LEGAL AFFAIRS AND SAFETY COMMITTEE

Members present:
Mr PS Russo MP—Chair
Mrs LJ Gerber MP
Ms SL Bolton MP (videoconference)
Ms JM Bush MP
Mr JE Hunt MP (videoconference)
Mr JM Krause MP

Staff present:
Mrs K O'Sullivan—Committee Secretary
Ms K Longworth—Assistant Committee Secretary

PUBLIC HEARING—INQUIRY INTO THE POLICE POWERS AND RESPONSIBILITIES AND OTHER LEGISLATION AMENDMENT BILL 2023

TRANSCRIPT OF PROCEEDINGS

Monday, 20 March 2023

Brisbane

MONDAY, 20 MARCH 2023

The committee met at 10.02 am.

CHAIR: Good morning. I declare open this public hearing for the committee's inquiry into the Police Powers and Responsibilities and Other Legislation Amendment Bill 2023. My name is Peter Russo, member for Toohey and chair of the committee. I would like to respectfully acknowledge the traditional custodians of the land on which we meet today and pay our respects to elders past and present. We are very fortunate to live in a country with two of the oldest continuing cultures in Aboriginal and Torres Strait Islander peoples, whose lands, winds and waters we all share. With me here today are Laura Gerber, member for Currumbin and deputy chair; Jonty Bush, member for Cooper; and Jon Krause, member for Scenic Rim. Jason Hunt, member for Caloundra, and Sandy Bolton, member for Noosa, are both attending via videoconference. Jon is temporarily on the phone, making his way here.

The hearing is a proceeding of the Queensland parliament and is subject to the parliament's standing rules and orders. Only the committee and invited witnesses may participate in the proceeding. Witnesses are not required to give evidence under oath or affirmation, but I remind witnesses that intentionally misleading the committee is a serious offence. I also remind members of the public that they may be excluded from the hearing at the discretion of the committee. The proceedings are being recorded and broadcast live on the parliament's website. Media may be present and are subject to the committee's media rules and my direction at all times. You may be filmed or photographed during the proceedings, and images may also appear on the parliament's website or social media pages. I ask everyone to kindly turn their mobile phones off or to silent, please.

CALLANAN, Ms Bree, Senior Lawyer, Queensland Human Rights Commission

CORKHILL, Ms Heather, Senior Policy Officer, Queensland Human Rights Commission

CHAIR: I now welcome representatives from the Queensland Human Rights Commission. Good morning and thank you for being here. I invite you to make an opening statement of up to five minutes, after which the committee members will have some questions for you.

Ms Callanan: I would like to begin by acknowledging the traditional custodians of the land on which we meet today and pay my respects to elders past, present and emerging. The Queensland Human Rights Commission is supportive of this bill's focus of a health-based response for minor drug offences. The government should be commended for taking an evidence-based approach to addressing personal drug use that is in line with recommendations made by the Women's Safety and Justice Taskforce, the Queensland Productivity Commission and the Queensland Mental Health Commission.

The research is clear: a punitive, tough-on-crime attitude is not effective at addressing personal drug addiction and possession. The need to view drug addiction as a health issue, rather than a criminal justice issue, is being increasingly acknowledged in Australia and internationally. International human rights law emphasises a harm-reduction approach to personal drug use and possession, noting that criminalisation leads to negative consequences for the health, security and human rights of individuals and communities. As recently at 1 March 2023, the United Nations Deputy High Commissioner for Human Rights noted that harsh and punitive drug control measures create stigma and exacerbate discrimination.

Queensland is currently one of only two states in Australia that do not allow police diversion for drugs other than cannabis; therefore, if police locate a small amount of any other drug they have no choice but to commence court proceedings. That contact with the criminal justice system through the court can have a significant impact on a person's life, such as potential loss of employment, barriers to education and limitations placed on travel, and can lead to further isolation and stigmatisation of a person. Expanding the scope of the police drug diversion program could prevent people becoming entrenched in the criminal justice system and may alleviate pressure on the courts and police and allow for a more timely and efficient administration of justice.

Whilst the commission broadly supports the expansion of the police drug diversion program, we do recommend that the new section 378A be worded to make it clear that the presumption is that an eligible person be warned or diverted unless there is evidence of commerciality. The commission also

holds concerns on how this provision will apply to children. Our concerns echo those of many of the submitters to the committee that, whilst this is not likely the intention, the provision as it is currently drafted could see criminal proceedings commenced against a child for an offence for which an adult may receive a diversion. This would breach a fundamental principle that children in the justice system should not be treated more harshly than adults as it is at odds with the youth justice principles and a child's entitlement to protection under the Human Rights Act that it is in their best interests and to be treated without discrimination. To avoid what is presumably an unintended consequence, the commission recommends that section 379A(3) be amended to state that an eligible child must receive a drug diversion warning or diversion unless another diversionary option is taken under the Youth Justice Act. This will ensure children are not at a disadvantage whilst allowing police to administer other diversionary options if they consider this to be more suitable.

Lastly, while the commission agrees that trafficking is a significant and serious offence which calls for a significant maximum penalty to reflect this, we do hold concerns that increasing the maximum penalty for the offence of trafficking from 25 years to life will not achieve the intended purpose of deterrence. To be compatible with the Human Rights Act, limitations on rights need to be proportionate to what that limitation is trying to achieve. A key part of this consideration is whether the limitation of rights will achieve its intended purpose. Increasing the maximum penalty for a charge of trafficking from 25 years to life is a significant limitation on the right to liberty. The statement of compatibility does not adequately address how the purpose of deterring would-be traffickers will be achieved by an increased penalty.

Overall, the commission supports the harm-reduction, health-based approach taken to personal drug use and possession in this bill which is evidence-based and in line with international human rights approaches. However, legislation and law reform can only achieve so much in this area. While the expansion of the police diversion program is a good first step, the government should also invest in accessible, affordable and quality drug rehabilitation to complement the harm-reduction approach, protect the right to health and ensure that people struggling with drug addiction are able to access treatment. We thank the committee for the opportunity to appear today and are happy to take any questions.

Mrs GERBER: Thank you for your written submission and your oral submission today. I want to talk about the consultation process. The explanatory notes say that there has been no external consultation on this prior to the bill. Has the Human Rights Commission had any input in relation to this prior to this bill? Has there been any consultation with you?

Ms Callanan: As far as I am aware, there has not been prior to this bill. However, in expanding the police drug diversion program, what seems to be an ongoing process, there have been many recommendations from many different committees to take this approach. Whilst we have not been consulted on it previously, the approach taken by this bill, on my understanding, is based on solid evidence.

Mrs GERBER: But the nature of what is contained in the bill has not been consulted on previously—that is, the scope and the range of drugs that it has been expanded to? I note that some of those papers do not necessarily talk about heroin and methamphetamine as being included in diversion programs. Some do; some do not. That is the crux of what I am asking.

Ms Callanan: As far as I am aware, we have not been consulted previously on that point.

Ms BOLTON: Good morning, everyone. In your opening statement you mentioned discrimination with children. Could you expand on that as to what types of discrimination could be encountered and from what areas?

Ms Callanan: In our opening statement we were discussing that, in the way the bill is currently drafted, if a child is spoken to by police for what would be categorised as a minor drug offence, there is a possibility that the child could be charged and taken to court. Whilst there are diversionary options, the way it is currently drafted leaves that possibility open. We are recommending that it be drafted in the same way as the provision that applies to adults so that an eligible child must be offered the drug warning or initial diversion or subsequent diversion, unless another diversionary option is taken under the Youth Justice Act. This will prevent children being treated potentially less favourably than adults.

Ms BUSH: I am not sure if you have seen the response from QPS on this, but their response essentially is that to lock them into that wording would constrain them under section 11 of the Youth Justice Act in referring them to the range of other diversionary programs. I am interested in your response to that.

Ms Callanan: I understand that, as it is currently worded, we are recommending that the provision be amended to say that they must be offered it unless there is another diversion or a less restrictive option taken under the Youth Justice Act such as taking no action, a caution or restorative action process.

Ms BUSH: That was the wording that you included in your submission?

Ms Corkhill: Yes, paragraph 29 of our submission.

Ms BUSH: I did see that, thank you.

Mr HUNT: The explanatory notes talk about underlying issues relating to a person's drug use and the drug court diversionary program to try to address these issues. Can you unpack some of the underlying issues that the diversionary program will address?

Ms Callanan: Perhaps it is more a question for the medical professionals. I understand the Australian Medical Association is appearing later on. There are underlying social issues that often result in drug use; however, this is different for every person. Perhaps the medical professionals would be better placed to speak on that than the commission.

Mrs GERBER: I am not sure if you have had a chance to read all of the submissions. There are not many. Submission No. 4 from Mr Barnett poses a number of questions. I thought I might pluck out a couple of questions to ask the relevant submitters today. One is: why are drug rehabilitation programs not being made mandatory for anyone caught using dangerous drugs? What would be the Human Rights Commission's view on that?

Ms Callanan: Limitations on rights need to be proportionate. As I understand, the compulsory treatment implies that a person's liberties will be taken away from them; they are forced to do something. If a person is found with a small amount of illicit drugs, it is perhaps not a proportionate result to deprive them of their liberty. Further, the international human rights position taken by the United Nations in relation to compulsory treatment is that they are opposed to it. It has negative impacts on the health and human rights of people affected by drugs. Given the compulsory nature of the treatments, these facilities are often punitive in nature, which can undermine the rehabilitative process of drug rehabilitation and the harm reduction approach and the health approach that can be taken or should be taken when it comes to treatment.

Ms BOLTON: Given that Queensland is the last state to adopt this approach in the bill, there appear to be some barriers to ease of access to those diversionary programs. One of those, I understand, is the admitting of guilt. Do you see this may prevent even children admitting guilt as they may fear that admitting guilt could result in greater punishment?

Ms Callanan: In relation to at least the police diversion option, this is a rather informal option as I understand it; it avoids them going to court. An admission of guilt is a barrier to these people being diverted and perhaps a barrier to the intended purpose of the bill, which as I understand it is to divert as many eligible offenders as possible. An admission of guilt, particularly in circumstances where people may not be able to seek immediate legal advice or in circumstances where people may be not fully trusting of police, I think does create a barrier to eligible people being diverted and potentially receiving treatment, particularly at the early, informal stage.

Ms BUSH: I know it is slightly outside the scope in terms of the Penalties and Sentences Act and the court diversion. Would that be one of the issues that would come up in expanding the court diversion program—admission of guilt?

Ms Callanan: Expanding the court diversion program?

Ms BUSH: I might have misinterpreted. In your submission you were saying that the [Penalties and Sentences Act needs to be amended to allow for the situation where, if police decide to proceed with a charge and it gets heard in a court, the judge or magistrate could still use the drug diversion program as an option for other drugs, consistent with this bill. Was that the sense of your submission?

Ms Callanan: In our submission in relation to the Penalties and Sentences Act we identified an inconsistency in the offences that can be diverted.

Ms BUSH: Yes.

Ms Callanan: The drug possession offences are the same as what is intended in this bill, but there is a slight inconsistency in one of the sections relating to possessing something for drug use. That can be diverted under this new section but cannot be diverted under the court diversion. In the submission we discussed that perhaps it is a small inconsistency but, perhaps for consistency of legislation, it is one that maybe should be addressed.

Ms BUSH: In application, though, if this bill were to proceed and for whatever circumstances the police still charged with a drug possession charge and it wound up in court, under your own recommendation the sentencing judge could still then use the expanded court diversion program to refer them to a diversion program?

Ms Callanan: If the matter was charged and went to court, if the person was eligible under the court diversion requirements then the idea would be that the offences that can be diverted are the same. Perhaps the court diversion is there to catch that in the event that eligible people do make their way through the court as opposed to being diverted by police.

Ms BUSH: I want to come to your statement around the rewording of 'reasonably believes' and that it should be reworded to reflect that unless police are confident it is for personal use it is for commercial purposes. Again, I am not sure if you have seen the departmental response to that. The response indicated that it would put a pretty large onus on police beyond a reasonable doubt to prove commerciality. I would like your feedback on that.

Ms Callanan: Our concern was that the wording of that provision should make it clear that the presumption is that people are diverted unless there is evidence of commerciality. The concern was that, by having the requirements for the eligible drug offender and then for a police officer to reasonably believe that it is for personal use, it perhaps creates an illusion that a person has to prove something or prove it is for personal use as opposed to that being the starting point.

Ms Corkhill: There is possibly a level of subjectivity there that that could be a bit of a risk, and particularly because the police will be moving from a criminalising process in relation to drugs to more of a health-based response. We anticipate that is a significant cultural shift that would take place over time. This is a bit of a different approach that will be taken, and perhaps the wording we have suggested reduces the risk of the subjectivity and then of creating a sort of reverse onus in what the person has to prove.

Mrs GERBER: Can the Human Rights Commission give us any information on how the diversion programs work? Have you any experience or any information in relation to how they work, how much they cost et cetera?

Ms Callanan: I am sorry, the commission is not involved in the diversion process. I understand it is more administered by medical associations or drug and alcohol rehabilitation programs. I believe the Queensland Network of Alcohol and Other Drug Agencies is appearing later. They can probably provide more information on that than we can.

Mrs GERBER: You do not know how they work?

Ms Callanan: I understand what their purpose is, but we have not attended one. I am not sure of the specifics of what they entail.

Ms BOLTON: Is there anything else since you have made your submission that has been raised that has given you any concerns?

Ms Callanan: No, I do not think so.

CHAIR: I am sorry to go back; I know that you have already addressed this in your answers and in your opening. I have read your submission and I understand there is also the limitation on the diversion being offered to someone who may be holding a drug to give to someone else without any commercial intent. Is it fair to say that that is one of the unforeseen consequences that you were alluding to?

Ms Callanan: Unforeseen consequences? In what aspect?

CHAIR: If someone is holding drugs to give to someone else without any commercial intent—they are not charging them for it; they are simply gifting it—it falls under the umbrella of supply, but it excludes them from diversion as this bill currently stands. I think my interpretation is correct. Is that one of the consequences that the commission was concerned with?

Ms Callanan: In relation to the 'reasonably believes' it is for personal use?

CHAIR: Yes.

Ms Callanan: I think the commission was concerned that a police officer may not believe it is for personal use because there might be, for example, one extra clipseal bag. In our wording, we were submitting that this removes almost that reverse onus and says that, unless there is evidence of commerciality or of some kind of supply or another offence that is not personal drug use, then the person should be diverted.

CHAIR: Is there anything else you would like to add before I ask the committee if they have any last questions? We have plenty of time. One of the hardest things in doing this is making sure everyone gets enough time. Sometimes we go too short and other times we have plenty of time.

Mrs GERBER: I might put a couple of other questions to you from submitter No. 4 that relate to perhaps something that the Human Rights Commission could give us more context on. One of the questions that was asked is: what would be the future impacts of this bill towards community safety?

Ms Callanan: International human rights law and the UN look at drug use as a health issue. This bill proposes to divert people away from the criminal justice system. This could allow them to get treatment earlier, it could nip a potential drug addiction in the bud and it could also take people away from becoming entrenched in the court process. People who were drug users stopping using drugs and fewer people becoming entrenched in the criminal justice system would protect the community in the long run. If people can be diverted away successfully, this potentially stops someone becoming a lifelong offender.

Ms Corkhill: The other benefits could be freeing up police time that has been used on minor drug matters to deal with other, more serious crimes. In relation to the prison system at the moment, we know it is very overcrowded. The fewer people who are entering prisons because of minor drug use the better. If it is seen as a health issue rather than a criminal issue, it is about helping people as they need it in the community and should, ultimately, I think help community safety.

Mrs GERBER: When you say 'minor drug use', we are talking about expanding it into some highly addictive and really dangerous drugs for the community, including heroin and methamphetamine. How effective do you think this bill will be in diverting people who are using heroin and perhaps methamphetamine in the quantities that are proposed in this bill, which is a gram? How effective will it be in protecting the community from those individuals and helping those individuals get past their addiction?

Ms Callanan: It is, unfortunately, clear that sending someone to court does not necessarily work. Whilst these drugs are addictive, focusing on it from a health perspective—that these people have a health issue, that they deserve to receive health treatment without discrimination under their right to health—and diverting them to somewhere that can hopefully help them access this treatment—and, as we recommended, there needs to be wraparound health services as well. There needs be easily accessible and affordable treatment as a complementary approach if we are going to look at drugs as a health issue. However, diverting them away, hopefully getting them the treatment they need, will more likely I think allow them to stop using rather than sending them to court over and over again.

Mrs GERBER: Does this bill address the need for wraparound services and the health services that are needed in order to ultimately stop that cycle?

Ms Corkhill: I think the bill in itself does not. That needs to occur outside the scope of this bill. It certainly sets us on a certain pathway towards that. If it is possible to reinvest the resources that are currently involved in policing, courts and prisons into medical treatments then that certainly is a good way to go.

CHAIR: Thank you. It does not appear that we have any more questions. I thank you for your written submission and for your attendance. I hope you have a good day.

Ms Corkhill: Thank you very much.

FRKOVIC, Mr Ivan, Queensland Mental Health Commissioner, Queensland Mental Health Commission

KRUG, Mrs Anita, Program Manager, Queensland Mental Health Commission

CHAIR: Good morning. Thank you for being here and for your written submission. I invite you to make an opening statement. The committee will then have some questions for you.

Mr Frkovic: Good morning. I would like to start by acknowledging the traditional owners of the lands we meet on, the Turrbal and Yagara people, and pay my respects to elders past, present and emerging. I thank you for the opportunity to provide a statement regarding this important bill before the committee.

The commission welcomes the bill and the expansion of the police drug diversion program to include all illicit substances alongside a tiered approach for people found in possession of small quantities of illicit substances for personal use. I draw the committee's attention to *Achieving balance*, the Queensland alcohol and other drugs strategic plan which was released in October last year. *Achieving balance* sets out the Queensland government's policy direction for alcohol and other drug reform, and expanding drug diversion is a strategic priority of the plan. There are two priority actions with regard to diversion. The first is expanding eligibility for the current police drug diversion program and the second is increasing the availability of diversion health responses to people experiencing problematic alcohol and other drug use.

In terms of evidence to support the bill, the committee will be familiar with the findings of the Queensland parliamentary inquiry into the opportunities to improve mental health outcomes for Queenslanders, especially recommendation 13, which suggests expanding diversion. In addition, the Queensland Productivity Commission inquiry into imprisonment and recidivism also provided clear analysis and support for rebalancing policies and resources towards a health-based response. Similarly, the Queensland Productivity Commission report found that Queensland makes use of imprisonment for drug offences more than other jurisdictions and imprisons more than twice as many people for drug possession/use than the rest of Australia combined.

The proposed expansion of the police drug diversion program has taken into consideration all available evidence and aligns with the best available evidence on the benefits of diverting people from the criminal justice system and intervening early with health-based pre-court actions. These actions undoubtedly will improve health and social outcomes and provide an opportunity for better investment of our money and effort into approaches that are proven to work.

The commission recognises that implementation of the new approach will be the key to realising its full potential. Our written submission provides a number of considerations and opportunities for implementation. Firstly, implementation must be aligned with harm reduction goals and informed by a range of stakeholders including people with a lived experience. Monitoring and evaluation is critical to ensuring evidence-based policy design and implementation that achieves the outcomes that we all need and desire.

I commend the Queensland Police Service for supporting this important change. Police play a vital role in shifting the issue from a criminal justice response to a health-based response. It is essential that our police are equipped and supported to implement this new approach. Addressing any barriers to implementation will be important—not only addressing stigma but also increasing knowledge and understanding of drug use and harm reduction approaches.

We also need to support the whole system to adopt a health-based approach for people who use drugs. This is people who have an addiction—a health problem—and need a broader range of responses. People with problematic substance use and socio-economic disadvantage, for example, are more likely to be in contact with police and more likely to end up with a fourth offence and appear in court. The system, therefore, needs to support a health-based approach through all points of contact with the criminal justice system, including the courts. Magistrates should also be able to divert a person on their fourth notice at court when it is evident that a person has an addiction, is not a manufacturer or supplier and would benefit from more of a health response.

Having well-equipped and accessible treatment systems to support diversion is an essential ingredient for success. The commission commends the Queensland government's unprecedented recent investment into mental health, alcohol and other drugs and suicide prevention of $1.645 billion in the 2022 state budget. This includes a substantial increase in alcohol and other drug treatment and support services funding as part of Queensland Health's Better Care Together plan and the implementation of additional aspects of *Achieving balance*. Expansion of diversion options including

non-health social supports are vital to enable a more targeted and proportional response and to maximise the potential to address the causes of drug use. Comprehensive harm reduction services and programs are also essential to protect the health and wellbeing of people who use drugs and should be widely available, such as the recently announced drug-checking service.

Finally, the commission supports the expansion of the police drug diversion program as its intent is to divert people away from criminal justice and into health and other support services. As we move forward we need to continue to assess our expanded diversion approach and determine what additional value would be derived from decriminalising this issue. The evidence for this approach is building both in Australia and internationally. The bill is an important development in drug law reform in Queensland that has the potential to alleviate demands on the justice system and create better return on our investment but also, and most importantly, achieve positive outcomes for people who use drugs, their families and the broader community. Thank you.

CHAIR: Thank you, Commissioner.

Mrs GERBER: I am interested in the drug diversion programs and how they operate. Does the Queensland Mental Health Commission have any experience in how the current drug diversion programs operate? If so, can you talk us through that?

Mr Frkovic: The current drug diversion program is primarily targeted at people who get picked up with small quantities of cannabis. There is a diversion process in place where they get clearly some information, whether it is initial assessment and brief intervention, but also this will be through an in-person type of approach or it could be over the phone. It is also provided primarily by either our hospital and health services or the non-government sector. That is what happens currently. We are just broadening that to include all other substances. Other jurisdictions have similar approaches and we are not the first to be doing this in Australia. In fact, we are catching up with other jurisdictions around how they are managing this. Victoria, South Australia, Western Australia et cetera all have similar approaches—slightly different but similar approaches.

I was also fortunate enough to go to Portugal and spend a bit of time working in Portugal where they have gone one step further, which is around decriminalisation. Our approach has some benefits—even better than in Portugal—but certainly we have to think about what is the next phase for us in terms of decriminalisation at some point, depending how we go with this broad diversion. All of these models are based on the fact that we have to try and get people where we can intervene early and get them the help they need, rather than getting them into the criminal justice system, which is unfortunately not the place they are going to get the support they need and probably end up with a much longer and stronger criminal history as a result of that.

Mrs GERBER: In relation to the way the system currently works and dealing with marijuana and the proposed expansion into other varieties or other quite addictive and different drugs and the way they operate for the person who is taking them, is how you would deal with someone who is using cannabis different from how you might deal with someone who is using heroin or methamphetamine? The reason I am asking that question is that I note the explanatory notes state there has been no consultation other than on this bill, and I am concerned that there are some nuances in the way diversionary programs would need to deal with people who are addicted to other types of drugs and that that has not been considered. I am after the commission's view on whether or not there is a difference in how you might deal with someone who is taking cannabis as opposed to the other varieties that are included such as heroin, methamphetamine and cocaine, all with varying addiction levels.

Mr Frkovic: Addiction is a broad term. There are some commonalities in addiction, but clearly there are going to be some differences around certain substances. Whether it is alcohol, for example, versus some of the more illicit substances or whether it is gambling, they all fit into the addiction space but the interventions will be different. There are also going to be some common features—say, for example, some of the motivations behind why people are engaging in all substances, whether it is cannabis or some of the more harmful substances, as you say. I think we have to look at what is behind that, so the interventions are going to be tailored to those individual needs.

In terms of my intervention with someone who is taking cannabis, there will be some similarities for someone who may be using heroin, but there might be also some difference where you might provide specific interventions around those particular drugs. It has to be based on the individual and what they need. As I said, the government has increased investment in drug and alcohol services in Queensland as a result of that last year's investment into mental health and AOD, so we are going to have a broader range—an additional range—of services available in Queensland to be able to divert people and so people will be able to get a much more tailored response to their need than, say, what was available historically. That is the sort of approach.

If I can just break it down, when you look at the proposed tier 2 stuff, it is going to be around looking at assessment, so understanding your need, what the trajectory is, what has occurred in your life and all that sort of stuff and then looking at various interventions that will potentially work for you, depending on the substance and depending on your life circumstances. If we look at the evidence and the data, a lot of the genesis for a lot of substance use and abuse rests in trauma and a whole range of things that people have experienced in their life, so I think you have to try to unpack that. So there is brief intervention but a whole range of other interventions. Then there will also be an opportunity in tier 2 and tier 3 to divert you to more specialist services where needed—inpatient residential rehab, detox and a whole range of other supports as well. I think we are in a fortunate position now that we have both a broader approach and more access to services to be able to service that client group once they get diverted by the police.

Mrs GERBER: I note that in your submission, on your last page I think it is, you note that in particular rural and remote communities have limited alcohol and drug treatment and harm reduction services. I am interested in whether or not those services have been adequately funded to deal with the next level of drugs that we are talking about, particularly in our rural and remote communities.

Mr Frkovic: Generally, without specifically talking around just drug and alcohol services but even mental health services, you will get a different level depending on where you live. Whether you are in a remote, a rural, a regional or a metropolitan area, the nature of the way we deliver service is going to be different there and there will be certain levels of access to people locally but there will be other levels of access where they may have to go out of their region. Unfortunately, that is the way we have the whole system set up.

To answer your question, yes, there are going to be certain locations which may not have all of the services that a particular person requires. They may have aspects of those services. We have to look for services beyond just, for example, a public health system. We have to look at the non-government sector, which I think provides probably the bulk of it, particularly AOD services in Queensland. We also have to look at the Commonwealth funded primary healthcare sectors, so GPs and private psychologists et cetera. We have to be able to provide people with that broad range, with the additional investment that we have in mental health and drug and alcohol and suicide prevention, and I would hope that there would be a disproportionate increase in funding to rural and regional communities to be able to deal with alcohol and other drugs as part of this bill.

Ms BOLTON: Commissioner, you have spoken about evidence-based approaches. Do we have statistics on the success of the diversionary programs and whether that is based on them being mandatory or not, if that is currently available?

Mr Frkovic: I do not have that here in front of me, but generally the principle is this, and there is a continuum here. There is a continuum. It starts with diversion and goes into decriminalisation and goes into legalisation and goes into regulation. They are all different aspects of drug policy reform. We are at the diversion stage. Across all of those, including in Portugal—when I was there I spent a whole week working on the front line and doing a whole range of things—what they did not see, which was the prediction at the time, was that they would become the drug capital of Europe. They have gone one stage further than what we are suggesting to go, so there is no evidence. If I flip what you have just said and say there is no evidence that suggests that diversion or decriminalisation increases utilisation, there is no evidence to suggest that. In Portugal when they initially decriminalised it they saw a little blip up and then it has flatlined all the way.

What was really interesting in Portugal when we saw it over a 20-year period is that the most encouraging results were these: the level of addiction by younger people was on the way down, clearly. The whole population was pretty flatlined, but younger people, if you took under the age of 25, were on the way down—clearly down. That is saying that the way they are dealing with drugs and alcohol in that particular society as a result of decriminalisation is that young people are interacting with that in different ways and so there is not this whole issue about needing to experiment and try because they have an environment where this is not illegal. I think the benefits we are starting to see in countries like Portugal are that we are seeing at least young people's rates of addiction going on the way down, which I think is probably the best thing we could do. Do not forget that we are only at broad-based diversion and decriminalisation is the next phase, as I said in my introductory statement.

Ms BOLTON: As a follow-up question talking about our young people, you made reference in your submission to our vulnerable and what could potentially be unintended consequences. I asked the previous witness about some of the barriers such as admitting guilt in that there is a fear that then that would go against it as part of that diversion.

Mr Frkovic: Yes, and that is why I think in principle we from the Queensland Mental Health Commission, and me personally as the commissioner, support the suggestion made by the Human Rights Commission and the Human Rights Commissioner that we remove some of that out of the legislation. The biggest protective factor in terms of this space is freeing up the opportunity for people to be able to seek help and ask for help without feeling that they are going to be criminalised. If we can remove that aspect, we are going to get more people coming into treatment and support rather than staying low level, undercover, still utilising but not getting the help they need. I think that is the biggest shift that can happen if you take away that element.

I was not going to use this story, but I will de-identify it. I had a mother who was in my office—and I have spoken to a lot of families and carers—and one of her views was initially that for her son maybe the best thing was a short stay in prison to try and clean him up and do all of those things that we think about. She was in my office in tears and stated, 'That was the worst thing I could've wished for him.' In fact, he came through the prison system with a new set of networks and friends. He did not deal with his drug addiction and in fact he was back in the community reoffending and back on the trajectory into prison. Maybe we could have stopped that process. She came to me in tears saying, 'That's the worst thing I could've wished for him. In fact, I didn't know that's what would happen.' Talking to families and carers and the broader community, people understand that people who have an addiction have a health problem. Let us get them into a health response. People who are manufacturers and suppliers need to be dealt with by the police and the system, but for people who have a health problem let us give them a health response.

Ms BOLTON: Wonderful. Thank you.

Ms BUSH: Commissioner, there is lot of movement and discussion around justice reinvestment and this idea of investing in the early intervention and diversion space rather than letting costs accrue in the criminal justice space. Your submission touches a little on the costs in arrests and court and imprisonment of people, particularly for possession. Could you talk a bit about that and some of the benefits that we might have seen in other jurisdictions in investing some of that funding envelope into the diversion and support space?

Mr Frkovic: My general statement around that is if you look at the three harm minimisation pillars—supply, demand and harm reduction—our biggest investment currently goes into supply and reduction. I think we need a balance. I think what achieving balance tries to do, with the title itself, is to achieve a balance across those three. Yes, we have to continue to focus on supply, but how do we actually reduce demand and also reduce harm? That is the bit where I think our investment needs to change going forward. That will help us more broadly.

It will help us in terms of some of that information and data that you will see around the trajectory of young people, particularly young people into the child safety system and into the youth justice system, but also adults into the adult criminal justice system. We know that, for example, Queensland—as we put into our submission—spends about $500 million a year just across justice agencies. That is not across other agencies. It is also spending $222 million on possession offences alone. If you look at the court time, almost two-thirds of Queensland magistrates courts are taken up by drug cases that are for simple possession and use—two-thirds when it comes to all drug cases. Also, and this is part of your question, we have seen an increase over the past 10 years, of almost one-third, in people ending up in prison. Prison numbers increased by one-third to do with illicit substances.

I want to take you to what they did in Portugal. At the rate they were charging and incarcerating people with drug possession issues, they had a projection of how much they would need to build their prison system over the next five or 10 years. They decided to continue to increase their prison numbers because they needed to, based on population growth, but the bulk of that was to be used on diversion programs or decriminalisation and services for people.

For example, in Portugal Ivan gets picked up today for a small quantity. He has an addiction. He gets picked up. He gets a traffic fine for not wearing a seatbelt. Our seatbelt fines are pretty harsh now. Ivan gets a fine and has to go to health, to a dissuasion commission. You can see the dissuasion commission tomorrow. You are fined today and you see the dissuasion commission tomorrow. Ivan has a longstanding history of addiction so he needs to go to rehab. On the third day, he is in rehab because they have put their money into services to get people in there rather than actually building more prison beds specifically for people with addiction.

Certainly the data is clear that for every dollar you invest in prevention, preventing some of these things, you get an $18 return. For every dollar you invest in treatment, you get a $7 return. People who have problematic alcohol and drug use do not just touch the criminal justice system; they touch a whole range of other systems. Once we look at the total cost, we can see both the social return on investment

and also the financial return on investment that we can achieve if we do this in a better way. Also, we get better human outcomes. We do not have people with a criminal record. As you know, once you get a criminal record it is hard to get a job and it is hard to sign lease papers on a house. You have a trajectory of living your life with a criminal record which might be for a small possession that happened 20 years ago when you were young, but that will follow you for the rest of your life. How do we stop our young people particularly and our community generally from having to wear that cost for the rest of their lives?

Mrs GERBER: Commissioner, you spoke about Portugal's investment into diversion programs. With the investment that you have seen from Queensland and what is proposed in the bill, I do not think there is capacity right now for someone to get into rehabilitation on the third day after being in a second tier, as proposed in the bill. What is needed to meet that standard? Portugal have achieved what they have because they have put money into the health response rather than just drafted a bill with no consultation.

Mr Frkovic: From where I sit, and I take a pretty neutral view on these things, the investment that we got last year in the state budget for mental health, drug and alcohol and suicide prevention is the biggest in the history of Queensland in terms of the quantum of dollars. I have been in this game, on 15 March, for 30 years and I have never seen that sort of investment. I think we have an opportunity to utilise those resources and those funds to provide timely responses to people in diversion as a result of this change to legislation. There is that opportunity, but obviously we have to roll this out.

As you know—I am not telling you anything new—the rollout of services, the workforce challenges and all those things will take time. The building of facilities, particularly around rehab and detox et cetera, will take time, but we are on the road. We actually will have a considerable amount of the resources that we need to respond to this issue. I am pretty confident, to be honest with you, that that investment and the growth, particularly in the AOD sector but other sectors as well, will help this particular cohort. I think we are in a good position to realise some of the benefits that you talked about in Portugal, even though obviously Portugal has a 20-year history of doing this. They did not have all this when they started. They have developed it over time. It is about us taking this opportunity and making sure we get the right outcomes from this investment to be able to particularly service this group that will be diverted.

Mrs GERBER: Have you seen any of that money flow on? Following the announcement of the investment—which was an announcement—have you seen any of that flow into our mental health services and our drug diversion programs to date? Can you point the committee to anything?

Mr Frkovic: I have not seen the specifics of that, but my understanding is that money is rolling out as we speak to be able to build up our hospital and health services and also our non-government services. Money is rolling out as we speak. It is not always about the money. As I say, money is important. I would never say no to more money, but it is also about, as I said, getting the workforce. Particularly with your point around rural and regional Queensland, you would know how hard it is to get some of the workforces in those areas. In addition, I think there is also the capital build, which does not happen quickly, particularly in the current climate where building costs are going up and getting tradies and companies to do the building—all of those things are challenges.

I think we are on the road and I feel pretty comfortable. From where I sit, it is very rare that you sit in a policy environment where you have an authorising policy that is clear about where we are going but, at the same time, you have this huge investment about supporting that. I think sometimes the stars do align and we are in that period now.

CHAIR: I am conscious of time. On the clock we have one minute and 51 seconds. I know Jon has some questions and I have not passed over to Jason yet. If members have questions, can you limit it to one? We will go over time. I am conscious that we have someone phoning in from the Australian Medical Association. I am sure that they will not want to be delayed. I will go to Jon first.

Mr KRAUSE: My question is to the Mental Health Commissioner. You made a comment in relation to the first part of Laura's questions about being neutral about these things. I am not sure what the context of that response was. You support decriminalisation of these substances altogether, don't you?

Mr Frkovic: Based on the evidence and based on what I have seen and also based on the Queensland experience, yes, I do.

Mr KRAUSE: Is that the position of the Queensland Mental Health Commission as well?

Mr Frkovic: Yes, it is.

Mr KRAUSE: Then in respect of this bill you are not really coming at it from a neutral perspective, are you?

Mr Frkovic: I am coming at it from an evidence-based perspective. Yes, that is where I am coming from. I am coming from a neutral perspective in terms of my comments around investments and things. I am not trying to—

Mr KRAUSE: No, but your view is decriminalisation—

Mr Frkovic: My personal view as the commissioner, and the Queensland commission's view, is that I do believe in decriminalisation as the next phase. I think it is something that our government, our community and our society should consider moving forward.

Mr KRAUSE: Chair, I did have a number of other questions but I understand your time constraints.

CHAIR: We might be able to come back to you, so bear with me. Jason, do you have a question?

Mr HUNT: Thanks, Chair. Commissioner, could you pull apart the Queensland Police Service's support that you think might be necessary? I would add to that: what do you think Queensland Corrective Services might require in order to make this even more successful?

Mr Frkovic: There are a couple of things. Obviously, from a process perspective this has to be manageable for the police to administer. I think it is critical for the police to be able to administer this. The Police Service will also need to have some clear training about this to be able to administer it correctly. I think, as with the actual recommendation made by the Human Rights Commission, it is also about 'let's take away any of the discretion so it is much clearer for police to make those decisions so we get some equity in the application of this'. I think that is a critical aspect.

Another critical aspect is that we just do not put this in place and forget about it; we continue to monitor and evaluate to see how it is going, particularly including people like families and people with lived experience in that process to see how it is being felt in the community in terms of its application. Unless we do that, we will not, I think, obtain the benefits of this and then be able to consider what additional changes are required as we move forward. They will be the key aspects: support the police to do this well and take out the discretion, and train them to be able to do this but also evaluate as we are going. It is that sort of evaluation as we are going so we can learn and fine-tune this.

CHAIR: Sandy, do you have any questions?

Ms BOLTON: No.

CHAIR: Jonty?

Ms BUSH: No.

CHAIR: Jon?

Mr KRAUSE: My question is to the Mental Health Commissioner. Where in your submission, as Queensland's Mental Health Commissioner, do you address the mental health aspects of victims of crime by addicts and also family and friends who suffer as a result of addiction by people who are close to them?

Mr Frkovic: Could you repeat that? Where do I address that; is that what you are asking?

Mr KRAUSE: Where have you addressed that in your submission?

Mr Frkovic: The link between mental health and alcohol and other drugs addiction does overlap to a greater degree, but there are also differences. It does not mean that just because someone has an addiction they also have a mental health problem—not in all cases—and vice versa. I think not everybody who has a mental health problem also has an addiction. There is a percentage of people who will overlap across all of that. There are strategies that we need to look at as part of providing treatment and support services, particularly in the public mental health and AOD system, versus what we can provide in the non-government sector.

Mr KRAUSE: That is not quite what I asked. In relation to this submission and victims of crime and the families of addicts, have you addressed the mental health of that in this submission?

Mr Frkovic: Not specifically in that particular submission, no.

Mrs GERBER: Did you want to add anything?

Mr Frkovic: In terms of adding—

Mr KRAUSE: In terms of the impact that addiction can have on people close to it and that crime related to addiction can have on members of society, because you have not written anything about that in this.

Mr Frkovic: No. We can certainly provide more information about that. As I said, the impact of this particular issue on mental health is relevant and we could have unpacked that, without a doubt, further. We focused on the bill itself as it stands. We could have certainly unpacked that because there is an overlap—you are right—and there are also differences in this. It does not mean either way.

In terms of families and carers and victims, I would say just a couple of things. Generally, from my consultation, particularly around the state, around achieving balance and from talking to a lot of families and carers and community members, there was overwhelming support for diversion. Broad-based diversion has overwhelming support. There was a bit more work to be done around people understanding decriminalisation and what it means, because there was a bit of confusion about what decriminalisation means.

Mr KRAUSE: It did not make the submission, though.

Mr Frkovic: No, it did not make the submission. We could have written a fairly lengthy submission. We focused on the bill as it stands now. My apologies.

CHAIR: Would it be fair to say that some of what the member for Scenic Rim is asking about falls outside the long title of the bill?

Mr Frkovic: Yes. There is that link with mental health. There is a bit of a link, but it does fall outside.

Mr KRAUSE: That is a decision for you to make, Chair, not the witness.

CHAIR: Just let me finish. Do not interrupt me. I did not interrupt you. In relation to the broader response that the member for Scenic Rim was looking for, is there some information that the commission could provide without it being—

Mr Frkovic: We can.

CHAIR: Okay. Is the commission able to provide that—I probably should have told you this bit first—by 27 March?

Mr Frkovic: I think we can. We certainly have that information and that data.

CHAIR: If there is some issue with the timing of it, communicate with the secretariat and I am sure they will accommodate. That brings to a conclusion this part of the hearing. Thank you for your attendance. Thank you for your written submission and thank you for your indulgence of providing the extra material.

Mr Frkovic: Thank you for the opportunity.

DALE, Dr Brett, Chief Executive Officer, Australian Medical Association Queensland (via teleconference)

CHAIR: Welcome. Thank you for your appearance. I would like to offer you the opportunity to make an opening statement of up to five minutes, after which committee members will have some questions.

Dr Dale: Thank you, Chair. I will take the opportunity to make a brief opening statement. Firstly, I thank the committee for the invitation to attend this public hearing as part of its inquiry into the bill. We welcome the proposed amendments as a good first step in reforming drug laws in Queensland. The bill is consistent with AMA Queensland's policy position that people who experiment with drugs or suffer from drug addiction and abuse need a health response rather than a criminal justice response. We know that the current approach is failing in Queensland. Evidence from countries like Portugal shows that diversion programs give people the treatment they need and reduce drug related deaths and the prison population. Likewise, government expenditure is reduced on police and courts.

The proposed bill is consistent with our submission to the inquiry and our position statement on drug law reform. Our drug law reform statement is a result of a round table that AMA Queensland convened of medicine, law, law enforcement and community experts. The round table's overwhelming consensus was that the law and approach to deterring drug use needed to change. The evidence is clear that those at risk of addiction need a health-based response that incorporates prevention and early intervention measures. They should not be subject to criminal prosecution.

We urge the Queensland government to continue to consult with experts in the alcohol and drug sector, many of whom will be appearing here before the committee, to fine-tune the details of the bill and the regulation as it progresses. To be successful, the government will need to shift sentiment among the community and relevant professions that provide an expansion of the evidence-based heath support and treatments with sufficient capacity to support their use. We are pleased that these reforms have been introduced and express our strong support for the bill. I am happy to take any questions from the committee.

Mrs GERBER: I am interested in the AMA's view or any experience you might have with the current diversion programs and how they operate, in particular addressing whether or not an investment might be needed in order make sure those programs are tailored towards the expansion and the types of drugs that will now be involved in the drug diversion programs.

Dr Dale: We have definitely had no direct contact with providers of the existing diversion programs, but we have direct contact with expert medical clinicians who specialise in the area of drug and alcohol addiction. They were part of the round table and suggested that early intervention and education about the consequences of drug use that will in fact result in a dependency is what is important. Certainly the existing cannabis program shows some evidence of keeping drug users out of the criminal system, but I do not think there has been adequate evaluation of the program. One of our recommendations about moving forward is the ongoing evaluation of diversion programs to ensure they are appropriate and meet the needs of those using drugs.

Mrs GERBER: The way that a drug diversion program might deal with someone in their 20s caught with less than a gram of marijuana might be different to the way you would deal with someone in their 40s—age probably does not matter—who has been caught with a gram of heroin, who actually has an addiction that is of longstanding but that is just their first contact with law enforcement or any sort of rehabilitation program. Does the AMA have any view on the way those two different drugs might be treated?

Dr Dale: It is not necessarily the two different drugs; it is the two different effects on the individual user that need to be taken into account. We know that the majority of people who use drugs do not have a medical condition. They are not addicted to drugs. They do it from a social experiment perspective or as a means to enjoy themselves. What they lack is the education about the consequences. The initial diversion may simply be an awareness of the consequences of legal repercussions, the impact on careers and also health. Once you have a user who shows evidence of addiction, they might need a medical response. This may vary from counselling from psychologists or psychiatrists to the intervention of drugs to maintain their health whilst they withdraw from the use of the drug. There are varying levels of treatment that will be required. Having the appropriate referral to the appropriate diversion will be very important, but it will be determined by the person who is using the drugs as to their state of health.

Mrs GERBER: You said that the majority of people using drugs are not addicted. Does that depend on the drug? That is a very broad, sweeping statement. If we drill it down to specific drugs and talk about heroin or methamphetamine, I am not sure that statement rings true.

Dr Dale: We know that there are a whole lot more drug users in our community who do not have an addiction issue. They are certainly all at risk of an addiction and we hope that the diversion programs will prevent that from occurring. That does not mean that there are two individuals using the same drug at the same frequency who do not have an individual response that is variable. Some people might engage with the use of taking drugs and have a short but quick addiction to it; other individuals may not. We do know that there are many Queenslanders and Australians who use drugs and do not necessarily have an addiction problem but are certainly at risk of an addiction problem. Some of those diversion programs will need to cater for the education, some will need to cater for the health and some will need to cater for severe dependency, depending on the individual.

Ms BOLTON: You just spoke regarding the ongoing evaluation of programs. Would you have any data and statistics around current programs and success rates but also volume? With this bill, how many are expected to then go into those diversionary programs? Understandably, in terms of demand and what is able to be provided, we have seen in multiple realms some real issues including around counselling and rehabilitation.

Dr Dale: That was a bit difficult to hear, but I think I understood it. What do we expect to be the demand for these diversions? We understand that the police minister has quoted that up to 17,000 Queenslanders a year are likely, in the first year, to be considered for a diversion option for their personal use of drugs. If you talk about the evidence, within Australia we are definitely underway at capturing data that will show that a health response and an educational response will be far more advantageous than what we currently have. At the moment, our data is about the consequences of either fines or imprisonment. We know that is not working. We know that in Queensland we have twice the amount of drug users in jail than any other jurisdiction, yet our population is half that of the likes of New South Wales. In Queensland we still have a high proportion of drug users. The data is telling us that what we have in place at the moment does not work. We are yet to capture a great deal of data in Australia because these programs are new, but the reality is: with more contemporary approaches to drug diversions in countries like Portugal, there is strong evidence to show that the deterrence of drug use is far more successful in a health response than it is in a justice response.

Ms BUSH: Do you have any insight into that intersection of drug use and drug users with other criminal behaviour? In other words, people do get concerned that those people who are using drugs are also engaged in other similar crimes, like theft or break and enters, to support that addiction. Are you aware of the numbers and how that breaks down in practice?

Dr Dale: During our round table there was evidence provided by our roundtable membership who had greater expertise than we did around that. I think this is going to be one of the benefits we see. When we talk about drug law reform—you could hear communities just recently calling for a harder approach to youth offenders when they are using drugs and the repeat offences based on the fact that they are under the influence of drugs—we made it very clear from the beginning that offenders committing a crime and who were using drugs concurrently did not fall under this criteria because we were not the experts in the law and it was not an area for consideration. We do know that the current approach is likely to turn social drug users into criminals if there is not health intervention or diversion programs available to them.

Ms BUSH: Can you speak to the success generally in diversion programs, in diverting people from further criminal behaviour where criminality might be associated with drug dependency or drug use? What are the successes of diversion programs in clearing up those projected potential crimes as opposed to detaining people in prison?

Dr Dale: If I could quote—and when I say 'quote', it would be an estimate. The studies that were done in Portugal showed that the diversion programs reduced incarceration rates and repeat offences in the areas of criminal activity by something like 40 to 50 per cent, if I recall correctly. That was because education about the consequences of using drugs, both criminally and in health, was part of the diversion program. The success has been incredibly good. If you were to talk dollars and the cost-effectiveness of programs, the health response is far more cost-effective than a criminal response—from court systems to policing and then incarceration.

There was a quote in Queensland that it costs around $48,000 per offender incarcerated for personal use of drugs who was a repeat drug user but with no criminal activity. That is a huge expense to any government. The environment in which they socialise—an environment of criminals—is likely to influence a young user to think about other activities in the way in which they procure drugs. Even inside jails within Australia, there is access to drugs. We know that is a complete failure of the approach and is likely to have huge financial and health implications. In countries that are doing this successfully, there is a 40 to 50 per cent range of success in not continued use of drugs and therefore no association with other crimes.

Ms BUSH: To take that a step further, in these programs we are looking to disrupt a future life of crime potentially. Is there evidence or research that then shows the pro-social behaviours that people can become engaged in—in other words, if you can rehabilitate someone and get them employed, what that contributes to society?

Dr Dale: Absolutely. There are numerous benefits. There are the social benefits. We have seen stories of mums who were drug users and have been separated from their children. The health intervention for those using drugs has provided remarkable social benefits to families and communities.

Mr KRAUSE: I take you back to some of your previous comments in relation to the cannabis diversion program. You mentioned that it keeps people out of the criminal law system. I wanted to ask you a couple of questions around that. Firstly, does that apply in respect of all offences or only drug offences? Secondly, do you have any evidence to show that it in fact reduces the use of cannabis both for those people involved in the cannabis diversion program and more broadly?

Dr Dale: With regard to the first part of the question about the harm and the cost to the current court system and health system, in terms of the diversion programs for cannabis use in Queensland it was clear that for those who were offered a diversion program to reduce the likelihood of the continued use of cannabis it was successful and it took away the increased burden on the already overburdened courts so there were savings there. There are success stories, but I do not know the data and I could not quote the number around the success in the non-ongoing use of drugs. Certainly the consequences of intervention and chance given did deter people from repeat offences. The Law Society has that evidence. They were part of our round table and they will, I presume, be giving evidence at this particular hearing. They had some great statistics about the benefits. The second part, sorry, was—

Mr KRAUSE: It was in relation to whether diversion in fact reduces use, for those who are involved in the diversion but also more broadly?

Dr Dale: Certainly for those involved in the diversion there is evidence internationally that there is great success in reducing the ongoing use of drugs with education, health intervention and the awareness of what the impacts are on their body, physically and mentally. There is strong evidence of that. Obviously, you have to add individuals who are legitimate in their attempts to avoid the legal system to get the help that they need or just to have the education that says, 'Let me make the right choice.' You will hear from the experts—those who have lived experience—who will talk about some of the things their clients have gained through diversion programs. They are remarkable; they are simple, but they work.

Mr KRAUSE: How long has it been running in Queensland?

Dr Dale: It is about three years since we started the round table.

Mr KRAUSE: I would think by now there should be some data about its effectiveness or otherwise?

Dr Dale: Yes, absolutely.

Mr KRAUSE: In Queensland—and we are talking about a Queensland bill here—you mentioned there are people being incarcerated for the personal use of the substances we are talking about. Do you know how many people are incarcerated only for the personal use of the substances we are talking about in this bill?

Dr Dale: We have provided those statistics. In Queensland there were 40,000 arrests of consumers—those who actually use drugs. Some 295 out of the 395 sentenced prisoners across Australia live in Queensland and Queensland imprisons more than twice as many people for drug possession/use as the rest of Australia. In terms of the success of reoffending—if that is the term that was used given that they were incarcerated—at least 40.2 per cent of those incarcerated were likely to re-use drugs after incarceration, demonstrating very little effect of incarceration.

Mr HUNT: You were talking about the necessity of close collaboration between health, police and custodial settings. Could you expand on that a bit more broadly, please?

Dr Dale: What was the relationship between the health and—

Mr HUNT: You were talking about the need for effective collaboration across partnerships, specifically with health, police and custodial corrections. Could you outline exactly what that collaboration would look like and how much more expansive it needs to be?

Dr Dale: For sure. Obviously the point of decision around diversion opportunities will be determined by police. It is very subjective. There are some areas in the bill where I suggest the legal experts will give some good feedback. When we speak about the need to change the sentiment, we think about the need to educate the operational police staff to determine some of the obvious signs

that need a direct health response and some of the obvious signs that need an educational response. They will be the experts in those individuals who have been involved in other criminal activities, but certainly on the ground it is a big ask for operational police to determine the level of diversion required. We think collaboration is going to be very important. For those who end up incarcerated who have been using drugs but also those associated with other crimes who are not eligible for diversion, they still require the appropriate health response and intervention whilst incarcerated. In terms of that sort of collaboration, the real change will come from those agencies working together.

Mr KRAUSE: I take your point that 295 out of the 395 sentenced prisoners for possession in Australia are in Queensland. You did not quite answer how many of them were just for possession, but you may not know that.

Dr Dale: I do have that in my report.

Mr KRAUSE: From a medical practitioner's point of view—you are representing the AMAQ—how many of those people would have developed mental health issues as a result of that drug possession and drug use?

Dr Dale: The lack of appropriate care through withdrawal is likely to lead to depression and other mental health issues. I have no evidence about the numbers who did go on to seek care because of their withdrawals, but they are high risk. The impact of withdrawal on drug dependence as a reason for incarceration would be horrendous. The involvement of those repeat drug users who are using drugs to actually make their mind feel better in their mind probably already have an existing mental health issue or are at risk of mental health issues. It would be to their health detriment to be incarcerated in that state.

Mr KRAUSE: Would there not be a cohort that developed mental health issues as a direct result of their drug use?

Dr Dale: Absolutely, and if the withdrawals and dependencies are not managed that could lead to all sorts of catastrophes from a mental health perspective.

Mr KRAUSE: Even if they are not incarcerated?

Dr Dale: Absolutely. This is where the dependency on drugs builds—the financial capacity to acquire those drugs not being available because they lose their employment opportunities. That is where the criminal activity associated with those drug users who have not had the intervention early is.

Mr KRAUSE: With a reduction in criminal sanctions for drug use, will we not see increased mental health problems as a result?

Dr Dale: No, because we are offering them the diversion and in that diversion there will be tiers or levels of support. They will get the increased level of support. The drugs might be masking the mental health conditions, but working together with a health agency—whether it be psychologist, psychiatrist or other medical practitioner—has to be absolutely positive with regard to the presentation and management of mental health.

CHAIR: Sandy, do you have any questions?

Ms BOLTON: I have no further questions, Chair.

Mr KRAUSE: To follow on from that, not all drugs users come into contact with the police or the justice system.

Dr Dale: That is correct.

Mr KRAUSE: There must be a significant number of people who are using drugs who never come into contact with a police officer, and reducing criminal sanctions towards them could have the unwanted impact of increasing mental health issues because there is no barrier from a criminal justice system perspective to use. Do you have a comment on that?

Dr Dale: That is when we spoke about the need for government to change the sentiment of communities. We are talking about the educational consequence of drug use. Go back 30 or 40 years ago when we used to talk about sex education; it was taboo. It is the same with drugs. It is not encouraging it. The idea of pill testing is seen to be condoning it. It is not; it is protecting people. I think early intervention and education can make a big difference. With the changes to the law as I understood them, there are still opportunities for legal offences to be proceeded with if you are unsuccessful or if the person who uses drugs has an associated crime. Those offences are still there. The criminal activity that needs to be the focus of any government is the supply of drugs. There is no support from any medical agency that I know of that we should lessen the criminal response to that. The big focus needs to be removing the illicit drugs from our streets.

Mr KRAUSE: The Queensland Mental Health Commission supports the decriminalisation of these substances altogether. You may be incorrect in that assertion. Be that as it may—

Ms BUSH: In terms of recommendation 36 of your submission around the needle and syringe program, what is your view behind that recommendation?

Dr Dale: Was that around the needle and syringe program?

Ms BUSH: Correct.

Dr Dale: At the moment the supply, distribution and location is questionable. They are in areas where there is some need. We need to consider and expand those options. There are some real objections to these being readily available, similar to that with pill testing. It seems that it condones the use of it, but in fact what we are doing is containing the spread of disease and infection by providing those.

CHAIR: Thank you, Dr Dale. Thank you for your submission and for your attendance. Have a good day.

CHRISTIAN, Mr Gary, Research Director, Drug Free Australia (via videoconference)

CHAIR: Good morning. Thank you for being here. I invite you to make a five-minute opening statement, and then the committee will have some questions for you.

Mr Christian: My presentation this afternoon draws together the arguments in our documents and is titled 'The Heavy Social Cost of Decriminalisation'. I want to start out with Australians' attitudes to drugs. If you have a look at this slide—it is the 2019 household survey involving 25,000 Australians. The drugs that Queensland wants to decriminalise are these: ecstasy, methamphetamine, cocaine/crack, heroin and some others. You will see that most every Australian does not approve the use of any of those drugs. Some 3.8 per cent approve ecstasy; one per cent approve ice and speed; two per cent roughly for cocaine and crack; and one per cent for heroin. These are the drugs that are being proposed to be decriminalised. Australians do not want these drugs in their lives. It is very clear from this survey. This is the official Australian survey.

We know that if they do not want drugs in their lives, decriminalisation is going to increase drug use. Portugal was the first to decriminalise in 2001. You can see on this graph over here—sorry, it is a bit small, but I am trying to keep clear of the Zoom windows—it has had increases of about 59 per cent by 2017. You see general increases since decriminalisation—it's higher. With high school minors, it has increased by 60 per cent. In Australia at the same time over here, under 'Tough on Drugs' there was a 42 per cent decrease. If you are measuring drug for drug against Portugal, there was a 42 per cent decrease. We kept it criminalised; we did not decriminalise all those drugs. Deaths from opiates dropped off a cliff, as you can see, when we put 'Tough on Drugs' in place. In Portugal, their opiate deaths increased by 59 per cent by 2015 and 61 per cent by 2018.

Turning to California, which also decriminalised drugs in 2015, here are some news stories that you will find from the US: 'More than 40 per cent of San Francisco residents are planning to leave a deteriorating city'. Is this what you want for the Gold Coast? Is that what you want for Cairns or for Brisbane, your hotspots? That is where they will be—the drug hotspots. California has lost half a million residents and even lost a seat in Congress because they are losing residents. Is this really what Queensland wants?

At the same time in California, according to *Forbes* magazine, decriminalisation is lining the pockets of the drug dealers. You are not legalising the drugs; you are actually making use go up, and that just lines the pockets of the dealers. Is this what the police want? There is a statement there which you can read in your own time.

Some other statements from *Forbes*—I sent these to parliamentarians the other day as a brief—are showing that there is a big link between homelessness and drug use, and that is the reason that people say they want to leave California, because of the homelessness and the drug use. In that same article, up here it says, 'People have little incentive to do treatment … when there is no threat of jail time.' That is *Forbes* magazine. It is a centrist magazine. We need to be heeding that kind of message.

Oregon decriminalised drugs in July 2021. Within 10 months, opiate overdose deaths went up 216 per cent. Why? It is not because Fentanyl got stronger—it didn't; it is because that many more people were using them. The more use, the more deaths as well.

My last slide: 'Whose interests do the police serve in Queensland?' I ask Queensland parliamentarians to really ponder this question. All of these are Australians. Over here, 96 per cent of Australians do not approve the use of those drugs that you are wanting to decriminalise up there with your police department. Then you have all these people who are submitting to you today—Unharm, Harm Reduction Australia, all of those. Who do they represent? Are they amongst the 96 per cent of Australians? No. Ninety-six per cent of your constituents do not want increases in drug use. These organisations on the right do not care. I would just ask that, as parliamentarians, you make decisions according to what Australians want, what Queenslanders want, not the tiny minority of people who are pro drug use. That is enough from me for the moment.

Mrs GERBER: Thanks, Gary, for your written submission. Do those slides form part of your written submission? Have they been included?

Mr Christian: I will table them, if you like. I will send them through, not a problem.

Mrs GERBER: Chair, are we able to accept that material?

CHAIR: Yes. Could you email them to the secretariat when you get a moment, Gary?

Mr Christian: I will send them to Kathryn. That will be fine.

Mrs GERBER: Thank you very much, Gary. We have heard from both the Human Rights Commission and the Queensland Mental Health Commission this morning. In fact, the Queensland Mental Health Commission have expressed the view that they support going down the same path as

Portugal, which is why I have asked for those slides, in terms of decriminalising drugs the way Portugal has done. Neither of those commissions, especially the Queensland Human Rights Commission, could tell us how the drug diversion programs operate and how they are going to operate particularly in relation to the incorporation of the more serious addictive drugs that are now going to be included. I am after your view on how effective this bill will be, when we are talking about some of the most dangerous and highly addictive drugs, in stopping those users taking drugs and how effective this bill will be in the community safety aspect.

Mr Christian: Unless there is the threat of criminal sanction, people will not go to rehab. We know that from California. I just put up the quote from *Forbes* magazine. That is the problem. This is the problem you are going to face. The police are putting out something which will create more criminals and which is going to line the pockets of dealers. I do not know a policeman in the world who wants more criminals. I do not believe what I am seeing up there. We know what happens, and that is the case.

Mrs GERBER: I suspect that the police are so under-resourced that the 17,000 people that might be affected by this diversion program is a mechanism for police to be able to manage the fact that they are so under-resourced. In relation to the drug rehabilitation programs that you mentioned then, in your experience people will not do a drug rehabilitation program unless they are either forced to under the law or there is some other—

Mr Christian: That is correct.

Mrs GERBER: I posed a question to the Human Rights Commission about why drug rehabilitation programs are not being made mandatory for anyone caught using the more dangerous and seriously addictive drugs, and the Human Rights Commission said that they do not support that. I am after your view on that, Gary.

Mr Christian: I think Australians are behind the mandatory nature of what we had with MERIT and drug courts. We have been able to show that they work over many years, and I am absolutely sure that Australians support that approach.

Ms BOLTON: Good morning, Gary. I know that you are sending your graphs through, but do you have a breakdown of what the deaths were from, as in the different categories of opiates? The second question is: in your submission you speak about developing that health-based approach to drug addiction. Can you give us your take, from what you have learned, about the types of programs that are currently running and their effectiveness, including any statistics around that?

Mr Christian: The first question was regarding the categories of opiates. Generally they do not break that down. They look for morphine in the blood. It could be heroin or it could be, in some cases, prescription opiates. That is what they measure for, the morphine. They cannot always do that at autopsy, so I cannot comment further on that.

I turn to the health-based approach, if you do not mind me sharing the screen again and going to one extra slide I have. That goes to the approach of the Swedes and Iceland. We sent this to you in a separate document. There is no mystery about how to get drug use down. We did it in Australia under 'Tough on Drugs'; we got it down by 42 per cent. The Swedes have got it down. The only reason it went up in 1990, according to that graph, is that they stopped spending on mandatory rehab at that point. Then they started spending again on mandatory rehab back in 2001 and it started to go down again. That graph is from a United Nations report. In Iceland they have resilience-based programing. We know what works and I have tried to outline that fairly fully in our second report, the part B.

Ms BOLTON: My question was trying to get a better understanding around what diversionary programs look like. I know that you have mentioned rehabilitation. What do they look like in reality? We have heard that they can be anything from some advice all the way through to medical intervention. From what you have learned, what has been effective within Australia? Does there need to be an increase and, if so, what type of increase?

Mr Christian: We know from 'Tough on Drugs'—if we go back to that era, from 1998 to 2007 the approach was to increase drug rehab places. That was the main approach, along with educating parents to talk to their children about drug use. It had a spectacular success. The United Nations produced a whole document on 'Tough on Drugs'. They were the main approaches: rehab over methadone programs and so on. It is rehab—getting people off drugs, stopping the demand for drugs.

Mr HUNT: You said very early in your submission that the previous submitters do not care. I think those were the words you used, that the Australian Medical Association does not care. I wonder if you—

Mr Christian: I do not think that was quite my statement.

Mr HUNT: Can I ask you to tease that out a little bit?

Mr Christian: They are quite pro drug use; they are fine with drug use. I think you need to put that finer point on it. They are okay with drug use. That is different to where Australians sit. Australians are not fine with drug use.

Mr HUNT: There is one other thing that I also need to confirm. Based on a *Forbes* magazine article, do you think we need incarceration as an incentive for enhanced program uptake? Is that what you were getting at, based on that periodic article?

Mr Christian: Yes, I will stick by that because of the wealth of empirical evidence that backs it.

Mr HUNT: In my previous role I was a custodial officer in the state's largest high-security jail. That is very much at odds with what I observed in the 21 years I was there. Other than the *Forbes* magazine article, do you have anything else to support the idea that we need incarceration as an incentive for program uptake?

Mr Christian: I think you would find that the whole Swedish program of mandatory rehab—although it is not incarceration; I recognise that, but it is mandatory that they go to it. The United Nations document, which I actually took the graph from regarding Sweden, is a thick document and it supports that approach. I think you will find there are plenty of quotes that I can send you which say that incarceration is a motivation—the possibility of incarceration—for people to listen up at the drug courts—

Mr HUNT: Is it incarceration or is it the possibility of incarceration? I think you said it was incarceration.

Mr Christian: The possibility of incarceration or a criminal conviction—or both, obviously. Yes, absolutely. I stand by that statement, and again there is empirical evidence backing it.

Mr KRAUSE: Thank you for your submission. I appreciate very much the work you have done and put into that. I think it is probably without argument that many users of drugs who will be subject to this bill never come into contact with the police or the justice system but still obviously may develop problems as a result of their use, for their families and in broader society as well. I take on board what you have said about the Swedish system and mandatory diversion. Would you agree that there needs to be more focus on diversion and rehabilitation in the system at the same time as there being that ultimate criminal deterrent in the justice system?

Mr Christian: As soon as you take away the criminal deterrent, there is no real reason to go off and get serious about rehab. That is the issue that we put up. Again, you can look at the experience of the countries—Portugal and the US—that have decriminalised; it has not worked.

Mr KRAUSE: The member for Caloundra was referring to the *Forbes* magazine article that you have referred to. I am gathering there are references within that article and quotes as well from people who are experts in dealing with the issue within that article.

Mr Christian: Yes. The quote that I actually just passed over very quickly—and I only read the top lines of it—was that incarceration was important to get people serious about getting off drugs. That was the actual quote. Yes, that is the *Forbes* quote. The article is far more extensive and makes other very good points.

Mr KRAUSE: Thank you for your submission.

Mr HUNT: Was the *Forbes* article based on a Californian experience?

Mr Christian: Yes, that was talking about California. You can also look at the experience of what has happened with the legalisation of certain drugs, such as cannabis, in Colorado and make certain conclusions about that. What will happen with decriminalisation is it will become 'Aussie' by legalising it. People will tell the police, 'Oh, I thought it was legal.' That is what will happen. We know that from Canberra. When they legalised cannabis back in 1992 or 1993, 43 per cent—I have the figure and made reference to it in our submission. When people were caught with too much cannabis they would say, 'Oh, we thought it was legal.' That is what is going to happen. You can make conclusions off that.

Mr HUNT: Do you acknowledge that there is a vast chasm of difference between the approach to corrections in the Scandinavian countries and, for example, the approach to corrections in the United States insofar as their drug problem goes?

Mr Christian: I certainly recognise that. The problem we see in the US is that they do not prioritise mandatory rehab; everything is just incarceration based. We are not for the US system; do not get me wrong. We are for the Swedish system of mandatory rehab. However, in both systems there is the possibility of incarceration whichever way you go. What Queensland is proposing is getting rid of that as a motivation. It is just not going to work. We know it is not going to work because we have seen it not work elsewhere.

Mr HUNT: Do you acknowledge, though, that the Scandinavian approach to custodial corrections—it is a phenomenon called Scandinavian exceptionalism—is very different from most other jurisdictions around the world? Incarceration in Scandinavia looks vastly different to incarceration in Tennessee or even New South Wales or something like that.

Mr Christian: Our interest is not in incarceration; it is in the rehab. The rehab is the central point, not the incarceration. Incarceration as motivation—it is the rehab that matters. You have to reduce demand or else you have drugs go out of control, as they did in Portugal, California and Oregon.

Ms BUSH: I will be clear. I probably have been a bit confused by some of what you have put forward. I think there are a few generalisations there that I am struggling with. My sense is that you are against the bill, but I was not sure about what is your actual position on what would work. Is it your preference that people who have addictions are criminalised instead? I am just struggling to understand your position on what you would like to see.

Mr Christian: What we are saying is that a criminal conviction is a motivator like no other. Our position is what we call spent convictions. To keep that in place and get people into rehab, which fulfils the societal wish of less drugs, we would allow a person under a spent conviction—and they do it in the UK—to come in with three years of drug-free blood samples and they will have their criminal conviction totally wiped. It goes from the record; it is never held against them and does not get in the way of employment or whatever. That is our position: spent convictions. We do uphold convictions, yes.

CHAIR: Thank you for your written submission and thank you for your time today. I hope the rest of your day goes well.

MILNE, Mr Martin, State Manager, Alcohol and Drug Foundation

TAYLOR, Mr Robert, Knowledge Manager, Alcohol and Drug Foundation

CHAIR: Thank you for your indulgence. We went over time a bit in the previous session. I invite you to make an opening statement, after which committee members will have some questions for you.

Mr Milne: First, I would like to acknowledge the traditional owners of the lands upon which we are meeting and pay my respect to elders past and present. I want to thank the committee for the opportunity to address them. Our submission and our statement address the expanded drug diversion part of the bill.

The use of illicit substances in Australia continues to increase. The number of Australians who have used an illicit drug in their lifetime increased from 38 per cent in 2017 to 43 per cent in 2019. Figures from the Australian Criminal Intelligence Commission show drug markets continue to expand, despite the interruption of the COVID pandemic and record law enforcement seizures.

Australia is estimated to spend around a billion dollars on drug related law enforcement each year, while there has been a 314 per cent increase in the weight of illicit drugs seized and a 96 per cent increase in drug arrests over the last decade. Despite the many successes of law enforcement in disrupting illicit drug trafficking and supply, illicit drug use and the harm associated with it has continued to increase.

Since 2015 the number of overdose deaths each year has exceeded the road toll. Over 6,400 Queenslanders have lost their life to overdoses since 1997. In addition to lives lost, the harms associated with illicit drug use have a significant cost on the state's health and wellbeing. The rate of drug related hospitalisations in Queensland doubled between 2005-06 and 2020-21. People using illicit drugs continue to experience mental ill health, incidents of family violence and physical harm issues at higher rates than the rest of the community. Estimates of the total cost of the harm associated with illicit drug use in Australia vary, but research suggests it is well in excess of $20 billion each year.

Drugs must be treated as a health issue, and support will be most effective when delivered through the alcohol and other drugs treatment system and other healthcare options. The justice system is an ineffective tool for helping people facing the complex challenges associated with drug use. Research has found that 80 per cent to 90 per cent of illicit drug users are not dependent on drugs. For these people, a criminal justice response to their drug use can lead to far greater harms than the effect of drug use on its own. On the other hand, for those who are dependent on illicit drugs, criminalisation is an ineffective and harmful response. People who are dependent on substances need effective health interventions rather than experiencing further harm from the criminal justice system. Wasted police time, the cost of incarceration and the cost of legal proceedings are some of the costs due to dealing with personal drug use as a criminal issue.

In 2019-20 in Queensland there were over 49,000 drug arrests, of which 91 per cent were for personal use. In 2021, over 11,000 individuals faced court for possession offences in Queensland. Each of these arrests and court appearances used valuable time and resources that could have been better directed.

In addition to the systemic issues caused by the criminalisation of personal drug use, individuals experience a range of harms. These harms are disproportionately experienced by some of the most vulnerable communities such as Aboriginal and Torres Strait Islander people, culturally and linguistically diverse communities and young people. The stigma caused by criminalisation stops people seeking help, leading to further harms as people experience negative impacts on their social life, employment, housing and travel opportunities. Adopting an approach that frames drug use as a health issue and reduces stigma and the discrimination experienced by people who use drugs makes it more likely that people will reach out for help with their AOD use when they want it. Community attitudes towards personal drug use show that a majority of Australians support a non-punitive response to personal drug use, with a large majority supporting either no action or referral to a health service for someone found in possession of illicit drugs for personal use.

We commend the Queensland government for expanding the police drug diversion program, as this program can save police and court time and lead to a greater uptake for individuals needing support. However, we have several recommendations to improve the current amendment before the committee. These recommendations are: remove police discretion by removing the need for police to have a reasonable belief that drugs are possessed for personal use; align threshold quantities for eligibility for diversion with existing thresholds in schedule 3 of the drug misuse regulations; widen eligibility for the program by removing barriers to those engaged in other offences at the time of contact with the police or with a history of offences; and incorporate the voices of lived experience in the

development of training and further policy development, including the training of police for the expanded program. Finally, it is imperative that high-quality data about the scheme is made available in a transparent and timely manner to evaluate its function and suggest improvements. Thank you.

Mrs GERBER: Thank you for your appearance and for your oral submission. Can the Alcohol and Drug Foundation tell the committee how the current diversion programs work in respect of cannabis?

Mr Taylor: In Queensland?

Mrs GERBER: In Queensland, yes.

Mr Taylor: In terms of its material mechanical functioning?

Mrs GERBER: Yes, how it might work in terms of diverting someone. At the moment, it only applies in relation to cannabis use. Can you explain to the committee how the drug diversion programs practically work in respect of cannabis in Queensland currently?

Mr Taylor: It works currently like the bill would but with all substances. An individual who is detected with an amount of cannabis who meets the eligibility criteria—they cannot be engaged in other offending at the time of being detected with that small amount of cannabis—is given the option for a referral to a health service, in which case the health service then does an assessment. If that person chooses to continue with the referral, they can go into treatment with the health service or they can choose not to.

Mrs GERBER: They can choose not to?

Mr Taylor: In discussion with the health service, yes. It might be assessed that, as Martin mentioned—

Mrs GERBER: When you say 'the health service', can you unpack that for us? What is incorporated in that?

Mr Taylor: In Queensland about 50 per cent of drug and alcohol treatment is provided by Queensland Health. The other roughly 50 per cent is provided by NGOs. It could be Queensland Health or an NGO that takes the referral. Those organisations have specific links to QPS and they take those referrals directly. As Martin mentioned, 80 to 90 per cent of people are not dependent on a substance, someone detected with cannabis may not be assessed as being dependent and in need of assistance, so the health service may recommend that they do not need any further treatment.

Mrs GERBER: When you say that 80 to 90 per cent of people are not addicted, does that cover all substances? Has that being broken down into substance use? Do you have anything you would like to add in relation to the tailoring of diversion programs depending on the type of drug and the effect that drug has on the individual, particularly in terms of addiction? Of course, I am talking about those drugs like heroin and methamphetamine that have a high proportion of addiction.

Mr Taylor: You are absolutely right: that 80 to 90 per cent is covering a general sweep. Certain drugs do have a high proportion of users who are dependent. With drugs like heroin it is closer to 20 per cent rather than 10 per cent. Cannabis is a low number; alcohol is around 12 to 15 per cent. These are all in a roughly similar ballpark, but I take your point. Should they be tailored? From our perspective the answer is no. We think all drugs should be treated equally under the law. People use drugs for different reason. Often people, particularly with dependencies, are using drugs due to a history of trauma and a history of disadvantage or co-occurring needs. What drug that person chooses to use can be related to their personality, their physiology, their background and the people they have been around growing up. To select certain drugs for treatment different to others we do not think is a just application of the law. We think it would unfairly treat those who happen to end up in a community where, say, methamphetamine is used compared to one where cannabis is used. We do not think that would be a just application of the law and treat those people fairly.

Mr Milne: I would add that treatment will obviously be different for different drugs. That will be decided by the treatment service. The treatment offered to somebody who has a problem with cannabis would be different from the treatment offered to somebody who has a problem with heroin, for example, but the eligibility for referral to treatment should be the same.

Mrs GERBER: Doesn't that mean that the treatments themselves need to be looked at in terms of how effective they are going to be for particular types of drugs?

Mr Taylor: Yes, absolutely.

Mrs GERBER: Do you have anything you would like to add in terms of funding? Are they properly resourced at the moment to handle what we are talking about?

Mr Milne: The recommendations from the recent inquiry that looked into mental health and AOD pointed out that there needs to be better quality and regulation of the private AOD sector. At present, anybody can set themselves up as an AOD service but there should be some form of quality control and regulation that applies to that. The recommendations from that committee and the whole-of-government AOD strategy, *Achieving balance*, have secured an increase in treatment funding for the AOD sector. We believe that should continue and that AOD treatment should be funded sufficiently to deal with referrals from the police diversion scheme.

Ms BOLTON: I am not sure whether you had a chance to hear from the previous witness from Drug Free Australia. The takeaway message for me was that you need mandatory intervention—not choice—and that the fear of incarceration leads to a greater take-up of either diversionary programs or rehabilitation. The Swedish model was quoted. Can you offer a response?

Mr Taylor: I would be happy to, thank you. We did manage to hear the end of that. I think we would have a pretty fundamentally different interpretation of the evidence to the previous witness. From my experience of working both on the front line in the AOD sector and at a policy level, the evidence is quite clear, I believe, that criminalisation is not an effective deterrent; it is not an effective motivation for behaviour change. I have worked in that space with individuals with those problems and people find motivation within themselves. It very rarely comes from without. People's experience of criminalisation feels quite punitive. I think people experience a sense of being punished. For someone who potentially has a background of trauma, a history of other disadvantage or experiences that have led them to a point where they have developed dependence on a substance, the evidence proves it is not an effective response.

Mr Milne: My understanding of the proposed scheme—I apologise if I have this wrong—is that the first time the police apprehend someone there is a warning. The second time there is a referral to treatment and that referral is mandatory. If the individual does not take up treatment—whether that is a simple assessment, phone counselling or someone else—they are still eligible for prosecution. IT is the same for the third stage. If someone is caught for the fourth time, they are prosecuted. They are sent to court, as they would be at present. Ultimately, incarceration and a criminal conviction are still on the line. We would not support that, but I think the previous witness fundamentally misunderstood the scheme. There is still a threat of a criminal record and of incarceration, but this provides an opportunity for early intervention and to give somebody help before it gets to that stage.

Ms BUSH: It was mentioned that trauma is often sitting behind a lot of the motivation and reasons people use drugs. In your experience of working with people in that position, would you say that detention can be traumatising in itself?

Mr Taylor: Absolutely. Unfortunately not every carceral system looks like the Scandinavian one. I have worked in prisons here in Queensland that I have seen people have traumatic experiences in and they come out less mentally healthy than when they went in.

Ms BUSH: To make a finer point about it, I understand that there is an instinctual reaction that people can have to drug diversion. One of those reactions is that prison would be the greatest deterrent and that without the threat of detention people are more likely to take drugs up and not be incentivised to stop. What are your views on that?

Mr Taylor: The academic literature around deterrence is quite clear that deterrence is only effective when there is a high chance of detection. As we have said, close to 50 per cent of Australians have used an illicit drug in their lifetime and 12 per cent within the last 12 months. This is as at 2019. The vast majority of people who use illicit drugs are not detected. The evidence is very clear that if the rate of detection is low then deterrence are not effective. You can keep increasing penalties. We have seen that occur in various jurisdictions, particularly in the US with their three-strikes rule and their 'tough on drugs' approaches, and their prison populations have not changed. People do not change their behaviour and stop using drugs as a result of that.

Mr KRAUSE: With regard to the drugs that are subject of this bill, is it the Alcohol and Drug Foundation's view that they are harmful to people's health and to the wellbeing of society as a whole?

Mr Taylor: There is no safe illicit drug use.

Mr KRAUSE: Very good; thank you. You said just then that barely anyone who uses drugs becomes detected by the system. Do you mean the health system or the justice system or both?

Mr Taylor: The justice system.

Mr KRAUSE: The justice system, okay. Do you have a percentage or any data around that?

Mr Taylor: I can take that on notice. I have read a study that has a number. I could get that for you.

Mr KRAUSE: That would be good, thank you. It sounds like it is a very low percentage, but that makes the potential effectiveness of this diversion program quite limited in scope, does it not? If not many people are detected at the justice system level, not many can go into the diversion program?

Mr Taylor: I think it is a proportional thing—not many across a population level, but at the same time, as Martin mentioned, there were 49,000 drug arrests in Queensland last year and 91 per cent of those were personal use. We do as well see a lot of people repeat and coming back into contact more often with the justice system, so those might not be individuals; they could be—

Mr KRAUSE: So with the one-, two-, three-, four-stage process which is proposed by the bill, could you not say that it is essentially removing any possibility of there being a criminal sanction for the use of these drugs in a practical sense? Hardly anyone is detected as it is and then there is a four-stage process.

Mr Milne: There is a quote from the police that, I think it is, around 80 per cent of people will be covered by one, two and three. It is the people you get down at four. If you have been caught four times by the police using drugs for personal use, the evidence would suggest you are the type of person who has a real problem, which is one of the reasons we argue that these people should still be eligible for diversion and not as is the case via the Magistrates Court's diversion scheme. One of the points I would make is that a fear of a criminal conviction leads to stigma around drug use, and we know from all the evidence that the stigmatisation of people who use drugs is one of the key reasons they fail to reach out for treatment.

Mr KRAUSE: Okay, if I can just jump in there, because Mr Taylor said earlier that no level of drug use is safe.

Mr Milne: Yes.

Mr KRAUSE: So, Mr Milne, should there not be a stigma around some type of drug use because it is bad for your health and bad for society?

Mr Taylor: There is no safe level of driving. There is no safe level of drinking alcohol. That is the point there—that is, everything comes with inherent risk.

Mr Milne: What we are saying is: the present system does not catch a lot of people and does not deter a lot of people we have seen, because illicit drug use is increasing. At the same time, what it does do is stigmatise those who use drugs and prevent them from reaching out for help when they are at risk of harm. What we would say is that this bill reduces the stigma and will encourage people to reach out for help. As suggested in the Mental Health Commission's findings in the *Achieving balance* report, the idea is to provide more AOD services and to run more outreach work to get people who are using drugs in a harmful way into treatment.

Mr KRAUSE: Okay. I will just point out that the bill does not encourage anything; it is about getting people into a system when they are detected by the police.

Mr Milne: I was referring to the Mental Health Select Committee's report on the government's whole-of-government AOD plan.

Mr KRAUSE: Just on another matter, you spoke about some addiction rates earlier in answer to the member for Currumbin's questions. Do you have one for methamphetamine, ice?

Mr Taylor: I would be giving you a ballpark figure. I could say around 15 per cent, but it could be plus or minus a few per cent. We could get the number exactly for you.

Mr KRAUSE: Thank you. With respect to cannabis and the diversion scheme that is operating now, do you have any evidence that indicates it has reduced use of cannabis in an individual case or in the community as a whole?

Mr Taylor: No, and that is actually one of the recommendations that Martin has made—that is, we would like to see a lot more data about the scheme. We actually do not know a lot about the functioning of the existing PDDP. We do not know how many individuals are accessing it multiple times. We do not know who is getting diverted or the outcomes of those referrals. It makes it very difficult for us to know really what is happening.

Mr KRAUSE: Does the Alcohol and Drug Foundation support the decriminalisation and then the legalisation of the substances we are talking about?

Mr Taylor: We support decriminalisation of personal drug use, yes, for the same reasons that Martin has outlined—that either people are not dependent and therefore should not be criminalised for that behaviour or if someone is experiencing dependency they should be offered treatment and support rather than criminalisation.

CHAIR: We are over time. We will have one more question and then we are closing. We are eating into our lunchtime, so the ball is in your court. Jon, do you have a question before we close? Here is your chance.

Mr KRAUSE: I have probably got more than one, Pete, but I am happy to leave it. It would require a whole new line of questioning.

CHAIR: That is all right. That brings to a conclusion this part of the hearing. Thank you very much for your attendance. Thank you for your written submission.

Mr Taylor: No worries. Thank you very much.

CHAIR: Before you run away, I think you took a couple of things on notice?

Mr Taylor: Yes.

Mr KRAUSE: Mr Chair—and I am sorry to interrupt you—I just wanted to know the numbers of people who filled out the National Drug Strategy household survey in 2019, if you could take that on notice too.

Mr Milne: Yes.

Mr Taylor: So three things?

CHAIR: Before everyone runs away, let us get the questions on notice organised. Are you right with the last question that the member for Scenic Rim just put to you?

Mr Milne: Yes.

CHAIR: And for the two previous ones?

Mr Taylor: Just to clarify, I said that I could get you something on the rate of detection for someone using illicit drugs.

Mr Milne: And the first one was the various rates of addiction for—

Mrs GERBER: Broken down by drugs.

Mr Milne: Yes, broken down by drugs rather than the—

Mrs GERBER: As in this bill. You do not have to cover the whole spectrum, but as defined in the bill that we are currently considering broken down by drug types.

CHAIR: I do not know if this is possible, but it would be helpful to the committee if we had those by Monday, 27 March.

Mr Taylor: Yes, we can do that.

CHAIR: If there is an issue with the time line or issue with the information, will you communicate with the secretariat please, who I understand are very understanding?

Mr Taylor: Yes, we will.

Mr Milne: They were very helpful.

CHAIR: Thank you.

Proceedings suspended from 12.37 pm to 1.18 pm.

BARTHOLOMEW, Mr Damian, Chair, Children's Law Committee, Queensland Law Society

FOGERTY, Ms Rebecca, Vice-president, Queensland Law Society

CHAIR: I now welcome, from the Queensland Law Society, Ms Rebecca Fogerty and Mr Damian Bartholomew. Good afternoon and thank you for being here. I invite you to make an opening statement of up to five minutes, after which committee members will have some questions for you.

Ms Fogerty: Thank you for inviting the Queensland Law Society to appear at the public hearing on the Police Powers and Responsibilities and Other Legislation Amendment Bill. In opening I would like to respectfully recognise the traditional owners and custodians of the land on which this meeting is taking place, Meanjin. I recognise the country north and south of the Brisbane River as the home of both the Turrbal and Yagara nations and pay deep respects to all elders past, present and future.

We stand with other peak bodies and agencies in recognising the alignment of this bill with a health centred approach to drug law reform. We commend the government in this regard. The expansion of the police drug diversion program is a positive step in the complex process towards reducing drug related offending in Queensland. We do have some reservations about aspects of the bill that are not aligned with the Youth Justice Act, in particular the discretionary application of the expanded diversionary options. I am joined today by Mr Damian Bartholomew, the Chair of the Queensland Law Society's Children's Law Committee. We welcome any questions you may have.

Mrs GERBER: Rebecca, thank you so much for your submission and your appearance today. I am not sure if you have had a chance to look at the QPS response, which was published online only last week, in relation to the submitters. On page 14 of their submission, in response to the Queensland Law Society's submission in relation to the disparity and tightening up of the application to children, it states that the QLS submits that section 379C(3) be clarified to ensure that the discretion to not issue a drug diversionary warning to a child on a first and second contact only be exercised if police proceed with a lesser recourse. Can I clarify that that is the Queensland Law Society's submission?

Mr Bartholomew: Essentially what the society is saying is that we support that young people should receive diversions and that the police should have the capacity to divert young people for drug offences and that may take a broader range than simply the drug warning system that is proposed in the legislation. All of those options that would be contained in section 11, subsection (a) to subsection (d), of the Youth Justice Act, the Law Society believes should be open to young people but they should not receive the benefit of a diversion that is mandatorily required for adults. The thrust of the Law Society's submission is that young people should be required to be diverted in situations where an adult would have to be diverted.

Ms BOLTON: In your submission you state that the bill will 'be considered holistically in the context of the various other youth justice legislative and policy reviews to ensure the potential overlaps or gaps are identified'. Is there anything that currently you think could be a gap or has something already been identified?

Mr Bartholomew: Perhaps the obvious gap in terms of this legislation, what is identified perhaps through this legislation, is the fact that there is no power for a court to review the discretion to offer a drug diversion. Unlike the other diversionary options contained in section 11, subsections (a) to (c)—caution and diversion to a restorative justice process—where a court does have an overview and says 'This is something that the police should have done', and can dismiss a charge on that basis under section 21 and section 24A, there is no equivalent power for a court to do that where the discretion to exercise a drug diversion has not occurred. That is obviously something that the society thinks should be in place.

Ms BUSH: Going to the member for Noosa's question, Damian, you mentioned section 11, subsections (a) to (c). Are you talking about section 11 under the Youth Justice Act, it is reviewable?

Mr Batholomew: Yes. That is where the diversion provisions are required that require the police to consider diversion and, again, it is a discretion that the police have to act under those provisions.

Ms BUSH: Again picking up on the question of the member for Currumbin, I think the police response to your position, which I have read, is that your recommendation might in fact constrain them.

Mr Bartholomew: And obviously that is not the submission of the society. What we are saying is that we want to ensure that if an adult is required to be diverted then a young person has the opportunity—a young person must also be diverted and it could be in any of those ways under section 11, (a) to (d).

Ms Fogerty: Put another way, we do not think that the other diversionary options that are available under the Youth Justice Act should be a reason a young offender is treated differently from an adult offender in terms of the police being required to consider diversion.

Ms BUSH: In fact, the QHRC submitted that there might be ways that you could word it to free that up a bit.

Ms Fogerty: And there is no reason all of these considerations and the other diversionary options cannot sit neatly with the requirement to consider diversion.

CHAIR: Jason, do you a question?

Mr HUNT: I have no questions.

CHAIR: Damian, I want to pick up on something that you said and I may have misunderstood you or misunderstood what I have read. At the moment, for example, and I am not distinguishing between juvenile or adult, but if someone appears in court where they should have been or could have been—'could have been' is probably the better term—offered diversion and they are not, does the court not have discretion to refer them to the diversion program?

Mr Bartholomew: I can speak to that in terms of the Youth Justice Act. There does remain a discretion for the court to refer the matter to a diversion program. However, that matter is then dealt with through the court system and will then form, for a young person, part of their court history. That will be quite different to what would be happening to an adult in the equivalent situation where, under this legislation, they would be diverted and the matter would not be presenting on their court history. A young person would end up with an additional matter on their court history, which an adult does not otherwise have.

CHAIR: Say, for example, someone was not sent to diversion when the police first apprehended them but was put before the court. Does the court have the power to refer them to diversion when they appear, if they fit the categories that this bill has set out?

Ms Fogerty: Do you mean in accordance with the bill or the current practice now?

CHAIR: With the bill.

Ms Fogerty: Give me a moment. I apologise for not being able to immediately answer.

CHAIR: I should know.

Mr Bartholomew: Chair, I did not see any particular provision enabling that. Certainly there is nothing in the Youth Justice Act currently that would enable that to happen.

CHAIR: I think I may have answered the question after asking it myself. I do not think there is anything in the bill to allow a magistrate to send it off to diversion. I am struggling with it. I might be wrong. Shouldn't a magistrate have all the—

Ms Fogerty: The act seems to allow for a court to refer it but is silent on those issues of definition of 'charge', 'conviction' and how that all comes into play. Presumably the charge would be dismissed unless—

CHAIR: That is what happens now, isn't it, for the diversion?

Ms Fogerty: No, they plead guilty.

CHAIR: Doesn't it, for cannabis?

Ms Fogerty: They plead guilty and then it is a conviction in the usual sense.

Mrs GERBER: The way the system works in relation to diversion is that it is currently just for marijuana. This bill proposes to expand it into other categories of drugs. Are you suggesting in relation to the Youth Justice Act and its application to children that that has been happening currently in relation to the diversion program with marijuana?

Mr Bartholomew: Yes. There is already a deficit within the act to allow for a charge to be dismissed in that way; that is right.

Mrs GERBER: Can you give us any statistics? In your submission you talk about how it will disadvantage children—and you give us a number of hypotheticals. Because the disadvantage has been in the system now for three years—I think that is how long diversion in relation to marijuana has been happening—can you give us any statistics or any case examples where children have been disadvantaged?

Mr Bartholomew: What we can say from our members is that frequently young people are appearing in court where matters are being dismissed because the discretion has not been properly exercised in relation to cautions and restorative justice. That is because that provision is open for the

court to review those decisions. Our members do report that those sections are being frequently used by the court to effectively review those decisions and dismiss the charges. It is analogous then that, if indeed there were the power to be able to review the drug diversion provisions in the same way, indeed there would be some use of that.

Ms BUSH: You may have mentioned it—I cannot see it in your response—but can I get some general views from you in terms of the eligibility criteria? I note that there are four limbs that need to be satisfied for the diversion. Do you have any views on that?

Ms Fogerty: We have always supported expanding the eligibility criteria for drug diversion matters in terms of the range of drugs that are able to be referred, the amounts and the requirement for a person to have to admit guilt. We have long been on the record as saying that diversion should occur regardless of that requirement.

Mr KRAUSE: Does the society have a view that you can tell us about around future law reform, whether decriminalisation is something you would like to see in this space or legalisation of drugs? Is there a view?

Ms Fogerty: We stand with the AMA Queensland in advocating for an approach to drug crime which is fundamentally health based in nature. We obviously want to see a decrease in drug crime. We have always advocated that the way to do that is through health guided and health-led reform. It is quite clear that war-on-drugs approaches have been somewhat of a failure in the past across multiple jurisdictions.

CHAIR: It looks like we are running out of steam. Does anyone on the committee have a question of the Law Society? I take it by the silence that we do not. Is there anything else that you think the committee should be made aware of? One matter that has come up during the hearing is the drug diversion system that currently works for small amounts of cannabis. That always requires the person to be charged before they can be diverted; is that right?

Ms Fogerty: As an adult, yes.

CHAIR: I am not trying to neglect the juveniles, but I am just trying to get my head around it. The only way you can get diversion at the moment for small amounts of cannabis is to go before the court, plead guilty and then they refer you to diversion?

Ms Fogerty: It has been a long time since I have done one of these matters.

CHAIR: That is okay. I am not trying to put you on the spot.

Ms Fogerty: It is no longer drugs charges that we are acting for people on; it is domestic violence and other types of matters.

CHAIR: The pendulum has shifted dramatically.

Ms Fogerty: It has. I feel like in some very small cases it is possible to negotiate with the police for an adult offender who has not yet been charged but where police have indicated an intention to charge in relation to a small amount of cannabis only—

CHAIR: To go to diversion.

Ms Fogerty: To have police diversion rather than court diversion. Police diversion means that they are not charged. It is entirely dependent on the discretion of the particular police officer and often as well the aptitude of the person in terms of their having a lawyer and the lawyer then following that up. There is no consistency in how that occurs.

CHAIR: Another issue to arise during the hearings is trying to understand the success or failure of that particular diversion system. I was surprised to understand that no-one has kept statistics—I am not saying the Law Society should have done it—but do you know of any system whereby they record the number of people who get diverted and whether or not they make their way back to the courts in the future?

Ms Fogerty: It could only be police systems that would have that information.

CHAIR: It might be a question for our briefing with the department.

Mr Bartholomew: I can assist you in terms of young people. There is, of course, the power for the police to divert young people to a drug diversion program without the necessity for them to be charged and taken before the court. That does currently already exist. It is well established. As far back as last century, there was the inquiry by the Australian Law Reform Commission into the benefits of diversion generally for young people from the court system and the benefits of that both in terms of drugs but generally in terms of diversion in relation to young people not associating with a pro-criminogenic identity and also resources in terms of the system.

CHAIR: That concludes this part of the hearing. I thank you for your attendance and for taking time out of your busy schedules to be with us today.

HAYES, Ms Katherine, Chief Executive Officer, Youth Advocacy Centre Inc

CHAIR: Good afternoon. Thank you for being here. We invite you to make an opening statement of up to five minutes after which committee members will have some questions for you.

Ms Hayes: The Youth Advocacy Centre's position is that the warning and diversionary provisions for certain drug offences available for adults should also be available to children. This best aligns with the government's focus on community safety. Firstly, the Youth Justice Act currently allows the court to dismiss proceedings which should not have been commenced by police because they were more appropriately dealt with by way of caution or restorative justice or should not have been brought at all. This is what Damien Bartholomew was talking about a moment ago. This does not extend to children who should have been offered an opportunity to attend a drug diversion assessment program. At the moment, these charges cannot be dismissed whereas a charge that should have been dealt with by way of caution or should not have been brought in the first place or restorative justice including these kind of offences can be dismissed but not for want of being diverted to a drug diversionary assessment program. YAC seeks a provision to mandate that eligible children who fit into this criteria receive the benefit of the warning and diversion, with courts having the power to dismiss such proceedings if the court is satisfied that a warning or a diversion should have been provided.

Secondly, the lack of a mandate for a warning or participation in a drug diversion assessment program prioritises the criminalising of children rather than the rehabilitation, noting the accepted view that deterrence in laws is not seen to be an effective provision in youth justice laws. This results in a criminal history, which Mr Bartholomew referred to before, which has consequences including being classified as a serial reoffender under the new laws.

Thirdly, there is a cumulative effect of the increased involvement in the youth justice system resulting from the increased charges because of these laws. The children become more entrenched in the system and are more likely to enter custody, which does not effectively address the underlying causes of their use of the substances in this first place. This will also contribute to the overcrowding of detention centres and watch houses because of that cumulative effect which is likely to occur in the coming months. Finally and significantly, the failure to provide children with the benefit of a warning or diversion contravenes the fundamental principle that children in the youth justice system should not be treated more harshly than adults.

Mrs GERBER: Thank you for both your written and oral submission. Does the Youth Advocacy Centre have any experience with the diversionary programs at the moment? Can you talk us through how they are working for children in relation to their application to cannabis which is currently what is in play?

Ms Hayes: Our bail support program is involved with young people who are being diverted from the youth justice system and are part of diversionary programs that already exist. My understanding is that there is a degree of success. I cannot pinpoint exactly what that is, but there is a degree of success in these programs.

Mrs GERBER: Can you talk the committee through what it involves?

Ms Hayes: The bail support program or the diversionary programs?

Mrs GERBER: The diversionary programs.

Ms Hayes: No, I cannot.

Ms BOLTON: What I am hearing from you and previous witnesses is that what is important is ease of access to these diversionary programs instead of barriers. What you have just outlined can be seen very much as a barrier, but we have also heard that to get to the program you have to admit guilt. How does this impact on youth and children?

Ms Hayes: My understanding is that under section 11(1) (d) of the Youth Justice Act there already exists a discretion to offer a diversionary drug program instead of bringing proceedings or commencing the court process. That provides that avenue, but at the moment it is not mandatory; it is merely something that must be considered. Our submission is that if it were mandatory it would result in children being diverted from the youth justice system and into rehabilitation facilities.

Ms BOLTON: And that would be without having to admit guilt; is that correct?

Ms Hayes: Yes.

Ms BUSH: Thank you for appearing, Katherine. Thank you for your submission which is really clear to me. Just picking up on the member's point, from a PPRA perspective in this bill it is not an admission of guilt but it is consent to be referred into programs, would that be your read?

Ms Hayes: Yes.

Ms BUSH: You have mentioned this in your written submission, but I was hoping you could inform the committee a little about the current practices of the QPS in terms of diverting young people into other programs. You have mentioned in your submission that the courts often pick up that perhaps police could have referred the matter rather than charging. I wanted you to extend on that a little.

Ms Hayes: Our experience is that there are a number of different charges where the courts have found that instead of proceedings being commenced by police, they would have been better dealt with by way of caution—not bringing proceedings at all—or by way of restorative justice. This would further enhance the ability for the courts to deal with these type of drug offences through that mechanism which they currently do not have.

Ms BUSH: You probably would not have a sense of the numbers in terms of the potential for diversion of young people.

Ms Hayes: No, I do not think we do.

Ms BUSH: No worries, thank you.

Mr KRAUSE: This is not strictly related to your submission, but are you able to advise the committee from the Youth Advocacy Centre's point of view what proportion of people using the drugs referred to in this bill are ever in contact with police or the justice system as a result of that drug use?

Ms Hayes: I think you are asking me to talk about something that I cannot talk about. Are you asking me about the kids who are using these kinds of drugs who do not come into contact with the youth justice system?

Mr KRAUSE: Yes. Do you have any idea?

Ms Hayes: No, but I can give you an example of a child which is a typical example. A 13-year-old Aboriginal boy who cannot go home because the home is unsafe is therefore living on the streets, and has been four months at the age of 13, and is exposed to adults who are using cannabis and methamphetamines and so partakes in those because that is what he is exposed to. I think that these laws would start him on a path of entrenchment in the criminal justice system when he has a lot of disadvantage such as homelessness, being exposed to domestic and family violence, substance and drug abuse and mental health issues, which should be addressed better than within the court system. That does not answer your question about the number of children who are not in the youth justice system because I do not think that can be quantified because how can you know how many there are if you are not coming into contact with anyone recording them, but a lot of our young people do.

Ms BUSH: Could you comment generally of the responsivity of young people to diversionary programs and how well you see them working? We have heard about adults a lot this morning. Could you comment from a youth perspective?

Ms Hayes: It is difficult to say because of the variety of circumstances and the length of time that they have been out of a productive life path. If you are able to intervene early—if it has only been a number of months that they have been on the streets or a number of months that they have been out of home—and they are quite young, then early intervention can have high prospects of success. The further down the track they are the more difficult it is unless they have a real desire themselves to engage in a positive pathway and then it has high prospects of success. There are many factors which impact on the success, but the earlier the invention and the willingness of the child are the most important.

Mr HUNT: Obviously overall you are in favour of the central thrust of what is being proposed. Can you outline what you think will be aided by the proposed changes and what the benefits will be that come out of the proposed changes?

Ms Hayes: If the proposed changes were to apply to children as well then it would be children continuing to have their underlying causes of substance use affected engaging in a positive pathway which has ultimately a better impact on community safety. That is if the laws were to apply to children, which in the present bill they do not. I am only commenting on the prospect of them applying to the youth in Queensland.

Mr KRAUSE: Ms Hayes are you and your organisation concerned that the provisions in the bill which remove certain drugs from requiring an immediate justice system response might lead to a greater involvement of young people using drugs in a very general sense?

Ms Hayes: In terms of general comments, without having looked at evidence, there are many different classes of young people who are using these different types of drugs. The ones we would be most concerned about would be, for example, the 13-year-old homeless boy who is taking meth rather

than the private school boy who has smoked a joint once. These laws are meant to effectively address those who have more of an entrenched issue because it is giving them the opportunity to properly rehabilitate. If you are the one-off user rehabilitation is definitely not needed because that is where the warning is issued. Once the young people have stepped further down that path they are in more need of assistance to rehabilitate and not engage further in an unproductive path that is more likely to lead to entrenchment in the youth justice system.

Mr KRAUSE: Every journey down a path starts with a first step. Do you think the change of settings could see more people take that first step in terms of their use of the substances detailed in the bill?

Ms Hayes: What do you mean by the changing of settings?

Mr KRAUSE: Change of settings in terms of—

Ms Hayes: The law.

Mr KRAUSE: Yes.

Ms Hayes: I thought you meant moving them to a different place. No, I do not think these changes in the law would impact the cohort that we are interested in, which is those who are at risk of involvement in the youth justice system. It might impact the private school boy who wants to give it a go once. They are generally going to be fine in life. This is more those entrenched.

Mr KRAUSE: Why do you say the private school boy?

Ms Hayes: I think they have a safety net beneath them. I think they have parents who have means of providing them with assistance if they have any kind of issues. I think they have a network of support—family and friends. As a generalisation, they are part of a community that would assist them to get back on a good track. From my own kids' experience and from lived experience around me, as a generalisation, that is true.

Mr KRAUSE: There could be other school settings too, could there not?

Ms Hayes: Absolutely, but they are more likely to have a greater safety net in that environment. I see that with my own kids. They might do something wrong but they will be picked up. Other kids do not have that kind of network around them.

CHAIR: It would appear the committee has no further questions for you, Katherine. Thank you for attending. Thank you for your written submission and your continued support of the committee system.

Proceedings suspended from 1.55 pm to 2.05 pm.

TREGONING, Dr Will, Chief Executive Officer, Unharm (via videoconference)

CHAIR: I now welcome Dr Will Tregoning. I invite you to make an opening statement of up to five minutes and after that the committee will have some questions for you. When you first speak, if you could announce your name and title for Hansard and once you do that once, then you do not need to do it again.

Dr Tregoning: My name is Dr Will Tregoning. I am the CEO of Unharm. Very briefly, I appreciate the opportunity to speak to the committee today. My background is I have a PhD in health research. I founded Unharm. What brought me to that was a combination of personal and professional experience. As a young person, I saw how common it was for relatively privileged people like me to use illegal drugs and how, for most of them, it was a very minor part of their lives. As a health researcher working for government, I saw how dishonest the conversations are that go on within government about the reality of drug use and was struck by the fact that when we were designing and evaluating policy and programs, there was a culture of dishonesty. Then walking the streets of Kings Cross, which is my neighbourhood here in Sydney, I saw the unfairness of how that plays out whereby people like me are largely invisible to law enforcement, but people who are Aboriginal or people experiencing homelessness are constantly stopped and searched by the police. It was a combination of those experiences that led me to found Unharm, which is a social justice organisation focused on drug law reform.

Briefly, to reflect on some of the key themes in the submission that we made to the committee, we think that Queensland moving towards the expansion of the diversion system is a positive step to the extent that it recognises that criminalising drug use is harmful. Diversion might sound like progress, but it is actually an old policy idea that has been implemented in Australia for a period of about 20 years. Over that period and, for example, looking at the last decade, we have seen a massive increase in the number of drug consumer arrests in Australia. What we can see from diversion is that while it might be effective to some extent in reducing criminal penalties for some cohorts, it also has a net widening effect where it is actually increasing the number of people making contact with the criminal justice system. As I am sure you would be aware from the Queensland Productivity Commission's recent report on reducing the cost of imprisonment in Queensland, this massive funnel of forcing people into the criminal justice system is one of the factors that perpetuates the overcriminalisation in particular in communities like Aboriginal people.

Diversion might sound like progress, but the purpose of the bill is clearly stated as being to increase efficiency for Queensland police, and I think that speaks volumes. Diversion might sound like progress, but it is an easy way for police to stop and search people without all the paperwork that goes with making a criminal charge. In a sense, it is a feel-good facade for more stop-and-search in Aboriginal communities and other communities already targeted by police. We believe that policy in this area should have the wellbeing of the community as its focus and must include people actually affected by these laws in the development of effective policy. It is a basic principle of regulation that the people whose lives are affected by regulation have some opportunity to participate in the development of those regulations. With that in mind, what we advocate for is something similar to what the ACT did for cannabis in 2019 of inserting exceptions into the legislation such that possession of cannabis is no longer an offence. It is a model that I think would both meet the needs of moving people out of the criminal justice system while also guarding against the perverse impacts that we are seeing with diversion schemes across Australia. Thanks for the opportunity.

Mrs GERBER: Thanks very much for appearing, Will. Do you or your organisation have any experience with the drug diversion programs in Queensland? Can you tell us if your members have had any experience with them and how they might work, or what is your organisation's experience with drug diversion programs currently in place in Queensland?

Dr Tregoning: We do not have a membership base to the extent that people who are supporters of our organisation support on the basis of political actions that they might take, like writing petitions. We are not an organisation that represents drug users, so we do not come from the experience of representing the experiences of our members in the diversion system. We are a political advocacy organisation. The experience that we bring is based on essentially input from experts rather than directly representing members who have experienced a diversion program.

Mrs GERBER: So you cannot tell the committee. Do have any knowledge of diversion programs in Queensland, how they work?

Dr Tregoning: To some extent, yes.

Mrs GERBER: Can you talk us through that, please?

Dr Tregoning: My understanding is that at present there is a diversion scheme for cannabis, much like the one that has been proposed for other substances under this bill. At the moment, for other substances there is not a widely accessible diversion scheme. I am not clear on what type of—is that the kind of content that you were looking for?

Mrs GERBER: I was more after your understanding of how the program is working in Queensland, but that is okay. I understand that you do not have that, based on your answer then.

Dr Tregoning: The extent of my experience is around what impacts we can see in terms of the number of people being arrested while these schemes operate. As I stated in my opening remarks, we have seen a huge expansion in the number of arrests for consumer offences under the operation of this scheme. That is where we place our focus which is on the harmful effects of criminalisation on people's lives and, to the extent that we have studied the operations of the current diversion scheme, it is around the number of people who have been arrested.

Ms BOLTON: You spoke in your opening speech, as well as in your submission, about the ACT and the laws there. Given that we have had a previous witness from Drug Free Australia that gave the other side to the argument, and the comments were that in the ACT it has not assisted, but has actually increased usage, can you comment on that?

Dr Tregoning: One of the claims that is often made is this claim about how drug law reform might lead to increased use. At best, the evidence about that is very equivocal and there is much stronger evidence to suggest that the legal settings around particular substances are not the determining factor in rates of use. For example, looking internationally, the Netherlands has a more liberal set of cannabis policies than operate here in Australia and lower rates of use of cannabis than exists in Australia. That idea of a link between liberalisation in drug policies and an increase use is not one that is supported by those kinds of comparisons. I am not familiar with any evidence that there has been an increase in drug use. I think that there may be a degree of invention around those remarks. I am not sure which data they would be drawing on to make that inference, given that the moves towards essentially what the ACT has called decriminalisation of all substances has happened so recently that there would not be population-level data about rates of drug use.

Ms BOLTON: As a follow-on, you mentioned dishonest conversations in your opening statement. Can you give an example of that?

Dr Tregoning: One of the things I was referring to in particular was that, within government, I noticed how drug use was talked about as if it were a remote phenomenon which reflects a stereotypical perception of who uses drugs—it is seen as a socially marginal experience—whereas in my experience, drug use happens right throughout society, and there is substantial data to back that up. For example, the National Drug Strategy Household Survey shows that the wealthier you are, the more likely you are to have lived experience of illegal use of drugs. It was that dishonesty whereby drug use was discussed as some remote phenomenon, whereas looking around the room in these meetings of health bureaucrats, I would think that I have seen the data and I am pretty sure, without putting too fine a point on it, there was a dishonesty within those conversations that happened in those settings—the dishonesty that is created by a particular kind of context, for example, a political and media context that makes it very difficult to be honest about drug use. I understand why that culture of dishonesty exists and the people within it are not entirely to blame for it, but, nevertheless, that is what I was referring to in those remarks.

Ms BUSH: Given that we are looking at a diversion model here and not a decriminalisation model I was interested in your views on what measures might we look at to help reduce the impacts you spoke about, particularly in relation to net widening. Is there another alternative?

Dr Tregoning: That is a great question. The best thing to do would be to make a reduction in the historically criminalised populations—like Aboriginal people, for example—an objective of the legislation such that there was then some monitoring around the impacts of this shift on arrest rates. There is daylight between that and any other recommendation. There are certainly things that can be done to make these schemes operate in ways that make it less likely to route people back into the criminal justice system. It is complex, but no penalty for non-participation in healthy interventions is one way of ensuring there is not a pathway back into criminalisation for the people least able to participate. For example, people whose lives are chaotic are most unlikely to participate in those interventions. If the penalty for that is being routed back into the criminal justice system, it means that the system is failing the people most disadvantaged.

Ms BUSH: Some of the other submitters along those lines have spoken about things like really good governance, culture change for police, monitoring, evaluation, really good training and guidance to get that shift in attitude aspect working. Would that be your view as well to go alongside this bill?

Dr Tregoning: On the face of it all those things sound like they make sense, yes. However, I think stopping the culture of excessive stop and search in marginalised communities is going to take more than just culture change education within police. It requires a shift in the powers. Suspicion of a drug offence basically is a blank cheque to police to stop and search anyone they wish. Having that in place means there is always going to be that risk that it becomes another way of pressuring communities that have historically been subject to excessive pressure from police and with all of that entails especially overcriminalisation.

Ms BUSH: I heard you say that in your opening statement and I was curious about that. I might have misunderstood, but it sounded like you were saying that diversion programs often relax the threshold for police to undertake street checks. Can you expand on that?

Dr Tregoning: That is correct. Police working in areas where diversion schemes already operate will say this. For example, in Victoria police have commented that the diversion scheme makes it very efficient for them to issue tickets to people found in possession of an illicit substance. Essentially it takes away some of the complexity that goes with making it hard. It is as simple as writing a speeding ticket. The moral hazard is that because it is so easy, it means a person can be stopped and searched and police do not have to worry about the complexity of having to route that person through criminal proceedings.

Mr HUNT: We heard from a previous submitter that jail time enhances an incentive to take up drug treatment programs. Can we get your thoughts on that perspective?

Dr Tregoning: That to me is perverse. In a context where the drug treatment system is underfunded nationally—and I am not singling out Queensland here—there is substantial evidence that the funding for drug treatment is approximately 50 per cent of the level for which there is demand. There would be twice as many people in treatment if it were not for the lack of funding. In that context presenting prison as an essentially therapeutic experience that gets people into treatment is at best, I would say, a perverse perspective. It does not recognise that the best approach would be to ensure that there are voluntary pathways into treatment for people who actually wish to seek it.

Mrs GERBER: I want to unpack a bit. In your written submission you talk about opportunity cost and you talk about how the proposed bill includes mandatory health interventions for drug use. On my reading of the bill it is not mandatory per se. I am unclear on what your submission is around health interventions. Is Unharm proposing that mandatory health interventions is what is needed if you are going to have a bill that does this? What is your submission around opportunity cost actually saying?

Dr Tregoning: The point there is that if people are participating in a way that imposes a cost for providing health services or healthy interventions, it is taking away from investment in the drug treatment system for people who wish to voluntarily seek treatment. In addition, implicit in that is that there is a pat on the back kind of logic that goes along with diversion programs as if it were therapeutic, whereas in fact it is about increasing police efficiency. In terms of an opportunity cost, it misses the opportunity for a policy reform that is actually better able to support the wellbeing of the community.

Mrs GERBER: That ties back into the statement on page 1 of your submission where you say—

> The proposed expansion of the drug diversion program … reflects an intent to increase the efficiency of policing operations, rather than being a serious attempt to improve fairness and wellbeing.

It is all along that same thread?

Dr Tregoning: That is correct. It also reflects that increased police efficiency is highlighted in the explanatory statement for the bill.

Ms BUSH: I was wondering if you could speak about the benefits in those jurisdictions where the stigma around seeking help has been reduced and what does that do at a social public policy level around drug use?

Dr Tregoning: We often work in alliance with drug treatment organisations. Repeatedly people who work in those contexts talk about how they often have clients who delayed seeking help because of a fear of the legal implications of admitting to an illegal behaviour, in this case drug use. The fact that that fear of punishment prevents people from seeking treatment is abundantly not in the public interest and not in the interests of the individual themselves.

It is still very early in the ACT's experience, for example, just looking at a local jurisdiction. One of the organisations that we work with there, the drug user organisation CAHMA have provided some initial feedback that there has been an increased readiness of people to seek help for cannabis related problems in the context of decriminalisation there. Beyond that, more broadly, the shift away from a punishment-based system—and this is opinion—would increase people's likelihood to trust messages coming from government. At the moment we know that is not where, for example, young people go

looking for information about drug use that they trust. If there was a decriminalisation system whereby people did not see government as the enemy, I think there would be an increased readiness to take on board the public health messages coming from government as well. It is an additional, more population-level benefit.

CHAIR: Thank you for your time this afternoon. Thank you for your written submission. That brings to a conclusion this part of the hearing.

Dr Tregoning: Thank you very much.

CHAIR: We will now break until 2.45.

Proceedings suspended from 2.25 pm to 2.49 pm.

BECK, Dr Simon, Secretary, Australian Psychedelic Society (via videoconference)

DOUGLAS, Dr Samuel, President, Australian Psychedelic Society (via videoconference)

CHAIR: Good afternoon. Thank you for your attendance and written submission. I do not know if you have been following proceedings, but we ask presenters to make a five-minute opening statement, after which committee members will have some questions. We are in your hands.

Dr Beck: My name is Simon Beck. I am a medical doctor with a master's degree in psychiatry and several years of experience in public psychiatric hospitals. With me today is Dr Sam Douglas, who holds a PhD in philosophy, with 15 years of experience in teaching ethics and critical thinking at a university level. We are here representing the Australian Psychedelic Society, a not-for-profit organisation focusing on harm reduction among those who use psychedelics in Australia.

We would like to start by thanking the committee for the invitation to present to this very important event today. We would also like to applaud the Queensland government and the Queensland police for taking this important step towards bringing Queensland drug policy in line with the harm reduction goals of the National Drug Strategy. The Australian Psychedelic Society supports in principle the policy goals outlined in the explanatory notes accompanying the amendment bill; however, we believe that this is the best opportunity to ensure the proposed changes best achieve the policy goals and the National Drug Strategy objective of reducing adverse health, social and economic consequences. To that end, we believe some amendments could further align the amendment bill with the policy goals and the National Drug Strategy objectives.

Firstly, the Australian Psychedelic Society does not believe the possession or use of a currently illicit substance or restricted substance should constitute a criminal offence. To that end, we believe that section 9 of the Drugs Misuse Act should be omitted, along with references to the offences currently outlined in that section. We would like to note that, with such changes, supply and trafficking would remain offences. In lieu of such a change, we do not believe there should be a limit to the number of warnings given to a person for a minor drug offence. Where a person is found to be in possession of a psychoactive substance, they should be offered voluntary referral to a brief intervention and be directed towards co-designed, peer reviewed and health focused harm reduction education resources in all cases.

Where there is a limit to the number of warnings that a person may receive, there should not be a limit to the number of drug diversion assessment program referrals that must be given. We believe that these referrals should be voluntary and that those referred to such programs should be assessed for their specific needs before an appropriate intervention is provided. The more brief intervention opportunities that are provided, the better the outcomes are likely to be for the individual and their community. This is in keeping with the National Drug Strategy Household Survey of 2019, the results of which clearly demonstrate that there is very limited public support for prison sentences for those found in possession of currently illicit substances. Depending on the substance in question, only 3.6 to 20.3 per cent of the population believe that prison sentences are an appropriate response to drug possession. As such, prison sentences should never be a possible outcome for drug use or possession offences in isolation.

We would support a system where special committees, including health and social work experts, review referrals from police to determine whether the person demonstrates problematic patterns of substance use before offering referrals to the best fitting education, support or treatment services. For those without problematic patterns of substance use or significant risk factors for developing such patterns of use, harm minimisation education resources should be provided and further intervention may not be considered necessary at that time. This reduces the burden on the service providers and is in keeping with the National Drug Strategy, which recognises that drug use and the associated possible risks exist on a continuum.

It is worth noting that in 2019, 43.2 per cent of the population had used an illicit substance in their lifetime and 16.4 per cent had used an illicit substance or non-prescribed restricted drug in the past 12 months and that most people who use drugs will not experience significant adverse consequences directly from their drug use, particularly where harm reduction principles are adhered to and adequate educational resources are available. We also note that there should continue to be pathways to mandated alcohol and other drug treatment for those with problematic patterns of substance use who have been proceeded against in court for other offences and that the drug and alcohol court program should be expanded.

We believe that it is critical that those previously convicted of more serious drug offences are not excluded from the drug diversion warning or assessment program and that doing so only serves to compound the trauma and social difficulties that usually underpin problematic patterns of substance use as well as limit opportunities for meaningful reintegration into society after a prison sentence.

We strongly believe that suspicion of drug use or possession should not be reasonable grounds for questioning or searches by police where reasonable suspicion of other offences is not present. We emphasise the importance of consultation with people who use drugs when considering any weight limits that may be used to determine the definition of a minor drug offence, though we do not support defining different categories of drug offence based solely on weights. On that note, we will now welcome questions from the committee. Thank you.

Mrs GERBER: Part of your written submission says that you believe the offences for supply or trafficking can be enforced based on evidence of such activities irrespective of the amount possessed. My understanding of that is that you do not think commercial quantities should be factored into the legal prosecution of a drug offence? Are you saying that, no matter how much of a drug someone has in their possession, that is not indicative of either trafficking or supply?

Dr Beck: Yes, that is correct; that is the opinion of the organisation. Where there is no other evidence of supply or trafficking offences, the notion that somebody intends to supply or traffic an illicit drug based solely on the amount they have in their possession we do not think is reasonable. Based on our interactions with the community of people who use drugs, we are aware of the fact that some people possess fairly significant amounts for their own personal use because at times access changes. At times, price factors into the amount that might be purchased for personal use. We really do not think that a weight limit alone indicates evidence of the intent to supply or traffic.

Ms BOLTON: You just said 'significant amounts'. What amounts are you talking about in that you believe there should not be ramifications in terms of a commercial aspect? Could you provide an example?

Dr Beck: Certainly it would be difficult to give one specific example, because it really does vary depending on the substance that we are talking about as well as the way that substance is listed in the legislation. For example, some of the natural plants and natural products that contain scheduled substances may be considered their entire weight as a pure substance in some instances of the application of the law, where they may contain only a few per cent of the actual scheduled substance. In the case of psilocybin mushrooms, you might charge somebody with 50 grams of psilocybin when in fact they have 50 grams of the mushroom that contains only one per cent of psilocybin.

There is a magnitude of difference in terms of the number of doses when you are looking at different weight limits. That is why we think, where weight limits are being considered, it is necessary to consult comprehensively with people who are familiar with the use of those drugs. Frankly, that is best coming from the people who use those drugs and the people involved in providing health services to those individuals, because they will equally be familiar with how people go about sourcing, acquiring and using those drugs and what typical amounts might be used by somebody with different levels of dependence and different patterns of use. It is difficult for me to give one specific example in terms of weight, but I note that for every substance to be included in any schedule there needs to be specific consideration given to each and every one of those in consultation with people who are familiar with the amounts and patterns of use for those different substances.

Ms BUSH: Thank you, Simon, for your written and verbal submission. Given that your position is more around decriminalisation, which is not what this bill is looking at, I might talk to the points you have raised in here that are specific to the bill. One of your suggestions is that there is no limit to the number of diversions and referrals that can be made to a person by police. Can you explain that a little bit to us?

Dr Beck: Certainly. We think this is a really important point. There is evidence that the effectiveness of brief interventions is increased depending on the number of interventions provided, so limiting the number of brief interventions that can be provided to someone around their substance use before they face the possibility of a conviction or a prison sentence really limits the effectiveness of such a program in modifying people's patterns of substance use, which we feel should really be the goal here—that is, where people are using substances problematically, everything is done to try and assist them to change those patterns of use.

We feel that by limiting the number of opportunities for them to attend publicly funded and publicly provided brief interventions you really limit the opportunity for those interventions to take effect. It is also largely based on the idea that the National Drug Strategy household survey, as I mentioned before, finds that there are extremely low levels of support for the notion that somebody should be facing a

potential prison sentence purely for the possession or use of an illicit substance and that the Australian public have made it clear in that survey that they really do not think that is an appropriate response to personal possession and use.

Also, sending somebody to prison or putting them through the court and ending up with a conviction serves to put upon them myriad social harms and stressors that are known to have significant negative impacts on their social wellbeing in ways that really are likely to increase the chances that they go on to develop problematic patterns of substance abuse. If the alternatives after your second drug diversion assessment program are that you may end up with a criminal conviction and potentially lose your job, have relationship problems and all of the other issues that have been reviewed in some of the government reports conducted around diversion programs in Australia, then we do not believe you are achieving the policy goal of limiting the harms associated with people's use of illicit substances. So, yes, we really think there should not be a limit on the number of brief interventions that are offered to people through this program.

Ms BUSH: I did not want to put words in your mouth, but I thought part of your response might also be around people being in different states of mind and different mindsets at different time points and that need to continue making that offer that there would be some evidence to say that—

Dr Beck: I totally agree. There is really clear evidence around stages of change in terms of brief interventions and alcohol and other drug treatment. The key to an effective intervention really is a combination of the timing at which that intervention is offered and the person's willingness to engage in it at that time, which really is a contextually dependent thing and will vary across times, but I totally agree with that point. You are not putting words in my mouth there at all.

Ms BUSH: Thank you.

Mrs GERBER: Having no limit on drug diversion warnings and therefore at no point in time is a person who is using illicit drugs subjected to any sort of court action, would that not just create a revolving door in relation to crime? How does that prevent drug use in our community?

Dr Beck: That would only be if drug use remains a crime, but I would point to the evidence from Portugal—this is very similar to the program they have—where a specialist committee assesses somebody who has been referred after being found with illicit substances and determines what an appropriate intervention for them may be. It ranges from taking no action at all, all the way through to sending them for a mandated alcohol and other drug intervention. They have not noticed increasing rates of drug use and they have not noticed increasing rates of offending. They have had massive reductions in their levels of drug deaths and they have had massive reductions in their levels of blood-borne virus transmissions. That has not been the evidence from the only other jurisdiction in the world that has implemented a change similar to that, where people are still offered the opportunity to go into some sort of brief intervention after being found by authorities to be in possession of scheduled substances.

Mr KRAUSE: Dr Douglas, I wondered if you could enlighten me and the committee about any harmful effects to the health of people who use psychedelics.

Dr Douglas: Both Simon and I could speak to that, but, in terms of the harms that can occur from psychedelics, in one sense it is depending on what you are classifying as psychedelics. If we are taking the generally accepted definition, which is something like the psychedelics that act on serotonin receptors—that is, LSD and psilocybin in mushrooms as they are probably the two most common ones, and they are certainly the two most common ones used in Australia—physically there is limited evidence for harm. There is certainly very limited, if not totally absent, evidence for people developing dependency on these drugs. There can be issues. The harms that can occur are dependent on the context and the environment often in which they are being used. Physically, these are much safer drugs—not necessarily safe because nothing is 100 per cent safe—than many other things that we accepted the use of in our society, in particular alcohol.

These are things where it is important physically and psychologically to be in a safe, supportive environment when people are under the influence of them, and that is the approach that a lot of harm reduction work that we do around people with psychedelics comes from. You are not really in danger. If your LSD is LSD—and I will come back to that—then you are not physically in much danger from it, but you should not be in an environment that is physically dangerous. It is a bad idea to be near rivers or cliffs or traffic. You want to be in an environment where the people around you are safe too, so that is the other thing that is worth noting. People who are under the influence of a serious dose of psychedelics are psychologically vulnerable, so it is important that the people in the environment around them are supportive.

Mr KRAUSE: And long-term impacts? I think what you are talking about are short term but long term as well?

Dr Douglas: I do not know. Simon, maybe you can elaborate on that. I do not think there are really a great deal.

Dr Beck: If it is all right, I would like the opportunity to perhaps provide the committee with a research paper. A cohort of drug and alcohol experts in the UK came together to rank different drugs by their perceived harms to the individual and society. While I would not be able to tell you specifically where the common psychedelics were ranked on that, they were extremely far down the list in terms of the 20 substances that were reviewed. I may be able to provide that paper to the committee—

CHAIR: Yes, that would be great. Could you email that to the secretariat, please?

Dr Beck: I absolutely will. In terms of the other potential harms, we think that in this space emerging in Australia one of the bigger harms associated with psychedelic use is the emergence of far more risky, novel psychoactive substances like 25I-NBOMe and 25C-NBOMe, among others. As I am sure the committee is aware, there are now hundreds of new drugs being designed and put onto the market long before they have ever even seen the inside of a lab rat, and they are making their way out into public streams because they are undetectable and they are often extremely low doses, in terms of micrograms rather than milligrams, so they are a lot easier to smuggle without risking detection. Those drugs in many cases carry a far greater risk of physical harm than the classical psychedelics, most of which only activate the serotonin receptors fairly weakly, do not present a great risk of serotonin syndrome, do not present a great risk of physical harm and present basically a negligible risk of physical dependency or addiction.

Most of the commonly used psychedelic substances from those perspectives are relatively safer than others. We do think caution needs to be taken in terms of looking at different substances in those ways, but we certainly recognise that there are differences in actual risk between different drugs. We certainly do not think psychedelics are without risk, but we do believe that there are established harm reduction principles that can certainly reduce and significantly mitigate those risks when they are applied such as set and setting, knowing the dose and those sorts of standard harm reduction principles that have been widely propagated within the psychedelic user community underground for many decades now.

I would also draw the attention of the committee to the Netherlands, where psychedelic truffles—they contain psilocybin, the same active chemical in magic mushrooms found all across Australia—have been sold legally in headshops or as a grey market in headshops for many years now. Reviews of the harms of the use of those substances in the Netherlands across time have shown that they do not account for a significant number of emergency presentations, injuries or otherwise significant harms. We do believe that they are a lower risk than many of the other substances that are currently included in the drug legislation.

CHAIR: I am just conscious that we have gone a little bit over time, but I have not given Jason the opportunity to ask a question.

Mr HUNT: Thanks, Chair; it will not take very long. Gentlemen, I see that you are opposed to the provision of life sentencing for trafficking. I wonder if could you tell me why that is the case.

Dr Beck: I think from our perspective the idea that you might face a life sentence for doing something that you may be doing in a position where you are acting in a way that you otherwise may not have because of substance dependence or substance use, which is often the case for people found to be trafficking in drugs, just seems rather disproportionate at times. I also note that the National Drug Strategy household survey found some support for increasing penalties around that, so we can understand if the committee would disagree with that suggestion.

CHAIR: Thank you. That brings to a conclusion this part of the hearing. Thank you for your attendance. I would just remind you, Simon, if you would not mind emailing that report to the secretariat. It would be very much appreciated by the committee. Thank you for your evidence today and thank you for your written submission. Have a good day.

Dr Beck: Thank you very much for the opportunity. Enjoy your day.

BEATTIE, Ms Susan, Director, Policy and Systems, Queensland Network of Alcohol and Other Drug Agencies Ltd

LANG, Ms Rebecca, Chief Executive Officer, Queensland Network of Alcohol and Other Drug Agencies Ltd

CHAIR: Good afternoon. Thank you for being here. I invite you to make an opening statement.

Ms Lang: We represent the non-government treatment and harm reduction sector here in Queensland, which is around 55 organisations operating across the state including around 10 or 12 community controlled health services, so service in the Aboriginal and Torres Strait Islander population. Our organisation has been working with government for over a decade now to expand our police diversion program and to reform our court diversion program. We introduced police diversion in 2002. At that time Queensland took to decision to only allow cannabis for the purposes of police diversion. Every other jurisdiction allowed police to divert for any substance. We have held that position for a really long time and are beyond pleased to see government moving on that.

Our network of members has held a position for the full decriminalisation of drug possession since 2019, in the simplest possible terms. Our members believe, and they are supported by the evidence, that criminal penalties for the possession of substances are not an effective way to encourage behaviour change. Most people who use drugs do not have drug problems and most people who use drugs do not need the assistance of treatment services, but, where they do, the existence of a fully funded voluntary system that is acceptable in terms of its offerings is a much more cost-effective way to provide that support. Certainly we know that where people see treatment services are available and they have drug problems they choose to access those services voluntarily.

The other point I will make very quickly is that, when we make these types of changes, as we did in 2002, often we do not put in good, ongoing professional development and monitoring for the system, as it were. Even though we have had a policy of diverting people for drug possession from the justice system since 2002, we arrest and charge more people with drug possession in this state than any other jurisdiction. We beat New South Wales by a factor of two. There are a number of people currently in jail in Queensland simply for drug possession. The Women's Safety and Justice Taskforce identified that drug possession offences accounted for 85 per cent of the growth in the women's prison population. These are really important developments and we are very happy to see government moving on them.

Mrs GERBER: Is the Psychedelic Society one of your member organisations? We just heard from them.

Ms Lang: No.

Mrs GERBER: In relation to the drug diversion programs currently in place in Queensland, can you give the committee some information around how they currently work practically? Is there anything you can tell us about the current drug diversion programs in place in Queensland?

Ms Lang: People have available to them one diversion for cannabis via police. They make a referral to the diversion coordination service, which schedules an appointment for them. Some of our members deliver those diversion interventions. If they are found in possession of anything beyond cannabis, so implements for drug use or any other substance that is suspected to be an illicit substance, they are diverted from the justice system, ironically via the Magistrates Court, where they are sent to the same intervention, essentially.

There is a very small pilot drug court program that has people facing a sentence of up to four years—so within the Magistrates Court kind of limits. Where their other offending is considered to be substantially related to their substance use, they can elect instead to take a two-year drug treatment order. That program has been a pilot now since around 2017. It is struggling to find a cohort that benefits, so there are really low numbers is what I am trying to say in a fancy way. Compounding that is the fact that there are very few women accessing the program. The reality is that most people who go to drug treatment go for significantly shorter periods than two years and lots of people in our justice system are facing criminal sentences that would be far lower than two years, so it does not make it a very attractive proposition. Those are the current offerings available formally in Queensland. There are other types of diversion programs available around the country as well, obviously.

Mrs GERBER: Are you able to talk the committee through any data in relation to the benefits of the current drug diversion programs in Queensland? We have been unable to get any sort of hard data around what is and is not working.

Ms Lang: The benefit is that around 12,000 people a year do not collect a conviction. That is the benefit of the program. A lot of people misunderstand the nature of diversion programs. This is not about getting people to treatment; it is about not letting people get into the justice system. Actually, the reality is that most people who are detected by police for drugs possession are not problematic users. They are just people who are in public spaces and came to the attention of police.

I think it is interesting to note that the Institute of Health and Welfare identifies that tobacco use increases with declining socio-economic advantage but illicit drug use increases with socio-economic advantage. I would say that people of means have ways to be discreet, which means they are not in public spaces carrying substances a lot of the time, which means they are less likely to be detected by police.

At the same time, the benefit of diversion programs is that it frees up police resources. Literally, the 12,000 people who were diverted last year did not have to have all of the other paperwork process that comes with charging someone with drug possession and then, following that, police attending court. There is an economic benefit in that as well. Those are the two benefits of diversion.

Mrs GERBER: I hark back to some of the witnesses who submitted that in Queensland there would be about 17,000 people who might be eligible for diversion right now. Other submitters said that that might increase. That might have a net-widening effect because it gives police an open book to be able to search people and then have a diversion and they are more likely to do it because they do not have the impost of paperwork or court processes that follow a bench charge sheet, for example. What is your society's view?

Ms Lang: We have heard the 17,000 figure as well. For the most part, people come to the attention of the police once for drugs possession, so we know with the current programs you do not get a lot of people who come through a second time so they are not eligible and go on to collect a charge. I do not know the exact rate. You would have to ask police for that data. I am sure they would agree with me that most people are only detected once. In that instance it is a warning. Any net-widening effect, in this instance, is unlikely to be super problematic because it is just a warning process.

However, the thing we are concerned about and why we think there should be good professional development for police around this new program, as well as then good systems for monitoring how it is functioning, is that where you have police who feel like there is a person who is not taking them seriously then they might see that they need to approach that person numerous times in order to get the result of being able to charge them, which would be a misunderstanding about what we are saying to police with this program. We need to be saying to police, 'This is not a good use of your time. If you come across drugs in the course of other policing activities, by all means, do not ignore it but please don't interact with someone purely about their substance use.' This is in the same way that we are saying to police, around public intoxication, that engaging with someone who is intoxicated is not something that should be a police role; it should be a health and welfare services role because those are the sorts of interventions that are most likely to yield the social benefit we would want to see, which is that people get help or get treatment, if that is what they need.

Mrs GERBER: What about the impact of drug use on the community as a whole? The argument there is that people who are addicted or who are using drugs that might cost a significant amount of money are funding that habit with crime and then you have victims of crime as a consequence of the prevalence of drug use in the community.

Ms Lang: It is a popularly held view. I would point you to the work of the Queensland Sentencing Advisory Council from 2019, I believe it was. It found that, of the people charged with drug possession through our court system, for two-thirds that was their most serious offence. While it is true to say that some people support their drug dependence through property crime, which was the most common associated crime found in that Sentencing Advisory Committee's report, most people who have been convicted of drug possession in Queensland are being convicted of that as their most serious offence. That is the cohort of people who actually are not causing any harm to the rest of the community but are still getting up in the justice system. That is the group of people we would see this program helping.

Obviously, where people have committed property crimes or other types of crimes, there are other offences they can be charged with. I think specifically this legislation will preclude them from being diverted. There would still be a bunch of people who collect a conviction for drug possession, even once this program has been implemented, which I am not sure we could say with confidence is a good outcome for Queensland but it will be better than the current situation.

Ms BOLTON: I go back to your comment regarding somebody who is intoxicated. I think you said it should not be a police matter but a health and welfare matter. I am trying to look at how that works on the ground. Say we have groups of intoxicated youth, for example, and police intervene to try to make sure it does not develop into something else. How does that work when you say it is a health and welfare matter? Who should deal with it?

Ms Lang: I would say that situation you describe sounds more like a party that got a bit out of hand than the public intoxication reference I was making before, which was around police detaining someone because they were intoxicated and in public. I would point out that that is more likely to occur in two locations in Queensland—The Strand in Townsville and The Esplanade in Cairns—and 50 per cent of the people arrested are First Nations identifying.

We certainly have strategies for responding to public intoxication that are not police responses—so the safe night precincts that have existed around the state since 2015. Each of those has a health and welfare response in the safe night precinct. If police do come across someone they are concerned about, they can deliver those people to the health and welfare service or the chill-out zone, as it is sometimes called. There are lots of examples. Even in circumstances where a single person is found outside one of the safe night precincts, there are a range of community services that are available. I note there is one in Townsville at the moment, the Townsville Aboriginal & Islander Health Service, which has an arrangement around young people who are found to be intoxicated being delivered to their service so they can provide a rest-and-recovery service for that young person and they are not at risk of being taken to the watch house.

Ms BOLTON: To clarify, for those areas that are not in a safe night precinct, like in my community of Noosa, where we experience youth intoxication at certain times of the year, there are services available; is that correct?

Ms Lang: Arguably, if young people at certain times of the year—I am not sure which times of the year you are referring to specifically, but say for something like schoolies, I would note that the Gold Coast has some great strategies for providing activities for young people so they are not getting drunk in someone's Airbnb and causing a ruckus in the community. However, in those circumstances, we are not going to be able to remove the police response on every single occasion because they are our most available emergency service. But it does not necessarily follow from that that the police need to take further action that would then engage people in the criminal justice system through a charge, for instance.

Ms BUSH: You are at the end of our day and so a lot of the questions I had I have asked other submitters. Please excuse what might seem like a lack of interest. It is certainly not. The question I have for you is about women. I thought it would be interesting to unpack the potential of this bill and what it could do for women particularly who might otherwise end up as part of a prison population.

Ms Lang: Certainly I was surprised to see the Women's Safety and Justice Taskforce identify that the growth in our prison population amongst women is so closely associated with illicit drug offences. I am sure you could do a lot of digging into that data to see what it is that is driving it. I think partly it is about the fact that it is a much smaller population than the men's prison population so any shifts in numbers will be more noticeable. Certainly we have not had a very gender-friendly treatment system up until—in an intensive sense, we have been working on it over the past five years and certainly the new services plan, Better Care Together, from Queensland Health has plans to improve accessibility of services for women and girls.

Where women are using substances in the context of a relationship where there is coercive control or violence, often they will be the one who carries the substance on behalf of the partner. Often people will ask the younger person to carry substances on the understanding that the police will be more likely to offer a caution. The reality is the same for women or men, which is that the substances we have chosen to make illegal are—there is not science behind which ones we picked and which ones we allow. In fact, I think the UK study that previous speakers referred to has been replicated in Australia and has found essentially the same thing, that alcohol and tobacco are the two substances that cause the most harm, both to the individual using it and to the community, and they are the two drugs that are legal. I am not advocating adding those to our illicit substance list. I just think there are smarter ways for us to manage substance use and the risks that can come with that and that having our frontline response being a policing response means we miss the opportunity to have those conversations.

We often know that where people have had contact with police, particularly around substance use, it can delay their seeking help if they do go on to develop drug problems, which is where a program like diversion really comes into its own. While someone might be diverted and not identify as having a problem with their substance use, what they do get is contact with a system of services that can respond if they do develop a problem later on.

One of the most common things families say to me is that they did not know that the treatment system existed and if they did they would have supported their person to access it a lot earlier. Personally, I have had more conversations than I care to remember with parents who have been given advice by their community that the best way to get their kid into treatment is to dob them into the cops, at which point I thank them for calling me because I can help them to get their child into treatment without having to use police for that purpose. We put a lot of pressure on our policing resources to solve problems that police are not particularly well placed to solve. Police are not social workers. Police are not psychologists and they should not have to be in order to do their jobs.

If they come in contact with someone and they do have these other complex social things going on for them, they are hardly likely to disclose that to a police officer on the street. The benefit of these types of diversion programs is: if there are underlying issues, we can certainly have a better shot at finding out what they are and hooking people up with the right types of support.

Mr KRAUSE: Ms Lang, in relation to your submission—and I am picking this up from a number of submissions today—about getting people in contact with the health system, an equally important thing which I feel is coming through is about taking people out and away from the criminal justice system because it causes harm. The flipside to that is that there is harm caused by the use of these substances in themselves to the broader community; is there not?

Ms Lang: In what way?

Mr KRAUSE: In terms of the impact that the effects of drug use on individuals can have on their community and their family from a health perspective and other related impacts.

Ms Lang: I will give you a bit of a weasel-word answer, because it is not something that is well evidenced in the literature. The types of harms we usually associate with substance use are things like drink driving, for instance—if you were to crash a car into someone else and you were intoxicated at the time. There is a range of other crimes that can be charged where people's substance use is impacting community members. Assault is another one. Property crimes are another one.

The reality is, though, that most people who use drugs do not impact other people with their substance use. The simplest example I can offer you in that regard is alcohol. Eighty per cent of the population consumes alcohol. Most of those people do so responsibly and without impacting others. Where there is risk, though, say with drink driving, one of our stunning public policy successes in this country was .05. Once we were able to say to people that .05 doubles your crash risk, we have seen rates of drink driving decline steeply. Drink driving as a cause of vehicle accidents has decreased significantly since we introduced that policy. My point is: where there is potential for risks to community in terms of harm, those risks can be mitigated.

Mr KRAUSE: The impacts of drug use are not just those that are associated with people who come to the attention of police or the justice system, are they?

Ms Lang: You could say that any interactions between humans come with a risk of harm. The family unit, for instance, is—

Mr KRAUSE: No, I am talking about the use of these substances—ice, cocaine, heroin and cannabis, since we are talking about that as well. There are impacts that can happen in the public space or in the private space that have nothing to do with the justice system.

Ms Lang: That is true, but it is not the substance itself that drives that risk; it is the person using the substance who drives that risk.

Mr KRAUSE: The use of those substances has no impact on their behaviour?

Ms Lang: No, not necessarily. Most people who use methamphetamine do so less than monthly and do not ever engage in acts of violence. It is a function of our public health messaging—the Ice Destroys Lives campaign for instance—where we focus on the very small number of people who do exhibit violent tendencies. I will borrow from my colleagues in the family and domestic violence sector here and say that people's choice to use violence is that: it is a choice. There is no substance in the world that takes a person who is not prone to violence and makes them violent.

Mr KRAUSE: There is no connection between the use of those substances and violence?

Ms Lang: Not unless the person has a propensity for violence in the first place.

Mr KRAUSE: There has been a focus about removing people from contact with the criminal justice system, but there are effects outside of the criminal justice system when it comes to drug use. I want to put something to you and ask for your comment. In terms of the provisions in the bill, how

would you respond to the proposition that this is not just about diversion for drug users but really about diversion and excusing of bad behaviour by those who are using drugs, because it is a combination of drug use and other behaviour which brings them into the justice system?

Ms Lang: No, not necessarily true. The Sentencing Advisory Council's report demonstrates that there are a lot of people in our justice system for drug possession alone. The reality is that most people who use drugs do not have drug problems. They do not develop drug problems; they are not at risk. The reason people develop drug problems is much more closely connected to experiences of trauma. It is much more closely connected to experiences of violence. Most people who use drugs who do not have those two underlying issues do not go on to develop drug problems; they just use drugs in the same way that most people use alcohol.

Where we do get into trouble, though, is where, for instance, alcohol and drug use is present in relationships where violence is used. In family and domestic violence settings it can make the situation exponentially worse. That is the piece that people see. Because it is the visible piece of this puzzle, it seems more common because the people who are not having problems, who are paying their mortgage, sending their kids to school and being responsible citizens in every other respect than their illicit drug use, have the discretion to not identify as someone who uses an illicit substance. There is this invisible population of people who, if they were visible, would certainly provide some more balance to this conversation.

CHAIR: Thank you for your evidence today and thank you for your written submission.

BARNETT, Mr Leyland, Private capacity (via videoconference)

CHAIR: Good afternoon. I invite you to make a five-minute opening statement, after which the committee will have some questions for you.

Mr Barnett: Thank you, Chair and committee members, for allowing me to speak this afternoon. One of the things that is concerning is the fact that it seems to be trivialising major drugs such as heroin, cocaine and meth. I believe the bill needs to tick three boxes. The first box that should be ticked is drug rehabilitation. Three warnings and asking an offender to attend drug rehabilitation programs I believe is insufficient. I feel that we should be looking at mandatory drug rehabilitation programs, because some of these offenders are incapable of giving up drugs of their own accord. The second is prevention. Having the use of dangerous drugs being pushed into any minor offence category I believe is ineffective. When someone is addicted to drugs, are they going to stop immediately after the first warning, the second warning or even the third warning? Really, is that prevention there to stop potential drug users from coming online with it? The third box that needs to be ticked is community safety. What happens when an addicted drug user needs to resort to crime to fund their drug habit, where we see higher crime rates such as break and enters, violence and dangerous use of motor vehicles? Drugs affect rational thinking, increase risk-taking and inhibit dangerous behaviour.

One of these incidents that happened only recently involved a couple in Brisbane. A teenage boy affected by cannabis and alcohol hit a lady, Katherine Leadbetter, who was only 24 weeks pregnant, and her partner, Matthew Field. They were walking their dogs in Alexandra Hills east of Brisbane and the out-of-control car slammed into them, ending their lives immediately. It was revealed that drugs and alcohol were taken on a daily basis. The court heard that the teen had been consuming drugs and alcohol and has since expressed remorse for his conduct, acknowledging what he has taken from the families.

I believe that the effect on community safety is a really important issue with this bill. I believe the existing act allows for cannabis use of up to 50 grams, while dangerous drug use is not included. I believe that this amendment bill is to include dangerous drugs such as heroin, cocaine and ice. The trouble is that one try of that drug could result in a lifetime of repercussions for the offender. Not only that, there are the repercussions from crime in our community.

Mrs GERBER: Thank you very much for your submission and for your written submission. You say that you are a concerned resident of the Rockhampton region that is currently experiencing high levels of community crime. I want to give you the opportunity to share with the committee your experience. Can you give us an insight as to why you have provided the committee with your helpful submission?

Mr Barnett: I operate a driving school business in the Rockhampton region. In terms of traffic behaviour and people driving on the roads, from my observations more and more dangerous, risk-taking activities are happening. Not only that, we see a lot of stolen cars currently in our region. These vehicles are stolen from people in our community who have put a lot of savings and time into investing in this property, only to have their vehicles trashed and burned. We have seen incidents where some of these vehicles have been used to ram businesses to steal things like cigarettes and alcohol. I am concerned by the fact that these offenders are using these stolen vehicles to fund their drug habits.

Mrs GERBER: In your experience, are you seeing that illicit drugs are involved in these kinds of crimes or are part of the make-up of the crime in your area?

Mr Barnett: Looking at news reports and news articles in the media, there have been numerous situations where drugs have been involved. I quoted the incident with the drug user who killed those people who were just walking their dogs on the footpath. They did not have a decision about coming home that day, but that drug user had a decision to use that drug, steal the motor vehicle and drive dangerously under the effects of the drugs. That user had a choice, whereas the people who died in that incident had no choice whatsoever.

Ms BOLTON: Many of our previous witnesses have spoken about evidence-based findings that diversion and rehabilitation are more effective than imprisonment. Could you give us your thoughts on that?

Mr Barnett: I believe the bill was to prevent further harm to small-time users. What concerns me about amending the law to include dangerous drugs is: if a user takes a drug at one point in time, is he going to be addicted to the drug for the rest of his life and have problems in the community and personal problems? What concerns me is including dangerous drugs. The existing law, as far as I can see, is fine.

Ms BUSH: Leyland, I am curious if you have had an opportunity to watch some of the other submitters who have appeared before us today.

Mr Barnett: Unfortunately, I have not had the opportunity as I am running a business. I have been busy for most of the day.

Ms BUSH: I wanted to make sure that you are aware that this bill is not about decriminalising drugs. What it is about is identifying people who would otherwise be detained, particularly for possession of drugs, and actually diverting them into a program that would treat the root cause of why they are using drugs. There has been a range of submitters today who have pulled on multiple areas of evidence, both here and overseas, about why that model works. If there is evidence to say that that model actually works, would you be inclined to change your mind around what you have submitted here today, because I think ultimately what we want is for communities to be safe and for people to get help?

Mr Barnett: Exactly. I totally agree with helping these people out. The thing is that other countries have different moral values and different ideals to our country. I believe that to model from other countries that may have a different ideology to our country will not give us accurate results. That is how I feel. Drug use is a complex issue, but we have to look at the victims of crime with this whole issue as well. We cannot sit back and give people three warnings. Why not make them do drug rehabilitation if they take one of these dangerous drugs? How effective will this bill be in the future if they are bringing dangerous drugs into the program whereas the existing program, as I read from your briefing notes, is for 50 grams of cannabis.

Mr HUNT: You talk about mandatory program participation. How do you suggest you make attendance mandatory? How do you force someone into a rehabilitation program?

Mr Barnett: That is a good question. I am pretty sure there are people out there who could answer that better than me and who have better qualifications than me. I believe that they need to be given the opportunity to have that ability to rehabilitate. I know from some of the information I have seen that if they have already been caught for drugs or already sentenced for drug use they may not be eligible for these programs.

Mrs GERBER: I notice in your written submission that you posed a number of concerns as dot points.

Mr Barnett: Yes.

Mrs GERBER: I put some of your concerns to a couple of the commissioners we had present, including the Human Rights Commission. Particularly, I noticed that your submission focused on making rehabilitation attendance mandatory. I put that to the Human Rights Commission and they said that they were against it on the basis that it tips the balance too far for them in terms of human rights. You are the only one of two submitters today who has talked about victims of crime. I thank you for your submission and for your concerns in relation to the effects of crime on the community.

Mr Barnett: Thank you very much.

CHAIR: There being no further questions of Mr Barnett, I close this session. Thank you for your written submission. Thank you for taking the time to present to the committee. That concludes this hearing. Thank you to everyone who has participated today. I thank all those who have helped organise this hearing. Thank you to our wonderful Hansard reporters, our wonderful secretariat and committee members. A transcript of these proceedings will be available on the committee's webpage in due course.

The committee adjourned at 3.51 pm.