those in favour of deleting the reference to “compulsory” please raise your hand. Those against. That is lost.

Amendment not agreed to.

The CHAIR (Hon Fred Chaney): I ask the operators to display the resolutions one by one so we can look at them carefully and know on what delegates are about to vote. Put up recommendation 1. The amendments that have not been considered will simply be part of the record and will be shown as not having been dealt with by the summit. Has everybody had a chance to read recommendation 1?

Put up recommendation 2. The latter amendment was withdrawn. The words “all government departments” etc were withdrawn. Is that the understanding of the delegates? Could we have another look at recommendation 2?

Mr CRAWFORD: The word “consider” was replaced with the word “implement” at the beginning of today’s session.

The CHAIR (Hon Fred Chaney): Is the working group satisfied?

Mr CRAWFORD: Yes.

The CHAIR (Hon Fred Chaney): Recommendation 3, which was not amended.

Mr CRAWFORD: Recommendation 3 was okay.

The CHAIR (Hon Fred Chaney): Recommendation 4.

Ms ROSENBERG: I suggest that all the words that have been struck out of the amendment be taken out.

Ms WOODS: In view of the many changes to the recommendations, which are hard to fathom unless we are able to sit down and look at them properly, could we postpone the vote until after morning tea? Could we also have the amendments in front of us on paper when we get back?

The CHAIR (Hon Fred Chaney): These recommendations are substantially unamended. They are as originally put before delegates.

Ms WOODS: I refer to the mass of recommendations. We have not had enough time to consider them before we must vote on them.

The CHAIR (Hon Fred Chaney): I have some reservations about the logistics of that. I am not sure whether it is possible to provide delegates with printed recommendations, although it probably is not. We should consider the recommendations at reading speed at the end of the debate, as we have just done, and then we will run through them again.

Recommendation 5. There are two types of amendments. Delegates will recall that this group said that there were mistypes and inclusions in their resolutions that were not intended. At the beginning of the session this morning, Ian Crawford went through a series of changes that affected most of the resolutions. We have addressed only the amendments from the floor to resolutions 1, 2, 3 and 4. Is there any dispute about the omission of those words?

Ms ROWE: The alteration to No 6 and the addition of No 8 was a separate amendment that was put up, which we did not have time to discuss. However, it has been typed on the screen.

The CHAIR (Hon Fred Chaney): They should be deleted if they were not discussed. In light of that, I suggest we go to morning tea. We will ensure that a clean copy is on the screen on our return.

Summit suspended from 11.10 to 11.34 am

The CHAIR (Hon Fred Chaney): We are still dealing with working group 4. I ask that the five resolutions be displayed in the form in which they are to be voted upon.

Mr COE: A word is missing after "Government".

The CHAIR (Professor Liz Harman): After the underlining, the word "and" should be replaced with "must".

Mr EASTWOOD: I presume that means all government and funded non-government agencies, does it not?

The CHAIR (Hon Fred Chaney): I think that matter was raised but not dealt with by amendment. That is the wording that was before us. That point was raised, and it was not dealt with by amendment, as I recall.

Ms ADAMS: That was the intent.

The CHAIR (Hon Fred Chaney): It was recorded that that was the intent, but no amendment was made.

Mr EASTWOOD: At one time, recommendation 2 included the word “relevant” before the words “non-government agencies”. Does that mean all government and funded non-government agencies?

The CHAIR (Hon Fred Chaney): That matter was raised but not dealt with by amendment. It was recorded that that was the intent, but no amendment was made.

Mr EASTWOOD: Can the word “relevant” be re-inserted, or is it too late? The reason is that if too many strings are attached to the money, and we must implement our research and receive no money -

The CHAIR (Hon Fred Chaney): I am sorry. As I said, that matter was raised but not dealt with by amendment, so it cannot be dealt with now. I think we have all seen recommendation 3. It is in its original unamended form. The next recommendations are 4 and 5.

[Ballot papers distributed, votes taken and collected.]

The CHAIR (Hon Fred Chaney): I remind delegates who submitted amendments that were not considered - and I am sorry that we did not get to them - that those amendments will be preserved and will be transmitted to the Government as part of the record of the meeting. The fact that there were amendments not considered will be recorded.

Two photographs are proposed. After this session, before lunch, it is proposed that a group photograph of delegates be taken on the steps of Parliament House. I am sure that delegates will want either to prove they were here or to prove they were not here! For those that wish to prove that they were here, the photograph will be a very useful piece of evidence. It is also proposed that a photograph of delegates be taken at the conclusion of proceedings this evening with the Premier.

The results of the voting on the recommendations of working group 3 are as follows: Recommendation 1 - 93 yes, 5 no, 1 abstention; recommendation 2 - 96 yes, 3 no, 1 abstention; recommendation 3 - 99 yes, 0 no; recommendation 4 - 97 yes, 2 no; recommendation 5 - 97 yes, 1 no, 1 abstention.

Thank you group 4. We now move to group 5. While the members of group 5 are taking their places, I indicate that the amendments to the last three working groups will be circulated in hard copy, so that delegates will have before them the mass of amendments that might be received with respect to the recommendations of groups 6, 7 and 8.

The CHAIR (Professor Liz Harman): I remind delegates to hand any amendments to the reception at the front desk. Some amendments are coming in individually and there is a certain amount of chaos created when they come in through a series of sources. Please provide them by the due time - 12 noon - to the correct place, so that they can be collected, put in order and copied.

The CHAIR (Hon Fred Chaney): The chair of group 5 wants to mention a typographical error.

Ms BATTLE: In recommendation 5, dot point 3 reads “independent evaluation and”. After “independent evaluation”, it should read “(eg. for naltexone implants) and”.

The CHAIR (Hon Fred Chaney): Before calling group 5 to begin, I want to get a quick picture of these amendments. Are delegates clear on that change? The recommendation will be amended in the form just put forward by the group, which is to add those four words to recommendation 5.

Thank you. I am sorry for the delay. I invite group 5 to present its recommendations.

Ms BATTLE: Thank you, Mr Chair. Fellow delegates, our group had the privilege to consider key issues for the treatment and reintegration into the community of people who are drug dependent. These people - our sons, daughters, mums, dads, sisters, brothers, friends and fellow Western Australians - are relying on us here today, as delegates, to send a strong and clear message to our Government not to abandon drug users or their families, but to provide real opportunities that are matched to individual and family needs.

As delegates have heard in the past four to five days, there are a lot of services in place. However, the available options do not suit everyone. Not all services provide immediate access when it is appropriate. Help must be available when a person seeks help. Waiting lists have developed as there are not enough services in the regions, specifically for youth, Aboriginal and culturally and linguistically diverse - CALD - people. We have made the following recommendations with this in mind, to ensure that a diversity of treatment is in place and that all treatment continues to improve. We further comment that it is abysmal that currently we attract only a third of drug-dependent people into treatment. We strongly urge that our goal should be two-thirds. That is achievable and is achieved in other countries.

Recommendation 1, which is before delegates, is about people knowing about the services that are available. Many people, both drug users and parents, say they did not know what services were available and found the search for them too difficult. They therefore need to know what is available and we need to get them into a service as soon as they ask for help. We also need to make sure that they do not drop between services in the transition between detoxification and rehabilitation. Service providers, therefore, must be especially careful with that aspect.

Recommendation 2 essentially is about waiting lists, immediate responses and building on what currently exists. We do not need to reinvent these responses. We need to build on them and enhance them so that the many people seeking help can get it.

Recommendation 3 relates to the many gaps in current services needed to help people. We present to the summit three areas that are crying out for services and give to the summit a clear message of the need for a live-in respite service for young amphetamine users. Amphetamines have not had much airplay in the past five days. However, we all know the size of the problem, and it is increasing. Families and people who use amphetamines are facing very difficult situations.

Recommendation 4 is for a new and innovative service. This recommendation has taken our group, and I am sure most of the delegates, out of our emotional comfort zone. We have briefly described the model used in the Swiss trial. The important aspect of that model is that it engages a small group of drug-dependent people who have otherwise failed in treatment. This model has good social and health stabilisation outcomes and can lead eventually to abstinence to keep them alive so that they can seek other options. Our group puts this recommendation to the summit. It raised many questions and we had a lot of discussion. However, we all agreed that we would put it forward for the whole summit to decide and we ask you to please consider it.

The CHAIR (Hon Fred Chaney): Delegates must first look at the amendments that have come in and deal with those before broader debate. Two amendments are fairly straightforward, with one raising slightly more substantial issues. Sandy Moran suggested that the words “people with disabilities” be introduced in three places. The introduction, which is not part of the recommendations but will be adopted as Sandy raised it, refers to Aboriginal and CALD people. She wishes to add the words “and people with disabilities”. Similarly, recommendation 2 has the same reference to Aboriginal and CALD people and she wants to add “and people with disabilities”.

I suggest members look at what is printed in front of them; this is straightforward. Sandy Moran seeks to amend the fifth dot point of recommendation 5 so that it reads “integration with mental health and disability services.” Sandy Moran is seeking to have included in three places reference to disability services. Has the working group had a chance to consider that?

Ms BATTLEY: We have considered it. We felt the three groups, youth, Aboriginal and CALD groups were included for specific reasons. We hope that people with disabilities will be covered in the preamble we talked about yesterday. Other groups will have specific issues.

The CHAIR (Hon Fred Chaney): I have had an indication from the floor that the preamble will require negotiation and discussion. I do not think the group should rely on the preamble. That may change the group's attitude but it does not have to change it.

Ms BATTLE: We accept the amendment.

The CHAIR (Hon Fred Chaney): It is acceptable to the working group to add that reference to people with disabilities in the introduction in recommendation 2 and reference to disability services in recommendation 5. Is that acceptable to the summit?

DELEGATES: Yes.

The CHAIR (Hon Fred Chaney): Those changes will be added to the recommendations, which will be displayed when members see what they are voting on. The three Moran amendments should now be included as part of those resolutions.

Rose Carnes has suggested a very small drafting amendment be made to recommendation 5 that the words "using language that is friendly" be deleted and replaced with "language that is user friendly". It is that style change acceptable to the group?

Mr DUNCAN: That is not acceptable to the group because of the connotations of "user" in the context of "drug user" and it could be exploited. We would be happy to use the words "to use language that is friendly and non-discriminatory".

The CHAIR (Hon Fred Chaney): The amendment is withdrawn. There will be no change to that final dot point. Dr Greg Duck wishes to add to recommendation 4 after "provide a trial of" and before "heroin on prescription" the words -

a number of new and innovative services, including acupuncture, detox, herbal and nutritional medicine, meditation, traditional Chinese medicine, state-funded groups and individual psychotherapies and of

He is not deleting anything but adding a significant series of alternative remedies to recommendation 4. I invite the working group to consider whether it is within the spirit of what it wishes to put forward or whether it wants it to be treated as a contested amendment.

Dr Duck seeks to add the word "et cetera" after "treatment". I am not sure after which "treatment" he wishes that to be added. I would like that to be clarified.

Ms BATTLE: We are not in favour of adding the words requested by Dr Duck. We believe that this single issue must be considered on its own. However, we have taken into account some of the matters in the amendment in one of our other recommendations.

The CHAIR (Hon Fred Chaney): You can respond to Dr Duck when he has spoken to his amendment.

Mr GENT: I would like to insert after "provide a trial" the words "a number of new and innovative services, including acupuncture, detox, herbal and traditional medicine, meditation, traditional Chinese medicine, state-funded group and individual psychotherapies and of". The grammar would need to be altered so that instead of reading "and is targeted", the recommendation would read "and are targeted" and so on.

It would be unbalanced to conduct a trial of heroin on prescription treatment without also conducting a trial of other innovative therapies. It would suggest a society with a tendentious approach to helping those adversely affected by drugs that is overly reliant on pharmacotherapy and lacking in sensitivity to spiritual and emotional issues and psychological and lifestyle therapies. It would be as if the aggressive rhetoric about a war on drugs had beguiled those would-be warriors into selecting a most irrational weapon to combat addiction to drugs - use more drugs. It would be a useless stand-alone therapy that would only nibble at the edges of the unseen enemy about which these people are paranoid. It behoves us, as a society, to remember that we are not fighting a war

and that those affected by drugs and addiction are fellow travellers, not other and inferior. They are equally human beings and equally human becomings. They are deserving of respect, regard, compassion and love that does not place too much emphasis on toughness. We must travel this road together, and we need many pathways to do that. I am not against the use of heroin on prescription for the purposes of detoxification or maintaining a few people who would otherwise be condemned to ongoing suffering, but it is foolhardy to imagine that this alone will be enough.

It can reasonably be inferred that the results of a trial of heroin maintenance by legal prescription would show that four to five per cent of users in treatment would find it the best treatment for them, and within that group there would be less mortality, morbidity and, possibly, crime. The number of people in employment might be higher than in the untreated user group. However, the figures are likely to be lower than for those in methadone treatment. Proportionally, the figures will be roughly the same, and probably better than those for groups in oral naltrexone treatment and perhaps other drug therapies. However, Swiss analysis suggests that such a trial is less effective in returning to societal norms -

The CHAIR (Hon Fred Chaney): Your time has expired.

Mr GENT: Let us not limit our approach and imagination, and let us not forget to care about people.

The CHAIR (Hon Fred Chaney): I invite delegates to speak against the amendment if they wish.

Ms ROWE: I do not wish to speak against the spirit of the amendment. However, I hope that alternative therapies apply not only to people who have failed at other treatment. For that reason, the words should be added to recommendation 3, not recommendation 4. We do not want those words to water down the spirit of recommendation 4. Those therapies should be a treatment option for all people using illicit drugs, not only those who have failed at other treatment.

The CHAIR (Hon Fred Chaney): That seems to be a valid point. Dr Duck may wish to acknowledge it or respond. The suggestion is that this be an amendment to recommendation 3, because recommendation 4 is subject to the limitation that it should be targeted only at people who have failed at other treatment.

By leave of the summit, the amendment applies to recommendation 3.

Dr DUCK: That sounds acceptable.

The CHAIR (Hon Fred Chaney): The recommendation may require rewording to fit into the text of that recommendation.

Ms MILLER: Should the amendment include the words “develop trials of” at the beginning?

The CHAIR (Hon Fred Chaney): Dr Duck is nodding. That appears to be a sensible addition. With the leave of the summit, we will include the words “develop trials of” to the amendment.

By leave of the summit, the words “develop trials of” added to the amendment.

The CHAIR (Hon Fred Chaney): Given the change of location, is that satisfactory to the working group? There is no pressure to say yes.

Mr HINDS: We did put in formal amendments. I do not want to be totally negative - I would much rather be home mowing the lawn - but this is important to me. Conflict is the problem. We put in formal amendments; you are taking a substantial number of amendments verbally; we are shifting amendments between recommendations when we had to focus on particular recommendations. I know you are bending over backwards to try to accommodate people, but there are controversial issues to be debated and you are in danger of coming under criticism that you did not allow sufficient debate on controversial issues.

The CHAIR (Hon Fred Chaney): You have made a very pertinent point. I am trying to be as flexible as possible to capture what I can of the summit’s view. The suggestion made by Janette

Rowe was very sensible and was thought to be so by the summit. I intend to continue to act in that way until there is a revolution. The point you make about controversial issues is particularly pertinent. The we will face more difficult issues this afternoon. I indicated yesterday that it may be necessary to follow a stricter order of debate on those matters. I will try to strike the right balance, but I need to be very cautious - and the Chairs needs to be very cautious - about those matters.

There are very uneven experiences of meetings in this room. There are people who could tie us up for 72 weeks on points of order and wonderful gymnastics in meeting procedure. I have done that myself in my youthful past, and sometimes in my older past as well. I am trying to strike a balance so there is not an imbalance of power in this room. There has been extraordinary and proper restraint on the part of all participants to not do that.

I now ask the working group whether they could respond to that last inquiry.

Mr McLEOD: Generally, we have no objection to this amendment, but we would like to point out that the spirit of the recommendations in the first place was that the first three areas were seen as areas of significant need and the last one was also an area of significant need, but acceptable under the banner of trials.

The CHAIR (Hon Fred Chaney): Would you rather it was put to the vote?

Mr McLEOD: No. We are happy the way it is.

The CHAIR (Hon Fred Chaney): It is accepted as part of the resolution. Is it acceptable to the summit? That now becomes recommendation 3.

Amendment agreed to.

Mr HICKS: A number of those inclusions are already in existence and by definition are not trials and could never be trials; they already exist.

Dr SIM: Things can be in existence and you can still trial them. I do not see a problem with that. You can trial different ways of doing things.

The CHAIR (Hon Fred Chaney): Are there any speakers against any of the recommendations in their current form?

Fr BACZYNSKI: Coming from a spirit centre program, the word "meditation" is very narrow. Maybe it should be "spirituality". Why traditional Chinese medicine, when there are so many different Asian medicines available, as well as Eastern Bloc European medicines? It is very narrow to me.

The CHAIR (Hon Fred Chaney): That is a speaker against one aspect of the resolution. Are there any other speakers against?

Mr EGAN: I would like to address recommendation 4. Experiments with heroin prescription were tried in both Sweden and Britain in the 1960s and the 1970s, and abandoned when it became clear that this practice was contributing to expanded heroin addiction in those societies. The more recent Swiss experiment was not a scientific trial. The World Health Organisation found that the project was an observational study without the possibility of making reliable, unbiased comparisons between treatment options, that it did not provide clear evidence for the benefits of heroin treatment over other substitution agents, and that it established no causal link between prescription of heroin and improvements in health or social status. In fact, there was some doubt, given the way the trial was conducted, whether the apparent improvements in health and social status came from the services offered as an adjunct to the prescription of heroin. There is no evidence from the Swiss trial - and as the director concluded - that the available results of this Swiss study could assist any other country. In the light of this history of failed or inconclusive experiments it would be extremely reckless of the Western Australian Government to embark on such a program. I strongly support the other four recommendations put before us by this working group, particularly those that

point to the gaps in existing service; to the waiting lists; to the inaccessibility; and to the difficulties for youth, those in regional areas, Aboriginal people and those from other disadvantaged groups to get access to very much needed services.

If this summit indicates support for a heroin prescription trial, I can accurately predict that financial resources from this Government, and political will and energy to do with the drug policy issue, will be almost solely focused on the implementation of the heroin prescription trial. We will not achieve the wanted outcome of improving treatments for those addicts most in need of them, and those in regional Western Australia and Aboriginal people especially will fall through the cracks. We will be left with a prescription trial of heroin and not much advance on anything else. If delegates are in any doubt at all about the virtue of the heroin prescription trial, I urge them to vote no. The Government still has the option of considering the trial on its merits, but if we vote yes, the Government will feel it has a mandate to put it into place, despite whatever other doubts come to light after this summit has concluded. I urge delegates to vote no to recommendation 4.

The CHAIR (Hon Fred Chaney): I wish to follow the strict rules of debating, and I ask for a speaker in favour of the recommendation.

Dr MARSH: Some of the points that Richard Egan made are valid in that we need to look at funding. However, a number of the things he has said are not entirely accurate. It is true that when heroin was dispensed in Britain and Sweden a long time ago things got out of control. It was not controlled or operated in a formal manner. The Swiss trial was very tightly controlled in terms of the procedures by which the heroin was dispensed. It is also true that the trial could not distinguish whether it was the high level of psychosocial support or the prescribing of heroin that produced the very good outcomes for the people on the trial. That is not a reason not to conduct a trial; that is a reason to conduct another trial to look at those issues. No new treatment for anything at all is ever completely evaluated - or very rarely - on the basis of one trial. Just because there was an inconclusive outcome does not mean that it failed; it means that further examination of the issue is necessary.

The CHAIR (Hon Fred Chaney): I advise the summit that the working group has reserved the right of reply to the end of the debate. Is there a speaker against the recommendation?

Ms GRIFFITHS: The resolution calls for a trial of heroin on prescription treatment. It concludes with the words "not likely to otherwise enter into treatment". Heroin is not a treatment; it is a drug addiction. Even when it is dispensed to alleviate the pain in terminal illness, it is still not a treatment. The current situation is that we have treatment that involves detox and medication for support. We have naltrexone which acts as a treatment with a blocking effect. We have methadone which is a replacement drug and in fact is a maintenance. We were told when methadone was introduced that it would only happen for older people who had been on heroin for a long time. We know now that it has come down the track to far younger people. We have also heard that most of those people who overdose now are multi-drug users.

In common with so many people here, I am the parent of a drug user, a heroin addict, to use her own term. When she came back from a Narcotics Anonymous meeting, she said, "Mum, I do not have a disease; I have an addiction." I have seen the effects of drugs. I wonder how many people have. Drugs make people very drowsy or very aggressive. I have tried to stop my daughter driving when she has been under the influence of drugs. I ask the question: who would be responsible if someone on a legal trial of a prescribed, addictive, illicit drug happened to cause death or damage when driving a car? Would the State be legally responsible?

We know that all crime is not simply committed by those with drug problems to fund their drug habits, but because of aggression and other effects it does happen. Most of all, I wonder what message is being sent to those who use and those who might use; in other words, they do not need to give it up or seek treatment because if they do not want to give it up, we will give it to them.

The CHAIR (Hon Fred Chaney): Is there a speaker for recommendation 4?

Ms BOGDANAVICH: I do not mean to offend anybody here but some people will not give up drugs until they overdose. If a trial of heroin on prescription saves one person's life, I believe it is worth it.

Mr SMITH: This is not a magic bullet. Sometimes the Press makes out giving heroin to people as being some sort of magic bullet that will save everybody and save lives. According to the recommendation, as has already been stated, the heroin on prescription "is targeted at people who have failed at other treatment and would not be likely to otherwise enter treatment". We are saying that we will give heroin to people who will stay on the heroin scene for the rest of their lives. We are not saving anybody but saying that we will give heroin to somebody who has no intention of getting off the scene. We are saying that we will give heroin to people until they do die, because we are giving them a substance that we are saying is killing them.

I have heard of an oxymoron. This sounds a bit that way to me. We are saying that we will save them by giving them stuff that we say is killing them. They have got to the stage where they are saying that they do not want to stop using the stuff that is killing them and that we should give it to them free of charge for the rest of their lives until they do die from heroin. It is not a magic bullet. I encourage delegates to vote against the recommendation.

The CHAIR (Hon Fred Chaney): At approximately 12.30 pm I will invite the group to exercise its right of reply. In the meantime, I ask for people to speak on recommendation 4.

Mr MOYSES: I listened to Richard's argument and it appears to be an argument to ensure that strict reporting measures and assessment measures are taken on this trial so we can assess how effective it is - if he is unhappy with other assessments. I do not believe that one person would set out to give himself a long-term heroin addiction in the hope that, if he is still alive in 10 or 15 years after suffering prostitution, imprisonment, poverty and deprivation, the State might give him a hit of heroin. I do not believe one person would take up the habit for that.

Mr TAN: Delegates probably know me by now. Father Paul had it right when he said we had to take off the academic boxing gloves. There are lots of academic reasons why we should or should not have a heroin trial. We should take off the academic gloves and look at the morality of it and see how it would affect our community, our families and ourselves. We would be giving the Government a mandate to make taxpayers pay for people that are on heroin to stay on heroin. It would endorse the furtherment of deprivation, poverty and the ability of users to move on to other drugs because they would have more money as they will not have to pay for their heroin. If you have love for your community, if you have love for your family, if you have love for yourself and if you have love for your friends, I urge you to vote no on this recommendation.

Mr BAXTER: I am glad Christopher spoke of love. It may be the naivety of youth speaking but I believe John Lennon when he said that love is the answer. He was right. I am glad Christopher spoke of community because our greatest strength as a society is to look after our weakest members. The users - for the lack of a better word - that this trial is directed at are marginalised within a marginalised society. They are the weakest of the weak and as a society we are only as strong as our weakest link. This option is not an ideal by any stretch of the imagination; it is less than ideal. We have an obligation to try for our weakest members. We have an obligation to stand up for those people who cannot stand up on their own. The other day, Malcolm spoke of a dream. I also share that dream. I want people to be free; I want to see a society set free from the tyranny of drug addiction. This is the start of the way in which we can fulfil the dream of a drug-free society. We must nurture and protect the weak. We must look after them; we must not expel them and say, "Look after yourself. You are on your own, pal. Do it on your own - we will not help you any more."

I want someone to put up his or her hand to be the person to tell some poor kid's mother that we cannot help her son anymore; that we cannot help someone's sister anymore; we cannot help someone's daughter anymore and that we give up on them and they are on their own, they are no longer ours. I urge delegates to vote with compassion and show love for the family, the marginalised and the weak. I urge delegates to vote yes for this trial.

The CHAIR (Hon Fred Chaney): The final speaker will be Paula Marii.

Ms MARI: I am opposed to this recommendation because I have seen the effects of the out-of-control use of alcohol, tobacco, prescribed methadone and dexamphetamines, and I do not want another out-of-control situation to be created. I am obliged to oppose the recommendation because I love my child and grandchild.

The CHAIR (Hon Fred Chaney): I now invite the working group to support its recommendations in the five minutes that are available.

Ms BATTLE: Can we have two speakers?

The CHAIR (Hon Fred Chaney): Yes.

Mr GENT: Good afternoon ladies and gentlemen. I came to this summit with mixed views, and I am no expert on this issue. I am the father of a child who has been affected by drugs since he was 16 years old. I see some familiar faces in the room including the magistrate from the Children's Court and a policeman.

What worries me the most is we lose touch with people who abuse drugs and they end up in the bottom of the pile. The biggest risk we face is to not support those people. Originally, I came here with the view that I was not in favour of heroin trials or prescribed heroin. However, I took the advice of some good speakers who said that delegates should listen with their ears, and I have changed my view. If we save one person, we have done our job. The recommendation is emotive and I urge everyone to vote with commonsense and compassion.

Ms S. HARRIS: I am a mother and a parent who, over 16 years, has observed four of her children use and abuse a range of illicit drugs, often in a poly-using manner. As a parent who has suffered the horrendous debilitating grief of having lost a child by drug-related death - that is, a heroin overdose - I speak with authority. I strongly urge delegates to consider seriously all of our group's recommendations. They are about creating an eclectic diversity of options and about meeting the needs of all users and their families across the gamut of drug use. All our recommendations are about saving lives.

The CHAIR (Hon Fred Chaney): The working group has been frugal in its use of time. Do any other members of the group wish to speak?

Since there may be a broader debate, do delegates wish to continue the debate solely on the heroin trial? Could I have an indication from the floor of how many delegates wish to speak about the trial? The last speaker was for the motion; therefore, I will now call for a speaker against the motion. The last speaker was from the working group.

Ms PARRY: I respect Rebecca for what she said and I also agree with what she said. However, to save one person's life, how many other lives will be affected by that person's life? There are many treatments available, and they should be considered; however, that treatment might cost many other lives to save one person.

The CHAIR (Hon Fred Chaney): Is there a speaker for recommendation 4?

Mr MEOTTI: I will clarify a couple of things that Malcolm said. Clearly, not everything that has been said this week will be taken on board. First, the Swiss heroin trial was not about keeping people on heroin forever. The results were that one-third of the people who went on the trial went into abstinence therapies, and another one-third went into treatment. That is two-thirds of the

population of that trial. Let us get the facts straight. Secondly, we have also heard that heroin in its pure form is not a harmful drug. A person could take it forever and a day, and it would not harm a single organ in the body. The harms associated with heroin are due to the fact that it is a street drug that is cut with a lot of impurities. I am an industrial chemist. From my experience of chemistry, 95 per cent of every known substance on this planet is a white crystalline solid. That means that a lot of things can be cut into a drug like heroin.

Another point that was mentioned was the State supporting and spending money on heroin prescription. The World Health Organisation's report, as well as the Swiss report, stated that every time an addict came in for a dose, \$50 was given back to the State. That is net profit, as in savings in law enforcement, crime and health. I ask all delegates to think very carefully about this recommendation, because, at the moment - let us cut to the chase - these people are on the streets, robbing our houses, knocking over our grandmothers and grandfathers, prostituting themselves and selling and growing this problem. If delegates want to keep that as the status quo, they will vote no to this. If they want to move forward - this whole conference has been about moving forward - I urge delegates to vote yes.

Mr EASTWOOD: The much-vaunted Swiss trial of prescribed heroin actually failed to help the most severely addicted, who dropped out of the trial. Instead, the trial ended having primarily sustained the moderately addicted in their addicted state, rather than encouraged them towards achieving abstinence. Measured against the stated Swiss goal of achieving abstinence, the heroin prescription trial was an abysmal failure with, according to our information, and on good authority, only 5.2 per cent of participants opting to go onto abstinence-based programs. We hear a lot of figures that are misleading. For the overwhelming majority, prescribing heroin merely prolonged their addiction. Help for the heroin addict that is not directed to curing the addiction runs the risk of making access to drugs easier and of leaving the addict satisfied with perpetual addiction. Free heroin prescription fails to offer the addict any hope of a life without drugs. It is a counsel of despair.

Free heroin distributed by a government agency is still the same harmful substance. The effects on the behaviour of the addicts, with all the harmful consequences to their families and to the community, are the same. I thought we were concerned about families. We need to keep that in mind. Free heroin distribution for treating heroin addicts makes as much sense as does free beer for treating alcoholics. Families are left to pick up the pieces in all these situations. The long-term consequences of heroin by prescription can be easily foretold: countless numbers of young, long-term invalids who must be supported for years by taxpayers. Efforts should be put into prevention and a real treatment and rehabilitation program, with the ultimate aim of a drug-free life.

Mr WOODRUFF: We can spend today, next week or forever arguing whether or not heroin prescription will help or whether or not the Swiss trial worked. The only way we can solve this problem is by getting some evidence. Let us do the trial, get some evidence, come back and debate it.

Mr ITALIANO: I speak against the recommendation mainly because of timing. I wish to share my concern in this regard. Like most delegates, leading up to and obviously during the summit I spoke to a number of people in the community about how they felt about this issue, in anticipation of a motion such as this arising. As a community member and as Chair of the Local Drug Action Group Inc, I had the opportunity to speak to a lot of community people through the local drug action groups, and also through my own group, the Southern Districts Local Drug Action Group in the city of Gosnells. We held our own little summit one evening to get the community's feedback. Most people at that summit were against this option. Therefore, I suppose I am supporting what my local community is saying.

Also, no doubt all delegates have been following the newspaper articles throughout this week. I have read every letter to the editor, and I have come up with some stats. Thirty-nine per cent of the

letters to the editor were for the trials, and 50 per cent of the letters were against them, with four per cent undecided. Clearly, delegates, this tells me that the option may not be in the best interests of the wider community at the moment. The opinion was divided even among the excellent speakers that we have all heard over the past few days - it was not all one way or the other.

I am not speaking from a medical background; I am speaking purely as a community member and a parent. Therefore, I cannot argue on the technical points that we have heard whether a trial will do any good or harm. However, if delegates wanted a report on whether this building is structurally sound, I could speak to them for hours. I believe that the structure of the process for which we are all here needs repair. As a community, we have an opportunity to reinforce the footings and the foundations. That means going back to the family, as we have heard, and, as a community group, giving the family support. In all matters when it comes to getting in and helping, Western Australia and Western Australians are, per capita, the best in Australia and in the world. Going back to timing, first, let us get back to the grassroots and support that as an initiative. If that fails, in time, yes, there is an alternative. However, at the moment, let us get back to basic values and rebuild the community.

The CHAIR (Hon Fred Chaney): Thank you, Tony. I was asked by a delegate whether the scientific advisers had any comments on the debate. I have invited them to indicate whether they have.

Professor MATTICK: The issue was raised that the most severely heroin-dependent individuals dropped out of the trial. I do not have the report in front of me - I have just rung our centre in Sydney. Those who were most likely to drop out were severely cocaine dependent, and that is not surprising - heroin prescription did not suit them. There is no evidence that the most severely heroin-dependent people dropped out - that is the first point. The second point is that eight per cent entered abstinence-oriented treatment. The third point is a more general one about the issue of ancillary or additional services that they received over and above heroin prescription. It is to be expected that those services would be helpful and contributed to their outcome. It should not surprise anybody that that is the case, nor does it take away necessarily, in my opinion, from the value of the intervention, although I am not advocating it.

The CHAIR (Hon Fred Chaney): Thank you, professor. Does working group 5 have any further comments on any of its recommendations, since it has not used its time? The group has five minutes, if it wishes.

Ms BATTLEY: Just a very short statement to say that of all the recommendations, our main aim here is to shift the 30 per cent up to at least 60 or 70 per cent of people who access and enter treatment. We ask delegates to look at all five of our recommendations and to give them due consideration.

The CHAIR (Hon Fred Chaney): Thank you. I ask that the five recommendations be displayed so that everyone is quite clear about what they are voting on. There were very few amendments in this case, so the recommendations are largely in the form in which they were distributed.

Ms CARBONE: I have not yet had the opportunity to speak. Like most people here, I have found it difficult to look at the heroin trial situation. We physically cannot stop people from taking heroin. People will overdose, they will resort to prostitution, and crime will be prevalent; and these things will continue. However, we can minimise the harm and address it by reducing the crime environment, ensuring that people are not overdosing, and raising people's awareness of the dirty substances that they are putting inside themselves, because if people become aware of what they are doing and we raise their awareness, it may cause them to seek further treatment. We are also looking at providing clinical support so that people do not feel marginalised, alone and isolated. The ideal is for people not to be in this situation, but unfortunately they are. I urge all delegates to think about how we can minimise the harm to ensure their safety. We also need to be humanitarian

and compassionate and consider a diverse range of options, including saving lives, and treating these people with dignity and respect.

The CHAIR (Hon Fred Chaney): Although I had indicated that the debating time had closed, working group 6 had not used its full time, which is why I permitted that member to make a contribution. We will now display the recommendations so that everyone will be clear. Recommendation 1 is without amendment; recommendation 2 has been amended to include a reference to disability; recommendation 3 has been amended to include a reference to the words “new and innovative”; recommendation 4 is in its original form; and recommendation 5 has a minor change to what is on the printed sheet and again includes a reference to disability. There was also a reference in dot point 3 to naltrexone implants.

[Ballot papers were distributed.]

The CHAIR (Hon Fred Chaney): I advise that for working group 4, the vote was as follows: recommendation 1, 86 yes, 13 no, one abstention; recommendation 2, 83 yes, 17 no; recommendation 3, 97 yes, two no, one abstention; recommendation 4, 91 yes, eight no, one abstention; and recommendation 5, 93 yes, six no, one abstention.

Summit suspended from 12.50 to 1.30 pm

Summit met at 1.30 pm

The CHAIR (Hon Fred Chaney): I now announce the results of the voting on the recommendations of working group 5: Recommendation 1 - 99 yes, 1 no; recommendation 2 - 97 yes, 3 no; recommendation 3 - 97 yes, 3 no; recommendation 4 - 61 yes, 37 no, 2 abstentions; recommendation 5 - 99 yes, 1 no.

Working group 6 is now in place, and we will now commence that session. We have managed to lose only 33 minutes during the course of five days, which is remarkable. I invite either group Chair Pam McKenna or a nominated member to introduce the session. The group has the discretion as to how to use its allocation of time.

I have received a complaint that a row of seats just behind the high seats are almost invisible to the Chair. That is true. You are not quite invisible, but it is hard to see you. There is one delegate whom I almost never see, because he has his head down. If you are having trouble attracting attention, could you either raise your hand or hold up a piece of paper or something. I do not want to overlook anyone who is seeking the call. We are now starting a minute later.

Ms McKENNA: With the advantage of an overnight viewing of our recommendations, we discovered a few amendments that we want to make. These amendments do not change the context or spirit of the recommendations, but clarify the points further. Can we have them up on the board so delegates can see the changes? In recommendation 1, on co-morbidity, dot point 2 has been amended to include after the words “Ready access for” the words “clients of”.

The first sentence of recommendation 2 on shared care has been amended by the inclusion of the word “as” at the beginning, without which the sentence did not make sense. The first dot point is amended by the inclusion at the end of the sentence of the words “with input from all key stakeholders including but not limited to AOD agencies, GPs and other service providers in the community, indigenous organisations and other relevant Government and non-government agencies”. That was the intention of that dot point, but it was not clear. We thought delegates might like that clarification. There was duplication in the last dot point of the term “at the same time”, which we have clarified. We took it from the end and put it into the beginning when we were typing it up.

I will move now to recommendation 4. Are you all with me? Shall we stay with recommendation 2? I am assuming that the query concerns the major input made to the first dot point of recommendation 2. That was included to clarify the point we were making.

The CHAIR (Hon Fred Chaney): Is everyone clear on that? The group has added some words to the first dot point under recommendation 2. Those words are shown on the board in red and after this discussion will simply be shown on the board in black, assuming that the group is saying that these were omissions within the spirit of what they were seeking to put forward. It clarifies their intention.

Ms McKENNA: I am also mindful of our time moving rapidly forward. Can delegates accept that the term "at the same time" was duplicated? Moving to recommendation 4. This needed the input of additional words to make sense. We added "through the development and continued support of such initiatives". The dot points needed additional clarification.

Professor FROYLAND: I am not clear on the numbers of the recommendations. I think they are collated out of order. Could you refer to them by title instead of number please?

Ms McKENNA: You are right. I am sorry. The group found that the information delegates received was difficult to follow, so we made a much easier-to-read version for ourselves. I am sorry it was not given to you yesterday.

The CHAIR (Hon Fred Chaney): I would like to thank the group for its contribution to easy debate. What I have in front of me is that recommendation 1 is on co-morbidity. Do you all have that? Recommendation 2 is on shared care, and recommendation 3 is on access. Recommendation 4 is on broadening service provision and recommendation 5 on cultural change. On this occasion, the amendments are more on points of detail rather than points of major principle. Does the group wish to speak to its recommendations?

Ms McKENNA: I speak on behalf of the group. We examined the broadening of service provisions for the treatment of drug users which, as a service provider, is close to my heart. In our recommendations, we sought to broaden service provision essentially through a collaborative approach. We seek the summit's support to recommend the Government adopt a common set of goals for working with people impacted on by drug use. As Nick Stafford pointed out yesterday, more people have died through drug use than through the Vietnam War. Mike Coleman pointed out to me his guess that if we were at war we would have without question a whole-of-government and whole-of-community approach. I do not want to give any weight to the war rhetoric; however, we aim to approach this issue through policy, cultural change, adopting a shared-care model and ensuring access. We have particularly mentioned co-morbidity because we have experienced great difficulty accessing appropriate treatment services for people with a combination of mental health difficulties and alcohol and other drug problems. We have, therefore, particularly focused on that area. Although we have examined the expansion of services, we also want to broaden the influence of key stakeholders in their decision-making process, as we believe that is essential. Our group will hear all questions first and then respond.

The CHAIR (Hon Fred Chaney): Are you happy for us to consider amendments?

Ms McKENNA: Yes.

The CHAIR (Hon Fred Chaney): A number of amendments to recommendation 1 have been submitted. Ali Marsh's amendment is to add the words "This includes providing more support for drug counsellors to further develop their skills in working with these clients".

Dr MARSH: I apologise that my two pages were stuck together and I did not see the second page. I believe this point has been partially addressed. I move that the third dot point of the recommendation on co-morbidity should read "Continuing professional development of mental health workers in AOD issues and AOD workers in mental health issues".

The CHAIR (Hon Fred Chaney): Again, I allow some flexibility in that this is an area of concern and the amendment is an alternative suggestion. The third dot point is on the screen and I ask you, Ali, to dictate your suggestion.

Dr MARSH: “Continuing professional development of mental health workers in AOD issues and AOD workers in mental health issues”.

Ms McKENNA: I am pleased to say that the group supports this amendment.

The CHAIR (Hon Fred Chaney): Francis Lynch proposes an amendment relating to shared care.

Mr CRAWFORD: It has been withdrawn.

The CHAIR (Hon Fred Chaney): Moira Sim proposes a further amendment to recommendation 2.

Ms McKENNA: That has been incorporated.

The CHAIR (Hon Fred Chaney): Elena Jeffreys has two related amendments for recommendations 2 and 3. She wants in each case to add to the target groups for broadening services “gender, identity and sexuality”.

A DELEGATE: It is for recommendation 3 only.

The CHAIR (Hon Fred Chaney): Is that an addition to the first paragraph?

Ms McKENNA: The amendment is accepted by the working group.

The CHAIR (Hon Fred Chaney): Is that accepted by the summit? Yes. Justin Woodruff has an amendment to recommendation 3.

Mr WOODRUFF: I am assuming that the reference to Drug Court people means people who are not coerced - they have made that choice - as distinct from people who are in treatment against their will. Is that the intention of the group?

Ms McKENNA: The recommendation referred to volunteer support, not to coercing people into treatment or having them voluntarily in treatment.

Ms CASEY: Are you saying you want added as an additional dot point “supporting models of voluntary treatment as opposed to compulsory models”.

Mr WOODRUFF: Yes, I am suggesting that underneath the fourth dot point we add an additional dot point to emphasise that this relates to non-coerced treatment of patients.

The CHAIR (Hon Fred Chaney): The lead-in words are -

... we recommend giving priority to the development of systems and solutions to address this lack of access and availability in a manner that is responsive to local needs ...

Justin is seeking to add “Supporting models of voluntary treatment as opposed to compulsory models” as a fifth dot point. I do not know whether the group has had a chance to consider that.

Major COLEMAN: We cannot support the amendment because we do not want to differentiate between voluntary and coercive treatment. We want the recommendation to be inclusive of all treatment options.

The CHAIR (Hon Fred Chaney): The amendment is not accepted, so we will need to put it to a vote.

Mr WOODRUFF: I admit this has come to my attention belatedly and that it is probably not the best time to raise it. However, within the context of broadening treatments, we have not debated the difference between coerced and non-coerced treatment clients. I am sorry; I agree this may not be the best place to insert it, but I am short of time and I must try.

Mr EGAN: We could be in danger of contradicting ourselves by passing the amendment. Recommendation 5 of group 2 supports compulsory rehabilitation when it is appropriate. That

recommendation was accepted 84 to 13 and relates to supporting families in the similar context of broadening the range of services and so on. The words “where appropriate” in that recommendation provide sufficient clarification that the summit does not endorse inappropriate coercive treatments.

Ms BOLDY: As Richard said, we passed a recommendation of the families working group that related to compulsory treatment in appropriate circumstances. The reference to compulsory treatment was included within a fairly lengthy paragraph. That issue was not discussed, and I am concerned that many people voted for the recommendation without realising its implications. It is a serious issue that has been given very little consideration. I endorse Justin’s suggestion of including in a later recommendation that the summit supports voluntary treatment as opposed to compulsory models.

The CHAIR (Hon Fred Chaney): We have before us an amendment that the proposers of the original resolution believe is inconsistent. Therefore, it is appropriate to test the summit on this matter. I will allow further discussion and then put the amendment to a vote.

Mr TAN: We are in danger of making a mockery of this summit. We have already passed a recommendation regarding compulsory rehabilitation or treatment. A later recommendation should not contradict that. What would the Government do if that were to happen? On the one hand we are saying, “Let’s do it”, but on the other we are saying, “Let’s not do it”. It is fine to say that we should discuss the issue now, but it will not take anything away from the recommendation that has already been passed. If we decide to include this amendment in the recommendation, it will make an absolute mockery of what has happened over the past week.

Ms JEFFREYS: Many speakers over the week have spoken about a diverse range of treatment options. I do not think that the amendment will make a joke of what we are talking about. The earlier recommendation referred to compulsory treatment as one type of treatment. This recommendation is aimed at helping people who want treatment to access that treatment. Voluntary admission is different from compulsory treatment. The words need to be included to recognise that voluntary-admission patients are different from patients who are coerced into treatment.

The CHAIR (Hon Fred Chaney): I propose to put the amendment to add a dot point. I ask for people to hold their hands high, because it is difficult to see everybody.

Mr PUGA: What is the question?

The CHAIR (Hon Fred Chaney): A delegate is not sure what we are voting on. We are voting to add a further dot point to recommendation 3, which is on the board behind me, to add the words “supporting models of voluntary treatment as opposed to compulsory models”.

[Delegates voted by raising hands.]

The CHAIR (Hon F. Chaney): The motion is carried on both counts. Those words are now added and will be part of the motion we will vote on at the end of the session.

Amendment agreed to.

The CHAIR (Hon F. Chaney): Janette Rowe has proposed an amendment to recommendation 4. The paragraph following the first set of dot points currently refers to “the need to increase this level of engagement in treatment to 50%”. This amendment proposes to insert after the word “to” the words “a minimum of”. That would set a minimum target.

Amendment agreed to.

The CHAIR (Hon Fred Chaney): The final couple of amendments from Rosie Carnes and Janette Rowe relate to both recommendations 4 and 5.

Ms ROWE: That is the one I withdrew.

The CHAIR (Hon Fred Chaney): We have now dealt with all of the amendments. I invite debate on the amendments.

Ms CARNES: I put other amendments for Nos 4 and 5, and they were very simple ones. On page 10, to add “that this be done in partnership with non-government service providers and include relevant peak bodies”. That is at the end of the introductory paragraph.

The CHAIR (Hon Fred Chaney): It follows a short paragraph at the beginning, which ends “to achieve these goals.” Your amendment is to add the words “that this be done in partnership with non-government service providers and include relevant peak bodies”.

Ms CARNES: Yes.

Ms McKENNA: That is consistent with our recommendations.

The CHAIR (Hon Fred Chaney): It is acceptable to the group. Is it acceptable to the summit? That is accepted.

Amendment agreed to.

The CHAIR (Hon Fred Chaney): I now invite further debate or discussion on the five recommendations.

Ms BOLDY: I want to make a further comment supporting voluntary, as opposed to involuntary, treatment, which has now been included in recommendation 3. I heard somebody say that you can coerce attendance in treatment but you cannot coerce involvement. Whether or not that is a true black and white statement, I think we would all agree that coercing involvement will always be a very difficult task and also one which may deter people from seeking voluntary treatment in the future. Christopher may be correct in saying that passing a recommendation which appears to contradict a previous recommendation may bring mockery to the process, but I suspect that not all the 85 per cent of people who voted for the previous recommendation for compulsory treatment realised they were even doing so. The previous recommendation is lengthy and includes a number of elements which people would support. I encourage you to consider voting “yes” for this recommendation, in recognition of the fact that we support models of voluntary treatment as opposed to compulsory models.

Ms CASEY: As a service provider, I guess I am a little confused, because we see many voluntary clients and we also see many clients who have been referred to our service through areas such as the Department of Justice or juvenile justice. We are not either/or; we are actually both.

Ms WOODS: Where does the priority lie when only 10 positions are available and there are five volunteers who are on the streets, but you have eight “compulsory” people occupying those beds?

The CHAIR (Hon Fred Chaney): I am reluctant to impose a strict order of debate, but we debated that in the context of the amendment that was moved. There was a show of hands that indicated - not by a large majority - the wish not to incorporate that point. The decision-making point has passed on that. Is there any other discussion on any recommendation of group 6? If there is not, I propose to ask group 6 if it would close the debate and move to the vote.

Ms McKENNA: What a thoughtful group, and such fabulous recommendations! The things running through our deliberations and the summit have highlighted for us that clients and families are not being served. Our recommendations aim to utilise the expertise that already exists within human services and within agencies to ensure the best possible access to clients and to provide the links that would help to keep them engaged. I encourage you to vote yes to all five recommendations.

The CHAIR (Hon Fred Chaney): I ask that the ballot papers be distributed. Before we break, I thank the group for its contribution.

Associate Professor Richard Mattick has advised me that he will be flying out shortly, which means that he will be leaving the summit shortly. It was very much the wish of the Chairs that we should have access to independent scientific advice, if needed. We extended that to you because of the view that you also should have access to independent scientific advice, if needed. We have been extraordinarily well served by both Richard and David. As we will not have Richard here to thank later, I invite you to thank Richard for his contribution.

[Applause.]

We will now move on to working group 7. I will shortly call on Jason Meotti. The group wants five minutes because it has a number of amendments to look at. I will make some comments while they are doing that. It is pretty clear that in this group of recommendations another issue is likely to attract a good deal of debate, namely that relating to cannabis, both because of the frequency of use of cannabis and the issues that the recommendation raises. A series of amendments have been lodged in respect of recommendation 4. I propose to give precedence in debate to dealing with that issue in a reasonably substantial way in the time available. I have had a brief discussion with the chairman of the group and indicated that I propose to call on a couple of amendments fairly early. This group, in common with other groups, has had the chance to indicate whether other, lesser amendments can be dealt with quickly.

A number of delegates this morning expressed concern to me that important issues might not be given room for debate because they would be squeezed out by other discussion. I advise the whole summit that my proposal appears to me to be the appropriate way to deal with this next brace of recommendations. Delegates can be contemplating the amendments while we wait until the group is ready to proceed.

While they are being considered, I raise another matter. A number of people have raised the question of the evolution of this process. It has been suggested that you the participants should get the opportunity to comment on what you have been part of. I think it is very normal to seek feedback. After all, the process may be repeated or it may not, who knows? Staff have prepared a feedback sheet of two pages. It is optional. People might consider filling it in during afternoon tea and handing it in afterwards. The return rate is always much less if people leave the building with their forms in their pockets. Given that this is a unique policy experiment in Western Australia, getting the views of the participants seems to be a very worthwhile exercise. The forms will be distributed now and those who are able to fill them out before afternoon tea should do so. I stress that it would be most welcome to the organisers of this and future summits if we had the views of the delegates.

Mr EASTWOOD: Is there any option to take the forms away and bring them back later?

The CHAIR (Hon Fred Chaney): This is one of those unfortunate situations in which we are unable to mandate any request. We cannot force you. The preference is a practical preference so the forms can be returned more quickly because all experience shows that when people take them away with the best of intentions, the rate of return is rather less than was expected. There is no compulsion and that is expressly stated in the form. As a practical matter, we ask delegates to drop them back this afternoon, if possible.

I have been reminded that people can write in and submit comments. Quite clearly, this is a free country and people are free to make whatever additional feedback they think may be of assistance.

Mr MEOTTI: It has been both a privilege and an honour to be not only the chair of this group, but also to be involved with it. As one can imagine, we have had some very contentious issues to deal with and every recommendation now before delegates was passed 10-nil. The recommendations were unanimous. The group went through the issues one by one. It created a lot of debate but we have come up with some excellent resolutions. The recommendations will be spoken to one by one. I ask Paula Marii to give some background to recommendation 1.

Ms MARI: Parents and carers should have the right of audience in the Children's Court with, for example, juvenile justice issues and diversion. Parents and carers should have formal rights to have influence on outcomes. We understand that is already available in the Children's Court. However, we do not think that many parents are informed of that right. Parents and carers know and understand their children better than what is seen by the court, even though the children may have been before the court several times before parents intervene.

Treatment and support service providers are unable to intervene or accept someone into care that is under the influence of alcohol or other drugs; users must be admitted voluntarily and be drug free. Parents and carers should have the right to ask for the appropriate treatment services to be made available for those underlying health or mental issues instead of having to incarcerate their children. Out of concern for the community and for the safety of my own child, I had to place my daughter in jail because no other options were available for her. It is not - I am sorry, I am trying to get it together.

Parents do not believe that what is currently offered by the service providers caters for their children's needs. They want a safe place for their children to go to, especially in the juvenile system. Often children cannot be put into rehabilitation centres because they are too young. I speak from experience when I say that to send a child to jail is the last resort for a parent. That option is available only because no adequate services have been provided to help the children.

Mr ELLIS: I am speaking on resolutions 2 and 3. I have the advantage of having worked in the justice system for the bulk of the past 17 years. I have seen and dealt with the damage done to the users, their parents, friends and families. The way in which the system deals with these people has been very ordinary. Resolution 2 says that different options for treatment are available if adequate resources are put into diverting people away from the criminal justice system in the first place. We should concentrate our efforts to assist people to live in the communities with their loved ones in the most appropriate manner. The provision of diversionary options when people are on the cusp of moving into the criminal justice system would give users and their families the best opportunity to be supported through those difficult times.

It is appalling that over 30 per cent of the people in the criminal justice system come from an indigenous background. In the 17 years that I have worked in the system, I have seen the workers put their heart and soul into addressing indigenous issues. However, the necessary resources have not been made available because they have been directed at punitive measures, not diversionary options, and we must redress that. Resolution 3 refers to the options that should be made available once a person has reached the last resort. Prison is not a resort; it is the absolute last resort to which one would want to go. Clearly there are problems, and we have difficulty dealing with those problems in custody. We are well aware that incarceration is sometimes an introductory pathway for some of our more vulnerable people when they enter the system. We know the damage that occurs to people once they are inside the system. Often prisoners do not come out of prison either as better people, or as the same person, but they come out worse than when they went into the system. I commend to delegates that these resolutions must be strongly supported.

Mr PRIOR: As Jason said, these are all unanimous resolutions. This group includes a senior police officer; a senior prison officer; a senior Department of Justice officer, whom we have just heard from; a mental health nurse; two parents of children with drug-use problems; and a liaison officer with the law enforcement agency, who is a member of the ethnically diverse community. The words in the first paragraph of recommendation 4 are in italics for a reason. Prohibition means against the law. Civil penalties means sanctions, but not of a criminal nature, and that could include financial penalties. The possession and cultivation of cannabis would still be against the law under this recommendation, even for small amounts. The three dot points are significant to the first paragraph. Delegates should not read the first paragraph in isolation. The three dot points refer to education and to evaluating and reviewing empirical evidence following a change such as this.

Then there is a proper explanation of the legislation and related legislative amendments that would lead off it.

The fourth point is small amounts of cannabis. We expect a commonsense approach to the word and the relevant amounts that constitute “small”. We are not advocating a preferred model. This will need to be properly considered with appropriate wide-ranging consultation. In our submission, the passing of this recommendation would have the following results: first, there would be the ability for police to use further resources at the top end of the cannabis and illicit drug supply market. Secondly, the criminal justice system would be able to use its limited resources on focusing on other crimes, and I am talking about legal aid and the Aboriginal Legal Service. Thirdly, people would be able to avoid the consequences of a criminal conviction, which we have all heard about this week. Fourthly, it would still allow people to have contact with the law, if they are people who may benefit from the experience to change behaviour patterns, and I am talking about a brush with the law. Fifthly, it still sends a message to children that cannabis use is illegal. Finally, under this recommendation, cannabis possession and the cultivation of small amounts would still be prohibited, and the law would remain the same for medium and large amounts of cannabis and other illicit drugs.

Mr ATHERTON: I am speaking to the group’s fifth resolution, which effectively is on law enforcement issues. This resolution recognises the paramount importance of community safety and wellbeing as a first priority. However, wellbeing should include the ability for individuals with drug dependency to receive compassionate treatment and access to assessment, education and rehabilitation. As eloquently pointed out by my colleague in reference to small Japanese cars, many laws related to drug law enforcement have been overtaken by trends in the drug market and require urgent review. Some provisions are clearly inappropriate. An example of that is the Misuse of Drugs Act, in which a person cannot be declared a drug trafficker until he is in possession of 250 or more cannabis plants. That is clearly inappropriate. We need new legislation to effectively target the mobility and increasing sophistication of professional drug traffickers. The sort of legislation we are talking about would deal with money laundering and the movement of assets acquired through the trafficking of drugs offshore.

There needs to be a review of police training to accommodate the wide-ranging priorities identified by this summit. Police have a legitimate role to play in education, engagement and diversion of drug-dependent people. I urge delegates to support the resolution.

The previous resolution emphasises that cannabis use is still regarded as harmful and as an offence. It recognises the undesirability of labelling cannabis users, the majority of whom are young and disadvantaged people, with a criminal record. It expands the options for diversion and treatment, and builds on the clearly successful state cannabis cautioning system, while still imposing sanctions on users, when appropriate. It enables the police to divert resources to volume crime - that is, housebreaking and burglary, which is an issue that is close to the heart of us all - and also to top end supply. I emphasise that it has the support of the Western Australia Police Service at executive level.

The CHAIR (Hon Fred Chaney): Can I have an indication from the group on whether it regards any of the amendments that have been put forward as consistent with what the group is trying to achieve in its recommendations?

Mr MEOTTI: I will go through the amendments one by one. I also add that the group would like to reserve the right of reply for at least the last five minutes of debate. The group has no problem with the amendment to add “including matters related to victims of crime” to recommendation 5.

The CHAIR (Hon Fred Chaney): You have started with recommendation 5.

Mr MEOTTI: I am sorry. We have a problem with the first amendment, and we will address that. We do not have a problem with the second one.

The CHAIR (Hon Fred Chaney): Sorry, Jason, to which amendment are you referring?

Mr MEOTTI: The amendment from Louis Puga.

The CHAIR (Professor Liz Harman): Jason, I have ordered them for the Chair by order of recommendation, not by the order in which you have stapled them.

The CHAIR (Hon Fred Chaney): That is all right, as long as it is clear. Jason, you are talking about Louis Puga's amendment to recommendation 5. Your group will oppose that.

Mr MEOTTI: No, we are happy with that.

The CHAIR (Hon Fred Chaney): Yes; but I have two amendments.

Mr MEOTTI: I understand one has been withdrawn.

Ms ROSENBERG: Excuse me, Chair, could these be explained to us, because we do not have copies of them?

The CHAIR (Professor Liz Harman): We will find them for you.

The CHAIR (Hon Fred Chaney): I do not want to spend a lot of time on what are relatively small amendments. Could we display on the screen resolution 5, please? Louis Puga is suggesting that we include a seventh point; that is, to add "including matters related to victims of crime", as is now underlined. Does the group accept that?

Mr MEOTTI: Yes.

The CHAIR (Hon Fred Chaney): Can summit delegates see what is proposed by Louis, which is acceptable to the working group - that is, to add those underlined words? That is acceptable to the group and acceptable to the summit. That is now the resolution.

Amendment agreed to.

The CHAIR (Hon Fred Chaney): Jason, just deal with the amendments that are acceptable.

Mr MEOTTI: In recommendation 4, line 5, there is an amendment from Anne Russell-Brown. The group has had some discussion on this, and I believe we have reached a compromise; that is, that sentence will read, "The same principles (as adults) of *prohibition with civil penalties* should be provided, with options for cautioning and diversion to education or treatment programs be expanded, and coercive treatment", etc.

The CHAIR (Hon Fred Chaney): That is the addition. That is acceptable to the working group. Is that acceptable to the summit? If there is no objection, those words are added.

Amendment agreed to.

Mr MEOTTI: The next amendment is to recommendation 5, to add to the last line, after the word "police", the words "and other human service workers."

The CHAIR (Hon Fred Chaney): That amendment was moved by Janette Rowe and is acceptable to the working group.

Mr MEOTTI: Yes; we agree to that amendment.

The CHAIR (Hon Fred Chaney): That is acceptable to the summit and is now incorporated in the recommendation.

Amendment agreed to.

The CHAIR (Hon Fred Chaney): We now move to amendments about which we will not have the same immediate harmony. I have selected, as an amendment which captures the difference, if you like, an amendment that was moved by Richard Egan and is to recommendation 4.

Mr EGAN: There is also an amendment to recommendation 1.

The CHAIR (Hon Fred Chaney): I want to have a debate on this issue, because I think it is more significant. The amendment to recommendation 1 is important but not as central to the concerns of the summit; so I am exercising discretion to ensure that there is a debate on an issue of major importance.

Mr EGAN: I move an amendment to delete the first paragraph of recommendation 4 - that is, from the words "For adults" to the words "influence outcomes" - and to substitute the words, "For persons possessing small amounts of cannabis the government should legislate to extend the present cautioning system for first offences." In its rationale for this recommendation, the working group talked about cannabis possession and cultivation remaining illegal or prohibited, but civil penalties applying. Civil penalties are likely to be fines, and there is a big difference between that and a system which meets all the good points of the recommendation; that is, diverting resources from the criminal justice system to other crimes and to the top end of the cannabis trafficking market, and avoiding the consequences of criminal convictions for first-time users of cannabis. However, if we simply go to a civil penalty system that includes both possession and cultivation - that is, the deliberate decision by people to grow their own cannabis at home so that they have a ready and continuing supply - will that civil penalty include the confiscation of the plants? Alternatively, will those people just be fined for having the plants that they are cultivating, and then be allowed to smoke them the following week, or perhaps even before they have paid their fine? I am not clear about that matter, and perhaps the group can respond. I urge delegates to support my amendment, because it meets the concern that I think we all share. I suspect that no person at this summit wants the situation to continue, in which people who are caught with cannabis for the first time end up in the criminal justice system and with a criminal conviction that they carry with them for the rest of their life. However, the reason that the present cautioning system is producing good results is that it is a diversionary system that includes an education component. Recommendation 4 is proposing to disconnect the being caught with cannabis from the education system. We are saying people must undergo all this education, but if they are caught, they just get a fine. Under the cautioning system - and it can be extended further - people are caught, and they must then undergo the education system. There must be a link between doing the thing that we are trying to discourage - cannabis use - and the education system, otherwise the education will just wash over people and will not be likely to make any difference. I commend the amendment to the delegates.

Mr MACKAAY: I wonder whether this amendment falls foul of the line of attempting to reverse the purpose of the recommendation. The purpose of the recommendation is clearly to remove possession and cultivation of small amounts of cannabis from the criminal perspective and move it into the civil perspective, and it seems to me that the amendment attempts to reverse that.

The CHAIR (Hon Fred Chaney): If that is a point of order, it is a point that I considered in looking at the amendment. I regard it not as a direct reversal but as a very significant reduction in the import of the resolution. I am not sure whether you want to say anything further, Mr Mackaay. It was almost in the nature of a point of order. Is there a speaker for the amendment? I will call on a member of the working group next, but first I call for a speaker for Mr Egan's amendment.

Mr TAN: I do not necessarily think that it reverses the whole point of the motion, which was that you do not get a criminal record if you get caught the first or second time. The whole idea of the motion is to divert people who are caught into education. Obviously, under the cautioning system, if you are cautioned, you are not charged and you do not get a criminal record. If you get cautioned and then diverted to an educational program, that is more of a formal approach, with more direction. To simply fine someone, and say that we also have education programs is pointless. I commend the amendment, and ask all delegates to support it.

The CHAIR (Hon Fred Chaney): Before calling on John Prior, can I just clarify with the mover of the amendment that my understanding is correct? The amendment would mean that there were still

criminal penalties, but there would be an extended cautioning system. It would still be a criminal offence. Is that the import of the amendment?

Mr EGAN: I may be misunderstanding the cautioning system, but my understanding is that, if you elect to attend the education session, then no conviction is recorded against you. If I am wrong on that, I am happy to have that explained by those who know better, and I may then need to reframe my amendment. My understanding is that a caution is not a criminal conviction.

The CHAIR (Hon Fred Chaney): John Prior, were you seeking the call?

Mr PRIOR: I will enlighten you as to the cautioning system. The cautioning system that exists at the moment is much as Mr Egan describes it. It is administered by the police, so Mr Egan's recommended amendment calls for legislating the cautioning system. Why are the police supporting the recommendation, as drafted? Possession and cultivation of a small amount of cannabis, under our recommendation, is still illegal. That is quite clear in our recommendation. The attitude of this group is that, to take that whole paragraph out and redraft it as suggested, is to reconstitute the whole recommendation. In any event, it highlights first offences. We say this recommendation as drafted initially does not just talk about first offences. It is as simple as this: If you think using cannabis is a mistake, well and good, but do you think every young person is entitled to one mistake, or one experiment, given their age? The cautioning system gives only one chance.

The other point is that the cautioning system, with the greatest respect to the police, involves the police in running the law, not the State deciding what the law is. The discretion is with the police. Those of you who are concerned about this should understand that some police officer in Laverton, who thinks it is all too complicated, is just going to screw up the joint, throw it on the ground and tell the person to go on their way, because it is too much paper work. That probably happens now within the existing cautioning system, although the hierarchy of the police might not be happy about accepting that.

The CHAIR (Hon Fred Chaney): We have quite a significant number of amendments, so if the summit is comfortable, I will put that amendment. It seems to me there is a clear choice here. I will put the amendment moved by Richard Egan, which is to delete the whole of the first paragraph and replace it with the words as proposed by Mr Egan.

Mr TOON: I want an explanation. I do not understand what the amendment means, because I do not understand how the present cautioning system, which is to be rolled out throughout the whole State, can be extended.

Mr ATHERTON: Thank you. I do not understand either. It was trialled in both a metropolitan and regional district. It has been rolled out statewide. I do not understand how he is suggesting that it can be expanded. It is in place.

The CHAIR (Hon Fred Chaney): I intend to put the amendment. Is that clear?

Mr BRAD JONES: I heard somebody talking about a new drug court for those types of issues. Does that have any play in what we are talking about now?

Mr ELLIS: I refer to resolution 2, which is about a range of diversionary options. We are saying, and John has driven this point very hard, that we do not have the exact model here and we do not intend to put an exact model. We are saying to government that it needs to fully consult on that issue. However, some diversionary options exist or can be developed. That is how cautionary and education programs go. They are diversionary options in that sense.

Mr BRAD JONES: Are you saying that the court being trialled at the moment has an effect?

Mr ELLIS: An evaluation of the drug court, which is currently under trial, is taking place. I can only relate what other people have brought from other States and countries. The New South Wales Drug Court has been running for some time. I want to make it very clear that the drug courts, which

currently operate, do not, by any means, concentrate on cannabis. In the scheme of the criminal justice area in which I work, cannabis is not considered a substance that we really want to pursue. We believe it should be covered by civil penalties.

Mr BRAD JONES: Is there not a process already in place looking at that?

The CHAIR (Hon Fred Chaney): I think the core point here is whether the possession of cannabis, and indeed the cultivation of small amounts of cannabis, should be matters of civil penalties rather than criminal penalties. In that sense, the court process is not relevant. Is that reasonable? Does anyone challenge that explanation? If not, I propose to put the amendment.

Amendment put and negatived.

The CHAIR (Hon Fred Chaney): We will move on to another important amendment that relates to the debate we have just had. The amendment is from Robert Hicks, who proposes to delete the words “and cultivate” from line 1 of resolution 4.

Mr HICKS: Thank you, Mr Chairman. With respect to our resident expert, I found the explanation of the South Australian situation by Detective Superintendent Fred Gere compelling, in the sense that we must learn lessons from South Australia and not ignore them. When the South Australian experiment was introduced, households were allowed to grow up to 10 plants. It is now down to three plants and I believe there are moves to shift that down to one. Ask yourselves why. I will explain; it is a critical question. Weekly use of cannabis in South Australia increased by 77 per cent over that eight-year period between 1985 and 1993. That is why the allowable number of cultivated plants for each household was decreased from 10 to three, and will now possibly go down to one. In the first two years following the introduction of the right to grow cannabis plants at home in South Australia, consumption by school kids rose by nearly 11 per cent. Clearly, it seems that cultivation and use are two different issues altogether. What is meant by cultivation of small amounts? A household with eight people can cultivate two plants. Is that 16 plants altogether? I do not know. This is ambiguous. I think we need to look at use and cultivation of cannabis as two completely separate issues. I implore you to delete cultivation from that recommendation.

The CHAIR (Hon Fred Chaney): There are another half a dozen amendments I hope we will be able to deal with. The working group has only five and a half minutes left of its time, so I am not inviting it to spend it all on this subject. Does anyone wish to respond, as I shall put this resolution quickly?

Mr PRIOR: I shall respond quickly. I understand the amendment is to remove only the word “cultivate”. I am not a gardener and I do not smoke cannabis. However, it appears to me from the little I know about this industry that it is easy to grow cannabis. We included the word “cultivate” because without it people will be attracted to go to suppliers who are criminals. We are saying that if people want to experiment and want to grow cannabis, they could perhaps grow it in their own backyard and keep away from the professional criminals who do it for a living. I continue to say that it is still illegal.

Secondly, with the greatest of respect for Detective Superintendent Gere, one of the experts on the next day said that his understanding of the statistics revealed in the South Australian model does not accord with Superintendent Gere’s understanding.

Thirdly, I understand the concern about the quantity of cannabis, plants or whatever. However, we are putting forward this recommendation as a general policy. The model has to be decided. For example, going back to day one, the Australian Labor Party told us what its model was. I do not know whether it was its election platform and we are not advocating that it be adopted. We are saying as a principle this should be done, as opposed to the present cautioning system administered by the police.

Professor HAWKS: I would like to offer a couple of points of clarification. As has been pointed out, it is true that the adult use of cannabis increased in South Australia, but it increased by no more than was the case in Tasmania and Victoria where schemes of prohibition prevailed. Therefore, yes, there was an increase but it was not out of keeping with the increase observed in every other Australian State and was in fact less than in two States that maintained systems of total prohibition. The comparisons made between schoolchildren in the various Australian States did not show that South Australian schoolchildren had increased their use compared with that of other schoolchildren in other States.

I referred on the first day of the summit to the fact that part of the explanation in South Australia resides in the number of plants. I do not believe it is proposed by anyone at this summit that we entertain the notion that people should be able to grow 10 plants of any size under any circumstances for their personal use. Clearly that is not the case.

The CHAIR (Hon Fred Chaney): I call one more speaker in favour of the amendment. I am happy to call Richard Egan who has precedence but if he decides not to take the call I shall call Father Baczynski.

Mr EGAN: With respect to the scientific adviser, it is extraordinary to think that operational police know less about how criminal gangs have organised householders in South Australia in networks for collecting cannabis for export to other States. I believe operational police are in a much better position to give us an expert view on that question. Talking about growing plants in a backyard ignores the whole development of hydroponics, the resulting increases in tetrahydrocannabinol content and the amount of cannabis that can be harvested from single plants. Let us not kid ourselves. If people are cultivating cannabis in these amounts, they can well be in a position to supply cannabis to others, particularly if several people in a household are allowed a certain number of plants each or if they are part of a network. Not everyone who cultivates will cultivate for personal use. They could also cultivate to supply the market. This recommendation therefore is a partial legalisation of trafficking. Let us not be misled by the continually used phrase “prohibition with civil penalties”. If we say something is illegal, prohibited and so on but the penalty when one gets caught is a fine, that is not much trouble at all to wealthy people and is de facto legalisation. Let us not play with words. I know it is John Prior’s trade, with respect, and I know he has made a good effort at it. However, let us understand that this recommendation is giving the nod to the cultivation of cannabis that can be used for more than personal use but also for trafficking.

The CHAIR (Hon Fred Chaney): All those in favour of the amendment, which is to delete the words “and cultivate”, please raise your hands; and those against. That is clearly lost.

Amendment not agreed to.

The CHAIR (Hon Fred Chaney): Anne Russell-Brown has a further amendment for recommendation 4.

Ms RUSSELL-BROWN: It has been dealt with.

The CHAIR (Hon Fred Chaney): Mary West has an amendment to dot point 1 of recommendation 4 to insert after “use” the following: “/misuse”.

Amendment put and passed.

The CHAIR (Hon Fred Chaney): Adrian Hinds had an amendment.

Mr MEOTTI: That has been accepted.

The CHAIR (Hon Fred Chaney): Phillipa Boldy seeks to amend recommendation No 1 by inserting before the words “parents/carers” the words “Where appropriate”, and after the words “should have”, the words “the option of”.

Mr MEOTTI: We have no problem including the words “where appropriate”. However, we feel that the term “the option of” is covered within “should have”. It does not imply that they must have but that they should have.

Amendment put and passed.

The CHAIR (Hon Fred Chaney): Janet Rowe has an amendment, which I believe has been accepted. Do delegates wish to make any further comments on these recommendations?

Ms STAATS: At the risk of being pooh-poohed, I will make these comments. We voted previously to look at prevention and other effective strategies and risk factors for young people. Under contextual risk factors, the point is made that laws and norms that favour drug use and increase the availability of drugs are considered to be risk factors. I have some issue with the fact that we are about to pass a resolution that, if adopted, will increase the risk factors for our young people. With regard to children under 18 years, as discussed, it is a little bit contradictory to educate them about the dangers of marijuana use if their parents are allowed to possess and grow it. Education does not work for alcohol or cigarettes; therefore, I do not feel it will work for marijuana.

Tim said that mainly the young and disadvantaged tend to use marijuana. If this recommendation were made law, where would they get marijuana from? They certainly would not cultivate it in their own homes because that would be illegal. I suggest they will go to the suppliers. Having dealt with young people who have stolen their parents’ marijuana, I know they will get a severe beating should they do that and then go home.

I also have issues with the inequity of fines. I believe that fines tend to have a greater effect on the economically disadvantaged in our society. The tendency is for people to accrue fines, which results in imprisonment.

Mr HINDS: I am opposed to the motion.

The CHAIR (Hon Fred Chaney): The motions have not yet been put. This is an opportunity for debate on the motions, which will be put at the end of the period. This is a debate on the thrust of the motion.

Mr HINDS: I oppose all the recommendations. I support the idea of civil penalties.

Mr DREWETT: I have a point of order. Someone has just spoken against the motion.

The CHAIR (Hon Fred Chaney): I have invited debate on all five recommendations. The debate is open. We have dealt with the amendments. The working group will have a right of reply after further discussion. I want to give the summit an opportunity to comment on the motions in general. If it appears we are stuck on a single motion, I will revert to the strict order of debate.

Mr HINDS: I did not mean to speak out of turn. I clarified my position to the chairman.

I oppose recommendation 4. I support civil penalties, and the Government advising, through its legislation, of the harmful effects of marijuana. It is just a drug; why not go along with it? The motion is confusing; I do not understand it. The idea of supporting higher sentiments is good, but it is subject to the vicissitudes of Government that have been spoken about for a long time - budget problems, etc. It is a trade-off, and I do not think it will work. Professor Mattick said there were no deaths due to cannabis. Strictly speaking he was right, but cannabis is involved in many deaths; hence my amendment to try to track those deaths. A brush with the law worked in my family. *The Economist* magazine states, in a publication promoting its theory that all drugs should be legalised, that -

The best answer is to move slowly but firmly to dismantle the edifice of enforcement. Start with the possession and sale of cannabis and amphetamines, and experiment with different strategies.

On the general issue of legalising drugs, the magazine says that legalisation would result in a clear redistribution of harm from the poor people who go to jail to the middle-class people who do not, and a rise in the number of drug users. It is a very dispassionate account, and I recommend it to everybody.

I did not believe the previous Government had a proper strategy. However, from what I have heard at this conference, it appears that it did. It established the Drug Court and the cautioning system. Let us see how those programs go, measure how they work and see what happens. It is too soon to make changes to that strategy.

Ms FARRELL: I support this motion for very personal reasons. I have been a regular cannabis user for 26 years. Malcolm Smith, I had my first brush with the law at the age of 41. To quote Simon Lenton, I have been on the terrace below the fence for the past 26 years. By choice, I have briefly ventured to lower levels of that terrace. These have been one-offs in my foolish use - a trip here, a bit of speed there. I am testimony to the fact that the continual use of cannabis is not necessarily a problem. My brush with the law at the age of 41 very much is. I have been actively involved in my community for 20 years, I have worked in a range of community-based services, I have served as a member of a management committee, I have been involved in community development and I have been chairperson of a Catholic school board for five years. All of a sudden, I am immoral, evil and bad. I was charged with and pleaded guilty to cultivation, possession and possession of a smoking implement and fined about \$350. Fortunately, I had a very reasonable magistrate who issued spent convictions from the bench without my request. I am also a councillor on the Geraldton City Council. Because of that, the media has had a field day. My social capacity has been reduced, not increased, as a result of this brush with the law. I am now perceived as a druggie and any credibility I had in the community has been eroded. I am resigning from the council because there is no further point in being a councillor. I am withdrawing from the community. That will be the effect on very capable and committed people of a vote against this recommendation.

Mr SMITH: The saying that "prevention is better than cure" is almost an absolute. We much prefer to prevent our children and our 41-year-old citizens being involved in something that creates a problem for them. I am a great believer in keeping the fence as high as possible, topped with barbed wire. It is then a signpost or boundary to keep children in their family. I know that, if they get around the fence, they fall to the next level, then they have treatment. They then fall to the next level and have maintenance. If they fall any further, it is into death.

I run the largest youth drug rehabilitation program in Western Australia. If recommendations 4 and 5 are accepted, my job and the job of parents will be made much harder. On the other hand, such a move will mean less work for the police - they will have less paperwork - and the courts, and the statistics will look good for the Government. My job will be harder because more kids will come to Teen Challenge WA for help. Parenting will be harder because kids will use one drug and then move on to others. This will create an endless problem. We need to keep the fence as high as possible to protect our children.

The courts are supposed to mix mercy and grace with the law, and I think they do. The law is supposed to be a signpost and a boundary to indicate that something is wrong. One of the great truths of life is that we, as parents, know that our truth is not our children's truth until they experience it. We tell our children not to put their hands in fire. That is our truth; it is not theirs until they do it. We tell them not to do something because it is dangerous. It is not their truth until they do it. We want boundaries to help us to look after our children. I have been with Teen Challenge in Kings Cross with the runaways, the prostitutes and the criminals. I have had kids die while we waited for an ambulance. I am talking about real people and real families. I table a document entitled "Dangers of Marijuana: Important Community Information From The Salvation Army", which lists 35 study papers to support its findings.

It talks about all the dangers of marijuana: mental illness, potency, memory loss, effect on coordination and accidents, brain ageing, apathy, addiction, reproductive systems, harm caused to babies and children, chromosome damage, respiratory effects, and the fact that it is a gateway drug. You can say that it is not a gateway drug - everybody knows it is a gateway drug. All the study papers are listed.

Mr ATHERTON: This group is saying that you must look at these recommendations in the context of all the other recommendations before the summit. There have been a lot of recommendations before ours about treatment and education. We are not saying that cannabis is not harmful; we are saying it is harmful. We are not legalising it; it will still remain illegal. We are not trying to divert children into using cannabis. Fiona Stanley on day one listed on the screen the societal factors attributed to drug use, such as dislocation, disadvantage, poverty. All those things cause drug problems. Some of my friends at this summit choose to put their heads in the sand.

Cannabis is right here right now. Look at what we have been doing and you would say we have failed, because cannabis use is increasing. A substantial proportion of the population use cannabis. We are not here to suggest that we maintain the status quo; we are here to find new ways, and to try to do new and different things. It will still be illegal. It is up to the Government to decide what levels of possession will be tolerated. If you are found in possession of cannabis - a plant or refined cannabis - you will still go through a treatment process and it will be confiscated.

We have to reduce the stigma of a criminal offence. We must accept that most users have little or no control over the circumstances that have led them to drug use. I implore you to seriously consider this recommendation.

Mr PRIOR: In closing, the whole five recommendations in general are proactive; they are innovative law reforms; they are not revolutionary, even recommendation 4. We say that all five recommendations will lead to one thing: better outcomes for parents, carers, individuals, police, courts and prisons but, most of all, the community.

The CHAIR (Hon Fred Chaney): The debate is closed. I now ask for the distribution of ballot papers and survey forms.

The result of the vote for working group 6 is recommendation 1 - 99 yes, 1 no; recommendation 2 - 99 yes, 1 no; recommendation 3 - 94 yes, 6 no; recommendation 4 - 96 yes, 4 no; recommendation 5 - 100 yes.

Summit suspended from 3.20 to 3.40 pm

The CHAIR (Hon Fred Chaney): The vote for working group 7 is as follows: recommendation 1 - 97 yes, 3 no; recommendation 2 - 98 yes, 2 no; recommendation 3 - 98 yes, 2 no; recommendation 4 - 72 yes, 27 no and 1 abstention; and recommendation 5 - 89 yes, 11 no.

I invite group 8 to present its recommendations, but with one slight amendment to the process we have been following. On one significant issue group 8 has a difference of opinion within its ranks. The members of the group want to enter into discussion and debate it. For that reason I will not quarantine that part of the discussion within the 20 minutes because the point of the quarantine discussion of 20 minutes was to make sure that views were aired. It seems unfair to members of the working group if they are stopped from airing their views because of that limit. A bit more latitude, perhaps five minutes, will be given to this working group if it wishes to enter into that debate in the presence of us all.

I now invite the Chair of group 8 to present the recommendations in such a way as the members of the group wish.

Dr MARSH: Good afternoon. It has been an amazing experience to be involved in this summit and to chair this group. Our group considered ways to reduce the harm caused to the community and individuals by continued drug use.

I will give delegates an overview of the meaning of “reducing harm”. Reducing-harm approaches acknowledge the risks involved in the use of all drugs. Reducing-harm strategies fit into an overall drug strategy including supply and demand reduction; they are not exclusive about abstinence. It is important to reduce drug-related harm not only to those who use drugs but also to families and the rest of the community. Approaches that aim to reduce drug related harm acknowledge that whatever we do, some people will use drugs. It is important to emphasise that such approaches do not condone drug use, but acknowledge its reality. We must keep people who use drugs alive and healthy until they stop using. As somebody said earlier in the week, a dead drug user cannot be rehabilitated.

Reducing-harm approaches are common practice in many areas of our lives; for example, we use seatbelts in our cars, we teach children to cross roads safely, and we advocate the use of condoms to avoid unwanted pregnancies and to reduce the risk of acquiring sexually transmitted diseases. Reducing harm is not a new strategy. We want to save lives and reduce the harm done to the community and to individuals, and to save costs to the community. On that basis, we have presented five recommendations that relate to a range of strategies that will potentially reduce harm. I will allow individual members of the group to present the rationale for these strategies.

Ms PARRY: Recommendation 1 is based on education and the promotion of a non-judgmental attitude, peer education and harm reduction for not only the user, but also the family and the community.

Mr WOOD: I will outline my recommendation only briefly because I do not think it is controversial. Essentially, it is about saving lives and it relates to the provision of Narcan or naloxone hydrochloride, which is an opiate antagonist, and, like naltrexone, it reverses temporarily the effects of heroin.

Naloxone hydrochloride is currently used in ambulances and hospitals throughout the State. We are calling for a controlled, monitored and evaluated trial in which this medication would be given to youth workers, drug counsellors, parents, users and people who are most likely to be on the scene of a drug overdose in order to provide treatment to keep the users alive. That treatment would be complemented with good training to keep a user alive until professional help arrived; it does not fly in the face of resuscitation training and other methods. Essentially, the measure is aimed at saving the lives of our friends and family.

Other points in this recommendation include a drugs-of-addiction register, which is a barrier to people calling ambulances when someone has overdosed. The register is also a barrier for those people who want to seek treatment to change their drug-taking patterns. The second point concerns the decriminalisation of the possession of implements that contain traces of illicit substances. Currently the law is a barrier to the safe disposal of needles and syringes. If users or anyone else picks up a syringe to dispose of it safely, in effect, they are in possession of a controlled substance and could be arrested for it. In order to promote the safe disposal of needles and syringes so that they are not in our playgrounds, schools or beaches, we have recommended the decriminalisation of the possession of implements that contain traces of illicit substances.

Mr EGAN: I commend recommendation 3 that relates to the media code of practice. The summit has passed a brief recommendation on this issue. Our recommendation expands the notion of the media code of practice for the further consideration of delegates.

Mr HICKS: This is an issue close to my heart; that is, workplace reform in relation to drug policy. There is no question that work practices, particularly in mining communities, are impacting on how drugs relates to people’s lives. Long shifts and various shift practices, such as rosters, impact on the

amount of alcohol and drugs that they take just to sustain themselves. It is important that we look at the funding of these services in remote communities. Also, there must be further research into how drug use impacts on a range of industries, particularly in remote and rural Western Australia.

Ms STOCKWELL: I have the unenviable - or enviable - task of presenting recommendation 5 on safe injecting services. We acknowledge that this is a very difficult issue for the summit. I also acknowledge that it is one on which this group has been divided. I am representing a majority opinion, not a unanimous one. We know that the Government intends to consider safe injecting services. It has been listed by the Government for consideration by the summit. Our recommendation seeks to give guidance to the Government on how it should go about considering the issue. There appears to be general consensus that Perth does not have an open drug scene of a nature, intensity and size similar to those found in Kings Cross and in other parts of Europe. However, we ask that rather than simply ruling out safe injecting services, we take a middle path - a path of inquiry. We need better information about the European experience. We need the results of the Kings Cross trial. We need to know more about the how, when and where and the consequences and impacts of public injecting drug use in Western Australia. This information should be used to consider what might work to reduce overdoses, deaths, crime and public nuisances in the Western Australian context. Support from the community is an essential element in this consideration. I remind delegates that Western Australia is not New South Wales, and Northbridge is not Kings Cross. We ask that delegates keep an open mind on what other models or approaches can help us to both protect the community we live in and keep a drug user alive today in the hope that he or she may make a better decision tomorrow.

Dr MARSH: We would like to move on to the issue of amendments. We have accepted all amendments, except those relating to recommendation 5.

The CHAIR (Hon Fred Chaney): That is a very efficient way of processing the amendments, but I am obliged to draw the attention of the summit to those amendments. The group has accepted an amendment moved by Michael Coe to the first sentence in recommendation 1, which is to put a comma after "resourced", delete the word "and", and insert after the word "encouraged" the words "and funded by governments appropriately". It is a minor amendment. Does that have the support of the summit? Thank you.

There is a further amendment to recommendation 1 moved by David Moses, which is to add to the second last dot point the words "and the implementation of appropriate harm reduction strategies". Is that accepted by the summit? Thank you.

In recommendation 3, Tim Atherton's amendment is to take out the word "illicit" in the third dot point and add "all, all harmful drugs and substances including alcohol and tobacco". It is the third dot point, which reads, "Portrayals that romanticise, sensationalise, or present as desirable the use of illicit drugs".

Dr MARSH: I have a grammatical point with that amendment. Rather than "all harmful drugs and substances", it should read "any harmful drugs and substances".

The CHAIR (Hon Fred Chaney): Tim, is that all right with you?

Mr ATHERTON: Yes, I am happy with that.

The CHAIR (Hon Fred Chaney): Instead of "all" at the beginning of that amendment, it will be "any". Is that acceptable to the summit?

Amendment agreed to.

The CHAIR (Hon Fred Chaney): The amendments to recommendation 4 are moved by Tony Lovett, and they are slightly longer. The first amendment is in the first line, after the words "The Government", to insert "after consultation with employers and unions". These amendments are

slightly diverse, so I want to cover them. That is acceptable to the working group. Is that acceptable to the summit?

Amendments agreed to.

The CHAIR (Hon Fred Chaney): The next amendment is, after paragraph 4.1, "Workplace Drug Policy", to insert an additional paragraph, which reads, "Workplace Drug Policies" -

Mr LOVETT: "Policy" becomes "Policies".

The CHAIR (Hon Fred Chaney): Right. The text of that amendment will be typed on the screen. Delegates will see those additional words. They are acceptable to the working group. Are they acceptable to the summit?

Amendment agreed to.

Ms STOCKWELL: There are more to come.

The CHAIR (Hon Fred Chaney): They are not the same point - that is all - so I just want to clear them one by one as we go. Is anyone concerned about that amendment?

Ms GRIFFITHS: I pose a question to the mover of the amendment. Do the words "be rehabilitative not punitive" remove the right of employers to take out of the workplace a person whose continued use affects the safety of other employees or the safety of the workplace generally?

Mr LOVETT: No. They mean that there should be consultation in the workplace. Every employer has the right of managerial prerogative, as we all know. All we are saying is that a process should be in place. One of the parts of the policy that we use is a three-step system. After an employee has gone through that system, in essence we agree that that employee should be removed from the workplace. All the way through that process, if an employee turns up for work who is seen to be under the influence of drugs or alcohol, as defined more so by his work mates, who are the people who would know, the matter will be raised, and he will go through the process three times. Our position is that if the employee does not want to help himself, the employer has the ability to put him off. If someone in the workplace shows signs of being under the influence of those things, we do not say he is on drugs or he has a problem. We say he has been sighted as being unsafe in the workplace, and under the Act we cannot work with him.

Ms GRIFFITHS: Who is responsible for the rehabilitation? Is it the employer?

Mr LOVETT: The rehabilitation, like the rest of the process, is a consultative and tripartite process between the employer and the representatives, be it the occupational safety and health representatives or, as is the situation in other cases that we have, representatives who have been elected just to manage the issue of drugs in the workplace.

Mr HINDS: In a past life I have been president of a trade union and a delegate to the Trades and Labor Council of Western Australia, so I know those guys are the salt of the earth. I think I know what they want; they want to be safe at work. However, I have a problem with dot point 4, "be rehabilitative and not punitive". If a person has a big problem and it will not go away, then sooner or later we need to get punitive. I seek guidance on how I can oppose that dot point.

The CHAIR (Hon Fred Chaney): The position, Tony, is that I will not accept that as an amendment.

Dr MARSH: We suggest that it be "primarily rehabilitative, not punitive".

The CHAIR (Hon Fred Chaney): I do not know whether that will satisfy Anne.

Mr LOVETT: Through the Chair -

The CHAIR (Hon Fred Chaney): Sit down, please, Tony. This process is meant to speed things up and not distract us from the main issue. I will put to the vote whether the majority wish to include

an amendment that the group is happy to accept, but that a number of delegates have reservations about. I will take a show of hands. Those words will be included.

Amendment agreed to.

The CHAIR (Hon Fred Chaney): There is still a further amendment to recommendation 4.2, which is acceptable to the group. What is proposed is simply to insert in what was the third dot point, after the words “consideration of the impact of shifts/rostering structures”, the words “unrealistic deadlines and the general work culture”.

Mr HICKS: I would be keen to know what the motivation was for deleting dot point 2.

Mr LOVETT: It is because, in essence, in every award and in the Act there are specific meal breaks, so a meal break must be taken after four hours anyway. It is something that does not need to be there.

The CHAIR (Hon Fred Chaney): This is a trade unionist telling us that there is no need for additional regulation!

Mr LOVETT: Hang on a minute! I am saying we are being reasonable, that is all!

The CHAIR (Hon Fred Chaney): This is really arguing that the dot point is redundant, because of the provisions already in place.

Mr HICKS: The group accepts that.

The CHAIR (Hon Fred Chaney): Is the rest of the summit happy to accept that? That brings us to the meaty part of this -

Mr LOVETT: I have asked the group for its views on this, but instead of having the words “high risk industries” I just had “workplace” in general, because I do not want to look after the issue just in high risk industries but in every work place. It is up to the group, but I think that would be better wording.

The CHAIR (Hon Fred Chaney): Did you give notice of that, Mr Lovett?

Mr LOVETT: Yes, it is part of my amendment.

The CHAIR (Hon Fred Chaney): Is that acceptable to the group?

Mr HICKS: Would the addition of the wording “especially high risk industries”, to highlight the risk associated with particular industries, be acceptable?

Mr LOVETT: The wording could be “within the work place and especially high risk industries”.

The CHAIR (Hon Fred Chaney): It is consensually agreed between the mover and the group, and I will see if it is consensual with the summit in a moment, to reword the last dot point to read “within the workplace and especially in high risk industries”. The elegance of phrasing is not what we have to worry about. Is the meaning clear there? Is that acceptable to the summit?

I now suggest that we look at recommendation 5. There will be an opportunity for people to discuss the recommendation, but I ask Adrian Hinds to move his amendment, since that will focus the discussion on the matter of substance.

Mr HINDS: I move -

To delete the words “the possibility of alternative models of supervised injecting services”.

We are considering an unspecified type of injecting service at the moment. First of all, the words are probably redundant, and secondly, if we think we are giving the Government limited permission to do something, I would be reluctant to open the door, with an additional dot point, to the Government to do whatever else it wants. I ask the summit to remove that dot point.

The CHAIR (Hon Fred Chaney): Thank you. The amendment is seconded by Pamela Wilson. Does the seconder wish to speak at this stage?

Ms WILSON: No.

The CHAIR (Hon Fred Chaney): Is there a speaker against the amendment?

Ms MILLER: It has already been said that we do not have a Kings Cross in Western Australia and that we have a different community. It is possible that an alternative model to the one being demonstrated or trialed in Kings Cross at the moment would be more relevant to Western Australia. There may be a need for a diverse series of small facilities attached to health services. There are many alternative models to the one demonstrated in Kings Cross. It would give a bit more flexibility to how this could be done if it were to get up in the summit.

The CHAIR (Hon Fred Chaney): Is there a speaker in favour of the amendment? If there is not, I will ask -

Father BACZYNSKI: Can I speak on this point?

The CHAIR (Hon Fred Chaney): Yes, you may.

Father BACZYNSKI: I would like to set the scenario for a few of the people here who may be a little indecisive about which way to go on this one. The safe shooting house is a compassionate proposal. However, if we understand that between 60 and 80 per cent of people who are in jail - men and women - are there because of drug-related crime, we can ascertain that a reasonable percentage of those people, in the first instance, would do crime to get the money to obtain heroin. Are we aiding and abetting criminal activity? Dr Pat Cranley, who has had three decades of experience in Perth and who spoke at the summit, has spoken about many of the addicts that he deals with. These run into more than 3 000 or 4 000 people. I have spoken with quite a few of the members of the Crossroads community and I have asked them a simple question: after they score their heroin, how far are they inclined to travel before they inject the substance? Unanimously, the furthest the vast majority will go is about 50 yards. A lot of the gear is bought at a dealer's house and it is in the bathroom, kitchen or wherever that they hit the substance. Likewise, if it is bought on the street, at the train station or in a hotel, it is in the nearest set of toilets. It is unlikely that somebody who is totally dependent - and that is what an addict is - will put that little bag, points or whatever he has into his top pocket after he has scored from a good, reliable dealer and jump on the bus or walk to a facility. It is not the injecting room the addicts are hitting. They are hitting the smack, the heroin, which is dirty and which kills. To keep heroin users alive, there must be an alternative to this. Sooner or later, this factor is going to kick in and there will be deaths. No studies anywhere in the world have given concrete evidence that these help in any of the associated problems with heroin use. Please, reconsider.

The CHAIR (Hon Fred Chaney): Thank you, Father. That was more a speech on the resolution. I will allow one more speaker on the amendment, and then I will put the amendment and deal with it shortly. Rebecca Bogdanavich is in line for the call. Do you want to speak on the amendment or the motion generally?

Ms BOGDANAVICH: I would like to speak on the motion.

The CHAIR (Hon Fred Chaney): A member of the group wants to make a comment.

Mr DOUGLAS: I want to speak briefly about why we included that point. It is to highlight the fact that the drug scene in Perth is not similar to any other drug scene anywhere else in the world. There are no other Perths in the world that I am aware of with more than one million inhabitants. That is why we need research, to see results and to investigate other parts of the world. We must also consider that what applies to other places in the world may not apply to Perth. The word "alternative" was used to state explicitly that we do not want to import a model from any other part

of the world, plonk it down in the middle of Northbridge, or wherever, and believe that it will solve the problem in WA. That is the reason for including that word and why we urge its retention.

The CHAIR (Hon Fred Chaney): I invite other speakers on the amendment.

Mr HINDS: Until now the debate has focused on only one injecting room. I came to the summit believing it would be only one and my community believed it would be only one. A point was made that a great many of them could be scattered around various places in the metropolitan area, including health services and universities, to service the needs of the drug-injecting community. Will the various state hospitals be required to provide a facility for this? I know that the local Denmark Hospital did not want to hand out needles and syringes. However, it was told to do so or its funding would be cut. It was considering the safety of its two night-time nurses. The hospital has had some trouble, such as the outpatients' door being kicked in and demands for stuff to be put into syringes. Therefore, the community either has been misled or deceived about the scope of this proposal, which should be a matter of concern. I even more strongly recommend that the dot point be removed.

The CHAIR (Hon Fred Chaney): I call for a show of hands on the narrow point of whether the fourth dot point - that is, the possibility of alternative models of supervised injecting services - should remain in the motion. The summit will not therefore be voting on the full motion but on the amendment that it be removed. A yes vote means the summit is voting to remove that fourth dot point. Is that clear? All those in favour of removing the fourth dot point please show their hands. Those against. The motion is lost.

Amendment not agreed to.

The CHAIR (Hon Fred Chaney): A further motion suggests an amendment to recommendation 5. When the amendments are out of the way, there will be an opportunity for debate on the full motions. Tony Hamilton has moved an addition to the final dot point of recommendation 5, that after the words "local community opinion" the words "as ascertained by a local government referendum" be added. That is not acceptable to the group. I will allow a couple of speakers on that amendment, otherwise we will miss the debate on the main thrust of the motion. Would Tony like to move and speak to that amendment?

Mr HAMILTON: I move the amendment. An injecting room in the local community would be fine until we realised that it would be placed next door to our homes or businesses. It would be easy to have an incomplete consultative process to decide the location of such a facility and full - in capital letters - community consultation would be necessary.

Mr DREWETT: I am speaking against this amendment. Local government councils comprise elected members who are appointed to basically react to the issues that impact on that council's jurisdiction. On statewide issues such as the proposed soccer stadium, the potential exists for people external to the council to get their way by lobbying. The better the lobbyists, the better the result in their favour. The responsibility for the location of injecting rooms would be with nine people. In a community as small as the town of Vincent, the children and other relatives of those nine people could be targeted.

A decision like this is a government decision. The Government of Western Australia, which went to the polls recently on a platform, was given a mandate. It is up to this Government to make these decisions; it is not up to local government councils to bear that responsibility. This amendment should not be accepted.

The CHAIR (Hon Fred Chaney): As we have only 20 minutes for overall debate, I offer Tony the right of reply.

Mr HAMILTON: It is important that the location of such a facility be discussed widely in the community in which it is to be located. It would be very easy for it to be placed in a position that was inappropriate for people living and working in that community.

Amendment put and negatived.

The CHAIR (Hon Fred Chaney): I invite delegates to speak on recommendation 5.

Mr EGAN: As has been pointed out, our working group is very much divided on this issue. We have been told repeatedly throughout the summit that needle exchanges in Europe and in King Cross have been established solely - the gentleman from Switzerland stressed it several times - in response to open drug scenes. In one city park in Europe, up to 30 ambulances a day were called out to people who had overdosed. When local businesses got sick of the open drug scene and wanted the police to clean it up, action was taken to deal with that concentration of tolerated drug injection.

The Western Australian situation is different. However, this proposal will give the Government a possible mandate, if it chooses to read it that way, to place a series of injecting rooms throughout the State. Western Australia would be leapfrogging over the very contained situation in several European cities and in Kings Cross to have dispersed injecting rooms, managed with fewer controls and fewer clearly defined evaluations of trials because they would reflect a wider variety of situations.

We have looked at the needs of regional and rural Australia. This proposal could result in the Government creating injecting rooms at Denmark Hospital or similar places, which would create all sorts of trouble for people in those circumstances. I again stress that, as with some of the previous recommendations, it is still open to the Government to consider these things. We do not need to command it to do so. As it stands, the recommendation commends to the Government alternative models of supervised injecting services, which have not been discussed. They were not discussed in our group. Our group spent a total of eight minutes discussing supervised injecting facilities. They were not discussed by Ingrid van Beek, who talked only about the Kings Cross injecting room. They were not discussed by Martin Hosek, who talked only about the introduction of injecting facilities in Europe as a response to open drug scenes. This proposal would mean the summit commending to the Government a model that it has not discussed. No concrete discussion on the possible models has taken place, and it would be completely irresponsible of this summit to suggest that to the Government.

Mr MOYSES: None of my friends or family members is a heroin addict. I am simply a member of the community in that regard. However, I like to eat a kebab every now and again. Last year, I was in a kebab shop in Leederville, minding my own business and waiting for a kebab. A guy was leaning against the bench. I thought he was a bit drunk; I did not know the signs. He fell on the floor. Someone eating a kebab said, "He's dropped, you had better call an ambulance". No-one did anything. The person said again, "You'd better call an ambulance; he's going to die on your floor". No-one did anything. The person stopped eating his kebab and picked the guy off the floor. I went over and helped him. A group of strangers - who knew nothing about this person - walked the guy around, slapped him about the face, yelled at him and told him to wake up. The owner of the kebab shop eventually called an ambulance. While we were waiting for the ambulance to come, the owner started abusing us and told us to get the person out of his shop because it was bad for business. We took him out onto the footpath, and the owner came out and again abused us; yet, we were helping him, and preventing someone from dying on his floor. The ambulance finally came and took the guy away.

As a member of the public, I should not have to help someone and stop him from dying. I knew this person had a problem, but I did not know what it was or why he had a heroin habit. If that person had been able to go to a safe place to have his injection and remain until people were sure he was not going to drop, I would not have had anything do with it. This might not be Kings Cross,

but drugs are on our streets. Only a small number of people might be involved, but we must respond to the needs of those people so that the common person is not expected to try to save someone's life.

Ms ADAMS: This recommendation worries me. As delegates, we cannot instruct the Government to consider the issue. I agree with what Richard Egan said, and I will continue with that. Our health services are suffering in both metropolitan and rural areas - I know the minister is here. I do not know where the funding for the injection rooms will come from, but the health services do not want the added responsibility of whatever alternative model supervised injecting service is chosen. We cannot cope with what we have. Our teaching hospital accident and emergency areas are already under stress. I do not know how they could cope with a facility set up alongside them to help these people.

My son is a participant in the national rural leadership program. He and his colleagues spent a week in Kings Cross three weeks ago asking addicts on my behalf whether they would use injecting rooms. They said they would if they felt like it, otherwise they would do it wherever they wanted to. Our rural communities are spread far and wide. Is it worth putting money into this area when many other health issues should be addressed?

Ms BOGDANAVICH: I am 18 years old and every morning I read the newspaper death notices to see whether anyone I know has died. I would prefer these people to have a safe place to inject rather than have them go into an alley, overdose and die. I would rather they had a safe place with someone to help them if they overdose.

Ms McCUDDEN: I refer to recommendation No 2 and the provision of Naloxone to be administered by peers and significant others. I have a few problems with this recommendation. The most important aspect of saving a person from overdose is that they not be alone. The next most important aspect is maintaining the victim's breathing. That can be done for many hours using mouth-to-mouth resuscitation. The pocket mask is an excellent piece of equipment to make that task easier.

I am concerned about providing Naloxone to the general public because crimes have already been committed involving drugs being administered, some form of assault being committed and then the victim being revived with Naloxone. If a person believes he can administer Naloxone after committing a crime against someone else, he will feel more comfortable overdosing a victim with a view to committing rape or some other personal crime.

The general population will have a false sense of security if Naloxone can be administered in an overdose situation. The most important aspect of saving someone from overdose is maintaining breathing. Naloxone will not work if the heart is not beating.

I am concerned that this proposal will detract from the other good aspects of recommendation 2, particularly education about life-support techniques. If we have education programs, more people will know what to do when they see someone overdosing. I am very concerned about the ability of someone to commit a crime feeling comfortable that he can reverse the effects of the overdose he has administered.

The CHAIR (Hon Fred Chaney): We now have five minutes for the working group to address issues relating to their recommendations.

Mr WOODRUFF: I will respond to the questions around the provision of naloxone. I should pre-empt this by saying that my prime job is to teach mouth-to-mouth resuscitation to drug users at risk of overdose. I could not agree with you more that that is important, as well as calling an ambulance immediately. They are the two most important things people can do. There is also the question: will naloxone help the situation? I have revived a couple of people who have overdosed. The first time I had not done my CPR training and I panicked. I knew all the things I should do, but I could not remember. What I could remember was how to load up a mini-inject of naloxone, so I was able

to keep the person alive until the ambulance and medical authorities arrived. For that reason we are only suggesting it as a trial in conjunction with resuscitation training, the importance of calling an ambulance, and overdose prevention measures.

In answer to the other point you raised, it is a valid question as to whether drug users exhibit irrational behaviour: will someone use more because there is the possibility of having naloxone on hand?. Overdosing is not fun; people do not want to do it. Not to want to overdose is not fun, but ultimately that is why we are calling for a trial, because we have to find out whether this will save lives. Ultimately, we are calling for a restricted trial, put it into some people's hands with correct training and evaluate the process afterwards.

Dr MARSH: The next two speakers are speaking as individuals, not group representatives.

Mr TAN: Obviously there was a lot of polarisation over the heroin injecting rooms. I would point out that, from the Kings Cross study, there were about 800 registered users, and over a three-month trial there were about 3 300 uses, which turns out to be just under four uses per person. I also point out that in relation to the touching kebab story, this would only be useful if someone put a heroin injecting facility near the kebab store. The Government may or may not want to do that.

Ms STOCKWELL: I draw your attention to the third dot point of our recommendation, which says that we consider this in the light of the different demographics and patterns of injecting drug use in Western Australia. We do not know enough about the how, when, where, consequences and impacts of public injecting use in order to make a decision about whether or not the Kings Cross model or some other model or approach will save lives and get rid of public dealing, public injecting, public overdosing and corpses at your backdoor. We ask that you give consideration to having an open mind on this matter. You will need to consider how people inject and what will be the most appropriate response for particular areas. What might work in metropolitan Perth may not necessarily be appropriate for rural Western Australia; what will be appropriate for inner city Perth will not necessarily be appropriate for the outer metropolitan areas. Whether or not there is an imposition on health services, I cannot tell you, because we do not have the information.

Speech Continues...

We do not know what will work and what will suit, and we need to know more. It is important that you keep an open mind on this, so that we can make the best possible decision, which will not only protect our communities from the very unsavoury, unhappy situations that they see from time to time, but also keep people alive. We ask that you keep an open mind.

The CHAIR (Hon Fred Chaney): Time has expired, and the guillotine has fallen. I ask for the distribution of voting papers.

I have a plaintive note "Don't forget the evaluations." Runners will collect completed forms. There is a box at the reception on the ground floor, or you can post them to the Community Drug Summit office. We hope we will get the benefit of your views on this.

We indicated that Jade would scrutineer and she has, but she would like to be present for the next half an hour. I take it that you agree. The ballot papers are being preserved and the counting is being done by the clerks who are also collecting them.

A number of matters need to be dealt with while the last count is being conducted. Before the Premier speaks to you in a few minutes I want to say a number of things on behalf of my co-chairs and I. On behalf of you all I thank the Speaker, Hon Fred Riebeling, for the use of the Chamber. I know that a few people on my right and left rather wish we had been in a more comfortable venue, but the symbolism of opening this Chamber to representatives of the community and allowing us to conduct this deliberation here is considerable. Since this is a new event and, as I understand it, a unique event in Western Australia, we should express our thanks to Fred Riebeling and all members of Parliament who have the custody of this place.

Because this summit is unusual, it has meant a huge effort on the part of some parliamentary staff. The parliamentary staff are the high priests of this place; they preserve institutional values of this place. To have a bunch of strangers like us come in and take over and use the facilities in this way has meant a great deal of work for them. I particularly acknowledge Ken Craig, the administrative person who has been so unfailingly pleasant, polite and helpful, and Enno Schijf, the catering manager. Can we thank all the staff? [Applause.]

I especially thank the chairs of the working groups. The groups seemed a mob of unruly horses, and being their chairs cannot have been an easy task, given the diversity of views. The wonderful symbolism of the last group embracing - a highly unlikely embrace I thought - is a reminder of the importance and effectiveness of their leadership. They did a great deal of work after hours. We kept them back for a very long time. We were anxiously trying to work out what would work at this summit. They made a huge contribution in that way.

The facilitators must be acknowledged. Many are sitting in the public gallery. They also played a significant role in enabling people of very disparate backgrounds and views to work so effectively together this week. I thank the facilitators.

I now turn to the delegates with a sense of real emotion. Earlier this week Nathan asked, "What is this business about civil community?" Someone else used the expression "social capital" during the week. It may be that some delegates are still puzzled about what a civil community is and what social capital is. This has been a working example of a civic community. My model comes from a French criminologist called Touqueville, who visited America in 1830. He said that what makes America work is that when there is a problem, the citizens come together and form a committee and they fix it. We sometimes worry that in Australia we are losing that capacity as a mixed community to work together. The disparate group of people who have this week come together, worked together and argued different viewpoints with a view to trying to find a way forward is an absolute example of why we seek a civil community. That is the way a civic community works. I thank you all for what you have brought to this summit.

For those of you who brought personal experience, you moved many people to tears, including me. The fact that you were prepared to bring your deeply personal experiences before this gathering in a way in which you were completely exposed to the media and therefore to the whole of Western Australia was a wonderful thing. I thank all delegates, but I especially thank those who brought their personal experience here.

I thank you all for the way that you have with such good spirit responded to any difficulties during the week, for the way you have offered cooperation to those of us who have tried to chair this meeting so that it worked for you, for your preparedness to forgive mistakes and for the whole spirit of the week. I want to report that one delegate has come to me and said, "I want to speak because I want to say to the Government that this group should be brought back together in a couple of years to really re-examine these issues and what has happened." I have passed that on to the Government. That is why the evaluation forms are important. It really matters that the Government gets a good fix on whether this is a positive way to improve policy making in modern, democratic Western Australia.

I thank all delegates. I thank the volunteers - the runners - who did so much work this week. They were the fresh faced ones who seemed very serious. Thanks go to the speakers who shared their experiences and the scientific advisers, David Hawks and Richard Mattick, who did such a very good and objective job.

I want to mention the media. I have been in public life for a very long time and I am now, thank God, a private citizen. I have never seen a more comprehensive attempt to cover an issue than we have seen in Western Australia over these recent months. We should thank the media for its very responsible coverage.

I thank the office staff of the Community Drug Summit, especially Gary Casey, Robyn Shaw, Jean Entwistle and Rochelle Coleman. They have been at the coalface with the chairs and the delegates. Dr Denzil McCotter and the wonderful team have laboured to give the summit a chance to start with common information and a base from which to move forward. Let us thank them all.

Hon David MALCOLM: I would like the participants of the summit to congratulate and thank Hon Fred Chaney, Prof Elizabeth Harman and Jade for their efforts in presiding over and guiding the procedures of the summit to such a significant and fruitful set of conclusions. As far as I am concerned, this has been an enormous experience and one of learning and exchanging information on what has been one of the most significant community challenges to face our State for a very long time. I have valued greatly the opportunity to meet, talk, listen and hear the contributions of all present. Above all, I ask delegates to support the motion I have put in respect of our three co-chairs at this summit.

The CHAIR (Hon Fred Chaney): Thank you very much. A photograph is to be taken in the Chamber after the Premier has spoken. It will be taken from above. We would like everybody to be in the photograph. We started the week, as indeed the State Government started the parliamentary year, with an acknowledgment of the Nyoongar people. We started with a welcome from them. They would like to end the week on a note of thanks. I invite them to join us now.

[Didgeridoo played.]

**TAYLOR, MR BEN,
Nyoongar Elder.**

Mr TAYLOR: I speak of the Aboriginal land and the Aboriginal people to you, the people here under the sacred land. We know the struggle that has been happening and the struggles of the last week over the evils that have possessed not just our people, but all walks of life of young people to you that are gathered here today that we can come to a solution and make a way that we can communicate with our people. With these young people, we need to show them a road that will lead them out of this misery. I know that as an elder, and with my people here tonight, the Nyoongar people, we will also support you to work towards a better community. As I say the final words: my father God and mother earth, we have come here to talk, later we will walk together. Thank you.

**WALLY, DR RICHARD,
Visual and Performing Artist.**

Dr WALLEY: We would also like to take this opportunity to thank our representatives for being at this summit. It is a tough job to work within the Aboriginal community, particularly the Nyoongar community. Uncle Ben and I would like to thank the members of the Nyoongar community for speaking on behalf of all Nyoongars. We thank all delegates for listening to the views of our representatives and for taking their views into consideration for your recommendations.

We also thank the summit for inviting us to close this gathering and to give delegates our blessing so that they can go back and get something out of it. You are not the first people to come here for an argument or a debate; we have been doing it for thousands of years and we have survived.

People think that Aboriginal groups are homogenous and get on well together but we are also very volatile and clash more than anyone else; that is part of our culture that has survived for a number of years. We thank the delegates for recognising us in this country. We will finish by singing a

Nyoongar song. The didgeridoo was introduced to us; it is not part of our country. Our songs are part of the country and the Nyoongar language is very strong. Many things were introduced into this country and, as delegates know, some were good and others were destructive. If we could decide which were good and which were destructive, we could all be happy.

[Nyoongar song.]

The CHAIR (Hon Fred Chaney): Before calling on the Premier, I ask delegates whether the last count from the last group is available. Is anyone in a position of authority to advise me? I invite the Premier to address the summit.

Dr GALLOP (Premier): To the summit's co-chairs, Hon Fred Chaney, Professor Liz Harman and Jade McSherry, and to all of the delegates to this very important event in Western Australia, the summit has been an historic occasion. As I stand here, I see before me a unique set of people. One hundred representatives from our community have come together with a diverse range of views, but with one thing in common: a passionate belief that our community must find solutions to this drug problem. As I have watched events unfold this week, I have seen a transformation in the Parliament of Western Australia. I admit to delegates that I am deeply grateful for that, and I am also humbled by the experience we have seen in this Parliament this week. Delegates have shown a willingness to come together with their different points of view and their different experiences to search for consensus and solutions to deal with drug abuse in our community. I applaud all delegates for the honesty and candour with which they have conducted themselves in our Parliament. I applaud their willingness to listen and their consideration of each other in the course of the debate. Most importantly, I applaud the compassion that they have shown towards the victims of drug abuse and their families.

Ladies and gentlemen, I have spent a lot of my working life in this Chamber in this Parliament. It is clear that the adversarial system of politics and the media that feeds off the conflicts of politics is not always conducive to intelligent and balanced discussion. When we looked at this issue, we felt that we needed a new type of forum, a new type of discussion, so that a new agenda could be found for the way we deal with these issues. That is why we were determined to have this Community Drug Summit. This week the summit has shown us that this type of forum, this type of discussion, in the atmosphere in which it has been conducted is very useful from the point of view of the way we consider matters in our State. It is different and it has been new, and I think it has been very important. It should become part and parcel of the way we conduct politics in our society. It is exactly the type of discussion that is so desperately needed to deal with the issue of illicit drugs - a most complex and vexing and a deeply grievous problem in our community today.

Too often, people who are confronted with this issue and who put forward an alternative approach are immediately put on the defensive with the simplistic accusation, "You are soft on drugs; end of debate." However, this problem is too big, too vexatious, too divisive and too expensive in social and economic terms to ignore and hope it will simply go away. The summit's work this week has demonstrated that we need long-term workable solutions to the problem in our community. This State has the second highest use of any illicit substances in Australia. For example, about 21 000 adults have used heroin in the past year, including some 8 000 people who are heroin dependent. Last year there were 89 heroin-related deaths - a rise of 25 per cent since 1995. These are real people. We can ill afford to lose them from our community. Also, we need to broaden the discussion to note that the evidence that has been produced shows that it is costing us \$1 billion every year.

More than anything else, this Drug Summit has shown that we can talk about the statistics - they are there for all of us to see - but, really, it is an individual issue; it is a family issue. There are flesh and blood people concerned - someone's child, someone's partner, a member of the family, a member of your community. We must keep coming back to that human reality that faces us in Western Australia today. Everyone is affected, either directly through family or friends, or

indirectly through the consequences that flow in our society through, for example, the connection that exists between crime and illicit drugs in Western Australia today. It is our shared problem. It is a community problem, and we need to come up with shared solutions to the illicit drug problem. We are very proud of our State of Western Australia and of the fact that we have developed a common approach to many issues in our community. This is one in which the challenge has been put before us, and we need to take it up.

This takes me back to the Parliament. The Parliament, of course, as it is normally constituted, has the political parties, the individual members and the two Houses - both the Legislative Assembly and the Legislative Council. I note - I think with a very serious response - that the summit has presented a real challenge to the legislators of Western Australia. That is part of the dynamic of this form of politics. We do not normally have assemblies of this kind. Our Parliament is not normally used in this way, with members of the community coming together seeking to solve a particular problem. However, as a result, the challenge now goes to the Parliament.

This summit has demonstrated a determination to find real answers to these problems in an atmosphere of constructive debate. Our Parliament will need to adopt a similar approach if it is to come to grips with the issues the summit has been addressing. Indeed, the summit has agreed to some recommendations that are controversial and very easy to politicise. Therefore, the Parliament will have to respond in the spirit that the Drug Summit responded to these issues. On behalf of the Government, I say that what the summit has provided will receive the most serious attention by the Government. It is a serious issue, and we think it needs to be addressed above the normal political conflict that occurs. You have shown us the wisdom; we now need the courage to respond.

Let me now move to some of the operational issues. The Community Drug Summit Office will give the Government the report by mid-September, and the Government intends to respond by 18 October. That is the Government's challenge, and it intends to deliver on that challenge. However, like the summit Chairman, Hon Fred Chaney, I will also say a couple of things, firstly to the media. I believe that the media should be commended for the way they have covered this event. They have performed a great service to the community by being constructive, fair and comprehensive in their coverage. It is clear from the conference that education is part of the solution in terms of early intervention and educating the wider community. The media have been willing to take up that challenge and address it on behalf of the people of Western Australia.

Like all the delegates here today, I would also like to thank the co-Chairs who have been involved in guiding the processes that are the Drug Summit. I thank Hon Fred Chaney, Professor Liz Harman, Jade McSherry and all those who have been involved in this organisation and operation. It is a historic event, and without wisdom in the chair, often the true value of an event like this cannot be realised. The experience that has been shown in the chair has been wonderful. On behalf of the Government, I thank the co-Chairs for the work they have done.

Could I also say that Liz and Jade asked me to convey their gratitude to Fred Chaney for his leadership. I understand that all three have come together as a team, but there was a special request to me, Fred, to thank you very much for your special guidance to make this a successful event. Thank you very much.

Ladies and gentlemen, you can be very proud of what you have done at this summit this week. You have been a part of our history. I know that all Western Australians will want me to thank you for the contribution that you have made to one of the most important challenges that faces this community today. We look forward to giving serious attention to the recommendations that you have put forward.

The CHAIR (Hon Fred Chaney): The last count is now available. The vote was recommendation 1 - 90 yes, nine no; recommendation 2 - 75 yes, 24 no; recommendation 3 - 91 yes, eight no; recommendation 4 - 92 yes, seven no; and recommendation 5 - 63 yes, 35 no, and 1 abstention. That concludes the formal deliberations of the summit. I acknowledge my co-chairs and their

generosity of spirit at every moment during the week. I say on behalf of all of us that we have found it a privilege to work with you, and we thank you for the way that you have dealt with us during this week.

Summit concluded at 5.13 pm