

## LEGISLATIVE COUNCIL

17 October 2007

### SUMMARY OFFENCES (DRUG PARAPHERNALIA) AMENDMENT BILL

**The Hon. A. BRESSINGTON** (16:03): Obtained leave and introduced a bill for an act to amend the Summary Offences Act 1953; and to make related amendments to the Controlled Substances Act 1984. Read a first time.

**The Hon. A. BRESSINGTON** (16:05): I move

This bill is part of the bill that dropped off the Notice Paper after the proroguing of parliament. I actually allowed the bill to lapse, because the Attorney-General offered to assist with the drafting of a bill relating to drug paraphernalia and the sale of such equipment. In return, I offered to discontinue a bill relating to hydroponics, because the government already has that on the go. The Attorney-General kindly allowed me to use his parliamentary counsel to draft this bill. It is a very simple bill, and most of the comments that I would make are available in the Hansard from last year when I first introduced this legislation. I extend my thanks to the Attorney-General for his assistance, and also for showing a little bit of courage, if you like, because he is also the Minister for Multicultural Affairs. There was bit of humbug about hookahs and other devices that could be used for smoking tobacco. I was quite happy for this bill to just include pipes, bongs, cocaine kits and drugs that are known to be used for illicit substances, but the Attorney-General has taken it a step further. I commend him and his staff for their assistance to me.

This bill is really about banning drug using paraphernalia and, hopefully, limiting the stock carried by some of these shops around town, such as tobacconists and, of course, the two shops in Hindley Street that are less than 50 metres from the police station. The reason shops have been able to sell this equipment has been identified by a leading police officer as a legislative glitch, so I have worked to close that glitch by now defining utensils that are used to consume illicit drugs. The police do not now have to prove that they are being bought for that purpose, which is why these shops could continue in their trade.

I also make the point that, in this place, we have debated and passed legislation about the point of sale for tobacco products. We have heard quite legitimate arguments for that and for restricting particular shops or shopfronts displaying tobacco products, because the organisation, ASH, has said that the point of sale is influential in assisting our teenagers to decide what brand of cigarettes they buy and whether they will actually buy cigarettes at all. My argument the last time this bill was introduced was in fact that if that applies to tobacco products then surely commonsense will tell us that it should also apply to shops that have these ornate utensils on display in their windows, in glass cabinets and whatever else.

In my last speech I mentioned some research that I undertook myself. A young person who looked about 12 went into the shop Off Ya Tree, walked around and made inquiries about purchasing a bong. This young person was given a very in-depth demonstration of how it would be used, how to pull it apart, how to put it back

together again, what illicit substances could be used with this particular utensil, and at no time was she asked to produce any sort of identification to prove that she was over 18. The guy behind the counter was very obliging indeed to make sure that, if she was going to purchase this object, she would know exactly how to use it.

I also note that the Hon. Sandra Kanck mentioned in her response to this bill that pipes and bongs are harm minimisation equipment. No matter how we look at that statement, it is drawing a pretty long bow to call utensils that are used to consume illicit drugs harm minimisation utensils. Perhaps it is statements and logic like that that have got so many people up in arms about our harm minimisation policy. I have talked on many occasions about the harm minimisation policy being implemented in the way it was intended. I have pulled out transcripts from Hansard from this parliament in 1984 that outlined that the intention of the Controlled Substances Act was actually to get drug users into rehabilitation, get them well and take every initiative we could to limit the sale and uptake of illicit drugs. It is all there in Hansard to read from the introduction of the Controlled Substances Act, yet we have people in this place who argue now that utensils that can be used to consume illicit drugs are part of that initiative. I find that very hard to believe.

I would also stress that the research and medical evidence is actually now starting to show that smoking marijuana through water pipes or bongs or whatever we want to call them is causing the early onset of emphysema in very young people. In fact, it is occurring some 20 years earlier among those who are smoking cannabis but particularly when they are using water pipes. I will quote one piece of research where Adam Cresswell, a health editor of *The Australian*, stated that Australian researchers have found that cannabis smokers risked developing emphysema 20 years before it tends to strike tobacco smokers. Experts say the findings suggest that the potentially serious lung condition could be more widespread in cannabis smokers than first thought.

I make the point that I have tried to research and put in FOIs about how many cannabis smokers alone have contracted emphysema, and in fact we do not collect those statistics, because they do not stand in favour of the harm minimisation argument that tobacco and alcohol are the most dangerous drugs. Nobody would argue that tobacco and alcohol are harmful, but it is a fact that the harms of alcohol and tobacco are far more recorded and that far more data is collected about alcohol and tobacco than there is about cannabis and other illicit drugs. It is not that the research is lacking: it is because this is exactly the road that the Netherlands went down to justify the continuation of its disgraceful drug policy.

That comes from professionals in the Netherlands, such as Dr Franz Koopsman for a start, who says they made a terrible mistake. He also outlined to me that the reason they were allowed to persist with this for so long was that they made a conscious effort to collect the minimum amount of data that could actually prove beyond a doubt that the harm minimisation policy was failing badly in the Netherlands. Now, of course, in the Netherlands they are trying to wind back their drug policy and they are looking a bit silly, because they are now collecting those statistics and it is backfiring on them badly. We also see a tendency in the Netherlands to start to wind back on the infamous coffee shops they have, because now in the Netherlands they are starting to realise the health and mental health effects of the very drug that comes from that

country and floods the streets of Australia, namely, Nederwiet or mad weed. I will add just a thought on that. There are many in this chamber who say, 'Let's look to the Netherlands for its drug policy.' Well, even the Netherlands is not looking to the Netherlands any more.

The high temperature of cannabis smoke in different inhalation behaviour may explain the greater risk posed to cannabis smokers. An article quoting Mathew Naughton, the head of General Respiratory and Sleep Medicine at Alfred Hospital, states:

'...the research began after a 40 year old patient came in with a severe chest infection and was found to have large cysts, or holes, throughout the lungs. The patient was a heavy cannabis user, who smoked through a water pipe. The pattern we are seeing with marijuana smoking was different to that seen in tobacco smoking,' Mr Naughton said. 'A tobacco smoker generally has smaller holes in the top of the lungs. What we are seeing (in marijuana smokers) was larger holes in the top and mid part of the chest. Dr Naughton concurred that emphysema was occurring 20 years earlier and is more advanced. Factors accelerating the emphysema include the 'incredible hot' smoke from cannabis, particularly when smoked through waterpipes, compared with the smoke from filtered cigarettes,' he said. Cannabis smokers also tended to inhale more deeply and hold the smoke for longer, and marijuana may also contain other chemicals that worsened the lung damage.

Our very own Dr Robert Ali, then head of Policy and Research for the South Australian Drug and Alcohol Services Council, said on ABC Radio National on 28 November 1999:

There is now good data to show that cannabis in isolation can cause problems with paranoid thoughts. .. It can also cause depression and neuroses like anxiety. The respiratory problems are underestimated by people. There is data now to show that it is a precursor to chronic obstructive airways disease. Most people who smoke cannabis don't think in terms of disease that can occur in 20 years, but the respiratory burdens are there. And there's also animal data to show that it's potentially a cancerous causing substance, so the risk of tumours of the lung and also of the oropharynx or the upper airways is a potential. We can anticipate future health problems amongst cannabis users on the basis of new knowledge.

We cannot—and we would not—dismiss evidence by the eminent Dr Robert Ali. I would be very surprised if Sandra Kanck could refute his findings, given that Dr Ali and Dr Alex Wodak often share research projects—and I know just how fond the Hon. Mark Parnell and the Hon. Sandra Kanck are of research done by Dr Alex Wodak and, of course, people associated with him.

We must take into consideration now that we have been led down the wrong path. We now have enough science and enough evidence to show that cannabis is not the benign soft drug we thought it was. As responsible legislators, we need to be able to move with the times, and we need to be able to adjust what our opinions or policy positions should be, given new science and new medications. If we are not able to do that, I question our right to sit in this place—and I am talking not just about the drug issue but also about any issue. Way too much personal opinion comes into this drug

debate, I believe that, as legislators, personal opinion has no place in this chamber; we must rely on the science and the evidence in order to make sure that our legislative and social policies fit the situation of the day.

I also want to talk briefly about the cocaine kits—and ice pipes are included in this bill. I am well aware that the argument will be that anyone can go out and buy a mirror, a razor blade and a plastic straw and still snort cocaine and that there is absolutely nothing we can do about that situation. However, we do not have to glamorise or glorify the use of cocaine with these kits, which are now available in all of these shops. In one particular shop, this kit was on display in a very appealing glass cabinet. As I said when I last spoke on this bill, white power was sprinkled in a line across the mirror, with the razor blade sitting there all nicely in position, and the stainless steel straw sitting across it. Tell me that that is not point of sale. Tell me that that is not advertising and glorifying drug use.

Quite frankly, if you can prove it to me, I will eat my hat. We need to get real on what we are doing about tobacco, and we need to apply that exact same strategy to illicit drugs. The Hon. Gail Gago made the point that we have seen a 20 per cent drop in the uptake of tobacco. We cannot argue that governments all around this country are taking a hard line as far as tobacco and tobacco use is concerned. If the legislation and the restrictions that are being placed on smokers are responsible for that 20 per cent drop, it is not only illogical but it is incredible that we could not believe we could translate that particular approach and those particular policies to illicit drugs and have some sort of reasonable impact on the uptake of those drugs.

We are also seeing that our children are indulging, if you like, at a younger age. I remember 11 years ago, when I became involved in all of this, that the national average for the uptake of illicit drugs by our children was about 15 years old. We now know—and there is enough evidence and research to show—that the national average has actually dropped to 12 years old. So, it is not getting better; it is getting worse. As I have said, as responsible legislators we must move with the times, and we must adjust the social policies, the legislation and the beliefs we had in 1984, when the Controlled Substance Act was implemented, and we must move with the times for the safety and wellbeing of our children, the parents of those children, and families in general. I believe that there is an indication that the only parties in this house who will oppose this bill, based on what happened on the last occasion, will be the Democrats and the Greens, and I lament that that is the case and will grieve for them when it is known in the public arena that they opposed this legislation, which has been needed for a very long time. I commend this bill to the council and look forward to the coming debate. I hope that we can progress this bill reasonably quickly, bearing in mind, as I have said, that it has been presented previously, there have been discussions and the resistance to the measure is minimal.

Debate adjourned on motion of the Hon. J. Gazzola.